

sent to the desk. Let us have a full and open debate on unfunded mandates. Let us deal with the amendments that are germane to the bill that could improve the quality of legislation. That is what we are attempting to do with the cloture petition. Let us just deal with the things that are germane, that are improvements to the bill, and let us put all this other stuff—which may be important—let us put it aside and we can bring it up another day.

As many Senators from both sides of the aisle said, we are in early January. We have a lot of time in this session to deal with a variety of issues.

But this is a bill that has the support that has been worked on for at least 8 years, and has had bipartisan support for a long period of time.

I just got off a conference call 2 days ago with mayors all across my State. We did a conference call talking to them. The comments that I got were just overwhelming. I have been getting calls from my county commissioners from both sides of the aisle saying, "Please move this bill forward. We need this help. We need this assurance that you are not going to continue to push more and more costs on local government and State government without providing the needed funds to pay for these programs."

So we have the consensus. I agree the details need to be worked out. The Senator from Kentucky is absolutely right. We have improved the bill. There will hopefully be other amendments on which we can make improvements, at least that we can discuss, to this bill. But let us do that. Let us focus in on that.

I came from the House of Representatives. I have been reminded many, many times that the House and the Senate are different bodies, and they are. I appreciate the difference. I understand the Senate is a more deliberative body. That is a wonderful thing.

I look back at last year, and look at the bills that were stopped here in the Senate that were rammed through the House because of the rules of the House, that were rammed through the House, that came here to the Senate and were slowed down and in many cases changed, and in some cases stopped completely. It was a benefit.

The Senator from Oklahoma referred to the health care bill. He is absolutely right. That process was slowed down dramatically here in the Senate, and I think to the benefit of the American public in the long run.

So the Senate does have an important role to play. But when we have pieces of legislation that have broad support, in fact have broad bipartisan support in this body—we have 60-some cosponsors on this bill—we have, hopefully, more that will actually vote for the bill. When you have that kind of support, when you have the support here, the support in the public, and you have—with this last election—a clear mandate to move, then I think it is the obligation of the people who support this measure, on both sides of the aisle,

to stand up and say that it is time to move forward.

So I hope that Republicans and Democrats can join together and push this package forward and limit the debate to amendments that are germane to improving the quality of this bill, so we can produce the best product here in the Senate, so we can come up with the best piece of legislation that the best minds in the country here in the U.S. Senate can work on and craft and send to the House. And maybe if they recognize the great handiwork that we have done here, they will just accept what we have done.

They did that with the congressional accountability bill—another bill that was slowed down for a week with spurious amendments on a whole variety of different topics that had nothing to do with congressional accountability. We did such fine work on the germane amendments, such good handiwork here in the Senate on the underlying bill, that we kept it, in a sense, clean from all these other amendments. And when it came to the House, the House said: You folks did a pretty good job; we will just pass your bill. In fact, it is now on the President's desk.

That is the kind of action the folks in Pennsylvania want. I think that is the kind of action folks all over the United States of America want from this body. They want us to get down to business. They want us to focus in, one by one, on the issues that are important to America. The Senator from Kentucky is absolutely right. The frequent flier issue is an important issue. It is a perk that the House should not have. When I was in the House, I did not accept my frequent flier miles. I did not use them for personal use. It was my office policy. The Senator from Kentucky is right that that privilege is available and it should not be. It should not be. I hope that we can work together and make that happen. I hope the House acts quickly to do that. But I would not be averse to putting some pressure on the House to do that.

Let us focus on what we all now agree should be passed, what needs to be passed to restore to this institution the faith of the American public that we are a body that listens, that we are a body that can act, and that we are a body that understands our obligation to serve the American public. I hope that is what we can do when we return for votes Monday and Tuesday—that we can focus the attention back on the bill, that we can improve the quality of the bill, that we can move the bill forward quickly, that we can get to the other pieces of legislation that are waiting in line behind unfunded mandates, like the balanced budget amendment, that are important pieces of legislation which, again, the public wants us to take up and move in a timely fashion.

I do not want to stop debate on any amendment that improves the quality of this bill, not one. Offer them, debate them. It is needed. The Senator from West Virginia is absolutely right that

there are things in this bill that concern a lot of Members and a lot of people in this country, and they should be debated. That is what we want to do with this cloture motion. If we get an agreement to limit the number of amendments and the time in which they can be offered, that is what we want to do.

That is what this side of the aisle is trying to do. We are trying to move the bill forward, trying to be accommodating. We are trying to keep our promise with the American public to move this institution, to get bills passed, to get it done in a prompt fashion, and to deliver on the November election.

I think we can do that, and I hope that with the support of Members on both sides of the aisle, we will be able to accomplish that.

Mr. FORD addressed the Chair.

The PRESIDING OFFICER. The Senator from Kentucky [Mr. FORD] is recognized.

Mr. FORD. Mr. President, may I inquire of the Chair, what would be the procedure now since we are limited to 15 minutes and no other Senator is seeking recognition? What would be the parliamentary procedure, so that we might understand that for the rest of the day?

I felt the Senator from Oklahoma could have gotten the floor in his own right without—

The PRESIDING OFFICER. The Chair finds that as long as we are in morning business, any Senator can be recognized for 15 minutes at a time.

Mr. FORD. I ask unanimous consent to speak as in morning business for an additional 5 minutes.

The PRESIDING OFFICER. The Chair would find that every time the Senator is recognized, he would have 15 minutes; it is not necessary to ask unanimous consent.

Mr. FORD. Now, that is clear.

HOW THE SENATE OPERATES

Mr. FORD. Mr. President, it is a new day and I am enjoying it. I remember when I came from Frankfort, KY, as a former Governor, I had a file cabinet, one of those paper file cabinets, drawer size, with projects in it that I was unable to complete. If you remember—maybe you all are not old enough—but if you remember, we had a pocket veto of highway funds and utility funds by President Nixon. A suit was filed, as I recall—do not hold me to every detail, but a suit was filed—and I think Senator Muskie was the chairman of the Budget Committee, and the Governor of Missouri filed suit. The courts held that the President of the United States had to release that money.

Well, we had been held up for a year and we were into the second year of appropriated funds, so we had a lot of money to spend. We were doing well. We got the first and second phases of some projects done—sewer, water,

things of that nature. So I came with that box of projects that I wanted to get finished. The senior Members here said to me—you know, I was gung ho. They said, "That is all right, son; you just relax. We will get to it next week, and if we do not get to it that week, we will get to it the week after that."

It was hard for me to take. That has only been 20 years, and I remember it as if it were yesterday. I wanted to move. When I was Governor, I picked up the phone and the highway department would move, or I picked up the phone and somebody else would do something for me. It was something that I felt I would be in a position to do here, but I could not. The rules were different; attitudes were different; the institution was different from the Governor's office.

So, as my learned friend from Pennsylvania said, the House and Senate are different. The Senator from Pennsylvania talked about the nongermane amendments. Well, if you recall, it was on both sides of the aisle yesterday. It was not just Democrats that put up a nongermane amendment. A Republican put up a nongermane amendment which took hours. Even your majority leader offered a nonbinding amendment, a sense-of-the-Senate amendment to that amendment to try to get rid of it. We had another one on our side. It took hours. That proves a point, though, about the Senate.

Every Senator has a right on this floor, and his right is not stymied by a Rules Committee and a vote of the Senate that limits him to 2 minutes or 5 minutes or three amendments, or something of that nature. Every Senator has a right. That makes this body significantly different. So the Republican Senator was within his right to offer a nongermane amendment here. The Democratic Senator was within his right to offer a nongermane amendment, under the rules of the Senate.

So maybe you do not like it, but that was his right and he exercised that right. As far as frequent flier miles, I tried to put that on congressional coverage. I argued strenuously that we were not truly doing what we had told the American people we were going to do about congressional coverage. Congress took care of itself. You are immune. The people out there think you are not.

We set up a commission to study and see what should apply—about \$5 million a year. I, as former chairman of the Rules Committee, had set up the Fair Employment Office. That is about \$1 million a year just for that office. You are not paying for it; the taxpayers are paying for it. I thought maybe we should lift the veil and let it all apply, instead of being special and Congress taking care of itself again. That was part of my problem.

The distinguished majority leader said at that time that this bill would be accepted by the House and sent to the President.

So I felt it was more incumbent upon me, then, and other Senators here, incumbent upon us to see that that bill was as good a bill as we could pass. Because it was not going to conference, we would not have a second shot at it. And so that became the concern of those that felt that congressional coverage was not adequate and that we were not being fair with the American people. So I just think you have to get it all in the right perspective.

And when your leader says it will be accepted on the House side, I respect that statement. So, therefore, when I respect the individual and the statement he made, I became more concerned that this bill ought to be changed, if it was going to be changed, here, because they were going to accept it and, just like grease, go to the White House.

So that was one of my concerns and one of the reasons I felt that we ought to debate that bill and try to change it and make it as good as possible. Because that was the last chance we were going to have; no other shot at it.

So now on this piece of legislation, unfunded mandates, sure they want it. Oh, do they want it. I had a mayor from Kentucky, who is the retiring president of the National Mayors Association. Oh, do I get calls; do I get fussed at a little bit.

But when you sit down and talk to them and say, "Look, we are getting down to the amendments now that we feel are very important"—and they are—"and we left out the elderly." We exempted everybody else but the elderly. I want to respect the elderly. I think they ought to be given the same kind of respect and coverage as others. So we put in the elderly. It is a good amendment. Everybody voted for it. Even those that are fussing at us because they think we are holding the bill up.

My learned friend from Pennsylvania says we ought to get an agreed list. We have an agreed list. We did it last night. I stayed here until almost 1 o'clock this morning. I do not know where those Senators were when we made that agreement, but we made that agreement. And those amendments have to be offered by the individual Senator unless it is by unanimous consent. He or she has to be here and offer that amendment. We got that agreement. We have a time certain to shut off amendments, and then we go to third reading and that is debatable.

We had a gentleman's agreement last night. And if, in the judgment of one or the other, that gentleman's agreement is breaking down, they have every right, it was said last night, to file a cloture motion.

So I think we have done a decent job here, even though everybody wants to move it a little bit fast.

I am going to vote for the bill. I am very strong for unfunded mandates. But I do not want to jeopardize the mother's milk of the economy, and that is business. If you are going to

look at this bill and say you are going to mandate on business and not the public sector when they are in competition with each other, I think you ought to take a step back and look at it. Hopefully, some of these amendments will be taken very seriously. I hope that business will come forward. They are very strongly for the unfunded mandates bill. So I hope that they will look at it a little bit closer. Do they want to take a chance on having a public entity, government entity, to be in a better position to compete than they are? Maybe they already have. But this is another addition.

I wish the Senator from Oklahoma were here. He talked about one filibuster that we filed cloture on.

There were 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 filibusters. Here they are. You voted on them in the 103d Congress.

And now, when we are trying to correct a bill—and even getting Republican support for our changes in the bill—we are being fussed at because there is gridlock. There is no gridlock here.

As the congressional coverage bill was to leave here and never to be considered again, we would never have another shot at it, I think it was incumbent upon us to try to correct it. And filibusters—there they are. There is the record. I will not put it in the RECORD. I do not want the cost of \$480 a page.

So Mr. President, I am overwhelmed by the attendance here this morning and those who want to wax eloquent. As I heard my distinguished friend from Arkansas say last night, he was going to wax eloquent. Someone said he was going to wax. He said "no," it is going to be eloquent.

So I am sure there is nothing waxing or eloquent about me. I am enjoying being here this morning and visiting with some of my colleagues and talking about this great institution and how we function here and what is good for the country and how fast we ought to be moving and that sort of thing.

I was out here and someone said, "You're awful nice, FORD." I said, "Yes, I'm a better human being than I was because I want to be good."

A lot of us got stomped on November 8—real good. I listened. I listened 8 years ago on unfunded mandates. I listened 7 years ago on unfunded mandates. I listened in 1991 when we cut off frequent flier miles for personal use. I listened then.

The House Members came over here and wanted it. I turned it down. It was the Rules Committee who said "no." I think we made a good decision under the circumstances. So those House Members came over here; and even the Vice President was interested in it when he was a Senator.

So there are a lot of things. Just remember, it is all down in black and white in the history there. Let us be sure what we say, and I want to be sure what I say is correct.

I see another Senator here who probably would like to have some time.

Mr. President, under the ruling of the Chair that when you are recognized each time, you have 15 minutes, I will yield the floor so I can be recognized again.

The PRESIDING OFFICER. Does any Senator seek recognition?

Mr. FRIST addressed the Chair.

The PRESIDING OFFICER (Mr. SMITH). The Chair recognizes the Senator from Tennessee.

MEDICAL SAVINGS ACCOUNTS

Mr. FRIST. Mr. President, I rise today to discuss the issue of health care in America and specifically the concept of medical savings accounts, sometimes called medical IRA's.

I speak today as an elected official, as a U.S. Senator, but also as a practicing physician having devoted the last 20 years of my life to caring for patients.

I have witnessed first hand the unequalled quality of health care in the United States. But I have also witnessed the problems in health care today—the skyrocketing costs and limitations in terms of access.

Last year, President Clinton addressed the problems of our health care system, but his proposed solutions were fatally flawed. He favored monopolization, not competition. He sought to empower bureaucrats, not individuals. And in the end, he relied on Government, not the private sector.

Fortunately, once the American people heard the truth about the administration's plan, they rejected it. Nevertheless, the problems with our health care system have not disappeared. Make no mistake. There are problems with our health care system in this country today. Instead of scrapping the whole system we must target and fix what is broken.

Mr. President, I believe the use of medical savings accounts is an important first step in that process. A fundamental problem which characterizes every interaction between patient and health care provider is that the provider is not paid directly by the patient but by a third party. On average, every time a patient in America receives a dollar's worth of medical services, 79 cents is paid for by someone else, usually the Government or an insurance company. The result is that we grossly overconsume medical services in this country today.

Imagine if we were all required to pay out of pocket only 20 cents out of every dollar of food that we purchased, or transportation, or clothing. We would all buy more than we need. That is what happens in medicine every day. Since people do not feel they are paying for it out of their own pockets, and everyone does want the very best and the very most at any price. Whether it is the deluxe hospital room, whether it is the MRI scan for a headache, whether it is the latest and the newest in nu-

clear medical imaging, we all want the best and we overconsume. We must become more cost-conscious consumers of medical services.

Mr. President, there are two methods of doing this. First, as the Clinton administration urged this past year, we can limit technology. We can ration care thereby ultimately destroying the good quality of health care that we have today. The American people outright rejected this alternative. And with good reason. It would have reduced the quality of care in this country.

I saw this happen first hand during a year I spent in England as a medical registrar in heart and lung surgery. I watched over and over again as patients waited months for medical procedures which they would have obtained in a few days or a few weeks in this country. Sadly, in some instances, I watched patients die while they waited.

The second choice, and the one I believe we must follow if we are to stem the skyrocketing cost of health care in this country, is to empower individuals to enable them to purchase their medical services directly, as they do other services in our society today.

Medical savings accounts would encourage patients to become more prudent in their decisionmaking in the purchase of health services. What are medical savings accounts? Medical savings accounts are tax-free personal savings accounts which can be used by an individual to pay his or her medical bills. Take, for an example, an employee of a typical company. Today, an employer might pay \$2,000, \$3,000, or even \$4,000 for a medical insurance policy with a \$500 deductible for an employee. But the employee then has no incentive to be cost conscious. In contrast, if medical savings accounts were available, the employer would deposit an amount, say \$2,000, in a tax-free personal savings account which would belong to the employee. The employee would turn around and buy an inexpensive catastrophic-type policy which would cover medical expenses greater than \$2,000 if they occurred in any single year. For medical expenses incurred up to that \$2,000 deductible limit, the employee, using his or her own discretion, would use money from the savings account for these purchases.

Any savings account money not spent on health care over the course of that year would roll over into that savings account and grow tax free. It would accumulate, year after year. At retirement that money—the money not used—could be rolled over into an IRA, into a pension or be used to pay for long-term care or other expenses.

Thus, the individual would have a strong incentive to become a cost-conscious consumer of medical care. He or she will demand quality care at competitive prices. The consumer, the individual, the patient, will then drive the market. The system will respond with

better outcome measures, better and lower unit prices for health care broadly. In short, medical savings accounts will give American health care consumers strong incentives to change to modify the way they consume health care services because they are able to keep any money that they do not spend.

We will potentially save billions of dollars in health care costs because individual patients will modify their purchasing habit behavior. Medical savings accounts will also potentially save billions of dollars in administrative costs. In 1992 alone, administrative costs for health insurance exceeded \$41 billion. With medical savings accounts, patients will deal directly with health care providers and eliminate many of the third-party intermediaries.

Finally and perhaps most importantly, the use of medical savings accounts will maintain the high quality of care that Americans have come to know. While the Clinton administration would limit technology and force hospitals and doctors to ration care, medical savings accounts will put the individual back in charge of his or her own care and consumption of medical services.

Mr. President, in closing, we in America are fortunate to have the absolute highest quality of health care in the world. When the leaders of the world become seriously ill they do not go to Great Britain or Canada to seek treatment. They come here, to the United States. While there are those who would like to stifle our technological advances and allow bureaucrats to tell people how much and what kind of health care we can receive, the American people have spoken loudly and clearly and rejected this notion.

No one can predict what will happen in the next 50 years of the 21st century in the field of medicine; 50 years ago when my dad was a practicing physician, making house calls day by day, he would not envision that somebody such as myself would be doing heart transplants in the 1990's. The technological advances are simply mind-boggling.

Mr. President, the challenge for everyone is to maintain the highest quality health care in the world, and to continue to make it available to all Americans. This can only be done if we change the basic framework through which medical services are consumed and continue with a market-based system.

I believe the use of medical savings accounts will be a major first step in that direction. Individual patients become part of the solution, not just part of the problem. For this reason I hope that my colleagues in the Senate will support my efforts to pass legislation later in this session to create medical savings accounts.

Thank you, Mr. President. I yield the floor.

(Disturbance in the visitors' galleries.)