There being no objection, the rules were ordered to be printed in the RECORD, as follows:

RULES OF THE COMMITTEE ON INDIAN AFFAIRS

COMMITTEE RULES

Rule 1. The Standing Rules of the Senate, Senate Resolution 4, and the provisions of the Legislative Reorganization Act of 1946, as amended by the Legislative Reorganization Act of 1970, to the extent the provisions of such Act are applicable to the Committee on Indian Affairs and supplemented by these rules, are adopted as the rules of the Committee.

MEETINGS OF THE COMMITTEE

Rule 2. The committee shall meet on the first Tuesday of each month while the Congress is in session for the purpose of conducting business, unless, for the convenience of Members, the Chairman shall set some other day for a meeting. Additional meetings may be called by the Chairman as he may deem necessary.

OPEN HEARINGS AND MEETINGS

Rule 3. Hearings and business meetings of the committee shall be open to the public except when the committee by majority vote orders a closed hearing or meeting.

HEARING PROCEDURE

Rule 4(a). Public notice shall be given of the date, place, and subject matter of any hearing to be held by the committee at least one week in advance of such hearing unless the Chairman of the committee determines that the hearing is noncontroversial or that special circumstances require expedited procedures and a majority of the committee involved concurs. In no case shall a hearing be conducted with less than 24 hours notice.

(b). Each witness who is to appear before the committee shall file with the committee, at least 48 hours in advance of the hearing, a written statement of his or her testimony with 25 copies.

(c). Each Member shall be limited to five (5) minutes in the questioning of any witness until such time as all Members who so desire have had an opportunity to question the witness unless the committee shall decide otherwise.

(d). The Chairman and Vice Chairman or the Ranking Majority and Minority Members present at the hearing may each appoint one committee staff member to question each witness. Such staff member may question the witness only after all Members present have completed their questioning of the witness or at such other time as the Chairman or Vice Chairman or the Ranking Majority and Minority Members present may agree.

BUSINESS MEETING AGENDA

Rule 5(a). A legislative measure or subject shall be included in the agenda of the next following business meeting of the committee if a written request for such inclusion has been filed with the Chairman of the committee at least one week prior to such meeting. Nothing in this rule shall be construed to limit the authority of the Chairman of the committee to include legislative measures or subjects on the committee agenda in the absence of such request.

(b). The agenda for any business meeting of the committee shall be provided to each Member and made available to the public at least two days prior to such meeting, and no new items may be added after the agenda is published except by the approval of a majority of the Members of the committee. The Clerk shall promptly notify absent Members of any action taken by the committee on matters not included in the published agenda.

QUORUMS

Rule 6(a). Except as provided in subsections (b) and (c) six (6) members shall constitute a quorum for the conduct of business of the committee. Consistent with Senate rules, a quorum is presumed to be present, unless the absence of a quorum is noted.

(b). A measure may be ordered reported from the committee unless an objection is made by a Member, in which case a recorded vote of the members shall be required.

(c). One Member shall constitute a quorum for the purpose of conducting a hearing or taking testimony on any measure before the committee.

VOTING

Rule 7(a). A recorded vote of the Members shall be taken upon the request of any Member.

(b). Proxy voting shall be permitted on all matters, except that proxies may not be counted for the purpose of determining the presence of a quorum. Unless further limited, a proxy shall be exercised only on the date for which it is given and upon the terms published in the agenda for that date.

SWORN TESTIMONY AND FINANCIAL STATEMENTS

Rule 8. Witnesses in committee hearings may be required to give testimony under oath whenever the Chairman or Vice Chairman of the committee deems it to be necessary. At any hearing to confirm a Presidential nomination, the testimony of the nominee, and at the request of any Members, any other witness shall be under oath. Every nominee shall submit a financial statement, on forms to be perfected by the committee, which shall be sworn to by the nominee as to its completeness and accuracy. All such statements shall be made public by the committee unless the committee, in executive session, determines that special circumstances require a full or partial exception to this rule.

CONFIDENTIAL TESTIMONY

Rule 9. No confidential testimony taken by or confidential material presented to the committee or any report of the proceedings of a closed committee hearing or business meeting shall be made public in whole or in part by way of summary, unless authorized by a majority of the Members of the committee at a business meeting called for the purpose of making such a determination.

DEFAMATORY STATEMENTS

Rule 10. Any person whose name is mentioned or who is specifically identified in, or who believes that testimony or other evidence presented at, an open committee hearing tends to defame him or otherwise adversely affect his reputation may file with the committee for its consideration and action a sworn statement of facts relevant to such testimony or evidence.

BROADCASTING OF HEARINGS OR MEETINGS

Rule 11. Any meeting or hearing by the committee which is open to the public may be covered in whole or in part by television, radio broadcast, or still photography. Photographers and reporters using mechanical recording, filming, or broadcasting devices shall position their equipment so as not to interfere with the sight, vision, and hearing of Members and staff on the dais or with the orderly process of meeting or hearing.

AMENDING THE RULES

Rule 12. These rules may be amended only by a vote of a majority of all the Members of the committee in a business meeting of the committee. Provided, that no vote may be taken on any proposed amendment unless such amendment is reproduced in full in the committee agenda for such meeting at least seven (7) days in advance of such meeting.

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, 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 care that we have in the United States, but also the problems which include skyrocketing costs, uneven access, and inadequate emphasis on prevention.

Last year, President Clinton addressed the problems in our health care system, but his proposed solution was 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. And make no mistake, there are problems with our health care system. But 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 this process.

A fundamental problem which characterizes every interaction between patient and health care provider is that the provider is paid not 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 over-consume medical services. Imagine if we were all required to pay out of our own pockets only 20 cents of every dollar spent on food, clothing, and transportation. We would over-consume—we would buy more than we need. And that's what happens in medicine. Since they don't feel they are paying for it, everyone wants the most and the best—at any price—whether it's the deluxe hospital room, the latest in nuclear medical imaging, or the MRI scan for a headache. 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, we can limit medical technology and ration care, thereby limiting choice of physician and ultimately access. The American people rejected this alternative—and with good reason. It would have severely reduced the quality of patient care. I saw this happen first-hand during the year I spent in England as a 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 days or weeks in the United States. And sadly, in some instances, I watched patients die while they waited.

The second choice, and the one I believe we must follow if we want to stem rising health care costs without decreasing the availability and quality of patient care, is to empower individuals and enable them to purchase medical services directly, as they do other services. Medical savings accounts would encourage patients to make prudent, cost-conscious decision about purchasing medical services.

What are medical savings accounts? Medical savings accounts are tax-free, personal accounts which can be used by an individual to pay medical bills. Take, for example, an employee of a company: today an employer might pay $3,000 or $4,000 for a medical insurance policy with a $500 deductible. The employee has no incentive to be cost-conscious. In contrast, if medical savings accounts were available, the employer would deposit an amount—say $2,000—tax free in a savings account, which would belong to the employee. The employee would buy an inexpensive, catastrophic-type policy which would cover medical expenses above $2,000 per year. For medical expenses up to the $2,000 deductible limit, the employee using his own discretion would use money from the savings account. Any savings account money not spent on health care that year would grow tax free in the employee's account and would accumulate year to year. At retirement, the money could be rolled over into an IRA or a pension, or could be used to pay for long-term care or other expenses. Thus, the individual has a strong incentive to become a cost-conscious consumer of medical care. He will demand quality care at competitive prices. The consumer will drive the market. The system will respond with better outcome measures and lower unit prices for health care.

In short, medical savings accounts will give American health care consumers strong incentives to change the way they consume health care services because they keep any money they don't spend.

We will potentially save billions of dollars in health care costs because individual patients will modify their health care purchasing habits to consume health care services prudently.

Medical savings accounts will potentially also 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 third parties.

Finally, and perhaps most importantly, the use of medical savings accounts will help 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 consumption of medical services.

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

No one can predict what will happen in medicine in the first 50 years of the 21st century. Fifty years ago, when my father was a young doctor in Tennessee making house calls, he could not have envisioned what medical practice today would be like. The technological advances are simply mind-boggling. Mr. President, the challenge for us is to maintain the highest quality health care in the world and to continue to make it available to all Americans. But this can only be done if we first 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 step in that direction. Individual patients will become part of the solution, instead of remaining part of the problem. For this reason, I hope that you and my other 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.

TRIBUTE TO DR. ARCHIE HILL CARMICHAEL III

Mr. HEFLIN. Mr. President, I spoke earlier this month about the untimely death of Dr. Archie H. Carmichael III, a distinguished physician from the shoals area of Alabama, which includes Muscle Shoals, Sheffield, Florence, and my hometown of Tuscumbia.

Dr. Carmichael truly epitomized the high ideals which constitute the medical profession. He was a dear friend to many, including his patients, who he served so diligently for over 30 years. He had a remarkable bedside manner and his patients highly respected him. In short, he was the type of rare individual who can never really be replaced. He had patients from all over northwest Alabama, northeast Mississippi, and southern Tennessee and will be genuinely missed.

Upon learning of his death, Tuscumbia mayor Ray Cahoon remarked that ''Archie Hill had done a really great job of serving his community as a physician. He was really well-loved. He was already missed by many because he had to cease his practice due to his illness.''

One of his medical colleagues said that he had always treasured his professional and personal association with Dr. Carmichael, and noted that he had loved his work and his patients and had always put them before his personal concerns. He was known as a very pleasant person to work with and a dedicated professional.

Archie Hill Carmichael was an all-state football player from Deshler High School who received a football scholarship to attend the Georgia Institute of Technology. Later, however, the young athlete gave up his football career due to his mother's urging, and finally his own decision, to pursue a career in the field of medicine. He subsequently took his bachelor of science and medical degrees from Vanderbilt University, to which he had transferred from Georgia Tech, and completed his residency in internal medicine at Bowman-Gray Medical School at Wake Forest University. He served in the U.S. Naval Medical Corps for several years. He practiced medicine in Sheffield, AL for 31 years and served as an adjunct professor of medicine at the University of Alabama Medical School for a while.

Dr. Carmichael married Ann Cothran, and they had two children, Lawrence Carmichael, M.D., and Beth Carmichael Riley. Ann Cothran Carmichael predeceased her husband by several years, and he then married Jean Pigford Cleveland. They had a son, Archie Hill Carmichael IV. He was a great family man, a dedicated father, and devoted husband

From a very distinguished family including his grandfather, former Member of Congress Archie H. Carmichael—Archie Hill III, added much to his family's legacy. His Congressman grandfather was succeeded in the House by my own predecessor in the Senate, the legendary John J. Sparkman.

Dr. Carmichael had retired due to a serious illness, and passed away on January 4, 1995. At the time of his retirement, he practiced as a specialist in internal medicine with his longtime partner, Dr. R. Winston Williams. He was a member of First United Methodist Church in Tuscumbia; the Colbert County Medical Society; the Medical Society of the State of Alabama, and the American College of Physicians.

I extend my sincerest condolences to Jean Carmichael and his entire family as they lament this tremendous loss.

TRIBUTE TO JAMES T. FLEMING

Mr. HEFLIN. Mr. President, many of you may have heard that James T. Fleming, a longtime administrative assistant to Senator WENDELL FORD passed away recently.

I had the opportunity to get to know Jim quite well after coming to the Senate. Because of his vast knowledge of the political field, many looked up to Jim and looked to him for advice on a host of issues. His boss stated Jim was ''one of the smartest people [he'd] ever known.'' It is no wonder he achieved a great deal of success over his lifetime.