

MSA's would have complete freedom to choose their doctor. Because patients would be spending their own money, doctors would be under pressure to provide economical treatment and to discuss with their patients the costs and the benefits of particular treatments to a greater degree than they do now.

They would level the health insurance playing field by making the tax treatment of health insurance fairer. Now, employers who pay for health insurance for their employees get a tax break for what they spend. The employees get a tax break for what is essentially compensation. But in those businesses which can not afford health insurance, neither the employer nor the employee gets tax help from the Federal Government. The self-employed, who pay for their own health insurance, get no help from the Federal Government.

Medical savings accounts should increase personal savings. The tax benefit associated with Medical savings accounts should be a strong incentive to save.

They will ultimately contribute to retirement savings for many people. In the future, many people would become eligible for Medicare with substantial medical savings account balances. These could be withdrawn for any purpose at age 65.

Finally, they will help cover long-term care expenses because one of the permitted uses will be for the purchase of long-term care insurance.

Mr. President, the Republican congressional leadership has offered the President and the Democrats a compromise. The compromise would limit the opportunity to have an MSA to where the core uninsurance problem is—in the small business community and among the self-employed.

Still, some Senate Democrats refuse to let us send the Kassebaum bill to the President.

They say that the MSA provisions are in the bill only as a pay-off to a single insurance company. This is really one of the most preposterous allegations made in this debate.

A single insurance company? Then why are the MSA provisions supported by the farm community, including the American Farm Bureau Federation, Communicating for Agriculture, the National Wheat Growers, the National Grange, the National Milk Producers Federation, and the National Cattleman's Beef Association?

Why are they supported by the small business community, including the National Federation of Independent Businesses, the Business Coalition for Affordable Health Care which includes the National Association of the Self-Employed, the U.S. Federation of Small Business, the U.S. Business and Industrial Council, the National Food Brokers Association, and many other business groups.

Why are the MSA provisions supported by many physician organizations, led by the American Medical As-

sociation? Why are they supported by not just one, but several insurance companies?

A single insurance company? I do not think so, Mr. President. It is clear to anyone who wants to open their eyes. The medical savings account concept, and the specific provisions in the Kassebaum bill, are supported by a broad coalition of Americans.

Those holding up the bill say that MSA's will be used only by the young and the healthy. They say that the sick will prefer regular insurance or HMO's. Maybe they really believe it. But now we have evidence to the contrary from a recent study by the Rand Corp. The Rand study concluded that MSA's could be attractive to both the sick and the healthy.

In fact, the Rand study concluded that MSA's might not reduce health care costs as substantially as MSA proponents have claimed. Why not? Because they probably would be attractive to the sick. Furthermore, those who are sick will probably prefer to have the unrestricted freedom of choice of doctor that would come with an MSA.

If the sick and the poor would use MSA's, it hardly seems likely that MSA's would fragment the insurance pools because of adverse selection, another concern of those opposed to MSA's.

Those holding up the Kassebaum legislation argue that MSA's would appeal only to the wealthy. But Rand concluded that the "median user would be only slightly wealthier than people in conventional insurance plans and HMOs. * * *". Furthermore, a recent survey by the Marketing Research Institute of 1,000 workers found that a large majority of lower income workers, if given the choice, would choose MSA's.

What is really going on here, Mr. President, is that the Senators trying to stop medical savings accounts really do not want individual citizens to take charge of their own health care. They do not want the system to be controlled and driven by individual consumers in cooperation with their doctors. They are frightened to death that medical savings accounts will prove so popular with the citizenry that there will be an irresistible demand to make them available to everybody. If that happens, their dream of a nationalized health care system will be impossible to realize.

In any case, Mr. President, it seems to me that we can add medical savings accounts to the things a great many Americans want in the Kassebaum-Kennedy health insurance reform bill. Many other Americans are probably more concerned about the Kassebaum bill's portability provisions. Or about the bill's limits on the ability of insurers to deny coverage to people because of preexisting conditions. These citizens are going to have a very hard time understanding why some Senators, and the President, are denying these re-

forms because of opposition to the medical savings account compromise the Republican leadership is offering them.

The American people are going to get none of these reforms unless the Senators obstructing the legislation stop playing dog in the manger, and get out of the way so the American people can have the benefits of the legislation. The President needs to tell his troops in the Senate that he wants to see this bill enacted. He should tell his troops to let the conferees be appointed and to accept the MSA compromise he's been offered.

Mr. BROWN addressed the Chair.

The PRESIDING OFFICER. The Senator from Colorado should be advised the next 90 minutes is controlled by the Democrat leader or his designee.

Several Senators addressed the Chair.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Mr. President, I ask also since the time has gone over 12 minutes or 13 minutes, let me extend it past the 12:30 hour so there is equal time for both.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH INSURANCE REFORM

Mr. REID. Mr. President, what we have seen take place here in the last hour or 45 minutes is what has been going on in the Senate for the last 8 or 10 months. We cannot do things quite perfect enough. There is always some kind of a problem.

With the balanced budget, we agreed to a balanced budget but there was always a poison pill that was involved. The poison pill with the balanced budget was Medicaid, Medicare, whacking the environment. It was not good enough that the President and Democrats agreed there would be a balanced budget in 7 years using the figures from the CBO. That was not good enough. What they had to do was the majority had to ruin it. They ruined it with their poison pills, with excessive cuts in Medicare and Medicaid.

Welfare reform—remember, we had a welfare reform bill. It passed here in a bipartisan basis. But the majority in the House and Senate decided they wanted to block grant Medicaid. They wanted to cut off a million disabled children from welfare. That made it so we could not pass welfare reform.

Minimum wage, something that is long overdue, about 90 percent of the American public think it is the fair thing to do, to increase the minimum wage, but, no, they have to tie on to that something called the TEAM Act, some kind of small business exemption which is a disguise, that is all it is, to, in effect, gut the minimum wage. Everyone knows the jobs in America are not created by General Motors, Lockheed and the big corporations, but by small businesses. So what is the poison pill that the majority attaches to minimum wage? We will make a small business exemption with the minimum

wage; we will do indirectly what we cannot do directly.

So everything that comes out that is good for the American public, the majority throws in a poison pill. They have done it with their small business exemption with the minimum wage. They have done it with the TEAM Act.

We should be on the floor here, talking about the things that we do on a bipartisan basis. The American public is not concerned about big government or small government, they are concerned about good government. And good government means we must act together.

We could do that with health care reform. Everyone knows that on the Kennedy-Kassebaum bill the senior Senator from Massachusetts represents one constituency, the senior Senator from the State of Kansas represents another constituency, and they got together. People who are senior Members of this body got together and came up with a bill that was not everything that everyone needed, that did not take care of all the problems with health care delivery in this country, but certainly it went a long way to answer two of the major problems that face the American public and that is, what do we do about portability of health insurance and what do we do about preexisting conditions?

The Kennedy-Kassebaum bill took care of that. It basically said we can help get portable insurance. If you have a job and you have insurance and you quit your job, leave your job, you can take your insurance with you. If you have a preexisting condition you can have an insurance company insure you. They cannot refuse you. Everyone in America has had conditions with family, loved ones or neighbors, who have problems with preexisting conditions. It may be a bad back, it may be diabetes—these conditions are such the insurance companies simply turn people down. The Kennedy-Kassebaum bill said no, you cannot do that anymore.

Here we go again, just like as has happened for the past 18 months. We have something which can solve a problem on a bipartisan basis and another poison pill comes along. This time it is MSA's. Mr. President, MSA's is something we should take a look at. Everyone has acknowledged, on the minority side, we are willing to take a look at MSA's. Let us do a pilot project. Let us see how they would work. Everything that has been said about MSA's by the majority may be right. I mean, I think we should take a look at it. They may be right. But whether they are right or wrong, why do we not go ahead and do what Kennedy-Kassebaum originally said we should do, take care of portability and take care of preexisting conditions? That would go a long way to solving the problems of health care delivery in America today.

No, we cannot do that because now we are not talking about a balanced budget and ruining that with Medicare and Medicaid devastating cuts; we are not talking about minimum wage and

the poison pill thrown in there with the small business exemption; we are not talking about welfare reform, the poison pill there block-granting Medicaid and eliminating about a million handicapped children. No, what we are doing now is we have another poison pill with health care reform that is the medical savings accounts. We are not willing to test, do a pilot project on medical savings accounts. We want it all. If we cannot get it all we are going to ruin portability and preexisting conditions.

I, personally, believe that medical savings accounts should be tested. I think there is some merit to them. We should have a demonstration to project to see what the benefits and drawbacks are of MSA's. But the insurance reform bill which the Senate overwhelmingly passed did not contain MSA's and the addition of MSA's is now preventing a bipartisan step toward real health care reform. We failed to pass real health care reform 2 years ago. But we did learn something at that time. We must approach health care reform step by step. We cannot get everything we want. But it seems the majority is saying we want everything that we think is appropriate. If we do not get it, we are going to kill health care reform.

The Kennedy-Kassebaum bill primarily targets two hurdles to insurance coverage for the American public: Hurdle No. 1, preexisting conditions; No. 2 is portability. By addressing these two major barriers to insurance coverage we can help 25 million Americans.

We can stand on this floor and debate for weeks, months how good or bad MSA's are. But let us do that and at the same time take care of 25 million Americans and take care of preexisting conditions and portability.

The Kennedy-Kassebaum bill is a straightforward measure combining items from the 1994 health care debate that are both noncontroversial and bipartisan. We should not be holding up this bill with a debate over MSA's.

I think, when it is all said and done, after we do the demonstration projects, I think I would probably support MSA's.

But we really do not know just now. Why do we not go ahead and pass what is good, and that is Kennedy-Kassebaum. The majority attempts to add MSA's to the benefit, some say, of special interests. I think that this special-interest legislation may just be threatening the coverage of preexisting conditions and portability, because this is the poison pill they found to kill that program.

If the majority is serious about helping millions of Americans maintain their health coverage, they should abandon their attempts to attach this overall, all-encompassing MSA provision to S. 1028.

The debate today is not about MSA's. That can wait for another day. The debate is about whether Congress is going to help individuals who change or lose

their job to help maintain health coverage.

We can pass this bill today, Monday, Tuesday, Wednesday of next week if the majority will agree to stop loading this bipartisan bill with amendments that can be debated at another time.

Mr. President, there is a real question about what we are doing here. What are the dangers of MSA's? Some of the concerns I have, that I hope with the demonstration project can be overridden, is that they siphon off the healthy and the wealthy and the young. They fragment and undermine the current insurance market, and they cause premiums to rise for others. They discourage cost-saving preventive care. They lack consumer protections. They increase employer health care spending, and they cost taxpayers, some say, almost \$2 billion. In fact, who says that is the Joint Committee on Taxation.

What the majority will not talk about today on this floor, or any other time, about MSA's and the reason, perhaps, they are unwilling to go forth with a demonstration project, is that the MSA provision added in the House bill contains no standards for high-deductible catastrophic plans that accompany these MSA's, forcing many individuals to pay more in out-of-pocket costs than they might expect.

Here are some costly facts about this catastrophic insurance plan that the majority will not be talking about during this debate. For example: Once the deductible is reached, not all costs are covered.

Even after an individual or family meet their high-deductible, most catastrophic plans require a copayment for health care services. The majority wants individuals to think all their health care will be covered. That is not the fact. They think they should be covered free of charge once the high deductible is finally reached. It just will not happen.

Also, only medically necessary services are covered. So many of these plans only pay for those medical expenses that are medically necessary. As determined by whom? Of course, by that all-knowing insurance company.

Furthermore, insurers may count only medically necessary services defined as indicated by the insurer toward the deductible. If it is not covered by the insurer, the individual will get no credit for the payments they have made toward the deductible.

We heard a lot 2 years ago when we debated health care reform, and one of the things that the health insurance industry—and their spending over \$100 million in advertising trying to confuse and frighten the American public, which they did—one of the things they talked about a lot was people would lose their choice of physicians. Well, those in the majority should understand that here is a question with MSA's about whether you lose your choice of physician.

Individuals are free to choose their own doctors while paying for medical

care in full. However, under their insurance plan, they may have to pay more to stay with their own family physician. Many catastrophic plans require individuals to use specific doctors, and if they are not willing to use specific doctors, they pay more, thereby adding unexpected costs after meeting that high deductible.

Another problem we need to look at—and the reason we think there should be a demonstration project and we should go forward with portability and preexisting conditions and leave this debate for a later day, and that later day would be based upon having a demonstration project or projects where we would have all the information that can answer these questions that are being raised today by this Senator—exclusions to services coverage.

Many of these plans currently on the market today contain a long list of services not covered by the plan. Some plans exclude pregnancy and routine newborn care among their exclusions. Individuals would be responsible for the cost of these services, even if the deductible has been reached. Should we not look at this in a demonstration project?

I say to my friends in the majority, if you can answer all these questions, then we should all be here joining arms and going with MSA's. Why do we not pass what we think is good? That is, the portability, preexisting conditions.

Another problem: Employers are not required to contribute to the savings account. There is nothing in the House bill to require employers to contribute an amount to cover the deductible or make a contribution at all, forcing the individual to cover much, if not all, of their medical expenditures.

Finally, with a demonstration project, we could determine if employers could contribute to the premium cost or merely provide information about plans available. Individuals alone may have to cover the cost of the insurance again.

So, I say the time is here to help millions, 25 million people. Let us set up some demonstration projects around the country and see if the MSA's work, and then pass quickly, on a bipartisan basis, the Kennedy-Kassebaum bill. That is what we should do. It would provide protection for 25 million Americans who need that protection.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Chair recognizes the Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I yield such time as I might use. I ask the Chair to notify me when 20 minutes is up.

The PRESIDING OFFICER. The Chair will advise the Senator when 20 minutes is up.

Mr. KENNEDY. Mr. President, I rise on the floor of the Senate to address the issues of medical savings accounts. I want to address some of the observations that have been made by some of

our colleagues this morning, and over the last few days; and that have also been raised in a number of their statements and speeches and press releases in the newspapers.

Mr. REID. Will the Senator yield for a question prior to my leaving the floor?

Mr. KENNEDY. Yes, I yield.

Mr. REID. I say to my friend, who has had a lot of experience in this body, if the medical savings account provision were dropped, how long do you think it would take to pass this bill?

Mr. KENNEDY. I think, as suggested by the Senator's question, I think we could pass that in just a few moments here in the Senate. I expect that would be true in the House of Representatives as well. It would pass well within a day and be on the President's desk by tomorrow and put into effect to protect the 25 million Americans who have some disability and give protections to millions of Americans who are moving from job to job to guarantee that portability.

The Senator is accurate in his questions. Why aren't we doing today what was passed out of our committee with a unanimous vote of Republicans and Democrats several months ago; and passed the Senate of the United States by 100 to 0, and could pass the Senate of the United States by 100 to 0 again this afternoon? We could send it to the President to be signed into law and provide relief to the 25 million American families that have some preexisting condition and know that they will be excluded from any kind of health insurance; or know that if they stay with a small group, that the costs for their insurance will go through the roof; or that they will be excluded or canceled. They could be canceled after having paid into their insurance program for a lifetime under the existing rules.

We heard a lot of talk about freedom here this morning and over the last few days. Well, there will be freedom for the insurance company to drop that family. There will not be freedom for the family to look after a child that has cancer. There will not be freedom for a husband to look after a wife who has breast cancer. But there will be freedom for the insurance company to drop them.

So I hope we will have an opportunity to talk a little bit about what freedom really means. It is bandied around here loosely and generally by people who have been in the vanguard of undermining Medicare and Medicaid and protection for children. But I will get to that in a few moments.

Mr. REID. I ask the Senator one more question. Does the Senator see a pattern, as I see a pattern, that during the past 18 months the majority, every time we are on the verge of passing something meaningful, that a poison pill is thrown into the mix?

We passed Kennedy-Kassebaum 100 to 0, and suddenly we have MSA's. A bal-

anced budget, we agree on all the terms. The President agrees to the year 2002, to use Congressional Budget Office figures. Welfare reform passed here, I do not know, almost 100 to 0, big numbers, 80, a vast, vast majority passing it, and suddenly we have block granting of Medicaid and cutting off handicapped children. The minimum wage, which 90 percent of the American public wants. We have the small business exemption. Is it just me or does the Senator see a pattern here that we are not being able to pass meaningful legislation in this body because of these poison pills?

Mr. KENNEDY. I will add to the Senator's list. We have a very important program to which Senator KASSEBAUM provided great initiative. It had been worked out over the period of the last 2 to 3 years in human resources, to restructure and reorganize all the youth training and job training programs, to eliminate—there are 148 different programs, \$20-odd billion in those programs, 11 different agencies, and we had tried to work to consolidate those programs. It overwhelmingly passed in the Senate by more than 90 votes. I think it was 92 to 4 or something of that nature. Now we find out that we are stalemated in the conference.

We passed our immigration bill. That was passed in a bipartisan way by more than 90 votes. It is so interesting listening to my Republican colleagues talk about the inappropriateness by some of us to resist a stacked deck of conferees, when I happen to be a conferee on the immigration bill, and have never even been invited to a single conference, while the Republicans are meeting day after day.

Or whether it has been on the issue of health care, there are a whole series of different items that we have passed overwhelmingly. And now they are getting caught up, whether it is immigration or the job training or the health care program. They have all passed overwhelmingly. Now for some reason, as the Senator points out, there is a desire to refuse to permit the process to work.

There was enough credit in here for our Republican friends. They could get a share of the credit. It is true that this President has supported this program. The American people have elected this President. They might not like that. But the President ought to be entitled to sign those pieces of legislation and not have that successful effort of bipartisanship, which had been part of this effort here, to be effectively denied. So I thank the Senator for raising this point because it is an extremely important one.

Mr. President, let me just start off by observing that what this issue is really all about, is to see where we are in the course of this debate and discussion on the underlying legislation, the Kassebaum-Kennedy bill. As I pointed out on other occasions, this legislation was developed with the leadership of Senator KASSEBAUM in the wake of the 1994 debate on comprehensive health care. I

hope comprehensive health care is still an objective of the American people. I know that there are those in this body who believe that we should not, as a matter of national policy, try to get quality health care for the American people that they can afford. I know that this is an offensive idea to many of them.

I still believe that we ought to find ways to accomplish this in a manner that maximizes the involvement of the individual and the private sector. In the areas where there are gaps there would be a public role, particularly for the neediest individuals in our country. I am referring to working families and their children who are on the lower rungs of the economic ladder. Families that work hard 40 hours a week, 52 weeks a year, knowing that their child is without health insurance. They worry that their child will be injured playing in a sport or will fall from a bicycle, or have a skating accident, and they will not have the resources to be able to pay for medical care. We need to provide relief from that kind of anxiety.

I know that I will still feel strongly about that as long as I am in the U.S. Senate. We have not been able to do that yet. But, Mr. President, as I have pointed out on other occasions, under the leadership of Senator KASSEBAUM, what we have effectively done is taken the common elements in all the various proposals of Republicans and Democrats. I remind my Republican friends, go back and read Bob Dole's programs. Read JOHN CHAFEE's programs or read the other Republican programs.

They will find that portability and also preexisting conditions provisions were common to all of those. How many times do we have to repeat those statements by the Republican Presidential nominee that said: Let us just try and find the common ingredients and pass them. He said it before. He said it on the floor. He has said it repeatedly. That is all we are trying to do here: find the common ground, and pass legislation. That is what we did in our Labor Committee. That is what we did on the floor of the U.S. Senate.

That is what we should be doing here this afternoon. The President ought to be signing these provisions into law. And every day we delay, Mr. President, every hour we delay, we are saying to those families, 25 million American families, "No. We're more interested in the politics, the politics of this issue." If you want to have an MSA program that goes beyond a demonstration that is a true test, bring it up tomorrow. Bring it up next week. Let us debate that issue at another time. But why tag it on here? Why tag it on here?

Why are you not going to give that relief for 25 million Americans? "We're going to deny you, workers, hard-working Americans. We're going to deny you because we want it our way. We want a stacked conference committee. And we're telling you now, we're either

going to take it our way or no way." That is what this debate and discussion is about.

Who are those wonderful Members? Whose interests are being advanced by the medical savings accounts? Well, let us see who is on their side and who is saying, "No. We shouldn't go ahead. Consider the MSA's at another time."

Who are the ones that are saying, "Go ahead. Please, Congress, go ahead and pass the Kassebaum-Kennedy bill"? Who are they? They are the organizations that represent the disabled individuals in this country. We made progress with the Americans With Disabilities Act. We have made progress on disability policy with regard to education. We have made progress in mental health research at NIH.

Who are those that are saying, "Put this off to another day?" Is it all of the representatives of the disability groups. I challenge the other side. I challenge the other side, next time they organize and put out their briefing sheets so that they will all have the same talking points in the morning, answer the question. Tell us which leaders in the disability groups are supporting your program. Give us one organization. We are not asking for 10 or 5. Give us one organization—one organization—that supports your position. Just give us one organization.

Who do you want to stand with? The Golden Rule Insurance Co.? They left the State of Vermont when it outlawed their abusive practices that were so egregious that they nearly constituted fraud.

We will have Members come out here, "We will document the fraud and spend time going over that."

I suggest to my colleagues they go over and read how they left the State of Vermont. They are the principal supporters, they are the principal gainers in medical savings accounts. We know that. They have already contributed hundreds and thousands of dollars, over a \$1.5 million to our Republican friends, to our Republican friends that are the principal spokesmen for the medical savings accounts.

All right, so they have the Golden Rule that supports it. Who else? Find us a serious senior citizen group. Find us one. The elderly understand what this is all about. They understand what is going on here. They understand that the principal critics of the position that we are supporting here today are the same ones that want to cut back on the Medicare Program.

I watched very briefly the debate here this morning. They are the principals that voted aye in cutting back the Medicare Program, to raise the premiums, double the deductibles. Where were all of these voices when we were talking about protecting Americans for freedom? They were stripping away the standards to protect the elderly in the nursing homes. Where were all those voices then? "We want to protect freedom, but we will not protect freedom for the senior citizens that go to nurs-

ing homes. We will take those guarantees and those protections away from them. We will take those away from them, and we are going to also take away the various additional protections for children under the Medicaid Program—5 million."

Find me one Senator that has spoken out in opposition to medical savings accounts; not one of them this morning voted against knocking 5 million children out of our Medicaid system, 85 percent of whose parents work 40 hours a week, 52 weeks of the year. Do not tell us who is on whose side in terms of protecting Americans' health care. Each and every one of them that spoke out here this morning were prepared to cut out children in the Medicaid Program.

They have cut back about 20 percent of the mental health assistance program. They permitted double buying of our elderly people under the Medicare Program when it came back from the conference report.

It goes on and on. And all for what? To take those savings and give them for tax breaks—tax breaks. Who are you kidding about your concern about freedom and competition in the health care system when you are busy undoing the present program, when your Republican leader in the House of Representatives, Mr. GINGRICH, said you want to have Medicare wither on the vine, and the Republican nominee has indicated he is proud of the fact he voted against Medicare in the beginning, and he has restated it again.

We are supposed to believe those individuals who do not believe in Medicare, who have been assaulting Medicare, who have been assaulting Medicaid and protections for children and senior citizens, that, all of a sudden, here they are, they are so concerned, because certain Senators will not permit us to try out a new program, a new program that is allegedly going to provide freedom.

This Senator is not going to let them have the freedom to go to the Federal Treasury, because that is what you are asking about. They can have all the freedom today to sell their medical savings account.

Understand this: My colleagues who have been complaining about our positions on medical savings accounts, they can go out and sell them today, and some of them do. But, no, no, that is not what they want. They want the freedom to go into the Federal Treasury, put their hand in the pocket of every working family and the pocket-book of every working family. What do we mean by all that?

Mr. REID. Will the Senator yield?

Mr. KENNEDY. I will finish this one thought.

It is very interesting that the Joint Tax Committee estimates that the costs to the Federal Treasury would be \$3 billion in additional deficits over a 10-year period.

The PRESIDING OFFICER. The Chair advises the Senator from Massachusetts he has used 20 minutes.

Mr. KENNEDY. I yield myself 10 minutes additional.

The Federal Treasury says the additional deficits for 10 years is \$3 billion; \$3 billion for a test with one million people.

What is the suggested program that is being supported by Mr. GINGRICH? Mr. President, 43 million American working families. That is a test? Three billion for one million people—he is talking about a range of 43 million Americans. It is the freedom of Golden Rule to put its hand in the Federal Treasury and take out billions of dollars. That is the freedom that those individuals are talking about in terms of medical savings account.

I am happy to yield to the Senator.

Mr. REID. Mr. President, the Senator has been talking about freedom. I have a quote that the Senator did make, and I ask if the Senator recalls this statement having been made from the majority leader of the U.S. House of Representatives, DICK ARMEY, who says, "Medicare has no place in a free world."

Do you recall that statement having been made by the majority leader of the House of Representatives saying, "Medicare has no place in a free world"?

Mr. KENNEDY. It has a familiar ring to it, Senator.

Mr. REID. Just so there is no misunderstanding, I want to state what was said by the Republican nominee for the U.S. Presidency in October of last year: "I was there fighting the fight"—a direct quote—"one of 12 voting against Medicare, because we knew it wouldn't work in 1965."

Is that the reference that the Senator made?

Mr. KENNEDY. It is exactly the reference. We have leaders that are now out there every day with their mimeograph machines saying those really blocking this program are the same ones that were opposing the Medicare Program before, oppose it now, cutting back and putting at risk our senior citizens, and also other health programs of this past budget.

Mr. REID. Briefly, does the Senator from Massachusetts recognize this direct quote by the Speaker of the House in October of last year:

Now, we didn't get rid of it in round one because we didn't think it was politically smart, but we believe Medicare is going to wither on the vine.

Is that the reference the Senator was making?

Mr. KENNEDY. The Senator is exactly correct. They are the ones that want to put these medical savings accounts in, same ones that want to do that.

Mr. REID. I will close by giving the direct quote of the majority leader of the U.S. House of Representatives:

Medicare has no place in a free world. Social Security is a rotten trick. I think we are going to have to bite the bullet on Social Security and phase it out over time.

Now, we have heard from the Republican nominee, we have heard from the

Speaker of the House of Representatives, we have heard from the majority leader of the House of Representatives. I think it indicates where they stand on Medicare and Medicaid, and I think the reference made to how they feel about health care reform is pretty clear, is it not?

Mr. KENNEDY. It certainly is, Senator. I appreciate you bringing together these points. But the point about it is, we are trying to determine who is on whose side here. Who is on the side of working families, and who is on the side of the special interests? Special interests, Golden Rule. Special interests, Golden Rule.

What I was mentioning just a moment or two ago is that we have challenged the other side to find out any reputable group that represents the disabled, who are at such risk from the cutbacks proposed by our Republican friends, find the senior citizens, and come back here this afternoon after our time is up, and give us those examples of those senior organizations. Give us those quotes of our seniors that say that this is a good idea.

You cannot get them. They are not there. They are not there. They are not there from the disabled groups. They are not there from the seniors groups. They are not there from the representatives of workers—the 128 million American families that are working in this country and their principal representatives—you cannot get it. Then do not bring that phony mine workers study that you have. You keep trotting that mine workers study out, and it is absolutely wrong. They have denied it and said it is completely inaccurate and wrong.

So, Mr. President, on the one side we have the disabled, the elderly, the representatives of the working, and the principal spokesman for children. Why children? Because what you are going to find out is that, under these programs, they will not pay for preventive care programs for children. It is going to discourage preventive care, which is a scandal for children in our country—an absolute scandal. With our infant mortality being the 18th or 20th—or 22d, I guess, this year, in terms of the world. The fact is that we produce 80 percent of the vaccines in the world, and we still have a quarter of the children not vaccinated. We are still not providing the comprehensive screening for children.

Those numbers are being reduced every year in the last 4 years. The number of uninsured children in my State of Massachusetts—160,000—has doubled. It has doubled in the last 4 years. Have we heard any of those people that are out there now saying they want medical savings accounts? Where were they when we were talking and battling about children and the priorities earlier this year? Where were they speaking about it? Oh, no, we want freedom, medical savings accounts. We want freedom.

Now, Mr. President, is this just the position of those that allegedly speak

for the disabled or for the consumers in this country? Find a consumer organization that wants to go down to the rope with the medical savings accounts, full-blown medical savings accounts, which are untested, untried.

They used to have the old adage in medicine to "do no harm." Well, this is a turkey, Mr. President, that has not been tried, has not been tested, and could cause premiums to go up. It is a threat to insurance that exists for millions of Americans at this time. That is believed to be so.

We are asked to buy this pig in a poke. We are saying, let us debate it and discuss it at another time. Let us agree on what is a reasonable test and pilot. Many of those who support the Kassebaum-Kennedy bill do not even think we ought to do that. But there are Members on our side and on that side, as well, that think we ought to have a trial and a test. I would not oppose that trial and test if it meant the passage of this bill. But, I will tell you, I am not going to buy on and sign on for an untested, untried program that can threaten—not only will wealthy individuals just be able to purchase it, and healthy individuals will benefit by it, but I am not going to represent to people in my State who have some health insurance today and risk their premiums escalating and going out of sight.

The PRESIDING OFFICER. The Senator has used his additional 10 minutes.

Mr. KENNEDY. I yield myself 7 more minutes, Mr. President.

Mr. President, I will just mention here, this is sort of an isolated position. I ask those who come and are addressing the status of this where we are with this issue.

Today, we found that the House leader, Mr. ARMEY, urged the White House to "call off Senator KENNEDY on the health care bill." And then, "Why is Senator KENNEDY stopping health care reform?"

Then we had the Business Coalition for Affordable Health Care, an ad hoc committee established 3 years ago to lobby against the President's comprehensive health care. They say, "Senator KENNEDY is killing the health care bill today to socialize American medicine tomorrow." I did not believe, when we had a 100 to 0 vote, that those supporting the Kassebaum-Kennedy bill were going on to socialized medicine.

You better get it straight, Business Coalition. We had a 100 to 0 vote on the position that I take today, saying the bill that passed in the Senate should be passed now, today. And you are saying, "Senator KENNEDY is killing the bill in order to socialize medicine"?

All I want to do is pass what we passed. Then we have the Coalition for Patient Choice. It is interesting that they all came out the same day. Included in that was, "Yes, KENNEDY would kill health reform. He still wants big government."

All I want is what Senator KASSEBAUM stated that she wants, too, on

health care. Also, we have the Eagle Forum. That is a well-known organization on health care, and the Christian Coalition, and Phyllis Schlafly knows a lot about it. She has testified frequently on health care. Then the list goes on. You can expect it from the Republican National Committee. The list goes on.

Well, Mr. President, I would ask those groups to take a look at some of these editorials, take a look at the Washington Post editorial by Robert Samuelson and his analysis on MSA's. Look at the L.A. Times editorial on June 6. Take a look at the New York Times on May 30. Take a look at the Dallas Morning News. Take a look at the Baltimore Sun of April 25. Take a look at the Washington Post on June 3.

Take a look at the June 13, Tacoma, WA, News Tribune:

Stick to the basics in the New Health Bill.

It says:

Many medical economists warn MSAs would be used mostly by healthy and more affluent people, leaving older and sicker people in the common insurance pool. That would force insurance rates up for everybody else . . . The original Kassebaum-Kennedy bill was a good one. More than 20 million Americans would benefit from its modest reforms. Save the fight over MSAs for the next Congress . . .

Come on, Mr. President. Do you think the News Tribune is for socialized medicine?

Here is the San Francisco Chronicle article of June 10:

There may well be some merit to MSAs to the extent they encourage health consumers to be more cost-conscious. But that possible benefit is still outweighed by the virtual certainty that MSAs would encourage healthy and wealthy Americans—those who could afford the high-deductible catastrophic coverage—to abandon the prevailing insurance system, making it even more expensive for the poorer and less healthy Americans left behind.

The Harrisburg Patriot wrote:

While the idea of medical savings accounts has a lot of appeal on the surface, the Congressional Budget Office, the National Association of Insurance Commissioners, and other experts in health insurance have warned that it poses dire consequences for the overall health care system. MSAs would remove significant amounts of money from a pool of funds that go to pay the Nation's health care bill, while their tax-deductibility would pose another drain on the Treasury . . . They ought to be considered separately.

A June 10, Columbus Dispatch article, entitled "Clean Health Bill; Get Rid of Those Two Killer Amendments," says that MSA's could "appeal only to healthy people, throwing seriously ill people into a pool whose costs would escalate. This proposal should be in separate legislation, so the clamor it kicks up would not endanger the Kassebaum-Kennedy bill."

These are just a sample of the commentary from around the Nation. It is time for Republicans to stop playing special interest politics.

I welcome being their target quite frankly, Mr. President. I do not resent it. If they want to target me, I am glad

to get in and debate this, and will at any length at any time that they want to. The fact of matter is we mentioned 15 or 20 recent editorials, and they are in there every day. Maybe we ought to come up—I think I will—and start putting them in from every part of the country representing every different group.

Why is it that just the Republican National Committee and the Business Coalition and Phyllis Schlafly care more about the American health care system than all of the other kinds of commentaries that are coming from all parts of America and from all different groups? Why are all these people wrong? And they are right?

Finally, Mr. President, I would just hope that when our friends come out to talk about this issue I hope they will come out and address some of the questions that are raised about this program. They have a \$5,000 deductible and \$7,500 per couple. Are we to assume that the employer is going to provide the money up to \$5,000? Absolutely not. It is not in their program. If it is, they ought to come on out and tell us. Who do they think is going to contribute the \$5,000? Guess who? The workers are going to contribute, and then the workers will be able to take back. How many working families are going to be able to afford \$5,000 per individual, or \$7,500 in their family to put that aside? Come on. Come on. Freedom? Freedom? Come on.

Then what happens if the doctor charges \$8,000 but the insurance company only recognizes \$5,000 because of a fee schedule? Will the insurance company help you out? How about answering that question. I am waiting to hear the answer. Will that insurance cover that particular problem? Are there no limits? Are there no lifetime ceilings? I am waiting to hear the answer. You do not hear them talk about the substance of this proposal. You do not hear them talk about that because it is not there. All you have to do is look at what the Golden Rule Insurance Co. has done and other companies are doing. They stop there, and the person is stuck with the additional. The deductible is not the same thing as a cap. How much will the individual have to pay after they finally reach the \$5,000?

Mr. President, I hope our friends who are supporting their position over there about the MSA's tell us about the deductible. How much does the individual have to pay after they finally reach the \$5,000? Does that mean there is no co-pay? I have not heard them talk about that. They are trying to suggest that once you get to \$5,000 you are not going to have a co-pay. They find the Golden Rule Insurance Co. does not guarantee. That is not guaranteed by their proposal. What is going to be the co-pay on that \$5,000? Why do you not talk about out of pocket limits? What are "out of pocket limits"? Out of pocket limits occur in most of all of the programs that are out there—that an individual pays up to so high

and then does not pay anything above it. Are there any out of pocket limits in the MSA's? I hope that those who are supporting it are talking about it.

Is the sky the limit? No. There are no out of pocket limits as there are in many of the insurance companies at the present time; an important consumer issue. Maybe our friends who are so enamored of this great freedom of getting into the Federal Treasury are going to talk about that issue.

Mr. President, is there anything in their bill that requires the insurer to cover all the services that they need? One of the continual choruses that we heard last year from those that are opposed to health insurance was, "Let us have the list of services that are covered." Are they prepared to give us the services that are going to be covered? I cannot tell you how often we heard that talked about, and we provided that last year. Do you think any of us have any idea about what services are going to be covered and what are going to be excluded before we put in a program that is going to raise the Federal Treasury and maybe applicable to a third of the working families of this country? Absolutely not. No one has talked about that.

What services are going to be covered? Are they going to be different from what the IRS recognizes as being a legitimate medical deduction if an individual has medical expenses? Is this going to mean that is going to be a contribution to the deductible, or the co-pay for the purposes of insurance? That is going to make a lot of difference to a lot of families. Maybe they could elaborate a little bit on some of this.

Mr. President, is there anything in the bill that requires the employer to contribute one thin dime to MSA's to cover the \$5,000? I hope they will address that. Are they saying that with the \$5,000 deductible that the employer is going to contribute to and give benefits to the working families to begin to say, "OK, that is not such a bad deal"? Absolutely not. Absolutely not. They are not saying that they will provide one nickel up to the \$5,000.

So, Mr. President, I welcome the chance to go through these questions because we ought to have a good discussion and debate. Certainly before we put in anything like this, we ought to have the answers to some of these questions. We do not have them now. We do not have them; no Senate hearings, no report, no deep analysis, nothing—nothing except the strong lobbying of the Golden Rule.

Mr. President, when you put in the MSA's you are providing, the way that this is structured at the present time, a lavish tax break for the rich, the handout to the Golden Rule Insurance Co.; the threat to the existing health insurance premiums for working Americans.

Make no mistake about it, Mr. President, after this goes into effect, the next thing they are going to do is move

it over into Medicare. Our seniors understand that. The seniors understand that. The relentless assault and attack on the Medicare Program. It just does not stop. They go at it any which way they can. They went at it in this last Congress, and are continuing now with these unjustified cuts because they wanted tax breaks for the wealthy. Now they are at it again.

So, Mr. President, I welcome the chance to speak on this issue and to include those editorials in the RECORD. We will have more to say. I just say in the final minute, why do we not just pass the Kassebaum-Kennedy bill? That has the overwhelming support. I think it is the one piece of legislation that has come out of a committee unanimously, Republicans and Democrats. It came to this floor and passed unanimously. Senator Dole's amendment was accepted to expand deductibility for small business. We welcomed it. We also provide extended long-term care—we support it—to provide some provisions to deal with terminal illness, which is the humane approach on it. Senator Dole has added an important ingredient to this bill. Senator KASSEBAUM, the distinguished chairman, was the one who wrote this legislation. Senator Dole has amended this legislation. We are supporting this program. Why not just pass the program? Why not just pass it and let the President sign it. And if we want to come back and debate the medical savings account, let us do that. Let us have votes on those particular provisions. Let us let the Senate make its will on it.

But, please, Mr. President, do not say no to the 25 million Americans who have some form of preexisting condition and every single day that we delay they are at risk. I do not know how you quantify in terms of dollars their anxiety worrying about illness and sickness, wondering where the next nickel or dime was going to come from so as to not bleed the education funds for their children or eat up the retirement funds of their parents. That is happening in every city of America. And that is being held up by these various groups that pontificate as to who is more concerned about the health care of the American people. That is wrong.

I continue to believe that medical savings accounts are the poison pill that could kill health reform. The House and Senate Republican so-called compromise offer on medical savings accounts is a capitulation to House Republicans, who are more interested in creating an issue and serving a special interest constituency than in passing needed reform.

Discussions are continuing to see whether a genuine compromise can be reached, without jeopardizing the health insurance that protects millions of Americans today. I hope these negotiations will be successful. But the American people need to understand why the current Republican proposal is unacceptable—and why medical sav-

ings accounts in the form proposed by the House Republicans are too extreme and have no place in this consensus bill.

Medical savings accounts are an untested idea. Their great danger is that they are likely to raise premiums and make health insurance unaffordable for large numbers of citizens. Medical savings accounts will clearly discourage preventive care and raise health care costs. They are a multibillion-dollar tax giveaway to the healthy and wealthy at the expense of working families and the sick. Their cost could balloon the deficit by tens of billions of dollars.

With all of these obvious defects, it would be irresponsible for Congress to impose medical savings accounts on the Nation without testing the idea first. The entire controversy today is over whether NEWT GINGRICH and the other extremists in the House Republican leadership are willing to accept a reasonable test of their controversial idea.

The current Republican offer is a sham. Their cynical negotiating attitude is my way or the highway. Take it or leave it. They would obviously rather attack me than defend their indefensible proposal, which is no compromise at all—it is merely a transparent fig-leaf over their cynical attempt to force their untested bad idea on the Nation.

Let's look at the record. Let's count the defects in the Republican plan on medical savings accounts.

First, the Republican plan allows deductibles as high as \$5,000 per individual and \$7,500 per family. That means a family needing medical care must spend \$7,500 out of their own pocket before their insurance pays a dime. I ask Mr. GINGRICH—"How many families can afford to pay this much for medical care, and why in the world would you give a special tax break for a policy providing such meager protection?"

Medical savings accounts are described as providing catastrophic protection. Once you hit the cap, they say, you do not have to worry about how to pay the doctor or hospital.

Actually, almost all conventional insurance policies already have a feature like this—called a stop-loss—which caps your maximum spending for covered services. Even among policies offered by small businesses, which are typically less generous than those provided by large companies, 90 percent have a stop-loss. And for virtually all of these plans, the stop-loss is less than \$2,000.

Contrast that to the House Republican plan. Protection does not even start until you have spent \$5,000—and there is no stop-loss. None whatsoever. The plan even allows the insurer to charge a 30-percent copayment for charges in excess of the deductible.

Forty thousand dollars doctor and hospital bills are usual for a significant illness or surgery. In such cases, patients would owe \$15,500 for bills the

policy would not pay. Under a conventional current plan, their costs would be limited to \$2,000 or less.

Instead of attacking the Democratic messengers who bring this bad news, why don't the House Republicans explain to the American people why their plan has no stop-loss requirement? How can they possibly defend their view it's all right to make a family pay \$7,500 before their insurance covers them at all—and then leave them exposed to unlimited further costs even, after they have paid the first \$7,500?

The House Republicans claim that people can cover these huge gaps in their insurance protection by using their medical savings accounts. Perhaps their wealthy friends—who will get the GOP elephant's share of the tax breaks under this plan—will be able to afford high medical costs. But how are working families supposed to set aside the \$5,000, \$10,000, \$20,000 or even more that they would need to give them true protection in the event of a serious illness? There is nothing in the Republican plan that requires employers to contribute even one thin dime to a medical savings account for their workers.

It is no coincidence that the leading proponents of medical savings accounts are the Golden Rule Insurance Co. and other insurance firms with close ties to the House and Senate Republican leadership that have been the worst abusers of the current system. These firms specialize in selling medical savings accounts. They have given millions of dollars in political contributions to try to get their way.

Golden Rule's record, in particular, is so shameful that Consumer Reports ranks it near the bottom of all companies because of its inadequate coverage, frequent rate increases, and cruelty in canceling policies.

These defection policies are a scandal, and the companies know it. In fact, Golden Rule had to pull out of Vermont, because it was unwilling to compete on the level playing field created by that State's insurance reform.

So what happened next? Responsible insurers—Blue Cross and Blue Shield took over the policies. They found that one in four Golden Rule policies included unfair fine print. Arms, backs, breasts, and even skin were often excluded from coverage. Newborn babies were excluded, unless they were born healthy. Clearly, Congress should not be conferring lavish tax subsidies on that kind of disgraceful insurance coverage. Yet that is exactly what Republicans want to unleash on the American people.

The details of the Republican plan will shock the American people when they understand it. That is obviously why the Republican leadership is engaged in this unseeingly campaign to whisk their defective plan into law, before its flaws can be discovered. And that is why I intend to do all I can to insist on a fair test of their proposal.

By any standards, medical savings accounts are a dubious experiment

with the American people's insurance coverage.

The most troubling aspect is the skimming factor—the risk that medical savings accounts will price conventional insurance out of reach of most American families, by encouraging the healthiest people to leave the insurance pool. As premiums rise for everyone else, more and more working families will be forced to scale back their coverage or drop their insurance altogether.

Ask the people who have studied these plans in the words of the Congressional Budget Office, medical savings accounts "could threaten the existence of standard health insurance."

Mary Nell Lehnhard, senior vice-president of Blue Cross and Blue Shield, concluded that MSA's will destroy "the whole principle of insurance."

Separate studies by the American Academy of Actuaries and the Urban Institute found that premiums for conventional insurance could increase by 60 percent—60 percent—if medical savings accounts become widespread.

The Republican leadership pretends that their current compromise offer is nothing more than a test—a fair attempt to deal with concerns about medical savings accounts before they are sold broadly. But it is nothing of the kind. Under their proposal, medical savings accounts could be sold to all small businesses and the self-employed immediately. MSA's would start out with a massive market consisting of more than 40 million workers—one-third of the Nation's entire labor force. I continue to believe that the so-called compromise is not a test—it's a travesty.

Experts agree that the small business sector of the health insurance market is the most vulnerable to the disruption that medical savings accounts would cause. The Joint Tax Committee itself has concluded that sales of medical savings accounts would be concentrated in small and medium-sized firms.

The proposal would clearly go beyond the bounds of what is acceptable, even if it stopped there. But it doesn't. After 3 years, in which medical savings accounts would be launched in this vast market, they would be open to everyone else, unless both the House and Senate vote to stop the expansion.

In addition, instead of a neutral and objective evaluation of the first massive phase, the evaluators would be chosen by the chairmen of the Senate Finance Committee and the House Ways and Means Committee, who are both strong proponents of MSA's. That is a stacked deck, and the Republicans know it.

The strongest opponents of medical savings accounts are organizations representing working families, senior citizens, consumers, and the disabled. They are the ones who have the most to lose if the current system of insurance is weakened or destroyed. We

know whose voices should be heard when Congress decides this issue—not the voices of greedy special interests, but the voices of those who depend on adequate insurance to get the care they need at a price they can afford.

The American people need the basic bipartisan insurance reforms included in the Kassebaum-Kennedy bill. These reforms will guarantee that Americans will not lose their coverage or be subjected to exclusions for preexisting conditions when they lose their job, or change jobs, or because their employer changes insurance carriers. They deserve to know that their insurance cannot be canceled if they become sick. They should be protected against the worst abuses of the current system.

The Kassebaum-Kennedy bill passed the Senate by a bipartisan vote of 100-0. If it were sent to the President today, it would be signed into law tomorrow. It should not be held hostage to the partisan, special interest Republican agenda that would foist an untried and dangerous concept on the American people.

Last week, I placed into the RECORD editorials from a number of leading newspapers around the country on the danger of medical savings accounts. Today, I would like to place additional editorials in the RECORD demonstrating the broad public opposition to MSA's.

The Tacoma, WA, News Tribune published an editorial on June 13, entitled, "Stick to the Basics in New Health Bill." It says,

Many medical economists warn MSA's would be used mostly by healthy and more affluent people, leaving older and sicker people in the common insurance pool. That would force up insurance rates for everybody else. . . . The original Kassebaum-Kennedy bill was a good one. More than 20 million Americans would benefit from its modest reforms. Save the fight over MSA's for the next Congress. . . .

The San Francisco Chronicle wrote on June 10 that,

There may well be some merit in MSA's to the extent they encourage health consumers to be more cost-conscious. But that possible benefit is still out-weighted by the virtual certainty that MSA's would encourage healthy and wealthy Americans—those who could afford the high-deductible catastrophic coverage—to abandon the prevailing insurance system, making it even more expensive for the poorer and less healthy Americans left behind.

The Harrisburg Patriot wrote that

While the idea of medical savings accounts has a lot of appeal on the surface, the Congressional Budget Office, the National Association of Insurance Commissioners and other experts in health insurance have warned that it poses dire consequences for the overall health-care system. MSAs would remove significant amounts of money from the pool of funds that go to pay the nation's health-care bill, while their tax-deductibility would pose another drain on the Treasury. . . . They ought to be considered separately.

A June 12 editorial in the Columbus Dispatch was entitled, "Clean Health Bill; Get Rid of Those Two Killer Amendments." It says that MSA's could

. . . appeal only to healthy people, throwing seriously ill people into a pool whose costs would escalate. This proposal should be in separate legislation, so the clamor it kicks up would not endanger the Kassebaum-Kennedy bill.

Mr. President, I ask unanimous consent that the editorials I mentioned be printed in the RECORD.

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

[From the Tacoma (WA) News Tribune, June 13, 1996]

STICK TO BASICS IN NEW HEALTH BILL

So close, and yet so far. Only a few months ago it looked like Congress might pass a modest health insurance bill that would help millions of Americans worried about their health coverage.

Now it looks like election-year politics could doom the effort. Republicans and Democrats would rather have a campaign issue than successful legislation.

The strategy behind the bipartisan legislation crafted by Sen. Nancy Kassebaum (R-KA.) and Sen. Ted Kennedy (D-Mass.) was to follow the KISS rule: Keep it Simple, Stupid. That way Congress could avoid getting sucked into another morass like the one that swallowed the Clinton administration's massive health care package.

Kassebaum, chairman of the Senate labor and Human Resources Committee, and Kennedy, the committee's ranking Democrat, won strong bipartisan support for their proposal, which sailed through the Senate in April. The Senate measure allows people losing or changing jobs to continue their health coverage; the bill also forbids insurers to refuse coverage for pre-existing conditions.

But the House version includes a provision for medical savings accounts, which couple high-deductible catastrophic health insurance policies with tax-exempt savings accounts. Proponents content MSAs would promote individual choice and responsibility in making personal health-care decisions.

The concept is attractive, but many medical economists warn MSAs would be used mostly by healthy and more affluent people, leaving older and sicker people in the common insurance risk pool. That would force up insurance rates for everybody else. Even Kassebaum thought MSAs were too untested to include in the Senate bill.

But MSAs have become a kind of Holy Grail to House conservatives, who insist MSAs be included even it means a certain presidential veto. This week Senate and House leaders agreed on a compromise that initially "restricts" MSAs to self-employed workers and employees of businesses with 50 or fewer workers. After two years, everyone else would become eligible, unless Congress intervenes.

Kennedy and the White House have signaled they might accept a limited test of MSAs. But the Republican proposal is hardly limited; Anywhere from 25 to 40 million people would be eligible, and expansion in two years would be almost automatic. That's no test.

The original Kassebaum-Kennedy bill was a good one. More than 20 million Americans would benefit from its modest reforms. Save the fight over MSAs for the next Congress and the next president.

[From the San Francisco Chronicle, June 10, 1996]

KEY TEST FOR DOLE

House and Senate conferees have come within one stubborn whisker of passing the most significant health-care reform since

the Clinton administration's national health insurance proposal went down in flames in 1994. But the window of opportunity could slam closed with the Tuesday retirement of Senate Majority Leader Bob Dole, whose legislative skills are needed one final time.

The problem is the medical savings account provision that House Republicans added to the Kennedy-Kassebaum Health Insurance Reform bill. That bill's main objectives are to make insurance "portable" when workers change or leave jobs and to make it more difficult for insurers to refuse coverage to people with pre-existing medical problems. Those provisions would greatly enhance the health security of millions of Americans who are otherwise vulnerable to falling into the ranks of the uninsured whenever they change or lose jobs.

Because the Senate bill would mend a gaping crack in the health insurance system—and do so without favoring any special interests—it has won broad bipartisan support: it passed 100 to 0. The problems have been with the House version, which was loaded down with some hot-button GOP proposals that would—and should—elicit a sustainable presidential veto.

While most of the veto bait has been negotiated away—including the Senate's call for "parity" on mental health coverage—Republicans have shown little willingness to compromise on the most contentious issue, the medical savings accounts.

The MSA concept, which Dole favors, appeals mainly to healthy and well-to-do consumers, who could use a tax-deductible savings account—similar to an IRA—to cover the costs of routine medical expenses, such as checkups and minor treatments, as an alternative to health insurance. The accounts would be coupled with high-deductible insurance plans to deal with costly, catastrophic illness.

There may well be some merit in MSAs to the extent they encourage health consumers to be more cost-conscious. But that possible benefit is still far out-weighted by the virtual certainty that MSAs would encourage healthy and wealthy Americans—those who could afford the high-deductible catastrophic coverage—to abandon the prevailing insurance system, making it even more expensive for the poorer and less healthy Americans left behind.

While President Clinton has properly threatened to veto any bill containing MSAs, he has also left the door wide open to an obvious compromise: permitting a pilot MSA program in specific states for a long enough period to ensure that they will not add to health insurance costs and thereby increase the number of the uninsured.

Some form of that approach is what Dole now has to sell to House Republicans if the 104th Congress—and candidate Dole, himself—is to take credit for accomplishing at least a portion of the health-care reform that the president tried and failed to do. If he fails, we all lose.

[From the Harrisburg (PA) Patriot, Apr. 3, 1996]

TOO MUCH REFORM—HOUSE AMENDMENTS WEIGH DOWN EFFORT TO MAKE HEALTH-CARE INSURANCE PORTABLE

It represents the most modest of health-care reform, so modest it is almost embarrassing. But progress, however small, in helping people deal with medical expenses is welcome progress nonetheless.

There is little visibly active opposition to the bipartisan proposal jointly sponsored by U.S. Sens. Edward M. Kennedy, D-Mass., and Nancy Kassebaum, R-Kan. Nonetheless, their basic proposal to ensure that people do not lose health coverage when they change or lose their jobs is in some trouble.

Last week, the House of Representatives approved a bill incorporating the basic features of the Kennedy-Kassebaum bill. But also included were a number of odd controversial items that dramatically alter the scope of the legislation.

Without much debate or consideration, the House tacked on a scheme that would provide for tax-deductible medical savings accounts and another that would cap punitive damages in medical-related lawsuits at \$250,000, or three times economic damages, whichever is greater.

President Clinton has indicated that he could not accept a bill with either of these provisions. The Senate is expected to vote on the legislation this month.

While the idea of medical savings accounts has a lot of appeal on the surface, the Congressional Budget Office, the National Association of Insurance Commissioners and other experts in health insurance have warned that it poses dire consequences for the overall health-care system.

MSAs would remove significant amounts of money from the pool of funds that go to pay the nation's health-care bill, while their tax-deductibility would pose another drain on the Treasury.

But the important point here is not whether MSAs or capping punitive damages represent good or bad ideas. It is that they generate sufficient objection to threaten to sink the modest Kennedy-Kassebaum effort that most lawmakers agree has the potential to help many of the 25 million Americans who change jobs every year.

This legislation will not help the 41 million Americans who already are uninsured, though it may serve to limit their numbers from growing.

To the extent that more far-reaching reforms are proposed, such as MSAs, limiting punitive damages or genuine health-care reform, they ought to be considered separately.

If they aren't, it's pretty clear with will happen. There will be no reform, just as nothing materialized out of the major effort to pass health-care reform in 1994.

Modest though it is, the Kennedy-Kassebaum bill is better than no reform at all.

[From the Columbus Dispatch, June 12, 1996]

"CLEAN" HEALTH BILL; GET RID OF THOSE TWO "KILLER" AMENDMENTS

It sounded so simple. Congress would pass a modest health-care reform bill. Most significantly, it would prevent insurers from denying coverage for pre-existing conditions. Also, workers would be able to change jobs or start their own businesses without losing health insurance.

This is the kind of scaled-down legislation that was suggested when various well-financed lobbies smothered the admittedly too-ambitious bill from the Clinton administration two years ago.

The current measure is sponsored by Sen. Nancy Kassebaum, Republican from Kansas, and Sen. Ted Kennedy, D-Mass. This is Kassebaum's last year in the Senate, and she sees the bill as her farewell accomplishment. Former Senate Majority Leader Bob Dole, the presumptive GOP presidential nominee, also supports the bill, but his leaving takes him out of the loop for using his influence.

Unfortunately, ominous storm clouds are forming. Several "killer amendments" may doom this altogether worthy effort. The amendments make sense to many, but they are not universally admired and any one might doom the bill.

The solution? Strip the legislation down, so it is a "clean bill," dealing only with the modest approaches in the original proposal.

A provision for medical savings accounts is the most contentious item in the plan. This

would allow people to build up tax-free accounts to pay medical bills. Sounds constructive.

But there is some concern this would appeal only to healthy people, throwing seriously ill people into a pool whose costs would escalate. This proposal should be in separate legislation, so the clamor it kicks up would not endanger the Kassebaum-Kennedy bill.

Also, states have the option of passing their own MSA laws, as Ohio just did. President Clinton has threatened to veto the bill if it contains the MSA provision.

The other sticky measure would require employers to provide coverage for mental illness. While this sounds sensible, there is enough opposition so that this, too, could kill the whole bill.

Mental-health coverage could be accomplished on the state level, as is being attempted in Ohio.

Experts say there are hidden costs in mandated mental-illness coverage. There has been a welcome suggestion that a national commission be appointed to research this issue and make recommendations.

Interest groups could make spirited defenses for medical savings accounts and mental-illness coverage. Indeed, the former has had the benefit of expensive lobbying. But keeping touchy items in the health-reform legislation is a sure way to defeat the whole bill. Better to settle for half a loaf. That, at least, would provide some nourishment.

Mr. KENNEDY. These editorials are just a sampling of commentary around the Nation. It is time for Republicans to stop playing special interest politics with health insurance reform. The Kassebaum-Kennedy bill passed by a bipartisan vote of 100-0. It should not be blocked because some Republicans want to line the pockets of their campaign contributors.

Mr. DORGAN. Mr. President, there has been an interesting discussion, and an energetic discussion, I might say, in this Chamber this morning. Early on this morning, beginning I believe at 9:30 for 1½ hours we had a team come to the floor of the Senate, and it is a disciplined team, all headed the same direction, all pulling in the same harness, to tell the country that the problem with the health care bill, the so-called Kassebaum-Kennedy bill that has been addressed this morning, is that the Democrats are holding it up because of something called MSA's, or medical savings accounts.

In truth, of course, the Kassebaum-Kennedy bill, which is a very important bill, is being held hostage by people who voted for it; 100 to nothing it passed this Chamber, by those who insist that they want to add something to it, and if they cannot add something to it they will not let it pass.

Let me describe briefly what this bill is. Most of it has been described. Let me go back a bit, if I can, to put it in perspective. I come from a small town, 300 people, in southwestern North Dakota, down near farming and ranching country, and we had one doctor in my hometown. He was a wonderful doctor named Dr. Simon Hill. He came to my hometown in the early 1900's, and he practiced medicine until he was nearly 80 years old.

When he was practicing medicine in my hometown in the mid 1900's, there

was no Medicare Program. A fair number of people had no insurance. What they had for health care in my hometown was one doctor. He had an office. He had the drugstore on the ground floor. His doctor's office was above the drugstore. When people came to see him, he would lock the drugstore and walk upstairs to the examining office, or if people were too sick to come to see him, he would get in his car and drive to see them. He did, like most doctors did back then, make house calls. And if people did not have any money and were sick, Doc Hill still drove out to their place and administered medicine, administered health care, and if they had no money but had a couple of laying hens or fryer chickens, they gave him a couple of chickens or a half a beef. If they were people with a fair amount of money, he would charge them an arm and a leg, I guess.

He ran his own health care system in my little town. He charged those who could afford a substantial amount and gave free health care to all those who had no money, and that is the way the health care system worked in Regent, ND, because one doctor did health care 24 hours a day for some 60 years.

Now, was it a good health care system? It was the best he could do. My neighbor had a toothache. We had no dentist, so his dad, Alvin, took his son, Alton, to Doc Hill, who pulled his tooth. Doc Hill was not a dentist, but he pulled his tooth. It turns out he pulled the wrong tooth, but he did not get sued because we did not have a lawyer in my hometown either.

It was a wonderful system—simple, administered by one person who was humane and knew what the needs of the community were.

Back then, when someone had a cardiac problem, they were likely to die when they had a heart attack. We were also 55 or 60 miles from a hospital. When someone had a problem with cataracts, they could not see. When someone had a problem with their hips, they went into a wheelchair. If someone's knees gave out, they could not walk; they, too, were in a wheelchair.

Of course, what has happened over time is Dr. Hill died, and my hometown does not have a doctor anymore. Health care changed dramatically, some of it in wonderful ways, breathtaking changes. Now, if someone has a cardiac problem, eats too much fat all of their lives or has a hereditary problem with their heart and it gets all plugged up, what they do is they lay that person out on a table and unplug the heart muscle and invest \$50,000 or \$75,000 and sew the person up and the person feels like a million dollars 6 weeks later. Now they replace the knees. Now they replace the hip. Now they offer cataract surgery, and that person walks and sees and lives a new life with open heart surgery.

All of that is wonderful. It is remarkable. It is expensive. Most all of, it comes from breathtaking research done at the National Institutes of Health

and elsewhere, I would say, with substantial Federal grants in order to achieve these health care breakthroughs and new technologies. All of it is wonderful. But, of course, what has happened in the intervening years is health care has also become very, very expensive. It is full of near miracles because of this breathtaking new medical technology, but it is also very expensive.

We have a lot of folks in this country who have no health care coverage at all. Upwards of 40 million Americans are walking around today with no health care coverage, and if they get sick, they do not have any money to pay and they do not have insurance to cover it.

We also have a fair number of people in this country who work at a job somewhere and they have a health insurance policy in a group plan through their employment. But, of course, if they leave that employment, they lose that insurance. There are a fair number of people who cannot afford under any circumstances to leave their job because they have someone in their family with a preexisting condition. And if they leave that job and lose that health care insurance, they will never get another policy anywhere. I have a daughter with a cardiac problem. My expectation is that if I did not have health care coverage here and went out on the open market to try to buy health care coverage, no one is going to ensure someone with a preexisting condition, with a cardiac problem. Millions and millions of Americans confront that condition every day, a preexisting condition for which they cannot now get health care insurance, a job that they are now locked into because if they leave they cannot take their insurance with them.

So Congress did something to address that. Congress said let us pass a piece of legislation called the Kassebaum-Kennedy bill that does a series of things that have great merit. Among them, you can take your health care with you when you change jobs.

That makes an enormous amount of good sense. Among them is that a preexisting condition shall not be a cause for denying health insurance coverage to a family. Boy, that is going to help millions and millions of families in this country.

So we passed that piece of legislation, and everyone now knows what the vote was because Senator KENNEDY this morning has talked about it several times. The vote in this Senate, which is very, very rare, was 100 yeas and zero nays. By 100 to nothing, the Senate said let us pass this legislation that does the right thing to address these health care problems—100 to 0. That was many months ago. Why, after many months, having passed a bill 100 to 0, do we not have that bill back through here out of a conference and to the White House for signature? Why is that bill not now law? It is very simple; because there are some who insist on

holding that bill hostage because they have other things that they want to load onto that bill. They are saying if we cannot put what we want on that bill, if we cannot add to it, then you are not going to pass the bill. We insist, we demand that medical savings accounts be added to that bill.

Let me describe medical savings accounts from my perspective. I do not have the foggiest idea whether these things called medical savings accounts are good or bad. I do not know, nor do I object to some sort of demonstration project or some kind of approach that would give us the ability to determine will this sort of thing, the medical savings account, be good for our health care system or be inherently bad for our system. I do not know the answer to that.

There is one company that has marketed these things aggressively. They have been heavy, heavy contributors to Speaker GINGRICH and others, and they have just pushed and pushed and pushed this issue. But I am not one who automatically says this is a bad thing to do. I do not know. We probably ought to find out does this work or does it not work. I do not object to some kind of demonstration project to find that answer. But I do object to those who believe we should hold hostage the Kassebaum-Kennedy bill, with the meritorious health care changes that are desperately needed by many families in this country—hold that hostage to the medical savings account legislation.

We had, I think, six or eight speakers come to the floor in the first hour and a half this morning, arranged by the majority. That has been happening often. There is nothing wrong with that. It is a deliberate strategy to get a number of people to say the same thing, say it loud, say it often, and get the American people to believe what they are saying is somehow where we are. It is not where we are with respect to this important issue on health care.

We are deadlocked on Kassebaum-Kennedy, an important health care measure that will help millions and millions of American families, because we have people in this Chamber who are doing to this bill what they have done to every other piece of legislation that has had merit in the last 1½ years or so. They are saying yes, that might have merit, we might support that, but we will not allow it to move unless we add our burdens to it, even though what they are adding to it they know represent the kind of poison pills that will doom the legislation.

It is now Friday. On Tuesday, we could pass, once again 100 to 0, 100 to 0 the fundamental health care reform that is embraced in the Kennedy-Kassebaum bill. We can do that. We should do that. But we probably will not do that, notwithstanding what six or eight people said earlier this morning. We probably will not do that because those folks are saying we must insist on having medical savings accounts attached to it or we will not

support it any longer. That makes no sense at all. I hope there will be a compromise reached, there will be common ground found, so those who hold this kind of bill hostage will decide and understand, finally, the foolishness of doing so.

It is not just this bill. It is a whole series of other initiatives. The minimum wage—should we adjust the minimum wage? Yes, I think so. It was 1989, was the last time it was adjusted. We have a couple of million people, 40 percent of whom are the sole breadwinners in their family, who work for the minimum wage.

It is easy for someone to stand up here and blithely say the minimum wage doesn't matter, it is a bunch of kids frying hamburgers. It is a bunch of school kids. There are school kids working for minimum wage. I do not disagree with that. But 40 percent of the people on minimum wage are the sole breadwinners of their households. I ask you to read some of the letters from those folks who are struggling to try to make ends meet.

The kind of troubles some families have are pretty hard for some people here to understand, I think. A family wrote to me some while ago that I described. I read, late one evening, a four-page handwritten letter from a woman in North Dakota. Her trailer house burned down. They lost everything. She described the troubles she and her husband have had, people who have not had the opportunity for education, people who have four children, who lost everything. They struggle, they work for minimum wage. Their only complaint was that she was hoping maybe we could see some adjustment in the minimum wage at some point, it has been 6 years they have been frozen at the bottom of that ladder. She said,

You know, I do not know how to tell my sons who want to play summer baseball I do not have the \$25 to pay for their registration, let alone buy them a baseball glove.

These issues sound like theory here in this Chamber, but they are real to people who are trying to make a living; trying to deal with family issues and family needs every single day.

The interesting thing I find is this. This floor is crowded, literally cluttered with traffic when we are talking about things that help the big interests in this country. When you talk about some tax break that is going to help the biggest economic interests, the biggest corporations, you can hardly get in this place. Everybody is rushing down to vote "aye."

We have proposals now that say we want a balanced budget amendment but we also want tax cuts. Of course, much of which will go to those who already have plenty in this country. The bulk of those tax cuts are going to go to the upper income folks, people who are making hundreds of thousands of dollars a year. In fact, last year we offered an amendment that said, if you insist on proposing tax cuts at a time when we have deficits, let us at least

agree on one thing. Let us agree we will limit the tax cuts to those families under \$100,000 in income. The answer was, "No, of course not, we will not do that." It was rejected by a partisan vote.

"All right, if you will not do that, how about at least limiting the tax cuts to families making less than a quarter of a million dollars a year?" They said, "No, we will not agree with that. We insist the tax benefits we are going to give go to people earning over a quarter of a million dollars a year."

We said, "All right, what about a million? Would you at least limit the tax cuts at the time when we have deficits and you are demanding we cut people's taxes, would you at least limit them to people whose incomes are less than \$1 million a year? Would you at least do that?" The answer was, "No, no, we do not want to do that."

Why would the answer be no? Because the bulk of the benefits are going to go to those very upper income folks and they know it. That is the problem around here. We have a lot of needs and we have a lot of things to do. We should balance the budget. But, in my judgment, you do not balance the budget by starting with tax cuts.

I know it is popular. I have a couple of children who love to eat desert before dinner. But to suggest that tax cuts come before we balance this Federal budget, especially tax cuts that are so fundamentally opposed to what we are trying to do—let me give an example, a tax cut that says let us make it easier to move American jobs overseas. Let us spend \$300 million of the American taxpayers' money by giving that in tax breaks to companies who will take their American jobs and move them overseas. Think of this. We are up to our neck in debt, we are struggling to figure out how do we reduce the Federal deficit, and we have people coming to the floor of the U.S. Senate saying—at the time when not only do we have this debt but we are losing jobs, our manufacturing base is being diminished, jobs are moving overseas, we have people saying—"By the way, we want to change the Tax Code so we provide more tax benefits to those who move their jobs overseas."

This simply does not add up. It is an agenda that does not relate in any way to the interests or needs of people who are working for a living and struggling, trying to make it in this economy.

I think you can summarize the baskets of issues in about three areas that we need to address and address appropriately in this Congress. We can, I suppose, just fight for the rest of the year and quibble and have a tug-of-war and accomplish nothing, which would not very well serve the interests of this country, in my judgment. Or we can find ways to decide on something, for example like the Kassebaum-Kennedy bill, which everyone in this Chamber believes has merit because every single person voted for it. The vote was 100 to nothing. We can decide, all right, we

cannot agree on everything but we can agree on that.

Instead of spending all day trying to figure out what we cannot agree on, let us spend part of the day trying to figure out what we can agree on and advance that and pass it and make it law. That is exactly what we ought to do on the Kennedy-Kassebaum health bill. We know we agree on that. We have already had the vote. There was not one person in this Chamber who disagreed. So, instead of exerting all of our energy trying to figure out where we disagree, why do we not exert some energy to understand where we agree and move it to the President and make that law?

Mr. President, tens of millions of families will benefit by the preexisting condition, by the portability of insurance—tens of millions of families are waiting for this legislation to pass. It is being held hostage by those who say that if they cannot add their provision to it, if they cannot add their idea on MSA's, we are not letting it go anywhere.

That is inherently selfish, in my judgment, to say, "If I don't get my way, you can't have your way." It just does not make sense to me to continue to believe that the right approach for our country is to put the brakes on good proposals, good ideas that the American people want and deserve.

I think you can break these things down into three areas that I discussed before: First is kids; second is jobs; third is values. Kids, jobs, and values. If we address those, all of us, we ought to have a common interest. There ought not be much difference in how we would respond to the needs of American children, between Republicans or Democrats. We all ought to understand this.

All of us ought to have one goal. We all ought to believe that, with respect to our kids, our future is in educating our kids. Thomas Jefferson once said, anyone who believes that a country can be both ignorant and free believes in something that never was and never can be.

Everyone in this Chamber, I expect, should believe that we want to have the best education system in this world—the best in the world, not second place, not 10th place, the best education system in the world. Now, if that is our goal, then let's just spend the rest of the year to figure out how do we work with others in our country who are involved in our education system to accomplish that goal. How do we accomplish having the best education system in the world, because that determines who wins in the international economic competition, and the international economic competition means you are going to have winners and losers. The winners are going to have jobs, expanding economies and opportunities, and the losers are going to suffer the British disease of long, slow economic decline that we saw at the end of the last century.

So, educate our kids? Does it make sense then when we understand something that works, like a Head Start Program where you take a 3- or 4-year-old kid coming from a home of poverty, from a circumstance of disadvantage, and we say to them, "We're going to invest money in you in a Head Start Program, and we know it works, and it makes life better for those kids," does it make sense for us to say, "Look, there are 60,000 of you who have names, Jim, Bill, Mary, Donna, and we've got news for you; we can no longer afford to have you in a Head Start Program"? Does that make sense?

Does it make sense, especially at a time when we are saying, "By the way, we have money to give tax breaks, especially to people over \$1 million a year in income, but we can't afford to keep 60,000 of you kids in a Head Start Program"?

The answer is, no, of course, it does not make sense. It is nuts. It does not make any sense to establish priorities that are so far out of bounds. Our kids matter. Investment in our kids matters to all of us.

The Head Start Program works. I use that simply as an example of the need, the desperate need, to get our priorities straight.

Jobs: No one comes to the floor on any regular occasion and talks about the merchandise trade deficit in this country. The merchandise trade deficit is higher than our fiscal deficit. What does that mean? Jobs that used to be here are elsewhere. Jobs that used to be American jobs are now in Malaysia, Indonesia, Sri Lanka, Bangladesh. I know the American people contribute to this. You cannot wear Mexican shorts and Chinese pants and shirts made in Taiwan and television sets made in Thailand and drive cars made in Japan and then complain about, "Where have American jobs gone?" People do that, but you cannot do that.

American jobs are leaving to go to where the international enterprises want to produce, where they can pay a dime an hour, a quarter an hour, 50 cents an hour, \$1 an hour to compete against American workers, where we pay a living wage, minimum wage to those who work in factories that are safe because we demand they be safe, compete in circumstances where we will not allow 12-year-olds to work in textile mills because we have child labor laws.

The jobs have left this country because we have not dealt with our trade problem in a straightforward way, but you cannot get many people on this floor to talk very thoughtfully about that. People just do not want to discuss it.

But the issue of jobs is at the root of interest of families that are going to sit down for supper tonight and talk about their lives and their future and what they want for their kids. It is going to be, "Are we going to have an opportunity to get a good job that pays a good income?"

Values? The fact is the American people are very concerned about collapsed values in this country. Just go out the door and look around a bit—the rate of crime, the rate of violent crime—and understand what is happening.

Look at the accelerated rate of teenage pregnancies and understand what is happening. Look at the number of people who have fathered children in this country and, once having fathered the child, said, "Sayonara, I'm out of here," and takes no responsibility for that child and refuses to make a payment.

Collapsed values? You bet. Teenage pregnancy, deadbeat dads, crime epidemic, epidemic of violent crime—these are the issues that we have to work on, and we have to work on them in a way that responds to the way the American people want us to respond to these issues.

Welfare reform: That is part of the values issue. It is also part of kids, but two-thirds of people on welfare in America are kids under 16 years of age.

But with respect to values, it seems to me our public policy ought to be—there ought not be great debate about this—to say those who are able-bodied in the welfare system have a responsibility to work.

We have offered a proposal called the Work First Program. What we have said is, we want to turn welfare offices into employment offices. We are not interested in paying welfare. We are interested in making sure people who are able-bodied go to work. But while doing that, we insist that we not subject America's children to lives of poverty and circumstances that none of us in this room would allow our children to live in.

We cannot decide that while we solve the welfare problem, we are going to say to the poorest people in this country, and especially poor children, "By the way, you're not entitled to health care if you're sick." Does that make any sense to anybody, at a time when we are talking about tax cuts for the upper-income folks in this country? It does not to me.

This week—the reason I recite some of this—is on the floor of the Senate, on the heels of the proposal for a constitutional amendment to balance the budget, which I will not go into, but it misuses the Social Security trust fund to balance the budget, on the heels of that, with all of the people saying, "We want to balance the budget," the first jump out of the chute this week is, again, adding money, adding hundreds of millions of dollars, for a star wars program. Yes, a star wars program. We cannot afford the basic things, but we can afford a star wars program.

It seems to me at some point we are going to have to reconcile in this Chamber what we say with what we do. At some point, we ought to try to figure out, as I said when I began, what we agree on rather than what we disagree on, and at least enact those

things and move those things that represent common interest.

Finishing where I started, one area of common interest, I think, is the Kassebaum-Kennedy bill, unless those who voted for it were not voting their hearts. Mr. President, 100 people voted for Kassebaum-Kennedy to reform this health system in a way that will benefit every American family. One hundred Senators voted for it, and now it is being held hostage in some legislative prison because someone is insisting that something else be added to it or they will simply not allow it to move. What an outrage.

I hope next Monday or Tuesday that those who are insisting they get their way or we will not have health care reform will finally decide that is not in the public's interest. Let Kassebaum-Kennedy move and bring your bill up the following day. That is just fine. None of us object. You can do that. We are going to have a vote on that.

If you have the votes here, you win. We do not weigh votes here. We count votes. If you want to bring it up, bring it up, but do not hold hostage a health care reform bill that this country needs that passed this Chamber 100 to 0.

Mr. President, I have gone on longer than I needed to. I know that my colleague, Senator LIEBERMAN, is on the floor. I ask unanimous consent that Senator LIEBERMAN be allowed to speak for 20 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. LIEBERMAN. I thank the Chair, and I thank my friend from North Dakota. Mr. President, I appreciate his final request, and I express to him and my colleagues my fervent desire not to use—particularly I express this to the occupant of the chair—it is my fervent desire not to use the full 20 minutes.

(The remarks of Mr. LIEBERMAN pertaining to the submission of Senate Resolutions 270 are printed in today's RECORD under "Submission of Concurrent and Senate Resolutions.")

FILEGATE

Mr. BROWN. Mr. President, I want to express a concern about the recent discussion, both publicly and in Congress, concerning what has become to be called Filegate—that is, the questions regarding the use of FBI files and the secret, confidential material contained therein.

I am deeply troubled. I am troubled because it appears that the reaction of the White House is not to be forthcoming with regard to this crisis. My belief is that the appropriate responses is for the White House to, frankly and directly, respond to the issues, spell out what they did, indicate their corrective action, and put this question behind us. It is not one that should occupy a lot of time with regard to the congressional inquiries. It is not one that should occupy a lot of time with regard to public concerns. It ought to be dealt with and put out of the way.