

the care provided is of the highest quality and that funds meant for teaching and indigent care are spent correctly. The real problems faced by rural plans as well as by urban providers must be addressed as should Medicare's role in paying to train our nation's physicians.

Form a Medicare commission. It may turn out that no matter how much is done, it still will not be enough to offset the long-term challenge we face with the retirement of the huge baby-boomer generation. If the president and Congress cannot agree on how to preserve Medicare long term, as a last resort, a bipartisan commission should be authorized. Sen. William Roth and Sen. Daniel Patrick Moynihan should be applauded for recently proposing legislation to establish such a commission. As the 1983 Social Security Commission demonstrated, a bipartisan commission can recommend sound long-term solutions. But if some politicians hope they can dodge the tough choices by creating a commission, I have news for you: It won't work. Creating a commission won't let you off the hook to enact needed Medicare changes now to avoid bankruptcy in 2001, and even the commission's recommendations to address the long-term problem will require members of Congress to vote on sticky issues and the president to sign or veto the legislation.

Mr. ROTH. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. SPECTER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

#### TAX FREE STADIUM BOND FINANCING

Mr. SPECTER. Mr. President, I have sought recognition to discuss the pending unanimous-consent request on the tax measure. I do so because of my concern about a matter which is pressing for my State, in a number of particulars, most specifically the Wilkes-Barre arena, where financing is being held up because legislation has been introduced by Senator MOYNIHAN, which has an effective date on the date of committee action, and bond counsel have, as I understand it, given an opinion that industrial development bonds cannot be issued from the State.

After discussing the matter with Senator MOYNIHAN, it is my understanding that he is concerned about the statutory limits on other tax-exempt bonds, which would affect hospitals and universities. It is a relative rarity that a tax bill comes through the Senate. This is an occasion where I would have an opportunity to introduce an amendment to try to move this process along. I am well aware of the fact that this is an important measure which needs to be cleared through the Senate. But I wanted to take this opportunity—and I have so advised our distinguished majority leader of my intention—when the unanimous-consent request is propounded, to reserve the right to object to see if we might get

some sort of a schedule for consideration of the underlying issues here.

I note the presence of the distinguished majority leader on the floor. I await his action on propounding the unanimous-consent request. I take advantage of this break in the action to state my position.

I yield the floor.

Mr. LOTT. Mr. President, with my apologies to the Senator from Pennsylvania, was there anything I needed to respond to at this juncture, or would you like to go ahead with the unanimous-consent request?

Mr. SPECTER. If I may respond to the majority leader, there is nothing for him to respond to.

#### UNANIMOUS-CONSENT AGREEMENT—S. J. Res. 1

Mr. LOTT. Mr. President, I just had a discussion with the Democratic leader with respect to the pending balanced budget constitutional amendment. This agreement would allow the Senate to conclude the matter on Tuesday, March 4. Having said that, I now will propound a unanimous consent for final disposition of the constitutional amendment.

I ask unanimous consent that the time between 9:30 a.m. on Tuesday and 12:30 be equally divided between the two managers for closing remarks on Senate Joint Resolution 1. I further ask that, at 2:15 on Tuesday, there be 1 hour under the control of the manager on the Democratic side of the aisle, with the first 20 minutes under the control of Senator BYRD, to be followed by the next hour under the control of Senator HATCH, to be followed by the next 30 minutes under control of Senator DASCHLE, or his designee, with the final 30 minutes under the control of the majority leader or his designee.

I further ask that following the conclusion or yielding back of time, a vote occur on the passage of S.J. Res. 1 at 5:15 p.m. on Tuesday, and that paragraph 4 of rule XII be waived and all occur without intervening action.

Mr. DASCHLE. Mr. President, the majority leader and I have had the opportunity to discuss this matter, and I concur with the unanimous-consent request, with the understanding—which we have discussed—that if there is a family emergency or an illness that would preclude a Member from having the opportunity to vote on such an important issue as this, that we would revisit the issue. I don't anticipate that. I expect 100-percent attendance. And, as I say, we have had that understanding in our discussion also. So I do not object.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. LOTT. Mr. President, if I could just comment on the Democratic leader's comments of a moment ago. First of all, I think we have had a good and full debate on this issue. I said from the beginning that I hoped we would do

that, and that it would be a thoughtful and provocative debate that would cause Members to think seriously about this issue. I think that has happened.

There has been some suggestion that we put it off, and I thought about that. If there were some reason to do that, I would be willing to delay it further. But I think we should be ready to vote. We have had amendments and the debate, and we would be prepared to do that, then, on Tuesday under this agreement. But, as always is the case, we need to be aware of and respectful of extenuating circumstances beyond our control. I will join the Democratic leader in moving the vote to the next morning, or whatever, if we have that need, based on a genuine illness or family problem that could not be avoided.

#### UNANIMOUS CONSENT AGREEMENT

Mr. LOTT. Mr. President, I ask unanimous consent that in the event a motion to reconsider the final passage vote is entered, and the motion to proceed and the motion to reconsider are agreed to, then at that time Senate Joint Resolution 1 be debatable.

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

Mr. LOTT. Mr. President, for the information of all Senators, the Senate will close the debate on the Monday or the Tuesday session of the Senate with a final passage vote occurring on the constitutional amendment at 5:15 p.m. on Tuesday, March 4.

I thank my colleagues for their cooperation and announce that no votes will occur on Friday of this week or Monday, March 3.

#### MORNING BUSINESS

Mr. LOTT. Mr. President, I ask unanimous consent that there now be a period for the transaction of morning business with Senators permitted to speak for up to 5 minutes each.

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

#### INVESTIGATE CONGRESSIONAL ABUSES

Mr. KERRY. Mr. President, today on the front page of the Washington Post there is a story that I think should not simply slide by the concern and consideration of all our colleagues in the Senate. The headline is, "GOP Senators Seek To Curb Panel's Fund-Raising Probe."

The heart of the story is a basic expression, on behalf of some Senators, that they only want to focus on President Clinton. They do not want an investigation that somehow looks into the activities of the Congress itself.

I know the Congress is plenty good at taking care of itself. Through history it has proven that. But the American people will not be satisfied with such

an extraordinary, brazen, overt statement of unwillingness to heed the interests of the American people and to get to the bottom of any allegations of wrongdoing in any kind of fundraising. Anyone who suggests we can just sweep this under the rug because people are nervous up here, or somehow they think that looking at congressional inquiries might become the instigator of reform, and therefore, because they don't want reform, they are not going to investigate, is one of the most extraordinary efforts of turning your back on the interests of what we are supposed to be doing here and of the American people.

I will signal for myself, and I think there are other Senators who feel this way—no one is looking for some no-holds-barred embarrassment here. No one is looking for some fishing expedition. But where there are legitimate examples and legitimate allegations with respect to congressional abuses, it would simply be inappropriate for the Congress of the United States to sweep it under the rug and walk away because we fear whatever that might tell us. It would be even more inappropriate to do so because we fear reform.

I can think of nothing that would invite a storm of protest from the American people over a period of time more than that kind of front page statement about the congressional willingness to sweep something under the rug.

I yield the floor.

#### REINSTATEMENT OF OREGON LAW RELATING TO PHYSICIAN-ASSISTED SUICIDE

Mr. ASHCROFT. Mr. President, there are developments in a matter that I think command our attention. I would like to bring them to the attention of the Senate.

Recently, Senator DORGAN and I, joined by 28 of our colleagues, introduced S. 304, the Assisted Suicide Funding Restriction Act. It is simply a law that says no Federal tax dollars shall be used to promote or pay for assisted suicide.

There had been a threat that we might be asked to pay for assisted suicide with Federal Medicaid funds in the State of Oregon. Oregon enacted what was called Measure 16, which allowed for physician-assisted suicide for terminally ill patients in that State. Oregon officials stated that they would be submitting Medicaid bills to the Federal Government to pay for assisted suicide under the category of "comfort care," a euphemism which is particularly troubling to me.

After Oregon passed Measure 16, its implementation was suspended by U.S. District Judge Michael Hogan, in Eugene, OR. While the law was not in effect, we would not be asked to pay Federal dollars, tax dollars of American citizens, to end the lives of individuals rather than to sustain their lives.

Throughout the history of the Medicaid and Medicare Programs, there has

been the presumption that funds for those programs would be used to elevate, encourage, enrich and extend the lives of American citizens. It turns out now that with this one law in one State, we will be asked for Federal resources for medical reimbursements under the health care provided by Oregon's Medicaid program, to end the lives of individuals, to help physicians help patients commit suicide.

Senator DORGAN and I, and 28 of our colleagues, have sponsored legislation to prevent such a practice—to prohibit Federal tax dollars from being expended for assisted suicide. Our legislation had an imperative quality because the decision of an appeals court was pending. But today the Ninth Circuit Court of Appeals dismissed the action which had suspended the implementation of the Oregon law. The Ninth Circuit Court of Appeals, in so doing, potentially clears the way for the State of Oregon to begin calling upon the resources of U.S. taxpayers to assist people in their suicides.

I have to tell you, this is against the values of many of the people with whom I speak and many of those I represent in the State of Missouri. Key groups and organizations, including the U.S. Catholic Bishops, the National Right to Life, and the American Medical Association, oppose assisted suicide, and oppose the use of Federal funds for such a practice, as it is an inappropriate expenditure of tax dollars.

Mr. President, 87 percent of the American public does not want tax dollars spent on dispensing toxic drugs to end the lives of Americans instead of focusing our resources on therapeutic drugs and other therapies to extend and improve the life of American citizens. It is time for us to understand the urgency of this issue, given the fact the Ninth Circuit Court of Appeals rejected the challenge to Measure 16.

Now, the dismissal of the action is appealable by the parties there. They can appeal back to the Ninth Circuit for a hearing en banc, or to the U.S. Supreme Court. But I raise this in the consciousness of the U.S. Senate to say we do not have a significant amount of time, and I believe the vast majority of citizens in this country never anticipated that their tax resources would be consumed in poisoning fellow citizens under the guise of comfort care in the State of Oregon.

We would be derelict in our duty were we to ignore this problem and allow a few officials in one State to decide that taxpayers all across America must help subsidize a practice that has never been authorized in most of America, is considered to be morally abhorrent by many Americans, and is considered to be medically inappropriate by the American Medical Association. Because of today's decision, I implore my colleagues in the U.S. Senate to act swiftly to pass the Assisted Suicide Funding Restriction Act before our tax dollars begin to go for ending, and not saving, the lives of our fellow Americans.

I yield the floor.

#### MEDICAL SAVINGS ACCOUNTS

Mr. ROTH. Mr. President, as part of the Kassebaum-Kennedy health care legislation, passed in the 104th Congress, we provided for a pilot program to explore the potential of medical savings accounts.

These MSA's represent a significant step forward in our objective to promote an environment where Americans can receive quality and affordable health care in market-based programs. MSA's would allow families to participate in higher deductible, lower premium plans.

The money saved on premiums would be placed in tax-sheltered MSA accounts. Families could then use this money to pay for health care costs. They would have a greater stake in the health care delivery system. Their vigilance—as they use their own money—would encourage health care providers to keep costs competitive and quality high.

MSA's would also go a long way toward cutting the high costs associated with health care administration.

It's projected that as families play a more active role in paying for their health care, because of the high deductible nature of MSA's, that less than 10 percent of those using MSA's would send a bill to their insurance. Insurance company involvement would come only after the deductible has been met, or in the case of a catastrophic illness.

As we look for innovative and workable programs to help Americans meet the costs associated with health care, MSA's offer a viable and attractive possibility. I anxiously await the results from the pilot program we initiated, as well as response from our health care community.

Recently, I received a letter and an article from two academics associated with the allied health profession field. Amy B. Hecht, former dean of the Temple University College of Allied Health Professions and James L. Hecht, professor in the political science department at Temple, authored an impressive overview of MSA's.

I ask unanimous consent that their article be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

#### RX FOR HEALTH REFORM—MEDICAL SAVINGS ACCOUNTS GIVE CONSUMERS A STAKE IN CUTTING COSTS

(By James L. Hecht and Amy Blatchford Hecht)

Horror stories constantly are being reported by the media about how America's rapidly changing health care system has caused disastrous results for some and suffering for many. That is not surprising since tens of millions of people are being forced into managed care, where they have far less control than under the previous fee-for-service system.

Unfortunately, little has been said about an alternative: having people pay for normal