

Senators can expect votes throughout the day on Tuesday.

ORDER FOR ADJOURNMENT

Mr. HELMS. Mr. President, if there is no further business to come before the Senate, I now ask unanimous consent that the Senate stand in adjournment under the previous order, following the remarks of Senator DURBIN.

The PRESIDING OFFICER. Is there objection?

Mr. DURBIN. Mr. President, reserving the right to object, only to note that Senators REED and SCHUMER may also come to the floor for morning business time, after I have spoken. If the Senator would amend his request that the Senate stand adjourned after the three of us have had an opportunity for morning business, then I have no objection.

Mr. HELMS. Does the Senator mean this evening? When I last talked with the distinguished Senator from New York, I thought he wanted to come tomorrow. But if he wants to come this evening, fine.

Mr. DURBIN. Both Senator REED and Senator SCHUMER, as well as myself. I see Senator REED is on the floor.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

PATIENTS' BILL OF RIGHTS

Mr. DURBIN. Mr. President, thank you for the recognition, and I see the Senator from Rhode Island has joined me. I would like to address for a few moments an issue which, frankly, more than half of the people in America identify as something that worries them—a worry over your health insurance. How good is it?

The rules being written by insurance companies now have you worried as to whether you can go to a doctor and get the kinds of treatment you really need for yourself, or your wife, your husband, or another member of your family. Can you go to the hospital of your choice if you have an emergency and need to go to the emergency room? Can you go to the hospital that is closest to where the accident occurred or to your home, or wherever? Does your insurance company say you have to go to another place? If you need a specialist—absolutely need one for your own medical care—can you expect, under your plan, to get that specialist, or do you expect to enter into a negotiation with your insurance company as to whether they will let you go to a certain specialist?

When you doctor sits down with you in his office, when your heart is beating hard and you want to know what kind of treatment you need for that someone you love, are you sure that doctor is always telling you his best judgment based on years of medical training, or is he telling you what the insurance manual says he can tell you under the terms of his contract with

the insurance company? If, God forbid, something goes wrong with a procedure, or something is done that ends up wrong, can you hold whoever is responsible accountable even if it was the insurance companies fault?

These are basic questions that families across America are asking every day. In fact, a Rand study said that 115 million Americans either had a personal experience, or a member of their family or someone they knew had such an experience, with an insurance company that troubled them about whether or not they were being treated fairly.

So the question before the Congress is: Can we try to bring some balance back to this situation so consumers and families across America, when they sign up for health insurance, have some assurance that they are going to get fair treatment, professional treatment, and quality care? It is pretty basic, isn't it?

Can you think of another time in your life when you are more vulnerable than when you are sick, or when you have a baby you love in your arms and you say: Doctor, what does my baby need? Have you ever felt more helpless? I have been there! A lot of Americans have been there. You want to know, when that doctor looks in your eyes and says the best treatment for your little girl is the following surgery at the following hospital, that that is his best medical decision, not an insurance company decision.

How can you hold people accountable in medical care when you have a situation under the law where you cannot take the insurance company into court to hold them responsible for their decisions? That, sadly, is the law today.

So the law that we are hoping to debate on the floor of the Senate and the House called the Patients' Bill of Rights would try to rewrite this basic relationship, so that when you are dealing with your health insurance company, it is with more confidence that you are getting the best care, that you are getting honest answers from your doctor, that the recommendation coming to you for a member of your family or yourself is the best medical recommendation, not an insurance company recommendation.

Now, this is an issue that is not new. We have had it around for a while. But for some reason, the leadership on the other side of the aisle does not want to debate this issue. They don't want us to talk about it. In fact, today there was an unrelated bill, the agriculture appropriations bill before the Senate. BYRON DORGAN of North Dakota looked at the agriculture appropriations bill and offered the Patients' Bill of Rights as an amendment to it. What does that have to do with agriculture? Well, not much. People listening will say: Why did you do that? Well because he was, in desperation, trying to get this matter to the floor because, try as we might, leadership on the other side of the aisle does not want to debate this

issue. They don't want Members of the Senate—Republicans or Democrats—to enter into a debate and have to face tough questions.

How are you going to vote? If I am not mistaken, I accepted voting as part of my responsibilities as a Senator from Illinois. Isn't that why I am here—to debate issues and vote, to use my best judgment to try to improve the law so the people in my State and across the Nation are better off?

One of the key questions here is: What do you do when an insurance company decides that they are not going to provide certain care to you? You have heard these cases. You have seen them in local hometown newspapers, on television, and on the radio where somebody says they need a certain treatment and the insurance company says no.

What is next? Well, under the bill we have proposed on the Democratic side, we have a speedy independent appeals process. Well, it keeps you out of court and gets a decision made by somebody who may be objective. I think that is fair. That is what the Democratic bill proposes.

The Republican bill, however, suggests that the insurance company should decide whether a denial is actually appealable and the insurer which has turned you down gets to pick somebody who will then decide whether the insurance company is right or wrong. And if you are injured, by their denial, you cannot sue. Sound fishy? It does to me. Basically, as far as I am concerned, the insurance company is insulating itself from ever making the right judgment.

That is exactly the situation that we have today. It was recognized by one of the major newspapers in this country, USA Today. This article is from June 19 of last year. They called insurers the "new untouchables"—people you can't sue—your HMO, managed care insurance policy.

Bill Weaver, age 52, says his HMO misdiagnosed a brain tumor for 2 years and told him his condition was inoperable and hopeless.

Jerry Cannon's wife Phyllis died from leukemia after her HMO denied a bone marrow transplant her physician recommended.

Melody Louise Johnson died at the age of age 16 of cystic fibrosis. Her mother says the HMO overruled the specialists.

These are families from across America. Under the law as it is currently written, what recourse do these people have for the terrible outcomes dealing with insurance companies? Listen to this. They can go to Federal court and hire a lawyer and sue the insurance company. Do you know what they can recover? The cost of the procedure—the cost of the medical procedure. So if somebody dies, God forbid, you cannot recover for their death. If someone lingers and suffers literally for years because of a bad decision by the insurance company, they are not liable for that. If someone can't go back to work for 12, 24, or 36 months, you cannot recover a penny for that. They are the

untouchables, the HMOs, the managed care insurance companies. They cannot be sued for anything other than the cost of the procedure.

Well, I am sure, if you are listening to this, you think there must be a whole lot of companies in America which have similar treatment. No. This is the only group of companies in America that cannot be held accountable for their wrongdoing. How did it happen? Well, it happened right here. It happened right here many years ago when we passed something called ERISA, the Employee Retirement Insurance Security Act. This was a bill passed in 1974 that was supposed to protect workers. Instead, in recent years it has provided insurance companies with a legal shield. And 123 million Americans with their health insurance plans through their employer have nowhere to go when a bad result comes out of a bad insurance company decision. I think that is wrong.

I don't think these insurance companies should be treated any differently from any other company, large or small, in America, or any other person, for that matter. If you are so reckless as to drink too much and get in your car and have an accident, can you be held accountable in America? You bet you can, and you should be. But if an insurer is reckless in making a decision about health insurance for somebody's daughter—if they make the wrong decision and they are maimed, crippled, or they die, can they be held accountable as an insurance company? Well, no, not really. That doesn't make sense, and it is not fair.

Let me tell you about another case that really illustrates this very clearly. Carly Christy. These are the words of her father:

Carly was nine years old when she was diagnosed with malignant kidney cancer. When the HMO insisted that we trust our daughter's delicate surgery to remove the cancerous tumor from her kidney to a doctor with no experience in this area, we were forced to find an expert and pay out of our pockets. You only get one chance at removing a Wilms' tumor correctly and successfully, to ensure the highest probability of survival in children, and we weren't willing to take that chance with our daughter's life because the HMO wanted to save money.

Her father Harry Christy says:

Congress must close this loophole and hold health plans accountable for cost-cutting decisions that result in patient injury.

Take a look at the two bills on the floor—the Patient's Bill of Rights, as they call them. How would they help Mr. Christy with his little daughter?

Frankly, the Republican bill offers no recourse, no place to turn, because the HMO didn't deny treatment. In the Republican bill only outright denials are appealable, all quality issues are not appealable. In Carly's case the HMO just said you have to go to Dr. X who has never done this before. They were going to get treatment but not from the best doctor.

If it is your daughter, don't you want the best and the brightest in America

operating on her to try to save her life? If they said go to this other doctor who has never done this before on a surgery that is life and death, wouldn't that cause you some trouble?

Harry Christy decided he and his wife were going to pay for this out of their pockets. I don't have to tell you what kind of money we are talking about. Average families literally put everything on the line—their homes, savings, everything they can gather—for this care. That is how much they love this little girl and how much they think the insurance company made a big mistake.

Under the Republican approach, that insurance company cannot be held accountable, because they said go ahead, go to a doctor who is inexperienced and if Carly had been injured by that insurance company's direction, the insurer would still have been immune from suit.

The Democratic Patients' Bill of Rights says first you have a speedy external appeal, by someone not chosen by the insurance company, to decide whether the insurance company is right. If it turns out they are wrong, you can literally recover what it costs and the pain and suffering your family has gone through. If your daughter, for example, because of this mistake, has long-term problems, she can recover for that, too. I think that is sensible. I think it is reasonable.

We have a chance with the Patients' Bill of Rights to do something for families across America—to finally bring this issue to the floor of the Senate. It is regretful that today when Senator DORGAN tried to bring this issue before the Senate, he was stopped. The Republican leadership was so determined not to debate this issue, they pulled this bill from the floor. They said we will not debate it.

Of course, we are in evening business and Senator REED of Rhode Island will follow me and discuss this as an issue whose time has come. This is an issue that affects literally all Americans. If we are going to make certain that we cover the millions of Americans who are concerned about their health care coverage, concerned about the quality of care, and concerned about their rights under the law, then we have to deal with reform that is meaningful.

The Democratic Patients' Bill of Rights has the endorsement of 200 professional organizations, including medical organizations, labor organizations, and consumer organizations. They have come forward and said this is the real deal here, the Democratic version is the real deal. The Republican bill has no support. Well actually they probably have the support of insurance companies, but it doesn't have the support of any health groups. I think this is about health and access to health care.

We wrapped up last week a 5-day debate on protecting computer companies from being sued if they don't change their computers for this Y2K problem.

The debate went on a long time. I think it was an important debate.

If we can spend 5 days debating protecting computer companies, can't we spend 5 hours talking about protecting families across America, worried about health care coverage? Can't we bring for a vote on the Senate floor the very fundamental question as to whether or not the courthouse doors are closed when it comes to health insurance companies? Can't we suggest that in America—rich or poor, individual or business—we are all held accountable in court, all of us as American citizens, and that we shouldn't have the untouchables, the health insurance companies, who can't be brought into court?

I hope this week we will take this issue up. I hope my colleagues on both sides of the aisle will understand the gravity of this issue and move forward.

I yield the floor.

Mr. REED. Mr. President, I rise today also to join my colleague from Illinois and to speak about an issue which is of great concern to the American people. That is the Patients' Bill of Rights.

As is my colleague from Illinois, I am terribly frustrated. We are in the third week of June. Yet we have not been able to get this legislation to the floor for debate. Senator DORGAN today tried to do that, but he was frustrated.

As Members go around this great country—and I will speak from my experience in Rhode Island—we talk to our constituents and there is a sense we have made progress on economic issues. The economy is doing better. People feel better about their jobs and about the future.

If you speak with them for any length of time and ask them what really bothers them, they will quickly state they are afraid of getting sick. They are afraid, as a breadwinner, of becoming sick and not being able to get the care they need, even though they are in an insurance program. And they are particularly concerned about the health of their children.

They have heard the stories and read the newspaper articles, as the Senator from Illinois pointed out, about the numerous people who have been paying for insurance or have been the beneficiaries of employer-paid-for insurance. They have become ill, gone to their HMO thinking that at least they had insurance coverage, and they discovered they did not have it. They did not have it when it counted. They did not have it when they needed it, when they were ill or their children were ill.

That is why we are advocating so strenuously bringing the Patients' Bill of Rights to the floor for debate.

In March, I participated in the deliberations in the Senate Health Education Labor and Pensions Committee. We voted out a bill on partisan lines. It is not the bill I prefer. It is a bill that is deficient in many respects. However, it is the basis of debate, and it is the basis of the debate we should be having today on the floor of this Senate.

There are two versions of this legislation. There is a Republican proposal and there is a Democratic proposal which my colleague from Illinois was talking about so eloquently. There are many differences. One of the most startling differences is that the Republican proposal covers a very small fraction of Americans. Not all Americans that have private health insurance are covered by HMOs. Under the Republican bill, a lucky 48 million Americans would have some protections.

Ask yourself, if these protections are appropriate for 48 million Americans, why aren't they appropriate for every American who is part of the managed care health plan? I think the answer is quite clear: The Republican version is more sham than substance; more window dressing than a valiant, serious attempt to address the concerns of every American.

That is unfortunate. Why should there be one person who is lucky enough to fall within a narrow category that is covered by the Republican plan—that person having access to quality care, that person having certain appeal rights—yet his neighbor, who is also covered by an HMO plan but one that is funded slightly differently is without these protections? There is absolutely no logic to this. The Democratic proposal would cover all Americans who are in these private HMO plans. It would do so in a way that ensures people are getting what they paid for.

That is the other irony in this whole debate. We are not talking about a program which, through the generosity of the government or the generosity of someone else, people are getting some health care from insurance companies and they are deciding they shouldn't get X or they shouldn't get Y. These health insurance companies are being paid significant premiums by individuals and their employers for coverage. Yet the coverage is not being provided in so many cases.

I am particularly concerned that this narrow scope is extremely detrimental to the children of this country.

Only about a third of the children in these managed health care plans would be protected by the Republican program. I ask, very sincerely, why can't we at least cover every child in America? Is that too much to ask? I think not. I believe every American would recognize the need to do that.

Now, managed care has provided benefits for children in this country. Their emphasis on preventive care, their emphasis on immunizations are all very good. But, frankly, I have a distinct impression a lot of what they are calling coverage for kids amounts to taking the premiums but not providing the service.

I had the occasion to meet with a physician from California, from the University of California at Los Angeles, who has a very innovative program. In this program, he goes from school to school with a van to cover

children who have asthma. It is very effective because not only does he diagnose the children and then treat them and then follow them up, which is critical, but he also looks at the statistics.

He was able to essentially categorize all his patients into three groups: Those with private HMO insurance, those with California Medicaid insurance for low-income children, and those children without any coverage at all. What was startling to me was that when he looked at these different populations, he found essentially these kids got the same coverage, regardless of their category of insurance. All they really got was an emergency room visit, and when they saw the doctor because they had a terrible asthma episode, they were given, in the emergency room, a little paper bag with an inhaler and a few bits of medicine and then they were sent home—those without insurance, those with Medicaid insurance, and those in managed care plans for which an employer was paying a great deal of money.

That just goes to show we really have to do a great deal more to ensure that children get the benefit of the health insurance plan they are supposed to be part of. Then we have to ensure that all of our citizens who participate in these plans get fair and adequate coverage. That is at the heart of the Democratic Patients' Bill of Rights, ensuring that all of our citizens who are in these managed care plans get access to quality coverage at affordable prices.

I would like, for a moment, to concentrate on children in these plans, because, as I said before, this is a special concern of mine. I think, at a minimum, we can emerge from this Congress with legislation that guarantees every child in America access to quality health care, provisions in their managed care plans that make sure children are treated and treated well.

Senator DURBIN was talking about a parent whose child had a rare cancer. The HMO said: Yes, your daughter is quite ill, perhaps terminally ill. We will send her for treatments, not to a pediatric oncologist or a pediatric surgeon, someone who specializes not only in cancer but pediatric cancers, we are just going to send her to a surgeon. Those parents had to pay out of their own pocket, presumably, to get the right kind of care for their child.

In the Democratic bill, there would be a guarantee that a child would have access to a pediatric specialist and pediatric services, because children are not just small adults. They have specialized health care needs that are very different from those of adults. But too often in managed care plans throughout this country they are simply treated as small adults, if they are treated in particular at all.

There are some other things we have to have for children in these plans, particularly for children. We have to have expedited review, not only if their life is in jeopardy but also their develop-

ment because this is another difference between an adult and a child. Adults are usually fully developed. Children are not. There are conditions which might not be life threatening but certainly threaten their development, both physical and intellectual. In those situations there have to be expedited appeals. Then we have to have the continuity of care for chronically ill or terminally ill children.

We also have to recognize the information parents get when they make a choice about their health care plans should include specific information about how that plan treats children. Too often such information does not exist. Too often it is all done in terms of adult outcomes, adult studies. Unless parents have this information, sometimes the only time they realize how well their child is covered is when they discover their child is not covered well at all because he or she is deathly ill and is not getting the kind of care he or she needs or deserves.

I am encouraged because Senator BOND has introduced a bill entitled "Healthy Kids 2000," which includes access to pediatric specialists similar to that in my legislation. Also, Senator CHAFEE has introduced a managed care bill, which also talks about access to pediatric specialists. So I hope there is an emerging consensus across the aisle that we have to do more for children in managed care.

But let me say again, the Democratic bill strongly and emphatically defines the special rights of children in managed care. We have actually taken surveys and asked the American people, regarding access to care for children, what do they want; what do they demand. They want high-quality care. They want access to specialists. They want to be able to protect the development of children. They want to have expedited reviews when children's development or lives are threatened. And they are willing to pay for these provisions. What we found in too many managed care plans is that these types of protections just do not exist.

In 1992, there was a study done of pediatricians. They found there were significant barriers to pediatric referrals in the managed care system, that pediatricians in the managed care system often encounter barriers to referring their patients to pediatric specialists. Of these pediatricians who were surveyed, 35 percent believed their patient's health was compromised because of the denial of access to pediatric specialists. This is a real problem, and it is a problem the Democratic proposal resolves.

The PRESIDING OFFICER. The 10 minutes allotted for morning business for each Senator has expired.

Mr. REED. Mr. President, I ask unanimous consent for an additional 2 minutes.

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

Mr. REED. As I mentioned, these provisions that would help protect children are provisions which the American people want and the American people will pay for. They are provisions that are at the heart of the Democratic Patients' Bill of Rights. I think it is time to move. It is time to move forward on a debate about this critical issue, an issue that affects every family in this country. It is an issue that is critical to their well-being. It is an issue, frankly, that they sent us here to work on, to debate and to vote on. Difficult votes they may be, but they sent us here to take these votes.

So I urge my colleagues to join together to begin the debate, to reach a conclusion, and to do something the American people want us to do—give them the opportunity to protect their health and the health of their families. I yield the remainder of my time.

Mr. SCHUMER addressed the Chair.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Mr. President, I ask unanimous consent to address the body for 10 minutes, under morning business.

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

Mr. SCHUMER. Mr. President, first, I compliment my colleague, the Senator from Rhode Island, for what he had to say today. He is exactly right about one of the problems we face these days with HMOs; that is, that many types of children's health are neglected.

Just today I was in both Rochester and Syracuse, back in my State, New York, meeting with doctors and patients and health care providers about the problems they face in the health care area. What I found over and over was this problem that we are talking about that would be rectified by the Patients' Bill of Rights, as the Senator from Rhode Island correctly pointed out.

I had a doctor in Syracuse, just this afternoon, maybe 3 hours ago, mention to me that one of her patients needed a pediatric oncologist, but the family's HMO would only allow an oncologist, not a pediatric oncologist.

They had the procedure done—it was not done correctly—four times, and only on the fifth time did the HMO relent and allow the pediatric oncologist do the job. Then it was done and, thank God, successfully.

The amazing thing about this is this would have saved money had they relied on the judgment of this doctor and used a pediatric oncologist right at the beginning. Then very simply the HMO would have saved money, the child would be healthier, and everyone would be happier.

When many people ask, what is the problem with HMOs—and there are many and they have been documented by my friend from Illinois and my friend from Rhode Island—one of the things I am beginning to learn is that when HMOs come in, they try a cookie-cutter approach. They say one size fits all.

In Rochester this morning, a young man told me this story: His wife needed a very special type of medicine because she was receiving treatment, I think it was for cancer. In any case, her immune system was down. She needed these drugs to help build up her immune system. These drugs are life-saving. They are very precise. In other words, one has to measure the level in the blood before determining how much of another dose is needed. They are expensive—hundreds and hundreds of dollars a week—and they have to be taken at exactly the right time. If a dosage is missed, say, at 8 o'clock in the morning, you could acquire an illness that could kill you because your immune system is deficient.

Everything was going fine. This young man said that he and his wife had no problems with their HMO through their travail of her illness, until the HMO decided that all prescriptions should come through a mail-order house in Texas. He has gone through an enormous amount of trouble.

First of all, his wife has to have her blood taken and measured in Rochester and then communicate all the time with the facility in Texas. Second, sometimes the medicines do not arrive, and when they arrive late, if her blood level is different, they cannot be used.

Every week this young man and his wife are shelling out hundreds of dollars because the HMO is insisting for this particular drug, a rare drug, a special drug and one that requires a great deal of care before it is administered, that they have to get it through this mail-order pharmacy.

He said to me: If we had diabetes, and if the mail-order house was sending us the insulin, it would be just fine, because in those instances, it is a set dose of insulin and they could send a whole bunch.

When they ran out, they could send a whole new bunch. They could send co-payments. He said making them go through this mail-order house for the immune drug made no sense.

Today, as I went through the day and listened to people, I found that happens all the time. Yes, in most cases, a pediatrician or a pediatric surgeon might do the job, but in certain cases an oncologist is needed. Who knows that? Certainly not the actuary sitting in the insurance company's home office who is now making the decision. The person who knows that, of course, is the physician or the nurse who has spent long, long years studying it and has had many years of experience in figuring this out.

The problem we face and the problem we are trying to rectify with the Patients' Bill of Rights is to deal with many of these situations, to deal with the fact that medicine is not a cookie-cutter enterprise, that one size does not fit all, as much as a corporate mentality might like to see that happen in the name of saving dollars. In reality, in most cases, you lose dollars. Cer-

tainly the amount of dollars paid into the health care system is increased, not decreased by these mistakes, which are often very costly.

The more I listen to my constituency throughout my State, from one end of the State to the other, the more I have come to the conclusion that we really do need this Patients' Bill of Rights. Today, we were debating State Department authorization which is obviously important. We have to deal with diplomacy. We have many other bills before us. But I cannot think of one that seems to have the urgency and importance to my constituents that this Patients' Bill of Rights does. I hope we can move quickly and bring the bill to the floor.

There are two sides to this argument, as there are to most serious issues. I am hopeful the Patients' Bill of Rights that I have cosponsored and that Senator KENNEDY has introduced will be the one that is passed. I join my colleagues, Senator DURBIN from Illinois and Senator REED from Rhode Island, in hoping that will happen. At the very least, we are entitled to debate the issue.

This is such an important issue that we should debate it, and it is in the tradition of the Senate that when an important issue is facing us, we do not just say: Let's lickety dispose of it; you vote your bill, we will vote our bill, and that is that.

We are trying to come to the best possible product and coming to the best possible product entails a significant amount of debate. Is it worth the time? Ask the pediatrician in Syracuse if it would have been worth the time. The amount of time and energy that she and the family she looked after far exceeded 4 or 5 days of debate. Ask the young man in Rochester who is having such trouble with his HMO using this pharmaceutical house. The amount of time and energy that that one family is going through will exceed the amount of time we spend on this debate. Of course, that is happening every day to tens of thousands, perhaps hundreds of thousands, maybe even millions, of American families. The argument that we do not have time to debate this issue, that we ought to just dispose of it and get rid of it, does not make much sense.

In conclusion, I am joining my colleagues this evening and, I believe, many of my constituents in asking that once and for all we stop delay. It is already the end of June. We only have 6 or 7 weeks left on the legislative calendar, and we should debate the Patients' Bill of Rights. We must let people decide what should be the HMOs' responsibility in terms of specialists, in terms of appeal, in terms of emergency rooms, in terms of the ability to be sued, and then I believe we will come up with a pretty good product. This issue is of grave importance to many families. It will become of even greater importance to many others.

I make a further plea to the majority leader in this body, someone for whom

I have a great deal of respect—and I know he has the best interests of the people at heart—and that is that we, as soon as we can, hopefully before the July 4 break, have a full-fledged, open debate on the Patients' Bill of Rights. It is my judgment, and I think the judgment of many, that there will be enough support in this body to pass a bill and end the pain and agony and suffering of so many American families.

MEASURE READ THE FIRST TIME—S. 1256

Mr. SCHUMER. Mr. President, I understand that S. 1256, introduced earlier today by Senator DASCHLE, is at the desk. I ask for its first reading.

The PRESIDING OFFICER. The clerk will read the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 1256) entitled the "Patients' Bill of Rights."

Mr. SCHUMER. Mr. President, I ask for its second reading, and on behalf of the Republican leadership I object to my own request.

The PRESIDING OFFICER. Objection is heard. The bill will remain at the desk.

Mr. SCHUMER. I thank the Chair.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 9:30 a.m. tomorrow.

Thereupon, the Senate, at 7:29 p.m., adjourned until Tuesday, June 22, 1999, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate June 21, 1999:

DEPARTMENT OF STATE

MARTIN GEORGE BRENNAN, OF CALIFORNIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF UGANDA.

ROBERT S. GELBARD, OF WASHINGTON, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF CAREER MINISTER, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF INDONESIA.

DEPARTMENT OF EDUCATION

A. LEE FRITSCHLER, OF PENNSYLVANIA, TO BE ASSISTANT SECRETARY FOR POSTSECONDARY EDUCATION, DEPARTMENT OF EDUCATION, VICE DAVID A. LONGANECKER.

NATIONAL FOUNDATION ON THE ARTS AND THE HUMANITIES

JERRY D. FLORENCE, OF CALIFORNIA, TO BE A MEMBER OF THE NATIONAL MUSEUM SERVICES BOARD FOR A TERM EXPIRING DECEMBER 6, 2002, VICE JOHN L. BRYANT, JR., TERM EXPIRED.

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be major general

BRIG. GEN. ZANNIE O. SMITH, 0000

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADES INDICATED IN THE UNITED STATES ARMY, MEDICAL CORPS (MC) AND DENTAL CORPS (DC) AS INDICATED, UNDER TITLE 10, U.S.C., SECTIONS 531, 624, 628 AND 3064:

To be colonel

RICHARD F. BALLARD, 0000

To be major

ROSEMARY P. PETERSON, 0000 MC
SU T. KANG, 0000 DC

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE RESERVE OF THE ARMY UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be colonel

DONALD M. CINNAMOND, 0000
LARRY E. EVERSON, 0000

GARY L. GROSS, 0000
GLENN M. LEACH, 0000
GEORGE R. SILVER, 0000

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE RESERVE OF THE ARMY UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be colonel

KIMBERLY J. BALLANTYNE, 0000
RUSSELL A. CATALANO, 0000
MICHAEL J. COLEMAN, 0000
DONALD L. GRINNELL, 0000
STEPHEN L. HUXTABLE, 0000
RALPH L. LEDGERWOOD, JR., 0000

DAVID G. LOY, 0000
CHERYL M. MACHINA, 0000
DAVID C. MACKEY, 0000
MARION Y. PETERSON, 0000
FRANCIS G. REYNOLDS, 0000
JOSEPH D. SARNICKI, 0000
JAMES R. SMITH, 0000
STEPHEN C. ULRICH, 0000

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY AND FOR REGULAR APPOINTMENT IN THE NURSE CORPS, MEDICAL SERVICE CORPS, MEDICAL SPECIALIST CORPS AND VETERINARY CORPS (IDENTIFIED BY AN ASTERISK(*)) UNDER TITLE 10, U.S.C., SECTIONS 624, 531 AND 3064:

To be major

*DENISE D. ADAMS, 0000
*RANDALL M. ADOLPH, 0000
*SAVANNAH H. AGEER, 0000
*PATRICK J. AHEARNE, 0000
*ANNE M. ALBERT, 0000
*NELSON N. ALGARRA, 0000
*JOSE V. ALICEA, 0000
*JAVIER F. ALTAMIRANO, 0000
*GEORGE D. ALTMANN, 0000
*CHRISTOPHER AMAKER, 0000
*PAUL D. ANDERSON, 0000
*VICTOR D. ANDERSON, 0000
*RAY C. ANTOINE, 0000
*LAURA L. AXFORD, 0000
*MARK R. AXFORD, 0000
*DAMON G. BAIN, 0000
*FRED P. BAKER, JR., 0000
*BRIAN J. BALOUGH, 0000
*LYNETTE B. BARDOLF, 0000
*MILES L. BARNES, 0000
*KENTON M. BASS, 0000
*KIRSTEN S. BAUTISTA, 0000
*HUEY P. BECKHAM, JR., 0000
*KEYVIN J. BELANGER, 0000
*PAULA J. BLAIR, 0000
*MICHAEL T. BLOUNT, 0000
*JAMES R. BOLTON, 0000
*SHAWN T. BOOS, 0000
*MARIA E. BOVILL, 0000
*LEONARD W. BOWLEY, 0000
*BRYAN L. BOYEA, 0000
*CHARLES D. BRADLEY, 0000
*JONATHAN K. BRANCH, 0000
*BESS P. BROSEY, 0000
*MYRA R. BROWN, 0000
*MANESTER Y. BRUNO, 0000
*WILLIAM E. BURGESS, 0000
*COLLEEN S. BURNS, 0000
*THOMAS C. BURZYNSKI, 0000
*NATHAN T. BUTLER, 0000
*NIKKI L. BUTLER, 0000
*ROLAND B. CABAD, 0000
*KYLE C. CAMPBELL, 0000
*AVA L. CARR, 0000
*ROBERT P. CASILLAS, 0000
*ISRAEL CHAND, 0000
*JACQUELINE CHANDO, 0000
*RITAANNE CHESNEY, 0000
*CHRISTOPHER H. CHUN, 0000
*THOMAS S. CLARK, 0000
*JEFFERY M. CLERK, 0000
*TINA L. CLEMENTS, 0000
*JAMES A. CLOVEY, 0000
*CHARLES D. COE, 0000
*REGINALD D. COFFEY, 0000
*DAVID L. COLVIN, 0000
*ALISON B. COMSTOCK, 0000
*TINA A. CONNALLY, 0000
*FABIAN F. COOK, 0000
*TIMOTHY E. COOPER, 0000
*RUBEN D. CORREA, 0000
*JOYCE V. COWAN, 0000
*ANTHONY L. COX, 0000
*JOCELYN P. CRITTENDEN, 0000
*JOHN P. CUELLAR, 0000
*ROBERT P. CURE, JR., 0000
*STEPHEN J. DALAL, 0000
*WILLIAM M. DAREY, 0000
*JAMES W. DAVIDSON, 0000
*TAMSA M. DAVIS, 0000
*LISA F. DAVIS, 0000
*THOMAS C. DELK, 0000
*CORINNE K. DEVLIN, 0000
*GARY W. DUFRESNE, 0000
*SHERYL L. DUNN, 0000
*JAY E. EARLES, 0000
*THOMAS A. EGGLESTON, 0000
*SAMUEL S. ELLIS, 0000
*JAMES S. ESTEP, 0000
*RACHEL EVANS, 0000
*ANTHONY W. EVERTS, 0000
*LAUREN S. FIELDS, 0000
*ALBERT E. FLACHSBARTH, 0000
*DAVID J. FLETCHER, 0000
*TERRENCE E. FLYNN, 0000
*STEPHEN M. FORD, 0000
*KEVIN M. FORREST, 0000
*PATRICIA A. FORTNER, 0000
*STEPHEN R. FRIETICH, 0000
*KARRIE A. FRISTOE, 0000
*KENNETH T. GALFO, 0000
*PATRICIA A. GAZZA, 0000
*GREG S. GENTLEY, 0000
*CHINETTE GEORGE, 0000
*TAMI L. GLASCOCK, 0000
*HOWARD D. GOBBLE, 0000
*DAVID D. GOHDES, 0000
*BRADLEY A. GOLDEN, 0000
*JOSEPH P. GOLLASCH, 0000
*JANICE GONZALES, 0000
*RICHARD J. GORDON, 0000
*NATHAN W. GORHAM, 0000
*GILROY G. GOTIANGCO, 0000
*PAUL J. GOYMERAC, 0000
*JULIE D. GRAFF, 0000
*JOSEPH D. GRAHAM, 0000
*SHERRY L. GRAHAM, 0000
*GENEVIEVE G. GROSSNICKLE, 0000
*JOHN J. GUARDIA, 0000
*LORY M. GURR, 0000
*MELISSA K. HALE, 0000
*REGINA S. HALL, 0000
*DANIEL S. HAMILTON, 0000
*OWEN N. HARDY, JR., 0000
*BERNARD HARPER, 0000
*FINEST HARPER, 0000
*MATTIE D. HARPER, 0000
*JOSEPH G. HARPER, 0000
*LINDA D. HARRIS, 0000
*PATRICIA A. HEMBREE, 0000
*DAVID S. HENSCHL, 0000
*TERESA H. HENDRIX, 0000
*KATHLEEN M. HERBERGER, 0000
*THOMAS S. HINES, 0000
*JENNIFER B. HINES, 0000
*VIRGINIA R. HOLEMAN, 0000
*WENDELL M. HOLLADAY, 0000
*PENNIE L. HOOFMAN, 0000
*RHODA L. HOWARD, 0000
*WESLEY N. HUDSON, 0000
*MATTHEW S. HUFFMAN, 0000
*JEANNE F. HULSE, 0000
*LISA A. INGULLI, 0000
*SUSANNA S. ITARA, 0000
*ARTHUR A. JACKSON, JR., 0000
*CHRIS L. JACKSON, 0000
*SHARON Y. JACKSON, 0000
*DANIEL M. JAYNE, 0000
*KEITH M. JOHNSON, 0000
*TIMOTHY W. JOHNSON, 0000
*CLUNIM M. JOHNSON, 0000
*THAYNE G. JOLLEY, 0000
*CLAIRE A. JOSEPH, 0000
*HENRY K. JUNG, 0000
*JAMES D. KAY, 0000
*DAVID T. KELLER, 0000
*DAVID W. KENDRICK, 0000
*MARTIN D. KERKENBUSH, 0000
*ROBIN K. KING, 0000
*KAREN L. KIRKPATRICK, 0000
*MICHEL P. KISH, 0000
*KELLY K. KISS, 0000
*KEITH D. KIZZIE, 0000
*CHRISTOPHER M. KNAPP, 0000
*THOMAS K. KOGER, 0000
*JAMES F. KOTERSKI, 0000
*MICHAEL P. KOZAR, 0000
*DANIEL R. KRAL, 0000
*HENRY J. KYL, 0000
*JOHN P. LAMOU, 0000
*JEANNE M. LARSON, 0000
*PAUL F. LARUE, 0000
*JAMES A. LATERZA, 0000
*SUSAN J. LAVALLÉE, 0000
*JOSEPH LEGIBC, 0000
*GERALD L. LEMASTERS, 0000
*ROBERT E. LEONARD, 0000
*TAYLOR T. LINEGAR, 0000
*PAMELA F. LING, 0000
*GLENDA J. LOCK, 0000
*BRYAN W. LONGMUIR, 0000
*JANIE K. LOTT, 0000
*DAVID P. LUCAS, 0000
*VIVIAN G. LUDI, 0000
*KAREN L. MARS, 0000
*KAREN R. MASON, 0000
*PAULETTE B. MATTHIE, 0000
*ROBERT C. MAXHAM, 0000
*SHARON A. MCBRIDE, 0000
*WILLIAM MCCARTHY, 0000
*DAVID F. MCCORMICK, 0000
*VAN E. MCCORMICK, 0000
*WILLIAM M. MCGRATH, 0000
*DANIEL W. MCKAY, 0000
*COLETTE L. MCKINNEY, 0000
*DAVID E. MEYER, 0000
*MICHAEL D. MILLER, 0000
*KATHERINE R. MOORE, 0000
*MARY S. MOORE, 0000
*MARTIN L. MORFORD, 0000
*JOSEPH S. NASH, 0000
*MARGARET M. NAVA, 0000
*TERRYNN B. NELSON, 0000
*JAMES W. NESS, 0000
*JODY S. NICHOLSON, 0000
*LAWRENCE P. NOLAN, 0000
*PETER B. OLSON, 0000
*MICHAEL T. ONEILL, 0000
*DOUGLAS ONKST, 0000
*JOSEPH C. OSULLIVAN, 0000
*VERONICA G. OSWALD, 0000
*KOLET R. PABLO, 0000
*DAVID J. PARRAMORE, 0000
*MARSHA B. PATRICK, 0000
*DEANN L. PAYNE, 0000
*DOUGLAS H. PAYNE, 0000
*BRADLEY D. PECOR, 0000
*CATHERINE E. PEUTERBAUGH, 0000
*KAREN N. PLANTIE, 0000
*PAUL R. POWELL, 0000
*JOHN L. PRESS, 0000
*CARL S. PRICE, 0000
*CATHY L. PRICE, 0000
*SHARON M. PRYOR, 0000
*CHARLES E. PULAWSKI, 0000
*SHARON L. PURVIANCE, 0000
*JAMES R. QUIGLEY, 0000
*REBECCA S. RABB, 0000
*ANNE C. RESTY, 0000
*MARK K. REYNOLDS, 0000
*SUZANNE K. RICHARDSON, 0000
*RANDALL L. RIETCHECK, 0000
*RUTHA N. ROACH, 0000
*JEFFREY A. ROBERTS, 0000
*PAUL A. ROBERTS, 0000
*JENNIFER ROBINSON, 0000
*DENNIS J. RODRIGUEZ, 0000
*LORRAINE A. ROEHL, 0000
*JANET L. ROGERS, 0000
*JANIS H. ROSADOREIBER, 0000
*CEPHUS L. ROUPE, 0000
*JAMES N. RUFFIN, 0000
*JAMES N. RUFFIN, 0000
*PAUL D. RUSSO, 0000
*BRADLEY S. RUSTAN, 0000
*DAVID G. RYNDERS, 0000
*MARYBETH SALGUEIRO, 0000
*NANCY T. SANTIAGO, 0000
*TERESA A. SAPP, 0000
*DONNA L. SCHACK, 0000
*JAMES F. SCHLEICH, 0000
*SONYA F. SCHWARTZ, 0000
*FREDERICK M. SCUDIERY, 0000
*JOHN W. SECRET, 0000
*STEPHEN J. SEKAC, 0000
*MARIA L. SERIOMELVIN, 0000
*JACQUELINE A. SHEEHAN, 0000
*AARON G. SILVER, 0000
*BARBARA A. SILVER, 0000
*WILLIAM H. SMITH, 0000
*STACIA L. SPRIDGEN, 0000
*ALISON M. STAMIDES, 0000
*WALTER M. STANISH, 0000
*RICHARD P. STARRS, 0000
*MERVIN H. STEALS, 0000
*JULIE M. STEPHENS, 0000
*KEVIN R. STEPHENS, 0000
*EDWARD L. STEVENS, 0000
*NETTA F. STEWART, 0000
*BURTON L. STOVER, 0000
*CHARLES H. STRITE, JR., 0000
*WILLIAM M. STUBBS, 0000
*ALEX H. STUBNER, 0000
*LORI E. SYDES, 0000
*TREN'T N. TALLERT, 0000
*EUGENE THURMAN, 0000
*STEVEN A. TOFT, 0000
*CARLETTE T. TOFT, 0000
*ABEL TREVINO, 0000
*JESSIE L. TUCKER III, 0000
*SHIRLEY D. TUORINSKY, 0000
*ROBIN A. VALLIARD, 0000
*MARY K. WALKER, 0000
*KEVIN W. WERTHMANN, 0000
*JACLYN K. WHELEN, 0000
*DEBRA J. WHITE, 0000
*ANN M. WHITE, 0000
*ABBIE B. WHITEHEAD, 0000
*ROBERT M. WILDZUNAS, 0000
*RONALD T. WILLIAMS, 0000
*TAMI M. ZALEWSKI, 0000