

time agreement on proceeding. We are not quite there. We are getting closer.

Mr. President, I ask unanimous consent that morning business be extended for 30 minutes to be equally divided.

The PRESIDING OFFICER. Is there objection?

Mrs. FEINSTEIN. Mr. President, reserving the right to object.

The PRESIDING OFFICER. The Senator from California.

Mrs. FEINSTEIN. Mr. President, I say to the distinguished whip, I have been here for a long time hoping to offer an amendment to the agriculture appropriations bill.

Can you give me any time when that bill might be coming to the floor?

Mr. NICKLES. I will be happy to respond.

It is our intention that the ag bill will not be the vehicle for the Patients' Bill of Rights or any amendments related to it. The unanimous consent request we are proposing or negotiating would bring up the Patients' Bill of Rights when we return from the Fourth of July break, with the bill to be brought up on, I believe, July 11, to be completed by July 15. So no amendments relating to the Patients' Bill of Rights will be offered on the ag appropriations bill.

Mrs. FEINSTEIN. In exchange for a definitive date of bringing up the Patients' Bill of Rights?

Mr. NICKLES. Correct. Absolutely.

Mrs. FEINSTEIN. We would have minority rights to amend that bill?

Mr. NICKLES. That is correct.

Mrs. FEINSTEIN. I thank the Senator.

The PRESIDING OFFICER. Is there objection the request of the Senator from Oklahoma?

Without objection, it is so ordered.

Mrs. MURRAY addressed the Chair.

The PRESIDING OFFICER (Mr. GRAMS). The Senator from Washington.

Mrs. MURRAY. It is my understanding that the Democrats now have 15 minutes?

The PRESIDING OFFICER. That is correct.

Mrs. MURRAY. Then I will proceed.

#### PATIENTS' BILL OF RIGHTS

Mrs. MURRAY. Mr. President, I hope we can work out an agreement, but I rise today really to express my frustration and outrage with the inability of the Republican leadership to allow a fair and open debate on the real Patients' Bill of Rights.

I do not like the idea of tying up must-do appropriations bills to try and force a fair and open debate on access to health care services. However, due to the inability to find a reasonable compromise on the number of amendments, we have been forced to bring this issue to every possible vehicle.

I hope we can work out an arrangement with the majority party to do this and to have our opportunity to offer amendments that we think are very important.

Sometimes we spend far too much time on issues of little significance to the American people. One of the majority's showcase pieces of legislation in 1999 was to change the name of National Airport to the Ronald Reagan Washington National Airport. We spent more time talking about the name change than we have on debating the Patients' Bill of Rights.

When it comes to access to emergency room treatment, or access to experimental lifesaving treatments, we cannot seem to find 3 days for its consideration on the Senate floor. This is the kind of legislation that really does impact American working families. I would argue that it deserves a full and open debate on the Senate floor, allowing us to offer our amendments.

The Republican reform legislation reported out of the HELP Committee is not—and let me repeat, is not—a patients' bill of rights. Oddly enough, it excludes most insured Americans and, in many cases, simply reiterates current insurance policy. It does not provide the kinds of protections and guarantees which will ensure that when you need your insurance, it is there for you and your family.

Let's face it. Most people do not even think about their health insurance until they become sick. Certainly, insurance companies do not notify them every week or month, when collecting their premiums, that there are many services and benefits they do not have access to. It is amazing how accurate insurance companies can be in collecting premiums, but when it comes time to access benefits, it becomes a huge bureaucracy with little or no accountability.

The Republican leadership bill is inadequate in many areas. Let me point out a couple of the major holes that I see in this legislation.

During markup of this legislation in the HELP Committee, I offered two important amendments. The first one was a very short and simple amendment to prohibit so-called drive-through mastectomies.

My amendment would have prohibited insurance companies from requiring doctors to perform major breast cancer surgery in an outpatient setting and discharging the woman within hours. We saw this happen before when insurance companies decided it was not medically necessary for a woman to stay more than 12 hours in a hospital following the birth of a child. They said there was no need for followup for the newborn infant beyond 12 hours. There was no understanding of the effects of childbirth on a woman and no role for the woman or physician to determine what is medically necessary for both the new mother and the new infant.

I offered the drive-through mastectomy prohibition amendment only because an amendment offered earlier in that markup would continue the practice of allowing insurance personnel to determine what was medically nec-

essary—not doctors, not patients, but insurance companies. I offered my amendment to ensure that no insurance company would be allowed to engage in drive-through mastectomies.

My amendment did not require a mandatory hospital stay. It did not set the number of days or hours. It simply said that only the doctor and the patient would be able to determine if a hospital stay was medically necessary. The woman who had suffered the shock of the diagnosis of breast cancer, the woman who was told the mastectomy was the only choice, the woman who faced this life-altering surgery, decides, along with her doctor.

Unfortunately, my colleagues on the other side did not feel comfortable giving the decision to the woman and her doctor. They did not like legislating by body part; and neither do I. But I could not sit by and be silent on this issue. Defeating the medically necessary amendment, offered prior to my amendment, forced me to legislate by body part. And I will do it again to ensure that women facing a mastectomy are not sent home prematurely to deal with both the physical and emotional aftershocks.

For many years, I have listened to many of my colleagues talk about breast cancer and breast cancer research or breast cancer stamps. When it comes to really helping breast cancer survivors, some of my Republican colleagues voted no. I hope we are able to correct this and give all of my colleagues, not just those on the HELP Committee, the chance to vote yes.

The other amendment I offered in committee addressed the issue of emergency room coverage. The Republican legislation falls short of ensuring that when you have a sick child with a very high fever, and you rush them to the emergency room in the middle of the night, the child will receive emergency care as well as poststabilization care. The Republican bill simply adopts a prudent layperson standard on emergency care, not care beyond the emergency.

That means that a child with a fever of over 104 degrees may not receive the full scope of care necessary to determine what caused the fever to prevent the escalation of a fever once the child has been stabilized. As many parents know, simply controlling the fever is not enough; you have to control the virus or infection to prevent the fever from escalating again.

I tried in committee to address the inequities in the Republican bill regarding emergency room coverage. Unfortunately, my amendment was defeated. Let me point out to my colleagues, if they think their language will protect individuals seeking emergency care, they are sadly mistaken.

The insurance commissioner's office in my home State of Washington recently initiated a major investigation of insurance companies that had denied ER coverage based on a prudent layperson's standard. The commissioner's office discovered that despite a

State regulation requiring a prudent layperson standard, there were numerous examples of individuals being denied appropriate care in the emergency room.

In Washington State, a 15-year-old girl with a broken leg was taken by her parents to a hospital emergency room. The claim was denied by the family's insurer, which ruled that the circumstances did not constitute an emergency.

A 17-year-old victim of a beating suffered serious head injuries and was taken to an ER. A CAT scan ordered by the ER physician was rejected by the insurer because there was no prior authorization. This 17-year-old child was stabilized, but the physician knew that only through a CAT scan would they know the full extent of the child's injuries. Yet the insurance company denied payment because they had not approved the procedure. They obviously did not think that a CAT scan was part of ER care.

These are examples of gross misconduct by insurance companies in the State of Washington that are supposed to meet the same standard that is included in the Republican bill. As the insurance commissioner learned, a prudent layperson standard still allows for a loophole large enough to drive a truck through.

I also want to remind many of my colleagues who support doubling research at NIH that we are facing a situation where we have all of this great research we are funding, and yet we allow insurance companies to deny access. Yesterday we heard testimony at the Labor-HHS Subcommittee hearing about juvenile diabetes. It was an inspiring hearing. We had more than 100 children and several celebrities testify. Yet as I sat there listening to the testimony from NIH about the need to increase funding for research and how close we are to finding a cure, I was struck by the fact that the Republican leadership bill would allow the continued practice of denying access to clinical trials, access to new experimental drugs and treatments, access to specialties, and access to specialty care provided at NCI cancer centers.

It does little good to increase research or to find a cure for diabetes or Parkinson's disease if very few people in this country can afford the cure or are denied access to that cure. We need to continue our focus on research, but we cannot simply ignore the issue of access.

I urge my colleagues to join me in supporting a real Patients' Bill of Rights that puts the decision of health care back into the hands of the consumer and their physician, that doesn't dismantle managed care but ensures that insurance companies manage care, not profits.

I don't want to increase the cost of health care. I simply want to make sure people get what they pay for, that they have the same access to care that we, as Members of the Senate, enjoy as

we participate in the Federal Employees Health Benefit Program. The President has made sure we have patient protections. Our constituents deserve no less.

I thank the Chair.

Mr. NICKLES addressed the Chair.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. NICKLES. Mr. President, I have a couple comments. Again, we are trying to come up with an arrangement. I think all my colleagues are aware of the fact that we have been negotiating on this most of the day. Hopefully, we will come up with an arrangement that is mutually satisfactory to all participants in the debate.

I will respond to a couple of the comments, because maybe they haven't been responded to adequately. There has been a lot of discussion about the Republican package doesn't do this or the Democrat package does so many wonderful things. The Democrat package before the Senate increases health care costs dramatically.

I stated, maybe 2 years ago: When the Senate considers legislation, we should make sure we do no harm. By doing no harm, I stated two or three propositions. One, we should not increase health care costs; that makes health care unaffordable for a lot of Americans. Unfortunately, the package proposed by my colleagues on the Democrat side—the Kennedy bill—increases health care costs 4.8 percent, according to the CBO, over and above the inflation that is already estimated for this next year, estimated to be about 8 percent.

If you add 5 percent on top of 8 percent, that is a 13-percent increase in health care costs. The result is, probably a million and a half Americans will lose their health care if we pass the Democrat package.

I have heard a lot of my colleagues say: We need to pass the Kennedy bill; it is going to do all these wonderful things, because we are going to protect, we have a prudent layperson. It is just a great idea. We have emergency care. It is a wonderful idea. We are going to guarantee everybody all this assortment of benefits. We are going to mandate all kinds of little coverages that all sound very good.

But they do have a cost. If we make insurance unaffordable and move a million and a half people from the insured category to the uninsured category, I think we are making a mistake; I think we are making a serious mistake.

There are some costs involved, and there is a little difference in philosophy. Some of our colleagues said the Republican package doesn't cover this or doesn't do this, doesn't do that. What we don't try to do is rewrite health care insurance, which is basically a State-controlled initiative. We don't have the philosophy that Washington, DC, knows best. There is a difference in philosophy.

The Kennedy bill says: States, we don't care what you are doing. We

know what is best. We have a package, an emergency care package, that you have to have ER services under the following scenarios. We don't care what you are doing, States.

I just looked at a note. Forty States have emergency care mandates. The Kennedy bill says: We don't care what you are doing, States. Here is what we say, because we know what is best.

I wonder if the State of Massachusetts has it. The State of Washington has it. I heard my colleague from Washington, Senator MURRAY, talk about emergency care. The State of Washington has emergency care mandates in their health care packages for State-regulated health care plans. I heard the Senator from Washington talk about "prudent layperson." The State of Washington has a prudent layperson mandate. Maybe that is not adequate. Maybe somebody in the State legislature in the State of Washington said: We need to strengthen this; we need improvement.

There is a difference of philosophy. We, on our side, are saying we shouldn't try to rewrite health care plans all across America. We don't believe in national health insurance, that the Government in Washington, DC, is the source of all wisdom, has all knowledge, can do all things exactly right, and we should supersede the governments of every State.

We don't have that philosophy. There is a difference of philosophy. The Kennedy bill says: States, you have emergency room provisions. We do not think they are adequate. We know what is best.

Then the health care plans say: Wait a minute, we have been regulated since our inception by the States, as far as insurance regulation. Now we have the Federal regulation. Whom should we follow? They are different.

Who is right? Do we just take the more stringent proposal, or are we now going to have HCFA regulate not only Medicare and Medicaid, but are we now going to have HCFA regulating private insurance? I do not think we should.

I will tell my colleagues, HCFA has done a crummy job in regulating Medicare. HCFA has not complied with the mandates we gave them in 1997 for giving information to Medicare recipients on Medicare options. They haven't done that yet. They haven't notified most seniors of options that are available to them that this Congress passed and this President signed. They haven't notified people of their options. They have done a crummy job of complying with the regulations that they have now. They haven't even complied with—some of the States—the so-called Kennedy-Kassebaum legislation that passed a few years ago. There are some States, including the State of Massachusetts, which don't even comply with the Kennedy-Kassebaum kid care formulations. HCFA is supposed to take that over. They haven't done it.

My point is, people who have the philosophy, wait a minute, we need to

have this long list of mandates, we are going to say it, and we are going to regulate it and dictate it from Washington, DC, I just happen to disagree with.

It may be a very laudable effort. Some of the horror stories that were mentioned—this person didn't get care, and it is terrible—are tough stories. But we have to ask ourselves, is the right solution a Federal mandate? Is the Federal mandate listing here of what every health care plan in America has to comply with, dictated by Washington, DC, dictated by my friend and colleague from Massachusetts, is that the right solution? I don't think so.

Is there a cost associated with that? Yes, there is. I mention that to my colleagues and to others who are interested in the debate.

We will have this debate. I think there will be an agreement reached that we will take this up on July 11, and we will have open availability for individuals to offer amendments with second-degree amendments, and hopefully a conclusion to this process.

I did want to respond to say that this idea of somebody finding a horror story or finding an example of a problem and coming up with the solution, or the fix being "Washington, DC, knows best," I don't necessarily agree with.

I do think we can make some improvements. I do hope, ultimately, we will have bipartisan support for what I believe is a very good package. I am not saying it is perfect. It may be amended. It may be improved. I hope we will come up with a bipartisan package.

We do have internal/external appeals which are very important and, I think, could make a positive contribution towards solving some of the problems many of the individuals have addressed earlier today.

I yield the floor.

Mr. EDWARDS addressed the Chair.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. EDWARDS. May I inquire how much time remains?

The PRESIDING OFFICER. The minority has 5 minutes 10 seconds. The majority still has 15 minutes 50 seconds.

Mr. EDWARDS. Mr. President, I come to the floor to address the important issue of the Patients' Bill of Rights. I will respond briefly to a couple of issues raised by my colleague, the distinguished Senator from Oklahoma, when the bulk of his argument and response to our Patients' Bill of Rights has to do with the issue of cost. I just want to point out that the most reliable studies done by the GAO indicate that the increased costs across America will be somewhere between \$1 and \$2 per patient per month, which I think is less than a cup of Starbucks coffee. My suspicion is that most Americans would be willing to bear that cost to have real and meaningful health care reform.

There is a lot of rhetoric about national health insurance, and they are

not for that. This bill has absolutely nothing to do with national health insurance. What it has to do with is creating rights for patients that provide them with protections against HMOs and health insurance companies that are taking advantage of them on a daily basis.

There is another huge difference between these two bills. I prefer not to talk about them as the Democratic or Republican bill because, for me at least, this is not a partisan issue; it is a substantive issue. If we have a bill that is a real, meaningful Patients' Bill of Rights, whether it is Democratic or Republican, or a compromise between the two, I would support it. It makes no difference to me who authors the bill. I came here to talk about an issue that is critical to the people of North Carolina, to the people of America.

The people of America are not interested in partisan bickering on the floor of the Senate. They are not interested in that; they don't care about it. What they do care about, and what I care about, is addressing the issue of health care and the issue of the Patients' Bill of Rights in a real substantive and meaningful way.

I want to talk briefly, if I can, about a real case I was involved in personally—at least my law firm was involved in—before I came to the Senate this past January. The case involved a young man named Ethan Bedrick. Ethan was born with cerebral palsy. As a result of his cerebral palsy, he needed a multitude of medical treatments, including therapists—physical and speech—to help him with mouth movement and his limbs. The physical therapy was prescribed specifically for the purpose of being able to pull his limbs out and back and out and back, so he didn't develop what is called muscle contractures, so that he didn't get in a condition where he could not move his arms and legs any longer.

Ethan is from Charlotte, NC. Ethan's doctors who were seeing him—a multitude of doctors, including physical therapists, a general practice physician, a pediatric neurologist who specialized in making determinations about what children in his condition needed—all of those physicians, every single one of them, everybody treating him came to the conclusion that Ethan needed physical therapy.

When the family went to their health insurance company to try to get reimbursed for the physical therapy, the health insurance company denied paying for the physical therapy. Basically, they decided it based upon an extraordinarily limited and arbitrary reading of the term "medical necessity." They basically found the most limited definition and they looked around and found a doctor who was willing to support that position. So they denied the claims.

I want the American people to understand that every doctor who was treating Ethan said he needed this care. It was absolutely standard care for a

young child with cerebral palsy. But there was some doctor working for an insurance company somewhere in America who was willing to say: No, I don't think he needs it. Therefore, they denied coverage, regardless of what all his treating physicians said.

We filed a lawsuit on behalf of Ethan against the insurance company. We had to jump through extraordinary hoops because it is so difficult to bring any kind of action against a health insurance company or an HMO. The case was decided, ultimately, by the U.S. Court of Appeals for the Fourth Circuit, which covers a number of States in the southeastern United States. That court, which is well known for its conservative nature, issued an opinion on Ethan's case. I will quote very briefly from that opinion. The court addressed in very stark terms what they saw as the problem. I am reading now from the opinion of the Fourth Circuit:

... The precipitous decision to give up on Ethan was made by Dr. Pollack, who could provide scant support for it. The insurance company boldly states that she [Dr. Pollack] has a "wealth of experience in pediatrics and knowledge of cerebral palsy in children." We see nothing [in the Record] to support this. ... In fact, she was asked whether, in her twenty years of practice, she ever prescribed either speech therapy, occupational therapy, or physical therapy for her cerebral palsy patients. Her answer: "No, because in the area where I practiced, the routine was to send children with cerebral palsy to the Kennedy Center and the Albert Einstein College of Medicine. We took care only of routine physical care."

So much for Dr. Pollack's "wealth of experience."

This was a physician who had absolutely no experience with prescribing physical therapy for children with cerebral palsy. Yet this physician was the sole basis for the insurance company denying this very needed care for this young boy with cerebral palsy.

It gets worse. Dr. Pollack was then asked whether physical therapy could prevent contractures, which is what is caused when children with cerebral palsy don't get this. Their arms and legs become contracted and they can't be pulled out.

This was her answer: No.

She was asked: Why not?

Answer: Because it is my belief that it is not an effective way of treating contractures.

This is the insurance company doctor.

She was asked: Where did this belief come from?

She says: I cannot tell you exactly how I developed it because the truth is I haven't thought about it for a long time.

The nadir of this testimony was reached soon thereafter because the baselessness for this insurance company doctor's decision became very apparent. The Fourth Circuit quotes from the questions and answers to Dr. Pollack:

Question: ... If Dr. Lesser and Dr. Swetenburg were of the opinion that physical therapy at the rate and occupational

therapy at that rate were medically necessary for Ethan Bedrick, would you have any reason to oppose their opinion?

Answer: I am not sure I understand the question. Using what definition of medical necessity?

Question: Well, using the evaluation of medical necessity as what is in the best interests of the child, the patient.

Answer: I think we are talking about two different things.

Question: All right. Expand, explain to me what two different things we are talking about?

Answer: I'm speaking about what is to be covered by our contract.

Question: Is what is covered by your contract something that's different than the best interests of the child as far as medical treatment is concerned?

Answer: I find that's a little like "have you stopped beating your wife?"

Question: That's why I ask it. If Doctor Swetenburg and Dr. Lesser recommended physical therapy and occupational therapy at the rates prescribed, do you have any medical basis for why this is an inappropriate treatment that has been prescribed [for this boy]?

Remember, this is the insurance company doctor on the basis for which the insurance company had denied all coverage for this care.

Answer: I have no idea. I have not examined the patient. I have not determined whether it is appropriate or inappropriate. But that isn't a decision I was asked to make.

So what happened is, we have an insurance company doctor with no experience, never examined the child, who has decided this care is not medically necessary or medically appropriate, based on nothing and the insurance company denies coverage in the face of every single health care provider saying this child with cerebral palsy needs to be treated.

This is a perfect example of what is wrong with the system. It is why we need real external review. It is why we need an independent body that can look at a decision made by an insurance company and decide—it would be obvious in this case—that the decision was wrong and that a child is suffering as a result.

When I say an independent review, I mean a really independent review, not an independent review board made up of people chosen by the insurance company. That is an enormous difference between one of the bills being offered by our opponents and the bill being offered by us. We would set up a real and meaningful independent review board so that when something like this happens to Ethan Bedrick, a child with cerebral palsy, there would be a way to go to an independent board immediately and get a review, the result of which the decision would be reversed and in a matter of weeks, at the most, this child would get the therapy he so desperately needs.

The long and the short of it is, even after we won this case in the court of appeals, it was over a year before Ethan Bedrick began to receive the care he deserved.

This case illustrates perfectly why this is such an acute problem and why

we need to address it. We need desperately to address it in a nonpartisan way. We need to do what is in the best interests of the American people; that is, to pass a real and meaningful Patients' Bill of Rights.

Thank you, Mr. President.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. CRAIG. Mr. President, are we still in morning business?

The PRESIDING OFFICER. The Senate is in morning business. The Republican side has 8 minutes remaining.

Mr. CRAIG. I ask unanimous consent we stay in morning business under the current restriction and continue until 4 o'clock.

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

Mr. CRAIG. Mr. President, for the last several days this Senate has been engaged in a fascinating exercise. I say that because last Thursday evening before I left the Senate I was approached by an individual in the media, a press person on Capitol Hill, who said: I understand the Democrats are about to slow the process down.

I said: What do you mean?

They think the Republican Senate is on a roll, you have accomplished a good many things this week, and they are about to slow you down.

I said: What is the strategy here?

That person said: We think they are going to offer the Patients' Bill of Rights to the agriculture appropriations bill.

Of course, we now know that is exactly what happened. Their tactic is to slow the process down. I am not sure why. Obviously, they are going to get ample opportunity to make their statements and to have their votes on the issue of a Patients' Bill of Rights.

Whether Democrat or a Republican, we can mutually agree that there is a very real problem in the health care community of our country specific to Americans and health care coverage. I am not sure we get there by punching American farmers in the face, or by acting as if they are of little to no importance and placing other national issues ahead of them.

That is what has happened. I am amazed some of my colleagues on the other side of the aisle from dominant agricultural States and who have oftentimes led the agricultural debate on the floor would use these tactics to move their national agenda well beyond agriculture.

What is important is that we deal with the ag appropriations bill, that we deal with it in a timely fashion to address those concerns of the American agricultural community within the

policies of our government but also recognize we have a problem in the agriculture community today. We have turned to the Secretary of Agriculture and to the President to work with us to identify and shape that issue; we will come back with the necessary vehicle to address it beyond the current appropriations bill.

We are waiting for their response.

Agriculture issues have never been partisan. They shouldn't be partisan. I am amazed my colleagues on the other side of the aisle have used this dilatory tactic that all but "partisanizes" an agriculture appropriations bill, almost saying it doesn't count; our political agenda is more important than the policies of the government handled in an appropriate and timely fashion.

Our leaders are negotiating at this moment to determine the shape of the debate over a Patients' Bill of Rights. I hope they are able to accomplish that. The clock ticks. American agriculture watches and says, there goes that Congress again, playing politics with a very important issue for our country.

I will be blunt and say, there goes the Democrat side of this body playing politics with a very important appropriations bill that I hope we can get to.

I see Senator FEINGOLD on the floor. Our staffs have been working together on a very critical area of this bill, as I have been working with the Presiding Officer, to make sure that we shape the agriculture appropriations bill and deal with dairy policy in a responsible fashion.

I come to the floor to associate patients' rights and health care with an agriculture policy. Is that possible to do? Well, it is. My colleagues on the other side of the aisle have attempted to do that. I hope my colleagues will listen as I shape this issue. There is a very important connection.

It will not be debated on the agriculture appropriations bill, but we all know that American agriculture—farmers and those who work for farmers—is within the sector of about 43 percent of all workers in America who are not working for an industry that insures them. As a result, they must provide for themselves. They must self-insure and provide for their individual workers within their farms or ranches.

The Patients' Bill of Rights that my colleagues on the other side of the aisle want to bring to the floor—and I trust their sincerity in wanting it to become law—will very much change the dynamics of the self-insured in this country. They do so in a very unique way. The average family premium in the individual self-insured market—I am talking about American farm families—is about \$6,585 today. That is what it costs for them to insure themselves. Under the Democrat Kennedy bill, they are going to pay at least another \$316.

Figure this one out: As my colleagues on the other side of the aisle talk about the worst depression in farm country in its history, with depression-era prices for commodities, in

the same breath they stop the agriculture appropriations bill and say: Hey, farm family, on our Patients' Bill of Rights, because we are about to increase your medical costs by an average of \$316 a year, that is money you don't have, but we will force you to do it anyway. Your premiums will go up by the nature of the bill we want to fashion.

Some have stated this bill will cause over 2 million Americans to lose their health care insurance. This chart demonstrates a problem that all Members are sensitive to but a problem that we don't want to cause to be worse.

A phrase that has been used on this floor in a variety of debates in the last couple of months is "unintended consequences." If we pass the Kennedy health care Patients' Bill of Rights, there is a known consequence. You can't call it "unintended."

By conservative estimates it would add one million uninsured Americans to the health rolls. That is the conservative estimate. I said 2 million a moment ago. That is the liberal estimate. It is somewhere in that arena. The other side knows that America's farmers and farm families will have to pay \$300 to \$400 more per year in health care premiums because they are self-insured.

That is the nexus with the farm bill and the agriculture appropriations bill in its strange and relatively obscure way. But it is real. I hope our leaders can be successful in shaping the debate around the Patients' Bill of Rights that says we will have that debate, here is the time line, and here are the amendments that can be offered.

It is going to be up or down. We will all have our chance to make our points, but let's not play the very dangerous game of tacking it onto any bill that comes along that stops us from moving the appropriation bills in a timely fashion. We will debate in a thorough nature why their legislation creates a potential pool of between 1 to 2 million Americans who will become uninsured because of an increase in premiums.

On the other side of the equation is the Patients' Bill of Rights crafted by the Republican majority in the Senate. We go right to farm families. We say to farm families, we are going to give you a positive option in your self-insurance, and that is, of course, to create a medical savings account.

In States made up of individual farms—Wisconsin, Indiana, Ohio, Illinois, and Iowa—already the meager efforts in creating medical savings accounts we have offered in past law have rapidly increased the coverage for health care at the farm level.

So if we want to create a true nexus between an agriculture bill and a Patient's Bill of Rights, it is the Republican version that says let's expand medical savings accounts, let's give small businesspeople, farmers, ranchers, the option of being able to self-insure in a way that will cost them less

money and have insurance to deal with, of course, the catastrophic concerns in health care that we would want to talk about.

The reason I have always been a supporter of medical savings accounts is that it really fits the profile of my State. Farmers, ranchers, loggers, miners—small businesspeople make up a dominant proportion of the population of my State. Increasingly, many of them would become uninsured if the Democratic version, the Kennedy bill, were to pass this Congress and become law. The unintended, or maybe the intended, consequence would be to push these people out of private health care insurance and therefore have them come to their Government begging for some kind of health care insurance.

Why should we set up an environment in which we force people to come to the Government for their health care instead of creating an environment, a positive environment, that says we will reward you for insuring yourself by creating for you the tools of self-insurance and therefore create also a tax environment we want, where today health care premiums for the self-employed are fully deductible, as they are for big businesses which offer health care plans to their employees.

There is a strange, unique, and somewhat curious nexus between Democrats blocking an agriculture appropriations bill coming to the floor and the politics of the Kennedy bill on health care. It is that they would cause even greater problems in the farm community by raising the premiums, by forcing certain costs to go into health care coverage today. Our Patients' Bill of Rights would go in a totally opposite direction, creating an environment in which people could become more self-insured at less money, at a time in American agriculture when it is estimated the average income of the American farmer, having dropped 15 percent last year, could drop as much as 25 to 30 percent this year, with commodity prices at near Depression-era levels.

We need to pass the agriculture appropriations bill. We will then work with the Department of Agriculture and the Clinton administration to examine the needs, as harvest goes forward, to assure we do address the American farmers' plight, as we did effectively last year. But it should be done in the context of agriculture appropriations and a potential supplemental, if necessary, to deal with that. It does not fit, nor should it be associated with, a Patients' Bill of Rights.

I hope the end result today is to clear the track, provide a designated period of time for us to debate the Kennedy bill and a true Patients' Bill of Rights, as has been offered by the Republican majority here in the Senate, and then to allow us to move later today, this evening, and on tomorrow, to finish the agriculture appropriations bill and get on with the debate on that critical issue.

American agriculture is watching. I hope they write my colleagues on the

other side of the aisle and say: Cut the politics. Get on with the business of good farm policy. Do not use us as your lever.

I hope that message is getting through to my colleagues on the other side. Let us deal with agriculture in the appropriate fashion.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. SESSIONS). Without objection, it is so ordered.

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#### EXTENSION OF MORNING BUSINESS

Mr. CRAIG. Mr. President, our leaders are still in negotiation as to terms and conditions under which the Senate will deal with the Patients' Bill of Rights. With that understanding, I ask unanimous consent that morning business be extended until 4:30 p.m. under the conditions of the previous extension.

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

Mr. CRAIG. I thank the Chair. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

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#### EXTENSION OF MORNING BUSINESS

Mr. WELLSTONE. Mr. President, I ask unanimous consent that morning business be extended until 5 o'clock and that the time be equally divided.

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

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#### PRIVILEGE OF THE FLOOR

Mr. WELLSTONE. Mr. President, I ask unanimous consent that Howard Kushlan, an intern in my office, be allowed to be on the floor for the duration of the day.

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

Mr. ROCKEFELLER addressed the Chair.

The PRESIDING OFFICER. The Senator from West Virginia is recognized.

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#### PATIENTS' BILL OF RIGHTS

Mr. ROCKEFELLER. Mr. President, I join what I suspect are one or two Democratic colleagues of mine who have come out to the floor to speak