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## Senate

The Senate met at 9:30 a.m. and was called to order by the President pro tempore [Mr. THURMOND].

### PRAYER

The Chaplain, Dr. Lloyd John Ogilvie, offered the following prayer:

Almighty God, You are the healing power for the physical and emotional illnesses of Your people. Through the ages You have guided the development of medical science in the discovery of cures for the diseases of humankind. You use surgeons, physicians, nurses, technicians, and pharmacologists to facilitate Your healing. Throughout history, You have motivated the building of hospitals for the care of the sick, and You have made medical science and the practice of medicine a divine calling. Now, at the end of the 20th century, when commercialism often blocks humanitarianism, guide the Senators in their debate of health care issues. May their deliberations on differing plans to assure patients' rights bring them to compromises and solutions that are right and just for the future of all Americans. We pray that Your abundant healing mercy be the ambience of their attitude in this crucial debate. O Divine Healer, Source of the miracle of healing, grant this Senate the miracle of agreement. In Your reconciling power. Amen.

### PLEDGE OF ALLEGIANCE

The PRESIDENT pro tempore. Senator ALLARD is now designated to lead the Senate in the Pledge of Allegiance.

The Presiding Officer (Mr. ALLARD) led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

### RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

### SCHEDULE

Mr. LOTT. Mr. President, today the Senate will immediately proceed to a period of morning business until 10 a.m. I see Senator GRAMS is here for some remarks after my opening statement.

Following morning business, the Senate will resume consideration of the Patients' Bill of Rights Plus, and a number of amendments will be offered, I am sure, throughout the day. Debate will resume on the pending Dodd amendment regarding coverage of clinical trials.

As we go forward today, I remind Senators that we will continue to have what I am sure everybody will agree has been a good debate. I assume there will be several amendments offered today, and so there will be votes, I hope, even this morning or early afternoon and then throughout the rest of the afternoon. By previous consent, the Senate will complete action, I remind Senators, on the pending bill during tomorrow's session of the Senate. We may go into the evening, but it will be a normal evening. We have tried to make sure we had full time allocated for this debate and amendments. We agreed in the beginning that we would at least have normal days or more.

Actually, so far, on Monday we spent 6 hours 17 minutes on this bill. The average Mondays are 4 hours 46 minutes. On Tuesday we spent 7 hours 5 minutes. The average Wednesdays are 7 hours and 30 minutes. The average Thursdays are usually around 9 hours 39 minutes. So we are going to stay right on track. I encourage my colleagues to make their best case, offer their amendments, make their speeches, but at the end of this week I hope we will come to a conclusion that will produce a bill which will address the important areas of patients' rights, consumer rights, protections they need, the right to access of documents, the rights that they should have to care, including emergency instances, but there has to be a

prudent standard; there has to be some common sense applied to all of this.

I would also say at this point how proud I have been of the only doctor we have in the Senate. I think we are really blessed and privileged to have Dr. BILL FRIST here. Not only is he an outstanding human being but, unlike a lot of us, he knows what he is talking about. Having been a highly acclaimed heart surgeon, having a family that has been involved in hospital care, he has an extent of knowledge when it comes to clinical tests or how patients are treated, what procedures are necessary, most of us just do not have. So it has been a real pleasure to watch him at work over the past few days.

The Senate may consider any available appropriations bills when we complete the Patients' Bill of Rights. I remind Senators we are scheduled to have a vote on the Abraham-Domenici Social Security lockbox on Friday. There have been indications that the President supports a lockbox concept. I asked him in our meeting on Monday: Mr. President, what is your plan? Do you support the House version, which is a real lockbox? The Senate version is really tight because it bases the lockbox on the declining debt that would result from locking the Social Security funds up and not allowing them to be spent for anything but Social Security. Or the House version, which is a more procedural effort to keep these funds from being spent, requiring a supermajority vote, for instance, in the Senate of 60 votes in order to spend that money for anything but Social Security, which I think it should not be. Or is there some compromise version?

Senator DASCHLE and I have communicated on that a couple times over the past 2 days. We hope that maybe we can come to some agreement and get this Social Security lockbox done, set those moneys aside so that we can move on and deal with other issues such as Medicare reform and returning

- This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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some of the tax overpayment to working American families.

So after the Patients' Bill of Rights, we do have the vote scheduled on Friday on the lockbox for Social Security, and then we are looking at other appropriations bills that we could go to Friday or early next week or the intelligence authorization bill. We will confer with leadership on both sides before that announcement is made.

With that, I thank my colleagues, and I yield the floor so that Senator GRAMS can make his statement.

#### RESERVATION OF LEADER TIME

**THE PRESIDING OFFICER.** Under the previous order, leadership time is reserved.

#### MORNING BUSINESS

**THE PRESIDING OFFICER.** Under the previous order, there will now be a period for the transaction of morning business not to extend beyond the hour of 10 a.m. with Senators permitted to speak therein for not to exceed 5 minutes each. Under the previous order, the Senator from Minnesota, Mr. GRAMS, is recognized to speak for up to 15 minutes.

The Senator from Minnesota.

Mr. REID. Mr. President, parliamentary inquiry.

**THE PRESIDING OFFICER.** The Senator from Nevada.

Mr. REID. It is my further understanding that under the unanimous consent agreement of last night the Senator from Wisconsin is to be recognized for 10 minutes and the Senator from Rhode Island is to be recognized for 5 minutes. Is that true?

**THE PRESIDING OFFICER.** The Senator is correct.

Mr. REED addressed the Chair.

**THE PRESIDING OFFICER.** The Senator from Minnesota.

Mr. REED. Further parliamentary inquiry. Would that carry us past the 10 o'clock hour?

**THE PRESIDING OFFICER.** The Senate then would go past the 10 o'clock hour.

Mr. REED. I thank the Chair.

**THE PRESIDING OFFICER.** The Senator from Minnesota.

#### PATIENTS' BILL OF RIGHTS

Mr. GRAMS. Mr. President, I rise today to talk a little bit about the health care bill we are debating in this Chamber.

Our colleagues on the other side of the aisle have day after day asserted that their Patients' Bill of Rights legislation is better than the Patients' Bill of Rights Plus legislation, of which I am a proud cosponsor.

If we are to believe that raising the cost of every insured individual's premiums by 6.1 percent and increasing the number of uninsured by roughly 1.8 million people is what is good for

America, then, yes, this could be called a better bill. I, however, don't think those statistics suggest it's a better bill. Most Americans who know that this legislation increases costs and increases the number of uninsured do not think it is a better bill at all.

I firmly believe that the Patients' Bill of Rights Plus, S. 300, is a much more productive solution to problems facing Americans in the health care market today.

Mr. President, eight to ten percent of Minnesotans are uninsured today. Now, we in Minnesota enjoy a lower uninsured rate than the national average and we have historically had one of the lowest uninsured populations in the country.

However, if S. 6 is adopted into law, I could expect to see about 36,000 more Minnesotans become uninsured. Nationally, about 15 percent of our population today is without insurance. They may be uninsured for a number of reasons, but I bet the biggest obstacle for most people is access, and access is determined by costs. They simply cannot afford the costs of insurance.

These uninsured Americans would be left even further behind if we adopt the Kennedy-Daschle health care bill. Our colleagues make no effort whatsoever to address the problems of the uninsured. I do not think this is good policy, I do not think it is good for the Nation, and it certainly is not good for those already uninsured or those who will be forced to drop health care insurance because of increased costs.

Thankfully, we have an alternative, and it is called the Health Care Access and Equity Act of 1999, or S. 1274. I was pleased to introduce this legislation along with my colleagues Chairman ROTH and also Senator ABRAHAM of Michigan. When we introduced this bill on June 24, we did so with the support of 15 of our colleagues.

The Health Care Access and Equity Act does several things to increase access to health insurance, but one of the most important components is the full deductibility of health insurance costs for those without access to health insurance coverage through their employer. The Health Care Access and Equity Act of 1999 presents us with the opportunity to create the most comprehensive tax deductible coverage system in our Nation's history. It achieves this by eliminating one of the most discriminatory portions of the Tax Code: the disparate treatment between an employer purchasing a health plan as opposed to an individual purchasing health insurance on their own.

When employers purchase a health care plan for their employees, he or she can fully deduct the cost of providing that insurance, effectively lowering the actual cost of providing that coverage. However, when an employee purchases an individual policy on their own, they must do so with after-tax dollars and cannot fully deduct the cost of that plan. They do not have the ability or the advantage offered to em-

ployers to reduce the actual costs of their policy by deducting the premiums from their taxes every year. Therefore, health insurance is too costly and, for many, they usually wind up without health coverage. The Health Care Access and Equity Act will end this discrimination within the Tax Code and make health care available for many more Americans.

Let's make the same tax incentives for purchasing health insurance now available to employers apply to everybody. Let's level the playing field, and we will have taken the next logical step in the evolution of our health care system.

I believe Congress should be doing what it can to lower the cost of health insurance, making it more affordable—not by proposing legislation that will raise the costs and will make health insurance more and more difficult to afford.

I have a chart with me that shows the impact my legislation would have for my constituents. As you can see, it would reduce health insurance costs by anywhere from \$796 to \$1,384 for a family of four living in Mankato, MN, and also \$887 to about \$1,542 for a family of four living in St. Paul, or the Twin Cities. This is because they could deduct their premiums on their taxes, and this is what they would save off their tax bills which they could use then to pay for health insurance policies, thus making health care more affordable.

These are very significant costs which could make health insurance coverage available for many more people in my State, as well as across the country, who are currently in the individual health insurance market, and that is more than my colleagues on the other side of the aisle can say about their bill.

It seems most proposals before the Senate are just out there forcing some Federal definition of quality health plans onto the consumers and then sticks them with the bill, the increased cost for those mandates. It is not good policy, it does nothing for those who are uninsured, and it will not help those who will be forced to drop their health insurance because they can no longer afford the increase in those health care premiums.

Even without the increased costs associated with the so-called Patients' Bill of Rights legislation, employers are already anticipating premium increases of between 7 to 10 percent over and above the costs that would be forced to go up under the plan by Senator KENNEDY. Add on to that the costs of the Patients' Bill of Rights and you get higher numbers across the board, you get higher premiums, higher uninsured and higher frustration because any raise in pay that a middle-class worker might expect will now go toward even higher health care premium costs.

It is estimated that benefit mandates comprise over 20 percent of the price of health plan premiums already in the