

the hearing and this nominee is waiting to serve the country bears another examination by the majority. I would certainly be glad to get any explanation anybody might care to provide at this time, or at any other time.

I will leave you with one thought. Back in 1992, we had a similar concern in this country that we were facing—an increase in imports. As a consequence of imports, we were increasing domestic production, as well as domestic demand, and as a consequence, we became concerned and passed out of committee a number of items that are shown on this chart. It is interesting to note, though, what we got out of the process when it went to the floor. We had given on all the supply increases associated with increasing domestic production and reducing dependence on foreign oil. As a consequence, it is rather interesting to see on the current energy plan that there is little relief proposed. Yet in our comprehensive bill on the right, clearly we tried to cover all the areas of concern.

The reason that things are different—and I will show you this on the second chart—things aren't the same as they were in 1992—we have kind of a "perfect storm" scenario. We were 37-percent dependent in 1973. Now it is 56 percent. The Department of Energy says it will be 66 percent by 2010. Natural gas prices soared three to four times. They were \$2.16 per thousand, and now it is somewhere between \$4 and \$5. We haven't built a new nuclear plant in over 10 years, no new refineries or new coal plants.

I thank you for the time. I yield to the majority whip.

The PRESIDING OFFICER. The Senator from Nevada is recognized.

Mr. REID. Mr. President, I say to my friend that I am still the chairman of the Committee on Environment and Public Works, and we have a number of nominations waiting to help Governor Whitman. We have approved a deputy, Linda Fisher. I wanted to make sure she called, and she said she needed that help very badly; and we worked it out so when the Republicans were under control, I made sure that was released and that she could get over there and help.

We have a number of people waiting to go to the EPA. Governor Whitman needs help also with running that important entity.

I think the Senator should check with people on his side. The reason is that we have been waiting since we took control of the Senate to have a simple organizational resolution passed to allow the committee structure to be effectuated.

Rather than having an arrangement where the minority leader, Senator LOTT, speaks with the majority leader, Senator DASCHLE, a committee was formed to meet with Senator DASCHLE.

As we know, any time committees are chosen, it usually slows things down. Someone told me once that a committee was formed to come up with

a horse, and the committee came up with a camel. That was their version of a horse. I think the committee is not really serving the Senate well.

I have knowledge, and I am sure their intent is good, nothing has happened in all this time. It seems to me the time has come that something should happen. There has been a lot of passing back and forth of memoranda and meetings, but that is what is holding things up.

As I indicated, we have people for EPA. Senator LEAHY has said publicly on a number of occasions he wants to start hearings in the Judiciary Committee.

This is not, as far as I am concerned, payback time. The fact is that 45 percent of President Clinton's nominations for the appellate court never made it through the process—45 percent. When we were in control last time, the average waiting time for a judicial nomination was 85 days. The last full Congress when the Republicans were in control, the waiting time was 285 days.

This is not going to be payback time. Senator DASCHLE has said that. We are going to conduct the Senate and the committee system in an appropriate way.

We have vacancies in Nevada. We have three vacancies for Federal judges in the small State of Nevada that need to be filled. We hope that can take place quickly. Senator ENSIGN and I have agreed on the judges who should be nominated and sent to President Bush. They are down there now.

I say to my friend from Alaska, we also want the organization of the Senate to formally take place, and we hope the committee of five will get together and take care of the other 44 Senators they represent and move on to what we believe is the appropriate function of this Senate.

I will be happy to yield to my friend from Alaska.

Mr. MURKOWSKI. I very much appreciate the comments of my friend from Nevada who has outlined, I think accurately, the overall situation. I did not in my request highlight the overall resolve of this dilemma associated with the committee and the structuring of the committee. What the Senator said certainly is relevant to having the committees take action.

This issue of Steven Griles is entirely different. The reason it is different is he has been waiting 28 days. That was before the Senate changed hands. For the majority whip to indicate he is part of this, in reality, his nomination was pending before Senator JEFFORDS left our side and joined the other side.

At that time, we were negotiating with the Democrats in good faith to agree to a time agreement, and there was an indication that they would require at least several hours, and we were willing to do that.

I want the record to note Steven Griles is different than the other pending nominations because he was pro-

posed and held up prior to the Democratic Party taking control of the Senate.

I again renew my request that special consideration be given him because his is truly a special case.

Mr. REID. Mr. President, I say to my friend from Alaska, I have not spoken to the majority leader about Steven Griles, but I am confident once this organizational resolution is in effect, that will happen pretty quickly.

Mr. MURKOWSKI. If the Senator will yield on one more point.

Mr. REID. Yes, I yield.

Mr. MURKOWSKI. I can appreciate that, but we are still saying Steven Griles is, in effect, held hostage as a consequence of the policies of the majority now when we could have taken action when we had the majority, but we were trying to work with the minority at that time.

Clearly, we are left in this dilemma of him being caught, if you will, in the tidal backwater which affects us all, whether Republican or Democrat.

As the Senator from Nevada knows, he is from a public land State. He needs some help at the Department of Interior. This action of delaying simply puts off Mr. Griles' ability to serve our country and the Department. That is, indeed, unfortunate, particularly in view of the fact he was voted out of the committee and his nomination is still pending.

Mr. REID. Mr. President, I feel confident that it will be in everyone's interest—the minority, the majority, and every State in the Union—if we can get this organizational situation completed. We have waited far too long. The committee of five should meet as often as necessary with Senator DASCHLE. We only have one representing us and five representing them. I think Senator DASCHLE would make himself available any time of the day or night to get this organizational situation resolved.

#### PATIENTS' BILL OF RIGHTS

Mr. REID. Mr. President, there has been a concerted effort since the first day of this week to stall, hinder, slow down—whatever term one can use—the movement of this legislation which is before the Senate, the Patients' Bill of Rights. This method to slow down legislation has come about because the managed care entities and the people who work with them, who make a lot of money, have said to the minority: Do not let this legislation move. And the minority is trying to live up to their request. Keep this legislation boxed up. Tie it up for as long as possible.

I announce to everyone within the sound of my voice and I spread over the Record of the Senate that the "as long as possible" has come to an end. We are going to move this legislation. Five years is long enough. We are going to move this legislation now.

In the morning, we are going to vote on a motion to proceed that should

have taken place a long time ago. We should not even be having a vote on a motion to proceed, but that is the way they decided to slow it down, recognizing if they slow it down this week, then maybe next week we will not want to work very hard. We have the Fourth of July parades, our 10 days at home, and then they will wait until after the Fourth of July, and we will have appropriations bills and maybe there will not be a Patients' Bill of Rights for the sixth year.

That is not going to happen. TOM DASCHLE—whom I have known since 1982; I served with him in the House and I have the good fortune of serving with him in the Senate; we came here together—has said we are going to complete this legislation before the Senate recesses for the Fourth of July break.

TOM DASCHLE is a man of his word. That is what is going to happen, and everyone should understand that.

Why is this legislation called the Patients' Bill of Rights? It is called the Patients' Bill of Rights because it will create a law that gives patients the rights to which they are entitled, which they now do not have. In short, it will once again allow a doctor to care for his or her patient. That is the way it used to be.

Just think, a doctor can prescribe medicine for his or her patient that will heal that patient in the mind of the doctor, relieve pain, prevent disease. The doctor can do that because that doctor thinks that is best for his or her patient.

Imagine a doctor can refer a patient to a specialist if he believes it is appropriate. That is the way it used to be. That is the way it is going to be in the future.

We have heard all kinds of excuses that if this legislation passes, the sky is going to fall. This is not the first time we have heard these statements.

Senator DORGAN and I spoke today to a person who is a very successful businessman. He said: The reason I like Democrats, but the reason you cause businesspeople concern, is you want to change things: Social Security, Medicare. There are things you are trying to do differently. They work out well, but people don't like change.

Just a few years ago, the Family Leave Act was talked about. The Democrats thought it would be a good idea if America was like most civilized countries. If a woman, for example, had a baby, she would not lose her job. It was called the Family Leave Act. We said: Employer, you don't even have to pay the woman, but she should be guaranteed her job when she finishes 6 weeks of maternity leave.

We can't do that. It will drive us out of business. We cannot have temporary employees. It will be awful.

I defy anyone to go home and have anybody raise the question that the Family and Medical Leave Act has hurt their business. Of course, it has not. It helps their business.

The Patients' Bill of Rights is in the same category. It is going to help our society. In the long run, it will help businesses because it will make the employees feel better about the businesses. We are being told the Patients' Bill of Rights will be like the Family and Medical Leave Act; it will drive businesses into bankruptcy. This is not going to happen.

Everything possible is being brought up about this legislation. What are some of the things I have heard this week? Kill the lawyers—they go back to biblical times. Kill all the lawyers. They have not said that, but that is what they mean. They even know how many people are going to be driven out of the insurance protection field because of this legislation. They say keep legislation in Federal court and not have any in State court; it is too expensive. One dollar a month is too much money? Or nothing happened in committee; we need to go back to committee and hold hearings.

This legislation has been going on for 5 years. We have had days of debate on the floor. We have had numerous committee hearings all over the country. The best way to sum this up, with all the crying and whining and stalling from the other side, is with who favors their legislation. The managed care industry, HMOs, that is who favors their legislation. Who favors McCain-Edwards-Kennedy? Everybody else. Does that mean everybody else is dumb? Everybody else is being led around by the greedy lawyers? The greedy doctors? The greedy nurses? Or does it mean this legislation solves a problem in our country? Is this the reason that 85 percent of everybody—Democrat, Republican, Independent—supports this legislation? I repeat: Who does not support it? The managed care industry, HMOs.

Our Patients' Bill of Rights is a bill that is authored by the very courageous JOHN MCCAIN. When we talk about JOHN MCCAIN, why do we add "courageous"? That is what he is. He is a war hero. But he is also legislatively courageous. He is joined by JOHN EDWARDS, a person in this Senate of great intellect, and also TED KENNEDY, a man who has a lifetime of experience dealing with this issue. They have written a bill that is uncompromised. I will be surprised if this side offers amendments. This is a good piece of legislation. We will take it as it is. We know we will put up with a lot of frivolous stalling, mischievous amendments on this side.

Last night, I ran into a journalist. He said to me: Senator DASCHLE thinks he is bluffing. I talked to a Republican Senator, and they think Senator DASCHLE is bluffing because it can't be done in that short a period of time.

This legislation has been handled in a short period of time in the past under the Republican leadership. When this bill came up in 1999, it finished in 4 days. We had a time certain it would pass—4 days. The bill was introduced

and placed on the calendar on July 8. We began consideration July 12. There were no committee hearings either. All amendments were limited to 100 minutes of debate; no more than one second-degree amendment in order per side per amendment. Just prior to the third reading, we agreed that the majority leader, then Senator LOTT, could be recognized to offer a final amendment to which no second-degree amendment was in order. Final passage occurred on that bill. Of course they killed it in conference. Everybody knows that. Final passage was completed in 4 days. We had 17 amendments and 13 rollcall votes. So we can do this in 4 days and complete it by next Thursday if people have the will to do so.

If they don't have the will to do it Thursday night sometime, we will be here Friday, Saturday, Sunday. The Fourth of July is our first day off, a Wednesday, because we are going to work Friday, Saturday, Sunday, Monday, Tuesday, and take Wednesday off and come back on Thursday, the 5th, to complete this legislation. Everyone should know this. It has been done in the past in 4 days. We can do it again.

This afternoon I received a letter. I have a friend in Nevada. He is one of my wife's physicians, a wonderful, kind, thoughtful, considerate man. His name is Frank Nemeč. Frank Nemeč is not some person who does medicine from the back seat of his car, the trunk of his car. Frank Nemeč is an extremely well-known physician around the country. He is published and has written articles for medical journals. He had a Fulbright scholarship to the University of California at Berkeley, graduated with honors from the University of California at Berkeley, attended with a full scholarship the university of California at Los Angeles Medical School, and graduated with honors. He has been president of the State medical society, president of the Clark County Medical Society, Las Vegas, chief of staff of the largest hospital in Nevada, board certified in internal medicine, gastroenterology. This is a fine physician and not somebody out stirring up trouble. He is a man who has been involved in politics only because he believes his patients are being affected.

Here is a letter to me from Frank Nemeč:

As you have heard from so many Nevadans over the past several years, we need a mechanism where patients have options when care is denied. The following case is a clear illustration.

On April 20th, 1999, Joseph Greuble died at the age of 47 from malnutrition. Joseph's malnutrition was a direct complication of his lifelong battle with Crohn's Disease.

I am familiar with Crohn's disease, Mr. President. There are two of what are called digestive bowel diseases, Crohn's disease and gastroenteritis. They are both bad, but the worst is Crohn's. My wife is fortunate not to have such a dread disease as that; she has gastroenteritis. She has spent many months of her life in hospitals.

So I know something about Crohn's disease. The letter continues:

Joseph's gastrointestinal problem was quite complex. His disease was complicated by ulcerations, fistulae, bleeding, obstruction, electrolyte disturbances, seizures, and chronic pain, and Joseph required multiple operations. Continuity of care is most important when dealing with an incurable, chronic, debilitating disease. In Joseph's case, the system's failure to provide continuity of care proved tragic and fatal.

I served as Joseph's personal physician for 11 years. As Joseph's condition worsened he was no longer able to live independently, and he moved into his mother's small apartment in Las Vegas. His mother would accompany him to my office for all of Joseph's visits and as a result, I came to know his mother Marion quite well.

For over a decade, I performed needed physician examinations, arranged for appropriate diagnostic studies, wrote Joseph's prescriptions, and attended to him in the hospital whenever he required admission due to complications of his disease. One of Joseph's most pressing needs was for nutritional support. Joseph had become malnourished as a complication of his Crohn's Disease, and required TPN (intravenous nutrition).

I am also familiar with that, Mr. President.

Joseph's weight had fallen to just over 110 pounds, and at 5' 10" tall Joseph needed the TPN to maintain his weight and prevent death due to malnutrition.

In January of 1999, Joseph was told by his HMO that I could no longer treat him. Appeals by both myself and Joseph to have this decision reversed were denied. My offer to see Joseph free of charge was rejected by the HMO, as I still would not have been permitted to write his prescriptions, direct his nutritional support, order any diagnostic testing, or request needed consultations.

While I do not have any of the medical records of Joseph's treatment for the three months after he left my care, Joseph's mother informs me that his TPN had been discontinued, that his malnutrition worsened, his weight dropping to less than 100 pounds. Joseph, malnourished and unable to fight off infection, subsequently developed pneumonia, sepsis, and died.

I have received permission from Mrs. Grouble to share this story. Marion hopes that sharing her son's story will help achieve the needed legislation to prevent this from happening in the future. Holding health plans accountable when they harm patients is not about suing insurance companies and driving up the cost of health care, it is about stopping abuses and bringing compassion back to medicine. Until the health plans are accountable, people like Joseph and his family will continue to suffer.

Again, thank you for all the hard work on this important issue.

Sincerely,

FRANK J. NEMEC, M.D.

Doesn't this say it all? Why are we here? Are we here to talk about people dropped from insurance rolls? Are we here to talk about some lawyer fighting a lawsuit that doesn't exist?

ZELL MILLER was on the floor today. Georgia has a Patients' Bill of Rights. Not one single solitary lawsuit has been filed. In the State of Texas they have a Patients' Bill of Rights that the President of the United States vetoed on two separate occasions. They have a Patients' Bill of Rights there. In over 4 years they have had 17 lawsuits, one

every quarter. It doesn't sound too overwhelming to me. I don't think it is going to drive the HMOs out of business. So let's get real.

This is about money. It is about the Frank Nemec of the world who went to medical school to take care of his patients and he is told he can't take care of his patients. He said: I'll do it for nothing. They said: No, you might write a prescription we don't like.

I don't know, this man might have died soon anyway, but he would not have died as soon as he did. I guess the HMO decided his life wasn't worth anything anyway—he's going to die. He's 5 foot 10, weighs 110 pounds. Let's just terminate it more quickly.

We are going to finish this legislation. We are going to finish this legislation and send it over to the House. They can play whatever games they want with it, but I think the games will end over there because we have very courageous Republicans on that side of this institution, led by CHARLIE NORWOOD from the State of Georgia, who have said they have taken all they can.

I almost cried when I read this letter. Maybe if I were not here in front of the world I might admit when I read it in my office I shed a tear.

This is sad. If you knew Frank Nemec, this gentle, big man, you would know how sincere he is.

So why is this taking place? It is taking place because of money. It is taking place because the HMOs want to hang on as long as they can to keep those stock prices up and make as much money as they can in salaries. They are still going to do just fine after we pass this legislation, but they are not going to do as fine as they have been. They are not going to be able to terminate the care of someone such as Mr. Greuble.

Yesterday I read into the RECORD those organizations with names starting with the letter A that support this legislation. I am going to read for a while tonight. I am not going to read them all. This is a partial list. But I want this spread across the RECORD of this Senate that this legislation is supported by America. It is supported by Minnesota, the people in Minnesota and the people of Nevada.

The B's start with Baker Victory Services in Lackawanna, NY. This is a list of organizations that support the Bipartisan Patients' Bill of Rights:

Baptist Children's Home of NC, Barium Springs Home for Children in Barium Springs, NC, Bazelon Center for Mental Health Law, Berea Children's Home and Family in OH, Bethany for Children and Families, Bethesda Children's Home/Luthera of Meadville, PA, Board of Child Care in Baltimore, MD, Boys & Girls Country of Houston Inc., TX, Boys & Girls Homes of North Carolina, Boys and Girls Harbor, Inc. in TX, Boys and Girls Home and Family Service, Boy's Village, Inc. of Smithville, OH.

Boysville of Michigan, Inc., Brain Injury Association, Brazoria County Youth Homes in TX, Brighter Horizons Behavioral Health in Edinboro, PA, Buckner Children and Fam-

ily Service in TX, Butterfield Youth Services, Cal Farley's Boys Ranch and Affiliates, California Access to Speciality Care Coalition, Catholic Family Center of Rochester, NY, Catholic Family Counseling in St. Louis, MO, Catholic Social Services of Wayne County in IN, Center for Child and Family Services in VA.

Center for Families and Children in OH, Center for Family Services, Inc. in Camden, NJ, Center for Patient Advocacy, Center on Disability and Health, Chaddock, Charity Works, Inc., Child and Family Guidance Center in TX, Child and Family Service of Hawaii, Child and Family Services in TN, Child and Family Services of Buffalo, NY, Child and Family Services, Inc., in VA, Child Care Association of Illinois.

Child Welfare League of America, Children & Families First, Children & Family Services Association, Children and Adults with Attention Deficit/Hyperactivity Disorder, Children's Aid and Family Service in Paramus, NJ, Children's Aid Society of Mercer, PA, Children's Alliance, Children's Board of Hillsborough, Children's Choice, Inc., in Philadelphia PA, Children's Defense Fund, Children's Home & Aid Society of Chicago, Children's Home Association of Illinois.

Children's Home of Cromwell, Children's Home of Easton in Easton, PA, Children's Home of Northern Kentucky, Children's Home of Poughkeepsie, NY, Children's Home of Reading, PA, Children's Home of Wyoming Conference, Children's Village, Inc., ChildServ, Christian Home Association-Child, Clinical Social Work Federation, Colon Cancer Alliance, Colorectal Cancer Network.

Committee of Ten Thousand, Community Agencies Corporation of New Jersey, Community Counseling Center in Portland, ME, Community Service Society of New York, Community Services of Stark County in OH, Community Solutions Association of Warren, OH, Compass of Carolina in SC, Congress of Neurological Surgeons, Connecticut Council of Family Service, Consortium for Citizens with Disabilities, Consuelo Foundation, Consumers Union.

Cornerstones of Care in Kansas City, MO, Corporation for the Advancement of Psychiatry, Council of Family and Child Caring Agencies in NY, Counseling and Family Services of Peoria, Court House, Inc., Covenant Children's Home and Families, Crittenton Family Services in Columbus, OH, Crossroads for Youth, Cystic Fibrosis Foundation.

Mr. President, we are through the C's. Before this is all over, there will be a partial list in the RECORD. I haven't been able to get them all. There are over 500. I have read in the RECORD a few hundred and I will continue to do so.

#### MORNING BUSINESS

Mr. REID. Mr. President, I ask unanimous consent that there be a period for morning business with Senators permitted to speak for up to 5 minutes each this evening.

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

#### WEST VIRGINIA'S BIRTHDAY

Mr. BYRD. Mr. President, I am here to wish a happy birthday to a celebrant near and dear to my heart. The thirty-fifth child in the family, grown from a difficult beginning as a child of war