

no intention of trying to shut out any Senators who want to offer amendments. We had hoped some might come over tonight and offer them. We will certainly have all day tomorrow to deal with any and all amendments that Senators feel strongly about and on which they would like to have votes. But we really must move the process along, and that is the reason the majority leader wished to file a cloture motion tonight.

Mr. REID. Will the Senator yield?

Mr. MCCONNELL. Yes, I yield to my friend and colleague from Nevada.

Mr. REID. Mr. President, around here, we do not often see cloture motions signed by all four leaders. This cloture motion does have four leaders. We are serious about completing this bill at the earliest possible date. It would be a travesty if, having just completed a very significant piece of legislation led by Senators COLLINS and LIEBERMAN, we not do our share of the legislative reform that needs to be done.

The cloture motion was filed with reluctance. No one wanted to do it. But with the 8th of October staring us in the face literally, we have no choice but to do this. I hope people tomorrow will recognize there will be an effort made to offer these amendments. At 1 o'clock tomorrow, all first-degree amendments must be filed. That is the rule.

I hope people will come and discuss with us what problems they see with this amendment. We will be happy to work with them, but I think people should be ready to offer their amendments.

We have taken what we thought needed to be done from the 10 committees to give this committee, the homeland security committee, some strength. We hope people recognize that.

I understand how people are concerned about maintaining the jurisdiction of what they have, but this is a time when people have to give up a little bit for the good of the country and for the good of the Senate.

I totally support the cloture petition that was filed by the distinguished Senator from Kentucky on behalf of the two leaders because that is basically what happened.

CLOTURE MOTION

Mr. MCCONNELL. Mr. President, I send a second cloture motion to the resolution to the desk as well.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on S. Res. 445, a resolution to eliminate certain restrictions on service of a Senator on the Senate Select Committee on Intelligence.

Bill Frist, Mitch McConnell, Harry Reid, John Cornyn, Craig Thomas, Jim

Inhofe, Mike Crapo, Conrad Burns, Norm Coleman, Tom Daschle, Lamar Alexander, James Talent, Wayne Allard, Gordon Smith, Larry Craig, Robert F. Bennett, Pete Domenici, Susan Collins.

Mr. MCCONNELL. Mr. President, as my good friend from Nevada has indicated, we hope to process all of the amendments that Members of the Senate feel strongly about. We will be open for business on this resolution all day tomorrow, and there should be ample time to deal with all of the amendments that our colleagues feel strongly about and wish to offer.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Mr. President, I think everyone within the sound of our voices should understand the majority leader and minority leader were on the Senate floor and they both said we are going to stay here until we finish this, the Homeland Security conference report and the FSC tax bill. Those matters are going to be finished. If we can finish on Friday, we will be out of here. If we are finished on Saturday, we will be out of here. But the two leaders have said we are going to work to finish this legislation.

We are dealing with Senators who know all the rules just as we do, but I will indicate that this is a little different time. We are trying to bring Congress to a close, at least this part of it. Everyone should understand the determination of the two leaders to move this matter forward and the other things that are going to come before the Senate.

Mr. MCCONNELL. Mr. President, the assistant Democratic leader has clearly outlined what the goal of the two leaders, both Republican and Democrat, are for the balance of this session before we adjourn for the election. We are hoping to complete all of those items no later than Friday.

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

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

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that there be a period for morning business with Senators permitted to speak for up to 10 minutes each.

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

HEALTH CARE

Ms. STABENOW. Mr. President, I appreciate those comments. I actually would not be here asking to do this if it were not for the earlier comments of the Senator from Pennsylvania, speak-

ing as in morning business, as it relates to Senator KERRY's health care plan. I felt in fairness, as someone who works extensively on health care, that it was important to come down and speak to the errors that were presented earlier as my colleague spoke on the other side of the aisle.

First, it is important to know that it does not matter who we talk to today, it does not matter who comes into my office or what conversation I have with people throughout the great State of Michigan, the issue of health care always comes up.

Right now the big three automakers, struggling to compete internationally with their business competitors around the world, are talking about the need to address the high cost of health care. They have indicated to me on more than one occasion that this needs to be one of our top priorities of the Congress and the President of the United States: to tackle the explosion in health care costs.

We also know that half of those costs is the explosion in prescription drug prices, and that specifically needs to be addressed. We have proposals we have been consistently bringing to this body and bringing to the President of the United States that will bring prices down. So when we talk to our manufacturers in Michigan, this is a huge issue. If I talk to the workers who work for our manufacturers, it is a huge issue for them. They are being asked to pay more copays, more premiums, to take pay cuts, in some cases layoffs, as a result of the high cost of health care and the fact that there has been no action to address this while premiums and costs continue to go up faster and faster.

I could talk to a group of seniors in Michigan and certainly talk about medicine and the fact that the bill that passed this last year for Medicare is more about helping the prescription drug industry than it is about helping our seniors in this country. They know what we need to be doing. They want to see the pharmacists be able to do business with pharmacists in Canada, be able to bring prices down, cut them in half or, in some cases, 70 percent.

Seniors understand we have a crisis as it relates to the cost of medicine and health care in this country, and they certainly know when we look at the fact that this administration has announced the largest Medicare premium increase—17½ percent—in the history of the program since 1965 when it was instituted even though it is estimated that Social Security will go up possibly only as much as 3 percent. I have a bill that has been introduced with colleagues of mine to cap that Medicare increase at the cost of Social Security increases, and up to now we have not been able to get a vote on this. Yet this will be taking effect in January and taking more out of the pockets of our seniors.

We know that one of the major reasons for the increase—it is not just

normal inflation—is because of the costs that are being rolled into the premium increases relating to privatization that was part of the prescription drug bill. We were told privatization would save money. The reality is, we have the highest Medicare increases in the history of the program.

So we can talk to seniors. We can talk to families who are struggling every day and seeing their costs go up. We see the real household income in 2000 has gone down \$1,535. Family health care premiums have gone up, \$3,000 on average, to \$3,599. This is not what ought to be happening. We have a crisis going on in our country.

I can talk to young people getting out of college who find themselves no longer eligible to be on their parents' insurance, who now go into their first job and maybe do not have health insurance on their first job. This is a very real story for me in my own family. Young people are hoping and praying they remain healthy, that nothing happens to them until they can get into a job that has some health care.

We know that the majority of people, about 80 percent of the people who do not have health insurance in this country, are working. We are not talking about people who are not working; we are talking about people who are working one job, two jobs, three jobs, working for small businesses. I can go to any small business in Michigan and, I would guess, across our great country, and they want to talk to me about what is happening in health care and health insurance, an explosion in pricing. The average premium for small businesses has more than doubled in the last 5 years.

This is a crisis, and I am proud of the fact that JOHN KERRY and JOHN EDWARDS are stepping up to say this will be one of our highest priorities, to address this crisis. Everybody knows we have it. Everybody, from manufacturers to small businesses to seniors to workers to young families to students right out of college, everybody understands that we have a crisis in this country. I believe it is one of the major moral issues of our time. In the last 4 years we have seen this over and over again. Whenever it was a choice between the pharmaceutical lobby and the people of our country, the pharmaceutical lobby has won. Whenever it was a choice between the insurance industry and the people of this country, the insurance industries have won, the HMOs have won.

Frankly, on behalf of the people of my great State, we want somebody fighting for us, for the people of our country. The proposals that are put forward by Senator KERRY and Senator EDWARDS address the costs of health care and the access to health care. It is overdue for families. Again, this chart shows incomes going down, family health care premiums going up. We can do something about this. A big piece of this is the cost of prescription drugs. Frankly, the rest of the premiums that

we see going up are because of folks who do not have insurance.

Our Secretary of Health and Human Services said, when asked about why—I believe it was in the context of why our Government is supporting the development of a health care system in Iraq with American tax dollars, but why we did not see the administration having the same sense of passion and urgency about Americans and health care. The Secretary of Health and Human Services said: Well, we kind of have universal health care coverage in our country because if someone is sick and goes into an emergency room, they get treated.

Well, that is true. When folks go into the emergency room and they go in sicker than they should be, go in instead of going to the doctor or instead of getting preventive care, they get treated. And what happens? The hospital then is forced to turn around and put those costs back on folks with insurance, resulting in family health care premiums skyrocketing.

This is not by accident. Part of this is a result of the fact that we have folks walking into the emergency room sicker than they should be or inappropriately getting care that should be in a doctor's office, that should be on the front end where it is more effective, more efficient, costs less.

In Michigan alone, last year my hospitals tell me that they spent over \$1 billion in uncompensated care for folks walking into the emergency room. We now see it materializing in requests to expand emergency rooms. I have all kinds of requests from hospitals that are bulging at the seams to expand their emergency rooms. So we are paying for this on the back end. Families are paying through family health care premiums rising more. We all pay because of emergency rooms being expanded. Businesses are paying in loss of competitiveness. Seniors are paying.

What JOHN KERRY and JOHN EDWARDS are saying is we need to face that, we can do better than that, and we need to tackle it on the front end. So what are they suggesting? Well, I will mention just a few things. First, half of the premium increases are prescription drugs. It is very simple. They say Medicare, first, ought to be able to negotiate group discounts. Everybody else can. The VA can on behalf of veterans. Any other insurance system negotiates group discounts, but Medicare is prohibited under the new bill. We know why. The insurance lobby did their job. The prescription drug lobby did their job. So they are going to go back and change that. We negotiate group discounts. We can actually close the gap in coverage so it is a better benefit.

We also have seen from both JOHN KERRY and JOHN EDWARDS a complete commitment to allow us to do, on a bipartisan basis, what we have the votes to do in the Senate if we could ever get this up for a vote, and that is to open the border to Canada and to other countries where it is safe, under strict

FDA rules and regulations, to allow our pharmacists to do business with pharmacists in Canada and in other countries to bring back prescription drugs to the local pharmacy at half the price.

I am tired of putting seniors on a bus. Just a week ago I was involved, again with AARP, out at the Ambassador Bridge in Detroit. We had people at the other two bridges in Michigan, talking about and demonstrating the difference in prices. I am, frankly, tired of seeing in my State people who have to drive across the bridge or through the tunnel in order to be able to demonstrate lower prices or be able to purchase at lower prices. The Kerry-Edwards administration will bring back those prices to the local pharmacy. It will make a major difference.

What else are they suggesting? I hear this all the time. We know one of the major problems right now under the insurance system is, particularly for a small business, for example, a small business may have 10 employees, and they may have low rates. Then one person gets very ill—gets cancer, has a car accident, something else happens—and they have a tremendous amount of costs for their care. That one case throws the insurance rates of the business up dramatically. What the Kerry-Edwards administration is talking about is having the Federal Government come in and, when the costs exceed \$50,000 for an individual, the Federal Government would serve as reinsurance, to cover those few cases that are very expensive and throw the entire cost off for the business. It makes sense. We can do that.

We have also indicated we need to make a commitment to cover all children in our country—and we do. This is a moral obligation. It is all about priorities. It is always about priorities. It is always about our values and priorities. If we make the right choices, we can make sure every child has the health care they need.

Then they have also said that every person in this country ought to have the same ability to buy into the Federal employee health care system as we do. In our country we have the employer, meaning taxpayers or American citizens, who have less health care than the employees—us or other Federal employees. They want to change that. They can do that through an umbrella, allow people to buy in, businesses to buy in. They can choose either traditional programs or HMOs, but they would have the benefit of sharing administrative costs and bulk purchasing and sharing other efficiencies to bring costs down.

They have a number of very specific proposals that will allow greater access, that will allow costs to come down, and will directly tackle the stranglehold that has been occurring in this country, where a few special interests have been able to stop this body and this administration and others from making choices about what is best for American families.

We know there are folks who benefit by the current system. The pharmaceutical industry and insurance industry do well. They control what the price will be, what the access will be, and they don't want to change. They and their spokespeople will come forward and scare people, that somehow to do any change at all means some big, bureaucratic, top-down government system and socialized medicine, and they use all these other words, but it is used to scare people and to stop us from moving together and doing what needs to be done.

We need to be working together, partnering with business, with communities, with local governments and State and Federal Government to create a system where we make better decisions, provide health care to people on the front end rather than when they are very sick and walking into an emergency room, and bringing prices down by designing a system that works for us.

There is no doubt in my mind that we are capable of doing that. If we have the will, the political will and the right leadership in this country, there is no question that we cannot sit down, figure out a system that provides and maintains the best of what is great about American medicine and American health care, and also create some new opportunities to benefit from what is the best and yet create a better system for everyone.

We can do that. But first we have to have the right leadership, which is why I am supporting JOHN KERRY and JOHN EDWARDS. They understand. Senator KERRY has said his first initiative to come forward to the Congress as President of the United States will be on health care. My biggest concern since coming here, related to health care, has been there is not the sense of urgency we need to sit down and get this done. We need the political will to stand up to folks, the special interests with a lot of money who benefit from the way the system is today. We need to have the courage and the leadership to be able to design a system and tackle this in a way that makes sense for people.

There is absolutely no doubt in my mind that this can be done. There is also absolutely no doubt in my mind that it must be done. If our businesses are going to survive in a global economy, if our families are going to survive, in terms of providing health care for their children and moms and dads and grandpas and grandmas, if we are going to survive in terms of older care and care for the disabled in this country, if we are going to continue to have the quality of life Americans need and deserve, we have to tackle the health care issue and have more than just slogans and scare tactics for people.

We have to do better than the last 4 years. Real household income is down. Family health care premiums are up. This is the wrong direction. We can do better and with a change in adminis-

trations, working together in a bipartisan way, we will do better.

LOCAL LAW ENFORCEMENT ACT OF 2003

Mr. SMITH. Mr. President, I rise today to speak about the need for hate crimes legislation. On May 1, 2003, Senator KENNEDY and I introduced the Local Law Enforcement Enhancement Act, a bill that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society.

On August 25, 2000, in Palm Springs, CA, a judge ordered a U.S. Marine, Lance Horton, to pay \$4,300 to a gay couple he admitted beating and to complete charity work as part of his 5-year probation. Horton pleaded guilty to two counts of assault and to two hate crimes.

I believe that Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.

NOTICE OF CHANGE IN SENATE PUBLIC TRANSPORTATION SUBSIDY REGULATIONS

COMMITTEE ON RULES AND ADMINISTRATION

Mr. LOTT. Mr. President, I wish to announce that in accordance with Title V of the Rules of Procedure of the Senate Committee on Rules and Administration, the Committee has updated the Senate Public Transportation Subsidy regulations effective October 1, 2004.

Based on the Committee's review of the 1992 regulations which authorize the issuance of tax free "de minimis fringe benefit": transit fare media, and a review of the Transportation Equity Act for the 21st Century (P.L. 105-78), the Committee has concluded that its regulations should be updated to reflect statutory changes in the dollar amount allowed to be issued as a "de minimis fringe benefit." In addition, the Committee has streamlined the process for office participation in this program.

PUBLIC TRANSPORTATION SUBSIDY REGULATIONS

Sec. 1. Policy

It is the policy of the Senate to encourage employees to use public mass transportation in commuting to and from Senate offices.

Sec. 2. Authority

The Tax Reform Act of 1986, as amended by the Transportation Equity Act for the 21st Century (P.L. 105-78) allows employers to give employees as a tax free "de minimis fringe benefit" transit fare media of a value not exceeding \$100 per month. The Fiscal Year 1991 Treasury-Postal Appropriations Act (Pub. L. 101-509) allows Federal agencies

to participate in state or local government transit programs that encourage employees to use public transportation.

Sec. 3. Definitions

(a) Public Mass Transportation—A transportation system operated by a State or local government, e.g. bus or rail transit system.

(b) Fare Media—A ticket, pass, or other device, other than cash, used to pay for transportation on a public mass transit system.

(c) Office—Refers to a Senate employee's appointing authority, that is, the Senator, committee chairman, elected officer, or an official of the Senate who appointed the employee. For purposes of these regulations, an employee in the Office of the President pro tempore, Deputy President pro tempore, Majority Leader, Minority Leader, Majority Whip, Minority Whip, Secretary of the Conference of the Majority, or Secretary of the Conference of the Minority shall be considered to be an employee, whose appointing authority is the Senator holding such position.

(d) Qualified Employee—An individual employed in a Senate office whose salary is disbursed by the Secretary of the Senate, whose salary is within the limit set by his or her appointing authority for participation in a transit program under these regulations, and who is not a member of a car pool or the holder of any Senate parking privilege.

(e) Qualified program refers to the program of a public mass transportation system that encourages employees to use public transportation in accordance with the requirements of Pub. L. 101-509 whose participation in the Senate program in accordance with these regulations has been approved by the Committee on Rules and Administration.

Sec. 4. Program requirements

(a) Each office within the Senate is authorized to provide to qualified employees under its supervision a de minimis fringe employment benefit of transit fare media of a value not to exceed the amount authorized by statute currently not to exceed \$100 per month.

(b) Each appointing authority may establish a salary limit for participation in this program by his or her employees. If such salary limit is established, all staff paid at or below that limit, and who meet the other criteria established in these regulations, must be permitted to participate in this program.

(c) For purposes of these regulations, an individual employed for a partial month in an office shall be considered employed for the full month in that office.

(d) The fare media purchased by participating offices under this program shall only be used by qualified employees for travel to and from their official duty station.

(e) Any fare media purchased under this program may not be sold or exchanged although exchanges of Metro Card Media for transportation on the Virginia Railway Express (VRE) or the Maryland Transit Administration's MARC trains are permissible.

(f) In addition to any criminal liability, any person misusing, selling, exchanging or obtaining or using a fare media in violation of these regulations shall be required to reimburse the office for the full amount of the fare media involved and may be disqualified from further participation in this program.

Sec. 5. Office administration of program

Each office electing to participate in this program shall be responsible for its administration in accordance with these regulations, shall designate an individual to manage its program, and may adopt rules for its participation consistent with these regulations.

An employee who wishes to participate in this program shall make application with his or her office on a form which shall include a