

ACCESS TO QUALITY HEALTH CARE

Mr. CORNYN. Mr. President, I wish to talk about health care because we are going to be on this issue next week. It seems to me there are three things we all care deeply about in this country, no matter who we are or from where we come, and that is access to good quality education for all of our children, a job for people who want to work, and access to quality health care.

The fact is, in my State, unfortunately, we have a health care crisis because about 25 percent of the population in my State does not have health insurance. So where they go for their health care is to the emergency rooms of the local hospitals, and that creates a lot of problems because that is the most expensive health care, the emergency room. People who go to the emergency room for their primary health care, if it is not truly an emergency but they have nowhere else to go—and you can hardly blame them—what it does is causes a lot of emergency rooms to go on divert status, and so true emergencies have to go to a farther off location to get care, thus entailing some risk and potentially even loss of life as a result of the delays.

We have to tackle this problem. I know there are a lot of good ideas out there. We will be talking about some of those ideas next week when we talk about the reauthorization of the SCHIP program, the State Children's Health Insurance Program, that is important to my State and important to insuring children around the country.

The problem that has grown up in SCHIP is that, unfortunately, Congress's original intent to provide health insurance to low-income children, up to 200 percent of the poverty level, has simply been overtaken by some States. I believe it is a total of 14 States now that use that money, those Federal funds, Federal taxpayer funds, to actually insure adults, obviously not part of Congress's intent, which was to focus on low-income children.

Additionally, the original concept of SCHIP was dedicated to low-income children up to 200 percent of poverty level. We have seen proposals where some have said it ought to go up to as much as 400 percent of the poverty level, which, for a family of four, can mean an income over \$80,000 a year and a mandate that SCHIP be used to provide health insurance for people with incomes in excess of \$80,000 a year for a family of four.

The challenge I think we have is to make a decision between whether we are going to continue to encourage access to private health insurance, a market-driven response, or whether we are going to simply say the Federal Government is going to take this whole matter over and we are going to have a single-payer system, a national system for providing health care. That, to me, is a very important debate.

Frankly, from my standpoint, I believe every American needs the re-

sources and the ability to purchase health insurance. I think going to a single-payer, Washington-controlled health care system is simply not the way to go. There are a number of ways we can approach this, and I hope this important debate we will have next week will address these issues.

I think we have to end Tax Code discrimination against those who cannot get health insurance through their employer by giving a tax break to every American so they can purchase their own health insurance. Part of the problem is, people are frequently bound to an employer. They are afraid to leave that employer lest they be precluded from getting another health insurance policy because of previous existing conditions. So many people simply lack the portability of their health insurance, the ability to take it from job to job. In effect, they are bound almost to the extent of involuntary servitude with their current employer. We have to change that by creating portability.

I think we need to give individuals the ability to take control of their health care needs and to continue to preserve something they think is very important, and that is the relationship between the patient and their health care provider, along with the freedom to choose what is in the best interest of that individual patient, rather than to have the Government determine for them what kind of health care they are going to get and perhaps ration it and create a huge, expensive bureaucracy to do so.

I also hope part of this debate on reauthorization of the State Children's Health Insurance Program will allow us to look at what the ultimate goals are of some of the proponents. One concern I have is that the dramatic expansion of funding proposed by the Finance Committee—in language we haven't yet seen—will be a precursor to one more incremental step to a Government-controlled, Washington-centered health care bureaucracy, and that will make it harder and harder for us to provide the opportunity for individuals to purchase their own health insurance, along with the right to choose.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. CORNYN. Mr. President, parliamentary inquiry: My understanding was that you cited 30 minutes of morning business.

The PRESIDING OFFICER. There is a 10-minute time limit per Senator.

UNANIMOUS-CONSENT AGREEMENT—H.R. 2638

Mr. REID. Mr. President, I will just take a minute and then the Senator from Texas can speak. I told the Senator from South Carolina that I was going to make a unanimous-consent request.

I say to my friend from Texas, what a difference a night makes. As you know—as some know, not very many—

Senator CORNYN and I, Senator GRAHAM, and a few others were trying to work something out on border security, and Senator CORNYN and I were the last two to speak on this issue. Like a lot of things around here, if you don't get your way, you kind of throw a tantrum a lot of times. I didn't get my way, so I thought I would throw just a little tantrum.

The evening has brought to my attention that I was wrong. Senator CORNYN was right. I hate to acknowledge that, but that is basically valid. Having said that, Mr. President, and swallowing a little bit of pride, which I shouldn't have had, I now ask unanimous consent that when the Senate resumes consideration of H.R. 2638 today—which will be in just a few minutes—the time until 11:35 a.m. be for debate with respect to the Graham-Pryor border security amendment—and that has the language of the Senator from Texas in it—I would interrupt and say that I have spoken to the distinguished Republican manager and told him I was going to offer this consent agreement—with the time divided as follows: 30 minutes under the control of Senator VOINOVICH and the remaining time equally divided and controlled between Senators GRAHAM and PRYOR or their designees; that no amendments be in order to the amendment prior to the vote; that upon yielding back of time, the Senate proceed to vote on the amendment, with no further intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Mr. COCHRAN. Reserving the right to object, and I do not intend to object, I want to be sure that there is consent on this side among those who are engaged in the debate, specifically the Senator from Texas and the Senator from South Carolina, so that they understand the proposed order and have no objections to it.

Mr. REID. Is our consent granted, Mr. President?

Mr. COCHRAN. We are getting his reaction to it.

Mr. CORNYN. Mr. President, I have no objection, and I appreciate the generous remarks of the majority leader and his willingness to work with Senator GRAHAM and me on this important issue.

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

The PRESIDING OFFICER. The Senator from Texas is recognized.

Mr. CORNYN. Mr. President, I ask unanimous consent that out of our allotted morning business time I be granted 5 more minutes, and then I will turn the floor over to my other colleagues who wish to speak.

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

Mr. CORNYN. I appreciate that, Mr. President.

Mr. President, one of the concerns I think many people have about the dramatic expansion proposed by the Senate Finance Committee's adding an additional \$35 billion on top of the existing \$25 billion commitment for State

health insurance plans in the SCHIP program is that it bears remarkable resemblance to a plan originally proposed by the health care task force of President Clinton, and particularly the one that has come to be known—and I don't know whether she takes pride in this title or is offended by it, and I certainly don't mean any offense, but sometimes known as Hillary Care.

This was a plan, as we will all recall, that grew out of a task force chaired by the then-First Lady which I think states very clearly its goal to start the role of Federal control of health coverage with kids first, or children, and then to add employer groups, individuals, and then Medicaid recipients. So that instead of the current 50 percent of health care in America today paid for by the Federal taxpayer and the Federal Government, it would grow to 100 percent, which would simply preclude any private marketplace and the individual choice that goes along with it for individuals.

Mr. President, just so you don't take my word for it and that it is made clear, I will offer from that task force report page 22, and I ask unanimous consent that it be printed in the record following my remarks.

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

(See exhibit 1.)

Mr. CORNYN. Clearly, in this document, you will see that it does say that this proposal phases in universal coverage starting with Kids First. It says Kids First is really a precursor to the new system, and then other populations it proposes to phase in are employer groups, individuals, Medicaid recipients, and the like.

So I think that is what a lot of us are concerned about. And perhaps Senator CLINTON, now that she is a Member of this body, will talk to us a little bit about it and what her intentions are, what the intentions of the proponents are of the Finance Committee bill because there are some very serious concerns.

I will yield in a moment to the Senator from South Carolina, who has been so active in this area, but I think, as he will explain, there are a lot of us who would like to see not just additional money being provided for children's health insurance but that literally we make as our goal to provide each and every American access to their own health insurance, along with the individual choice and the freedom and the portability that will provide.

I know the Senator from South Carolina has done an awful lot of work on it—I have learned a lot from him in this area—and I think it is an important time to start this critical debate, and not just stop with the expansion of the SCHIP program, but to seek as our goal to provide each and every individual access to health care coverage of their own choosing.

Mr. President, I thank the Chair, and I yield the floor.

EXHIBIT 1

OPTION 3: KIDS FIRST COVERAGE

Implementation Start: January 1, 1995.
Phase-in: By Population, Beginning with Children.
Universal Coverage Achieved by: January 1, 2000.

SUMMARY

This proposal phases in universal coverage, minimizes the financial burden of the program at the outset, and covers the most vulnerable of our citizens—children—as quickly as possible. Under this approach, health care reform is phased in by population, beginning with children. Other populations are phased in as follows: Employer Groups: July, 1997; Individuals: January, 1998; Medicaid: January, 2000.

States may be granted a grace period under certain circumstances.

This proposal is designed in two parts which will be implemented simultaneously:

I. The quick coverage of children—"Kids First"; and,

II. the development of structures for transitioning to the new system and the phasing in of certain population groups.

Part I, Kids First is really a precursor to the new system. It is intended to be free-standing and administratively simple, with States given broad flexibility in its design so that it can be easily folded into existing/future program structures. The Federal government, States, and the private sector will play a role in its implementation and financing.

Part II of this proposal involves the development of purchasing cooperative (PC) structures and the actual phase-in of all other population groups within the PC system.

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. DEMINT. Mr. President, I thank the Senator from Texas for helping to start a very important national discussion about how we get every American insured. We can see in Washington, as we expand government health care, as we continue to expand unfunded liabilities into the future, and we add administrative costs, we are not covering people who need to be covered still.

When we look at our Tax Code and realize that there has been a lot of inequity there, that we are helping some buy health insurance but only if they work for the right employer, we need to look at being fair with our Tax Code and developing a policy that will help every American have a health policy they can own and afford and keep. We will be talking a lot more about health care later.

HOMELAND SECURITY APPROPRIATIONS

Mr. DEMINT. Mr. President, I wanted to talk about a couple of amendments that I have to the Homeland Security appropriations bill today. First, I would like to bring up the matter of security itself and how it affects our ports. Certainly, it is unfortunate that we have to be here once again to talk about threats to our homeland, but that is the reality we face today.

The amendment I am talking about now has been filed. It is amendment No. 2481. It will help us address some of

the vulnerabilities and help secure the American people. This amendment, No. 2481, which I will bring up later today, prohibits the Department of Homeland Security from using any funds to remove items from the list of offenses that disqualifies individuals from receiving a transportation worker identification credential—what we call the TWIC card.

Mr. President, we can spend all the money in the world screening cargo and hiring security personnel, but if someone working in our seaports looks the other way when something dangerous enters our country, all of our spending and all of our work is for nothing. Serious felons are prime targets for those trying to smuggle a nuclear device or a chemical weapon into our country, and we must close that security gap.

My colleagues will no doubt recall that I have tried to address this issue two times in the past year, and both times my amendments received overwhelming support. Yet we have not yet seen a sufficient result from the effort to secure the American people's safety.

Last fall, the Senate accepted an amendment I offered to the SAFE Port Act to close this dangerous loophole by codifying the Department of Homeland Security's rules banning serious felons from gaining access to the secure areas of our Nation's ports. In effect, it would have prevented these felons from obtaining this TWIC card. It was a commonsense amendment, and I suspect that is why it was included in the Senate's bill, without any objection from any Senator here. Let me repeat. It was included in the SAFE Port Act without objection.

I also suspect that is why no Senator has come forward to this day to take credit for gutting the amendment when they went behind closed doors in a conference with the House. The amendment that left this body was a codification of disqualifying felonies, developed after an exhaustive process by the Department of Homeland Security, in consultation with the Departments of Justice and Transportation.

The offenses listed are very similar to those that have worked well to protect our airports and hazardous materials shipments for years.

Unfortunately, the provision that came back to this body after the conference committee was a list of offenses so short and rare that the TWIC restrictions offered by the so-called SAFE Port bill are essentially meaningless. The conference committee chose not to ban murderers, rapists, arsonists, smugglers, kidnappers, and hostage-takers from accessing the most secure areas of our Nation's ports. In short, they chose to override the expressed will of the Senate and make America less secure.

I trusted that Senators chosen to sit in conference with the House would act to protect items included by the Senate; especially those items with unanimous or near-unanimous consent in