steelhead species. Non-tribal commercial and sport fisheries for chinook and coho salmon have been significantly curtailed in Puget Sound and on the Columbia River, and it is likely that chinook harvesting could be shut down entirely by next year. Yet the tribes and administration proclaim the tribes have a treaty right to continue to fish as they always have, regardless of the conservation needs of the fish.

This is very unfair and contrary to Supreme Court decisions. The tribes should bear an equal share of the conservation burden, just as they enjoy a 50-percent share of the harvest when fish numbers are plentiful and healthy.

Harvest restrictions necessary under the terms of the ESA must be applied in an equitable manner that is fair and consistent for all user groups, tribal and nontribal, if we are to meet conservation goals and see recovery of endangered salmon and steelhead in our lifetimes.

Just a few weeks ago, the tribes, with the support of the administration, attempted to take their circumvention of the Endangered Species Act one step further. Fortunately, U.S. District Judge, Malcom Marsh, in Portland, OR, denied the request of the Federal Government and five Pacific Northwest tribes to reopen the tribes' commercial harvest season for fall chinook salmon. This opening for the tribes, requested by the Clinton administration, would have taken place while all types of nontribal fisheries were closed.

The States of Washington, Oregon, and Idaho opposed the tribal fishery, noting that the Federal Government had issued no biological opinion on what effect the tribal fishery might have on ''threatened'' Snake River and Columbia steelhead. Judge Marsh agreed with the States' contention that National Marine Fisheries Service had failed to issue a biological opinion showing tribal gillnet fishing wouldn't harm steelhead stocks protected under the ESA.

Judge Marsh made the following statement in his ruling: ''While I am highly sensitive to the importance of the tribes' treaty fishing rights, I am also mindful of the fact that no one will be fishing if the resource is depleted to the point of extinction.''

Instead of being concerned primarily with the long-term preservation of the listed steelhead, the Judge stated, ''The Federal Government appears to be more concerned with what the tribes are willing to accept as reductions to their fall commercial harvest than they are with the needs of the listed species.''

Judge Marsh concluded, in his ruling against the tribes and Federal Government: ''Federal agencies may not circumvent the unambiguous statutory mandate of the ESA simply to avoid more difficult issues or to appease one interested party at the expense of the others. Regardless of the result, the process must comply with the law and I fine the proposal submitted to me [by the Clinton administration and the tribes] . . . fails in that respect.''

Yet, the tribes contend that, despite Judge Marsh's ruling, they can keep fishing. All that State governments can do is ask the public not to buy the fish the tribes catch, since technically they would be fishing under the ''ceremonial and subsistence'' exemptions to ESA.

As a practical matter, however, in this technological age of flash freezing and vacuum-packaging, it is impossible for the States meaningfully to enforce this prohibition on the commercial sale of endangered wild fish netted by the tribes in their ''ceremonial and subsistence'' fisheries.

The National Marine Fisheries Service and the Clinton administration have embarked upon a policy doomed to produce more strife and fewer fish for future generations of Indians and non-Indians alike.

The solution to this problem is to pass legislation I introduced in July: the Tribal Environmental Accountability Act (S. 2301). This bill prohibits a tribe from claiming sovereign immunity as a defense if a tribe is a defendant in a case brought to enforce a Federal environmental law, such as the ESA. This much-needed legislation would allow tribes to be sued to mandate compliance with Federal environmental laws to the same extent that State governments or private entities can be sued. If the administration is unwilling equally to enforce the mandates contained in the Endangered Species Act across all user groups, then other interest groups must have the opportunity to pursue enforcement of this law, no matter how flawed it may be, in the courts of the United States.

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

the PRESIDING OFFICER (Mr. ENZI). the clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

PATIENTS' BILL OF RIGHTS

Mr. KENNEDY. Mr. President, there are just a few remaining days in this Congress, and the Republican leadership continues to block action on a Patients' Bill of Rights. It is clear what is going on here. It is clear to every Member of the Senate. It should be clear to the American people. The American people want Congress to pass strong, effective legislation to end the abuses by HMOs, managed care plans, and health insurance companies.

The Patients' Bill of Rights, sponsored by Senator DASCHLE and Senate Democrats, provides the needed and long overdue anecdote to these festering and growing abuses. Our goal is to protect patients and see that insurance plans provide the quality care they promise but too often fail to deliver, and to make sure that the plans, having given assurances to those who sign up for the plans, include the protections they say are going to be there. They aren't in too many of the cases today. And we want to remedy that.

Our bill was introduced last March. Earlier legislation was introduced more than a year and a half ago, but the Senate has taken no action because the Republican leadership has been using every trick in the procedural playbook to prevent a meaningful debate.

The Republican leadership is abusing the rules of the Senate so that health insurance companies can continue to abuse patients. The Republican leadership wants to gag the Senate so that HMOs can continue to gag doctors who tell patients about needed treatments that are expensive for HMO balance sheets. The Republican leadership wants to deny a fair debate on the Patients' Bill of Rights so that HMOs can continue to deny needed patient care. The Republican leadership wants to avoid accountability in the U.S. Senate so that managed care plans can avoid accountability when their unfair decisions kill or injure patients.

This record of abuse should be unacceptable to the Senate, and it is certainly unacceptable to the American people. Almost 200 groups of patients, doctors, nurses and families have announced their support for our bill and are begging the Republican leadership to listen to their voices.

Mr. President, here on the Senate floor we have listed some of the various groups that support the Patients' Bill of Rights, which, as I have pointed out, was introduced last March. We introduced similar legislation a year and a half ago. We were denied effectively any hearings; denied any consideration by the committee; denied any consideration here on the floor of the U.S. Senate.

On this chart is the list of some of the organizations that support this legislation that we are trying to debate, even in the final days of the session, in which we have been denied the opportunity to debate. You can see them and read them. They have been put into the RECORD constantly: the American Medical Association, the American Cancer Society, the National Alliance for the Mentally Ill, the National Partnership for Women and Families, the National Association of Children's Hospitals, the AFL–CIO, the American Nurses Association, the American Heart Association, the National Breast Cancer Coalition, the Children's Defense Fund, the American Academy of Pediatrics, the National Council of Senior Citizens.

There it is—the doctors, the nurses, representatives of the working families, the associations representing the children, the associations representing women—the National Lung Association, the Paralyzed Victims of America, the American Psychological Association, the Consumers Union. The list

goes on and on, all the way to the Multiple Sclerosis Society, the American Academy of Neurology, and the Center for Disabilities, representing the various disability groups. All 170 of them are supporting our effort to bring this legislation to the floor of the Senate to enact it or debate it or even bring the proposal that our Republican friends want and permit us to have debate on it and attempt to amend it.

Over the course of this debate, there are some who have criticized those of us who have been trying to have this legislation considered on the floor of the U.S. Senate. But it is interesting. They do not have a chart like this. They don't have a chart that lists the organizations that support their proposal because they haven't got any.

I have stated repeatedly on the floor of the U.S. Senate that we are waiting for one of our colleagues who is supporting the Republican position, or who is part of the Republican leadership, to indicate to us one association that represents doctors, one association that represents nurses, one association that represents consumers, one association that represents any group of health professionals. Just give us one. They can't. There is silence over there.

We have here the partial listing of virtually every single professional medical association in America, every nursing association, every consumer rights association, virtually every one of those associations. Mr. President, every one of them, as I will show in just a few moments, is advocating that we move ahead with legislation now—not tomorrow, not the next day, but now. Move ahead, start the debate and see us resolve these issues in the period of the next few days.

But what does the Republican leadership say? No, no. The Republican leadership says they have other things in mind. They want to debate and consider the Vacancies Act. This is what the Republican leadership is telling us—that the Vacancies Act is more important than debating and considering how we are going to treat a child with cancer in our country.

That is effectively what they are saying. They want us to debate the Vacancies Act. They want us to debate the Internet tax issues. We are going to have a cloture vote tomorrow. We are not going to schedule the consideration of this legislation tomorrow. We are going to have a cloture vote on the Internet tax proposal. And we had, just last week, the consideration of the salting legislation—salting legislation. The Republican leadership said we ought to consider the salting legislation. Then they had other pieces of legislation they brought up—child custody, bankruptcy, affects 1,200,000 people every year. They wanted us to consider that legislation, which we did. There were initially close to 40 amendments on there and still the leadership scheduled it even when Senator DASCHLE had offered a more limited list of amendments if we considered the Patients' Bill of Rights. And now we are considering the financial services legislation. These are all pieces of legislation that we either had last week or this week or will have the first of next week while we are virtually silent on the consideration of legislation that is in such extraordinary demand across this country.

Mr. President, just this week a letter arrived from 52 rehabilitation hospitals and other providers of rehabilitation services to people recovering from terrible injuries, strokes, heart disease or coping with disabilities. These facilities deal with some of the most seriously ill people in our society, and here is what they said. Here is what they said:

> We encourage you to continue your fight on this issue. We support S. 1890 because it offers the greatest level of protection for patients with disabilities and chronic conditions. We feel that enactment of S. 1890 should be of the utmost importance to Congress. Enactment of the Patients' Bill of Rights is a priority for patients needing rehabilitation services, but it is not a priority for the Republican leadership.

This is effectively the total leadership in this country that is reflecting their concern and their support for the Patients' Bill of Rights, saying that we ought to act on it and we ought to act on it now. We are prepared to act on it. We are prepared to deal with this issue as the next order of business. We are prepared to call the roll on whether this legislation provides for the kind of protections that those individuals in our society who have physical and mental disabilities—I call them challenges—should be able to have. We ought to be able to debate that.

Virtually every organization that represents those individuals says we want this now in this Chamber. But not the Republican leadership. No. No, not the Republican leadership. They say let's debate the Vacancies Act. Virtually every organization that is concerned about cancer in our society says start the debate and start on it now. Not the Republican leadership. No. No, they want to consider the Internet tax bill.

Every child organization—the American Academy of Pediatricians, every group that represents children in our society says start the debate now, start calling the roll, start the debate on how we are going to protect the children in our society. We can't wait. Too many children are in need today. Not the Republican leadership. They say we want to debate salting. We want to debate salting; we are not going to listen to the various organizations that are out there representing children in our society. We are not going to listen to the organizations that are out there representing the cancer patients in our society. We are not going to listen to the organizations that are out there representing the disabled in our society. We are not going to listen to the organizations that represent the doctors and nurses and consumers in our society.

No, because, as the Republican leader says, we are in the majority, and we are going to set the schedule. We are in the majority, and we are going to set the schedule. And the schedule they have set is financial services, bankruptcy, child custody, salting, and the Vacancies Act. And the list goes on.

But not with regard to the Patients' Bill of Rights, Mr. President. Last week, there was a march on Washington by cancer patients and families of cancer patients from all over the country. Cancer is a disease that has touched almost every family in our country. It is perhaps the most dreaded diagnosis that any person can confront. The marchers called for expanded cancer research and assured access to the best possible care for every cancer patient.

The Patients' Bill of Rights deals with both of those issues. That is why it is supported by virtually every major cancer organization in this country. The Patients' Bill of Rights guarantees access to quality clinical trials. It assures timely access to needed specialists and centers of excellence equipped to treat patients, particularly cancer patients.

We have more than 14 cancer centers around this country that specialize in different forms of cancer. They have been enormously positive in terms of remedies and new modalities in the treatment of this disease. We have one in my own State of Massachusetts that deals with children's disease and the progress that has been made has been absolutely incredible—absolutely incredible. There should be no debate over a child who has cancer getting the kind of specialized care that that child needs and deserves.

The progress we have made in the war on cancer over these past years has been greater in children than any other group, and they need specialty care; they need primary care, as all children do. They need preventive care, as all children do. Children are the healthiest group in our society. The totality of children only account for about 6 percent of the health budget in our Nation. They don't drain the health care budget, although more of them are living in poverty than any other group in our society. But we ought to be able to say, if a child is going to be attacked by cancer, we ought to give them a specialist. That is what this bill does, Mr. President. That is what this bill does. The Republican bill doesn't do it. If they think theirs is better, let's have the opportunity to debate it.

Our legislation also, with regard to treating the particular needs of either children or those who are afflicted with cancer, requires the HMOs to give the patients access to the needed prescription drugs, not just the drugs that happen to be on the plan's list because they are the cheapest.

I don't know how many of our colleagues remember the testimony that we had the other day from those who were representing many of the mentally ill and who were part of HMOs

and what they were told when they needed certain kinds of prescription drugs—that they had to take the prescription drugs that were on the list of the HMO rather than the prescription drugs that was being recommended by the doctor. They had to take that and demonstrate that it wasn't working for them not just once but twice. And then the third time perhaps they would have the opportunity to be able to get the prescription drugs that were needed.

The tragic circumstances that flowed from those kinds of requirements shouldn't happen here. When the individual was signing up, they could look over and they could see formularies that deal with some of the problems in terms of mental health. They figured that their particular needs, if they were going to require them, were going to be attended to. And then comes the time that they need those various prescription drugs and they say, no, you have to take these here, and you have to show they don't work. Then you come back again and you have to take them again and show that they don't work and have a doctor certify, and then maybe, maybe, we will give you the kinds of drugs that the doctor prescribed in the first place. That is happening today. That is happening today. And we want to remedy that.

This legislation assures continuity of care so that someone in the middle of a course of a cancer treatment will not be forced to change doctors because their employer changes plans or because their health plan changes the providers in its network. We want to say that if you have a life-threatening situation and you are being treated with chemotherapy or a member of your family is, and then suddenly your employer goes out and changes delivery, we don't want the circumstance when you are at a time of enormous personal stress and tension to be told, Oh, no, you can't go to your doctor anymore. You have to go to another doctor. Oh, I know that doctor didn't know your case before. I know the doctor hasn't examined you before. I know the doctor hasn't been a part of this whole process over the last year, year and a half, but you are not able to go ahead and have your old doctor who has been treating you, with whom you have established a relationship, who understands your case, understands those particular needs of yours. No, no. You can just be dropped there.

We prohibit that. We insist in those circumstances that a patient be able to continue that kind of care until there is some resolution of that particular illness. It is very important, Mr. President, very important, in terms of treatment, in terms of quality, in terms of what we as a society like to believe we have established in terms of a doctor-patient relationship—one of trust, one of intimacy, one of understanding, one of caring, which is so important.

That has an enormous impact. All of that has an impact on recovery. If you provide the opportunity for a parent to be with a sick child at the time of a critical illness, they can demonstrate that the child's recovery is 30 to 40 times more rapid than it would be without that parent. We can demonstrate that.

It has a dollar-and-cents saving, obviously; but the important point is that once in a while, at least we feel on this side, we ought to give some attention to the child and the parent and the family, and quality. That is what we are talking about when we insist that that doctor-patient relationship, in terms of special needs, is going to be protected, particularly in the area of cancer, but it is important in any critical illness.

Access to the quality clinical trials is particularly important. These trials are often the only hope for patients with incurable cancer or other diseases where conventional treatments are ineffective. They are the best hope for curing these dread diseases.

Insurance used to routinely pay the doctor and hospital costs associated with clinical trials. They used to always do that. But managed care plans are refusing to allow their patients to participate or to pay these costs. Our bill requires them to respond to this need. The Republican bill does not, and the Senate leadership does not want to debate this bill.

Listen to what Bruce Chabner, who is the clinical director of MGH Cancer Center, a professor of medicine at Harvard University, and the chief medical officer at the Dana Farber Partners Cancer Care, one of the outstanding cancer researchers and cancer personnel in the country, has to say:

> I am here to support the bill that would require HMOs and insurance companies to support clinical research. I would like to explain briefly the role of insurance coverage in research.

This is important, Mr. President, because we have heard so much about the costs of various proposals. Listen to this:

> Most of the costs in clinical research are associated with the cost of discovery. Laboratory experiments and the development of new treatments are supported by Government grants, by industry and by institutional commitments from hospitals and medical schools. These contributions provide the hundreds of millions of dollars that lead to new treatments and hope to millions of our patients with cancer. However, the clinical treatment of these patients requires support for the routine care associated with these clinical trials. The only source of such support for routine care costs is health care insurance and HMO contribution. This is the final step in proving that a new treatment or a new device actually works in people. Without this step, research is meaningless and has no impact on people, nor does it save lives. We are not asking the insurance companies and HMOs to support the vast effort to discover new treatments.

Do we understand that, Mr. President? The researchers and the centers of research are not asking the HMOs for additional resources for breakthroughs. What they are basically asking is:

> We are not asking for support for the cost of analyzing data and support during the clinical trials. We are only asking them to continue support for patient care costs.

Just continue the costs for treating the patients and permit them to go into these trials. That is the only thing they are asking. Isn't that amazing? One would think the HMO would say, ''Gee, if our patient gets better, it will be less costly for the HMO.'' One would think somebody in the financial system would say that. But, no, they just won't let them and, in too many instances, will not give them the assurance that if a doctor says it is in your best interest that you should be in a clinical trial because you have breast cancer—and the enormous progress we have made in the area of breast cancer is just absolutely extraordinary. Still, one out of every seven women in our society—is afflicted by breast cancer. That number is enhanced every year, tragically, even with the progress we have made.

We are saying: Look, we have made important progress; we are continuing to make progress; let us have those individuals who can benefit go into these clinical trials at really no extra cost to the HMO. If that patient is going to be able to be cured, then, obviously, there is going to be less cost. The patient obviously is going to be better off. But the costs will be reduced as well.

Dr. Chabner continues:

> I am sure that every Member of Congress, if faced with the awful dilemma of cancer, would want this kind of continued support for their family member.

Meaning the clinical trials:

> This research provides the only hope our patients have of conquering this disease and the only hope our society has for curing cancer.

There it is, Mr. President, with regard to cancer. Our bill insists on it, and no such provision is in their proposal at the current time, even though it is recommended by every part of the medical profession. But it is still not there.

As Dr. Chabner points out, access to clinical trials is critical if we are to make progress in conquering this dread disease, but it is also critical for patients. Often, particularly in the case of cancer, clinical trials offer the only hope for cure or improvement. Too often, managed care is locking patients out of the clinical trials that offer potential benefit—in effect, passing a death sentence.

Yesterday, I read extensively from the statement of Diane Bergin, a mother of two and a patient with ovarian cancer, about her struggles to obtain access to clinical trials and the emotional roller coaster she faced in dealing with her plan. I will not repeat her full statement today, but I would like to read the conclusion to her comments, because she speaks for similarly situated patients all over this country. She says:

> No one facing a serious illness should be denied access to care because that treatment

is being provided through a clinical trial. Sometimes, it is the only hope we have.

That is where we stand, Mr. President. That is where we firmly stand, those of us who believe in a Patients' Bill of Rights. We stand for hope for these patients. This is what she says:

Sometimes, it is the only hope we have. And the benefit to me, whether short or long term, will surely help those women who come after me, seeking a cure, a chance to prolong their life for just a little while, just so they can attend a graduation, or a wedding, or the birth of a grandchild.

That is what is at issue in this Patients' Bill of Rights, Mr. President. That is what we ought to be debating here. And still, the Republican leadership says, ''Oh, no; you have to debate the Vacancies Act, salting, child custody, and the Internet tax; you can't debate this kind of critical issue.''

We find that completely unacceptable. But Republicans have made the judgment and decision of denying, not just those of us in the U.S. Senate who support it—it isn't denying us, it is denying the representatives of all the medical societies in our country, the doctors, all the nurses, all the representatives of the cancer groups in this country. That is who they are denying, and it is denying the people they represent—their patients.

Diane continues:

I strongly support, and my family is right there with me, requiring insurers to pay for the routine costs——

Routine costs——

of care that are part of an approved clinical trial. I think the cures of the future depend on it.

Diane Bergin is a patient at Georgetown University's Lombardi Cancer Center. Now listen to this, Mr. President. Listen to this. At the same forum where Diane spoke, we also heard from Karen Steckley, a nurse who is the director of clinical operations at the Lombardi Cancer Center, where Diane Bergin is a patient. She has eight full-time master's level nurses on her staff who spend virtually all of their time arguing with managed care companies that do not want to pay for clinical trials, even when that is clearly the best treatment available for a patient.

Do we understand that, Mr. President? Let me just mention that. Here at the Lombardi Cancer Center, in the shadow of the Capitol, one of the great medical centers in this country, dearly named after one of the great American heroes of our Nation, here is the director saying they employ eight full-time professional nurses to spend their whole time arguing with HMOs to permit these patients to participate in these clinical trials when their doctors have suggested that that offered them the best hope and opportunity for survival.

Imagine that. We hear from our friend from Texas about bureaucracy and red tape. Imagine having those top-flight nurses out there participating and working with doctors to try to ease the pain and be a part of a team to try to find some breakthroughs in these cancers. That is what is happening. Here is the documentation. And it is not just in the Lombardi Cancer Center, it is in all of these major centers across the country. And we cannot find time to debate whether that is in the interest of the health of our American people, Mr. President, when that is happening today?

I do not know how many people are being turned back today. I do not know how many women who have breast cancer are being told no by their HMO and are being closed out from participating in those clinical trials at the Lombardi Cancer Center and are virtually taking a death sentence in many of those instances, Mr. President. I read into the RECORD yesterday what the results are when you do not have that kind of participation, particularly in the early times of diagnosis. But that is what is happening.

Mr. President, the opponents of this legislation talk a lot about costs associated with our bill. We know that every independent analysis of our legislation has concluded that the cost will be negligible because it simply requires all health plans to provide the services they promise when they collect the premiums.

That is basically what we are trying to do, Mr. President, to say when you go out and you sell this product—the HMO—make sure you are going to comply with what you represent. That is often not the case.

I gave the tragic instance just a few days ago about what happened in my own State of Massachusetts when patients with mental illness were guaranteed a certain number of days in-house, and then they were denied them—tragic circumstances where a patient went out and committed suicide. He still had 17 days left, but the HMO would not put him in there. That had a devastating impact on the three children and the wife as a result of that decision by the HMO, and the fact that there is no recovery at all; that family is absolutely devastated, Mr. President. And we have remedies for them as well.

Mr. President, 14 leading organizations of cancer patients, representing 8 million Americans surviving with cancer, and the 1.5 million Americans who will be newly diagnosed with cancer this year, have spoken out strongly on the need for this amendment. These are organizations that patients and physicians, alike, look to for guidance on cancer issues—the National Coalition for Cancer Survivorship, Cancer Care, Incorporated, the Candlelighters Childhood Cancer Foundation, the Susan G. Komen Breast Cancer Foundation, the National Alliance of Breast Cancer Organizations, the North American Brain Tumor Coalition, the American Society of Clinical Oncology, the Alliance for Lung Cancer Advocacy, Support and Education, the Friends of Cancer Research, the Leukemia Society of America and the Oncology Nursing Society. That is about it, Mr. President; all of them say, ''Pass this, and pass it now, there is nothing more important that we can do''—every one of them. But no, the Republican leadership says, ''No. We're deciding—we're deciding what the agenda is going to be.'' And that legislation is not part of the agenda.

Meanwhile, these abuses continue every single day, Mr. President. And here is what those groups in a joint statement said: ''Clinical trials represent the standard of care for cancer patients. Patient care in clinical trials is no more expensive than standard therapy.''

So now, Mr. President, we know what needs to be done.

I can continue. I see my colleagues here on the floor of the Senate. I will just wind up with what we have said before, Mr. President, that every one of these protections in the Patients' Bill of Rights has either been recommended unanimously by a bipartisan group that was set up by the President of the United States—you had to have virtual unanimity in order to get the recommendation. The vast majority of these protections were recommended by that President's panel—not in the form of legislation, but as protections for consumers.

The vast majority of these are in effect in Medicare, and they are working to provide protections for our senior citizens. A vast majority of these are recommended by the health plans themselves, the HMOs themselves. They say they ought to have these kinds of inclusions and protections, but they are not written into the law. A large proportion of them are recommended by the insurance commissioners, a bipartisan group, across this country. There is not a single protection on here that does not have the recommendation of one of these groups. This is a commonsense approach to try to ensure that we are going to have quality care for every American, supported by virtually every one of the health care provider groups in our society.

All we are asking, Mr. President, is that we have the debate. It is no secret about the various provisions that we have included in this. There is no secret here, Mr. President. We all understand it. We all know we can debate these issues and reach a resolution. But let us get about doing the country's business.

Let's do something in terms of protecting the American family. Let's do something about protecting children to make sure they get the specialty care; for women who have breast cancer, to make sure they are going to be in the clinical trials; to the emergency cases, to make sure they are not going to have the ambulances drive by the nearest hospitals. Let's go out and protect the doctors and the nurses so they can recommend the medical procedures in the best interests of those patients. Let's go out and protect the American people. Let's continue to demand that

we are going to have the Patients' Bill of Rights as the piece of legislation that we are going to debate before this Congress adjourns.

There are just a few remaining days in this Congress, and the Republican leadership continues to block action on a Patients' Bill of Rights.

It is clear what is going on here. It is clear to every member of the Senate. And it should be clear to the American people.

The American people want Congress to pass strong, effective legislation to end the abuses by HMOs, managed care plans, and health insurance companies. The Patients' Bill of Rights sponsored by Senator DASCHLE and Senate Democrats provides the needed and long-overdue antidote to these festering and growing abuses. Our goal is to protect patients and see that insurance plans provide the quality care they promise, but too often fail to deliver.

Our bill was introduced in March. Earlier legislation was introduced more than a year and half ago—but the Senate has taken no action because the Republican leadership has been using every trick in the procedural playbook to prevent a meaningful debate.

The Republican leadership is abusing the rules of the Senate, so that health insurance companies can continue to abuse patients.

The Republican leadership wants to gag the Senate, so that HMOs can continue to gag doctors who tell patients about needed treatments that are expensive for HMO balance sheets.

The Republican leadership wants to deny a fair debate on the Patients' Bill of Rights, so that HMOs can continue to deny needed patient care.

The Republican leadership wants to avoid accountability in the United States Senate, so that managed care plans can avoid accountability when their unfair decisions kill or injure patients.

This record of abuse should be unacceptable to the Senate—and it is certainly unacceptable to the American people. Almost 200 groups of patients, doctors, nurses, and families have announced their support for their bill and are begging the Republican leadership to listen to their voices. They range from the American Medical Association to the AFL–CIO, from the American Heart Association to the American Academy of Pediatrics, from the Consortium of Citizens with Disabilities to the American Cancer Society, from the National Alliance for the Mentally Ill to the National Partnership for Women and Families.

Just this week, a letter arrived from 52 rehabilitation hospitals and other providers of rehabilitation services to people recovering from terrible injuries, strokes, heart disease, or coping with disabilities. These facilities deal with some of the most seriously ill people in our society—and here is what they said: ''We encourage you to continue to your fight on this issue. [We] support S. 1890 because it offers the greatest level of protection for patients with disabilities and chronic conditions. . . . We feel that enactment of S. 1890 should be of the utmost importance to Congress.'' Enactment of a Patients' Bill of Rights is a priority for patients needing rehabilitation services—but it is not a priority for the Republican leadership.

Last week, there was a march on Washington by cancer patients and families of cancer patients from all over this country. Cancer is a disease that has touched almost every family in our country. It is perhaps the most dreaded diagnosis that any person can confront. The marchers called for expanding cancer research and assuring access to the best possible care for every cancer patient.

The Patients' Bill of Rights deals with both those issues. That is why it is supported by virtually every major anticancer organization in this country. The Patients' Bill of Rights guarantees access to quality clinical trials; it assures timely access to needed specialists and centers of excellence equipped to treat the patients' particular cancer; it requires HMOs to give patients access to needed prescription drugs, not just the drugs that happen to be in the plan's list because they are the cheapest. It assures continuity of care, so that someone in the middle of a course of cancer treatment will not be forced to change doctors because their employer changes plans or because their health plan changes the providers in its network.

Access to quality clinical trials is particularly important. These trials are often the only hope for patients with incurable cancer or other diseases where conventional treatments are ineffective. They are the best hope for learning to cure these dread diseases. Insurance used to routinely pay the doctor and hospital costs associated with clinical trials—but managed care plans are refusing to allow their patients to participate or to pay these costs. Our bill requires them to respond to this need—but the Republican bill does not, and the Senate leadership does not want a debate on this issue.

Dr. Bruce Chabner, a distinguished oncologist, commented on the importance of this provision.

As Dr. Chabner points out, access to clinical trials is critical if we are to make progress in conquering this dread disease. But it is also critical for patients. Often, particularly in the case of cancer, a clinical trial offers the only hope of cure or improvement. But, too often, managed care is locking patients out of clinical trials that offer potential benefit—in effect passing a death sentence. Yesterday, I read extensively from the statement of Diane Bergin, a mother of two and a patient with ovarian cancer, about her struggles to obtain access to clinical trials and the emotional roller coaster she faced in dealing with her health plan. I will not repeat her full statement today, but I would like to read the conclusion to her comments—because she speaks for similarly situated patients all over this country.

She says, ''No one facing a serious illness should be denied access to care because that treatment is being provided through a clinical trial. Sometimes, it is the only hope we have. And the benefit to me, whether short or long term, will surely help those women who come after me, seeking a cure, a chance to prolong their life for just a little while, just so that they can attend a graduation, or a wedding, or the birth of a grandchild.

''I strongly support, and my family is right there with me, requiring insurers to pay for the routine costs of care that are part of an approved clinical trial. I think the cures of the future depend on it.''

Diane Bergin is a patient at Georgetown University's Lombardi Cancer Center. At the same forum where Diane spoke, we also heard from Karen Steckley, a nurse who is the director of clinical operations at the Lombardi cancer center, where Diane Bergin is a patient. She has eight full-time masters level nurses on her staff who spend virtually all their time arguing with managed care companies that do not want to pay for clinical trials, even when that is clearly the best treatment available for a patient. Often, they are able to get patients into trials—but sometimes they fail, and patients die or suffer needlessly as a result.

Mr. President, the opponents of this legislation talk a lot about the costs associated with our bill. We know that every independent analysis of our legislation has concluded that the cost will be negligible, because it simply requires all health plans to provide the services they promise when they collect premiums from their subscribers and that good plans provide as a matter of course. But think of the high cost and waste in the current system—when patients are denied timely care, so that they must be treated when their illnesses have become much worse and much more costly to treat. And think of the criminal waste involved when eight master-level nurse practitioners must spend their time arguing with insurance companies instead of caring for patients.

Fourteen leading organizations of cancer patients, representing the eight million Americans surviving with cancer and the 1.5 million Americans who will be newly diagnosed with cancer this year, have spoken out strongly on the need for this amendment. These are organizations that patients and physicians alike look to for guidance on cancer issues. They include the National Coalition for Cancer Survivorship, Cancer Care, Incorporated, the Candlelighters Childhood Cancer Foundation, the Susan G. Komen Breast Cancer Foundation, the National Alliance of Breast Cancer Organizations, the North American Brain Tumor Coalition, US TOO International, the Y-ME National Breast Cancer Society,

the American Society of Clinical Oncology, the Alliance for Lung Cancer Advocacy, Support and Education, the Friends of Cancer Research, the Leukemia Society of America, and the Oncology Nursing Society.

Here is what they say: ''Clinical trials represent the standard of care for cancer patients. Patient care in clinical trials is no more expensive than standard therapy. Cancer will strike roughly one in three Americans during their lifetimes. Even those who escape the diagnosis will have friends and family touched by the disease. Any patient rights or quality care legislation will be a shallow promise for people with cancer if it does not include provisions ensuring access to clinical trials.''

A shallow promise. Our program has it. The Republican plan does not. That is one of the reasons why these organizations and the patients they represent conclude: ''Among the various proposals being considered by the Congress to improve access and quality for the patients under managed care, the only one that provides meaningful relief for people with cancer is the one sponsored by Senators DASCHLE and KENNEDY in the Senate and Congressmen DINGELL and GANSKE in the House, S. 1890 and H.R. 3605. We urge you in the strongest possible terms to support the Patients' Bill of Rights. This legislation . . . is a necessity for people with cancer. Nothing less is acceptable.''

These organizations also point to another issue that is critical for patients with cancer—access to specialty care. They say, ''the primary alternative proposals [to the Patients' Bill of Rights] does not offer significant assurances of access to specialty care that may mean the difference between life and death for a person with cancer.'' The difference between life and death for a person with cancer. That is what this debate is about—but the Republican leadership won't even bring legislation to the floor.

The American public wants action to provide better care for cancer patients. They want to guarantee that any family member with a member afflicted by this dread disease will get the best possible care. But, too often, managed care plans say, ''no''. And now, the week after the great cancer march, the Republican leadership continues to say ''no'' to cancer patients and their families—and yes to protecting insurance company profits. That is just plain wrong.

We have held a series of forums focussing on the needs of children, families, cancer patients, the disabled, small businesses, women and others. At each one, the message to the Republican leadership is the same. Stop delaying action through procedural maneuvers. Patients and families are suffering. Allow a full and fair debate, so that the Patients' Bill of Rights can pass. Stop putting industry profits ahead of patients. It is because patients and families and doctors and nurses all over this country understand the need to stop insurance company abuse with meaningful reform that almost 200 organizations representing them have endorsed the Patients' Bill of Rights, but not one has endorsed the Republican alternative. And all of these organizations want the Senate leadership to stop hiding behind procedural tricks and abuse of the rules and bring legislation to the floor.

But Senator LOTT continues to say no. Last Wednesday, Senator LOTT even circulated a consent agreement that would have allowed unlimited debate and amendments to the Internet tax bill—with one exception. No health amendments.

It is clear that the Republican leadership will go to almost any lengths to prevent a debate on the Patients' Bill of Rights. Earlier this month, they forced the Senate into a meaningless quorum call for six hours and then forced the Senate to adjourn—not just to block consideration of the Patients' Bill of Rights but to stop Senators from even talking about the issue. We have only two weeks left in this session. We have many bills to consider and act upon. But the Republican leadership would rather close down the Senate than allow even a discussion of managed care reform, much less a vote by the Senate.

The Republican leadership was willing to shut down the entire federal government three years ago in order to slash Medicare and provide tax breaks for the wealthy. Now they're willing to shut down the entire Senate in order to protect the profits of HMOs.

All we want is a fair and full debate on the Senate floor. But the Republican leadership continues to say, ''no,'' because they don't want the loopholes in their plan exposed and fixed.

The fundamental flaws in the Republican bill mean greater profits for insurance companies and lesser care for American patients. Senator LOTT does not want the Senate to vote to fix these flaws. He does not want a vote: on whether all Americans should be covered, or just one third of Americans as the Republicans shamefully propose, on whether there should be genuine access to emergency room care, on whether patients should have access to the specialists they need when they are seriously ill, on whether doctors should be free to give the medical advice they deem appropriate, without fear of being fired by their HMO, on whether patients with incurable cancer or Alzheimer's disease or other serious illnesses should have access to quality clinical trials where conventional treatments offer no hope, on whether patients in the middle of a course of treatment can keep their doctor if their health plan drops them from its network, or their employer changes health plans, on whether the special health needs of the disabled, and women, and children should be met, on whether patients should be able to obtain timely independent review of plan decisions that deny care, on whether health plans should be held responsible in court for decisions that kill or injure patients.

The list of flaws in the Republican bill goes on and on.

The Republican leadership's record on this issue is painfully clear. Their cynical strategy is to protect the insurance industry at all costs, by blocking any reform at all, or by passing only a minimalist bill so weak that it would be worse than no bill at all.

This obstruction has been going on for more than a year. HMO reform never appeared on any priority list of the Republican leadership. The Republican Policy Committee issued periodic attacks on any attempt to prevent insurance abuses. No Senate committee was permitted to consider any legislation to protect patients and American families.

Meanwhile, the momentum for reform across the country continues to grow. This summer, the stonewall strategy finally collapsed in the face of public pressure. So the Republican leadership did the next worse thing. They introduced a bill that had the name of reform—but not the reality. They dug in their heels again, and refused to allow a fair debate by the Senate to change that bill from a sham to genuine reform—from a bill that protects industry profits to a bill that protects patients—from a bill that would be deservedly vetoed by the President to a bill that could be signed into law as a genuine achievement for every family.

Bill Gradison, the head of the Health Insurance Association of America, was asked in an interview published in the Rocky Mountain News to sum up the strategy of the special interests committed to blocking reform. According to the article, Mr. Gradison replied ''There's a lot to be said for 'Just say no.'''' The author of the article goes on to report that ''At a strategy session * * * called by a top aide to Senator DON NICKLES, Gradison advised Republicans to avoid taking public positions that could draw fire during the election campaign. Opponents will rely on Republican leaders in both chambers to keep managed care legislation bottled up in committee.''

Instead of participating in a genuine debate on how to assure that all patients have the protections now available only to those fortunate enough to be enrolled in the best plans, insurance companies and their allies in the business community have heeded the call of the Republican leadership. A leadership aide told the industry to ''get off their butts and get off their wallets'' and block reform. They directed their special interests friends to write the ''definitive paper trashing all these bills.''

The Republican leadership could have called up the Patients' Bill of Rights at any time for a full and fair debate. Instead, they have proposed a

series of phony ''consent'' agreements that would prevent fair debate and make passage of real reform impossible. These stalling tactics are clearly meant to run out the clock, so that managed care reforms cannot be passed before Congress adjourns, and so that the Republican leadership can avoid taking responsibility for its defeat.

The record of Republican attempts to avoid the blame for inaction would be laughable, if the consequences for patients across the country were not so serious.

On June 18, Senator LOTT proposed to bring up the bill, but on terms that made a mockery of the legislative process. His proposal would have allowed the Senate to start considering HMO reform, but he would have been permitted to end the debate at any time. The proposal also barred the Senate from considering any other health care legislation for the rest of the year. So if Senator LOTT did not like the direction the bill was headed, he could kill it and tie the Senate's hands on HMO reform for the remainder of the year.

On June 23, 43 Democratic Senators wrote to Senator LOTT to urge that he allow a debate and votes on the merits of the Patients' Bill of Rights. We requested that the Senate take up this issue before the August recess.

In response, on June 24, Senator LOTT repeated his earlier unacceptable offer.

On June 25, Senator DASCHLE proposed an agreement in which Senator LOTT would bring up a Republican health care bill by July 6, so that Senator DASCHLE could offer the Democratic Patients' Bill of Rights, and other Senators could offer amendments on HMO reform. We would agree to avoid amendments on any other subject. Only amendments related to the Patients Bill of Rights would be eligible for consideration. Senator LOTT rejected this offer as well.

On June 26, he offered once again an agreement that allowed him to withdraw the legislation at any time, and bar any further consideration of any health care legislation for the remainder of the year.

On July 15, Senator LOTT made yet another offer. This time, he proposed an agreement that permitted only one amendment. He could bring up his bill. We could bring up ours. And that would be it—all or nothing. No votes on key issues.

On July 29 and on September 1, the Republican leadership offered variations of this proposal, with amendments restricted to three for Democrats and three for Republicans.

The reason the Republican leadership wants to restrict amendments so drastically is obvious. Senator LOTT knows his legislation is deeply flawed, and that it cannot possibly be fixed with just three amendments. He believes that he and his special interest friends can hold most of the Republican Senators for a few votes, but he fears that they will not be willing to stand before the American people on the Senate floor and cast vote after vote for the special interests and against the interests of American families.

Our Patients' Bill of Rights was introduced in March—and a predecessor bill was introduced by Congressman Dingell and myself more than eighteen months ago, at the beginning of this Congress.

Senator DASCHLE, in an effort to be responsive to the Republican Leader's ultimatum that an agreement on the terms of the debate must be reached before the debate can begin, has offered reasonable proposal after reasonable proposal—and every one was rejected.

Yet the Republican leader has allowed the Senate to debate many other bills this year, with ample time and ample opportunity for amendments.

We had 7 days of debate on the budget resolution, and considered 105 amendments. Two of those were offered by Senator NICKLES.

We had 6 days of debate on the defense authorization bill, and considered 150 amendments. Two of those were offered by Senator LOTT and he cosponsored 10 others. We 8 days of debate on IRS reform and considered 13 amendments.

We had 17 days of debate on tobacco legislation—a bill we never completed—and considered 18 amendments.

We had 5 days of debate on the agriculture appropriations bill and 55 amendments.

We had nineteen days of debate on the highway bill, with 100 amendments.

The Republican leadership has allowed five days of debate and 24 amendments to the bankruptcy bill.

They have allowed 36 amendments and two days of debate on the FAA bill passed last Friday.

All these bills were important, and all deserved reasonable debate and opportunities for amendments. They were brought up without any undue restrictions on debate. That is the normal way of doing business on important pieces of legislation in the Senate.

The Republican leadership was willing to have an adequate opportunity to debate and vote on these other important measures. But when the issue is protecting American families instead of insurance industry profits, different ground rules apply to protect the industry and deny the rights of patients.

Senator DASCHLE has offered yet another reasonable approach to resolve the impasse that Senator LOTT has created by his efforts to prevent meaningful reform. He offered to agree to let the Senate debate other bills during the day, and use evenings to debate the Patients' Bill of Rights. The American people expect us to work for them—and if that means a few late nights, so be it. Senator LOTT continues to say my way—or no way. And his way is not the way that serves the interests of the American people. The American people deserve a Senate that works as hard as they do. They deserve managed care reform.

Last Friday, we recessed at 1:00 pm. Most of the time the Senate was in session was spent in morning business rather than doing legislative work. Monday, we did not come in until noon and we did not do legislative business until 3:30. Throughout this year, we have effectively worked less than a four day week. There is no excuse for our not doing the people's business—and one of the highest priorities for American families is a Patients' Bill of Rights. There is no excuse for not acting this year.

If the Majority Leader will stop abusing the rules of the Senate and allow this debate to proceed, I believe that the Senate will pass strong reforms that will be signed into law by the President. The American people deserve real reform, and I believe that when the Senate votes in the clear light of day, it will give the American people the reforms they deserve. This issue is a test of the Senate's willingness to put a higher priority on the needs of families than on the profits of special interests. And it is time for the Senate to act.

The choice is clear. The Senate should stand with patients, families, and physicians, not with the well-heeled special interests that put profits ahead of patients.

The American people know what's going on. Movie audiences across the country erupt in cheers when actress Helen Hunt attacks the abuses of managed care in the film ''As Good As It Gets.'' Helen Hunt won an Oscar for that performance, but managed care isn't winning any Oscars from the American people. Everyone knows that managed care today is not ''as good as it gets.''

Too often, managed care is mis-managed care. No amount of distortions or smokescreens by insurance companies can change the facts. The Patients' Bill of Rights can stop these abuses. Let's pass it now, before more patients have to suffer.

Mr. DORGAN addressed the Chair.

The PRESIDING OFFICER (Mr. ALLARD). The Senator from North Dakota.

Mr. DORGAN. I ask unanimous consent to speak out of order.

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

Mr. DORGAN. Mr. President, I am joined on the floor today by the Senator from Nebraska, Senator KERREY. I cannot help but mention the presentation just made by Senator KENNEDY. I fully support and agree with his presentation. He talks about the agenda. What is the agenda here in the Senate? What do the leaders of this Congress feel is important for this country?

I gave a presentation on the Senate floor one day about a young boy named Ethan, who was born with severe difficulties from cerebral palsy, for which he required intense physical therapy. And the HMO said, ''No, we're going to cut off that therapy because he will not make significant progress.'' Now what

they defined as ''insignificant progress'' was the ability to walk by age 5. It was not doctors who were making that decision. It was accountants in an HMO who were saying, ''Being able to walk by age 5 is insignificant.'' So there was a matter of dollars and cents versus a young boy's health.

That is the point the Senator from Massachusetts makes about the urgency of having an agenda on the floor of the Senate that deals with real issues that affect real people. We have a ''legislative landfill'' here. You know landfills. Almost all landfills are out of sight, over the hill, down the valley. You go through a big gate and don't even see it. You drive your merchandise down there that you want to dispose of, then you dump it and they cover it up.

We have a legislative landfill here in the 105th Congress. There was tobacco legislation. It was sent out to the landfill, and covered up. Campaign finance reform also went into the legislative landfill, and was covered up. Add the Patients' Bill of Rights as another bill sent into the legislative landfill they have created, and covered it up.

FARM CRISIS

Mr. DORGAN. Mr. President, we talk about the farm crisis and whether Congress will address a farm crisis that is urgent. I just want to make this point. I watched this week, as did all Americans, this hurricane that came roaring out of the Caribbean and threatened a fair part of the southern part of this country. My heart goes out to those people, worrying about their State, their lives, their property, and everything that they have saved and built. Then a wind comes along at 100, 125, and 150 miles an hour, and wipes it away.

There is an emergency declaration, as we always do. Whether it is floods, fires, or earthquakes, or hurricanes, Congress responds with an emergency declaration. We say: You are a victim and the rest of the country wants to help.

A week ago, the President sent down an emergency request to this Congress dealing with the farm crisis. It wasn't a wind, it wasn't a fire, it wasn't a flood, it wasn't a hurricane or an earthquake. Family farmers in this country have been literally devastated by the abject collapse of farm prices. Grain prices have just collapsed. In my State, in 1 year net farm income collapsed 98 percent.

Ask yourself: Could anybody on your home street or block or in your county or your city survive if their net income dropped 98 percent? The remaining income is 2 percent. These are people who milk the cows, plow and put seed into the ground, and harvest in the fall. These are people in this country who raise America's food. They take enormous risks. They turn their yard light on and with their family have hopes and dreams to make a living.

There has been a 98 percent collapse of the net farm income in North Dakota for family farmers. Prices have collapsed. We have the worst crop disease in this century. This President is right when he says we have an urgent farm crisis and he sends down an emergency proposal to deal with this.

Two nights ago, I drove home after a conference committee on the Appropriations Committee. In that conference meeting, on a party-line vote, the President was told: We don't care about your emergency request. We don't think it is quite that important. We are going to offer up a 4-foot rope to somebody drowning in 10 feet of water, and we will suggest somehow that we have helped.

I was sorely disappointed. More than that I was angry when I drove home that night. We meed to understand that these folks who farm America's land out there, the family farmers, don't ask for very much. All they ask is for an opportunity to make a living. When farm prices collapse and when they are hit with crop disease, it is as much a crisis for them as wind, flood, fire, or tornado. This Congress has a responsibility to help.

There is a week and a half left in this Congress. If this Congress doesn't help, thousands and thousands and thousands of farmers and their families living on the land will lose their livelihood.

I know the Senator from Nebraska has some information about exactly what the President has proposed and what the stakes are here, State by State, and what we are trying to do. I yield for a moment to the Senator from Nebraska for a question and some comments.

Mr. KERREY. Mr. President, I ask the distinguished Senator from North Dakota, one of the things we had hoped to do with this legislation is to get consideration similar to the disaster request which we all know will occur as a result of this hurricane.

We have experienced this before. The Nation comes together as a country; suddenly we are Americans. A U.S. Senator asked to help the people in Mississippi, the distinguished majority leader's State. In Alabama, probably Florida as well, and Louisiana, clearly there are damages. Here comes a natural disaster. Here comes Hurricane Georges. Nobody could have prepared for that hurricane. It has destroyed people's lives, cost them hope. What will happen is, a disaster declaration will be made, a request will come to the Congress to put the law of the country on their side, to give them opportunity and hope again. That is what the law can do at its best; it can give people hope.

I know this very well, I say to my friend from North Dakota. About a year and a half in a business, in 1975, a tornado hit Omaha, NE, and I thought we were pretty much out of business as a result of the tornado having blown us away. However, I come to find out, 2 days later, that Mayor Zorinsky, the mayor of Omaha at the time and the man who preceded me in the U.S. Senate, requested from the President of the United States, Republican President Gerald Ford, a disaster declaration, and the law was put on our side. It gave us a chance to build our business back, gave us a chance to pursue our dream. That is what the law tends to do. That is what the distinguished Senator from Massachusetts was talking about earlier. I get hundreds of calls a year, and, more than any other issue, people say, ''Senator, I don't have any power when I am dealing with an HMO; can you change the law and give me some power? Can you help me in dealing with this entity?'' We are trying to change the law not to create a bureaucracy but to give people some hope.

My expectation will be, when the disaster declaration occurs for these southern States, it won't be a partisan issue, it won't be Republicans and Democrats, it will be U.S. Senators and U.S. Members of the House of Representatives rallying to try to make certain that people in the southern part of the country that have been damaged by this disaster are given some hope or given some opportunity.

I say to my friend from North Dakota, I was surprised, as you were, late Monday night when the House conference on appropriations for agriculture rejected the President's request for disaster assistance for the Middle West that has been destroyed and damaged by a natural disaster, a decline in demand that has produced losses across the board in agriculture. Still the most important part of our economy, creating more jobs than any other sector of our economy, and farmers throughout the bread belt of the United States, the bread basket of the United States, have lost hope. I was very surprised that it would occur on a straight party line vote that Members—who will likely say yes if the President puts down a disaster declaration request for the hurricane—voted no.

I say to my friend from North Dakota, they say, ''We are reopening Freedom to Farm; that is the reason I'm to vote no.''

I ask my friend from North Dakota if he is aware of the kind of income contribution that this disaster declaration will make to our States. There are many times when I come down here and deal with a piece of legislation and I ask myself, Will this have an impact on Nebraska? Will they feel it?—especially when I am talking to Nebraskan farmers out harvesting right now and who might not have seen what happened Monday night. Are you sure this will help? In Nebraska, the difference between what the President asked for and what the House conference, on a straight party line vote, voted for is $257 million.

Rest assured, if this was a transportation grant, our entire delegation would be united. There is no Republican or Democrat differential when we