consideration, 2 hours on first-degree amendments, 2 hours on second-degree amendments. I don't know how I could be any fairer. That, too, was rejected.

So I have tried repeatedly to make this happen. Add to that that this is a charade. This is a farce. This is not for real. So not only are the farmers being taken advantage of, they are being played with. They are being laughed at. Every Senator knows, men and women, Republican, Democrat, regardless of region, no amendment that is added from the Patients' Bill of Rights to the agriculture appropriations bill will ever see the light of day. It will be sheared like wool from a sheep before it gets to the conference just the other side of the Rotunda. It will not happen—not the Feinstein amendment, not some other amendment, not the Kennedy alternative. It will not be a part of the agriculture appropriations bill and shouldn't be. It is still legislating on an appropriations bill. It is an unrelated, nongermane amendment that is being insisted on by, I think, really a few on the Democratic side of the aisle.

So this is a farce, ladies and gentlemen. We should no longer allow the people's business to be shunted aside and delayed and obstructed and held up by this kind of activity. We should treat it for what it is. It is a charade. It is a farce. But it is not a happy one. It is a sad one.

I encourage my colleagues today on both sides of the aisle, don't be a part of this. We should summarily dismiss as frivolous these amendments that are being added or offered to be added to this agriculture appropriations bill. Maybe they are substantive. Maybe some of them have merit. But to offer them here, who are we kidding? Nobody, nobody in this room. I think most Americans know this is not a serious effort.

Can we work out a way, an agreement to bring this up for a reasonable period of time and still get our work done in terms of the appropriations bills and other legislation that is pending, some of it in conference, some of it waiting to come before the Senate? The bankruptcy reform package is waiting for action. The flag burning constitutional amendment has been passed by the House of Representatives. Yet we are over here tangled up in a procedural activity.

I think we should not be a part of that. I am going to insist that we dismiss it and that we move on and get our work done. I really hope and reach out to the leadership on the other side of the aisle and say: Let's see if we can't find a way to deal with this at another time in a way that is fair to all sides. Let's go on and pass these appropriations bills. Several of them that I have not even mentioned here today we could probably move through very quickly, in a limited period of time, with limited amendments, because there are just not going to be a lot of amendments offered, and do some of the other business, including the nominations that we all know should be at least given an opportunity to be considered.

I just wanted to lay that marker down and get that word firmly planted in our lexicon. This procedure is a farce. It will not happen.

And by the way, just to make sure I was on totally safe ground, it always behooves one to check with the appropriations chairman to make sure he agrees. He agrees. He obviously is offended and upset that his bills out of the Appropriations Committee are being delayed, and he agrees we should not have these legislative matters, these extraneous matters being used to delay very important appropriations bills so that we can get our work done.

By the way, the President is out there saying: Let's work together. Great, let's do. I am ready for deeds, not words. I want us to have Medicare reform, but the commission, the bipartisan commission's work was basically rejected. The President didn't allow one of his nominees of the commission to vote for it. Yet we had Democrats and Republicans who were for it. The Finance Committee, I believe, is willing to move forward in a constructive way. If he wants to work on some of these issues, we would certainly be glad to find the time to do it.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. LOTT. Madam President, what is the pending business?

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2000

The PRESIDING OFFICER. The Senate will resume consideration of S. 1233.

The legislative clerk read as follows:

A bill (S. 1233) making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 2000, and for other purposes.

Pending:

Feinstein Amendment No. 737, to prohibit arbitrary limitation or conditions for the provision of services and to ensure that medical decisions are not made without the best available evidence or information.

The PRESIDING OFFICER. The Feinstein amendment is the pending business.

AMENDMENT NO. 1103 TO AMENDMENT NO. 737

Mr. LOTT. Madam President, I send a second-degree amendment to the desk to the pending Feinstein amendment.

The PRESIDING OFFICER. The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Mississippi [Mr. LOTT] proposes an amendment numbered 1103 to amendment No. 737.

Mr. LOTT. Madam President, I ask unanimous consent that reading of the amendment be dispensed with.

The PRESIDING OFFICER. Is there objection?

Mr. FEINGOLD. I object.

The PRESIDING OFFICER. Objection is heard. The clerk will read the amendment.

Mr. LOTT. Madam President, I ask unanimous consent that reading of the amendment be dispensed with so that I may explain briefly what is in this amendment, and if the Senator from Wisconsin wishes, he can continue the objection. I will clarify it for those who are curious about exactly what that amendment is.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. LOTT. Madam President, I just offered the Kennedy health care bill, the identical text of amendment No. 703, which was offered by Senator DORGAN to the agriculture appropriations bill. I hope that our colleagues on the other side of the aisle will let this go forward so that we can take appropriate action.

I wanted to explain that. If the Senator insists, the reading can continue.

Mr. FEINGOLD. I thank the majority leader. I have no objection at this point.

(The text of the amendment is printed in today's RECORD under ''Amendments Submitted.'')

Mr. LOTT. Madam President, again, I did offer the Kennedy health care bill to the agriculture appropriations bill. My thinking is that rather than doing this piecemeal, let's go ahead and deal with the overall Democrat bill dealing with the Patients' Bill of Rights. In order to make sure it is properly considered, I will advocate cloture and I will, in fact, vote for cloture. I think that way we can deal with this issue straight up, not playing around with it.

I emphasize again that this is a farce. I am treating it accordingly. When both sides really want to get serious about sitting down and working out a way to consider this bill separately as a legislative vehicle, I will be glad to do that. But it should not continue to tangle up the appropriations bills. I believe Senator DASCHLE and I really want to get some work done this week for the benefit of the country. I am convinced that he has that intent. By taking this action, I think we can still pass some appropriations bills this week and clear our calendar of a lot of nominations.

CLOTURE MOTION

Mr. LOTT. Madam President, I send a cloture motion to the Kennedy amendment to the desk.

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 the pending amendment No. 1103 to the Agriculture Appropriations bill:

Senators Trent Lott, Thad Cochran, Ben Nighthorse Campbell, Susan M. Collins, Craig Thomas, Michael D. Crapo, Kay Bailey Hutchison, Bob Bennett, Larry Craig, Connie Mack, Chuck Grassley, Christopher H. Bond, Richard Shelby, Tim Hutchinson, Ted Stevens, and Michael B. Enzi.

Mr. LOTT. Madam President, I know this is an important issue to the minority leader. He will be here shortly. If he wishes, I would be willing to go ahead and have this cloture vote occur as the last vote in the voting sequence that we have stacked this afternoon at 5:30, notwithstanding rule XXII. I am not asking for that right now, but I make that offer to our colleagues. We can vote on that cloture motion this afternoon if they wish, or we can do it tomorrow. But at some point, it will ripen, and we will then have a chance to vote on cloture. I suggest that we actually vote on it.

At this time, I yield the floor.

Mr. DURBIN addressed the Chair.

The PRESIDING OFFICER. The Senator from Illinois is recognized.

Mr. DURBIN. Madam President, I have just arrived from Illinois, and I have come at the right moment because we are considering something called cloture in the Senate. The reason you file a motion for cloture—as Senator BYRD knows because he knows the Senate rules better than anyone, and probably wrote most of them—is to bring to an end to debate and to force the Senate to go forward on a vote.

The Republican strategy, as enunciated by Senators LOTT and NICKLES, is to bring an end to this debate. Which debate would they like to see end? The debate about reforming health insurance in America. They do not want us to move forward with amendments pending by Senators FEINSTEIN of California, KENNEDY of Massachusetts, and others, which address the issue of health insurance reform. They do not want to face votes on these amendments. They do not want us to bring the Democratic Patients' Bill of Rights to the floor and ask Members on both sides of the aisle to vote their conscience, up or down, yes or no, on how we can change health insurance in America.

For several days last week, the argument was made that ''we don't have time to debate health insurance reform.'' But as one day flowed into a second day, and now into another week, we are spending a lot of time on the issue without voting on it. We are spending time finding ways to avoid voting on health insurance reform—a Democratic Patients' Bill of Rights.

Now my Republican colleagues have their own version of the bill and, of course, they are very proud of their version, as we are of ours. We have suggested: Bring your bill to the floor and bring your amendments to the floor. We will bring ours, and then we will assume the role of Senators. We will debate and we will vote. Ultimately, we hope to put together a good bill. But whatever the outcome, we will then go home and explain to the people we represent why we voted one way or another. This is not a radical strategy or policy.

Mr. NICKLES. Will the Senator yield?

Mr. DURBIN. I will yield for a question in a moment, if the Senator will allow me to complete my thought.

What we are suggesting here is reminiscent of what most people expect to occur on the floor of the Senate—that Senators of differing viewpoints come forward and present their points of view and vote on them. We have gone on day after weary day with the Republican leadership trying to find ways to stop us from debating and stop us from voting.

Over this weekend, I made a tour of my State of Illinois, which is a big State. I ran into some people who told me an interesting story about their experience with health care. One group was in a machine shed on a farm near Farmington, IL. About 30 farmers gathered. I asked them about the farm crisis and I asked them about health insurance. They were equally animated on both subjects, concerned about their loss of income and also concerned about the jeopardy they and their families face because of health insurance.

Last weekend, I was in Peoria and I met with Henry Rahn. He raises soybeans and corn. If you go to most Illinois farms, you will find that is the case. He was quoted a price of $17,000 a year for health insurance for himself and his wife. What really wrangled Mr. Rahn was that in spite of his paying top dollar, the insurance companies were always trying to get out of paying for his health care needs. Recently he suffered a heart attack, and his coverage was threatened when he went to an emergency room because he had not called 24 hours in advance to notify the insurance company.

Another farmer, Bob Zinser—he is a farmer in Peoria and is also a chiropractor—told me in no uncertain terms that the HMO and PPO plans were total garbage. Mr. Zinser says, ''It seems like insurance companies have infinite wisdom on what's right and what's wrong.''

These farmers I met were angry about how they were treated by insurance companies. They wanted action.

Under the GOP version—the Republican version—of managed care reform, these farmers I have just spoken about are not protected. They have written a bill which literally leaves behind 115 million Americans and provides no insurance reform. They do some things for small groups. But unlike the Democratic bill, which covers the vast majority of people with health insurance, the Republican bill leaves many behind, including the farmers and other self-employed people I just mentioned.

When I described this to the farmers at the gathering, they couldn't believe it: You are talking about health insurance reform on the floor of the Senate, and yet it won't help us and our families? I said: The Republican version of the bill will not; the Democratic version will.

Last night I flew to the Chicago area and went to Highland Park and met with a cardiologist. His story was chilling. Let me tell you exactly what he told me last night.

He said a patient came to his office—a woman—on Thursday complaining of chest pains. He didn't think she was in an emergency situation but he wanted her to go to the hospital the next day—the next morning—for a catheterization, a very common diagnostic procedure used in cardiology, to determine just what her heart problem might be.

So they called her insurance company, and the insurance company said: No, we will not let her have a catheterization on Friday, because that hospital that you want to send her to is not covered by her health insurance. So the doctor said: What would you have her do? They said: Let us make an appointment for her. We will call on Saturday to see what we can find.

She passed away on Sunday. A decision about a hospital ended up jeopardizing this woman's health and her life.

This doctor said to me: What am I supposed to tell her family?

Think of how vulnerable each and every one of us is, going into a doctor's office hoping to get the very, very best diagnosis or treatment but always wondering if we will be second guessed by some bureaucrat at an insurance company. That is what this debate is all about.

I understand the frustration of the Republican leadership. Those of us on the Democratic side for 2 weeks now have been pressing to bring this issue to the floor. We have said we will take the outcome of the vote, whatever it might be, but let us have this debate. America is looking for us to initiate that debate. But, sadly, there are those on the Republican side who do not want to face these votes. They don't want to have to vote yes or no. They don't want to have to decide between the insurance companies' agenda and the agenda of families across the Nation.

That is a sad commentary on the state of affairs in the Senate, because the men and women I spoke to in that machine shed at the farm in Farmington, IL, and the doctor I spoke with in Highland Park understand full well

that this is an issue that can't be delayed.

There are certainly important bills for us to consider. We have a myriad of important appropriations bills to consider. I hope we can come to them soon. But we have taken the position on the Democratic side that we are only prepared to move to the appropriations bills once we have an agreement from the Republican side that we will debate health insurance reform, we will debate the Patients' Bill of Rights. Unfortunately, as of this moment we do not have that agreement.

There is also a question of accountability. I think this is a bottom line thought: The doctor who told me the story about the woman he wanted to refer for a heart catheterization but was told she couldn't go to the hospital that he wanted and the insurance company would come up with another one, I hope that doctor is never sued by anyone because of that decision. But those things do happen to doctors and hospitals. Despite the fact that the insurance company made the decision—the insurance company took her out of that doctor's care and said she had to go to another hospital—under current law in the United States of America, that health insurance company is protected from liability in court except for the cost of the procedure. If there is suffering, if there is pain, if there is loss of income, or if there is death, the insurance company, having made the decision which it did, will not be held liable.

You say, well, certainly there must be other companies in America which enjoy this kind of special privilege. And the answer is no—not any; none. No other company in America enjoys this protection from liability or enjoys this exemption from accountability like health care insurance companies.

Some on the Republican side have argued, oh, you Democrats just want to bring the health insurance companies in court to make lawyers wealthy. Of course, lawyers would be involved. It would be naive to say they wouldn't be involved. But the bottom line is, if you do not believe that your corporate decision—your insurance company decision—is something you can be held accountable for, how careful will you be? You will make a decision based on the bottom line profit: What is good for my company? How much money will be there at the end of the year? If you make the wrong decision in the interest of the patient, will you be held accountable? Not under the law as written today.

The Democratic Patients' Bill of Rights says no; health insurance companies, as every other company in America, will be held accountable for their conduct. Currently only foreign diplomats and health insurance companies cannot be brought into court in America. We think that should change. When it changes, we think health insurance companies, as in the example I used of the cardiologist, will think twice: Well, Doctor, perhaps you send that letter for a catheterization at the nearest hospital on Friday morning. No. We will not play with the insurance policy. We will work it out later. Let's take care of her health condition.

But they didn't. They decided, let's stick to the letter of the insurance policy.

How frustrating it is for doctors who face this. The doctors I talk to feel helpless.

You read in the paper last week that the American Medical Association is talking about forming a union—the ''International Brotherhood of Physicians'' or something. What would bring what is typically viewed as a conservative political group such as the AMA to a moment in time where they have decided they have had enough, that they have no voice when it comes to medical decisions, and they have to come together and bargain collectively with insurance companies?

I will tell you what has brought them to this point—the example that I used, and some others, where they realize that they have been overruled time and time again. They are frustrated. They are angry. That is why they have decided to start exploring the possibility of forming a union.

The message is here, America. This is an issue which cannot wait. When the Republican leadership comes to the floor and accuses us of stalling tactics, we are not trying to stall this process; we on the Democratic side are trying to accelerate this process.

Let's bring this bill to the floor. This is our last week before the Fourth of July recess. Let's dedicate this week to the Patients' Bill of Rights. Let's make sure that when we go home on Independence Day and walk down the parade route, the people we are looking at, who are waving sometimes at us, realize we have done our best, we have done our best to address an issue that is critical to every American.

The Rand study said that 115 million Americans have had a bad experience with a health insurance company or know someone in their family, or close friend, who has. The cases I have cited to you are not isolated examples. The letters stack up in our office from people all across my State of Illinois and all across this Nation. I have been speaking on the floor the last couple of weeks on this issue, and I have started receiving these letters. I have asked people to send letters to me in my office and to tell me about their experience with health insurance.

Every single letter tells the same story—letters where women who have chosen an OB/GYN as their primary care physician, a person they are confident of, a person they want to work with, have been overruled by insurance companies that said: We have a new doctor for you; situations where people, as I described earlier, will go into an emergency room only to learn that they are denied coverage because they picked the wrong hospital or they didn't call in advance for an emergency room.

Can you imagine, racing to the hospital with a son who has just fallen out of a tree in the backyard, trying to remember the number of the insurance company? Is that the last thing on your mind? It certainly would be on mine. I can remember taking my son to an emergency room when he decided to catch a baseball with his teeth instead of the glove. Those things happen. And you race off to the emergency room. You don't want to fumble in the glove compartment to find the insurance policy. You are worried about that little boy whom you love like everything in this world, and you want to get him to a good doctor as quickly as possible. You don't want to get tangled up in an insurance company bureaucracy.

Many times we find that the people, for example, who need specialists for medical care learn that they are being overruled by insurance companies that say: No; even though a doctor told you you needed a certain specialist, we don't approve of it.

One doctor who kept calling insurance companies and receiving frustrating answers finally asked the clerk on the phone: Are you a doctor? The voice at the insurance company said no.

He said: Are you a nurse? The voice said no.

He then asked: Do you have a college degree? No.

Do you have a high school diploma? Yes.

What qualifies you on the other end of this telephone to overrule me after years of education and medical school? The clerk said: I've got the rules in front of me. They are in writing. They are very clear, and we disagree.

That is what it comes down to. That is how the decisions are made. That is what this debate would be about. The debate will decide how many Americans will be protected by quality health care, debate will decide whether health insurance companies, as every other company in America, can be held accountable in court if they make a decision which takes away the life of a loved one, causes pain or loss of income—decisions as to whether or not medical necessity will rule when doctors make decisions, including the procedure you should have, what emergency room you can use, things that most Americans think are just common sense. That is what this debate would be about.

At 5 o'clock, we will start a series of four cloture votes. It is an effort by the Republican majority to stop this side of the aisle from offering this debate on the floor of the Senate. They are trying to stop this side from amending any bill so we can bring up these issues. They do not want to talk about these issues. They do not want to face these votes. If they can prevail—and on this side of the aisle hope they will not—if they can come up with the requisite votes, they can shut down the debate

and move on to some other issues. If the Republicans are successful in stopping this debate on health insurance reform, they will, as will Senators on this side of the aisle, one day soon have to go home. When they go home, they are going to face families such as those I faced over the weekend, living and dying with this problem every day and every week.

They will have to answer possibly the hardest question posed to any Senator: Why didn't you do something? What stopped you, Senator? Don't you understand? Don't you care about people like us?

That is what it is all about. I say to my friends on the Republican side of the aisle, please join in this debate. Don't be afraid of these votes. Try to look for some opportunities where, frankly, Republicans might find a Democratic amendment they like. I will look for Republican amendments I might like. Let's try to put something together. Let's put politics aside. Let's realize the families across America are not just Democratic families; they are Republican families, Independent families, and families who couldn't give a hoot about politics. But they are hopeful that this system of government and the men and women serving in this Senate care about them, care enough to bring this debate forward.

At 5 o'clock I will vote against the motion for cloture, to keep on the floor this debate on health insurance.

I yield the floor.

The PRESIDING OFFICER. The Senator from West Virginia is recognized.

Mr. BYRD. Madam President, I support the Patients' Bill of Rights.

Let me thank my friend from Illinois, who is one of the newer Members of this body. He has had much experience in the other body. He comes to this body with a tremendously versatile mind. He can speak almost at the drop of a hat. He is very conversant on every subject. He fights today for a cause which is important. I congratulate him. He has been speaking on the floor for several days on this subject. He speaks with great eloquence. I congratulate him and look forward to hearing him on other occasions. I hope in this situation he and we will be successful at some point.

I support the Patients' Bill of Rights. This is important legislation that, if enacted, will provide important protections to the many millions of Americans who receive their health care from managed care companies. It is therefore critically important that the Senate conduct a full debate on this issue. I am saddened that supporters of this legislation have been put in the position of offering this measure to an appropriations bill, thereby temporarily stalling progress on funding programs that are a priority for yet other Americans.

While I consider a vote on the Patients' Bill of Rights imperative in this Congress, I am also very concerned that putting important issues at logerheads with one another may ultimately interfere with the smooth operation of the government. We should all strive to avoid a repeat of the train wreck that resulted in last year's Omnibus Consolidated Appropriations bill. Putting the Senate in the position of having to choose between competing critical needs is a dangerous game that we should not play. It is bad public policy. There is still enough room on the calendar for both a thorough debate on the Patients' Bill of Rights and for timely progress on the important work of passing the Fiscal Year 2000 appropriations bills. I urge the leadership to move forward in a fair manner—to allow this bill to be fully considered and debated, and to let amendments to the Patients' Bill of Rights be called up and debated and voted on—voted up or down or amended again.

Action on the Patients' Bill of Rights has been delayed for too long. As the Congress stalls, problems with managed care companies increase. According to a Kaiser Family Foundation/Harvard University survey, the number of people reporting having problems with their health plan, or who know someone who has had a problem with their health plan, rose from 96 million in 1996 to 115 million in 1998. With 85 percent of all insured employees in managed care plans, this issue is too far-reaching to be delayed.

While managed care has been successful in stemming health care inflation in recent years, it has too often compromised patients' health care needs. Unfortunately and tragically, some health insurers have put saving money ahead of patients' well-being. Instead of patient care, we are getting ''investor care,'' with health plans keeping a constant eye on shareholder profits. Our Patients' Bill of Rights would provide important and necessary protections for families to ensure they get the care they need.

Too often, managed care plans erect barriers that interfere with patients getting the medical services they need when confronted with an emergency. Under this measure, patients do not have to fear that their emergency room care will not be covered if they have reason to believe they need emergency care. They will not have to call for permission first and waste precious time hoping for clearance. Someone who experiences chest pain and believes he or she is having a heart attack should not have to check to see whether the health plan will cover the emergency room care. The ''prudent layperson'' standard gives patients the ability to seek emergency room care with the assurance that it will be covered.

Comprehensive managed care reform legislation should also provide women in managed care plans important protections. Oftentimes, women use their ob/gyn as their primary care provider. Having managed care plans recognize this fact will eliminate time-consuming and costly administrative barriers women face in getting the care they need. A woman and her doctor should be able to make the decision, for example, as to how long she needs to stay in the hospital after a mastectomy, not some health plan bureaucrat.

In recent years, health plan coverage of patients' participation in clinical trials has declined. This is a troubling trend. Under S. 6, of which I am a cosponsor, health plans would be required to cover the routine costs associated with a patient's participation in certain clinical trials. This is an important provision because in some cases clinical trials may be the only option for patients who have not responded to conventional treatments.

The Patients' Bill of Rights also has special protections for children's access to care. The bill provides guaranteed access to pediatric specialists. When a child has a chronic condition our bill allows standing referrals to pediatric specialists which eliminates the extra step of seeking the consent of the primary care provider. Under our bill, if a pediatric specialist is not included in the health plan's network, your child would have the right to see a specialist outside the network without having to pay more.

Patients undergoing treatment need to know that, if their doctor is dropped by the health plan or if their employer changes their health plan, they can still see their doctor. S. 6 offers continuity of coverage by requiring a 90-day transition period during which treatment is continued. For example, a terminally ill patient should not have to go through the disruption of changing doctors as that patient faces death.

I have long been concerned about West Virginians' access to health care and, over the years, I have been successful in bringing facilities and technologies to the State to expand my constituents' access to quality care. Marshall University's Rural Health Center; the VA hospitals and clinics; and Mountaineer Doctor Television (MDTV), West Virginia's Statewide telemedicine program, are projects that have broadened West Virginians' ability to receive quality care in West Virginia. As managed care continues to grow in the State, it is important that common-sense protections are in place so that patients can get the care they need.

The Republicans have introduced their own managed care reform legislation in response to the Democrat's Patients' Bill of Rights. But, the Republican plan would leave over 100 million Americans without protection. By applying reforms only to self-funded employer plans, the Republican bill leaves those most in need of protection—people who buy their insurance without the assistance of their employer and those who work for small businesses—out in the cold.

Scope of coverage is not the only weakness of the Republican plan. Even the protections provided to a limited number of Americans under their plan

do not go far enough. While differences exist in the shape and scope of the reform proposals, one thing is clear. There is a crying need in the lives of real Americans for action to address these health care problems. We need a thorough debate, an open debate about this issue, a debate which is not constrained by limits on amendments or by a desire to hold such a critical matter hostage to partisan politics, and we need it now. We also need to move forward on appropriations bills which fund important programs all across the spectrum of American life. I can only hope that reason will prevail in this body, and that we will allow all of these important matters to proceed in a timely and sincere manner as soon as possible.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BURNS. Madam President, this weekend I traveled across my home State discussing the issues that are before us today, and also had the opportunity to travel into Canada to talk about agriculture, to try to solve some of the problems that face agricultural producers today.

What is happening here is a matter of fact. The hostages are those folks who depend on food stamps, those folks who depend on the WIC Program—young women with children and infants who depend on those nutritional programs.

What is happening is we are trying to do the business of the Nation, and that is funding the programs that Americans want. Yes, agriculture is in tough straits. We have seen in this past year commodity prices dip way below the prices they were during the Great Depression. Yet we expect our agriculture producers to produce. We expect our grocery stores to stay full. We expect to buy those foods in any amount, prepared in any way; to be handy—and they are. This Nation is truly a blessed nation in that we have producers like that.

While I realize the debate on health care is very important, let's not lose sight of the Nation's business. Let's not take our eye off the ball. The Nation's business, first and foremost, is to pass the appropriations bills to fund those Departments and those programs that depend on those bills, and then debate health care or Medicare reform. Nobody on either side of the aisle underestimates the importance of that debate. But the business of the Government is to finance and provide funds for programs so this Nation can operate. That is what is being held hostage.

Madam President, 23 percent of the gross national product depends on agriculture. No other part of the American economy contributes so much to our gross national product. Yet here we stand, talking about an amendment to an agriculture bill that is strong enough to be debated as a stand-alone piece of legislation.

I talk to my farmers in Montana. They want the agriculture appropriations bill passed. In this bill there is research money. In this bill there is money needed to open up export markets, to let agriculture producers take advantage of added value to their own products. It allows them to find niche markets. It allows them to live.

The health care bill has nothing to do with agriculture—nothing. You cannot claim germaneness. You cannot claim anything. I think the health care issue deserves a stand-alone debate, but it should not block the financing of Government programs. That is too important. The lives of too many producers are on the line, as are their farms and their ranches.

We hear complaints all the time about legislation on appropriations bills. In the majority of these cases, the amendments at least have some relationship or some germaneness to the issue at hand. But what significant relationship does a Patients' Bill of Rights have to agricultural production? We should pass the appropriations bills, get them into conference, send them down to the President, and let him sign them. There is ample time left to debate health care in the United States.

My farmers and ranchers are a little bit baffled. They do not have a clue as to what is really happening. I say that somewhat in jest because the majority of them do know what is happening. They are being held hostage. How do I explain to them that the money allocated to programs important to them is being held up entirely for a debate on an issue which should be a stand-alone issue?

Let's pass these appropriations bills. Let's get them out of the way. Let's assure the American people we can do the Nation's business. Let's assure the American farm and ranch people their programs will be passed and financed. Let's tell those who depend on food stamps their money is going to be there. Let's tell the elderly people who depend on Meals on Wheels it is going to be there. Let's tell the young mothers with infants and children who depend on nutritional programs the money will be there.

There is no sickness in the world worse than starvation. Do you want to drive health care costs higher? Then disregard the nutritional programs found in this agricultural appropriations bill. Whom are we hurting? Those who can afford it least. Let's get back on track. My farmers and ranchers are tired of waiting and so are the folks who depend on these programs.

I thank the Chair, and 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. REED. Madam President, I ask unanimous consent that the order of the quorum call be rescinded.

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

Mr. REED. Madam President, I ask unanimous consent that the order of the quorum call be rescinded.

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

Mr. REED. I thank the Chair.

Madam President, I want to spend a few moments talking about aspects of the Patients' Bill of Rights, which is an amendment to the agricultural appropriations bill before us this afternoon. We are faced with a very clear choice: Are we going to finally debate and consider in some detail a Patients' Bill of Rights which will give every American a clear opportunity to have the kind of quality health care we all support and we all want them to have, or will we continue to be shut out, will we continue to avoid confronting a critical issue which, to the people of Rhode Island, is probably one of the most critical issues they face.

If one goes to the people in my State and talks to them about their concerns, particularly since there has been an economic revival, a primary concern for them is whether they will have adequate health care for their families and themselves, particularly for their children, when they need it.

One of the aspects of the Democratic bill, which I think is very salutary and commendable, is with regard to accountability. It provides not only for internal and external review, but also for patient advocacy and patient protection.

There are three procedural points that should be included in any Patients' Bill of Rights. First, there has to be clear liability directed against a health plan if they make mistakes in the care of their patients.

One of the great ironies of our system is that physicians can be sued for their malpractice, yet insurance companies are invulnerable to such suits. To put it in balance, since so many health care decisions are now being made not by physicians but by review specialists, accountants, and analysts, the insurance company itself should also be liable for its decisions.

We also have internal and external appeals processes so there is no rush to the courthouse, but an individual can get relief quickly and efficiently for a health plan decision. When people are dealing with their health insurer, all they want is the best care for themselves and their families. They want their medical problems to be resolved, they want access to the specialists they need, and they want the plan to respond to their needs. In fact, they simply want what they paid for.

There is another aspect to consider—that is to help consumers negotiate through the intricate maze of health insurance rules and regulations and to give them the leverage that will level the playing field between health care consumers and the bureaucrats who run health care plans.

Toward that end, Senator WYDEN, Senator WELLSTONE, and I have introduced a separate legislation which

would provide for a health care consumer assistance, or ombudsman program, in every State. It would establish a mechanism whereby States would be able to provide information and counseling services to assist health care consumers.

This provision has been incorporated in the Patients' Bill of Rights, and it is a necessary provision because people are not getting the information they need to make the health care system work effectively for them. For instance, studies show that the existing appeals process, both internal and external, are being underutilized. In fact, there is a very deep suspicion, not only in my mind but the minds of many, that health plans make it almost impossible to get adequate review.

They put up procedural hurdles. They have set up a series of barriers that leave the average consumer without any redress and, as a result, they become frustrated and give up.

Another suspicion which undermines the faith in the managed care industry is that this frustration is a deliberate, calculated attempt by companies to reduce their costs. They are hoping that the consumer, rather than pressing for their rights, will just go away, will give up, and will accept whatever the health plan offers.

I believe we can improve this system dramatically if we have consumer assistance centers in place throughout the United States. These systems will help consumers understand their rights, and will also help to understand in some cases where they do not have a legitimate grievance. One of the virtues of this approach is it will give a consumer of health care an objective place to get an answer. Today some people call the insurance company, where they get different answers and they may get suggestions of what the contract does and does not cover.

Unfortunately, it seems that they get everything except straight answers. As a result, they do not have confidence in the health care system. Consumer assistance, or ombudsman centers that are administered by States can restore a measure of confidence in the system.

Interestingly, this Senate is already familiar with the concept of a health care ombudsman, and at the time, it was supported virtually unanimously. On the Armed Services Committee, we have been studying the issues of managed care in the military, the TriCare system. Many of the complaints with the TriCare system are the same types complaints we hear about managed care in general: Quality is not good, we can't get care, we can't get answers.

As a result, we responded in the defense authorization bill this year. One of the things we did was create within the TriCare system an ombudsman program, an advocacy program, so when military men and women have questions about their families' health, they do not have to get the runaround from the local insurance company; they can go to the ombudsman who can give them help, support, and assistance to get their claim resolved or, in some cases, to explain that the insurance company is well within its rights to make the decision they made.

I find it interesting and ironic that an ombudsman provision could sweep through the defense authorization bill and be endorsed as something not only noncontroversial but terribly helpful. Yet, as we consider managed care reform, we are struggling with this issue, among many others.

My view is simple: If it makes sense for our military personnel—and we are all committed to giving them the best health care—we should have the same type of sensitivity for the broader population of our country. That is why the Reed-Wyden-Wellstone bill, which is part of the Democratic managed care initiative, is an integral part and one that should be considered, debated, and, I hope, adopted when we get—we hope—to the debate and the votes on managed care.

Our consumer assistance, or ombudsman, program would perform several functions.

First, let me point out that our proposal would establish a competitive grant program for States. It would give them the flexibility to set up a program according to their best sense of how to be of assistance and also that it be cost effective. They would, however, be required to meet certain general guidelines.

One of the functions of the ombudsman, would be to inform people about health care plan options that would be available. There are lots of examples where consumers do not find out about their health care coverage until they have a health care crisis.

I was reading the case of a mother who had a daughter who required eye therapy. The daughter was suffering from autism. One of the complications of that disease is eye problems which requires detailed exercises for the eyes. If that is not done, the child rapidly loses the ability to see, the ability to function appropriately.

She went to her health plan and said: I was told to ask you to give my daughter a referral to an eye specialist for therapy. They said: No; you can't do that, because it is not covered under your contract. She went back and read the contract—all the fine print, all the pages and pages and pages—and discovered, much to her disappointment, much to her chagrin, that indeed this was an excluded service.

The point is, if there is a place that parents or anyone can go to beforehand and say: I have a daughter who has a condition, and there are complications with her sight, and other things; what advice do you have for me about plans? what are the best plans? what knowledge do you have about the plans that are available to me? that would be an immense help to the families of America.

The other thing that would be created is a 1–800 telephone hotline to respond to consumer questions. Again, why don't we have this? Why don't we have a place where a consumer can say: I have just talked to my health care plan; they told me I can't do this?

Why can't we have at least a hotline? In effect, we have lots of little fragmented hotlines. Every one of our offices is a 1–800 hotline for people who are frustrated with their health care. We do it in an ad hoc way. We try to help our constituents. But, frankly, we could do it better and more consistently through an ombudsman program.

Also, what we want to do is help people who think they have been improperly denied care. We want to help them, and not in an adversarial way, but to provide technical advice. It could be helping them write a letter to the insurance company to make an appeal, or explaining their appeal rights to them.

As I said before, many people simply do not understand their appeal rights. It could be that insurance companies do not want them to understand their appeal rights, that they would like them to walk away frustrated, but it not costing the insurance companies any extra money. So for all these reasons, I think an ombudsman program is an absolutely critical part of any managed care reform.

One other reason why an ombudsman program is important is that it could be a way to reduce the potential for litigation. This could be a way to solve problems before they get to the point that the only alternative a consumer thinks he or she has is to get a lawyer. This could be a way to make the system work better without running the risk—and I know this risk is conjured up by the insurance companies every day—of litigation run amok across the United States. So for many reasons, I believe an ombudsman program makes so much sense.

This is not a theoretical response to hypothetical problems. Let me offer a couple of real cases which beg for the kind of consumer assistance we are suggesting in the Democratic alternative.

This is the story of Ms. Carolyn Boyer. Ms. Boyer is a 50-year-old woman who has been battling breast cancer for about 6 years. Like so many patients, she has had to wage a separate battle with her insurance company. Time and time again, her health plan has tormented her with payment followups and a host of bureaucratic hurdles that prevented her from getting timely payment for the services she needs.

This is one example. In the spring of 1996, Ms. Boyer received a bill for a bone scan from Washington Sibley Memorial Hospital. She learned that the total cost of the scan was $711.50 and that her portion of the bill, the copayment, was $142.30. She paid her portion of the bill. Thirteen months later, Ms. Boyer received a balance due notice from Sibley Hospital for $569.20, the amount the hospital had indicated was

covered by the insurer a year earlier. Then she got a bill from Sibley a few days later for the entire $711.

This was now a battle about who was at fault. Of course, the hospital said it was the insurance company; the insurance company said it was the hospital. Nevertheless, Ms. Boyer struggled through this situation. She had already paid her portion, and now she was going to have to pay more than the original cost if she responded to the last bill.

Now, 3 years later, after much travail, the insurer has paid their full original amount. In fact, they gave Ms. Boyer a refund for the $142.30 she had paid.

This is a daily occurrence. For every one of our constituents, if you ask them, either it has happened to them or it has happened to someone close to them. One of the interesting things about this is, I suspect strongly that the reason Ms. Boyer was successful in her battle with the insurance company was that at the time of her diagnosis she was a lobbyist for the Health Insurance Association of America. She knew a little bit about the way HMOs and insurance companies work. Before that, she was a lawyer for the Internal Revenue Service.

Ask yourself, what about the truck driver who is confronted with this dilemma? Ask yourself, what about the single mother with children? When they are confronted with this dilemma, where do they go? What kind of legal expertise can they call upon? The answer is, very little or none at all. As a result, they often do not get the care they need, or they pay what they should not pay, or they end up paying all they have, and many of them find themselves almost in bankruptcy, if not worse.

The protections that are built in the Democratic Patients' Bill of Rights will help these people. They will give them access to people who know how to deal with the insurance companies—not unfairly, but objectively.

Let me give you another example of how these ombudsman programs have been helpful.

The Rafferty family in Sacramento, CA, were able to get their problem resolved after they appealed to the California Health Rights Hotline. The metropolitan Sacramento area has its own hotline to address problems and questions with managed care plans.

In September 1998, Lynmarie Rafferty gave birth, by cesarean section, to premature twins, Paige and Hannah. Each only weighed 2 and a half pounds. The girls were admitted to the hospital's neonatal intensive care unit in a very medically fragile condition. The Raffertys had chosen the hospital in part because of its intensive care facilities and its location close to their home.

Two weeks later, the Raffertys received a call from their health plan's medical director. He informed them that Hannah and Paige were going to be transferred to another hospital that day—not in a few days, but that same day. He told the Raffertys that if the newborns were not transferred on that day, the plan would not pay their hospital bill. The family was devastated. They had two premature babies in fragile medical condition suddenly being ordered out of the hospital. And if they didn't leave, then the thousands and thousands of dollars in bills that the Raffertys thought were being paid by the insurance company would suddenly be their bills.

They also had another young child at home, and the proximity of the new hospital was much further away than the hospital where the twins were currently hospitalized.

Well, the Raffertys went to the plan, told them of their concerns, but to no avail. They went to the physician. Finally, they called the California health rights hotline. The hotline reviewed their plan's contract and informed the Raffertys of their rights. Then the Raffertys said to their health insurance plan: We are not going to give consent to moving our daughters.

The plan still fought them and said: These babies have to leave. Fortunately, with the help of the hotline, the Raffertys were able to draft an appeal letter outlining the reasons why transferring the newborns would violate their rights. Finally, the health plan backed down and accepted the responsibility for the care of the children, which at that point was over $80,000.

Now, can you imagine where a struggling young family, with a child at home and two newborns, were going to get $80,000, if the insurance company had prevailed, if there was no hotline, if there were no advocates?

I believe very strongly that this kind of patient protection should be an integral part of the legislation we consider for managed care reform. The Democratic alternative provides those types of protections. It provides for internal reviews and external reviews that are objective, not a situation where the insurance company has picked the individuals who reviewing their own decisions, but truly objective. It also applies the principle that if the insurance company has caused grievous harm, they, just like the doctor, should be liable before a court of law.

It also goes a step further and says: Let's see if we can prevent these troubles before they start. Let's create consumer assistance centers. Let's create an ombudsman who can work with individuals and try to resolve their claims long before they reach the stage where it is a matter of life or death or a matter of financial ruin.

I believe our greatest responsibility today is to move on to this debate in a meaningful way, to talk about the issues of health care, to debate them because there are points of difference that are principled and we should vigorously discuss and debate them. But we have to get into that debate. The health of America depends upon it.

I will mention one other area which I am particularly concerned about. I have spent some time talking about the issue of the appeals process, the procedural protections that we have to build in to any patient protection legislation that moves forward.

There is one other area of concern, among many, but one that particularly concerns me. That is that we have to have legislation that is particularly sensitive to the needs of children. The Rafferty example is a good one: Two premature babies who basically are being threatened with eviction from the hospital. We need to be dealing with the issue of children's health care in the managed care system.

We have to recognize, and too often we don't, that there is a difference between adults and kids. Kids are different. They are particularly different when it comes to health care.

Let me suggest some important differences which argue for special treatment for children within managed care reform legislation. Once again, I believe the Democratic alternative incorporates these special treatments.

First, children are developing. This is not an issue that is confronted in the context of adults who are ill. So developmental issues immediately and automatically create differences in the way children must be dealt with. Between birth and young adulthood, children change and grow. They develop intellectually. They develop physically.

These developmental issues are seldom part of the equation when it comes to making decisions about managed care because their models deal with adults. Their models deal with very specific adult diseases and adult outcomes.

For one reason, they can measure them much better. Many times families are faced with extreme difficulties in getting care from their HMO because the rules that are set for adults don't work for kids. Take, for example, the rule which is common in managed care, that you can only have two sets of crutches in the course of your contract, or year or two. That is fine if you are a fully grown person, if you are an adult. But if you are a developing child, you are going to need different types of crutches, because you are going to get bigger, we hope. The same thing is true with wheelchairs. Children with spina bifida have changes in their bodies and changing needs, much more so than adults. These rules, arbitrary as they may be for adults, are completely inappropriate for children because of this developmental issue. We have to recognize that.

The other thing we have to recognize is, symptoms in children which might be dismissed in adults as minor could be the precursors to significant problems down the road that won't develop and be truly obvious for years ahead. That is another reason why children have to have access to pediatric specialists, not general practitioners, who are used to seeing adults. And if you

have some sniffles, you don't feel right, take two aspirins and get some rest, that could mean something much more significant and much more serious in a developing child.

There is another issue, too, with respect to children that makes them quite different from the grownup population. They are dependent. One of the major measures of health care outcomes in the United States is independent functioning. Can the person function independently? Can they get up and move about? When you are talking about children, they are, by definition, dependent—dependent on adults; in many cases, they are dependent upon adults to explain their medical problems. It takes their parents or the care givers to explain to the physician what is wrong in many cases. That is a difference that seldom is appreciated in managed care plans because they don't have the kind of pediatric specialists or pediatric primary care providers that are so necessary.

The patterns of injury are different between adults and children. The good news is, the children are generally very healthy. But the bad news is, when a child has a serious disease, it is usually a combination of many different conditions, unlike serious adult diseases which are typically a single disease. Again, these complicated, interrelated conditions that threaten development argue for access to pediatric specialists early in the process. That doesn't happen. It doesn't happen enough in managed care plans.

The answer is not because managed care executives don't like kids; managed care executives have some sort of animus towards children. It happens because of dollars and cents. If you have a very small pool of sick children, why are you going to go out and make arrangements to have pediatric specialists in your care network? That is a lot of overhead for just a couple of kids.

We have a market failure. We have a situation in which the market dictates to these companies to do something which in the aggregate harms greatly the health of the American child. That is why we have to act.

Again, this is all part of the Democratic alternative. This is part of what we have to do. In addition, I would add that we need to develop quality measures that actually track children's health, in addition to adult health. We have to go beyond some of the simple things, such as immunization rates. We need to get into more complicated measures and make parents aware of these statistics so they make informed choices about their health plans. Another thing health plans need to begin doing more is looking at children in the context of some of exposures that are unhealthy, but are not directly, traditionally medical; environmental exposures like lead poisoning; community exposures like violence, and the stress and strain of living in difficult circumstances. Our HMOs have to also begin to think about how, then, they can do what we all thought they were going to do originally—emphasize preventive care, particularly with kids, coordinate not just with their own physicians and medical providers in their networks, but with the schools and community-based care centers, all of the institutions that must be allied together to help the children of America.

Once again, the legislation that we have introduced—the Democratic Patients' Bill of Rights—does this. I can't think of two more compelling reasons to move to this legislation in a meaningful way than the opportunity to give every family a true voice in their health care through the procedural reforms that we have introduced and to give every child in this country the opportunity to get the best health care they can possibly get. I think we owe it to the people who sent us here. I hope we can find a way to move beyond this deadlock and move to vigorous debate on the Patients' Bill of Rights. If we do that, then we will be serving very well the interests of the American people.

I yield the floor.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts is recognized.

Mr. KENNEDY. Mr. President, just a week ago efforts were made by Members on this side of the aisle to try to encourage our Republican leadership to schedule what is known as the Patients' Bill of Rights legislation, which Senator DASCHLE has introduced and many of us have cosponsored. The underlying point of the Patients' Bill of Rights is very basic and simple: to make sure that medical decisions are going to be made by the trained medical professionals and the patients, and not by accountants or insurance companies. That is basically the concept behind that legislation.

We have tried over the past week to have that legislation before the Senate. There are differences with the membership here on various provisions. During March of this year, we had an opportunity in our Health and Education Committee to have a discussion and debate on some of these matters, and the committee itself reported out legislation. At that time, we had more than 20 different amendments dealing with a range of different issues. Those were handled in a relatively reasonable period of time. People were familiar with the subject matter, as I think they are here in this body. We had that legislation reported out more than three months ago. I think many of us expected that, given the statements that were made by the majority leader in January of this year on several different occasions, the Patients' Bill of Rights would be brought up before the Senate by now for an opportunity to debate and discuss it.

We have not had that opportunity to do so. We had hoped that was going to be the case last week when we discussed it, and we hoped, at least if we were unable at that time to have this measure actually laid down before the Senate on Tuesday or Wednesday, that the Republican leadership would indicate that we would have the chance to bring it up and debate it now.

It seemed that we might have the chance to bring it up today, with the opportunity to offer amendments, and conclude the legislation by the end of the week, prior to the Fourth of July recess. In the meantime, it seemed that the Democratic leader had given strong assurances that he would do everything he possibly could in urging the Members on this side to work in every possible way to expedite the consideration of various appropriations bills. I think he spoke for all the Members—I am sure he did—on this side on this issue. There are some particular items and some of those measures that should be brought to the Senate for resolution. I thought that when he had indicated he thought it was reasonable that we could conclude a number of the appropriations bills and conclude this legislation, that was a very reasonable suggestion to the leadership.

Now, Mr. President, as those who follow this issue know, this is not the first time the Senate has been effectively closed down—closed down—closed down over their refusal to consider this legislation. That is effectively what is happening here. We will have some procedural kinds of votes, but the American people ought to understand what is really happening here—that these procedural votes that we are going to have later this afternoon really have nothing to do with the underlying legislation; that is, the four different appropriations bills. It is basically an attempt by the leadership to prohibit the debate and discussion on the Patients' Bill of Rights. The American people are beginning to understand that more clearly.

I found when I was back in Massachusetts over this past weekend, talking with various groups, more people are focused on this, more people are paying attention, more people are aware of what is being attempted by the Republican majority—that is, denying us the opportunity for even a reasonable debate and discussion on the Patients' Bill of Rights—than most other issues.

I have taken the time of the Senate before—and I won't take it again this afternoon—to review where we were a little over a year ago. Over a year ago, we were in the exact same position. We were denied the opportunity to bring this measure up for consideration of the Senate. The Republican leadership at that time said that the Democrats were not going to dictate what the agenda will be.

The only problem with that is that it isn't the Democrats who are attempting to dictate the agenda. It's the American people. It's every health care organization that has taken a position in favor of the proposal introduced by Senator DASCHLE and against the one introduced by Senator FRIST and the Republican leadership. Virtually all

leading patient and medical groups have supported the Democratic proposal, Senator DASCHLE's proposal. We could understand why, if we had an opportunity to actually debate these issues.

These groups do not care whether Democrats or Republicans are on a piece of legislation; they just want a strong bill. And virtually every single leading medical group in our country supports ours. None support theirs.

You would think that at some time in this body, on a matter that affects all of the families of this country, we would have an opportunity to have some decisionmaking and be ready to call the roll. Of course, if the ramifications weren't so serious, many of us would have been amused by the statements that were made last week by the assistant majority leader when he said: We are not going to let the Members on our side vote because their votes might be misconstrued for political purposes. That would be laughable if it did not relate to an issue as important as the Patients' Bill of Rights.

Imagine a political leader saying they are refusing to permit Members to vote because their votes may be interpreted in ways which might be misconstrued. I think most of us feel that we can stand on our own two feet in facing various votes. I always appreciate their leadership in trying to protect our various interests. But we are not talking about some narrow special interests, we are talking about the people's interests.

As I have mentioned before, this matter is important because it is a children's issue. Virtually every major children's health group in our country—all those that advocate for children's health—has supported and recognized the importance of our legislation in protecting the interests of children.

They haven't gotten a single organization that is committed to the advancement of the interests of children on their side. We have all of them. We have all of them because of some very important reasons. One of the most obvious ones is that we insist that a child who has some special need is not only going to have a pediatrician—but is also going to have a specialist trained in the area of the particular need of that child. If the child has cancer, the child should be treated by a pediatric oncologist. A doctor that specializes in children and also children's cancer.

When our colleagues on the other side say: We don't understand why the Democrats are talking about specialists because we guarantee specialists; they say, ''We guarantee that a sick child will see a pediatrician.'' But that is not the issue. The question is will a child with a specific need for specialty care have access to a pediatric specialist, meaning a pediatric cardiologist, or a pediatric surgeon, or a pediatric oncologist. Under the Republican bill, the answer is no. Under our bill, the answer is yes.

This is a children's bill. The children's groups have spoken passionately, actively, and enthusiastically in support of our program.

This is a women's issue. The women in this country—the groups that have specialized in women's health generally, and particularly those that have been most concerned about issues, for example, of breast cancer—know the importance of having access to OB/GYN professionals, and to be able to designate that OB/GYN as the primary care doctor for women. We have had voluminous testimony about the importance of that.

It makes sense. Women also understand, particularly those who may be afflicted by the devastation of breast cancer, the importance of clinical trials. When they are talking with their doctor, and the doctor says: Well, we know that there is a clinical trial out there that can make a difference in terms of your survival. We know when that patient then asks to be enlisted in that clinical trial—and the doctor says I can't because your HMO won't permit me to do it, the HMO has overridden my judgment on that—that denying access to it is not in the health interest of that woman. It is not in the health interest of her family, and it puts her at greater risk.

These are not tales. We had the testimony. We have given the examples of what is happening out there. This isn't a diminishing threat. To the contrary, the system is becoming more of a threat to women. Women understand that. This is an enormously important issue with regard to women. That is why virtually all of the major women's groups and organizations support our legislation.

This legislation is also enormously important to those who have some physical or mental disability. We don't necessarily like to use the word ''disability'' because it implies that people may not be able—and we know that those who do have some challenge are able, and in many instances gifted and talented in many different ways. But they often need specialized attention, treatment, and medicine. Prescription drug formularies can deny access to critically important medications. Yet we find that, while you can always go off the particular HMO's formulary, you may have to pay exorbitant prices for the treatment.

I listened to the handful of those who spoke on the other side in the period last week who said: Oh, they can always go off the formulary. Of course they can—and pay an additional arm and a leg. I think most families in this country understand what the problem is in terms of prescription drugs. They sign up for health insurance—and the HMO takes their premium—and when the time comes for them to get the kind of treatment that they need, the HMO denies it.

We understand how important that is. We want to be able to debate these measures, and these matters.

We had an excellent amendment by the Senator from California talking about ''medical necessity.'' Let us use the best definition in terms of ''medical necessity.'' Let's include in the various HMO plans what is going to be necessary in terms of treatment and what is going to represent the best in terms of medical practice. That seems to make sense. That is not a guarantee today.

I read in the RECORD last week about some of the various HMOs and their definitions of what was going to be included and what was going to be excluded. Listen to what is in the Republican bill, as offered in an amendment by the majority leader last week. On page 27, it says only that HMOs have to provide a description of the definition of ''medical necessity'' used in making coverage determinations by each plan—each plan.

Do we understand that? It isn't what is the best in terms of health care. It is whatever each plan decides. So any of the HMOs can effectively develop whatever they want to use as a definition for ''medical necessity.'' Your doctor might say to you: This is what the best medicine is to save your life, or your child's life, or your wife's life, or your husband's life. And the medical plan will say: No way, Joe Smith. You signed our contract. You signed that contract. And in that contract, we say that treatment is not medically necessary. Make no mistake, the Republican bill says ''a description of the definition of medical necessity'' will be a determination by your plan. That is the HMO.

Come on. Don't we think this body should be able to make a decision as to whether you want the Republican plan, which on page 27, line 20, provides patients with ''a description of the definition of medical necessity used in making coverage determinations by each plan,'' or, on the other hand, you want medical decisions to be dictated by the best medical practice in the United States of America?

That is what is in the Feinstein amendment.

Why shouldn't we be able to have 1 hour of debate on that, and have a rollcall in here and make a decision? Where are the Republican principles? Why is it that they are denying the American people the chance to hold their elected Representatives accountable?

That is what they are doing. We can't hold them accountable because the other side won't permit us to get a vote on that particular issue. That is what is going on here. We should have the chance. We will have the chance to go through that legislation.

Remember all of last week they were talking about a description of ''medical necessity''—the definition of medical necessity used to make coverage determinations is decided by each such plan under the Republican leadership's bill.

That ought to chill every Member of the opposite side—to think that is the

position that they are stuck with. That is in their Republican bill.

What we are trying to do with the amendment of the Senator from California is to change that to make sure that decisions of medical necessity will be based on the best that we have in terms of treatment, and in terms of the opinions of trained individuals and research.

Let's let the American people understand who is on our side on this particular issue, and who is on the side of the insurance companies. The HMOs are fundamentally the ones that refuse to use the best medical science in terms of their definitions.

This is just one example. It is a very powerful one, but I believe that if we had been able to get on this legislation last week when the Feinstein amendment was actually brought up, we would have been on the appropriations bill this week. We might have concluded several of those various appropriations bills. Instead the whole of last week has passed without any progress, and we are starting over again evidently in anticipation of this week's activity.

Now, apparently, we are going to take a good part of this week just to deny the Senate the opportunity of making a judgment on whether medical decisions should be made by doctors and patients, or by HMO accountants. They won't permit a number of amendments. They won't even permit Members a chance to debate and conclude this in five days. We took 7 to 9 days on the Y2K legislation to try and deal with some anticipated problem regarding the computer industry, but we won't be able to take the few days necessary to protect the American people.

I yield the floor.

CLOTURE MOTION

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

The legislative assistant 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 the Agriculture Appropriations bill:

Senators Trent Lott, Thad Cochran, Ben Nighthorse Campbell, Susan M. Collins, Craig Thomas, Mike Crapo, Kay Bailey Hutchison, Robert F. Bennett, Larry E. Craig, Connie Mack, Charles E. Grassley, Christopher S. Bond, Richard C. Shelby, Tim Hutchinson, Ted Stevens, and Mike Enzi.

CALL OF THE ROLL

The PRESIDING OFFICER. By unanimous consent, the quorum call under rule XXII has been waived.

VOTE

The PRESIDING OFFICER. The question is, Is it the sense of the Senate that debate on S. 1233, the agricultural appropriations bill, shall be brought to a close?

The yeas and nays are required under the rule. The clerk will call the roll.

The legislative assistant called the roll.

Mr. NICKLES. I announce that the Senator from Washington (Mr. GORTON), the Senator from Arkansas (Mr. HUTCHINSON), the Senator from Oklahoma (Mr. INHOFE), the Senator from Vermont (Mr. JEFFORDS), and the Senator from Alaska (Mr. MURKOWSKI) are necessarily absent.

Mr. REID. I announce that the Senator from California (Mrs. BOXER), the Senator from Connecticut (Mr. DODD), the Senator from North Carolina (Mr. EDWARDS), the Senator from Wisconsin (Mr. KOHL), the Senator from New Jersey (Mr. LAUTENBERG), the Senator from Connecticut (Mr. LIEBERMAN), the Senator from New Jersey (Mr. TORRICELLI), and the Senator from Minnesota (Mr. WELLSTONE) are necessarily absent.

The result was announced—yeas 50, nays 37, as follows:

[Rollcall Vote No. 184 Leg.]

YEAS—50

Abraham	Enzi	Nickles
Allard	Fitzgerald	Roberts
Ashcroft	Frist	Roth
Bennett	Gramm	Santorum
Bond	Grams	Sessions
Brownback	Grassley	Shelby
Bunning	Gregg	Smith (NH)
Burns	Hagel	Smith (OR)
Campbell	Hatch	Snowe
Chafee	Helms	Specter
Cochran	Hutchison	Stevens
Collins	Kyl	Thomas
Coverdell	Lott	Thompson
Craig	Lugar	Thurmond
Crapo	Mack	Voinovich
DeWine	McCain	Warner
Domenici	McConnell	

NAYS—37

Akaka	Feingold	Lincoln
Baucus	Feinstein	Mikulski
Bayh	Graham	Moynihan
Biden	Harkin	Murray
Bingaman	Hollings	Reed
Breaux	Inouye	Reid
Bryan	Johnson	Robb
Byrd	Kennedy	Rockefeller
Cleland	Kerrey	Sarbanes
Conrad	Kerry	Schumer
Daschle	Landrieu	Wyden
Dorgan	Leahy	
Durbin	Levin	

NOT VOTING—13

Boxer	Inhofe	Murkowski
Dodd	Jeffords	Torricelli
Edwards	Kohl	Wellstone
Gorton	Lautenberg	
Hutchinson	Lieberman	

The PRESIDING OFFICER (Mr. FITZGERALD). On this vote, the yeas are 50, the nays are 37. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion to invoke cloture is rejected.

Mr. LOTT addressed the Chair.

The PRESIDING OFFICER. The majority leader.

Mr. LOTT. I ask unanimous consent that the remaining votes in this series be limited to 10 minutes in length.

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

DEPARTMENT OF TRANSPORTATION AND RELATED AGENCIES APPROPRIATIONS ACT, 2000—MOTION TO PROCEED

CLOTURE MOTION

The PRESIDING OFFICER. Under the previous order, pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

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, hereby move to bring to a close debate on the motion to proceed to the Transportation Appropriations bill:

Senators Trent Lott, Pete Domenici, Paul Coverdell, Thad Cochran, Pat Roberts, Jesse Helms, Chuck Hagel, Judd Gregg, Ted Stevens, Slade Gorton, William V. Roth, Jr., Bob Smith of New Hampshire, Craig Thomas, Mike Crapo, James M. Inhofe, and Frank H. Murkowski.

CALL OF THE ROLL

The PRESIDING OFFICER. By unanimous consent, the quorum call under rule XXII has been waived.

VOTE

The PRESIDING OFFICER. The question is, Is it the sense of the Senate that debate on the motion to proceed to S. 1143, the transportation appropriations bill, shall be brought to a close?

The yeas and nays are required under the rule. The clerk will call the roll.

The legislative clerk called the roll.

Mr. NICKLES. I announce that the Senator from Washington (Mr. GORTON), the Senator from Arkansas (Mr. HUTCHINSON), the Senator from Oklahoma (Mr. INHOFE), the Senator from Vermont (Mr. JEFFORDS), and the Senator from Alaska (Mr. MURKOWSKI) are necessarily absent.

Mr. REID. I announce that the Senator from California (Mrs. BOXER), the Senator from North Carolina (Mr. EDWARDS), the Senator from New Jersey (Mr. LAUTENBERG), the Senator from Connecticut (Mr. LIEBERMAN), the Senator from New Jersey (Mr. TORRICELLI), and the Senator from Wisconsin (Mr. KOHL) are necessarily absent.

The yeas and nays resulted—yeas 49, nays 40, as follows:

[Rollcall Vote No. 185 Leg.]

YEAS—49

Abraham	Enzi	Nickles
Allard	Fitzgerald	Roberts
Ashcroft	Frist	Roth
Bennett	Gramm	Santorum
Bond	Grams	Sessions
Brownback	Grassley	Shelby
Bunning	Gregg	Smith (NH)
Burns	Hagel	Smith (OR)
Byrd	Hatch	Snowe
Campbell	Helms	Specter
Cochran	Hutchison	Stevens
Collins	Kyl	Thomas
Coverdell	Lott	Thompson
Craig	Lugar	Thurmond
Crapo	Mack	Voinovich
DeWine	McCain	
Domenici	McConnell	