

competitors: Long distance, cable television, electric utility companies with massive capital, and customer bases of their own will have permanently eroded Bell Co. customer bases. This is not a situation, Mr. President, of a world-dominant AT&T competition with and upstart, customer-poor MCI in the early 1980's. Major Bell company competitors are customer are customer rich, and they are capital rich. They are more than capable, Mr. President, of competing on a level playing field.

I have discussed these issues and my suggestions with the Long Distance Companies Coalition, with cable television representatives, and with Bell company executives, and they agree that my idea offers a possible compromise and is worth further discussion.

I believe that if we can assure each competitor, region by region, that none of them is to have a headstart or an unfair advantage in the race to acquire customers for new services, that we can reach an accommodation that will lead to the passage of important and far-reaching telecommunications legislation in 1995.

I believe that we can do this, and I believe it is urgent that the Congress direct our attention to this in this session. I urge my colleagues to help and join me in crafting a workable telecommunication fair competition amendment. I think my suggestion is one that can be ultimately agreed to by both the long distance carriers, the cable companies, as well as the regional Bells. It is an idea and a concept that needs further discussion, further debate, and further exploration by the various interests that are going to be affected by it. I think it does provide us an opening which I think is significant and one that hopefully the companies and people affected will take advantage of.

Mr. President, I yield the floor.

Mr. REID addressed the Chair.

The PRESIDING OFFICER. The Senator from Nevada.

EXTENSION OF MORNING BUSINESS

Mr. REID. I see the Senator who offered an amendment on the floor and a Senator who is going to speak.

The time for morning business is about to expire. I ask unanimous consent that I be allowed to speak as in morning business until 5 after the hour.

The PRESIDING OFFICER. Without objection, it is so ordered. Morning business is extended until 11:05.

HEALTH CARE

Mr. REID. Mr. President, as most know, I offered an amendment on Social Security that led ultimately to the defeat of the balanced budget amendment. I am glad that we had the debate on the balanced budget amendment. I think, No. 1, it indicated that we have

a problem with the deficit. No. 2, we need to do something about the deficit and No. 3, we should not use Social Security as a method of trying to mask the deficit.

Mr. President, while we are having all this talk about a balanced budget, one of the areas we have not talked about and that we should talk about is health care. Why should we talk about health care?

Mr. President, one of my colleagues on the other side of the aisle was quoted in the Washington Post on February 15 saying, "Health care is not very bright on anybody's radar screen, if it shows up at all."

Mr. President, it may not show up on the radar screen of some Senators in this body, but it shows up on the radar screen of the people of America. Health care is still brightly flashing in the minds of the American public.

The Gallup Poll taken before the end of this year, completed December 30, showed that almost 75 percent of the American people felt that reform of the country's health care system should be a top or a high priority for Congress within the first 100 days.

Mr. President, nobody is talking about health care. We should talk about health care. A CNN poll showed that approximately 60 percent of those surveyed say that if a major illness were to occur in their family, they could not handle the costs of that major illness at all. There is a problem with health care. If we are wondering why the deficit is being driven up, we need look no place else other than the high cost of health care. There are interesting phenomena occurring in the country. We have some managed care operations that are ongoing.

We find that doctors are not being paid as much, hospitals are not being paid as much, but the consumer, the patient, is being charged more. Where is that money going? Who is the great middleman that is making all this money? Who is that? And should we identify him? Health care costs are increasing and we should do something about it.

Mr. President, I received a letter from a friend of mine in Las Vegas who is a physician. He was complaining about a patient who was injured in a car accident in California, a Nevada resident. This patient was injured and spent 31 days in the hospital.

Now, how much would a hospital bill be for a day? Would it be \$1,000 a day, \$2,000 a day, \$3,000, \$4,000, \$5,000, \$6,000, \$7,000, \$8,000, \$9,000? Ten-thousand dollars a day is what it cost the patient before he was allowed to come back to Nevada; \$10,000 a day is what it cost that patient in the hospital.

I think, by any standards, that is steep, and I think certainly, Mr. President, we should be concerned about that.

If we are wondering why we are having trouble balancing the budget, let us look at health care. A man spends 31 days in the hospital and his bill is

\$278,000 for the hospital and \$33,000 for the physician.

Well, health care may not be on the screen of some Members of this body, but health care costs should be on the screen of every one of us. Health care costs are insurmountable for State and local governments and the Federal Government, even though we do not talk about it any more.

We brought a health care reform bill on the floor last year. We debated it at length. We lost the issue. Now I guess we are just not going to talk about it any more, even though health care cost is the No. 1 cost driving up deficits all over this country.

Uninsureds—I am not talking about uninsured, I am not talking about underinsureds—uninsureds, Mr. President, have increased in the last 2 years by 2 million people. Now it is up to 41 million Americans. Eighteen percent of the people in the State of Nevada have no health insurance.

We have introduced legislation through the minority leader, certainly not nearly as comprehensive as last year—and that is an understatement—but we have introduced legislation to address these problems. I direct this body's attention to S. 7, which deals with some of the big problems facing health care, including paperwork reduction, administrative simplification, to help in rural areas. I see my friend from Illinois on the floor. He has been a leader in trying to provide health care for rural Americans.

Specifically, S. 7 will provide portability, limit preexisting condition exclusions, prohibit companies from raising rates when consumers get sick, and require that all insurers offer at least one plan with the same benefits available to Members of Congress.

The bill will also provide assistance for families and small businesses through tax incentives and modest subsidy programs. Specifically, this bill will reinstate the self-employed tax deduction, a proposal supported by 50 Members of this body in a letter to the majority and minority leaders.

S. 7 will reduce paperwork and provide administrative simplification by implementing standard billing and claims forms. This legislation also provides privacy protection for an individual's health records, strengthens fraud and abuse efforts, and reforms our medical malpractice system.

Two other elements in the bill which I particularly support are measures to provide cost and quality information to consumers and the provisions to enhance rural health care delivery. By providing consumers with accurate cost and quality information on health plans we can put the buying power in the hands of the consumer.

S. 7 will help rural areas establish telemedicine networks and financially viable rural health plans. The Washington Post in its health section recently cited a University of North Carolina at Chapel Hill study which found that of the 50 million Americans living in