Mr. ROBERTS. Mr. President, notwithstanding all the advice we have received from Senator SARBANES and Senator D'AMATO in regard to how world banks make their loans or don't, and what is in the minds of country bankers all throughout the Nation, and without CRA we simply wouldn't have ever made a loan in rural America, 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. KENNEDY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. KENNEDY. Mr. President, I support H.R. 1151, the Credit Union Membership Access Act, but I strongly oppose the amendments being offered by Senator GRAMM and Senator SHELBY. Credit unions have a distinguished history of providing affordable financial services to America's low- and moderate-income communities. This legislation will help them continue to do that.

It is ironic that we are now debating the issue of whether banks and credit unions should serve low- and moderate-income communities and to reinvest in the communities in which they receive deposits. Massachusetts has 317 credit unions, at 1.7 million members. They have had community reinvestment obligations for many years, and they have done an excellent job of meeting needs of consumers at all income levels. Massachusetts credit unions are a model for the Nation. The vast majority of banks take their community reinvestment obligation seriously in meeting these obligations.

The Massachusetts Bankers Associations, whose member banks are doing excellent work in community reinvestment, does not support the Shelby amendment. Institutions which have received outstanding ratings, like Bank of Boston and Citizens Bank, are using the Community Reinvestment Act to provide profitable lines of business.

Senator SHELBY's amendment to eliminate the Community Reinvestment Act for 85 percent of the banks would eliminate an important source of affordable credit and financial services from low- and moderate-income families who are bankable. Massachusetts banks do not support this amendment, and I urge my colleagues to oppose it.

Senator GRAMM's amendment would say to credit unions who are being granted expanded power, they have no obligation to serve members of modest means. Both these amendments are bad policy.

In this period of sustained economic growth, it is vital that all families have the opportunity to obtain credit in order to buy a home, start a small business, or send a child to college. The Community Reinvestment Act has a long history of success. Since 1992, it has helped banks to extend over $800 billion in loans for housing, small businesses, economic development and local communities across the Nation.

As many have said, there is no capitalism without capital. We should oppose any effort to reduce access to credit which families need in order to buy a home, to start or expand a business, and send their children to college. The Community Reinvestment Act is not charity. It creates a positive obligation for banks to reinvest in communities from which they receive deposits. It is good business and it helps communities, businesses, and families nationwide; requiring similar investments by credit unions is good policy.

I urge my colleagues to pass this important piece of legislation and to oppose these two amendments. It hurts all those who want a better future for themselves and their families, and it hurts our inner cities and rural communities who are rebuilding. Most of all, they reverse 20 years of successful reimbursement in our neighborhoods, and it deserves to be defeated.

MORNING BUSINESS

Mr. D'AMATO. Mr. President, I ask unanimous consent there now be a period for the transaction of routine morning business with Senators permitted to speak for up to 10 minutes each.

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

Mr. KENNEDY. I ask unanimous consent to be able to proceed for 15 minutes.

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

Mr. KENNEDY. I ask the Chair to let me know when I have 3 minutes remaining.

PATIENTS' BILL OF RIGHTS

Mr. KENNEDY. Mr. President, since the Republican leadership plan on the Patients' Bill of Rights was introduced a week ago, we have been holding meetings and forums with doctors and nurses and patients to explore the critical issues that must be addressed if a Patients' Bill of Rights is to be worthy of the name.

In each case, the message has been the same. The problems created by HMOs and managed care are pervasive in our health system. Every doctor and patient knows that. Too often, managed care is mismanaged care. Every doctor and patient knows that medical decisions that should be made by doctors and patients are being made by insurance company accountants, and every doctor and patient knows that profits, not patients' care, have become the priority of too many health insurance companies.

And at each of the forums we have held, the message from doctors and nurses and patients has been the same: Pass the bipartisan Patients' Bill of Rights. Reject the Republican leadership plan; it leaves out too many critical protections and it leaves out too many patients. Even the protections it claims to offer are full of loopholes. It is a program to protect industry profits, not patients.

One of the most critical issues that needs to be addressed in legislation is the right of people with serious illnesses, like cancer, to get the high-quality specialty care they need. If the conventional treatments fail, they should have the opportunity to participate in clinical trials that offer them hope for improvement or a cure, and that can contribute to finding a better treatment for future patients. Our legislation provides for these rights; the Republican plan does not.

Yesterday, we heard from Dr. Casimir, a distinguished Texas oncologist. Dr. Casimir talked about some heartbreaking stories of cancer patients whose HMOs delay and deny access to specialty care, often until it is too late. She said that when she gets a patient whose cancer progressed substantially from the initial diagnosis to the time they are allowed to receive specialty care, she often flips to the front of the chart, and 9 times out of 10, the insurer is an HMO. Every centimeter a cancer grows can mean the difference between a good chance at life and the likelihood of death. Every centimeter represents potentially devastating and avoidable pain, suffering and sometimes the death of a patient. Dr. Casimir's message was clear: Pass the Patients' Bill of Rights so that more patients will not die needlessly.

Today, we heard from Dr. Bruce Chabner, a distinguished clinical oncologist and cancer researcher. This is what the doctor had to say:

> My name is Bruce Chabner and I am a medical oncologist and cancer researcher. I am here to support the Patients' Bill of Rights that would require HMOs and insurance companies to support clinical research. I would like to explain briefly the role of insurance coverage in research. Most of the costs in clinical research are associated with the cost of discovery. Laboratory experiments in the development of new treatments are supported by the Government grants, by industry, and by institutional commitments by hospitals and medical schools.
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> These contributions provide the hundreds of millions of dollars that lead to new treatments and new 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 insurance and HMO contributions.
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> 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 or to bring them to the clinics. 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 the patients' care costs.