nuisance species from public facilities, such as municipal water works.

As the range of the zebra mussel expands, control is being undertaken by more and more raw water users. Without the benefit of this research, the control methods chosen may be less efficient, and less environmentally sound than necessary. With the help of Senators DOMENICI and REID and LEVIN I am glad to say that this bill will provide $1.5 million to continue this important work.

The National Invasive Species Act of 1996, which I cosponsored and which reauthorized and expanded the Nonindigenous Aquatic Nuisance Prevention and Control Act, received strong bipartisan and multi-regional support in both chambers, and the full support of the administration, the maritime industry and environmental community. Funding for NISA programs is essential if the benefits of the law are to be realized.

Mr. President, again I want to thank Senator DOMENICI and Senator REID for their attention to this matter.

Mr. TORRICELLI. Mr. President, I rise today out of concern for a provision in the Fiscal Year 2000 Energy and Water Development bill that rescinds funding for a critical flood control project being sponsored by the Hackensack Meadowlands Development Commission (HMDC) in Lyndhurst, NJ. This project first began receiving Federal funds in FY 1995, while I was still a U.S. Congressman, and is necessary to reduce damage to local areas caused by Hackensack River flooding.

Nearly 10 years ago, the HMDC analyzed a number of local areas which experience frequent flooding, and developed a list of improvements designed to reduce damage to the region. At my request, in FY 1995, the HMDC received $2.5 million to make this flood control project a reality, and the agency began to develop a plan to restore several drainage ditches in the area, install tidal gates and reconstruct a major dike system along the Hackensack River.

Regrettably, because of the Army Corps' difficulties in reaching an agreement with the local sponsor on the scope of the work, and with finding a source for the cost-share, only about $100,000 has been spent to date on this project. I understand that this year the subcommittee has targeted projects with unspent balances, and, as a result, the FY 2000 Energy and Water bill contains a rescission of $1.641 million for this initiative.

However, I have been informed that the local sponsor is now ready to sign a Project Cooperation Agreement and that the local cost-share is now available. As a result, I want to work closely with Chairman DOMENICI and Ranking Member REID to address the concerns about the unspent balance while ensuring that this project remains ready to move forward.

Again, I would like to thank Chairman DOMENICI and Ranking Member REID for their consideration and assistance with this initiative. I appreciate their personal involvement in trying to reach agreement on funding for this project, and am hopeful that by working together we can move forward in the effort to reduce flooding damage caused by the Hackensack River.

LEGISLATIVE ACTION IN THE SENATE

Mr. DURBIN. Mr. President, I think most of those who are following the activities on Capitol Hill understand that we are awaiting action in the other body, the House of Representatives, on a measure that was passed here several weeks ago concerning gun safety. This is a measure which received a bipartisan vote, a tie vote on the floor of the Senate, a tie that was broken by Vice President GORE. That issue, which reached, I guess, the highest level of national consciousness, came in the wake of the Littleton, CO, tragedy.

I think most Members of Congress thought we on Capitol Hill had to listen to the families across America who were asking us to do something to make life safer for our school children. The Senate responded. After a week-long debate, we passed legislation and sent it to the House of Representatives—modest steps but important steps in sensible gun control.

It is our hope that the House meets its obligation, passes legislation, and we can achieve something this year on the important issue of safety in our schools. This respite that we currently enjoy, because of summer vacation, should not lull us into a false sense of security about school safety.

Sadly, the names of towns across America remind us that we have a national problem: Conyers, GA; Littleton, CO; Jonesboro, AR; West Paducah, KY; Pearl, MS; Springfield, OR. The list goes on, sadly, to include too many towns, many of which I am sure we would never have guessed would be the site or scene of violence in a school. It has become a national problem.

I hope this Congress, which has done precious little in the last few months, can respond to this issue of school safety and do it quickly. We would be remiss to believe the response to that issue satisfies the needs of the American people as they look to Congress for leadership.

There is an area which most Americans understand and appreciate that, frankly, we have failed to address over the last several years. I refer, of course, to the whole question of the Patients' Bill of Rights and whether or not we, as a Congress, will respond to the need to do something about the state of health insurance in America.

We all know what has happened. There was a debate several years ago, when the Clinton administration first came in, over whether we would do health care reform. That debate broke down on Capitol Hill when the insurance industry spent literally millions of dollars in advertising against any kind of reform. We stopped in place. We did nothing on Capitol Hill.

Families across America, as they look at the changing landscape of health insurance, might assume we passed some sweeping Federal legislation. We did not. What happened was, there were dramatic changes in the private sector without any impetus from legislation on Capitol Hill. Those changes started moving more and more Americans into what is now euphemistically called managed care. Managed care, of course, is a health insurance approach that is designed to bring down costs. I do not argue with the fact that it has brought down costs in some areas. What I argue with is whether or not we have paid too high a price for those costs to be brought down and whether there is a more sensible way to address it.

It is estimated that by 1996, 75 percent of employees with employer-provided health insurance were covered by managed care.

I have traveled around Illinois. I will bet Senators visiting their home States would find the same thing that I did. I visited hospitals in cities and rural areas. I invited doctors and medical professionals to come to the cafeteria and sit around a table and talk about health insurance. I didn't know if any doctors would take time out of their busy day for that purpose, but they did.

In fact, in one hospital, as we were sitting in a cafeteria discussing the issue, all of the doctors' beepers went off. There was a crisis in the emergency room, and they all left. They returned about 45 minutes later, still anxious to carry on the conversation. What these doctors talked to me about was the changing environment in medical care in this country and their concern as to whether or not they could do the right job professionally.

And it wasn't just the doctor's concern. I have heard the same thing from families all across Illinois, and we have heard it across the Nation.

Too many people worry that when they go into a doctor's office with a medical problem, or with a member of their family who is ill, they aren't getting straight talk. They expect doctors to tell them honestly what the options are, the best course of treatment, the best hospital, the best specialist. Unfortunately, because of managed care, there is another party involved in this conversation. It is no longer just the doctor and the patient, or the doctor and the parent of an ailing child; there is also some clerk at an insurance company who is party to that conversation. They might not be sitting at the examining table, but most doctors, before they can recommend anything for a patient, have to get on a phone and call some invisible clerk hundreds, if not thousands, of miles away for approval.

Let me tell you a real life story by a doctor. The doctor said that a mother came in with a young boy and said, ''My son has complained of headaches

for months.'' The doctor said, ''Are they in one particular part of his head?'' She said, ''Yes; on the left side. He always complains about headaches on the left side of his head.''

The doctor thought to himself that there was a possibility that this could be a tumor if the child continued to complain about headaches on one side of his head. So he thought that perhaps he needed some diagnostic treatment—an MRI, CAT scan, or something to tell him whether or not there was the presence of a tumor.

Before he said those words to the mother, he excused himself. He took a copy of her chart and looked up the insurance company and had his secretary call so he could ask the clerk at the insurance company whether or not he could tell this mother they could go ahead with this diagnostic treatment to determine the nature of the child's problem.

The clerk on the other side of the telephone said, ''No, it is not covered; you can't do that.'' The doctor said to the clerk, ''What am I supposed to do?'' The clerk said, ''Tell the mother to go home and wait and come back at a later time if the problem is still there.''

That doctor walked back into the room with the mother present and said, ''I think you should go home and wait and call me in a few weeks if things have not changed.'' He could not, under his contract with the insurance company, even tell the mother why he had been overruled on his course of treatment. That is what is known as a ''physician's gag rule.''

What that means for too many Americans is that when you sit across the table from a doctor, you are never certain whether that doctor is telling you everything you ought to know. When we erode the basic confidence in the relationship between a doctor and a patient, we have gone a long way in this country in undermining quality health care, which has been one of the hallmarks of America. The physician-patient relationship is so sacred under the law that it is recognized in court as a special, confidential relationship. Yet that very relationship is being undermined because of this fact.

Managed care restricts a doctor's right to decide and his or her right to even tell you why he has made a certain decision.

That is not the end of it by a long shot. In addition, many managed care policies restrict the hospitals to which patients can go. I belong to a managed care plan in Springfield, IL. We have two excellent hospitals, but my plan really focuses on one hospital and says, you will go to this hospital to the exclusion of the other hospital, or it will cost you. It is not a big problem where I live, because the hospitals are a few blocks from one another. But in some areas of urban America, and in rural America, it can be a problem.

In what way? Well, consider this. You are in your backyard at a family picnic for the Fourth of July, and the kids are playing around, as I just went through with Memorial Day at a family get-together. They are climbing trees, and a child falls out of a tree and starts crying, and there is fear that he might have broken his arm, or worse. They take off for the emergency room.

But wait. Before you take off for the nearest emergency room, you had better ask yourself: Does my health insurance policy cover emergency care at that hospital? Do I have to drive across town or to some other hospital under the terms of my policy? It makes no sense. If there is a situation of medical necessity to protect your child or a member of your family, you should not have to fumble around and try to remember which hospital is covered by your plan. Instead, you should do what is right for your family. That is one of the elements I think many people are concerned about when it comes to this whole question of managed care.

There is also a question about the cost of this managed care and the accessibility of this care for many employees. It is a fact of life in America that each year fewer and fewer working families in America have the benefit of health insurance protection. Fewer and fewer employers are offering it. We are drifting away from our goal of universal health coverage and leaving more and more Americans vulnerable. That is a classic example of what is wrong with our system today, an instance of what we need to do in order to make certain that every American has the peace of mind to know they have health insurance coverage.

(Mr. BROWNBACK assumed the Chair.)

Mr. SCHUMER. Will the Senator yield for a question?

Mr. DURBIN. Yes.

Mr. SCHUMER. I thank the Senator from Illinois. I am in complete sympathy with the remarks he has made.

Everywhere I have gone in my State, people have brought up one horror story after the next, whereby, say, accountants are making medical decisions instead of doctors. I would like to relate to the Senator an instance that I heard about, which was really frightening to me, and see if the kind of proposal we are talking about might deal with that issue.

There was a young woman on Long Island, 24 years old and beautiful, who had just got out of nursing school. She was an athletic individual. She went to a physician because her upper leg was hurting. She went to the physician, who determined that she had a tumor on the bone. The physician recommended and told her privately that she ought to go to an orthopedic oncologist because they had to take the tumor off. She went to her HMO. The HMO said: No, no, no. All you need is a regular orthopedic surgeon.

Well, this was not a well-to-do family. She had her health plan because her father had retired as a lineman for the phone company. She figured she would go along. She went to where the HMO recommended—to a regular orthopedic surgeon. The operation was had, and he said it was a success.

Two months later, the tumor grew back. She called the HMO and said, ''I really need an orthopedic oncologist.'' They said no. She then paid something like $45,000 or $50,000; she went into hock with loans to get the operation done, which was a success. A day after the operation occurred, the HMO wrote her a letter saying, ''All right, you are right; we will give you an orthopedic oncologist.'' But it was too late. She said, ''Why don't you reimburse me?'' They said no way. After a lot of intervention from my office and others, they have finally reimbursed her.

One of the things that has been mentioned as part of the Patients' Bill of Rights is guaranteed access to appropriate specialists. I was just wondering if the Senator from Illinois could enlighten us as to—in that type of situation, which I am sure is repeated time and time again—how the Patients' Bill of Rights might rectify that situation.

Mr. DURBIN. I thank the Senator for that question.

Sadly, the Senator's experience can be repeated in almost every State under managed care plans. What we are trying to provide in the Patients' Bill of Rights, supported by the Democratic side, is a continuity of care and access to specialists when needed. I think that just makes common sense. I can't imagine anyone, such as this lady the Senator mentioned, or others, who would want to compromise the best care possible to make sure they are taken care of.

Here is another example you are probably aware of. Many times, companies will change managed care plans. Someone who, for example, is going through cancer therapy and believes they have good, quality care that is very promising in terms of full recovery may find a change in managed care plans which makes that doctor, that clinic, or that hospital ineligible. So that is another area where, frankly, we want to restore peace of mind among the people across America—that they would have this kind of access, access with continuity—even if a change in plan has taken place through the employer.

This access to needed specialists becomes equally important, because most managed care plans have what they call gatekeepers. These gatekeepers are general practitioners, family internists, and the like who try to decide whether or not you need a specialist. Many specialists have come to me and said they have limited training, but they have specialized training. And they are encouraged to pass them along the chain to a specialist who might be initially more expensive but, frankly, might save that patient a lot of worry, perhaps suffering, and perhaps provide a cure that might not otherwise be available.

That is the kind of thing that I think families across America are concerned about.

They look at Capitol Hill and say: Do you get it up there? Do you understand? These are things our families worry about when we think we have the protection of health insurance, and, yet, we are so vulnerable. What are you doing about it in Washington?

The honest answer is, we have done nothing.

The question is, before we leave town this year, perhaps even this month, whether or not we can bring up this bill, the Patients' Bill of Rights, and address some of the real family concerns we have run into.

Mr. SCHUMER. Will the Senator yield for a question?

Mr. DURBIN. I am happy to yield.

Mr. SCHUMER. Again, I couldn't agree more with the Senator. These are the kinds of things, it seems to me, that our constituents sent us to Washington to do—not to spend all day debating all sorts of things that have very little relevance to their lives but to try to solve the problems that families face.

I find families from one end of my State to the other are just totally frightened about the ability to pay for health care and are frightened that the HMO that they have is really not giving them good medical care, that it is putting dollars above health care.

There is nothing wrong with HMOs. In fact, a lot of them have done a good job in terms of reducing costs. But the pendulum has swung, it seems to me, too far.

When physicians who spend years and years of training, and whom this country subsidizes to train, are no longer making the decision, it seems to me the Senator has made a great point: It not only hurts health care but it actually costs more money. The example I gave is an example where the operation has to be gone through twice because it was done so poorly the first time.

My issue is, from what I understand, oftentimes, in access to specialists as well as access to procedures, the gatekeeper is not even a physician; some HMO is the gatekeeper. Someone who is an actuary is looking at tables and statistics, and things like that, and overrules the actual decisions of the medical doctor or the specialist.

Is that true in the Senator's State as well?

Mr. DURBIN. It is. I was in Joliet, IL, at a hospital cafeteria, sitting at a table full of doctors. One of the doctors was so angry because he kept getting this clerk on the phone: No, that patient can't be admitted. He finally said to the voice on the other end of the phone: Are you a doctor? The employee of the insurance company said no. Well, are you a nurse? No. Well, are you a college graduate? No. How can you possibly overrule my decision on treating a patient? She said: I am going by the book.

She had a book in front of her that had the complaints that a person might register and whether or not a treatment was warranted.

That medical care has now been reduced to the level that we have people who are reading books and overruling doctors who have been trained gives everyone concern.

One of the reasons we need to bring up this Patients' Bill of Rights is to make sure that doctors and medical care personnel across the country can make the best professional decision for the people they treat—a decision based on a person's health and their well-being as opposed to the bottom line profit margin of the insurance company that is involved in it.

Mr. SCHUMER. If the Senator will yield, I have one final question. This is not a new issue. In other words, I think we have heard about the Patients' Bill of Rights for at least a year or two. I am new to this body.

Have there be any attempts to deal with this issue in the past? What has happened? What is stopping us from just voting on this right now? I am sure it is a measure that the American people in every one of our States want us to discuss. What has been the history of this legislation?

Mr. DURBIN. I thank the Senator from New York. The history of the legislation has been frustrating, because we came close to debating it last year, then it fell apart.

There are two different points of view: The Republican side of the aisle, not exclusively but by and large, has their own approach. The Democratic side of the aisle has its own approach on the Patients' Bill of Rights.

We would like to bring this out for a debate. Let's have a debate. Let's act as a legislative body, as we did during the gun debate. Let's let the American people in on it. Let's let them hear arguments over the amendments on one side and then the other, and let them join us in this decision-making process. Unfortunately, that broke down last year and there has been no evidence of an effort to revive it this year.

We need to remember that in a few weeks, literally, we will all be heading home for the 4th of July recess, then for the August recess, and many people will say to us: Incidentally, what have you done? What is happening in Washington? If we can't point to real-life issues that families care about, they have a right to be upset and wonder if we are doing our job.

So I say to the Senator from New York, precious little has been done on this subject. But we are prepared to go forward with debate. I think that is what this body is supposed to be all about—the world's most deliberative body, the Senate.

Let's not be afraid of amendments. Let's not be afraid of votes. I invite the Members on the other side of the aisle to join us. Let's put the issue on the floor. Let's come to some conclusion, send the bill on to the House and challenge them to do the same thing, bring the President into the conversation, and say to the American people that we are doing what you sent us to Washington to do—to respond to things that people really care about.

Mr. SCHUMER. If the Senator will yield once more, it seems to me that, again, if there is anything we should be doing, it is things such as this. There are lots of important issues. This is a big country. We debate all sorts of things.

But, again, I go around my State. I can't think of anything that people care more about, that we can do something concrete about, that is not a radical solution. This is not something that says scrap the whole system and start from the beginning; this is simply something that redresses the balances so people can have faith in their physician.

This is an amazing thing to me. I don't know if the Senator has found this. But as I go around the State, perhaps the most frustrated group is the doctors themselves. They are hardly a group of wide-eyed crazy radicals. The doctors come to me in place after place with anguish in their eyes, and they say: You know, I have spent so many years, I went to college and took all of the courses, I went to medical school, I performed a residency, and I practiced medicine in the way I chose, in the best I way I know how, for 30 years, and now, all of a sudden, because of these changes in health care, I can't deliver the quality health care that I want for my patients, whom I care about, many of whom have been my patients for decades.

I would join my colleague in urging that we in this body debate and debate rather quickly a Patients' Bill of Rights. We don't have the only approach. Let every approach be aired. Let us have a real debate on the issue. But let's not walk away from here before the July 4th break without having a Patients' Bill of Rights.

I am wondering if the Senator thinks that is within the timeframe of possibility that we could get such a Patients' Bill of Rights.

Mr. DURBIN. I thank the Senator from New York.

We just spent 5 days debating whether or not certain computer companies should be protected from liability on Y2K problems. That is a serious issue. It is a bill that we passed today. We spent 5 days debating it. I think we owe the American people to spend at least 5 days, if not more, debating the Patients' Bill of Rights. We have the time to do it. We don't have an overload of activity in the Senate, but we have an overload of responsibility when it comes to the health care issue.

The last point I will make before giving up the floor is on the question of liability. Remember the example I used earlier about the doctor who couldn't tell the mother that it wasn't his decision that her son couldn't have an MRI or CAT scan. He couldn't tell her. It was the insurance company's decision.

Let's assume for a minute that something terrible occurred, and that child

didn't have a brain tumor, and in fact suffered some long illness, or recuperation, or maybe worse. Do you know that under current law, as written, in many of these managed care plans, even though the insurance company made the bad decision, the insurance company overruled the doctor, the insurance company could not be held accountable for its wrongdoing in America?

There are very few groups that are immune from liability. I think foreign diplomats are one. When it comes to this issue of managed care and insurance companies, many doctors are saying: That is not fair; we want to make the right medical decision, and we are overruled by the insurance company. The doctors get sued. The insurance companies are off the hook.

That is not what this system or what this Government is all about. It is about accountability. I am held accountable for my actions as the driver of a car, as the owner of a home—all sorts of different things. Why should we exempt health insurance companies and say they are not going to be held liable for bad decisions—decisions not to refer you to the right specialist, decisions not to allow you to stay in a hospital, decisions not to allow you the kind of care you need? That, to me, is the bottom line in this debate.

I see Senator KENNEDY on the floor. He has been a leader on this issue. I thank him for joining in this discussion. I hope he can give Members some instruction.

I yield to the Senator for a question.

Mr. KENNEDY. Mr. President, I want to join my friend, the Senator from Illinois, in his presentation, as well as the Senator from New York, and urge that Members in this body begin debate on one of the most important pieces of legislation that we, hopefully, will have an opportunity to consider; that is, how we will ensure that medical decisions are made by those in the medical profession, rather than the accountants and the insurance companies.

The Senator has made that case with an excellent example this afternoon. I wonder whether the Senator realizes it has been over 2 years we have had legislation pending before the Senate. The Human Resources Committee has the jurisdiction, and we were effectively denied—I know the people who are watching or listening are not really interested in these kinds of activities. We have to have the hearings in the committee. Then we have to try to work the will of the committee and report it out to the Senate.

This legislation has been before the Senate for 2 years, but we were not even permitted to have a hearing under the leadership of our friends on the other side, the Republican leadership. We were denied the opportunity to debate these questions when we tried to bring this up in the last Congress.

I gather from what both Senators have said, they believe, as I do, that this is one of the fundamental and basic issues of central concern to families all over this country. If we can spend 5 days dealing with the Y2K issue, we can certainly afford to spend a few days—perhaps not even the 5 days, 4 days—on an issue that is so important to families, families who may have an emergency, families who may want to have clinical trials for the mother, the grandmother, or the daughter, to deal with problems of cancer. Or the whole issue of specialty care, to make sure those who need the kinds of prescription drugs necessary to deal with a particular illness and sickness would be able to get them.

I wonder if the Senator would agree with me that included in Senator DASCHLE's legislation is a series of recommendations that were made by a bipartisan panel to the President, with Members who were nominated by the leaders of both parties and by the President of the United States. It had to be unanimous. They made a series of recommendations. Those recommendations have been included in Senator DASCHLE's Patients' Bill of Rights. The only difference was the panel recommended they be voluntarily accepted. We have seen that the companies are unwilling to accept those. The leader has said if they are not going to accept them voluntarily, we will include them, but they reflect a bipartisan panel.

Secondly, they include some other recommendations that have been recommended by the insurance commissioners. They are not a notorious group favoring the Democrats or Republicans. I imagine, if you looked over the field, most of them are actually Republicans. They made some recommendations. Those effectively have been included.

Finally, there are the kinds of protections that have been included in the Medicare and Medicaid programs. We don't hear a murmur from the other side about those protections not being effective.

If that is the basis of this legislation, and it has the support of 130 groups that have responsibility for treating the American families in this country, why in the world shouldn't we have an opportunity to debate it?

On the other hand, our Republican friends haven't a single group, not one, that represents parents, children, women, or disabled that support their program. Can the Senator explain to me why, if that is the case, we are being denied? Does the Senator agree it is completely irresponsible to deny the Senate the full opportunity to debate these measures?

Mr. DURBIN. I am happy to respond.

I think the Senator's question is rhetorical. But if we can spend 5 days debating protection for computer companies, can't we spend 5 days debating protection for America's families concerned about the quality of the health care available to them and their children?

I think that is obvious. I think the Senator has clearly made the point about the number of groups that endorse the Democratic approach to that, that they could and should have that kind of debate.

I see the minority leader on the floor, and I am happy to yield.

Mr. DASCHLE. I congratulate the Senator from Illinois and the Senator from New York for beginning this colloquy this afternoon. Certainly, the Senator from Massachusetts is a leader on health issues. This is, without a doubt, the single most important health issue facing this Congress this year, next year, and for however long it takes to pass.

Senator KENNEDY's question is right on the mark: Why is it, with all of these groups that are urging the Senate to act, that are waiting for the Senate to act, that cannot understand why we have not acted, why is it we cannot schedule legislation this week to get this bill passed?

If we can do Y2K, if we can do the array of other matters that have come before this Congress this year, for heaven's sake, why, with 115 million people already detrimentally affected, can't we do it this week? There isn't an answer to that question.

I ask the Senator from Illinois if, from the experiences he has had in his own State, he has heard any other issue having the resonance, having the depth of feeling and meaning to the families of America that this issue does; whether or not he ever had the kind of experience I have had where people come up and volunteer that there is no more important question facing this Congress than this issue, and they want Members to solve it; has the Senator had a similar experience?

Mr. DURBIN. I have had a similar experience. Not only is this an important issue, the human side is compelling. We hear the stories from the Senators from New York and Massachusetts, and we have run into these real-life stories. These are not the kinds of stories you dream up or see on television.

People worry on a day-to-day basis whether they can protect themselves and their own families under this managed care Patients' Bill of Rights, on which Senator DASCHLE is the lead sponsor. It gives a framework to give assurance to these people so they can have confidence that not only good health care will be there but quality health care that will help respond to a lot of the family tragedies which we hear over and over as we travel about our States.

The other side of the aisle makes a serious mistake if they do not understand this is a very bipartisan issue. I am just not hearing from Democrats or Independents; I am hearing from Republicans and Democrats and Independents alike. All families are in the same predicament. All families look to the Senate to focus on this issue, which means so much to the future of this country.

Mr. DASCHLE. I thank the Senator for his leadership and comments he has made.

Obviously, time is running out. We have 6 weeks left before the summer recess begins in August. We have a few weeks left in September and October, and then we are at the end of the session already.

We have very little time to address an issue of this importance. That is why we have indicated we will find a way to ensure this issue is addressed in June. We cannot wait any longer. We waited last Congress. We waited and came up with as many different ways with which to approach this issue procedurally as we knew how. We failed to convince our Republican colleagues to join this side of the aisle in passing it last year. We will not fail this year. We will get this legislation passed. It has to happen this month.

I thank the Senator for his leadership and for cooperating and making this a part of our schedule this afternoon.

Mr. KENNEDY. Will the Senator yield?

Mr. DURBIN. I am happy to yield to the Senator.

Mr. KENNEDY. I express appreciation for the very excellent commitment of our leader on this issue. He has been tireless in the pursuit of the protections of our fellow citizens in the health area.

I see the Senator from New York on his feet. I will ask one or two questions and then I will yield. Is one of the points the Senator from Illinois thinks worth debating, with the approach that has been taken by our Republican friends, the limited number of people who are actually being covered? As one who was the author of the HMO legislation in the 1970s, we passed it five times here in the Senate before we finally got the House to pass it.

Then it was passed and it was on a pilot program. But the concept at that time was we were going to change the financial incentives from having more and more tests and more and more treatment to having a capitation payment that said to the health delivery system you have this amount of money to take care of this patient, so they have an incentive to work for preventive health care, keep the person healthy. They get more resources the healthier the person is and the longer the person stays healthy. But we have seen abuses where they have cut back on more and more of the coverage. That has stimulated this whole program.

The fact remains, under the Republican proposal we find out that somewhere above a quarter, about 30 percent of all of those who are covered, and even a lesser percent of HMOs, which is really the problem, are actually covered. Would this not be an issue that ought to be debated out here, that the Members of this body ought to be able to make some call about? I do not think that is a very complex issue. Do we want to cover 30 percent or do we want to cover 100 percent? How long do you think that issue would really take, for people to understand it and be able to express a view? It does not seem to me that would take a very long time. People can make that judgment. People ought to be able to make that judgment. Does the Senator agree?

Mr. DURBIN. I agree with the Senator from Massachusetts. Isn't it an interesting analogy to the debate we had on guns, where we had amendments coming before us, and when the public had a chance to take a look at it they were satisfied that amendment does not achieve the result we want, keeping schools safer and guns out of the hands of children and criminals? The debate ensued for the week we were on it, and when it was all over the public prevailed. They passed a real sensible gun control bill as opposed to one that did not do the job.

I think what the Senator from Massachusetts says is let's let the American public in on this debate, too. Do they think covering one out of three families is enough, or do we want to make sure we have a bill similar to the Democrats' Patients' Bill of Rights which really provides protection and assurance of quality health care for the vast majority of families under managed care plans? I think the Senator is right. That deserves to be debated on the floor of the Senate.

Mr. KENNEDY. Just a final point. Does the Senator agree with me that now the insurance industry has spent somewhere around $15 million to misrepresent and distort the Patients' Bill of Rights, which has been introduced by our leader, Senator DASCHLE, and of which many of us are cosponsors? They have spent that last year doing that, when people thought we were supposed to take it up. If you ask across the spectrum of America about the importance of this issue, the American people still want action taken. They still want to have these protections for themselves and for their families. I think this is a clear indication.

I think our friends on the other side ought to understand that Americans understand this issue. I think parents understand it. I think mothers and grandparents understand it best. Those who are opposed to it can distort and misrepresent and advertise, as they have done in the past, but American people know what this issue is all about.

Does the Senator not agree with me on that, and that the American people want action by this body?

Mr. DURBIN. I agree and I think we have precious little time left to respond.

I yield to the Senator from New York.

Mr. SCHUMER. Just one final question to the Senator. I first thank the Senator from Massachusetts for the eloquence and passion and intelligence that he brings to these issues, and our leader, Senator DASCHLE, for sponsoring this legislation and leading us in this regard.

When you walk into an emergency room, the first question you should be asked is not: What is your coverage? It should be: Where does it hurt? Yet, these days, the way our system is working, the first question that often has to be asked is: What is your coverage? That is so totally wrong.

One of the reasons I ran for the Senate was so I would have the opportunity to debate these bills, because the procedures in the Senate allow the American people, through their elected Representatives, to debate in a much wider way than the process in the House. Yet we are not being allowed to debate this, even though we have wished to do it.

I ask my senior colleague, what holds us back? I mean, why can we not debate this issue? Not everyone is going to have the same view, but I think everyone would agree this is an issue on the very top of the list of things that most Americans care about. What can hold us back? What is holding us back from debating an issue as important as the Patients' Bill of Rights?

Mr. DURBIN. I think it is a matter of political will and it is a question of whether the leadership on both sides of the aisle can agree on a schedule.

I see on the floor the majority leader, Senator LOTT. For the purpose of answering a question, I yield to the majority leader. Will he tell us whether or not we plan on scheduling this Patients' Bill of Rights for consideration in the next several weeks?

Mr. LOTT. Mr. President, the Senator asked a question and yielded to me for a response. First of all, I am standing so we can make an announcement about what the schedule will be for the remainder of the night and to get an agreement about how we will proceed during the day tomorrow. As soon as this 15-minute block of time that was agreed to is exhausted, I will be prepared to go to this.

In answer to the Senator's question, I will be delighted to go to this Patients' Bill of Rights very soon. We could even do it next week if we could get an agreement that we will vote on your version of the Patients' Bill of Rights and we will vote on our version of the Patients' Bill of Rights. We have a good bill. We are ready to go. We think there are important things that need to be done in this area, and we are prepared to debate the issue and vote on the two different approaches. So we can do that.

Or we can work together and see if there would be a limited number of amendments that could be agreed to that would be offered on both sides. The problem we ran into last year is somebody said we will need 100 amendments. Please. We have lots of other work. If the Senator has a perfect product and we have a perfect product, why do we need 100 amendments? Then it got down to 20 amendments on each side.

But I have designated Senator NICKLES to work with the designee from the Democratic side of the aisle. I believe Senator DASCHLE has indicated Senator KENNEDY will do that. They are going to try to get some agreement on exactly how to proceed. We will be glad to vote on the two versions any time Senators are ready, because we think this is important. We have a bill that was developed by a task force that had broad involvement. Senator JEFFORDS was involved, as were Senator COLLINS, Senator GRAMM, Senator NICKLES, Senator SANTORUM—really a good group. So we are ready to go. It is just a question of getting an agreement on how the procedure will be worked out.

Mr. DURBIN. If I might, without yielding the floor, say first to the majority leader, I was told Senator DOMENICI was going to come forward to urge a vote or something of that nature. I have not seen him at his desk, but I am happy to yield the floor.

But I ask the Senate majority leader one last question: If we could reach an agreement that we would limit the length of debate on Patients' Bill of Rights to the same period of time, the 5 days we spent on the Y2K, would that be a sound basis for agreeing that next week we would take up the Patients' Bill of Rights?

Mr. LOTT. I would have to take a look at that. First of all, I think 5 days is probably excessive. There was no need to take up 5 days on the Y2K bill. We could have done that in 2 days very easily, but there were a lot of obstruction tactics and delays—having to vote on cloture. Finally, we came to a conclusion and 62 Senators voted for it. I am not prepared now to say we want to go that long or limit it. I think we need to look at what we need, have a fair debate, and get votes on the substitute. We do not have a list of the amendments. We have asked for a list of the amendments so we are in the process of trying to get an understanding of what is going on here.

I want to reemphasize we are aware that there needs to be some things done in terms of patients' rights. We have a good bill. We do not think the solution to the problem is lawsuits. Some people seem to think what we need to solve the problems of managed care is more lawsuits. No. If I have a problem with a HMO in my family, I would prefer to have a process to solve the problem, either internally or an external appeal. I would prefer not to be the beneficiary of inheritance as a result of a lawsuit 3 years later. So that is kind of the crux of it.

We have Dr. BILL FRIST who has worked on this, I mean a doctor, somebody who understands what it is like to have your heart replaced, someone who understands the need for managed care. We want to do this, so we will be glad to work with all the Senators who are interested. We would like to get a list of amendments. I think it would be fair for the other side, Senator KENNEDY, to want to look at our amendments. I hope that process is underway.

Senator NICKLES has been designated to work on this issue on our behalf, and he might want to respond to your question, if you would yield to him for that.

Mr. DURBIN. I ask you or Senator NICKLES one last question, brought on by what you just said.

Can we then agree we will bring this up for debate before we break for the Fourth of July recess so we can say to the American people we understand the importance of this issue? We have a difference of opinion on liability and other questions. Before we leave for the Fourth of July recess, we will have a vote on final passage on the Patients' Bill of Rights?

Mr. LOTT. As soon as we get agreement on how to proceed, we will take it up. We will be glad to vote on your substitute and our substitute. We could do that this week, but if it is going to be that you have some amendments or you want more debate, then we have to work through when that is going to be. I was ready to do this bill last year, and we could not get a reasonable agreement on how to handle it. If we get that worked out, we will be glad to do it.

Mr. NICKLES. Will the leader yield?

Mr. LOTT. I do not have the floor.

Mr. DURBIN. I will be happy to yield to the Senator from Oklahoma.

Mr. NICKLES. I will make a couple comments. The leader said we would be happy to vote on the Democrat bill, and we would be happy to vote on our bill. We made that offer last year, I might mention. We asked unanimous consent to do that on two or three occasions last year. We also made a unanimous consent request last year a couple of times to have a limited number of amendments. That was not agreed upon.

I will inform my colleagues, I did discuss this last Wednesday with Senator DASCHLE and Senator KENNEDY. They expressed a desire to bring it forward. I said I think we have to have some kind of time constraints and limit on amendments. I did request that. They said they would be forthcoming in giving me that list. We have yet to receive it. Our staff requested it from them as late as Friday. We have yet to receive that list. Once we receive that list, we will try to see if we cannot negotiate some reasonable time agreement to get this thing resolved.

Mr. DURBIN. I say, reclaiming my time, one of my colleagues and friends from the home State of the Senator from Oklahoma, the late Congressman Mike Synar, used to say: If you don't want to fight fires, don't be a fireman. If you don't want to cast tough votes, don't be a Member of Congress.

I think we ought to welcome the possibility of having some tough votes on amendments. Let the Democrats squirm, let the Republicans squirm, and let the body work its will. Don't be afraid of some amendments. Let's bring out the best ideas on both sides and see if we can craft it together in a bipartisan bill.

If we limit this debate to a few days or a certain number of amendments, there is no reason why we should not be able to accomplish this in the next week or two. Insulating Members from casting a tough vote on what might be a difficult amendment really should not be our goal. The goal should be the very best legislation and the body working its will. If we have an up-or-down vote, take it or leave it, that is an odd way for the Senate to view this issue.

Mr. DASCHLE. Will the Senator yield?

Mr. DURBIN. I yield to the Democratic leader.

Mr. DASCHLE. We still have not seen the text of whatever it is we are supposed to be amending. The Senator from Oklahoma and I talked about that last week. He indicated it is going to be roughly the bill that passed out of the Labor Committee with some changes, as I understand it, but we have not seen the changes.

I must say, it would not be in keeping with the traditions in the Senate that we need approval from the majority with regard to amendments before we can move to a bill. We are determined to be as cooperative as we can, but at the same time, we certainly do not seek our Republican colleagues' approval on a list of amendments. That should not be our requirement.

We want to offer amendments that we expect to be debated and considered and hopefully voted on. As the Senator from Illinois has said, there are going to be tough votes on all sides on this issue, but they are issues that have to be addressed. If we are going to deal with a Republican bill that was passed out of the committee with an expectation that, obviously, that may be the bill that passes, we are going to have to try to amend it.

We do not have any expectation necessarily that our bill can pass without some Republican support. We hope it will be, and we will work with our Republican colleagues to support the Democratic bill. But we have to have an opportunity to offer amendments, and we will protect our Senators' rights to offer those amendments, and hopefully we can work through this.

We are prepared to come up with a reasonable list. I have suggested 20 amendments, which is probably a third of what our colleagues would like to offer on this side alone. But we will come up with a list. I certainly do not expect that we will need to seek approval, however, from our Republican colleagues before we offer them.

I thank the Senator from Illinois.

Mr. DURBIN. I yield to the Senator from New York, and then I will yield the floor.

Mr. SCHUMER. Briefly, because I know we want to move on.

Just as an example, I ask the Senator this question: Our bill, it is correct, has the right to sue, and I respect the view of many on the other side. Our bill, for instance, has a far more ample

provision about having access to specialists. There might be a good number of Members in this body who want to see greater access to specialists but not support the right to sue, and conversely. Giving us the right to do some amendments might perfect a bill that can pass. I ask the Senator, my being new here, if that would be sort of an ideal way that could work?

Mr. DURBIN. That is the way a deliberative body works. It deliberates and makes choices. It is important to make our views known on the Patients' Bill of Rights and helping millions of American families concerned about the adequacy of their health insurance and whether they have guarantees to quality care.

I yield the floor.

ENERGY AND WATER DEVELOPMENT APPROPRIATIONS ACT, 2000

The Senate continued with the consideration of the bill.

Mr. LOTT. Mr. President, for the information of all Senators, the Senate is presently considering the energy and water appropriations bill. There are now, and have been, negotiations taking place in the Cloakrooms to put the finishing touches on the managers' amendment which will encompass most, if not all, of the remaining amendments.

While progress is being made, final passage on that vote is not anticipated this evening. Therefore, I do want to get a unanimous consent agreement about how we will proceed tomorrow. If we get that entered into, then we will not expect further votes tonight. The managers will remain tonight to complete action on the appropriations bill, and final passage will occur tomorrow, hopefully in a stacked sequence, beginning at approximately 10:45.

Once again, if we get this unanimous consent agreement, then there will be no more votes tonight, and the first votes will occur in the morning at 10:45.

UNANIMOUS CONSENT AGREEMENT—S. 331 AND S. 1205

Mr. LOTT. Mr. President, I ask unanimous consent that at 10 a.m. on Wednesday, June 16, the Senate proceed to the consideration of S. 1205, the military construction appropriations bill; that there be 10 minutes for debate, equally divided in the usual form, with an additional 5 minutes for Senator MCCAIN, with no amendments in order to the bill. I further ask unanimous consent that there be 20 minutes, equally divided in the usual form, relative to S. 331; that is the work incentives bill. I finally ask unanimous consent that following the expiration of all debate time, the Senate proceed to vote on final passage of S. 1205, the MILCON appropriations bill, to be immediately followed by a vote on passage of S. 331, the work incentives legislation, with no intervening action or debate.

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

Mr. LOTT. Therefore, all Senators should be aware, there will be at least two stacked votes occurring at 10:45. In addition, there may be another vote or two on or in relation to amendments on the energy and water appropriations bill and final passage of the appropriations bill. All Senators will be notified when those agreements are reached.

I now ask unanimous consent that with respect to S. 1205, when the Senate receives from the House the companion measure to this bill, the Senate immediately proceed to the consideration thereof; that all after the enacting clause be stricken and the text of the Senate-passed bill be inserted in lieu thereof; that the House bill, as amended, be read a third time and passed; that the Senate then insist on its amendment, request a conference with the House on the disagreeing votes of the two Houses and the Chair be authorized to appoint conferees on the part of the Senate, with the foregoing occurring without any intervening action or debate. I further ask unanimous consent that with respect to S. 1205, the bill not be engrossed and that it remain at the desk pending receipt of the House companion bill; and that upon passage of the House bill, the passage of S. 1205 be vitiated and the bill be indefinitely postponed.

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

UNANIMOUS CONSENT AGREEMENT—HOUSE LOCKBOX SOCIAL SECURITY LEGISLATION

Mr. LOTT. Mr. President, I ask unanimous consent that immediately following the stacked votes on Wednesday, there be 1 hour for debate, equally divided in the usual form, prior to the vote on a cloture motion involving the House lockbox Social Security legislation.

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

Mr. LOTT. Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

CHANGE OF VOTE

Mr. INHOFE. Mr. President, I ask unanimous consent that I be recorded as voting ''aye'' on vote No. 167, a vote today on the cloture motion. It would not have changed the outcome of the vote.

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

(The foregoing tally has been changed to reflect the above order.)

Mr. INHOFE. I yield the floor.

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

The PRESIDING OFFICER (Mr. ALLARD). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

MORNING BUSINESS

Mr. JEFFORDS. Mr. President, I ask unanimous consent that the Senate now proceed to a period of morning business with Senators permitted to speak for up to 10 minutes each.

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

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Monday, June 14, 1999, the federal debt stood at $5,608,264,664,474.06 (Five trillion, six hundred eight billion, two hundred sixty-four million, six hundred sixty-four thousand, four hundred seventy-four dollars and six cents).

Five years ago, June 14, 1994, the federal debt stood at $4,605,762,000,000 (Four trillion, six hundred five billion, seven hundred sixty-two million).

Ten years ago, June 14, 1989, the federal debt stood at $2,784,398,000,000 (Two trillion, seven hundred eighty-four billion, three hundred ninety-eight million).

Fifteen years ago, June 14, 1984, the federal debt stood at $1,519,266,000,000 (One trillion, five hundred nineteen billion, two hundred sixty-six million).

Twenty-five years ago, June 14, 1974, the federal debt stood at $473,308,000,000 (Four hundred seventy-three billion, three hundred eight million) which reflects a debt increase of more than $5 trillion—$5,134,956,664,474.06 (Five trillion, one hundred thirty-four billion, nine hundred fifty-six million, six hundred sixty-four thousand, four hundred seventy-four dollars and six cents) during the past 25 years.

HAWTHORNE ARMY DEPOT

Mr. REID. Mr. President, today—for the first time in many months—there is peace in Kosovo.

Like all Americans, I hope with all my heart that the peace will be both lasting and just.

I rise today not to discus the war—or the way it was conducted—or the terms on which it was ended.

Many Americans risked their lives in the air over Kosovo in the bombers and helicopters flying over the front lines. Every night, America watched the heroism and skill of those pilots as they braved anti-aircraft fire to drop laser-guided bombs and missiles and other ordnance onto targets with amazing accuracy.

But what we often forget is that those heroics were made possible by the efforts of thousands of Americans working behind the lines, off-camera, in a variety of roles—maintaining the planes, feeding the pilots, shipping supplies, performing countless other functions critical to men and women in combat.