Since I see my colleague from California is here, and I know she has an important contribution to make to this discussion, I yield the floor back to the Senator from Nevada.

Mr. REID addressed the Chair.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. I ask unanimous consent that this side be granted an additional 15 minutes in morning business.

The PRESIDING OFFICER. Is there objection?

Acting in my capacity as an individual Senator from the State of Kansas, I object.

Mr. REID. I ask unanimous consent that the minority be granted 15 minutes of additional time in morning business and the majority be granted 15 minutes additional time in morning business.

The PRESIDING OFFICER. Is there an objection?

Acting in my capacity as an individual Senator from the State of Kansas, I object.

Mr. REID. Mr. President, how much time is left for the Senator?

The PRESIDING OFFICER. Two minutes 30 seconds.

Mrs. FEINSTEIN addressed the Chair.

The PRESIDING OFFICER. The Senator is recognized.

Mrs. FEINSTEIN. I thank the Chair, and I thank the Senator from Nevada.

Mr. President, when we return to the bill, it will be my intention to offer an amendment to the agriculture appropriations bill. I think that my amendment will deal with one of the most fundamental concerns in health care today; that is, the restoration to the physician of the basic right of patient care, patient treatment, and to be the determinator of patient care and the length of hospital stay.

I think one of the things we have seen emerge in health care throughout the United States in the past 2 to 3 years is the development of the so-called green eyeshade of an HMO determining what is appropriate patient care, regardless of the physical condition of an individual patient.

The amendment I will offer essentially says that a group health plan or a health insurance issuer, in connection with health insurance coverage, may not arbitrarily interfere with or alter the decision of the treating physician regarding the manner or setting in which particular services are delivered, if the services are medically necessary or appropriate for treatment or diagnosis to the extent that such treatment or diagnosis is otherwise a covered benefit. In other words, if you have coverage for a treatment in your plan, the physician determines that treatment based on you, based on your needs, based on your illness—not based on the calculation of a green eyeshade in a health insurance plan.

My father was a surgeon. He was chief of surgery at the University of California. My husband, Bert Feinstein, was a neurosurgeon. I grew up and lived a good deal of my life in a medical family. In all of that time, the doctors determined the appropriateness of care, the doctors determined the length of hospitalization, the doctors determined whether a particular treatment was suitable for an individual—not an arbitrary HMO, not physicians out of context of an individual physician and patient.

Every person sitting in this gallery today is different, one from the other. They are different in how they react to drugs. They are different in how they react to radiation—

The PRESIDING OFFICER. The time allotted to the distinguished Senator from California has expired.

Mrs. FEINSTEIN. If I may finish my sentence.

Mr. NICKLES. If I might just interrupt. I apologize. I was not on the floor earlier.

EXTENSION OF MORNING BUSINESS

Mr. NICKLES. I ask unanimous consent that each side have 20 minutes of additional time for morning business.

The PRESIDING OFFICER. Is there an objection?

Mr. REID addressed the Chair.

The PRESIDING OFFICER. The time has expired in regard to the Senator from California.

Hearing none, without objection, it is so ordered.

Mr. REID. Mr. President, I ask through the Chair to the Senator from California, how much additional time does the Senator need?

Mrs. FEINSTEIN. If I could have another 7 to 10 minutes at this time, I would appreciate it very much.

Mr. REID. How about 7 minutes?

Mrs. FEINSTEIN. I will do my best with 7 minutes.

Mr. REID. Okay.

The PRESIDING OFFICER. The distinguished Senator is recognized for 7 minutes.

Mrs. FEINSTEIN. I thank the Chair. I thank the Senator from Nevada.

At an appropriate time, I will submit that amendment.

Let me tell you some of the things we are increasingly told: That is, that doctors have to spend hours hassling with insurance company accountants and adjusters to justify medical necessity decisions—why a person needs another day in a hospital, why a patient needs an MRI, why a patient needs a blood test, why a patient should get a particular drug, this drug rather than that drug. Doctors increasingly say they have to exaggerate or lie so their patients can get proper medical care.

In USA Today, an article was run saying that 70 percent of doctors interviewed said they exaggerate patients' symptoms to make sure HMOs do not discharge patients from hospitals prematurely. Seventy percent of doctors indicate that they do not tell the truth about a patient's condition so they can be assured that that patient gets adequate hospital care.

Now, is this what we want? I don't think it is. I think the doctor's decision, based on an individual's condition, should be the overriding decision that determines medical necessity. The amendment I will introduce will ensure that that happens.

In the HHS inspector general's report of June 1998, the following finding was made: Most doctors think working in a Medicare HMO restricts their clinical independence and that HMOs' cost concerns influence their treatment decisions. Mr. President, every patient is different and brings to a situation his or her own unique history and biology. Only a physician who is trained to evaluate the unique needs and problems of a patient can properly diagnose and treat an individual.

A Los Angeles doctor by the name of Lloyd Krieger said:

> Many doctors are demoralized. They feel like they have taken a beating in recent years. Physicians train years to learn how to practice medicine. They work long hours practicing their field. Under this health care system, that training and hard work often seems irrelevant. A bureaucrat decides how doctors are allowed to treat patients.

Dr. Krieger says:

> When I tell someone he is fit to leave the hospital after an operation, I am often given an accusing stare. Sometimes my patient asks: Is that what you really think or are you caving in to HMO pressure to cut corners on care?

Here's another example: A California pediatrician treated a baby with infant botulism, a toxin that spread from the intestine to the nervous system so the child really couldn't breathe well. The doctor prescribed a 10- to 14-day hospital stay. That doctor thought that length of stay was medically necessary for that particular baby. The insurance plan cut it short, saying the maximum that baby could remain in the hospital was 1 week. That shouldn't happen.

The amendment I will introduce at the appropriate time, and that I so hope this body will agree to, will ensure that medically appropriate and necessary treatment is prescribed by the physician and not contradicted by a green eyeshade.

I very much hope this body will accept it. I have introduced this kind of amendment now with Senator D'AMATO as a cosponsor and with Senator OLYMPIA SNOWE as a cosponsor. Perhaps the time has come to have the opportunity to pass this amendment and to get it done once and for all.

I thank the Chair, I thank the Senator from Nevada, and I thank the Senator from Massachusetts as well.

I yield the floor.

Mr. COCHRAN addressed the Chair.

The PRESIDING OFFICER. The distinguished Senator from Mississippi is recognized.

Mr. COCHRAN. Mr. President, is there an order for the conduct of business at this point?

The PRESIDING OFFICER. The Senate is now in morning business, with

the majority having 25 minutes remaining and the minority having approximately 15 minutes remaining.

Mr. COCHRAN. I thank the Chair.

Mr. REID. Mr. President, I say to the Presiding Officer, we were given 20 minutes and we have approximately how much time remaining?

The PRESIDING OFFICER. The Senator has 14 minutes 59 seconds.

Mr. REID. Has the Senator from California completed her statement?

Mrs. FEINSTEIN. I have completed it. I could go on.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. The question is: Are we going to be able to go forward with a debate on the Patients' Bill of Rights?

It seems to me that would be the right thing to do. I am a member of the Appropriations Committee. I recognize that we are working under very difficult budget constraints because of the budget we have now in this body. I think it is important we move forward on the appropriation bills. We have done fairly well thus far.

We have already passed four appropriation bills. The agriculture appropriations bill is currently pending. Yesterday, we reported the interior appropriations bill out of the subcommittee. Tomorrow, we will take up three appropriation bills in full committee. I agree that we need to continue to move these bills forward.

I think we could complete all debate on the Patients' Bill of Rights in 3 legislative days. If we had 3 long, hard days, we could do that. If we use the majority's bill as a working model, they should not require any amendments, because it is their bill.

We have acknowledged that we need 20 amendments. As we have stated on a number of occasions, we have had other bills that have been brought before this body, in this Congress, that have had a lot more than 20 amendments. The military bill of rights had 26 amendments; the supplemental appropriations bill had 66 amendments; and the first budget resolution had 104 amendments. Twenty amendments is a reasonable request.

We could agree, as far as this Senator is concerned, on having time limits on these amendments. We could do that. We could have good debates on what should be done on the Patients' Bill of Rights. We should do that.

We are not going to allow this legislation to move forward until we have the opportunity to debate our amendments. As I indicated, in this Congress, the Y2K bill had 51 amendments; DOD authorization, 159; defense appropriations, 67; juvenile justice, 52; the first budget resolution, 104; Education Flexibility Act, 38; supplemental appropriations, 66. Relative to these bills, 20 amendments is nothing.

We should proceed to the Patients' Bill of Rights as quickly as possible. We are, in effect, wasting time by having to come here and talk about why we need the opportunity to consider this legislation. It is not a question of whether we are going to debate the Patients' Bill of Rights, but when we are going to do it. We are going to offer our Patients' Bill of Rights as an amendment to every vehicle moving through this body. Under Senate rules, we can't be stopped from doing that.

We believe it is important that Americans have access to specialty care. We are talking about the real life stories of real people who have been and will continue to be denied access to specialty care until we pass a meaningful Patients' Bill of Rights.

As I mentioned earlier, Karrie Craig from Minden, NV, wrote me a letter. In her letter, she explained to me that her mother is dead because she was not able to see a specialist, even when her primary care physician recommended that she see one. She was denied specialty care because her managed care organization, not her physician, did not think it was necessary.

We believe that patients should not be subjected to a one-size-fits-all brand of health care. We believe there are situations where the doctor and the patient—not some bureaucrat—should decide what care is necessary. The American people also believe that. We think there are some real problems with the majority's so-called ''Patients' Bill of Rights''. We are willing to debate this issue and to determine whether or not our legislation is better than that of the majority. Clearly, we are willing to set time limits on our debate.

We are allowing a limit on the number of amendments we offer, but the majority should allow this bill to go forward. The most striking loophole in the majority's plan—and it is hard to say what this is because there are so many of them—is that it doesn't cover most Americans. In fact, the Republican bill leaves out almost 120 million Americans. Their bill would only cover a small number of people. Only one-third of the 161 million people protected by our bill would be covered by the Republican proposal.

All Americans who have insurance should be protected. That is what our legislation is all about. The Republican bill uses our title, ''Patients' Bill of Rights,'' but that is all it uses. It does not extend coverage to the people who deserve to be covered.

All Americans deserve guaranteed access to specialty care, and we believe that we should at least be able to debate this issue. There are many different areas we need to talk about regarding the Patients' Bill of Rights.

NATIONAL RIFLE ASSOCIATION

Mr. President, while my friend from the State of Illinois is present, I would like to shift and talk about something else that is certainly important. As I have indicated, we are going to spend whatever time is necessary making sure that we have the right—I should not say the right, but that we have a debate on our Patients' Bill of Rights. We have the right, and that is why we are here today talking about this. So we are going forward until we have the debate on it.

I would like to discuss with my friend from Illinois another issue that seems to have been lost in the shuffle, which is the debate related to guns. I say to my friend from Illinois that I have here a letter from a man from Reno, NV, by the name of David Brody. I would like my friend to comment on this.

He writes:

> I am writing in regards to the enclosed National Rifle Association membership that was mailed to my 13-year-old daughter. I am not a gun advocate and have never voiced an opinion and I certainly believe in our Constitution and the right to bear arms, but I am rather astonished that the membership application is addressed to my 13-year-old daughter.

I say to my friend from Illinois, do you think the NRA should be sending applications to 13-year-old children to join the NRA? This isn't something that is made up. I have here the National Rifle Association 1999 membership identification. It gives her a number, and the letter is addressed to Brittany Brody. The NRA also sent this 13-year-old girl a survey wanting to know how she feels about opposing President Clinton on his gun issues. Does the Senator think this is appropriate to send to a 13-year-old girl?

Mr. DURBIN. I thank my colleague for raising this issue. This really gets to the heart of the debate we had a few weeks ago on the floor of the Senate. Remember how America reacted to Littleton, CO, and the Columbine High School shooting? I think it fixed the attention of this Nation unlike any other event I can remember. We felt we needed to come to the floor of the Senate to try to find a way to reduce the likelihood that guns would get into the hands of children and criminals. The debate went on for a full week, and it ended finally when we had six Republican Senators join the overwhelming majority of Democrats for a tie vote, 50–50, at which point Vice President GORE came to the floor and cast the tie-breaking vote and sent a good, sensible gun control bill over to the U.S. House of Representatives where, unfortunately, the same organization, the National Rifle Association, tore it to pieces, leaving nothing.

So we have our Senate bill, but the National Rifle Association prevailed over in the House. I say to the Senator from Nevada, I wish that I could tell you that I was shocked that the National Rifle Association would be so careless as to send a membership application to a 13-year-old. But when I look at what they did in the U.S. House of Representatives to a good bill, a bill that would have said we are going to have background checks at gun shows so we know that we are not selling to criminals and kids, and Senator Feinstein's amendment that would have prohibited importing these big magazine clips that are just used by gangbangers—they have no value in sport or hunting—and to make sure we

have trigger locks so when kids find a gun in the house, they won't pull the trigger and kill themselves, the NRA opposed that.

Mr. REID. I say to my friend from Illinois, that kind of reminds me of our debate on the Patients' Bill of Rights. They call their bill a ''Patients' Bill of Rights'', but it does not give patients any rights. On the gun issue, they say they had in the House bill protection against gun shows because they had a 24-hour time limit, but they know that most gun shows are on weekends and they can't research on the weekends, so basically nothing would happen; is that right?

Mr. DURBIN. They are very similar, and the Senator is correct. The National Rifle Association is trying to put up some figleaf and say they are really for gun control. America knows better. We have been listening to these folks for a long time. They were opposed to the prohibition against cop-killer bullets—special bullets that would penetrate the bulletproof vests worn by policemen—because it infringed on people's constitutional rights. Give me a break. There isn't a right in the Bill of Rights that isn't limited for the common good.

Mr. REID. I would like the Senator from Illinois to comment on the second and third paragraphs of this letter from Mr. Brody:

> As we strive in our community to ensure that our schools are safe for our children, one of the biggest fears that parents have is a gun at school. We have been able to turn her particular school around from a very violent and non-academic oriented institution to one that we are all very proud of and where the students are doing extremely well.
>
> I am absolutely amazed that the National Rifle Association would have the audacity to mail membership applications to children. At some point, I believe this must be part of our government regulations. Will my youngest 11-year-old daughter be contacted next with another outrageous suggestion that is only supporting violence?

Would the Senator say that Mr. Brody is out of line in writing this letter and crying out for help that his 11-year-old daughter and 13-year-old daughter aren't given a membership—I mean, they got it; she has a card here that looks like a credit card. It says 13-year-old Brittany Brody is a member of the NRA.

Mr. DURBIN. I say to my colleague, I know he is a father and he is proud of his family, and I am, too. Think about this. This father saw this come through the mail. Think of the world we live in, with the Internet and the webs. How many others are trying to lure kids into the purchase of weapons or a membership in a National Rifle Association and the like? I really think when we talk about responsibility and accountability, it applies to parents and it applies to organizations such as the NRA as well.

I say to my friend from Nevada that he raises an excellent point. If we are going to make sure our kids have a fighting chance, we have to keep guns out of their hands. When the Senator from Nevada and I were both growing up a few years ago, there were always troubled kids in the schools. We called them bullies in those days. You feared getting punched in the nose on the playground. I wish that is all our kids had to fear today. Now they have to fear that the bully will get a gun and show up in school, as it happened in Conyers, GA; at Columbine High School; Jonesboro; West Paducah; Springfield, Oregon; Pearl, Mississippi. Those unfortunate incidents are the reality of the dangers our kids can face.

Mr. REID. My time is about to expire, but I am here today to alert this body that we are going to make sure that when there is a call for conferees to be appointed on the juvenile justice bill, that we act appropriately, that we send a message to the conferees that we don't want business as usual, that we want the National Rifle Association to understand that the vast majority of Americans do not agree with them.

The Senator from Illinois would agree that when the conferees are called, we are going to ask for a resolution to send to the conferees that they should follow what is already taking place in the Senate that, in effect, says a majority of the people of this country are in agreement with the Senate; is that true?

Mr. DURBIN. I say to the Senator from Nevada that the Democrats may be in the minority in the Senate. I believe our position for sensible gun control to keep guns out of the hands of criminals and kids is a majority opinion in America. I think our position for the Patients' Bill of Rights, so doctors make decisions and not insurance companies, is a majority opinion in America. We are going to fight for that.

I thank the Senator for his leadership.

Mr. REID. Mr. President, how much time does the Senator have?

The PRESIDING OFFICER. The Senator from Nevada has 12 seconds.

Mr. REID. I yield that time.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative assistant proceeded to call the roll.

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

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

Mr. REID. Mr. President, the Senator from Maryland just arrived. I ask unanimous consent that she be allowed to speak as if in morning business for 15 minutes.

The PRESIDING OFFICER. Acting as an independent Senator from Kansas, I object.

Mr. REID. I ask unanimous consent that the Senator from Maryland be allowed to speak in morning business for 10 minutes.

The PRESIDING OFFICER. The acting Presiding Officer informs the Senator from Nevada that the majority has 25 minutes and that there is a Senator expected on the floor at any moment. Would the Senator like to repeat his request?

Mr. REID. I ask unanimous consent the Senator from Maryland be allowed to speak 10 minutes and that the morning hour be extended for 35 minutes.

The PRESIDING OFFICER. Acting as an independent Senator from Kansas, I object.

Ms. MIKULSKI. Mr. President, I ask unanimous consent that I be allowed to speak in morning business for no more than 5 minutes.

Mr. NICKLES. Will the Senator repeat the request?

Ms. MIKULSKI. I ask unanimous consent that I be allowed to speak as if in morning business for no more than 5 minutes.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. NICKLES. If I might engage my colleague from Nevada, are there additional Senators requesting time on his side?

Mr. REID. No.

Mr. NICKLES. This Senator has no objection to the request. I was going to suggest that we give an additional 15 minutes on both sides.

EXTENSION OF MORNING BUSINESS

Mr. NICKLES. Mr. President, I ask unanimous consent that morning business be extended for an additional 15 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The distinguished Senator from Maryland is recognized.

Ms. MIKULSKI. I thank the whip from the Democratic side, and I also thank the Senator from Oklahoma for his graciousness.

PATIENTS' BILL OF RIGHTS

Ms. MIKULSKI. Mr. President, I come here today to talk about something that is very compelling to the women of this country; that is, the Patients' Bill of Rights.

The Patients' Bill of Rights is a women's issue, because it is the women of America's families who often make the decisions that are very important in terms of the health care of their family. They are the ones who often read the fine print of insurance documents. They fill out the paperwork in order to make sure their children have access to the health care they need. They are often the ones on the front line either trying to get health insurance for their families or also ensuring they have the best benefit package.

But, guess what. When it comes down to them getting the health care they need, they are often denied it. They are often denied having access to an OB/GYN who is the primary care provider for most American women, because they are called ''a specialist.''