

engaged in our utmost efforts to furnish such relief directly to Katrina victims as well as to support State efforts to provide emergency health care and related services (see addendum below). We believe these ongoing efforts largely preclude the need for the activities proposed under S. 1716. Moreover, we have serious concerns with S. 1716, as enunciated below.

In addition, the bill spends significant amounts on adjustments to the Medicaid FMAP (Federal medical assistance percentage) for individuals who are not survivors of Hurricane Katrina. We think this is inadvisable and that resources should be targeted to services for these survivors.

#### TITLE I—EMERGENCY HEALTH CARE RELIEF

Title I of S. 1716 establishes a new Disaster Relief Medicaid (DRM) program for survivors of Hurricane Katrina. Survivors of the hurricane would be entitled to five months of Medicaid coverage, and the President is given the option to extend the program for another five months. Individuals who were previously receiving Medicaid before the hurricane are deemed eligible for this assistance. In addition DRM eligibility is also available to pregnant women and children with incomes up to 200% FPL, disabled individuals up to 300% SSI, and other individuals with incomes up to 100% FPL. As a result, a new eligibility category for childless adults is established. There are no resource or residency requirements for DRM. DRM recipients will receive the benefits package available to categorically needy beneficiaries under the Medicaid state plan. States may also provide extended mental health benefits and coordination benefits to DRM eligibles, which are not limited to conditions directly resulting from the hurricane.

The legislation requires a new Medicaid entitlement for Katrina survivors, regardless of whether that will work best for those survivors or the states. This new program is unnecessary. CMS is already acting to meet the health care needs of hurricane survivors through the establishment of a new Medicaid/State Children's Health Insurance Program (SCHIP) waiver program that builds upon existing Medicaid/SCRIP eligibility and other program rules to provide immediate, comprehensive relief without the need for congressional action. This waiver program allows individuals who otherwise would be eligible for Medicaid in their home states to receive 5 months of temporary eligibility without going through a complex and burdensome application process. Texas, Alabama, Florida, and Mississippi now have these programs in place, and more states with significant numbers of evacuees are very close to establishing similar programs. With this new waiver program, we are providing relief quickly, rather than waiting to implement an unprecedented new federal program as envisioned by S. 1716.

The bill (section 108) also establishes a massive new Federal program which would be administered by the Secretary of HHS, rather than states. The fund would provide \$800 million for direct payments to Medicaid providers to offset their costs incurred as a result of Hurricane Katrina, and for payments to state insurance commissioners for health insurance premiums for individuals otherwise eligible for DRM. Again, S. 1716 is duplicating efforts which are well underway at CMS through the uncompensated care pools referenced in the new waiver program. The Federal uncompensated care fund envisioned by S. 1716 would create uncertainty and delay progress being made right now. To make the system envisioned by the bill work, CMS would have to develop a brand new Federal system with new forms and applications, eligibility criteria, program re-

quirements, criteria for reviewing applications and determining payment amounts, as well as other rules and procedures. Providers would need to learn this new system and provide new kinds of documentation. It is far more expeditious to use existing state systems.

We believe states are better equipped than the Federal Government to work directly with local providers to solve the problems of uncompensated care. The state-based uncompensated care pool in the CMS waiver will pay providers more quickly through the existing state payment systems without establishing a new bureaucratic process. It will also allow for care in settings and from providers that do not usually participate in Medicaid, enabling evacuees to get the best care and the providers in the state to deliver it as effectively as possible. The waiver program also allows for new interactions with expanded community-based health care centers, mobile units for providing basic care at convenient locations for evacuees, and new referral networks. The pool will permit states to pay for additional services needed by evacuees, such as additional mental health services, that are not generally covered by Medicaid.

While we prefer the state-based uncompensated care pool referenced in the CMS waiver, we look forward to working with the committee to ensure care to evacuees and solve the problems of uncompensated care.

We believe that S. 1716 does not appropriately target spending to the true victims of Hurricane Katrina. Section 103 spends \$4 billion on a 100% FMAP rate for services (and related administrative activities) provided from August 28, 2005 through December 31, 2006 under the State Medicaid or SCHIP plan to any individual residing in a major disaster parish or county, regardless of whether the individual was affected by Hurricane Katrina. Section 108 spends almost \$700 million for 29 states, most of which were not affected by the hurricane, by preventing a drop in the FMAP for Medicaid that otherwise would have occurred on October 1. We believe that these provisions are inadvisable and that federal resources should be targeted to meeting the needs of those harmed by Hurricane Katrina.

In addition, S. 1716 includes several provisions that affect the timely implementation of the new Medicare Part D program. We do not support any changes to the Medicare Part D program. We note that under S. 1716, DRM dual eligibles are excluded from the low-income subsidy program. We think it would be far more advantageous to ensure that dual eligibles are timely enrolled in a Part D plan so that they receive the low-cost drug coverage available to them under the new Medicare drug benefit.

#### TITLE II—TANF RELIEF

Under title II, S. 1716 would also make a number of adjustments to P.L. 109-68 the "TANF Emergency Response and Recovery Act of 2005," which was signed into law on September 21. For the most part, these adjustments would be unnecessary and would complicate State administration of Temporary Assistance for Needy Families (TANF) benefits in the wake of Hurricane Katrina.

HHS believes that the existing administrative authority under the TANF program under title IV-A of the Social Security Act (as extended through December 31, 2005 by P.L. 109-68 and several earlier temporary extensions), coupled with the special hurricane-related provisions of the new law, has given States the ability to be responsive to the most significant issues confronting them as a result of Hurricane Katrina. We provided early administrative guidance remind-

ing States of their flexibility to amend their TANF plans to meet the special circumstances of the hurricane aftermath such as adjusting State plans, streamlining the eligibility process, making residency optional, and using in-kind and non-Federal cash expenditures to meet the maintenance of effort requirements.

In addition to this program flexibility, which continues under title IV-A (as so extended), P.L. 109-68 also provides special flexibility for TANF in areas such as the contingency fund, loan program, and penalty waivers.

We are especially concerned about the dual contingency fund provisions in S. 1716, under which a State may be reimbursed from the contingency fund if it qualifies as a "needy State" based on Hurricane Katrina-related criteria, while still remaining eligible to receive reimbursement from the fund if it meets the current law definition of a "needy State" (based on certain Food Stamp and unemployment-related criteria).

We are advised by the Office of Management and Budget that there is no objection to the submission of this letter to the Congress from the standpoint of the Administration's program.

Sincerely,

MICHAEL O. LEAVITT.

Mr. MCCAIN, I say again to my friend from Iowa, I think he does a tremendous job as chairman of our Committee on Finance. He continues to distinguish himself in that role. But I do believe—and we had, I think, a very productive meeting with the Senator from New Hampshire, Mr. SUNUNU, and Senator LOTT, who, obviously, has a very deep and abiding interest in this situation, as well as the Senator from Iowa. I hope we can work out the objections that the administration has, as well as the concerns that others of us have on this issue.

Again, I thank the Senator from Iowa for his diligent efforts in trying to get this legislation done and, at the same time, satisfy the concerns of many who are concerned about the scope of it, as well as his efforts to attempt to satisfy the concerns of the administration.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

#### UNANIMOUS CONSENT REQUEST— S. 1716

Mr. BAUCUS. Mr. President, I come to the floor once again to insist that the Senate act on the emergency health care needs of Katrina victims. They need help. They need help now—not tomorrow, not the next day, now. The Senate must pass the Katrina health package that Chairman GRASSLEY and I put together. Why? Obviously, to help the victims of Katrina. That is why. They need the help now.

I might say, Senator GRASSLEY and I have worked for weeks on this legislation. It has been 4 weeks since Katrina hit—4 weeks.

Now, some suggest the administration was slow to respond, that FEMA was slow to respond, that FEMA was inadequate in responding. We have heard these complaints. A lot of them are accurate.

Where is the Senate? Where is the Congress? Where? I ask Senators, where is the Senate? Where is the Congress? I will tell you where. We are poised to pass legislation, but the same people and the same political party that were slow with respect to FEMA and the administration are now here today slowing down and stopping this legislation from passing. The same group. The same group. I cannot believe it. I cannot understand it.

This legislation has very broad support. It has the support of Senator GRASSLEY, the chairman of the Finance Committee, the Republican chairman of the Finance Committee, who, I might say, is a very good man. He is a good man. He cares. He puts people above politics. He puts the needs of the Katrina victims above politics. He wants to do the right thing. And I very heartily and soundly congratulate him. He has done such a wonderful job.

We have also consulted for weeks with the Senators from the States affected, working out the details of this legislation, crossing the T's, dotting the I's, making changes to make sure it works right. We have consulted with the Senators from the States affected, who are from both political parties. They want this legislation. They are from both political parties, and they want it.

We spent a lot of time working on this—a lot of time. We have done the right thing. We made changes, as Senators suggested. We are trying to make it balanced, trying to make it fair, trying to make it respond to the needs of the people in Louisiana, Alabama, Texas—the States affected. We have tried our very best to do this right.

I might repeat, not only the Senators of the States want this legislation, but the Governors of the States want this legislation. If we want to get to labels here, two of those Governors are Republicans. Today, publicly, I asked the question and Senator GRASSLEY, the chairman, asked the question: Governors, what do you think of this legislation? Yes, they want it, they want it now.

Ask Governor Blanco of Louisiana. They know the needs. They are there. They know the stakes. They are the Governors. They want this legislation passed now.

Governor Riley of Alabama, he wants it now. Governor Barbour of Mississippi, he wants this legislation passed now. Governor Blanco of Louisiana, she would certainly like it passed now.

I might say, too, this is a compromise. There are Senators here who

would like to offer more sweeping legislation and try to get that legislation up for a vote. I daresay, if that legislation were up for a vote, it would pass by a very large margin.

But there are Senators here who do not want to vote. They do not want to vote on that legislation. They do not want to vote on it. They do not want to vote on it. What is my evidence of that? Many times I have asked unanimous consent to bring up this legislation. Many times the chairman of the committee has asked to bring up this legislation. And we get objections from the other side of the aisle. We get objections from the other side of the aisle. Oh, it costs too much, I heard. That is one complaint.

I do not know. This legislation is temporary. It is only for several months. It is only basically until the end of the year. It is basically to help people get health care under Medicaid, to get health care now.

There are countless examples of people who cannot get health care today, victims of Katrina who cannot get health care today. Why in the world is the Senate, controlled by the same party as the White House, saying no? Oh, we hear: We want a compromise. Let me tell you this. What is the compromise I heard? The compromise I heard is: Take it all out of the \$65 billion appropriated for Katrina. Take it out of that. That is what I have heard.

Can you believe that? Can you believe that? They say some of that money has been misspent. So people who need health care shouldn't get the dollars? They shouldn't get support? They shouldn't get their health care because some of the FEMA dollars might have been misspent? Give me a break. Give me a break.

What is going on here? What, in fact, is going on here? I don't understand it. I thought we were Senators. I thought we were elected to do the right thing, to rise up and help people who need help, particularly immediately. Sure, we should scrub this stuff and look at it closely. And we have. We have. Senator GRASSLEY and I have. Our staffs have—very closely. We have tailored this down and cut it back down compared to what other Senators in the body want passed, some of the Senators in the committee wanted passed. We said: Oh, no, no, we are not going to go that far. We will take this a step at a time. We will pass limited legislation, only until the end of this year.

These provisions, the Medicaid provisions, the FMAP provisions, the eligibility requirements only apply for several months, to the end of this year. Then they stop.

Let me tell you, we met today, the Finance Committee, with experts—one was George Yin, head of the Joint Tax Committee staff—trying to learn some lessons from New York that might be applied in this case. He made a very interesting point to us. He said: You must know, Senators, it is very hard to know the effectiveness of tax breaks

because we don't have a lot of evidence. He also said something else. He said: Because these are of a short duration, the ones proposed in this bill, they probably will not be utilized very much because people don't know about them. People don't know they are there. It is hard to get the word out.

So those Senators should not be too concerned this bill will be "too expensive." If they are concerned about fraud, FEMA fraud, if they are concerned about waste, if they are concerned about money not being properly spent under FEMA, and so forth, I suggest when the next appropriations bill comes up to spend more money at FEMA, to give more cash, that is the proper place to look at any potential waste, any problems, if any, that occur under FEMA. I don't know what occurs and does not occur, but the Senators I have heard don't want this bill passed because they say: Oh, it is wasteful. FEMA wasted money. If that is the case, don't take it out of the hides of poor people who need help. You take it out of the hide of FEMA. You take it out of the hide of additional appropriations.

I heard something else here tonight. I have heard the administration is opposed to this legislation. They quietly kind of are. I don't think they want to admit it. They sent this letter that the Senator from Arizona put in the RECORD. They say: Well, maybe we can do it with waivers. Maybe we can do it a little bit better. Come on. That is not going to work. Why isn't it going to work? It is not going to work because this waiver process is so vague, it is so amorphous. Nobody knows what it is. Nobody knows when it might go into effect.

Let me give you an example of that. Today at the Finance Committee hearing, I raised the question: Governor Barbour, Governor Riley, Governor Blanco, what about waivers?

Governor Barbour did not know anything about it. This is 4 weeks since Katrina. He said: I have to plead ignorance. I don't know. You would think if this waiver process is going into effect a little bit, if there has been discussion between the administration and some of these States, you would think the Governor of Mississippi, if this waiver program is worth anything, would know about it. No, he did not know anything about it. He wants this legislation passed.

Mr. President, I ask unanimous consent that the letter Senator GRASSLEY and I wrote back to Secretary Leavitt in response to that White House letter be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

U.S. SENATE,  
COMMITTEE ON FINANCE,

Washington, DC, September 27, 2005.

Hon. MICHAEL O. LEAVITT,  
Secretary, Department of Health and Human Services, Washington, DC.

DEAR MR. SECRETARY: The aftermath of Hurricane Katrina has left hundreds of thousands of Americans displaced and in need of

assistance. We want to, first and foremost, thank you for your assistance with Katrina relief. We share the goal of addressing the immediate health care needs of people affected by this disaster.

We have, however, chosen different paths for achieving our shared goal. We have introduced and sought to pass the Emergency Health Care Relief Act, S. 1716, which would provide immediate coverage for a temporary period for Americans displaced by Hurricane Katrina, directly assist the states of Louisiana, Mississippi and Alabama, and provide a means for survivors to retain private health insurance coverage. We believe that this program can be very quickly and efficiently implemented by the Department. We have noted your opposition to our bill and are puzzled at how you expect to achieve our shared goal through the Department's waiver process. Specifically, we would raise the following questions:

1. After the September 11, 2001, attacks on New York City, the Department quickly approved a waiver to provide Medicaid coverage for New Yorkers, even those not normally eligible for Medicaid, for a temporary basis. While you refer to the coverage provided through the waiver program as "comprehensive relief," the waiver in Texas does not provide for the same eligibility for Katrina evacuees as was provided through the New York waiver. Could you please explain to us why the Katrina evacuees do not deserve the same assistance provided the people of New York.

2. Your waiver process appears to contemplate having those Katrina evacuees without health care coverage covered by an uncompensated care fund. Providers will provide charity care and then seek reimbursement from the uncompensated care fund. This raises numerous questions for us. First, how does the Department believe it has the statutory authority to provide funding for this uncompensated care fund when we believe it is fairly obvious the Department does not have statutory authority to do so? Second, it is unclear to us how much money will be needed for the uncompensated care fund for Texas and all other host states. How much money does the Department anticipate needing for the fund? Finally, the Medicaid program has known costs, payment rates and control systems, which is why we sought to use the Medicaid program for the temporary assistance program. How does the Department plan to control expenditures for the uncompensated care fund to protect against fraud and abuse? What accountability measures will apply to these new funds?

3. The states of Louisiana, Mississippi and Alabama have suffered tremendous devastation that will drastically affect their ability to meet state obligations, including their share of Medicaid. The Department's waiver process simply bills claims for Katrina evacuees in Texas (and other host states) back to Louisiana, Mississippi and Alabama. When the bill comes due for those claims we would anticipate that the Department is going to expect payment since the Department does not have the statutory authority to waive those payments. Will the Department be seeking a statutory response or does the Department believe that the affected states do not need assistance? If the Department does support relieving Louisiana, Mississippi, and Alabama of some portion of the state share requirement, what is your projection for the cost of the assistance you might provide those states? New York provided disaster relief Medicaid after September 11, with the hope that their state match costs would be paid for through FEMA grants, but they are still appealing FEMA's denial of payment and have not received any funds. What assur-

ances can you give states that they will not find themselves in similar circumstances?

4. We believe that allowing individuals to preserve their private insurance coverage is an important principle. The bill that you oppose, the Emergency Health Care Relief Act, provides for Disaster Relief Fund so that people may keep private coverage. Your waiver process does not appear to provide for assistance to people wishing to keep private coverage except perhaps through the uncompensated care fund which we have already established has no money. Do you oppose preserving private coverage for Katrina survivors?

5. We believe that the welfare provisions of S. 1716 are very important. Though H.R. 3672 the TANF Emergency Response and Recovery Act of 2005 (Public Law 109-68) makes some modest progress towards getting states the help they need to provide vital support services to evacuees and those in the directly impacted states, we remain concerned that P.L. 109-68 falls short in several ways. Working in close conjunction with members from the directly affected states, the Senate bill makes a number of improvements to P.L. 109-68. P.L. 109-68 limits assistance to non-recurrent short-term cash benefits S. 1716 allows funding to be available for any allowable TANF expenditure. We understand that states would like the flexibility to use these funds to provide non-cash services such as employment readiness and job training for a period of time that is not limited to four months. Do you agree that it is appropriate to give states the greatest amount of flexibility to serve the broad needs of these families? Additionally, the Senate bill lifts the "cap" on the Contingency Fund which would direct additional resources to states that are providing services to Katrina survivors. Do you agree that states should be confident that they will be reimbursed for the costs of helping these families?

6. We note that in your letter, you took special exception to the provision in Title II—TANF RELIEF that would allow states, such as Tennessee, that are currently drawing down Contingency Funds in order to meet the needs of their existing caseload to also qualify for the Contingency Fund in order to meet the needs of evacuees. Are we to infer from your letter that states like Tennessee should be prohibited from accessing the Contingency Fund to provide services to evacuees simply because of a dire state fiscal condition that made them eligible for the Contingency Fund under existing law?

We would also like to bring to your attention certain provisions of our bill that we would be surprised to find the Department opposes.

The bill provides the Secretary with the authority and funding to assist providers whose ability to stay in business has been jeopardized. We consider it critical that hospitals, physician practices and other providers get immediate assistance so that they may continue to function. If the doors close on a hospital, it makes rebuilding that community that much more difficult. We hope you would agree.

2. The bill provides additional assistance for people who have lost their job through extensions of unemployment insurance. We feel that it is appropriate and necessary.

3. The bill provides additional funding for the Office of the Inspector General to ensure that relief funds are appropriately spent. We certainly hope you approve of that provision.

4. The bill protects the taxpayer by reducing the micro-purchase threshold which limits purchases made outside of existing federal procurement laws. These purchases are commonly made through the use of government credit cards, a medium which has a history of fraud, waste and abuse of taxpayer

dollars. The micro-purchase limits were capped by law at \$2,500 with an emergency limit of \$15,000 domestically and \$25,000 abroad. These limits were drastically raised to \$250,000. While we understand the need for increased credit limits to help deal with a disaster of Katrina's magnitude, any increase should address the problem at hand, not create new ones.

We truly believe that we have similar interests in assisting people displaced by this disaster. While we are troubled that you have chosen to oppose our effort, we will continue to work with you to meet our common goal. In that spirit, we respectfully request that you respond to the questions by this Friday, September 30, so that we may better understand how you intend to proceed.

Sincerely,

CHARLES E. GRASSLEY.  
MAX BAUCUS.

Mr. BAUCUS. That letter points out the glaring defects of the waiver process the administration talks about.

First, the Government is amorphous, as I said. Second, the waiver kind of promises money to hospitals for uncompensated care. It does not say how it is going to happen. It is very unclear. It is very amorphous.

I might say, at that point, for 9/11 FEMA was billed for several items, and FEMA did not pay for it. In this case the administration, in the waiver process, says, well, there might be some money for hospitals for all the uncompensated care they have provided. It is a promise. Who knows if it is empty or not empty. There are no dollars behind it.

We have dollars in our legislation. It is \$800 million. It goes for uncompensated care to hospitals. You talk to the administrators of the hospitals in these areas—Louisiana, New Orleans; other States, Arkansas, Texas—that are overwhelmed—and most of this is uncompensated care—they need help. We are providing it in this bill, \$800 million.

We also provide help for people who need care, who do not have health insurance, who live up to 100 percent of poverty. They are not wealthy people: only up to 100 percent of poverty, and 200 percent of poverty for mothers who have children, pregnant women and children. That is not very much. But no, we cannot pass that. Senators say that is too much. That might be wasteful.

I don't get it. I don't get it. It reminds me of when I graduated from high school. This fellow sent me a congratulation card for graduating from high school. He said basically: Congratulations, and all this stuff. He said: Best of luck in those interstitial spaces when your brain runs against headlong perversity. This is one of those interstitial spaces in the sense that I don't get it. I can't fathom why people would not want to get this passed.

We can go to conference. We can modify this bill in conference if there are real problems. That is what we do around here. If something is not perfect—nothing is ever perfect—you don't let perfection be the enemy of the good

around here. We go to conference. By that time, little wrinkles crop up, little problems. We take care of them in conference. No, we can't do that. We can't even pass the legislation. Some Senators say: No, we can't pass it. Wrong. Take it out of FEMA. It won't work. For the life of me, I don't understand why we are here.

One small example, not so small for Tina. Who is Tina? Tina Eagerton is a lady who fled Louisiana 7 months pregnant but could not find a Florida doctor who would accept her Louisiana Medicaid card, wouldn't do it. With this legislation, Tina can get some help.

I can talk about Rosalind Breaux, who has colon cancer and was scheduled for her third round of chemotherapy on August 31, the day after the flooding began. Her husband has lost his job. There is no health insurance. Rosalind is in a real bind.

I mentioned the letter the administration has sent. The Senator from Arizona has mentioned that letter. I also mentioned the letter we sent in response, the chairman of the committee, Senator GRASSLEY, and I. That letter from the administration says the administration claims it can provide relief without the need for congressional action. It can't. I must also say they do not have the authority. They do not have the authority to provide additional appropriations. That takes an act of Congress. They say, apparently, by implication, they do not need any dollars. That is the implication of that process. They don't appropriate dollars. It is against the law. We have to do that. They do not want us to do it.

The waivers, I might say, also limit eligibility for Medicaid coverage to only those groups of people traditionally eligible for Medicaid. Adults without children, no matter how poor they are, or how much they need health care, would not be covered under the administration's waiver policy suggested by the letter the Senator from Arizona mentioned.

The woman with diabetes would not be covered. She would not be covered. Diabetes is a very time-sensitive illness. Limiting access to benefits in the waiver would mean leaving tens of thousands of Katrina victims without aid.

After Katrina, Louisiana dispatched Medicaid eligibility workers to more than 200 shelters to enroll evacuees in Medicaid. Of the 4,000 potentially eligible families screened in these shelters, more than 1 in 5 were screened out as ineligible. They did not meet Louisiana's traditional eligibility rules—1 out of 5. No help there. One out of five: You do not meet the traditional screening test.

Our legislation would address that. One out of every three people who have applied for Medicaid in Louisiana following Katrina have been denied coverage. Let me repeat that. One out of every three people who applied for Medicaid in Louisiana following

Katrina have been denied coverage. The waiver process is not going to help that out because the eligibility requirements are not raised. Most of these people are denied because they don't meet the eligibility criteria.

Adult Katrina survivors need access to health care. A recent study of Katrina evacuees in Houston shelters found that most of the adult evacuees without children were uninsured. Among those, more than 40 percent reported having a chronic condition. A third reported having trouble getting the prescription drugs they need. I can't believe it. What is going on here?

Differentiating among individuals during this time of need is not right. This isn't legislation that is usual; this is an emergency. People need health care right now. Katrina did not differentiate. Katrina hit all the residents of the gulf hard. We should not differentiate in our efforts to help those in need.

The second key difference between the administration's policy and what our bill does is the funds provided to defray the cost of uncompensated care that thousands of health care providers across our Nation are giving to Katrina survivors. I have already mentioned that. Let me repeat that point. The administration has said it will provide an uncompensated care fund. But the administration, in this waiver letter referred to on the floor a few minutes ago, has not given any further information about how much would be provided, not one iota, whether it be \$1 or zero dollars. The administration has not even given information about how it will be spent.

By contrast, the Grassley-Baucus bill includes an uncompensated care fund of up to \$800 million to be spent on compensating those health care providers—that is, hospitals—who have seen a dramatic increase or drop in their patient load as a result of Katrina. The administration promises, but under our bill, there would be no doubt. We would be there. It is not words but deeds. The administration is words. Our legislation is deeds. It is getting it done.

Third, our bill provides 100 percent Federal funding for all evacuees covered under Medicaid, wherever they are, and for the affected States. By contrast, the administration's waiver policy promises to make States whole. What does that mean? I have serious questions about how they can deliver on that without legislation, because it is unclear that the administration could, under its current statutory authority, provide these additional funds to States. I referred to that earlier. I don't think they have the legal authority to provide additional funds. I have no doubt they intend to do so. I am sure they do. Why wouldn't they? I just do not believe they have the legal authority to do so. So why should we get involved in this legal morass—do they have the authority; do they not have the authority? Are we going to sit

down and argue about this, while the people need health care? I don't get it.

At the same time the administration has asked for the three most affected States to sign a memorandum of understanding making them financially responsible for paying the cost of evacuees' care in other States. Louisiana, Mississippi, Alabama need our help, not more bills to pay—not now. We could straighten that out later.

It is an outrage that a small number of willful Senators continue to stall this bill. Hurricane Katrina's health costs continue to spill in waves across the gulf coast region. Victims continue to suffer without proper medical care. Our bill will restore immediate access to basic health care. Our bill would relieve the financial burden health care providers have shouldered. We must act. Thus, at the appropriate time, I intend to join with my colleagues and ask unanimous consent for the Senate to pass our bill.

In fact, I do so now. I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 214, S. 1716; that the Grassley-Baucus substitute amendment which is at the desk be considered and agreed to, that the bill as amended be read a third time, passed, and that the motion to reconsider be laid on the table, and that all of this occur with no intervening action or debate.

THE PRESIDING OFFICER. In my capacity as a Senator from Oklahoma, I object.

Objection is heard. The unanimous consent request is not agreed to.

The Senator from Iowa.

#### MORNING BUSINESS

MR. GRASSLEY. Mr. President, I ask unanimous consent that there now be 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.

#### NATIONAL SECURITY LETTERS AND PATRIOT ACT REAUTHORIZATION

MR. DURBIN. Mr. President, the USA PATRIOT Act greatly expanded the Government's authority to use national security letters, documents issued by FBI agents without judicial or grand jury approval that allow the Government to obtain sensitive information about innocent American citizens. The recipient of a national security letter is subject to a permanent automatic gag order.

The Justice Department claims that they are not interested in the library records of innocent Americans. However, they acknowledge that they do not know how often FBI agents have obtained library records since enactment of the PATRIOT Act. And just 3 weeks ago, the Justice Department again refused my request to make public the number of national security letters that FBI agents have issued since