

loved to talk with everyone he met. He had more than his share of friends and acquaintances. But Kirk O'Donnell was a special kind of friend and so it was that he was one of the few asked to help carry Tip O'Neill's casket when our beloved Speaker passed away. That gesture alone spoke volumes about the kind of relationship forged between the older, wiser, more experienced Tip O'Neill and the younger, idealistic, and committed Kirk O'Donnell.

Even after he lost his friend, Tip O'Neill, Kirk kept fighting for the Democratic Party and the causes in which he believed so strongly. He breathed life into the Center for National Policy, leading seminars and meetings with Democratic activists, supporters, and even with those who Kirk believed might someday run for office. His message always came from the heart—Democrats stand for something, something real, something which could not be measured alone in an election. And he cared passionately about that something. On the darkest days for our party—and he went through some—Kirk reminded us to never give up the fight. He knew the importance of staying involved, of staying committed. He understood the full measure of democracy—and tried to bring it to others starving for freedom through his work in the National Democratic Institute for Foreign Affairs. Wherever, Kirk went, his message was the same; find out what matters to you and never stop fighting for it.

Kirk O'Donnell never forgot what really mattered in life. More than anything that was his devotion to his family—to his wife of 26 years, Kathryn Holland O'Donnell and their children, Holly and Brendan. That devotion was absolute.

I am proud to say that Brendan was going to join us as an intern in our office. Now that may be somewhat delayed, but, obviously, we look forward to the day when he will be there with us continuing in his father's footsteps.

Whenever I ran into him either in Washington, DC, or in Massachusetts, Kirk's first question wasn't about politics; he always asked me how my daughter was enjoying her education in his alma mater, Brown University. And he was always quick to share with me his latest story about his own daughter—Holly's experience on that same campus, or the story of the last trip to Foxboro Stadium with his son Brendan to watch Patriots football. It goes without saying that as much as all of us will miss him, obviously we feel the special pain that Kathryn, Holly, and Brendan feel at this time with their loss which is so much greater.

Today, we remember Kirk O'Donnell with words that cannot do any justice to a life that was both tragically short and joyfully filled with meaning and with accomplishment. We will miss Kirk O'Donnell, a friend and an adviser to all of us in Massachusetts politics and in the Democratic Party. But we know that his spirit will continue to

inspire us with the faith that he had in our common ideals as Americans and in his commitment to working to make life better for other people.

I thank the President.

Mr. KENNEDY. Mr. President, will the Senator yield?

Mr. KERRY. I yield to the Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I thank our friend and colleague for his superb recollections and comments about this son of Massachusetts, Kirk O'Donnell. Kirk O'Donnell was really a committed public servant right from the earliest days. He started out as a schoolteacher. He came from a working-class family. He entered politics. He served with great distinction, as the Senator has pointed out, with a great friend of both of us, Congressman O'Neill, in a very significant time in the history of this country. And then after our friend and colleague, Speaker O'Neill, left, Kirk O'Donnell went to run the Center for National Policy. He kept his interest in public policy, believing that public policy can make a difference in people's lives.

He really was an extraordinary human being in his common sense, his good judgment and his real desire to advance the common interests of working families in our State.

So I wish to commend my colleague, Senator KERRY, for bringing this matter to the Senate. This man was a very rare human being, a rare individual, a very loving person, certainly for his wife and his family but also to his friends. He also cared very deeply about the condition of the people that he met over his journey of life. He had a strong commitment to make this world a better world and our State of Massachusetts a better State.

I thank my colleague for bringing these remarks to the Senate. I commend these remarks to our colleagues and to his family because we miss him not only as a friend, but as an extraordinary public servant. We should not let his name and his memory leave us. Those who knew him and loved him will certainly carry his memory in their hearts throughout their lives.

I thank the Senator.

Mr. KERRY. Mr. President, I thank my colleague. We both benefited enormously from the generous friendship of Kirk O'Donnell and from the remarkable quality of wisdom he had well beyond his years, great common sense, great roots in the streets, the city that he worked for, and of the State that he loved, and we will both miss him. I thank the Chair.

CONSUMER BANKRUPTCY PROTECTION ACT—MOTION TO PROCEED

The Senate continued with the consideration of the motion.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER (Mr. COATS). The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, as I understand the parliamentary situa-

tion, we are in the post-cloture period, which allocates up to one hour to each Member of the Senate. Am I correct?

The PRESIDING OFFICER. The Senator is correct.

Mr. KENNEDY. Mr. President, I yield myself such time as I might use.

Mr. President, we have just a few moments ago decided as a Senate to consider the bankruptcy legislation that was reported out of the Judiciary Committee a few weeks ago. I mentioned at the time that this measure was being considered by the leadership, that I had hoped we would have the opportunity at the time that the leadership was considering calling up the bankruptcy legislation to consider other legislation that had been pending for some period of time.

The legislation that I was hoping would be considered is the Patients' Bill of Rights. It has been introduced by the Democratic leader, Senator DASCHLE, and supported by a number of us. Or, alternatively, I had hoped that the Senate would have been able to accept the proposal of the minority leader, Senator DASCHLE, that we would lay down before the Senate the Republican managed care proposal that passed the House of Representatives in July. This would have provided us with an opportunity to debate an issue that is enormously important to families in this country.

I mentioned before, the bankruptcy legislation deals with 1,200,000 people or occasions in this country per year. The Patients' Bill of Rights, however, affects 160 million Americans. The concerns that these families have are very real and very powerful.

Time and again, we hear of insurance company abuses that cripple or kill patients in states around the country. Yet, the response of the Republican leadership has been, well, you can either take it or leave it. That's it. Take the alternative that is advanced by the Republican leadership—which allows one vote on Senator DASCHLE's bill, one vote on the Republican bill, and perhaps three other amendments, but no more than those amendments in number that are designated by the majority leader—or leave it and do nothing. Mr. President, this proposal effectively gags the Senate from having full debate and discussion on this legislation. But, we have been told that was the position of the leadership and that was what we were going to be stuck with.

Mr. President, this is unsatisfactory because it excludes the opportunity to debate the major differences that exist between the Republicans and the Democrats on the issues of health care.

I have here before me a comparison of each of the patient protection bills—the proposal that has been advanced by the Republicans, and also the Patients' Bill of Rights proposal introduced by the Democrats. At the heart of this debate is a very simple concept: Are medical professionals, the doctors and nurses, going to make the health care decisions that affect patients? Or are

insurance company accountants going to make those judgments and make those decisions, which is the case in too many instances in our country today? We believe that in all of these circumstances medical decisions ought to be made by the health professionals who have been trained, qualified, and certified to be able to deal with the health care challenges that will affect our families in this country.

We believe there should be a prohibition on gag practices; access to emergency rooms when there is a need for services, which is not guaranteed in too many instances today; access to the Ob/Gyn providers; the ability to keep your doctor; and guaranteed access to the specialists, including out-of-network providers, when those needs are important.

We believe that there should be standing referrals to specialists or that specialists should be allowed to act as primary care providers when that is important for particular patients, such as cancer patients, or persons with disabilities or HIV; the ability to have access to doctor-prescribed drugs when the various formularies override a physician's decision; and access to clinical trials, which are absolutely essential for patients who have life-threatening conditions—such as breast cancer—that have failed to respond to conventional therapies. The failure to promote and cover routine costs for participation in these clinical trials is something that the Senate ought to make some judgment and decision about.

The interesting point about clinical trials is that it really is not more costly to the HMOs, because the drug and biotechnology companies or the government continue to assume the burden for the experimentation. The HMOs are simply asked to shoulder their fair share of the routine costs that the patient would incur anyway. So it really is not costly to the HMOs to guarantee this access to clinical trials. We ought to have the opportunity to debate that here on the floor of the U.S. Senate.

We ought to be able to ensure there is going to be protection for patient advocacy, and that we are going to have information on plan quality. People need to understand which plans present themselves to be quality plans, and which do not. And, perhaps most importantly, there should be a clear right to a timely and independent appeal process and the ability to hold health plans accountable for their actions. These are the areas of public policy that we ought to have an opportunity to debate and discuss.

We have not heard from the Republican leadership what particular aspect of this list, which basically includes the President's reservations about the Republican proposal, that they object to. All they say is: We are not going to debate it. We are not going to discuss it. You can get one amendment, two amendments, three amendments, but we are just not going to tie the Senate

up to debate these particular measures, even though these are the items which have been embraced by not just Members of the U.S. Senate but by nearly 190 organizations across this country that represent—who? Represent the Congress? The Senate? No. They represent the doctors, represent the nurses, represent the researchers, represent the patients and consumers.

Nearly every single major and minor consumer group has effectively endorsed the proposal that we have advanced, and we have not heard of a single group that has endorsed or embraced the Republican proposal—not one. Not one. They do not have a single group—doctors or patients or nurses or health delivery professionals—that endorses their proposal. All of them endorse ours. Yet we are told by the Republican leadership that you are going to be denied the opportunity to even raise these issues in an orderly way, to have debate and discussion and an outcome decided on the floor of the U.S. Senate.

These are the areas that need to be discussed. These are the gaps in the Republican bill. Some of them probably could be worked on through an agreement—not a great number. But they certainly are the ones that have been mentioned and identified by the health professionals in this country that are essential if we are going to provide quality health care for the American people. And we are denied this. We are being stonewalled, those of us who believe the patients' interests should be advanced. The Republican leadership have closed us out. They say, "No. No."

They don't mind getting consideration for the bankruptcy bill. They don't say we will take the bankruptcy bill up, but there are only X number of amendments. No. They just went ahead and scheduled the bankruptcy bill, which, interestingly, is supported by major financial institutions and credit companies that have spent over \$50 million in support of the legislation. Whom does that bill protect? It protects the banking and the financial interests over, I believe, the interests of the consumers. So we have seen that legislation that protects big business is on the fast track, and the legislation that protects patients and families is being denied the floor of the U.S. Senate for debate and discussion.

I do not think, in the remaining time that we are here, outside of the various appropriations bills, there is any piece of legislation that is more important than this legislation. But we have been in a constant position now, for week after week after week, month after month after month.

We were denied the opportunity to get even a markup in the relevant committee, in the Human Resources Committee. We were denied an opportunity to consider this as an amendment on other legislation. We have been denied the opportunity to have a full debate and discussion. We are told, "You take it or leave it. You take the three-

amendment strategy or you just do not get any debate or discussion." That is not satisfactory. Although the leadership has been able to prevent us from the opportunity of having that kind of debate and discussion up to this period of time, they will not be successful in denying us the chance to have the kind of debate that we need in order to protect the consumers of this country.

So I think we have, again, missed an extraordinarily important opportunity to do the public business, to do the people's business, to try to do something about the quality of health care for the American people. We here this evening would like to give the assurance to the American people, as the leader has, as our Democratic leader has, that we will have the opportunity one way or the other to have consideration of this legislation before we adjourn. We should be able to do it in the way in which we deal with important legislation, where we call the legislation up and move toward the consideration of these various amendments, trying to work through a timeframe to get the final resolution. The Democratic leader even indicated that we were prepared to deal with these issues at nighttime, at 6 o'clock tonight, 6 o'clock in the evening. There is no reason in the world that the Senate of the United States should not work tonight, from 6 o'clock to 10 o'clock, for the next 4 hours, debating these particular issues, and do so tomorrow night, too. We could have done it last night as well. There is no reason, no reason in the world. If we believe this legislation is important, why aren't we here debating this issue tonight? What is so important, in terms of Members' schedules, that we are not debating or discussing this?

I have been in the Senate for a period of time and we have had evening sessions. We have had two-track sessions many, many times. At this time in the session when there is important legislation to consider, Senator DASCHLE has proposed that to the majority leader, saying, 6 o'clock this evening, why aren't we out here considering and debating these issues tonight for 3 or 4 hours and having resolution of those? But we have been told no, we cannot do that either. We cannot take the time this evening or tomorrow evening, or Friday evening, or next week, or any of the evenings of next week to try to deal with the issues on the Patients' Bill of Rights—no. We are told we will not do it. You are not entitled to have that kind of debate and discussion. Evidently, the public interest with regard to health care will not be considered by the Republican leadership.

So we will be forced, as the leader pointed out, to take the extraordinary steps that can be taken from a parliamentary point of view to move ahead and consider this at another time. We will continue to press the leadership for that consideration, because we believe that this issue is of such overpowering importance to children, to women, to grandparents, to

members of the family, and it is essential that we deal with it. And we will, as our leader has pointed out.

Now, we are told, as we are moving towards the consideration of the bankruptcy legislation, we will have a cloture motion filed so we will not be able to have debate on various amendments that are relevant to the issue at hand. They may not fall within the particular framework of the technical provisions of the cloture motion. So we are facing the prospect of another cloture vote coming up on this Friday.

I am hopeful that we will be able to consider, on that particular piece of legislation, a modest increase in the minimum wage. But we are told that the leadership will not permit a debate or discussion on any increase in the minimum wage.

I have been asked why we should consider having an amendment on increasing the minimum wage on this legislation. I have been asked, what is its relevancy to bankruptcy? The fact of the matter is that the average wage of people filing for bankruptcy is just over \$17,000 a year. One of the principal reasons that individuals file bankruptcy is because their income has declined—their purchasing power has been reduced. No one in this Nation has seen a greater decline in their purchasing power than minimum wage workers.

Mr. President, I have here a chart that reviews where the minimum wage has been in the past 40 years.

As we can see, the real value of the minimum wage went up to \$6, and then to \$6.50, until it reached \$7.38 in the mid to late 1960s. Again, it bounced up and down through the 1970s at about \$6 or slightly above. Then we saw a continued decline down to \$4.34 in 1989. We saw an increase again in 1991 and then the increases in 1996 and 1997 which brought it up to \$5.15.

The proposal I have made will increase the minimum wage in two stages—50 cents on January 1, 1999 and 50 cents on January 1, 2000. That will bring the nominal value of the minimum wage to \$6.15, but the real value, because of inflation, will be only \$5.76.

Even if this body accepted the increase in the minimum wage, we would still be well below the historical value of the minimum wage for some 20 years in the 1960s and 1970s. These individuals on the lower rung of the economic ladder, the men and women who work 40 hours a week, 52 weeks of the year, hard-working men and women trying to provide for their families—they will still be earning well below what the minimum wage was worth for more than 20 years.

This issue is a woman's issue, because 60 percent of all minimum-wage workers are women. It is a children's issue, because many, many of those women are single moms and, therefore, their income is going to dictate what they can provide for their children. It is a family issue.

I will always remember the witness who described what an increase in the

minimum wage would mean to her. She said, "It is very simple, Senator, we will only have to work two jobs now instead of three." Only two jobs instead of three. What that means is increasing the ability of those parents to spend time with their children, increasing the ability of those parents to take a little time and work with their children on homework. The additional money may allow them to take their child to a ball game. Maybe they can afford a birthday present. Maybe they can afford to take a child out to dinner, or even see a movie. Of course, a vacation is completely out of reach—it is not even being considered.

This is what I mean when I talk about family issues. We hear a great deal of discussion about family issues and about family values. The minimum wage is a family value. It is a working family value. It is saying to someone who works 40 hours a week, 52 weeks of the year that we are going to honor their work, and that in the United States of America working people are not going to live in poverty. These are family values.

We are going to hear, Mr. President, when we get a chance to debate this—and I can understand why the Republican leadership does not want to permit us to debate it—we are going to hear that we don't need to have an increase in the minimum wage. The market will take care of these workers. If we do increase the minimum wage, opponents will claim it will add to inflation and unemployment. This is against the background of the most extraordinary economic growth in the history of this country, with the greatest prosperity, the lowest inflation, the lowest unemployment in a generation. We will hear, "We can't afford it; we're going to lose jobs." We will hear that from Members of Congress who have experienced an increase in their own salary of more than \$3,000 only last year.

We will hear, "We just can't afford to do that for working Americans." It is the working Americans, the working poor who have fallen further and further behind in their purchasing power—further behind than any group in our society.

I think some of us remember those wonderful charts Secretary Reich used to present at the Joint Economic Committee when he talked about the five different economic groups and what has happened in the postwar period from 1947 right up to 1979. And it showed that the wage rates of these groups increased at similar rates. Incomes of those at the lower rungs went up in percentages as high as if not higher than those at the highest levels. This is not true any more. It is the top 1 percent, the top 5 percent, the top 20 percent. Their incomes are going up through the roof. Those at the lower end have been going right down through the cellar. This is an issue that we have an opportunity to do something about.

Mr. President, I want to take a moment to answer some of the arguments that will be made with regard to an increase in the minimum wage, of what that means in terms of inflation. When we debate this issue, I will review some of the statements that our friends and colleagues made during those final hours of the 1996 debate about the effect on inflation and unemployment of the increase. These were the most extraordinary statements. I will not take the time of the Senate to go through them now, but they are just so out of touch with reality that it really is extraordinary.

Raising the minimum wage does not fuel inflation. This chart shows what the inflation rate was per month during the year or two before the increase in 1996. The rate of inflation was relatively flat between February of 1996 and October 1996. It was pretty flat—it held fairly steady at three-tenths of 1 percent per month.

The minimum wage increased to \$4.75, and look what happened to inflation. The rate stayed steady. In October 1996, the inflation rate was maintained at three-tenths of 1 percent. Inflation declined in December 1996, and then went up and down slightly between January and September 1997.

Then the minimum wage increased in September 1997 to \$5.15. Here we see the continued decline of inflation. In June of 1998 the inflation rate was one-tenth of 1 percent. This chart puts the lie to claims that the minimum wage increase added to the rate of inflation in the United States.

I believe that the overwhelming power of this argument comes from notions of basic fairness and justice. But if the opponents are going to claim that increasing the minimum wage will increase inflation, let us look at what happened over the period of the last two increases, going back to October 1996 and then the increase in September 1997.

Mr. President, I would like to consider at the other argument that is made in opposition. That is the claim that raising the minimum wage causes unemployment to rise.

Opponents always say, "If you increase the minimum wage, you're going to see a rise in unemployment." I will come to teenage unemployment in a minute. Unemployment overall declined dramatically since the minimum wage increased in October 1996.

And then, after the minimum wage increased again in September 1997, unemployment continued to drop. Now we are at 4.5 percent unemployment, which is virtually the lowest unemployment level in a generation. Since 1996, the nation has experienced the lowest rate of inflation and the lowest rate of inflation in a generation.

So you cannot make the argument, Mr. President, that if we increase the minimum wage, it will add to the rate of inflation or add to the rate of unemployment.

Mr. President, what is always said is, "Well, all right, you don't really understand it. It is teenagers, teenage unemployment. They are the ones who really get squeezed." Let us look at teen unemployment, ages 16 to 19, over this same period. Before the minimum wage increase, you had some 16 percent teenage unemployment in 1996. Since the 1996 and 1997 increases, it has dropped to 15 percent unemployment. The fact of the matter is, Mr. President, that about a quarter of those who earn the minimum wage are teenagers. Many of those teenagers are trying to go out and work their way through their first or second year of community college. They are teenagers. These kids, in many instances, are the ones who are trying to earn in order to continue their education. They need that increase as well.

So, Mr. President, this chart makes the point that the total unemployment for teenagers is down.

Mr. President, the greatest opposition to this has come from the retail industry. But retail employment has grown by leaps and bounds over this period. It is growing 31 percent faster. Before the minimum wage increased, from September 1995 to September 1996—394,000 new retail jobs were added. The minimum wage increased in October 1996, and then again in September 1997.

This is a 1-year period before the minimum wage went up. From September to September, 394,000 new retail jobs were added. Then in the 11 months after the increase took effect, 517,000 new jobs were added. This is very dramatic growth.

The point about it is, Mr. President, that there is not a valid economic argument to be made. I wish we had the opportunity to engage in that debate on the floor of the U.S. Senate with those who are opposed to the increase because they claim they are concerned about teenage unemployment, about inflation and about the effect on people who work in retail stores and will lose their jobs. The facts belie those claims.

Mr. President, we are talking about individuals who are still earning \$2,900 below the poverty level for a family of three.

What will this \$1 an hour increase mean to minimum wage workers? It would buy almost 7 months of groceries. \$1 an hour may not mean much to many in this country. Certainly, it doesn't mean a lot to the people who saw the stock market go up 370 points yesterday, gain over \$1 trillion in value in one day. Of course, all of us are glad to have seen the stock market go up these past few days.

\$1 an hour might not make so much difference to those who are investing in the stock market, but it represents about 7 months of groceries to an average family of four. It buys about 8 months of rent for that family. It pays three-fourths of a year's tuition and fees at a community college. It is a matter of enormous importance and it

is a matter of critical need for working families.

When you come right down to it, this issue is really about dignity. It is about dignity for individuals who can pay their bills. It is about dignity for people who don't have to go on welfare. It is the dignity of a family knowing they will not have their electricity or their water turned off because they can't pay the bill. Raising the minimum wage is really about dignity. It is about a sense of pride. It is the way parents look at children and the way children look at parents. This is an issue of fairness, an issue of whether we as a society honor work, for people who will work and want to work; those people who are the child-care helpers, the teachers' aides in our schools.

We talk a great deal about education. Teachers' aides are important. Many of them earn the minimum wage. We talk about the importance of Medicare and Medicaid and making sure that our parents are going to be able to live in dignity. Much of that dignity is provided for by health aides who earn the minimum wage. The men and women who clean office buildings at nighttime, by and large, are minimum-wage earners. These are people who have a sense of dignity and pride in themselves, as they should.

This is an issue of fundamental fairness. In the past, this body has responded. It has responded at other times when the minimum wage has sunk this low. It has responded with Republican and Democratic leadership, with Republican Presidents and Democratic Presidents, alike. But we are now being told by the Republican leadership that we are going to be denied the opportunity even to address this issue on the floor of the U.S. Senate. We are told, "We will not give you the time." We will not have that debate tonight, here in the U.S. Senate, and vote at 10 o'clock tonight.

What is more important to the 12 million Americans who would benefit from an increase than a debate this evening and a vote at 10 o'clock tonight? I can understand that many of my Republican colleagues don't want to vote on this issue. But that isn't a good enough reason. We are sent here to make choices. This is a choice that ought to be made in the light of day, or even in the evening, but it ought to be made here on the floor of the U.S. Senate. Parliamentary tricks should not be used to deny us the opportunity to address it. This is not a complicated issue, involving constitutional questions. This is a simple issue of fairness and justice. The Members of this body know it. The Members of this body understand it. We don't need any more hearings on this issue.

People know what this issue is all about. It is simple and plain: Here in the U.S. Senate, are we going to take steps that will guarantee some fairness to American workers who need that increase and have been falling further and further behind? Are we going to

say, as a society, that we are all going to move together, that we have a sense of common purpose and common direction? Will we make sure that our fellow citizens can participate in this extraordinary economic expansion? Or are we going to say, no, we will let you stay out there in the cold, we won't even debate any kind of increase? Sure, you are providing for your kids, but we will not even permit the U.S. Senate the opportunity to debate this and vote on this, up or down; up or down.

Mr. President, that is why this issue is so important. I believe it is one of fundamental fairness. It is a defining issue. It has been a defining issue at other times, and it is at this time. I am hopeful that we could have a time to debate this issue. We are not interested in prolonged debate and discussion. As I mentioned, we would settle for a reasonable period of time to debate this and have a vote. It is not a complex issue. We are going to continue to pursue it because we believe it is right and it is just and it is fair. Those are values which I think most of us were sent here to uphold in the U.S. Senate.

How much time remains?

The PRESIDING OFFICER. The Senator has used 41 minutes 50 seconds.

Mr. KENNEDY. I reserve the remainder of my time.

Mr. REED. Mr. President, I ask unanimous consent to be recognized to use such time as I may consume with respect to bankruptcy reform.

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

Mr. REED. Mr. President, today we have voted to move to consideration of the Bankruptcy Act. One of the sad but true causes of so many bankruptcies of families throughout this country is the fact that they are overwhelmed by medical bills. Now, this is obvious when it comes to those people without insurance, because for those people, getting sick in America not only means being ill, it also very often means going broke.

But one of the other aspects that is startling to so many is that many families with insurance, particularly health maintenance organization insurance, find themselves in similar situations where the insurance they paid for, they thought they bargained for, evaporates when they actually have a health care crisis.

That is why it is so very, very important to engage in a thorough debate and legislative action with respect to the Patients' Bill of Rights. I join all of my colleagues in issuing a challenge to the leadership of this body to bring up the Patients' Bill of Rights so we can debate it, we can consider it, and hopefully we can pass it.

Indeed, we should be here tonight debating this worthy measure, or the minimum wage, as my colleague from Massachusetts, Senator KENNEDY, has suggested, because that is truly the people's business. When I go back to Rhode Island, people are concerned about many things, but they are most

concerned about the status of the health care and about whether or not working families in my State and across this country can provide for themselves.

The Patients' Bill of Rights, the legislation that we should be debating tonight, is about applying fair rules of the game to health care. When it comes to health care, consumers should get the health care they pay for and they should get it when they need it. But sadly, this is not always the case. In many cases, it is the exception to the rule. It is time for this Congress to accept the President's challenge and pass legislation to enact guarantees for quality health care in this country and important consumer protections.

The Patients' Bill of Rights introduced by Democratic leader DASCHLE, protects patients' rights, while the opposing version introduced by Senator LOTT and Senator NICKLES leaves too many loopholes and does not provide adequate protections for consumers. By addressing only self-funded, non-ERISA plans, the Lott-Nickles bill excludes 113 million Americans from the protections that are necessary, and, indeed, if you follow the logic of their bill, if a portion of Americans need protection in their health care plan, if a portion of Americans need these protections from insurance companies that are too much oriented toward the bottom line and not quality health care, why should all Americans in private health care plans not have these protections?

That is what the Daschle bill does. It would provide coverage for all 161 million Americans who aren't privately insured. This bill submitted by Leader DASCHLE provides full protection to patients, including, for example, access to specialists, pediatric specialists for children, coverage for emergency services, an internal and an independent external appeals process, and allowing patients to hold health plans accountable in court.

All of these protections are important to the health and well-being of all Americans. And all of these protections deserve full debate and consideration on the floor of the U.S. Senate. Now, an offer of a single vote on the bill with an extremely limited opportunity for amendments is not the full, vigorous debate that this issue requires—in fact, that this issue demands. The health care of the American people is too important to try to squeeze in between other issues here on the floor of the Senate. I think we should move today to bring up this legislation, debate it vigorously, pass it and send it forward. Our colleagues in the other body have done so. Now the challenge is with this body to move forward deliberately and purposefully to pass protections that will ensure quality health care and access to all Americans.

There is a particular aspect of this debate that I am extremely interested in, which is ensuring that there are adequate protections in managed care plans for children. Too often, children

are ignored in the preparation of these plans. Too often, pediatric illnesses are relegated to just another variation of adult illnesses. Too often, children are just seen through these lenses as smaller adults when, in fact, pediatric care is a very specialized part of the health care delivery system. And too often, parents discover that what they bargain for and what they thought they had in terms of protections evaporate when their child is ill.

Earlier this year I introduced my own legislation that would ensure that children are not left out of this great debate about managed care, that children would, in fact, be the focal point of very specific procedures within managed care plans, that there would be access to pediatric specialists. A family could choose a pediatrician as a primary care provider, and pediatric specialists would evaluate outcomes relative to children. In working with the pediatric hospitals and with the American Academy of Pediatrics, I have come to understand the very specialized care that is necessary to deliver such care to children. Without such care, illnesses that may have been treated successfully and cheaply in children become traumatic and complicated illnesses that are more expensive and more threatening to the health of this child and later to that adult.

My words are less compelling than the words of the people in my home State of Rhode Island who have dealt with this health care morass. A few weeks ago, I had the opportunity to share a podium with Dr. Karen LaMorge. She detailed the problems she had in getting adequate health care for her father and the fact that the insurance company would not provide a second opinion, and they would not make easy referrals to specialists. One of the great ironies of her story is that Dr. LaMorge is a podiatrist and, in fact, a member of the professional panels of this particular HMO. Now, she, a skilled professional, a provider herself, cannot easily and quickly get adequate care for her father.

What happens to the average citizen who confronts this morass of regulations and rules and consents and approvals and daily calls and tracking down people to give the right approval? It becomes a daunting experience. Many, many Americans simply get exhausted trying to get basic health care for their families and themselves. Some give up. Others press on, enduring huge costs in time, efforts and energy. That is not the way our health care system should operate.

With the Patients' Bill of Rights, we will go a long way toward ensuring that it doesn't operate that way, that there is an opportunity for high-quality care that is accessible and, indeed, also affordable, because, frankly, there is a lot of money being spent by these health care plans on administrators and bureaucrats. Maybe more could be directed to health care and to the American citizens.

There is a particular aspect of this which I find particularly compelling, and I mentioned it before; that is, the aspect of pediatric health care. A few weeks ago, I had the opportunity to visit the Hassenfeld Children's Cancer Center at New York University Hospital in New York City. There I saw the care they are giving to dying children. I heard from the frontline professionals, the social workers, nurses, doctors, about the daily frustrations they face and endure in trying to get adequate care for these children from HMOs. The idea that they would spend days trying to get hospice care for a child who is dying, the idea that they would have to get daily approval and reapprovals for a course of treatment that is clear and obvious and has been prescribed is just an example of the state of this system, which is, in many respects, a crisis for so many families in this country.

We can do better. We must do better. But we can only do that if we have the will. We must bring this legislation to the floor. We must bring this legislation to this floor promptly. There are few days left, but in those days it is our obligation to serve the interests of the American people. At the top of their list is a more rational, more appropriate health care system. We are within striking distance of that, if we just act.

As I mentioned before, the other body has acted. It is our responsibility, our turn to step up to the plate and to get a greater hit than even Mark McGwire, because this hit will ensure that every family in America has good access to health care and will help that process to continue along. We should stay here tonight and every night and not simply make speeches with respect to this underlying bankruptcy bill, but actively debating and actively voting on, in a robust, wide-open debate, HMO protections for the people of America. As Senator KENNEDY suggested, we should also take up the minimum wage because that, too, is a way to address the real problems that face America.

I hope that our resolution tonight would be to take up these measures, debate them fairly and honestly, and to vote and give the American people what they so desperately want and deserve—a health care system that works for them, and for those low-income working Americans a decent wage which will lift them out of poverty. I hope we do that. Certainly I think I and my colleagues will continue to urge that action on this Senate, and hopefully these words will take heart and take hold.

Mr. President, I reserve the remainder of my time and yield the floor.

I suggest the absence of a quorum.
The PRESIDING OFFICER (Mr. BROWNBACK). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

The Senator from Delaware is recognized.

Mr. ROTH. I thank the Chair.

(The remarks of Mr. ROTH pertaining to the introduction of S. 2453 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. ROTH. Mr. President, I yield back the floor.

Mr. DASCHLE addressed the Chair.

The PRESIDING OFFICER. The Democratic leader.

UNANIMOUS CONSENT REQUEST—
H.R. 4250

Mr. DASCHLE. Mr. President, I ask unanimous consent that when the Senate completes its legislative business today, it then proceed to the consideration of Calendar No. 505, H.R. 4250, the House-passed HMO reform bill, that only relevant amendments be in order, and that the bill become the pending business every day thereafter upon completion of legislative business.

Mr. ROTH. Mr. President, I object.

The PRESIDING OFFICER. Objection is heard.

Mr. DASCHLE. Mr. President, the hour is again upon us, as it was last night. I suggested last night that we move to a second shift, that at approximately 7 o'clock every night we take up legislation our Republican colleagues say we don't have time for during the day.

I am very disappointed, once again, that our Republican colleagues have objected to doing that. There is absolutely no reason why, with less than 6 weeks left in the session, we leave this Chamber at 10 minutes to 7. There is no reason for that. How many businesses would survive with an incredible amount of production in front of them if they were to say: We are going to take off work early, we are not going to work a second shift, we are not going to work as if we are in a state of emergency, we are going to treat the situation as business as usual?

Mr. President, that is what we are doing with the schedule right now. It is remarkable to me that with little time left in the session, our Republican colleagues are content to go home and in a sense tell the American people: Look, we don't have time to consider your problems. We don't have time to consider the importance of HMO reform or to pass a Patients' Bill of Rights. We don't care; we are going home.

Mr. President, that ought not be the message we send the American people. So that is why we have suggested working a second shift. That is why we have suggested coming to the Senate floor at this hour each evening to pick up where we left off the night before, to recognize that we will never be able to address this and other serious problems unless we are willing to stay here and do our work. We have worked hard to bring the Senate to the point of pass-

ing a meaningful Patients' Bill of Rights. More than 170 organizations wait for us to act tonight. Millions and millions of people who have high expectations about the possibility of realistically dealing with this problem wait for us to act tonight.

I am disappointed, disappointed, No. 1, that our Republican colleagues again would rather go home than do their work, disappointed that legislation which has now passed in the House languishes in the Senate without any hope of passing unless we stay here tonight or tomorrow night or the next night. And I am disappointed by what it means in terms of the real prospects for accomplishment, the real prospects for getting something done, the real chance that we can leave and close down the 105th Congress feeling good about having addressed one of the most serious problems facing the American people today.

There are too many insurance companies making decisions for doctors. There are too many women who are being turned out of hospitals too early. There are too many patients who are not being given the opportunity to choose their doctor. There are too many people whose doctors prescribe a medicine only to be overturned by an insurance company.

Mr. President, it goes on and on. The problem we have is that unless we act, unless we are willing to do our work, unless we take this second shift, we will never have the opportunity to bring this important issue to closure.

Obviously, there is one other way to do it, and that is to eat up the day throughout the day. We have already indicated that if we can't take a second shift approach, then we have no other recourse but to offer this legislation in the form of an amendment on any vehicle that comes along. Whatever bill may be pending, we will have no other option but to offer it as an amendment, and we will do that just as we have done it before. We will offer it on a bill that will require our colleagues to vote.

So it is not a question of avoiding the vote. We will either do it in a constructive way on a second shift or we will do it in a confrontational way during the day on the first shift. But we are going to do it. We have said that in the remaining days of this session we must have a vote on minimum wage, we must have a vote on a Patients' Bill of Rights, we must have a vote on campaign finance reform, we must have a vote on pay equity, and we must have a vote on a series of amendments that will improve the crisis in agriculture today. Those are votes we must have, and we must find a way with which to accommodate each other's priorities to allow that to happen.

Again, let me express my disappointment, my sorrow, my frustration at our Republican colleagues' unwillingness to cooperate with us.

Mr. KENNEDY. Will the Senator yield?

Mr. DASCHLE. I would be happy to yield to the Senator from Massachusetts.

Mr. KENNEDY. As the Senator has pointed out, it is 7 o'clock this evening. We had last evening, we will have tomorrow evening. There is no reason we can't go from 7 to 10 or 10:30. The Senator remembers the times where we have had these double sessions. They are not a very unusual process and procedure. I will include in the RECORD tomorrow the instances when we have had these, generally at the end of sessions, but they have been a two-track process by which we deal with certain measures during the day and others during the course of the evening.

Does the Senator agree with me, for example, on the Patients' Bill of Rights that if we took Tuesday and Wednesday and Thursday evenings and did it from 7 to 10, 10:30 probably this week, three different evenings, there would be a good opportunity where we could probably finish that legislation, or perhaps take one or more evenings of next week to address the issues which the Senator has talked about. We could have a good debate on the question of minimum wage—whether it has been inflationary, whether there has been loss of employment, the impact on small employment, the various kinds of arguments that have been made—and we would be able to dispose of that in a fair and reasonable time, as well as the agriculture and farm issues, pay equity, and other issues?

Does the Senator believe, if we knew now that we were going to do this, the membership would become engaged in this legislation, particularly if we had notice that we were going to consider various legislation with due notice, in 2 or 3 nights we would consider X legislation, which is sort of a time-honored way that we have proceeded here? Is that the kind of arrangement that the Senator is looking for so that the membership would have notice of the legislation and we could have that kind of debate during the course of the evenings? Does the Senator think there is any other business that is more important for us to be involved in at this time than those issues which people have expressed an interest and concern about such as the Patients' Bill of Rights issue?

Mr. DASCHLE. I appreciate very much the question of the Senator from Massachusetts. The answer is, "No."

I know the Senator, who is a real student of history and has a wealth of experience, can go back to those occasions over many, many years when we have found nighttime debates to be the best debates because there are no interruptions. Why? Because Senators don't have to be in their offices with appointments and phone calls. They can be here on the Senate floor. If we are here, we get more interaction.

There have been some extraordinary debates on the floor of the U.S. Senate after 7 o'clock at night. And the reason for that is because, oftentimes, we do