

Whether it is my bill or someone else's legislative proposal, I ask for your help in bringing this issue to the Floor at the earliest possible time—hopefully no later than the spring of 1993.

Sincerely,

ARLEN SPECTER.

U.S. SENATE,

Washington, DC, January 22, 1993.

Hon. DANIEL PATRICK MOYNIHAN,
Chairman, Senate Finance Committee, U.S. Senate,
Washington, DC.

DEAR PAT: With this letter I am enclosing my Floor statements on S. 18 on health care and S. 19 on an economic recovery program.

I believe it is important that the Senate take up these two subjects at the earliest possible time—hopefully no later than the spring of 1993.

I urge you to schedule hearings on S. 19 in the Finance Committee as promptly as possible.

As you will note, there are aspects of S. 19 which come within the jurisdiction of the Finance Committee. I ask that you hold hearings on those issues as promptly as possible.

Sincerely,

ARLEN SPECTER.

U.S. SENATE,

Washington, DC, March 11, 1993.

Hon. ARLEN SPECTER,
U.S. Senate, Washington, DC.

DEAR ARLEN: I apologize for the delay in responding to you about S. 18, the Comprehensive Health Care Act of 1993, and your request for hearings on it. I have been working closely with the White House on preparation of the Administration bill, and I have not yet made a decision on whether hearings will be held prior to the introduction of the Administration plan.

My current expectation is, however, that any hearings before the introduction of the Administration bill will be directed at broad health issues, rather than specific legislative proposals for reform.

I commend you for the thought and ability you have put into your legislation, and I look forward to working with you to make comprehensive health reform a reality this year.

With my respect and warm regards,
Sincerely,

TED.

The PRESIDING OFFICER. Under the previous order, the question is on agreeing to the Roth substitute, amendment numbered 324.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. GLENN. 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 President, I ask unanimous consent that the order for the quorum call be rescinded.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. GLENN. May we have the regular order and I move to table.

VOTE ON AMENDMENT NO. 324

The PRESIDING OFFICER. The question is on the motion to table.

Mr. GLENN. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. The question is on agreeing to the motion

to lay on the table the amendment (No. 324) of the Senator from Delaware.

The clerk will call the roll.

The bill clerk called the roll.

Mr. FORD. I announce that the Senator from New Jersey [Mr. BRADLEY], the Senator from Hawaii [Mr. INOUE], and the Senator from Texas [Mr. KRUEGER], are necessarily absent.

Mr. NICKLES. I announce that the Senator from Wyoming [Mr. SIMPSON], is necessarily absent.

I further announce that, if present and voting, the Senator from Wyoming [Mr. Simpson], would vote "nay."

The PRESIDING OFFICER. Are there any other Senators in the Chamber who desire to vote?

The result was announced—yeas 54, nays 42, as follows:

[Rollcall Vote No. 106 Leg.]

YEAS—54

Alaska	Feinstein	Metszenbaum
Baucus	Ford	Mikulski
Biden	Glens	Mitchell
Bingaman	Graham	Moseley-Braun
Boren	Harkin	Moynihhan
Boxer	Heflin	Murray
Breaux	Hollings	Nunn
Bryan	Jeffords	Pell
Bumpers	Johnston	Pryor
Byrd	Kennedy	Reid
Campbell	Kerry	Riegle
Conrad	Kerry	Robb
Daschle	Kohl	Rockefeller
DeConcini	Lautenberg	Sarbanes
Dodd	Leahy	Sasser
Dorgan	Levin	Simon
Exon	Lieberman	Wellstone
Feingold	Mathews	Wofford

NAYS—42

Bennett	Durenberger	McCain
Bond	Faircloth	McConnell
Brown	Gorton	Murkowski
Burns	Gramm	Nickles
Chafee	Grassley	Packwood
Coats	Gregg	Presler
Cochran	Hatch	Roth
Cohen	Hatfield	Shelby
Coverdell	Helms	Smith
Craig	Kassebaum	Specter
D'Amato	Kempthorne	Stevens
Danforth	Lott	Thurmond
Dole	Logar	Wallop
Domenici	Mack	Warner

NOT VOTING—4

Bradley

Krueger
Simpson

So the motion to lay on the table the amendment (No. 324) was agreed to.

The PRESIDING OFFICER. The Senator from Pennsylvania is recognized.

Mr. SPECTER. Mr. President, immediately before the 3:30 vote, I was in the process of reading from a letter which I had sent to First Lady Hillary Clinton concerning S. 18 and I was down to point 4 on the items provided for by my bill.

Four was:

Authorizes funds for a comprehensive health education and prevention initiative for toddlers and elementary and secondary students to teach children at every stage of their development a range of health related subjects.

5. Incentives to increase the supply of generalist physicians to enhance access to primary and preventive health services.

6. An expansion of funding for outcomes research for the development of medical practice guidelines and increasing consumers' access to information in order to reduce the delivery of unnecessary care.

The letter continues:

Last year, I pressed Senator Mitchell, the Majority Leader, to bring health care to the Senate floor, and again last week I wrote to him on the same subject with a view to having such legislation considered at the earliest possible time in the session. I would be pleased to work with you on this important subject.

Sincerely,

ARLEN SPECTER

Mr. President, I ask unanimous consent that the text of that letter be printed in the RECORD in full.

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

U.S. SENATE,

Washington, DC, January 26, 1993.

HILLARY CLINTON, Esq.; First Lady,
The White House, Washington, DC.

DEAR HILLARY: Congratulations on your designation by the President to lead the executive group on preparing health care legislation.

I am taking the liberty of sending on to you my floor statement and the text of S. 18, the Comprehensive Health Care Act of 1993, which represents many years of my work on this issue in connection with my position as ranking Republican on the Appropriations subcommittee dealing with health care expenditures.

This bill has been drafted in consultation with former Surgeon General C. Everett Koop, the American Nurses Association, People's Medical Society, The National League for Nursing and the American Academy of Family Physicians.

The two objectives of the bill are to extend health insurance coverage to the 37 million Americans now not covered and to reduce costs for those who are covered. Key points of the bill are:

(1) Incentives for young pregnant women, especially teenagers, to secure prenatal and postnatal care to avoid the human tragedies of low birth weight babies with the attendant billion dollar cost;

(2) Provide federal guidelines for terminally ill patients who exercise their option not to have unwanted and useless medical care;

(3) Utilization of nurses and other nonphysician providers to deliver primary care services, including home care, to improve access, increasing efficiency and provide cost savings;

(4) Authorizes funds for a comprehensive health education and prevention initiative for toddlers and elementary and secondary students to teach children at every stage of their development a range of health related subjects;

(5) Incentives to increase the supply of generalist physicians to enhance access to primary and preventive health services;

(6) An expansion of funding for outcomes research for the development of medical practice guidelines and increasing consumers' access to information in order to reduce the delivery of unnecessary care.

Last year I pressed Senator Mitchell, the Majority Leader, to bring health care to the Senate floor and again last week I wrote him on the same subject with a view to having such legislation considered at the earliest possible time in the session.

I would be pleased to work with you on this important subject.

Sincerely,

ARLEN SPECTER.

Mr. SPECTER. Mr. President, after introducing S. 18 and pressing to have the hearings and corresponding

First Lady Hillary Clinton—and I should note parenthetically that I received no response to that letter—I then continued working with the Republican health care task force, chaired by the distinguished Senator from Rhode Island [Mr. CHAFEE] and it was my hope that we might have had a bill from the Republican task force reported out and presented as an amendment on pending legislation so that the Senate would have an alternative health care proposal to consider.

When that was not deemed practical, I then took a look at legislation which had been introduced by a number of other Republican Senators and amalgamated that legislation into S. 631, which is a combination of legislation which I had introduced, and legislation introduced by Senator KASSEBAUM, Senator COHEN, Senator MCCAIN, and Senator BOND. On March 23, I introduced S. 631. In introducing S. 631, I had said, Mr. President, that it was not a perfect bill and that I did not necessarily prefer all of the provisions of S. 631 but it constituted a critical mass, and what I thought we needed to do was to have a critical mass to come to the floor.

On March 29, 1993, Senator D'AMATO, Senator PRESSLER, Senator BROWN, and I circulated a letter, a "Dear Colleague" letter, which read as follows:

Dear COLLEAGUE: We intend to offer health care legislation as an amendment when the debt ceiling bill comes to the Senate floor later this week.

Parenthetically, I should add, Mr. President, that the debt ceiling was scheduled for later that week.

The letter goes on:

The debt ceiling bill will be the first legislative measure to be considered by the Senate this year which would permit amendments with tax provisions such as health care reform; and we have further awaited the work of the Republican Health Care Task Force, chaired by Senator John Chafee, to determine if that group would produce legislation which could be offered at this time. Despite considerable work by that Task Force, that legislation is not now ready.

The amendment which we intend to offer will be the text of S. 631, which is a combination of proposals extracted from legislation previously offered by Senator Kassebaum, Senator Cohen, Senator McCain, Senator Bond, and Senator Specter. We intend to offer this measure to make the point, as emphatically as we can, that the time has long been ripe for the Congress to move ahead with such a legislative effort.

We also note: 1. The likelihood that the Senate will reject such an amendment citing the group being chaired by the First Lady, Mrs. Hillary Clinton;

2. For years the Congress has had numerous bills on health care reform which could have provided the basis for such legislative action;

3. Recent statements by House Majority Leader Richard A. Gephardt, and Chairman of the House Ways and Means Committee Dan D. Rostenkowski that it is unlikely that health care legislation will be enacted this year;

4. Action by the states, such as New York Governor Cuomo's announcement, as reported in the New York Times on March 28,

that his "state could not wait for federal solutions."

The letter then goes on to say:

We believe that the Senate is equipped now to legislate as we did on the Clean Air Act in 1990 when a bill was brought to the floor. The bill was divided among task forces, amendments were offered and legislation was enacted. We do not suggest that S. 631 is a perfect bill, but we do not want to wait weeks or months for a bill to be proposed and then to undertake lengthy hearings, et cetera, which may produce no action at all. The summary of S. 631 (a copy enclosed) shows on its face the many subjects where the Senate is in a position to act at this time. We urge your support of this measure.

Sincerely,

Larry Pressler.
Al D'Amato.
Hank Brown.
Arlen Specter.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. SPECTER. Mr. President, as time passed this year there were a number of impediments which arose to make it unlikely that health care legislation would be acted upon. The New York Times, on March 4, 1993, contained a headline: "Passage of Health Care Bill Seen as Unlikely This Year." The first paragraph says:

On March 3, Representative Dan Rostenkowski, chairman of the House Ways and Means Committee, said today that Congress was unlikely to pass a comprehensive health bill this year despite urging by President Clinton and the Senate majority leader.

Then a similar story appeared in the New York Times' national division on April 2, 1993, with the headline: "Clinton May Not Meet Deadline on Health Plan," and it says:

On Sunday the House majority leader Representative Richard A. Gephardt of Missouri, voiced uncertainty about whether Congress could meet Mr. Clinton's goals of passing such legislation this year. The health care bill "will be the toughest bill since the Social Security Act [was passed] in 1936" and "it would be just as important" said Mr. Gephardt on NBC news program Meet the Press.

Mr. President, the New York Times for this past Sunday, had an extensive article with the headline: As U.S. Policymakers Debate, States Move Ahead On Health Care Overhaul. It starts off:

WASHINGTON, April 24.—The Governors and legislatures of the 50 States are not waiting for the Clinton Administration to find a fresh approach to health care. Squeezed between rising demands for care and soaring costs, and fearful the Congress will act too slowly or wrongheadedly on whatever the President finally recommends next month, States are determined to go ahead on their own to improve matters. "The health-care crisis out in the States is so pressing that we can't wait any longer to see what the Federal Government is going to do, if anything,"

said Delegate Casper R. Taylor Jr., the leading advocate for an overhaul of the health-care system in the Maryland legislature. "A lot of individuals can't afford care. The cost of providing care to workers is breaking some of our businesses. Other state needs are being neglected because of the health-care budget. The heat is on."

All of that was being said by Mr. Taylor. Without reading the full text, it comments about activities saying:

Hawaii has already made insurance available to almost all of its residents. Several of the States including Minnesota, Oregon, Vermont, and most recently Florida, have enacted varying programs designed to improve universal coverage. And just Friday, the Washington State Legislature approved a plan that would phase in basic coverage for all residents by 1997.

Then the article goes on to mention a number of other programs in a number of other States.

Mr. President, I see we are joined by my colleague from South Dakota, Senator PRESSLER. So at this time I yield to Senator PRESSLER, if I may have the understanding that I would have the floor when he concludes.

Mr. GLENN. Might I pose a question? Are there copies of the Senator's amendment available, or a section-by-section analysis of it?

Mr. SPECTER. If I may respond, Mr. President, there are copies available, and I have a section-by-section analysis; I will make them available at this time.

Mr. PRESSLER. Mr. President, today I join Senators SPECTER, BROWN, and D'AMATO in offering this amendment which expresses our sincere desire to make health care available and affordable to all Americans. I do not come to the floor pretending to be an expert on health care, nor do I suggest this amendment is a perfect proposal.

There are provisions in this amendment I do not fully support. But let me say that I think it is time we take action on health care. There has been much talk in this Chamber. The date keeps getting delayed. I think there are many Americans out there who are not covered by health insurance. There are problems in our system.

I believe it is time for the Senate to begin action, and I commend the Senator from Pennsylvania for his leadership in finally getting us a vote on this. We have had all of these studies and all this talk.

Also, let me say that I am very eager that there should be proposals from the Republican side of the aisle, because, before health care reform is enacted, our side of the aisle will have major input, especially in the Senate of the United States. I think that this amendment is a good starting point. I hope it is not rejected here on the Senate floor.

The time has come for the U.S. Senate to show the American people that we are serious about health care reform. Indeed, it is time President Clinton knows of the type of health care reform we support. I believe the elements in this plan would result in reduced

medical costs and increased access—the principal pillars of any true health care reform plan. From 1980 to 1992, health care costs have increased 106 percent; prescription drug prices have increased 123 percent. During this same time period, inflation rose 68 percent.

There are an estimated 37 million uninsured Americans.

In my State of South Dakota, nearly 56,000 individuals are without health insurance; 5,000 South Dakotans are considered uninsurable.

A recent study of health care costs reveals that the average South Dakotan spends 13.1 percent of his or her income on health insurance or health-related costs. This is the fourth highest rate in the Nation.

The Medicaid and Medicare budgets are increasing 10 to 15 percent each year. Those funding increases are eating up the limited resources of State and Federal Governments. Ultimately, many other worthwhile programs, ranging from education to law enforcement, are cut or sacrificed to make room for higher health care costs.

In South Dakota, there are 8,000 nursing home beds. Nearly 50 percent of these individuals are dependent upon Medicaid for their long-term care needs. This represents about one-third of South Dakota's total Medicaid budget.

This year, Medicaid expenditures are expected to total \$126 billion. This represents 15 percent of all health care expenditures. Between 1980 and 1992, Medicare costs soared 272 percent. Medicaid costs increased 384 percent.

A day does not go by that I do not hear from South Dakotans saying they do not have the means to obtain health care. They may have been unable to obtain insurance because of a preexisting condition, or may have lost their benefits when changing jobs. Others simply can no longer afford to pay the insurance premiums or the direct medical costs.

The reasons for the inflated health care costs are numerous. There is no quick fix or easy solution. However, there are steps we can take to contain costs and secure medical benefits for all Americans.

Some argue that doctors and other health care providers are being greedy and are lining their own pockets. Others contend that the fear of frivolous lawsuits forces physicians to perform unneeded tests in an effort to avoid lawsuits.

Let me say, Mr. President, that I hope we hear more from the White House in terms of tort reform regarding health insurance. That is a subject that has not been adequately covered, as far as I know. The mysterious thing about the planning of the health care reform going on is that we do not really know what is going on, and time is slipping by.

My colleague from Pennsylvania, earlier in one of the appropriations bills, had a September date by which this Congress should act on a health

care plan. Now there is talk of it slipping over into next year. I believe that it is time to act. I think we have the information. I think we should move forward. But that is certainly an area we should address—tort reform.

Others argue that excessive Federal regulation is causing the increased rates. Some blame the insurance industry. Finally, others argue that the consumer is demanding excessive medical care. The doctors blame the lawyers, and the lawyers blame the insurance companies. The insurance companies blame consumers, and everybody blames the Federal Government. The American citizen is the loser. It is time to stop the blame game and start the process of reform.

It is my feeling that health care reform must be market based. We should not impose price controls or new mandates. Rather, reform should include limits on damages awarded in lawsuits, revisions in the antitrust laws, elimination of waste and fraud, reduction of Federal regulation, streamlining of claims processing and other paper works, and greater emphasis on preventive care and tax credits to help individuals purchase health care insurance.

All of these things are addressed, in part, in the Specter amendment. Let me say that the Specter amendment is the first health care vote of this year on the Senate floor. We have been talking about health care all this year, and this is April; this is the first time, and it has been difficult to get this amendment up.

It probably is unlikely that the Senate will adopt this amendment, because I expect it is going to be voted down. I hope it is not. However, it is a strong statement indicating we were serious about health care reform and we are ready to legislate. That includes many Members on this side of the aisle. Voting for this amendment would send a clear message to the White House. Health care reform should be market based. It should not impose new mandates on employers, and we should not impose price controls.

In closing, I would like to commend my Republican colleagues, including Senator CHAFEE, Senator DURENBERGER, and of course, my friend from Pennsylvania, Senator SPECTER, for their leadership on the issue of health care reform. Republicans are not taking a back seat on the issue of health care reform. The Republican health care take force has held dozens of meetings, briefings, and retreats in an effort to develop health care reform proposals. Many of the provisions in this amendment come from these meetings.

Mr. President, I urge the adoption of this amendment, and I yield to my friend from Pennsylvania.

The PRESIDING OFFICER. Under the previous order, the Senator from Pennsylvania retains the floor.

Mr. SPECTER. I thank the Chair.

Mr. President, I have been advised there are others on the floor who wish

to speak so I will be relatively brief at this stage and elaborate on my comments at a later time.

Before yielding to the distinguished Senator from South Dakota, I was commenting there were problems which pop up virtually daily on the difficulties the President is going to face in his proposal.

Last night, on ABC television, Peter Jennings anchored a brief report on the subject of health care.

Mr. President, in this morning's Washington Post in a lead story captioned "Panetta: President in Trouble on Hill," and I will be very brief with this, said in the second paragraph:

In a meeting with reporters, Panetta said additionally he is urging Clinton to delay releasing his plan for overhauling the health care system because, even without it, the administration faces a serious challenge in passing the details of Clinton's budget proposals, which Congress already has agreed to in broad outline.

Mr. President, there is quite a bit to be said, but two of my colleagues, the distinguished Senator from South Dakota, Senator DASCHLE, and Senator ROCKEFELLER are on the floor. So I yield the floor at this time and I will have more to say later.

The PRESIDING OFFICER. The Chair recognizes the distinguished Senator from South Dakota.

Mr. DASCHLE. Mr. President, I rise to commend my colleague, the distinguished Senator from Pennsylvania, for his contribution to this debate.

Obviously, as one looks at the myriad of issues that he addresses in his amendment—managed competition, universal coverage, access to health care, preventative health care, refundable tax credits, cooperative agreements between hospitals, patients' rights, insurance simplification and portability, malpractice reform, outcomes research, Medicare preferred provider demonstration projects, and long-term care, an issue with which the Senator has been associated for a long period of time—we can all agree that each and every issue ought to be included in a health care reform proposal.

And so from that perspective I applaud the Senator's approach and the comprehensive nature of the amendment that he is introducing. But I think his amendment begs the question, Is this the place? Is this the time to address these issues?

I understand his frustration. I share a similar frustration about the need to get on with it, the need to continue to work, the need to find ways with which to confront the myriad of health care problems we are facing today.

But the question is, do we take each of these issues as complicated and as difficult as they are, issues that we have attempted to confront in all kinds of ways over many Congresses and, in fact, many decades, and attempt to include them in an amendment to a bill that would give the Environmental Protection Agency Cabinet status?

Frankly, and with all due respect, Mr. President, this is not the time, this is not the place to address our Nation's health care problems. There has been a good deal of talk in the last few weeks about the need to reach out to each other to find ways in which to work in a bipartisan fashion to come up with a comprehensive health care proposal upon which we can agree, to come up with a plan that will address each of these issues and, frankly, even more than what the Senator from Pennsylvania has outlined here in his amendment.

I hope we can do that. I hope we can come up with a plan in the not too distant future to consider comprehensive health care reform. First, we must come up with an approach that will include Republicans and Democrats in a way that has not yet been done to at least this Senator's satisfaction.

So, I hope, Mr. President, that first we commit to a process and then we commit to a plan that will bring about many of the reforms the Senator from Pennsylvania has suggested in his amendment this afternoon.

We all recognize that we cannot wait any longer. We all recognize when we go home this is the number one issue. We all recognize that we cannot solve the budget deficit unless we solve the health care crisis. We all recognize, as our businesses tell us time and again, that unless we deal with health care in a comprehensive way we are not going to be able to address competitiveness in a comprehensive way.

We recognize the political consequences of doing nothing. We recognize even more the fiscal consequences of doing nothing.

So if we are serious about doing something, if we are serious about laying before the American people a plan that we can say with confidence addresses the problem of universal coverage, that addresses the need for preventative care, that addresses the need for meaningful cost containment, that addresses the need for malpractice reform and long-term care coverage, we really cannot do it as an amendment to a bill elevating EPA to Cabinet status. We cannot address these issues without involving Democrats and Republicans in the committee process, and the House, the Senate, and the White House.

Winston Churchill once said, and I have used this quote before, "That Americans always do the right thing, only after they have exhausted every other possibility."

I hope we do not exhaust every other possibility before we do the right thing this time. And doing the right thing means committing to a process that will bring about a sound plan that we can all feel good about.

I really respect the distinguished Senator from Pennsylvania. He has been an advocate of health care reform for a long period of time.

I understand his impatience and his determination to see the process

through this year, in a comprehensive way, in a way that will satisfy us all.

But I must say that this is not the time, this is not the place, this is not the approach, this is not the amendment that will allow the kind of constructive examination of health care reform that we need in this country.

I hope that we can use the ideas offered by the Senator from Pennsylvania—because they address legitimate concerns, they are legitimate proposals, they are items that we simply have to address. But to address this issue in an afternoon, to do it on the floor of the Senate without utilizing the committee process, to do it without involving all of the other Members of the Senate who feel equally as committed and equally as credible on this issue is not serving the process to our satisfaction.

And so I hope that the Senator will take this advice seriously. I hope that in some way we can accommodate the Senator's desire to move ahead without committing to an amendment of this comprehensive nature in an afternoon, as we take up a bill of significance, a bill that Democrats and Republicans support, a bill that deserves to be passed in its own right without the additional issues related to health care attached to it. I hope we can move this legislation so that we can get on with health reform, so that we can clear the deck and find a process that will deliver the kind of product that the Senator from Pennsylvania wants, that the Senator from South Dakota wants, and that Republicans and Democrats alike would like to see sometime this year.

Mr. President, I yield the floor.

Mr. SPECTER. Mr. President, will the Senator from South Dakota yield for a question?

Mr. DASCHLE. Yes, I am happy to yield for a question.

Mr. SPECTER. If I might preface it, and I shall be very brief about this—I thank the Senator for his commendation, his comments about how admirable it is, and I focus on his statement that "We all recognize that we cannot wait any longer" and his statement that "We cannot deal with a budget without dealing with health care."

My question to the distinguished Senator from South Dakota is: Does he think we will finish the issue of health care before we deal with the issue of the budget this year?

Mr. DASCHLE. Well, as the Senator well knows—he is a student of the budget, as are many of our colleagues—the budget process is not simply an annual one. Any time you look at the budget, you must look at the long-term budgetary implications of health care and other expenditures.

We know that nothing drives the budget more than does health care. We know that if we are going to truly come to grips with the budget, we have to come to grips with health care.

But we also know, as President Clinton's predecessor, President Bush,

knew, that if we are going to do it right, we have to do it in a way that is indeed comprehensive. And certainly we cannot hold the budget hostage this year to a plan that will entail comprehensive decisionmaking that will affect budgets in the outyears.

So I would hope we can tackle these issues simultaneously. We passed the budget resolution. We are now going to reconciliation. Following that, we hope to take up health care reform so that next year, when we take up the budget resolution, we have a handle on health care costs, so we can say with some certainty that health care costs are controlled to 1994, 1995, 1996, and beyond.

Mr. SPECTER. I thank my distinguished colleague from South Dakota for that answer.

I take from that answer that there is not an expectation that health care will be finished in 1993 in advance of the conclusion of the fiscal year 1994 budget; is that correct?

Mr. DASCHLE. If I can retain the floor, Mr. President, I do not think anyone can tell the distinguished Senator from Pennsylvania today just how soon we can pass health care reform. We would like to say that we are going to pass it sometime in the next few months. But that depends obviously on the degree to which there is a consensus, and on the degree to which Democrats and Republicans can agree on the approach to take.

Of course, if we could pass health care reform this summer, there is no reason why we could not affect costs incurred in this fiscal year. The bottom line is, the sooner we reform our health care system in a meaningful way, in a comprehensive way, in a way that will include Democrats and Republicans, the sooner we can control the budget. You would like to see that happen this year. I would like to see it affect the budget this year, too.

But we will not be able to do that if we continue to delay and find ways with which to obfuscate the issue. I think it is time we get on with it and find a process that will ultimately deliver what the Senator from Pennsylvania and the Senator from South Dakota both want.

Mr. SPECTER. Mr. President, following up with one further question, I agree with what the distinguished Senator from South Dakota said: To find a way, to find a process to move ahead. That is why this Senator has offered this amendment.

My final question is: Does the distinguished Senator from South Dakota expect health care legislation to be enacted during the 1993 calendar year?

Mr. DASCHLE. Well, Mr. President, the distinguished Senator from Pennsylvania knows that I do not have a crystal ball any more than he does.

Let me say this: The President said unequivocally that he wants to see health care reform passed this year. The President is going to put every ounce of his credibility, all his efforts,

every person within his administration responsible for health care, into passing reform legislation.

I know the Senator from Pennsylvania would like to see it passed this year. Certainly, the Senator from South Dakota would like to see that happen. I would guess the majority of Senators in this Chamber today would like to see health care reform passed this year. In fact, I do not know of anybody who is saying: I think we ought to delay even further; I think we ought to move this process into next year or the year beyond. We all want to move forward with this issue.

So if, indeed, we all want it, then I am fairly optimistic that we can accomplish what the Senator from Pennsylvania hopes to accomplish this year. There is no reason we cannot.

We have taken on issues of similar magnitude in the past and there is no reason we cannot take on this one.

There is far more agreement, in my view, than there is disagreement about the points with which we must deal if we are going to successfully confront health care reform this year.

So let us take those areas upon which we agree and build upon them, and let us find a process that will allow us to commit to a date certain. I would like to see that.

But, however we do it, I think we must commit to a process that involves the committees, that involves those people who have been intricately involved in this process on the Republican side and Democrat side.

I am convinced that if we take that attitude, there is absolutely no reason that we cannot complete health care reform in this calendar year and enact it into law.

Mr. SPECTER. Mr. President, I thank my colleague from South Dakota for that answer. I extract from him two key words: "fairly optimistic." I am left with the impression that it is still a question mark.

I would ask my final question: Whether the distinguished Senator from South Dakota would join with this Senator in asking—and I thank him for saying he would like to find a date certain—I ask if he would join with this Senator in asking the distinguished majority leader to establish a date certain to take up health care legislation this year?

Mr. DASCHLE. Well, Mr. President, I can assure the distinguished Senator from Pennsylvania that no one is more committed to health care reform than the majority leader. I have worked with him for days and weeks and months, and nothing would please him more than to set a date certain to pass health care reform.

I would even wager to say he would lead the charge for setting a date certain.

But I think it is a matter of consultation with the Republican leader and the Republican members of those committees that are equally as committed as we are to health care reform,

for example, the ranking members on Finance, Labor and Education, and Veterans' Affairs. There are a number of committees that certainly want to have a voice in this process.

But I do believe—and I say this unequivocally—that the leadership is committed to resolving this issue and to successfully passing health care reform this year.

Mr. SPECTER. I take that to be a "likely yes." I will confer with the Members on this side of the aisle, if my distinguished colleague from South Dakota will do the same on his side of the floor.

Mr. DASCHLE. I assure the Senator that I will.

The PRESIDING OFFICER. The Chair recognizes the Senator from West Virginia [Mr. ROCKEFELLER].

Mr. ROCKEFELLER. Mr. President, I am one of those who believes we will in fact pass health care reform this year. I have marked the day, December 22, 1993. I think the American people are not going to stand for health care reform going over into 1994, and I do not see why they should.

One of the absolutely most important ways to pass health care legislation this year is to do it on a bipartisan basis. Everybody in the world knows that the President, has appointed the First Lady to head up his health care task force which is composed of some 500 people—60 physicians, and other health care professionals that represent all points of view on health care, people from all over the country. One of the reasons the President has caused that to happen is, at least in the view of this Senator, because health care legislation that President Clinton and all of us on both sides of the aisle are committed to doing, is the most monumental undertaking that the Congress has ever undertaken before. It is an enormous undertaking. In fact, when you sit and look at the whole sweep of health care legislation which is represented in the paper which I received from the Senator from Pennsylvania—refundable tax credits, self-employed deduction, children's health care—I do not know whether the matter of veterans' health care is addressed in this 4-page summary or not—but one of the reasons this task force has been working so hard is because it is the most gigantic undertaking this body has ever attempted.

Passage of Medicare and Medicaid—was considered huge, and, of course, it was. But those were add-ons to our health care system. Passage of Social Security legislation generally has been labeled the most momentous social legislation in the history of this country. I have no reason to argue with that. But I will tell you one thing, it is much easier to provide people Social Security benefits than it is to restructure our health care delivery system, not only how it is delivered but also what it is going to cost and cost containment.

The Senator, in his approach, as I understand it, prefers no employer responsibilities. That is a very important factor, because if individuals are only encouraged to have health insurance, that means by definition that there are going to be tens of hundreds of thousands of people who, in fact, do not have health insurance. As a result, people who do have health insurance are going to continue paying a lot more than they otherwise would.

Cost containment. We know, and the Senator from Pennsylvania knows very well, that the subject of health care is so big that, indeed, if we pass, as I hope and expect we will, all of the President's economic and budget deficit legislation, all of it, and reduce the budget deficit by one-half trillion dollars, that, in fact, only works until 1997 or 1998. After that the deficit starts going right back up again because of skyrocketing health care costs. The only way that we can achieve long-term budget deficit reduction is, in fact, through something called health care reform with major cost containment built into it.

It is still very unclear to me what level of cost containment is contemplated by the Senator's approach. He talks about a refundable tax credit to low- and middle-income individuals. I remember, for example, President Bush proposed individual tax credits. One of the things that became very obvious when tax credits were costed out was that that would leave tens of millions of Americans uncovered. In other words, it sounded good—vouchers, tax credits. It sounded good, but it did not do the job.

The problem is the American people, even though they have an enormous amount of anger about health care, do not necessarily know—as I am sure the Senator from Pennsylvania does, and I know the Senator from South Dakota does—all the ins and outs of this. So there is a tremendous burden on us in the Congress, 535, to do this in a very, very careful, very responsible way.

I associate myself with the comments of the Senator from South Dakota. To be quite honest about it, when I was talking to my good friend, the Senator from Pennsylvania, with whom I shared a Veterans' Committee hearing this morning, and he said at some point he would probably be introducing health care legislation, I had no idea it would be so early—even on the same day. But I really think it does not do justice to the subject of health care reform, which I consider the most complex undertaking that this body will consider in the history of this Republic. People can say that in hyperbolic. It is not. It is not. The Senator talks about malpractice reform. But when you are talking about tort reform, you are talking about an enormous variation of opinion just on the floor of this particular body. I support malpractice reform, but I am not sure it is adequately addressed in the particular amendment.

So to me the idea of offering an amendment to an EPA bill introducing health care is really quite extraordinary. I inquire at this point of the Senator from Pennsylvania whether or not he, in fact, wishes to have a vote.

If I could get the attention of the Senator from Pennsylvania?

The PRESIDING OFFICER. The Chair advises the Senator from Pennsylvania the Senator from West Virginia is addressing a question to him at this time.

Mr. ROCKEFELLER. I was interested in whether or not the Senator actually wishes to have, in terms of the enormity of the problem of health care and the intricacies involved, whether he actually would want to have a vote this day on his bill? That would be my question.

Mr. SPECTER. Yes.

Mr. ROCKEFELLER. To me that is very problematic, Mr. President, very problematic. Here we have a very complex subject. You can take any one of these—managed competition. The Senator's amendment includes children's health care provisions, self-employed provisions, refundable tax credits, preventive care, cooperative agreements between hospitals, insurance simplification, portability. We are going to have to have six or seven hearings in several committees on just the subject of health insurance. Are we going to community-rate it? Are we going to phase it in over time? How quickly can we do this?

Mr. SPECTER. If the Senator from West Virginia will yield for an amplification of the last answer?

Mr. ROCKEFELLER. I am delighted to.

Mr. SPECTER. I wanted to make a terse and definite affirmative by simply saying, yes, a one-word answer. If the one-word answer does not establish the record, it certainly ties the record in this body. I do not think the distinguished Senator from South Dakota came to speak to the Senator from Pennsylvania at the precise time of asking the question, but I would amplify my affirmative answer by quoting the distinguished majority leader, who appeared on Face the Nation on February 23, 1993, and said this:

We are going to have the health package ready to go by early May. It's conceivable that within a period of a couple of months we could have the hearings, mark it up in committee and get it out, and get it done sometime during the summer—perhaps early summer. I think that's possible, with an ambitious schedule, to be sure.

This is the point I really want to emphasize:

But the fact of the matter is this is not a new subject. It is not as though this dropped from Mars onto our desks. We have been debating this for 6 years, 8 years. I've been at this for a very long time. Most Members of Congress have been involved for a long period of time.

So, when I say to the distinguished Senator from West Virginia that we ought to treat this subject like we treated the Clean Air Act in 1990—the

distinguished Senator from West Virginia was deeply involved in that subject, impacting very heavily on his State, as to industry and environmental concerns.

These matters are well known to us. I do not expect a final vote on final passage on this bill today if a motion to table is defeated or if a motion to table is not offered.

If this body were to break up into task forces, as we did on the Clean Air Act, we could come to grips with these issues. We know these issues, and we could vote on them and we could decide them.

So my answer is "Yes."

Mr. ROCKEFELLER. Mr. President, I heard the Senator's answer. I should say to the Senator there will be no tabling motion from this side of the aisle, so that if the answer is yes, then Senators will have a chance to state their views vis-a-vis the Pennsylvania Senator's proposal.

But I will simply say, Mr. President, in winding this up, from my point of view, that this is an extraordinarily cavalier way to treat such a gigantic subject. It really is quite astounding.

Yes, people have been talking about health care for quite a long time. I say to my friend from Pennsylvania. But there has been no really serious debate on health care at the level that we are now contemplating, ever. It was not even a factor in the 1988 election. George Bush, in one of the debates, referred to a Medicaid buy-in proposal and nobody had any idea what he was talking about and it was never brought up again.

It began to become a very big factor in the 1992 election. We now have a President who ran basically on two platforms: One, economics and deficit reduction, and the other was health care reform.

I am sure the Senator from Pennsylvania knows the First Lady's father passed away and that the First Lady spent a period of several weeks with her father. So, yes, the process has been delayed just slightly. But this is a very serious process which they have instituted and it is going to result in a proposal that is going to be very well defined and comprehensive. I think it is going to be very pleasing to many people.

I think it is going to give us a chance to work together in a very bipartisan way. I am very surprised at the thought of taking an EPA Cabinet-level bill and amending health care reform to it. It does not seem worthy of the way health care reform should be treated. It may be a tactical move on the part of the Senator, and I certainly would respect that. I am quite aware of the Senator's interest in health care. He and I understand that for this to work, it is going to have to be a bipartisan process. I know the majority leader feels strongly about that. I know the President feels strongly about it and I know the First Lady feels strongly about it. The Senator

from Pennsylvania and I feel strongly about it also.

I would have to oppose enacting health care reform, so to speak, in a single vote at 5 minutes of 5, or sometime thereabout, on this particular afternoon, on a bill that has nothing to do with health care.

Several Senators addressed the Chair.

The PRESIDING OFFICER. The Chair recognizes the Senator from Pennsylvania.

Mr. SPECTER. Mr. President, while the Senator from West Virginia is on the floor, I will state that I take very, very strong exception to his statement that "this is an extraordinarily cavalier way to treat" health care.

My view, Mr. President, is that the leadership of the Congress has been proceeding in an extraordinarily careless way on this subject for many years now. This issue was front and center last year. The Senator from West Virginia headed the Commission and spoke extensively on this subject. I have a transcript of a program where he appeared on C-SPAN last year and had many things to say in a very strong derogatory—let me not characterize it. I withdraw the characterization and instead will quote the Senator from West Virginia and ask for his reply. This is what he said:

There are Republicans who would be glad to sign on to what we have done, but are being precluded from doing so by the White House just as they were told to vote against the Pepper Commission by OMB and by John Sununu directly.

I ask the Senator from West Virginia if that is an accurate quotation?

Mr. ROCKEFELLER. I will be delighted to answer, and I will answer the Senator from Pennsylvania, but in so doing I want to circumscribe my answer by saying that I hope we are not getting into what could so easily be misunderstood, and the one thing I want to stay away from entirely in this subject, and that is partisanship. The Senator has spoken on this before in fairly direct terms, I think, at the end of last year.

In response to the Senator, obviously I did say that because, in fact, I headed up two commissions: One was the Pepper Commission and the other was the Children's Commission. In the both cases, and the Senator from Pennsylvania had nothing to do with this, the Senator from Pennsylvania would not have wanted this, the Senator from Pennsylvania would have probably been right there with me on the issue, but the fact is the White House came in and tried to undermine both the Pepper Commission and the Children's Commission. That has absolutely nothing to do with what we are talking about now.

I think the one thing the Senator from Pennsylvania wants to be very, very careful about, and I know the junior Senator from West Virginia wants to be very careful about in any floor discussion of health care—and, in fact,

I think, in view of the way things have been going around here for the last couple of weeks, we all need to be very careful.

Health care is of monumental importance to the American people. They are not angry by accident; they are angry because the cost of health care has gone out of sight and because millions of Americans lost their health insurance last year. It is not a problem of the poor, it is a problem of the working middle class.

It is an enormous problem and enormously complicated and the last thing in the world we need, and the last thing that will be heard from the junior Senator from West Virginia, is anything which edges toward partisanship on this subject.

I will answer in verifying the quote made by me in saying that, yes, I did say that and the facts, the Pepper Commission and the Children's Commission bear that out. But that is ancient history. That is the Peloponnesian War, as far as I am concerned.

The American people are looking to us in the 103d session of Congress, in fact they are looking to us this year, to pass health care reform. The only way we can do that is for Republicans and Democrats to join together to do it. I do not know how deeply I can reach into my soul, I say to my good friend from Pennsylvania, in the intensity of my meaning when I say that we cannot on this side pass health care by ourselves. We cannot do it. If there is a single person from this side or from the other side who wants to start filibustering health care return, and there are enough votes, we cannot do it. It has to be bipartisan.

So I fully respect the Senator's laying down of this amendment, and I fully intend to vote against it. But I really do want to encourage the Senator, as I want to encourage all of my colleagues, as we get into this whole health care debate, let us make every effort to stay as far away from partisanship as we possibly can. That will not be easy at times but I feel that very deeply, I say to my good friend from Pennsylvania, and I know that he does too.

Mr. SPECTER. Mr. President, avoiding partisanship is exactly what we ought to do. But these statements made by the Senator from West Virginia were made on August 4, 1992. The Peloponnesian War occurred a considerable period of time before that.

While the Senator from West Virginia acknowledges that he made the statement, I have this question for him: What evidence does he have that any Republican was told by John Sununu not to join the Democratic program?

Mr. ROCKEFELLER. In response to the Senator from Pennsylvania, I have evidence of that, but I am not going to answer the Senator's question because again it serves no purpose. We are reaching backwards. We are reaching

backwards and we are doing it in a partisan fashion if we do that. This Senator is trying to look forward.

We have the most difficult task yet before us, which is the passage of comprehensive health care reform. The Senator has been involved, as I have been, in various commissions and works where there have been close votes and there have been efforts from the White House or within the Senate, whatever, to accomplish one objective or another.

But that is precisely the kind of thing in this year 1993, with a new President, with a new administration, with a new attitude on the part of all of us, including the Senator from Pennsylvania and including the junior Senator from West Virginia, that we have to stay away from. It accomplishes absolutely nothing. I have been trying to concentrate and focus myself on the Senator's amendment. I applaud the Senator for wanting this subject to come up.

I applaud the Senator for putting forward a proposal.

I am chairman of the Alliance for Health Reform which educates the press and the public on health care reform. The Alliance put out an abbreviated glossary for the press of the language of health care, what words mean for example, which we update as time goes along. It is a nonpartisan board. JACK DANFORTH happens to be a member of it. The book which we have put out just to describe the words and the concept of health care is 600 pages. I have here a four-page explanation of an amendment, and I hope that the senior Senator from Pennsylvania will agree with me that passing this amendment really is not the way we ought to be doing this.

Mr. SPECTER. Mr. President, if the Senator from West Virginia did not want to answer my last question, so be it. I have another question for him. Again quoting from his press conference on August 4 of 1992—and, Mr. President, let the RECORD show that I did not wait until April 27, 1993, to raise this issue. I came to the floor the very next day, August 5, 1992, as shown in the CONGRESSIONAL RECORD at S11667.

But let me ask the Senator this question. Senator ROCKEFELLER, from the transcript: "We have 57 Senators, and no Republican Senator that I know of would be allowed to vote for that."

What evidence do you have for that, I ask Senator ROCKEFELLER?

Mr. ROCKEFELLER. I say to my good friend from Pennsylvania, Mr. President, what would he like me to say? I am trying to lay out the predicate that this is not what I consider very useful. I think health care is an incredibly important and complicated subject, and going into previous quotes, previous years—I suppose he could do that for Members on our side and Members on the other side—I do not find that very useful.

My point is that I want to encourage my colleagues to vote against the amendment of the Senator from Pennsylvania in that it is displayed in a four-page explanation and with very little to back it up, in all sincerity from my part, on what it means and what it would do, what effect it would have, what cost containment measures it includes, who is covered and who is not.

You cannot do health care reform in this fashion, I say with all due respect, and I would encourage my colleagues to vote against this amendment.

Mr. SPECTER. Mr. President, I have only one other question for the Senator from West Virginia, who chooses not to answer. This is what he also said in the CONGRESSIONAL RECORD: "The President," referring to President Bush, "talked yesterday in Dalton, GA, using those classic cop-out, stupid nationalized socialized medicine words, the same things he used to talk about Medicare back in 1964 and 1965; he says that his health care plan would cover all that is a lie."

What is a lie, I ask the Senator?

Mr. ROCKEFELLER. Mr. President, will the Senator explain why he is asking that question to me and what is his purpose in that? I understand his purpose on the floor is to advocate an amendment which he says he seriously puts before the Senate. I very clearly am trying not to deal with the past. The Senator very clearly is. He has an active amendment here. I am meant to be testifying before Senator BOREN's committee on behalf of the Veterans Affairs Committee, and they are waiting for me right at this instant.

I can engage in this kind of polemic, but it seems to me it is doing exactly the opposite of what I think we ought to be doing in this body; not dredging up things from the past but talking about the future, trying to work together.

The Senator from Pennsylvania, in my judgment, if I can be so brash, is probably going to end up voting for the bill that comes from the White House, and I will tell you why. Because the Senator from Pennsylvania is, one, an independent Republican, as he likes to say, is very aggressive in speaking about matters, cares about health care, and it would be my guess that the Senator, when he sees this product, and indeed when this Senator sees this product from the White House, will like it a great deal.

So I will simply say the health care bill is what I want to talk about, not what I or the Senator or somebody else talked about last year and the year before and the year before that.

Mr. SPECTER. Mr. President, I will be glad to respond to that, and then I will yield in just a moment to my distinguished colleague from South Dakota.

I am asking these questions, Mr. President, because the Senator from West Virginia has characterized this Senator's conduct as extraordinarily

cavaller. I asked the Senator from West Virginia three questions, and I think they are all relevant, on the issues which we are debating here today. I thank him for his statement about my independence. I can say categorically that if I agree with what President Clinton purposes, I will vote for it. And if I disagree with it, and if I disagree with the integrity and if I disagree with the credibility, I can also assure the Senator from West Virginia I will not call it a lie.

Mr. PRESSLER addressed the Chair. The PRESIDING OFFICER. The Senator from South Dakota.

Mr. PRESSLER. Mr. President, may I say that I think what we are witnessing here is a delay. There is talk of doing the health care package in 1993. We have heard admissions it will probably slip over to 1994. 1994 is an election year, thus there will be an excuse then to do nothing about it. We are probably really talking about getting serious the beginning of 1995.

It was my sad duty this morning to travel to the funeral of Joy Baker. And riding back on the airplane, talking with a number of people who are in the know in Washington, the strong feeling was that there will continue to be charges from the other side of the aisle that Republicans are somehow holding this up, but very little will really happen this year. Next year, there will be the best intentions, but it will be an election year. So we are really talking about health care reform in 1995. And meanwhile, we will have rhetoric blaming Republicans, saying there is gridlock, but there are no cloture votes here. We are ready to go. We have the facts. It does not take forever to solve these problems.

We have an amendment written out here. The delays are getting too great. Really, we are looking at—and it might be said here for the first time on the floor of the Senate—the present course of action of the other side of the aisle will delay health care reform until 1995. That may sound shocking, but that—

Mr. DASCHLE. Will the Senator yield? Will the Senator yield on that?

Mr. PRESSLER. Yes.

Mr. DASCHLE. I would be interested in knowing if the Senator from South Dakota can tell us who said that and in what context. I did not hear the Senator from West Virginia say that.

Mr. PRESSLER. I said it.

Mr. DASCHLE. The Senator is saying it.

Mr. PRESSLER. I am saying that. Yes, I am saying that.

Mr. DASCHLE. On what basis does the Senator make that assertion?

Mr. PRESSLER. I make that assertion on the grounds we have heard here on the floor this afternoon that it will be at least the end of 1993 before a bill is brought to the floor.

Mr. DASCHLE. I am sorry. Who was it that made that statement?

Mr. PRESSLER. Senator ROCKEFELLER.

Mr. DASCHLE. Well, Mr. President, I heard Senator ROCKEFELLER, too, if the distinguished Senator will yield, I hope that the Senator is not putting words in the mouth of the Senator from West Virginia. Basically, what the Senator from West Virginia said is: there is a real possibility we could do it much sooner than that. There is a possibility we could do it this summer. There is a real possibility we could do it this fall. There is an outside possibility it might happen toward the end of this year.

We all were talking at that point about a time certain. A lot of us would like to see an opportunity for a time certain. That would involve leadership. It would involve committees of jurisdiction.

I really hope we would paint no more gloomy picture with regard to the scenario than we really have to here. There is a real desire on the part of Republicans and Democrats, I think, to work together on this issue, to come to grips with many of the comprehensive problems that are addressed in the amendment of the Senator from Pennsylvania. But simply to say the distinguished Senator from West Virginia was projecting a date at the end of this year, or next year, frankly, is erroneous. I hope that the Senator would not put words in this mouth in that regard.

Mr. PRESSLER. Mr. President, I am not putting words in the mouth of Senator ROCKEFELLER. He suggested toward the end of 1993. It is my prediction that it will be 1994 before this thing gets started, and it is my prediction that the excuse will be used next year that it is an election year, so we will be over to 1995.

The point I am making is we have heard so much rhetoric about this subject and we have had so much information about it that this Senator is ready to act, and that is why I am cosponsoring the Specter amendment. That is why I think it is time that we need to tell the country that we are ready to move, that we are ready to do something, and that the delays are not coming from this side of the aisle.

Mr. SPECTER. I suggest the absence of a quorum.

The PRESIDING OFFICER (Ms. MILKUSKI). The clerk will call the roll.

Mr. DASCHLE. Madam President, I would ask to withhold the quorum call for just a moment.

Mr. SPECTER. I will be glad to do that, Madam President.

Mr. DASCHLE addressed the Chair.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. DASCHLE. The distinguished Senator from West Virginia made a point that I think really deserves to be highlighted. I think that we need to call attention to the tremendous work underway at the White House task force. The task force has involved some 400 people, Republicans and Democrats, people from all walks of life. They have made incredible progress addressing this issue, and trying to involve and

communicate with Senators on both sides of the aisle. The task force is attempting to reach out, to seek our advice, to find ways with which to address the broad range of problems that we face in this country, problems associated with rural health care, problems having to do with insurers who screen out individuals with preexisting conditions, problems with containing costs, problems with lack of long-term care coverage.

Mr. PRESSLER. Will my friend yield?

Mr. DASCHLE. I am happy to yield.

Mr. PRESSLER. I commend my friend for his leadership in working in this area and the 400 people meeting. When will we have legislation on the floor?

Mr. DASCHLE. The expectation, I answer the distinguished Senator from South Dakota, is that the proposal will be made within the next few weeks.

Mr. PRESSLER. Will they bring a bill to the floor of the Senate within a month?

Mr. DASCHLE. I think it is safe to say we will see a comprehensive proposal laid before the Congress sometime in the very near future. The distinguished Senator knows as well as I do that with a matter as complicated as this whole issue is, that the advice given by some of the Senators on that side of the aisle: Do it right, rather than do it fast, is good advice. Some of the distinguished Senators on the Republican side on the Finance Committee gave the same advice to Mrs. Clinton just last week; they said: Do not worry about arbitrary deadlines here. Let us make sure that we are doing it right.

I think that was good advice, but I also think that there is a desire to do it as quickly as possible. A desire to address the concerns expressed sincerely by the distinguished Senator from Pennsylvania, about the need to get on with it. But I think that whether it is May 15, or May 17, or May 21, this complex problem deserves our full and very careful consideration. This administration, and certainly leadership on both sides of the aisle, are as determined as anyone to this issue expeditiously. I think we are going to do that.

My point in rising again is simply to draw attention to the fact that a tremendous amount of work has gone into preparing a proposal. As we now reach the final stages of that preparation, to offer an amendment that completely negates or ignores what the task force is doing, while well-intended, is certainly not the correct and best approach to use if we want to solve this problem in a comprehensive and thoughtful fashion.

I think what the task force has done is remarkable. I only remind my colleagues that I remember President Bush coming to the Congress shortly after the time he was elected and telling the Congress that he, too, was committed to health care reform. It was a

very high priority for him, and he told us that in a very short period of time he was going to present a proposal that the Congress could work with in a bipartisan way.

It took the President about 3 years to deliver that proposal. It was not until the third year of his administration that he came forth and presented his proposal; only after year after year of promise and delay. He, too, understood the complexities of the problems. He, too, understood the difficulties in reaching a consensus even within the administration. So for this administration to come forth with a plan not in 3 years, but in a little bit more than 3 months is quite an accomplishment. It shows the dedication of this administration. It shows how determined they are to join with us in resolving the many health care issues confronting us in the Congress.

So I only ask that we recognize the legitimacy of that process—that we build upon that process once it comes to the Senate floor and the House floor. And we set, as the distinguished Senator from Pennsylvania has suggested, a timeframe within which to consider this issue and ultimately deal with it in a positive way.

I think we can do that. I certainly applaud the leadership of the President, the First Lady, and the task force. I applaud the effort that they have made, and the expectations that they have left with all of us that we will deal with this issue in a successful manner. I yield the floor.

I note the absence of a quorum.

Mr. GLENN. Will the Senator withhold?

Mr. DASCHLE. Yes.

Mr. GLENN. Madam President, I do not know whether we talked about costs and how we pay for these things. Was that addressed while I was gone? I am sorry I had to leave the floor for a short period of time.

I know there are a lot of good things and the distinguished Senator from South Dakota commented on those and complimented the Senator from Pennsylvania on these matters. I do, too, because obviously he has done a lot of thinking in this regard and a lot of work with Senator CHAFEE and Senator PRESSLER and others that have been particularly involved on the Republican side of the aisle.

One of the biggest problems though that we face with regard to health care is how we are going to pay for it. That is one of the things that the administration is wrestling with, grappling with. Even the mention of that tax and we immediately draw opponents on both sides of the aisles, I might add. The Republicans and Democrats alike in our own caucus, all you have to do is mention that tax and we get pros and cons on that in our own ranks.

The question is not whether we can all draw up a good program, but the question is going to be how we pay for it. I noticed that we have, under the access to health care part of this sec-

tion-by-section analysis which the distinguished Senator from Pennsylvania gave to me a little while ago, several things here with regard to what would happen for refundable tax credit, what would happen to self-employed persons, children's health care, and so forth. I do not know whether he has carried the whole thing to the point where he really has an overall estimate of exactly how much he estimates his approach to health care would cost. It is quite comprehensive. But it seems to me that is key to whatever is passed, or the administration bill, or someone else's consideration of this. Does the Senator have any estimates on that, or a breakdown of how much different parts of this would cost?

Mr. SPECTER. Madam President, I would be delighted to respond to the question by the distinguished chairman.

We have requested the Congressional Budget Office to give a figure and they have not replied. In the context of the floor statement made on Senate bill 18, there is exhaustive analysis as best this Senator can undertake, to show that there would be a saving based on the calculation of 20 percent saving on managed health care, based on the calculation of savings on low birth weight babies, based on the calculation of lessening of the term of health care costs. But we have not been able to get it from the Congressional Budget Office figure.

We put into the RECORD a report by ABC television. I state, for whatever value it has, guesstimating, that the costs of the President's package are now in the range of \$146 to \$175 billion. The Congressional Budget Office has also said that when they deal with managed care, they are reluctant to get into the issue of projecting costs because they are so difficult to undertake.

Mr. GLENN. I thank the Senator. Does anybody else wish to debate on this?

Mr. CHAFEE addressed the Chair.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. CHAFEE. Madam President, I wanted to ask the distinguished Senator from Pennsylvania a question or two in connection with his legislation. Before I do that, I want to say that the Senator from Pennsylvania has been a very, very loyal and hardworking member of our health care task force reform group for the Republican Senators. He has worked on this matter for a long time and is deeply interested.

There is one provision in his amendment I would like to draw out, if I understand it correctly. I believe that in the Senator's legislation he has a provision where a Federal board sets caps on the rate of increase that the insurance company would be permitted on its premiums.

Mr. SPECTER. That is true, yes. Part of the first point on the summary—and when the distinguished Senator from West Virginia was talking

about four pages, he was talking about a very abbreviated summary. The text of the bill runs 302 pages. One of our points is that the Board would determine annual limits on the allowable percentage rates of increase in premiums for accountable health plans and develop uniform deductible and cost-sharing requirements.

Mr. CHAFEE. Well, Madam President, I am not in agreement with that particular provision. And while I will vote for the Senator's amendment, I recognize, one, that it is going to have difficulty passing here and, two, that should it pass here, it would undoubtedly have difficulty in the conference.

Nonetheless, I want to support the Senator's efforts because he has devoted a lot of time to health care generally and has been supportive of our overall Republican efforts in the Republican Senatorial Health Care Task Force.

On this particular provision, I am not in agreement. So I do not want somebody coming to me later on down the road—and we all recognize health care is going to be with us quite a while—I do not want anybody coming up to me and saying to me or saying to other Members who might possibly vote on this: Do not talk to us about being opposed to a board setting caps on premium increases, because you voted for that on April 27 in connection with the Specter amendment.

I think we will all discover, as we go along, in connection with health care, that we do not take a sworn pledge to be for everything that is in a particular piece of legislation. We recognize that, particularly in connection with this health care matter, it is going to go through innumerable iterations. I want to commend the Senator for his consistent efforts, and while I have disagreements on this particular portion, and perhaps on other portions of the bill, I think that the Senator is deserving of encouragement for his persistence and his genuine interest in this.

We all know that regardless of what happens with this measure today—and I think we are all being candid, and we pretty well recognize it is not going to pass—he made a contribution to the debate and will proceed with that debate. When Mrs. Clinton's task force comes forward with their proposals, which I am sure will be thoughtful and wise in many respects, we will take those up and discuss those at that time.

Mr. SPECTER. Madam President, I thank my distinguished colleague from Rhode Island for those generous comments.

As I had said earlier today in the absence of the Senator from Rhode Island, I have worked for more than 2 years on the task force which he has chaired, and I supported the legislation which the task force introduced in November of 1991. It has been a very laborious and hardworking task force. We have met most Thursday mornings at 8:30 a.m. We have had retreats and countless discussions. I have worked

ward to see if the task force could come up with a proposal which would be offered. And this is as good a time as any to say that in this document of some 302 pages there are some provisions that I do not agree with. But assembling a critical mass—it is not possible to put together a bill where everyone agrees with every point.

In supporting S. 1936 last year, authored by the distinguished Senator from Rhode Island, I said I did not agree with all of the provisions. Senator D'AMATO does not agree with some of the provisions in the health care amendment I have introduced today—although he is a cosponsor. Specifically, he does not agree with certain tax matters because of his objection to having any new taxes. Certain other Senators objected to the contrary provision. We tried to work it out in a way to get the broadest support we could. But when we look for legislation, we are looking for a critical mass; we are looking for some place to start, a place where we have a bill that can have amendments.

I have discussed this with Senator CHAFFEE repeatedly in terms of a strategy and how to approach these matters. I believe it is vital, Madam President, that Senators lay down bills and lay down markers. I think it was vital to lay down the health care amendment last year on July 29, as I did. And then the distinguished Senator from Rhode Island carried on later in the year and worked with the chairman of the Finance Committee, then Senator Bentsen, in working out certain arrangements later in legislation.

I proposed S. 18 on the first legislative day, January 21, and immediately I sought hearings. I did not wait for the task force to get 3 or 4 months into their work. I proceeded immediately. If the task force was prepared to have the bill on the floor, I might well have withheld this amendment. But I think the American people should know that we are ready now to legislate on health care—at least as this Senator sees it. That is why I have pressed this amendment.

I have no illusions about party-line voting which is likely to occur here. But if a motion to table is offered and the motion to table is defeated—if that should come to pass, which I candidly say I doubt very much—then we can proceed as we did on the Clean Air Act. But I think this is a good bill, and I think it ought to be considered by the Senate.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Ms. MIKULSKI. Mr. President, I ask permission to speak on the amendment proposed by the senior Senator from Pennsylvania [Mr. SPECTER].

The PRESIDING OFFICER. The Senator is recognized.

Ms. MIKULSKI. Mr. President, the senior Senator from Pennsylvania has offered his amendment and states that his desire to do so is because the American people have a great sense of urgency that something be done about reforming health insurance in the United States of America.

On that point, the Senator from Pennsylvania is correct. There is a great sense of urgency in the United States of America to do something about health insurance, but to do it right the first time. There is a great sense of urgency in the United States of America to reform health insurance, not only that it be available, not only that it be affordable, and not only that it will meet the compelling needs of American families, but that whatever we do be done anticipating the unintended negative consequences of intemperate action or poorly thought through and flawed ideas.

I think all of us on both sides of the aisle who seek a quick-step action on reforming health insurance want to be sure that whatever we do has been carefully thought through, that there be no unintended consequences, and that when we pass it, it will be the health insurance framework for not only this session or this decade but will take us well into the 21st century.

That is why, when the Senator from Pennsylvania has offered his amendment, I have no doubt that the Republican study group has thought about it carefully, but it has not been widely circulated. This Senator has not had a copy of it to review it today to vote on it and, as I understand it, there have been no hearings held on it, not only in the 98 days of the Democratic administration, but there were no hearings held on it during the Republican administration.

I hope, Mr. President, for all of those who will vote for the Specter amendment, who, therefore, have voiced their commitment to a quick-step response to the urgent needs of the American people, will promise that when the Clinton package comes before the U.S. Senate they will take the no-filibuster pledge. And, in fact, I challenge every Senator who will vote for the Specter amendment, because of his stated desire for a quick-step action, to promise that they will not filibuster either overtly or in that new style of the rolling filibuster one amendment at a time, that they will not then delay the consideration of the Clinton package on antiquated procedural rules.

Mr. President, because I do think there is a great sense of urgency in the United States of America—and I listened to the debate from others on the other side of the aisle who raised their issues, even argued among themselves about it—I have many questions about

what does it mean. First, how will it be paid for? What are the tax consequences? Will it enhance our competitiveness or will it minimize it?

I have particular concern about constituencies. I chair the Appropriations Committee for the veterans of the United States of America, and in trying to meet the needs of veterans' health care, too often in the arm-twisting of the last decades on budgets I have found that promises made were not promises kept. I hope that when we reform health insurance, we make sure we protect the needs of American veterans, have them part of a national system, but enable them to keep the unique services and facilities that were designated for them.

Wherein does veterans' health care fit into the Specter amendment? I do not know. Perhaps the senior Senator from Pennsylvania would like to elaborate on how we will meet those needs. Do we terminate VA? Do we keep VA? How will they be integrated? What does it mean if you do not bear the wounds of war but have served there? What does that mean to veterans?

Then we get to another great passion of mine, long-term care. How will long-term care be met in the Specter plan? Do we have a long-term care plan? Or is it only about terminal illness? Mr. President, there is more to long-term care than dealing with the final hours of life.

What about women's health care? Are there preventive services for women? Will pap smears be involved? Will mammograms be covered? Forty thousand women will die in the United States of America this year because of breast cancer. Certainly, when we reform health insurance, we are going to make available prevention and screening and, by the way, not only for women but prevention and screening for children and for the men we women love. I hope with the new techniques in screening for prostate cancer, we make sure we look out for the guys that have spent their lives looking out for us.

Where and what will be included in preventive services? Are they there? I do not know. And I ask these questions not as a debating technique, but I looked at my desk. What do I have on my desk today that would enable me then to look at the issues pending? I have a DPC bulletin for the Department of Environment. I have legislation to establish the Department of Environment. I have here a report from the Environmental Committee. I have here the CONGRESSIONAL RECORD. I have here the Calendar of Business.

I do not have here a description of what the Specter amendment will mean to my constituents and to the people throughout the United States of America. How can I vote on a 302-page document that has just been laid down this afternoon with no hearings so that Sister Helen Amos, who runs Mercy Hospital in Baltimore, who has never turned their back on the poor, would tell me what are the consequences of

religious, nonprofit hospitals in urban areas?

I read not read it. Sister Helen has not read it. What about that solo practitioner that actually makes house calls in rural America, the kind of people you and I hope to look out for, whether it is in South Dakota or the Eastern Shore of Maryland?

Where are the 302 pages of the amendment so that, even in the debate—and I know the senior Senator would perhaps like to respond to me—I would like to be able to turn to those pages? They might be terrific ideas. I do not know what those ideas are.

I sit on the Labor and Education Committee, chaired by Senator KENNEDY and ranking Republican Senator NANCY KASSEBAUM. We look at so many of the public health aspects that will be involved in health insurance. I have never heard a hearing on this bill.

I am not opposed to hearing alternatives. I know we heard one on the Mitchell bill, but I have never heard one on the Republican task force. I do know the Republicans have been meeting.

I remember in January the First Lady was going to Annapolis to meet with that study group. A snowstorm hit, and I know it was a great disappointment to the Republicans not to have the conversation they wanted with Mrs. Clinton.

She was scheduled to come up to Baltimore to meet in a diner with me to talk to women about their health care needs. I know Mrs. Clinton reached out to the Republican Party, meeting with Senator DOLE and the task force. And I anticipate there will be other conversations.

I do not think we should politicize health care. It is not about scoring. It is not about who gets in there first. It is about how we finish; that we actually pass legislation that meets the compelling needs of American families; that it does not bankrupt small business; that it enables large business to compete in the global marketplace.

And for it to be a defining moment of this congressional session is that when this 103d session ends, on a bipartisan basis, a bicameral basis, we have been able to reform health insurance and do it in a way that meets the compelling needs of the families and the American community.

With that spirit in mind, I hope that we would not pass the Specter amendment. I hope, when President Clinton submits his legislation, let us also have a hearing on the Republican alternative or the Republican ideas. I think health insurance, in the final end, in the reform we do, should not be a Democratic package, it should not be a Republican package, but should be an American package that really does address it. And I hope we could proceed with that spirit in mind.

Mr. President, I yield the floor.

Mr. SPECTER addressed the Chair.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SPECTER. Mr. President, the questions raised by the Senator from Maryland have been in the CONGRESSIONAL RECORD for weeks. The legislation was first introduced in S. 18, on January 21, as I outlined earlier. And I put into the RECORD the specific letters which this Senator had written to Senator KENNEDY, chairman of the Committee on Labor; the letter I wrote to Senator MOYNIHAN, the chairman of the Committee on Finance; the letter I wrote to Senator MITCHELL, the majority leader.

S. 18 was supplemented with S. 631, which was put into the RECORD as a possible amendment on the emergency appropriations bill and then announced to come into the bill on the debt limit. Not only were the 302 pages put in, but a summary was put in answering all of the questions which the Senator from Maryland has raised.

When she asked questions about long-term care, that is in the bill. There is a separate title on long-term care. I had announced earlier a separate bill that I introduced in 1991, S. 1122, in the 102d Congress. Section 11 carries the provisions of long-term care.

When she asked questions about what happens for women's coverage, it is in the bill. Preventive care relating to breast and cervical cancer prevention and a variety of services.

When she asks about preventive care, it is in the bill.

The first title of the bill covers managed competition and universal coverage, with the establishment of a Federal health board to develop a uniform set of effective benefits, with emphasis on primary preventive care. All persons will be required to carry a uniform set of effective benefits, either through a group or individually. Low-income persons will receive direct public assistance for the cost of such coverage. The summary specifies in some detail what happens there.

Title II on preventive care contains provisions for an expansion of primary and preventive health service by authorizing increased availability of comprehensive prenatal care services to women at risk for low birth-weight births and assistance to local education agencies and preschool programs for comprehensive health education. Increase authorization of preventive health programs such as breast cancer and cervical cancer prevention, childhood immunization and community health centers.

A third title on access to health care, providing for refundable tax credit to low- and middle-income individuals; deductibility for self-employed; and children's health care.

Title IV, consumer decisionmaking to enhance decisionmaking by requiring survivors participating in the Medicare and Medicaid programs make specific information available.

Title V, cooperative agreements between hospitals.

Title VI, patient's rights to decline medical treatment to reduce the delivery of unwanted and unnecessary care in the last months of life by strengthening the Federal law regarding patient self-determination and establishing uniform Federal forms with regard to self-determination.

Title VII, insurance simplification and portability.

Title VIII, encouraging alternatives at dispute settlement.

Title IX, Medicare preferred provider demonstration projects.

Title X, treatment and outcomes research to foster the development of medical practice deadlines by implementing a surcharge of one-tenth of 1 cent on health insurance contracts.

Title XI, as I previously stated, long-term health care.

Title XII, financing.

It is as comprehensive a bill as this Senator could devise and as was present in other bills which were pending, this is an amalgam of legislation introduced by Senator KASSEBAUM, Senator BOND, Senator COHEN, Senator McCAIN, and a review of Democratic proposals, as well.

It does not cover the veterans' care because that is specifically excluded.

I am not saying it is a perfect bill. I am not saying I agree with all parts of the bill.

Senator CHAFFEE came to the floor and disclaimed a provision. I said I understand. I am not agreeing with all of it myself. I am trying to put on the floor a critical mass that can perform the basis for legislation.

Senator D'AMATO is a cosponsor. He does not like some of the provisions on taxes. And I had taken them out for one Senator and put them in for another and Senators objected.

There is no way to get a bill on this floor which 51 Senators are going to agree to without a lot of debate, analysis and disagreement. But I challenge anyone to provide a better bill.

Ms. MIKULSKI addressed the Chair. The PRESIDING OFFICER. The Senator from Maryland.

Ms. MIKULSKI. Mr. President, I do not know if it is. I cannot meet the challenge for a better bill now. And I appreciate the fact that the Senator has put the bill in the CONGRESSIONAL RECORD. But I say to you, Mr. President, that no matter how widely read the CONGRESSIONAL RECORD is, people have not read this legislation, hearings have not been held on the legislation, nor have we gotten feedback on the consequences of that.

We will, in a very short time, truly begin. We have already begun the national debate on health insurance reform, and in a very short time we will have actual legislation before us. I say, let us do it at that time. And I also ask that, when it proceeds, we do not use parliamentary delaying tactics to inhibit that process, including the use of the filibuster when that legislation comes to the floor.

I am sure that there will be elements in the legislation of the Senator from Pennsylvania, which obviously he worked very hard on, that might be superior to the Clinton package. We will probably do a blended package. Gosh, working together? Would that not be great? Would that not be American? Would that not be what the American people have asked of us, when they called for change, the end of gridlock, deadlock, petty partisan mischief-making?

I hope we respectfully consider each other's ideas. I believe the Republicans should have a hearing on their legislation. I think that is only fair. But let us do it within the context of the Clinton package, this package, and let us come up with what is in the interests of the American people.

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

The PRESIDING OFFICER. Will the Senator withhold? The Senator from Pennsylvania.

Mr. SPECTER. Mr. President, I sent a letter to the Senator from Maryland, a letter in January including a copy of Senate bill 18, so I think she is on notice of what the legislation proposes.

In the absence of any other Senator on the floor—now I see a Senator coming to the floor, the distinguished Presiding Officer, so I yield the floor.

The PRESIDING OFFICER (Ms. MIKULSKI). The junior Senator from South Dakota.

Mr. DASCHLE. Madam President, let me commend the distinguished Senator from Maryland for her remarks. She could not be more on target. She said a couple of things with which I want to associate myself.

First of all, her point about bipartisanship is critical. I think as she indicated so well, we are not going to pass health care legislation if we rely upon Republican votes, or if we rely upon Democratic votes, or if we rely upon the White House to dictate it to us. It is not going to happen. It is only going to happen if, working together, Democrats and Republicans, we can come up with a comprehensive approach that we all feel good about.

Does that mean we are going to have unanimity? No. Does that mean we all will be enthusiastic about each and every provision? No. But does that mean we will be passing legislation that enjoys broad-based support of both sides of the aisle? If indeed we are serious, the answer has to be yes.

Her other point is one I feel equally concerned about. That is her real concern about many of the provisions of the amendment that, frankly, no one yet understands because, as she indicated, we have not been given access to the text of this legislation until now. There are a lot of provisions in here. In fact, I am going to ask the distinguished Senator from Pennsylvania about a couple of them in just a minute. But I think the point is well taken. How can we vote on something of this magnitude without the advan-

tage of hearings, without the advantage of having a thorough discussion, without the opportunity to weigh very carefully ramifications of many of the proposals in the bill offered by the distinguished Senator from Pennsylvania?

In good faith, the Senator indicated earlier that he is frustrated, that he is concerned about the slowness with which the Congress is dealing with the issue, the long time it has taken to confront this issue. I found of some interest an article in the Patriot-News, Harrisburg, PA, dated April 8, written by Joseph Serwach—I assume a columnist with the Patriot-News—quoting colleagues of the distinguished Senator. Members of the House, like GEORGE GEKAS of Harrisburg and BILL GOODLING of Jacobus, who indicated that—and I am quoting from the article here:

*** the Democratic push for national health insurance is like a speeding train out of control and needs someone to hit the brakes to prevent a disaster.

GEORGE GEKAS is quoted as saying:

I predict there will be no health care plan passing Congress this year and you may applaud for that.

Goodling and Gekas, however, said the delay means good news for consumers because slowing the process will keep Democrats from saddling the Nation with a bad plan.

You obviously have differences of opinion within the Republican Party even in Pennsylvania with regard to the speed with which we move ahead. I think the distinguished Senator from Pennsylvania, as he indicated, would certainly share our view the time has come to move ahead. But clearly there are those, even within his own party, within his own State, who do not share the Senator's point of view. Obviously, it is partly for that reason we are still grinding along, trying to confront many of the issues we have all addressed this afternoon.

Since we are waiting for the leadership to come to the floor to give us some indication of the plans for the rest of the evening, and perhaps consideration of this amendment, it may be helpful if the distinguished Senator from Pennsylvania would engage in a discussion with me about some of the specific provisions of the bill.

First, if the distinguished Senator could enlighten the Congress, and those are watching, about the way in which this bill is paid.

How, if I could just ask the distinguished Senator from Pennsylvania does he pay for this bill and what does it cost?

Mr. SPECTER. I will be delighted to respond, Madam President, to the inquiry of the distinguished Senator from South Dakota. I commented earlier, when the chairman of the committee asked the question, that inquiries by this Senator to the Congressional Budget Office have not been answered, as to a cost figure. And information received by this Senator is that they are

reluctant to answer questions on managed health care.

I had said to the distinguished chairman of the committee that the only costs put into the record were by ABC Television, whatever they are worth, on the President's bill, at \$146 to \$175 billion. And that in the absence of a figure by the Congressional Budget Office, this Senator spoke and wrote at length in the floor statement about the expectations on cost. They were essentially that, on managed health care, there is an expectation of a reduction of some 20-percent in costs.

In dealing with low-birthweight babies, it is a multibillion dollar item, with such babies costing as much as \$150,000—a human tragedy and a fiscal tragedy. On the costs of terminal care, people spend as much money in the last few days or few weeks of their lives as they had spent in their entire lives.

When you come to the issue of packaging and insurance costs, there would be very, very substantial savings.

My own view is that when you have a health-care system in the United States which costs \$840 billion and you start with a 20-percent saving off the top, which is in excess of \$160 billion, and add to it the costs of reducing the incidence of low-birthweight babies and add to it reductions in terminal health-care costs, that there may ultimately be a savings here. It is not really possible to put a precise figure on it.

Mr. DASCHLE. This Senator is a person I have respected for a long period of time, and I mean that sincerely. I have admired much of his work, and frankly I know him to be a serious student of health care reform and many other issues. I am surprised that the distinguished Senator from Pennsylvania, or anybody, frankly, would come to the floor to offer an amendment of this magnitude and admit that they really do not have any appreciation of how much it costs. We do not know whether it is \$140 billion, we do not know whether it is \$180 billion, we do not know whether it is \$100 billion. We cannot even tell within \$30 or \$40 billion what this program costs.

Mr. SPECTER. Will the Senator from South Dakota yield for a question?

Mr. DASCHLE. I will in just a minute. But my point is obvious. My point is that tomorrow, maybe tonight, but most likely tomorrow, we are going to be called upon to vote on a bill of this magnitude, the author of which has just stated he does not know the costs.

He has been able to cite an ABC report that claims a cost of \$146 to \$175 billion.

But I would hope that this body would not be relegated to relying upon ABC News for its budgetary analysis. Rather, I hope we could—

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

Mr. DASCHLE. Yes, I will in a minute. Please let me finish. I know the Senator would make this point if the roles were reversed, as much of a

student of the budget as he is. Certainly, someone of his credibility, determination and interest in this issue can do better than to tell his colleagues in the Senate that it is anybody's guess what his bill costs, and then expect his colleagues to vote blindly on the bill.

I will be happy to yield.

Mr. SPECTER addressed the Chair.

The PRESIDING OFFICER. (Mrs. MURRAY). The Senator from Pennsylvania.

Mr. SPECTER. Madam President, the distinguished Senator from South Dakota was not listening to what I said when I referred to cost figures from ABC television. They were on the President's proposal, they were not on my proposal. I said earlier in a response to a question by the distinguished chairman, the distinguished Senator from Ohio, that those were the only figures in the field.

This Senator has done everything any Senator could do to find out what is the cost. When I asked the Senator from South Dakota to yield for a question, the question was going to be, what would he do? You write to the Congressional Budget Office and you wait and wait and wait and wait and you make an analysis. And I have gone into some detail in the floor statement as to the savings as to this Senator's projections as to what the costs would be. But there is no way that any Senator can do anything more unless he goes and takes over at the Congressional Budget Office.

The distinguished Senator from South Dakota knows that time after time after time Senators appear on this floor and move to waive the Budget Act, which this Senator is prepared to do if someone raises the question. But that happens again and again. It may well be that when the President comes up with a proposal and it goes through the committee that the Congressional Budget Office will give it a little more attention than they gave to the request by this Senator.

Mr. GLENN. Will the Senator yield?

Mr. DASCHLE. If I can regain the floor, Madam President, I certainly appreciate the Senator's frustration. I have been there many times. I have made requests of the Congressional Budget Office on a number of bills. Not through any fault of their own, necessarily—I know how busy they are; I know how much work they have to do; I know where I rank on the seniority list—I know for a lot of reasons requests made by this Senator have also been delayed, and that frustration has been evidenced in my own statements on the floor, on many occasions.

But that is not the issue. The issue is: Do we vote on something of this importance, this magnitude, this complexity, without having cost estimates? I dare say, the Senator from Pennsylvania, as thoughtful a Senator as I know him to be, would have to say no, this is not the way to do business.

In part, that is the way we got into this mess in the first place, by voting blindly without fully appreciating cost, without fully understanding the budgetary complexities of these difficult issues.

The Senator from Pennsylvania certainly would not—

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

Mr. DASCHLE. Madam President, I will yield in just a minute. I will be happy to yield as many times as the Senator would desire. But I just want to finish the point that the Senator from Pennsylvania, and most Senators here, truly want to find a way to deal with health care comprehensively but also in a way that gives us a complete appreciation of the implications of the decisions before us.

How can we honestly and in good faith vote tonight or tomorrow or at any time and then turn to the American people and say: "We just voted on health reform, but we don't have the slightest idea what it costs." I have to tell you, that is not the way the American people expect us to confront this issue.

Of course, they want us to confront it quickly; of course, they want us to confront it in a way that finally and at long last gives them some confidence that we have resolved these problems. But we cannot confront it and then admit to them that we do not have the numbers—we do not know whether we solved your problem because we do not know what it costs.

The second question I have of the distinguished Senator from Pennsylvania has to do with his comments that there are a number of savings to be generated in his approach.

I wonder if the Senator could give us some indication as to what those savings are and compare the cost of his plan with the cost of the current health delivery system.

Mr. SPECTER. Madam President, I am delighted to respond, and do so very promptly. U.S. Healthcare, an HMO in Pennsylvania, estimates that the coverage under managed health care will produce a savings of 20 percent. On the \$840 billion which we now spend, that would be a savings in and of itself of \$168 billion.

If I may return the favor to the Senator from South Dakota, has he ever moved to waive the Budget Act and he did not know how much an amendment would cost?

Mr. DASCHLE. Madam President, I answer the Senator from Pennsylvania that there have been times that I have voted to waive the Budget Act. But I dare say I never voted to waive the Budget Act on any proposal of this magnitude and without having any idea whether we are talking about \$50 billion or \$100 billion or \$150 billion, because we have never dealt with any bill of this magnitude, as long as I have been in the Senate.

We are talking, as the Senator just indicated, about a health care delivery

system that does not cost \$840 billion but most likely this year will cost \$920 billion in private and Federal dollars. So we are talking about a lot of money here.

I would question when we use this 20-percent figure, are we talking about 20 percent in savings in both the Federal and the private sector? Are we talking about savings for an individual who will be paying 20 percent less in insurance premiums? What specifically are we talking about with regard to this 20-percent savings?

Mr. SPECTER. Madam President, I am glad to respond about the 20-percent savings on the gross expenditures.

I ask the next question of the distinguished Senator from South Dakota whether, if he had an important amendment and felt that it would be a savings, and analyzed it as carefully as he could, as illustrated by my floor statement, and asked the Congressional Budget Office for a figure, and if he could not get a figure there, if he would withhold making the amendment because of that set of facts?

Mr. DASCHLE. Again, I go back to the point I made earlier. I share the Senator's frustration. There is every reason to be frustrated for not having the cost estimates.

The Senator said earlier, and I was going to draw attention—

Mr. SPECTER. Madam President, I regain the floor with the present question. Would the Senator not remake the amendment?

Mr. DASCHLE. The Senator from South Dakota retains the floor, and I will yield to the Senator. I will be happy to continue the colloquy.

The PRESIDING OFFICER. Senator DASCHLE is correct.

Mr. DASCHLE. Earlier, Madam President, it was the Senator's feeling that the leadership was responsible for handling health care reform in a careless way. I must say, I do not know of a more careless approach to health care reform than to offer legislation of this magnitude and not have better cost estimates.

The Senator's assertion is that somehow we are saving about \$180 billion in this plan.

I would like to know in a more detailed way where those savings come from. The Senator points to a source that has indicated that we are going to come up with 20-percent savings. Frankly, if we can do that, and do all of the other things that the Senator is advocating, I would certainly want to commend him. I am very hesitant to believe that indeed we are going to come up with 20-percent savings in any plan, and do all the other things we have to do.

Are we providing universal access? Are we providing more opportunities for preventive care? Are we really accomplishing all the things the Senator has indicated he wants to accomplish with this plan, and still saving 20 percent? If we are doing that, this is by far the best plan that I have seen yet.

I, frankly, do not believe that anyone is capable of justifying those assertions and making that kind of a claim.

I ask the Senator, does that 20-percent savings take into account universal access to health care for those 35 million Americans who currently do not enjoy access?

Mr. SPECTER. Madam President, if I may respond, the answer is "Yes."

Parliamentary inquiry, may I ask for the yeas and nays at this point?

The PRESIDING OFFICER. The Senator from South Dakota has the floor.

Mr. DASCHLE. I yield to the Senator from Pennsylvania for that purpose.

Mr. SPECTER. Madam President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The Yeas and nays were ordered.

Mr. DASCHLE. Madam President, the Senator indicated that indeed this does include universal access and would still save roughly \$180 billion. Is that in the first year, or is that over a period of time?

Mr. SPECTER. Madam President, if I may respond, this is the fourth response to the same question. The savings projected from managed health care are 20 percent of the gross.

Mr. DASCHLE. But the Senator is not answering my question. Twenty percent—

Mr. SPECTER. Just as precisely as the Senator from South Dakota answered mine.

Mr. DASCHLE. The 20-percent gross, how would the Senator define "gross" in this case?

Mr. SPECTER. Twenty percent of the gross. The gross is \$840 billion, and I multiply 20 percent of that and come to \$168 billion.

Mr. DASCHLE. And the Senator is citing whose figures in making this assertion? Who has calculated this to be a 20-percent saving?

Mr. SPECTER. Madam President, if I may respond, U.S. Healthcare in Pennsylvania has given me that figure.

Mr. DASCHLE. U.S. Healthcare. Is that a private organization?

Mr. SPECTER. It is an HMO, Madam President.

Mr. DASCHLE. I do not know how comfortable the Senator feels with regard to that cost estimate. I would be amazed, frankly, if any organization, any HMO has the kind of data to make that calculation. CBO struggles with its numbers; all of the other Federal agencies struggle with these numbers. I would be very interested if the Senator could submit for the record the basis upon which they have made these savings calculations. I think it would be helpful to further understand how the savings are derived and the degree to which we can look upon them with confidence. Would the Senator be willing to do that?

Mr. SPECTER. Madam President, I can do it now. Those figures were given to this Senator on my representation in this body by Mr. Leonard Abramson,

who is the chief executive officer of U.S. Healthcare, and I embodied that in a letter which I sent to the Secretary of Health and Human Services back on, I believe it was, October 31, 1990.

I must say that of all the points of concern the Senator from South Dakota is pressing the capillaries here. The issue is not precisely what the savings are going to be. I have authenticated it as best it can be authenticated. But the issue, really a much broader one, is what does the Senator do when he has an amendment and he has calculated the savings, as my floor statement does, beyond the issue of managed health care and has requested a figure from the Congressional Budget Office and has not gotten it?

And that is the last question I am going to answer on that specific subject.

Mr. DASCHLE. I certainly do not mean to challenge the distinguished Senator. I mean that sincerely. We have some time, and I just think it would be useful to explore these issues, because these are all issue we are going to be taking up as we get into health care reform.

Mr. SPECTER. I would be glad to answer a question if the Senator from South Dakota has another one.

Mr. DASCHLE. I do have another one.

Mr. SPECTER. I would be glad to answer it. State the question.

Mr. DASCHLE. I certainly do not mean to be confrontational because I think we all can learn from these colloquies and better understand the proposals as they are presented.

Mr. SPECTER. Just ask the question.

Mr. DASCHLE. OK. Another question relates to the first page of his amendment. He says he would propose that the Federal Health Board—and I think we ought to have a Federal Health Board—but he suggests that the Federal Health Board develop a uniform set of effective benefits with an emphasis on primary and preventive care. I completely subscribe to that kind of a concept. Allowing a nonpartisan, politically insulated board to make some very difficult decisions about comprehensive benefits is an approach to which I can subscribe.

Mr. SPECTER. Does the Senator have a question? Does the Senator have a question?

Mr. DASCHLE. The question is how can this HMO in Pennsylvania give us an accurate estimation of costs prior to the time the Federal Health Board has designed the benefits package?

Mr. SPECTER. Leonard Abramson and U.S. Healthcare, a respected expert in the field and author, can make a calculation of 20 percent in savings based on his extensive experience in the field.

Mr. DASCHLE. But he does not know what the Federal Health Board would design for a basic benefits plan.

Mr. SPECTER. He has experience as an HMO to give a conclusion as to how

much can be saved by managed health care, based on his experience.

Mr. DASCHLE. I am sure he does, and there are a lot of people just like him to whom we ought to turn for a lot of these answers.

Mr. SPECTER. Does the Senator from South Dakota have a contrary figure? Does the Senator from South Dakota have an expert who has a contrary figure? Whom would the Senator cite to disagree with what Leonard Abramson said to me and that I put in a letter to the Secretary of Health and Human Services?

Mr. DASCHLE. If I can just understand the process by which this individual has come up with this figure. I would assume that the Senator suggested a basic benefits plan that would be made available to all of the people of this country, and that he suggested the conditions under which that plan would be made available.

Mr. SPECTER. The presumption of the Senator from South Dakota is incorrect. That is not what this Senator did.

Mr. DASCHLE. Perhaps the Senator could enlighten us as to how—

Mr. SPECTER. I would be delighted to, if the Senator wants to know about it, and then he would answer—

Mr. DASCHLE. I would be happy to answer the Senator's question.

Mr. SPECTER. Whether the Senator from South Dakota has an expert who says something different. I visited U.S. Healthcare back on October 31, 1990, and took a look at their operations and told him about the costs of Medicare, and he volunteered to set up a program which would take 100,000 Medicare recipients and compare them to 100,000 Medicare recipients not under his managed health care plan. He said that a minimum saving would be 20 percent of the costs. Leonard Abramson is the author of a well-recognized book. He has a large company. He is a recognized expert. And he has come forward with the figure of 20 percent. If the Senator from South Dakota wishes to challenge it, this Senator repeats the question for the fourth, fifth, sixth time: What expert does the Senator have to the contrary?

Mr. DASCHLE. In answer to the distinguished Senator from Pennsylvania, I would certainly turn, as he has, to the Congressional Budget Office. I would turn to the Health Care Financing Administration.

Mr. SPECTER. To whom has the Senator turned?

Mr. DASCHLE. I would turn to OMB.

Mr. SPECTER. To whom has the Senator turned and what has he found out?

Mr. DASCHLE. Well, the Senator from Pennsylvania has expressed his frustration with his inability—

Mr. SPECTER. Has the Senator talked to anyone? I have not used the word "frustration." I did not use that word. Has the Senator from South Dakota asked any expert what the savings would be from managed competition?

Mr. DASCHLE. Well, I do not think that the Senator from Pennsylvania is going to get any kind of an answer at all if he simply says—

Mr. SPECTER. I do not expect one. I have not gotten any all afternoon.

Mr. DASCHLE. Not from me.

Mr. SPECTER. That is what I mean.

Mr. DASCHLE. I will tell the Senator, if you just say, what savings do we get out of managed competition, the question you are going to get back is, what are you going to give us for a basic benefits package? Are you going to include long-term care? Are you going to implement preventive care? Are you going to automatically require universal access? Are you going to ensure that we employ all the technological advantages we have in the system, or are you going to ration care?

Are you going to give everybody everything they hoped to have access to? If you do, then there is no way we are going to generate any savings.

So there is no silver bullet here. Just to say we will use managed competition does not really give us enough information with which to make sound cost calculations.

I will yield to the Senator, but let me finish my statement first. You have to present whoever it is who is going to be making these calculations with additional information. That is the point that I think the Senator has made, inadvertently, perhaps.

He certainly made it with his excellent recommendation that the Federal Health Board develop a uniform set of benefits with an emphasis on primary and preventive care. But then you must answer additional questions: Are you going to phase in long-term care immediately? Are we going to provide access to all Americans on an equal basis? Do we include public and private health care together as we calculate the budget? How is the managed competition system going to work: Is it going to be a State-based or a Federal system? All of these decisions have to be answered prior to the time any real budget analyst can project the cost savings.

I just simply reiterate what I said at the beginning. It is very difficult for Mr. Abramson to tell us with any authority what the savings are if we have not given him more facts about what the health system is going to look like. I think the Senator from Pennsylvania would certainly recognize that.

So that is my point. My point all afternoon has been, are we ready for this? I think the Senator from Pennsylvania has acknowledged that maybe we are not. He has not acknowledged it as directly as I wish he would. But frankly, I think we would both acknowledge that we have to have better numbers. We have to have a better appreciation of the budgetary implications prior to the time we ask our colleagues to vote on this legislation.

So I continue to urge our colleagues to carefully consider the process as

well as the substance as we address health care reform.

I ask one last question, because I know it is an important issue, of the distinguished Senator from Pennsylvania. I would not take the time of the body, except we continue to wait for the leadership to make some schedule decisions. As long as we have the time it would be helpful I think to talk about these issues.

Could the Senator describe a little bit more his long-term care provision? Would he implement that immediately, or would he wait for a period of time and take incrementally?

Mr. SPECTER. Madam President, if I may respond, the provisions of the long-term care are essentially those which were set forth in Senate bill 1122, which I spoke about earlier in the afternoon.

The provisions would be implemented immediately, and as promptly as they possibly could be.

Mr. DASCHLE. Does the Senator have any timeframe in mind? That is pretty vague.

Mr. SPECTER. That is as specific as I can be. I said immediately and as promptly as they could be put into effect. I am not saying that the Senator from South Dakota cannot come up with a number of questions. But the floor statement which has been in the RECORD for weeks, available to the Senator from South Dakota, is as explicit on this subject as it is realistically possible to be.

I would remind the Senator from South Dakota that in attacking the capillaries in a repeated manner, he has overlooked the thrust of the bill which is to provide care for some 37 million Americans now not covered, and provide reductions in cost to the 86.1 percent of Americans which are now covered. And that in pressing on the issues of cost, which this Senator has made as thorough an inquiry as I could think of—I am not saying it is a perfect inquiry—and having gone through all of the processes, again I ask the Senator from South Dakota if he would know of a preferable route to follow; and if he would withhold in offering an amendment because a last detail was not present.

This Senator represents that this is a very carefully thought through bill; that it has antecedents which I have described going back to 1985 extensively in the 102d Congress; that it is calculated as carefully as this Senator could undertake to do. If the Senator from South Dakota has some contrary figure which he has not put on the table, let him do so.

Mr. DASCHLE. The Senator from Pennsylvania makes a good point. Again, I do not mean to exasperate the Senator. I think his contribution here is well understood. He makes a point that we really cannot expect to have every last detail prior to the time we pass health legislation. But I would not call cost a last detail.

I would say cost is pretty fundamental. I guarantee that cost questions are going to be asked frequently, and from a lot of different perspectives. And they should be. We ought to know the cost. Obviously, we are not going to be able to give cost figures down to the last dime. We can all appreciate that. But not to know within the closest \$50 billion presents a real serious problem. I think we have to be concerned about that.

He also asked, with good reason, what is a better process? That has been a point that I have attempted to make most of the afternoon here. A better process is the one underway. A better process involves a task force made up of people from all walks of life, thoughtfully giving consideration to every facet of health care, including cost, taking into account the diversity in this country. And, upon completing this work, presenting it to the Congress, submitting it to the committees of jurisdiction in the hope that they too will give it their best effort. Republicans and Democrats, and enlist the support of the Congressional Budget Office, the General Accounting Office, the Office of Management and Budget—every agency of Government responsible for giving us cost estimates, in the hope that prior to the time we are called upon to vote, we have a very clear delineation of the budgetary implications of our health reform package.

That is the process. That is really the one that I think the Senate ought to be most comfortable with. That is the one that is going to give us the best and most thoughtful result.

It is not sound to, when asked about cost estimates, cite some HMO in Pennsylvania as our basis for a cost analysis. That is not the way the Senator from Pennsylvania normally does work here in this body. I think that we have to build upon what he has constructively suggested here and find ways in which to deal with this issue as effectively and comprehensively as possible.

I probably exceeded my limits in pressing these questions. I deeply appreciate the answers given by the distinguished Senator from Pennsylvania.

I am sure we will have many more opportunities to talk about the health reform, his ideas, the ideas expressed by many others who have participated in this colloquy this afternoon.

Madam President, I yield the floor.

Mr. SPECTER addressed the Chair.

The PRESIDING OFFICER. The Chair recognizes the Senator from Pennsylvania.

Mr. SPECTER. A very brief reply Staff has just made available to me the statement on January 21 which sets forth in some detail the issue on long-term care. I will not take the time to read it.

It includes creating tax credits for the purchase of long-term care insurance, tax deductions for amounts paid for long-term care services of family

members, excluding life insurance and IRA savings used to pay for long-term care from income tax, implementing an extraordinary cost protection provision by expanding Medicaid to include coverage of any individual excluding the wealthiest Americans who have been confined to a nursing home for at least 30 months, setting standards to require long-term care insurance, State Medicaid programs to provide home and community-based benefits as alternatives to nursing home care, to eliminate the current bias that often favors institutional care over other often less costly alternatives.

I refer the Senator from South Dakota to the extensive floor statement which I made back on January 21, and also on March 23, which contained answers to the questions which he has raised.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. GLENN. Madam President, I had a couple of questions. I asked some questions earlier about the costs of this, and I did not press it, as the Senator from South Dakota has done. I was told earlier that CBO had not given an estimate, and I cannot imagine that people will vote on this without knowing, particularly on the Republican side, where much is being made about some of our budget responsibilities these days—I cannot imagine people on the Republican side voting for this with a pig in a poke, as far as the costs of it, and going back home to run for reelection or to talk to their people back home, having voted for a national health care plan on the floor of the Senate without having any idea whatsoever about how much it is going to cost.

Let me give one example so people can think about it. Under access to health care, we have a refundable tax credit. I think we all agree that the figure that was used was some 37 million Americans are estimated to not have health insurance at all. We are going to cover those people, and I think a minimal health insurance plan would probably be \$2,000 a year, or more. That comes up to \$74 billion—\$74 billion—for that one item alone. We could go to the next one, which is self-employed persons. I do not know how many would be covered under that or would be ineligible for the tax credit. Maybe 20 million Americans fall into that category. That is another \$40 billion.

So what we are talking about is not knowing. Mr. Abramson, whom you mentioned, may be an absolutely brilliant man, but we have estimates from the AMA, American Hospital Association, nurses, and a bunch of other peo-

ple that made estimates on different parts of health care; and it might be more valid than just one particular estimate by this man, no matter how brilliant he may be.

I appreciate the fact that the distinguished Senator from Pennsylvania has not been able to get a CBO estimate, but there are other people besides CBO. A lot of legislation got passed before we ever had a CBO. Estimates came from various places back in that time—the Congressional Research Service, GAO, and all sorts of people made estimates in these regards. But it seems to me that without having any idea of what this is going to cost, I would be very surprised if anybody in this body wants to really vote for this, if it is brought to a vote, and go back home and look the people in the eye and say: I voted for your health care plan. And they say: How much am I going to have to pay? And you say: I do not have the foggiest idea. I do not have any idea. We are going to take it out of your hide someplace, and we are going to save some money over here on forms and the administrative costs and so on.

I agree with that. A lot will be saved there. But how much can be saved, we do not really know. What will this common form that is used be like? I know there are all sorts of levels of simplification that we use or not use. But if we are going to vote, I would call on people on both sides of the aisle, Republicans as well as Democrats, to look at this thing and see whether they really want to vote for something for which we do not have the foggiest idea what it is going to cost. We have no idea whatsoever.

Questions have been raised about what Mrs. Clinton is doing with her health care group. They are not going to present it to us—I know this from having talked to them—on this floor, until they have information about whether it is going to be paid for out of the General Treasury or a value-added tax, or out of increased employer costs; or is it going to be paid for with employers and employees having a higher contribution? I know they are not going to float one out here on the floor and say: We have a grandiose plan, but we have not figured out how to pay for it. We want you to vote for it if you are in Congress, and it may cost you \$500 billion or \$750 billion. We do not really know.

So I have some of the same concerns expressed so eloquently a while ago by the Senator from South Dakota: I do not see how we can bring something like this to a serious vote without having any idea what the costs are going to be. I do not know if the Senator wishes to respond or not. I know he was saying he had to go do some other business.

Would you estimate that your plan would cost the taxpayers \$600 billion, for instance?

Mr. SPECTER. Madam President, in responding to the distinguished chairman, my best projection is that this

health care plan would not cost any additional money, for reasons which I have already given.

Mr. GLENN. May we get this for free? Do we enact this and say the savings are going to equal the additional costs?

Mr. SPECTER. I am saying that managed health care produces a 20-percent savings. There are savings on reducing the incidence of low-birth weight babies, savings on terminal health care costs, and savings on insurance reforms. I have been over all this with the Senator from South Dakota. I would be glad to do it again.

Mr. GLENN. Well, I was trying to pin it down between certain parameters—\$600 billion or \$500 billion or \$400 billion? Do we save money or get money back from this plan by giving more coverage? We still do not have any figure on this.

I cannot imagine people on either side of the aisle voting for something for which we have absolutely no idea, no definitive figures, from AMA, the American Hospital Association, nurses, national medical associations, or anybody else. We have one doctor, apparently, or one head of a service in Pennsylvania who thinks we will save money. Has he made estimates on all of the different things provided in this bill?

Mr. SPECTER. He has made the estimate of a 20 percent cost savings, based on the circumstance I described in some detail, on taking 100,000 Medicare patients and putting them under managed health care contrasted with what they cost for the Government. I ask the Senator from Ohio whether he has ever moved to waive the Budget Act on any matter when he could not get a precise estimate of cost?

Mr. GLENN. When this came up in your discussion with the Senator from South Dakota, and you asked the question, my answer, had it been asked of me, was going to be the same. I think I have a couple of times, but it was not for 1 percent or even a thousandth of a percent of what this is liable to cost in health care. So we are not talking about things that are going to—when we voted for a waiver on the budget in the past, it was always for far smaller amounts that were involved than anything we are talking about here.

Mr. SPECTER. I respond to my colleague that the principle is the same. If you have a measure you need to get enacted, and you have set forth the savings which you feel would be forthcoming, and you have asked the Congressional Budget Office, it simply is unreasonable to withhold pressing an amendment because you do not have the precise figures.

The Senator from Ohio has made his argument; the Senator from South Dakota has made his argument, and I have made my argument. I am ready to—

Mr. GLENN. I do not want to prolong this. I do not know whether the leadership is back from a meeting yet. We will see if they are and see what the

ate will now resume consideration of S. 171, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (S. 171) to establish the Department of the Environment, provide for a Bureau of Environmental Statistics and a Presidential Commission on Improving Environmental Protection, and for other purposes.

The Senate resumed consideration of the bill.

Pending:

Specter amendment No. 325, to contain health care costs and increase access to affordable health care.

The PRESIDENT pro tempore. Who seeks recognition?

Mr. GLENN. Mr. President, could the Chair inform us as to what the parliamentary situation is? As I recall, we had 1 hour of debate, evenly divided under the control of myself and Senator BOTH, and a vote at 12 o'clock; is that correct?

The PRESIDENT pro tempore. That is correct.

The chair makes this correction. The Senator from Pennsylvania [Mr. SPECTER] controls the time on the other side.

Mr. SPECTER addressed the Chair.

The PRESIDING OFFICER (Mr. KOHL). The Senator from Pennsylvania.

AMENDMENT NO. 325

Mr. SPECTER. Mr. President, an order has been entered allowing 1 hour of debate, equally divided, on my amendment for health care reform. This was introduced yesterday afternoon, a little earlier than this Senator had expected. We had some vacant floor time before the scheduled 3:30 debate, and I tried to use some of that time by putting this amendment in. It continued a little longer than had been anticipated because the Democratic and Republican leaders were at the White House. So we filled some unused time, as the RECORD will show, on questions from the distinguished Senator from South Dakota [Mr. DASCHLE].

The amendment which this Senator has proposed, Mr. President, is a result of longstanding efforts in the health care field for 12 years and 4 months of my tenure in the Senate. I have been on the Appropriations Subcommittee for Health, Human Services, and Education, and have participated in extensive consideration of many, many bills on that subcommittee.

The first health care related legislation which this Senator introduced was back in 1985, which I had commented upon yesterday, on low-birthweight babies, November 21, 1985, S. 1873, the Community-Based Diseases Prevention Act of 1985; then a series of bills in 1991, including cosponsorship of the legislation introduced under the chairmanship of Senator CHAFEE. Then this year I introduced two extensive bills on health care, S. 18 on January 21 and S. 631 on March 23, combining legislation which had been introduced by a number of Senators.

I have pressed this issue, Mr. President, because of my view that next to

an economic recovery and stimulus, the most important issue facing America is health care reform. On January 21, which was the first legislative day following the inaugural speech by the new President, I complimented the President for his inaugural speech and expressed the wish that he had been a little more expansive on two subjects—health care reform and an economic recovery.

I immediately wrote to the chairmen of the relevant committees and the majority leader asking for hearings on S. 18, and saying that it seems to this Senator that we ought to move ahead on this subject, whether it was my legislation or not.

I noted in yesterday's RECORD the push I had made last year, in 1992, back in July, offering amendments to a nonrelated bill. I must do that, and it is with some regret that I have offered this amendment on the environmental protection bill, but, as it is well known, every Senator has a right to do that. To offer it on another bill because I am not the majority leader, and I cannot call up health care. So the only recourse I have is to bring up the issue as an amendment. I had intended to offer it earlier on the debt ceiling, and there was a procedural approach there which made that very difficult, almost impossible. And I had tried to put it on the emergency appropriations bill, and it was just when I was on deck with my amendment that the distinguished majority leader changed the order of sequence permitting no more amendments. So this is the first time I have had a chance to offer this amendment.

I offer this, as I elaborated on yesterday, because of a series of events which have made it unlikely that we will take up health care this year. A statement by Congressman ROSTENKOWSKI, which I quoted from the New York Times on March 4; a statement by Congressman OEPHARDT from the New York Times on April 2; the article in the New York Times this past Sunday about States moving ahead because of the absence of Federal action; the ABC news story the night before last which I commented about; and OMB Director Panetta's statement yesterday that he urged President Clinton to delay releasing his health care plan.

This morning's press is filled with more of the same. One of the lead stories at the top of the New York Times today is concerning the health care plan. Headline: Clinton Rules Out Delay in Availing Health Care Plan, but noting in the body of the story that "Congress is unlikely to start work on the health care plan until next year." In a continuation of the New York Times story on page A-14, "As a practical matter, the relevant congressional committees will not be able to get the health-care proposals until they finish the budget."

I think this is very unfortunate, because on April 28, today, there are other matters facing the Congress and the committees. But had the relevant

committees taken up this issue when I wrote to the chairman of the relevant committees back on January 22, there was adequate time to undertake this very important subject.

The distinguished Senator from West Virginia [Mr. ROCKEFELLER] was on the floor yesterday, and we had a little spirited debate. He said last year, on August 4, that the Congress is a one-man town, a one-person town, referring to the President. I have to disagree with that, Mr. President, and I do so in abbreviated form this morning. I have spoken on it at greater length before. But we are not a one-man town. We have a Senate; we have a House; we have initiatives here. In the 102d Congress, the Senate had 524 bills relating to health care, the House of Representatives had 940 bills relating to health care, for a total of 1,464. As of March 31 of this year, 70 bills were introduced in the Senate and 119 in the House for a total of 189 bills.

The point that I am making, Mr. President, in putting up this amendment, which has been fairly abbreviated in its consideration and its analysis, has been that we are ready to legislate on this subject. We really ought to treat this subject as we treated the Clean Air Act back in 1990. We need a critical mass. We ought to debate this subject and move ahead on it.

The legislation which this Senator introduced, the original S. 631, has a dozen titles and outlines that I will not repeat, as I went over it yesterday. It moves through from managed competition and universal coverage to primary care to provisions on access and provisions on consumer decisionmaking; cooperative agreements between hospitals; patients' rights to decline medical treatment which is up to the patient to decide since nobody should decide that for the patient; insurance simplification and portability; alternative dispute resolution; Medicare preferred provider projects; long-term health care—it is a comprehensive bill to start.

The distinguished majority leader was interviewed on Face the Nation earlier this year, on February 28, 1993. He said something cogent about the bill to legislate now. He said:

The fact of the matter is this is not a new subject. It isn't as though this dropped from Mars onto our desks. We have been debating this for 6 years, 8 years. I've been at this for a very long time. Most Members of Congress have been involved for a very long period of time.

I think what the majority leader said there, what I just quoted, underscores the point that we are ready to move ahead and to decide the kinds of issues which are presented here.

There are a great many items, Mr. President, where there is agreement on insurance market reform, on small group reform, on self-employers to have 100 percent deductibility, on primary and preventive health care, on reducing defensive medicine, on allowing States to form purchasing coopera-

tives. So the issues which we are considering here are really well known to this body and to the House.

Yesterday we had a fairly extensive discussion on what this bill would cost. Opponents of my amendment have criticized it because there has not been a cost estimate from the Congressional Budget Office. But this Senator has done everything he could to get that.

In the introduction of Senate bill 18, which was back on January 21, 1993, I made an analysis of the costs, the savings, and the extra expenditures. This appears at page 374 of the January 21 CONGRESSIONAL RECORD for the 103d Congress. I said:

While precision is again impossible, it is a reasonable projection that we could achieve under my proposal a net savings of approximately \$32 billion * * *

And there is a specification about how that was arrived at.

Since yesterday I have found the costing of a couple financing items in my amendment. The financing with respect to repealing the health insurance tax over a 5-year period will generate \$32.9 billion. The revenue from employee exclusion limit over 5 years is \$113.2 billion. The revenue from employer deduction limit over 5 years is \$121.6 billion. This is from the Joint Tax Committee revenue projections on those items.

So it seems to me, Mr. President, that we are prepared to move ahead. I think the American people need to know that we are in a position to legislate and that there is no reason for further delay on the schedule which is now being undertaken by the administration.

I compliment the President for what he is doing, but that should not impede action by the independent U.S. Senate. That is why since 1985 this Senator has been working on these matters and has been pushing hard to present them to the U.S. Senate.

We have ample time to legislate. We miss days in session. We were not in session on Monday. We were not in session some days last week. It is not a secret that we begin our legislative activities Tuesday afternoon, and there is ample time for us to take up this kind of a bill and go through the hard, tough work, which is what we are supposed to do, to legislate on this very, very important subject.

I note my distinguished colleague from South Dakota, the senior Senator, is here.

Mr. PRESSLER. Mr. President, will my friend yield for a question?

Mr. SPECTER. I yield.

Mr. PRESSLER. I noted in this morning's New York Times an article by Thomas Friedman that says that even Congress was unlikely to start work on the health care plan next year.

Now, we had an exchange here on the floor yesterday—and I see my colleague from South Dakota here—in which I raised the question about when this would come to the floor, and raised the

concern that it appeared it would be late this year or next year.

I made a prediction it would not come until next year. I can already hear the discussions that it is an election year and that we should hold off until 1995. That is what the New York Times said this morning and the front page, and confirmed what I said yesterday. And I believe what the Senator said yesterday is that the agenda for this legislation coming here even by the administration's admission will not be until next year.

Mr. SPECTER. I thank my distinguished colleague from South Dakota for that inquiry, and the answer is yes. The New York Times, on the sections which he quoted and this Senator had made an earlier brief reference, is in line with that has been occurring continually this year about predictions that the legislation would not be taken up this year. That is precisely the reason why this Senator is pushing the bill.

Mr. President, how much time remains on this side?

The PRESIDING OFFICER. Fifteen minutes.

Mr. SPECTER. I thank the Chair.

I see the other distinguished Senator from South Dakota on the floor. So I yield at this point.

The PRESIDING OFFICER. The Chair recognizes the Senator from Ohio.

Mr. GLENN. Mr. President, I yield myself such time as I may use.

TIME LIMITATION AGREEMENT

Mr. GLENN. Mr. President, first there is a consent agreement worked out on both sides on the next three amendments.

I ask unanimous consent that following the disposition of the Specter amendment, the following Senators be recognized to offer the following amendments in specified order with no second-degree amendments in order and subject to the following limitations:

No. 1, McCain amendment regarding Indians, 1 hour equally divided; No. 2, Nickles amendment substantially identical to the text of S. 81, regarding economic impact, 2 hours equally divided; No. 3 is a Gorton amendment regarding Commission membership, 40 minutes equally divided.

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

Mr. GLENN. Mr. President, I further ask unanimous consent, in addition to the consent agreement that was just agreed to, that no amendments to language that may be stricken be in order.

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

Mr. GLENN. Mr. President, with regard to the amendment before us, the Specter amendment, we debated this at considerable length yesterday afternoon with regard to the cost involved with this if we would pass it. I do not know what the Senator from Pennsylvania would do if we passed this.

Let us say we all got behind this today and really put it through and passed it here and pushed for it over in the House, and so on. What would happen then? There is no money to do anything about it. Someone last night said it is a little like the dog chases the truck and the truck stops. What does he do then?

I am not sure if we passed this bill exactly what would happen, because there is no money hooked up with it. This is about three times our whole defense budget, three or three and a half times. We are talking about the whole health care for this Nation which is running somewhere around \$900 billion a year now by best estimates. We are talking about really big money, about triple our whole defense budget, and talking about passing this thing.

If I came on the floor with a defense budget that was only one third of this, and I said here is the number of squadrons I want, here are the battleships I want, the carriers I want, the airplanes for them, and we want to go back up to two million regular forces again; I want you to pass that, please, but there is no way to pay for it. We have not specified yet. We are not going to raise the taxes. We are not going to raise the income tax rate. We are not going to VAT. We are not going to anything else. What would people think? They just would not think much of that proposal.

I find myself, I must say to my distinguished colleague from Pennsylvania, in the same situation now. Just picking one part of it, we are talking about a refundable tax credit to low- and middle-income individuals without employer provided insurance. With the estimates of numbers of people out there at 37 million who do not have any insurance, and you say that that is going to be a couple thousand a year for each of these people, that comes out to about \$74 billion a year for that one item alone.

If you say you are going to get better coverage or going to need around \$3,000 a year that would be what—\$111 billion I believe that multiplies out to.

We are just ignoring the cost on things. I am not quite sure what would happen. Would the Senator from Pennsylvania respond and tell me exactly what would be the next step on how you pay for this if we all got behind this and pass it?

I do not question there has been an awful lot of thought and study. It was spelled out here on the floor yesterday afternoon about how much time they spent meeting every Thursday morning, I believe, for a couple years, and so on, and thinking about this and putting it together. All you need to do is read through the title to show there has been a tremendous amount of good thought gone into this, so I do not deprecate that in any shape or form.

We are talking about managed competition, universal coverage, talking preventive care, access to health care for all different classes of income peo-

ple, talking about consumer decision-making, cooperative agreements between hospitals, patients' rights, insurance simplification, portability, malpractice reform, Medicare preferred provider demonstration projects.

I do not take exception to a single one of those things. I think that they are probably very well thought out, except for one thing—that is how do you tote up the bottom line? Who pays the bills?

And so I would ask my distinguished colleague, if we pass this today, let us say we got all the Republicans behind it and all the Democrats behind it on this side, and we said, "Yeah, this is a great idea. It is good, and it does most of the same thing the administration is looking at. But we thought this thing out, and we want to vote for it," and we did that, what would be the next step in trying to implement this?

Because somebody, somewhere, somehow down the line has to deal with the money. We are talking about a \$900 billion industry in this country, and not one item in here about how we are going to pay for it.

So, I repeat, this is a little bit like the dog chasing the truck. If the truck stops, then what are we going to do?

Mr. SPECTER. Mr. President, I would be delighted to respond to the question by my distinguished colleague from Ohio.

Mr. GLENN. Mr. President, I reserve the remainder of my time.

Mr. SPECTER. I believe I am speaking on the time of the Senator from Ohio at this point; am I not?

Mr. GLENN. OK; fine.

Mr. SPECTER. I had addressed that subject in substantial measure in my opening comments, when I referred to the CONGRESSIONAL RECORD of January 21, 1993, at page S 374, with my statement that it was impossible to be precise. "While precision is again impossible, it is a reasonable projection that we could achieve under my proposal a net savings of approximately \$82 billion," and I detailed, in some specificity, how I came to that figure.

When the distinguished Senator from Ohio makes a calculation based on 37 million people who are now not covered, they are not all going to be covered by an income tax credit. There is an analysis in my statement as to how many would be picked up as self-employed, how many would be picked up as a result of insurance market reforms, and a variety of other considerations.

Nobody can rule with mathematical precision. Even the Congressional Budget Office has to make an estimate. I made the point that if you take a look at the Joint Committee on Taxation repealing the health insurance tax it yields \$32.9 billion over 5 years; and the revenue from the employee exclusion limit yields \$113.2 billion over 5 years; and the savings of revenue from the employer deduction limit, \$121.6 billion over 5 years, those are items which would be figured into the mix.

But I am very pleased to hear the distinguished Senator from Ohio say that he does not take exception to anything in the bill. I think I wrote that down accurately.

Mr. GLENN. No; you did not write that down accurately. I have to correct my distinguished colleague. I did not say I agree with everything in this bill at all. I said the titles of your different sections were very impressive and showed that you had looked at it a lot and thought about it a lot. But I do not sign on to everything in the bill.

Mr. SPECTER. The RECORD will show, Mr. President, what the distinguished Senator from Ohio said. I wrote this down: "Don't take to exception to anything," and I thought the last words were "in the bill." Perhaps we could have the court reporter type that up for us.

But I am not seeking to hold you to any admission.

Mr. GLENN. Just in case there is any misunderstanding out there, I do not agree with everything in this bill, so we can correct that if I misspoke myself.

Mr. SPECTER. I accept that modification.

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

I now yield such time as the Senator from South Dakota may require.

Mr. SPECTER. How much time remains on each side?

The PRESIDING OFFICER. Senator Specter has 15 minutes and the other side has 12½ minutes.

Mr. DASCHLE. I think the distinguished Senator from Ohio for yielding me some time.

Mr. President, I had the opportunity last night to discuss at some length many of the concerns that a lot of us have with regard to the proposal now pending before the Senate offered by the distinguished Senator from Pennsylvania. Those concerns, just to reiterate, relate primarily to process, not to substance.

I also have similar concerns, as does the Senator from Ohio, about some of the specifics of what the Senator is proposing here, though I do not disagree with the scope of his effort. He recognizes, as most do, that if we are going to deal with health care, the scope of the plan has to be very comprehensive. He recognizes that we have to deal with issues like preventive care, and we have to treat cost containment as the most important goal of our effort. So I certainly do not challenge his approach with respect to its scope.

What I challenge, in his approach is the process he is using. We talked a little about that last night. Democrats, on occasion, have been criticized by those on the other side of the aisle for not having included the Republicans in our health reform efforts. I hope that is not the case. I hope we can reach out, in a bipartisan way on this matter, as much as possible.

As a matter of fact, I was just told this morning that there will be a session on Friday that will include all Senate Republicans and Democrats, with the First Lady to talk about health care, to talk about the task force proposal, to answer questions about the plan, and to try to begin reaching a consensus on all of the issues to be taken up in a comprehensive health care plan.

That is the kind of bipartisan spirit that I think we ought to see as we approach this very difficult issue.

But how many Republicans and how many Democrats were included in the construction of the pending proposal? How many Democrats were included as it was decided what kinds of managed care systems we would employ? How many Democrats were included when it was considered what kind of preventive care benefits we would have?

I wonder just how many times the author of this proposal reached out to Democrats to find ways with which to come up with a consensus?

Frankly, I do not fault him for what he may or may not have done. But certainly this approach is not going to help us successfully address the concerns raised by the Senator from Pennsylvania.

I also wonder whether it is appropriate to pass something of this scope as wide-ranging as this amendment appears to be, without having consulted either the Labor and Human Resources or the Finance Committee. Those committees are designated with the responsibility of considering very carefully all of the ramifications relating to health care reform. To bypass those committees and go straight to the floor seems to me to be unwarranted and unwise.

I would like to know what the ranking members of those committees think about having been bypassed like that. I would like to know how the myriad of witnesses—who could come forth to give us their views about this bill and who will not be given that chance because not one hour's worth of hearings have been held on this bill—are going to feel about being excluded from that process when the bill goes straight to the floor.

Mr. SPECTER. Will the Senator yield?

Mr. DASCHLE. I will at the end of my statement. I will be happy to yield, as I did last night.

So from that perspective, too, I worry about the process.

If we are going to accomplish something in health care this year, I do not think we have any choice but to try to do it in as bipartisan way as possible, to try to work through the committees, work with Republicans and Democrats, work with our leadership, and work with the White House.

But we are not doing that with this amendment. And I think that presents some serious problems.

As was stated on many occasions last night, we are talking about a 302-page

proposal. I must tell you, I daresay there is not one Senator here who can tell you what is in that 302-page proposal, outside of perhaps the sponsor and the cosponsors. We have not had a chance to look at it.

I know it may have been in the RECORD. It may have even been sent to each one of our offices. But if we had to take a pop quiz today about what is in that bill, I guarantee you 80 percent of the Senators would flunk. They would not know what is in it.

We do not know how the bill treats the VA. We do not know how the bill treats preventive care. We do not know how the bill deals with all the complexities of health care, as we should, prior to the time we are called upon to vote up or down on the measure, as I understand we will have to do in just a half hour. That, too, concerns me a good deal.

We are amending a bill to allow the Environmental Protection Agency to become a Cabinet-status agency. And for us to do that, in my view, with all due respect, trivializes the whole issue of health care. It somehow relegates health care to a secondary matter thrown onto a bill having to do with the Environmental Protection Agency.

What kind of statement does that make, by 100 U.S. Senators, about the importance that we place on reforming our health care system and doing it right?

My colleagues on the other side of the aisle have reiterated, on numerous occasions, the need to enact health reform with some haste. But I would reiterate what I said last night. Our colleagues in Pennsylvania are quoted in a newspaper as having said that, to move quickly on health care, to quote GEORGE GEKAS and WILLIAM GOODLING, two Congressmen of high regard—I know them both well—would be “like a speeding train out of control and needs someone to hit the brakes,” they say, “to prevent” what they call “a disaster.”

That is what they said it would be like if we moved too quickly. It would be “a disaster.”

I think in this case to take an amendment of this consequence, 302 pages, to bring it to the floor, to pass it without fully appreciating its ramifications, would be, as they say, a disaster.

One of the other concerns I have had to do with cost. The Senator from Ohio addressed that point. The Senator from Pennsylvania recognized last night we do not have an official estimate of the bill's cost. We have, I am told, an HMO in Pennsylvania that is taken as a model, and from that model are projected cost savings. Of course the Senator acknowledged last night we do not even know what the basic benefits plan would look like because his bill calls for the benefits to be determined by a Federal health board, something to which I subscribe. But if we do not know what the basic benefits plan is, how in the world are we going to be

able to determine the costs of this plan?

He expressed frustration last night, for good reason, about CBO's inability to come forth with numbers. I indicated last night I share some of that frustration. But for us to vote on something of this magnitude and not know, within \$30 or \$40 billion, perhaps, what this thing is going to cost may make it subject to a budget point of order. That is something we ought to look into. How can we in good faith vote on something like this without having one agency of the Federal Government examine it and give us a cost estimate? That is not the way to deal with health care. That is not the way to approach an issue of this magnitude.

I would be happy to yield to the Senator from Pennsylvania for a brief question, but first I would like to make one last point. There was some concern expressed by the distinguished senior Senator from South Dakota about the Clinton administration's intentions with regard to health care. He cited an article in the New York Times.

I do not care to read the entire article but I must say the headline is pretty clear. It says, “Clinton Rules Out Delay in Unveiling Health Care Plan.”

“Clinton Rules Out Delay in Unveiling Health Care Plan.” I do not know how much more unequivocal you can get than that. What we are saying here is that the President has reiterated his determination to move this legislation ahead.

Mr. PRESSLER. Will my colleague yield?

Mr. DASCHLE. And I must say he has reiterated it in a way I think deserves commendation. His effort will include Republicans and Democrats, as the meeting on Friday will prove. It will include the senior Senator from South Dakota, the Senator from Pennsylvania, the Senator from Ohio, every Senator interested in health care.

I will be happy to yield to the Senator from South Dakota.

Mr. PRESSLER. It is true the article says, “Clinton Rules Out Delay in Unveiling Health Care Plan.” But I am concerned about getting this thing done and I am not just trying to score debaters' points here. Legislatively, when will we see this package on the floor? What will be my colleague's prediction?

Mr. DASCHLE. I am not the majority leader, as the Senator knows, but I can say this. The answer to that question relates directly to the degree to which both sides are willing to cooperate.

If the Senator from South Dakota will say “I am not going to obfuscate the health care issue, I am not going to put down obstacles, I want to work together, I want to find a way to resolve these issues in a bipartisan fashion”—if we can say that without any objection on either side, if we can guarantee there will not be filibusters, if we can guarantee we are going to move in good faith, then I say to the Senator from South Dakota there is no reason

why we could not do it this summer. Let us do it as quickly as we can but let us not set an arbitrary deadline just to say we are done with it.

We know we have very difficult issues to approach. Those issues are further complicated by partisan hickering. If we delay and bicker about each one of these items in a partisan fashion, then there is no talking when we can pass this bill. But, if we can do it in a constructive way, I share the President's optimism that there is a good opportunity for us to do it this year.

Mr. PRESSLER. Will my friend not agree it is the responsibility of the Democratic leadership to bring the Clinton bill to the floor? We are ready to go. But we keep reading and hearing this is going to be delayed until next year. It is not just me saying it. This says, “Even though Congress is unlikely to start work on a health care plan next year.” They must have been told that by somebody. It must be the intention of the Democratic leadership to delay.

Mr. DASCHLE. The author of the article probably heard the distinguished Senator from South Dakota last night say health reform was going to be delayed and delayed and delayed. When you hear that from a couple of Members of this body, certainly you come to some conclusions. It does not take very much to delay health care reform or any other piece of legislation.

Mr. GLENN. Will the Senator yield?

Mr. DASCHLE. Obviously, we have to be concerned about these predictions of delay. Are we getting signals this is going to be delayed? Are we getting signals there are some on either side of the aisle that do not want to move health care reform? Then if I were a reporter I would probably have to put that in my story. But if it is up to the President and majority leader—and frankly I believe it is up to many Members on the other side of the aisle, including the Senator from Pennsylvania—there is no reason why this legislation has to be delayed.

I know the Senator from Ohio wants to respond as well. I yield the floor in that interest.

Mr. GLENN. I just wanted to find out what our time situation is on both sides.

The PRESIDING OFFICER. There are 8 minutes and 30 seconds remaining.

Mr. GLENN. How much on the other side?

The PRESIDING OFFICER. They have 15 minutes remaining.

Mr. GLENN. Mr. President, we reserve the remainder of our time on this side.

Mr. SPECTER. Before yielding to my distinguished colleague, the distinguished Senator from South Dakota, I have just a couple of comments to reply to what Senator DASCHLE has had to say.

He says he challenges the process and says the Democrats have been accused

of not including Republicans. Senator DOLE, the Republican leader, and Senator CHAFFEE, the chairman of the Republican Health Care Task Force, sought to send representatives to the White House task force and were denied that opportunity.

The distinguished Senator from South Dakota [Mr. DASCHLE] says why was the Labor and Human Resources Committee, the Finance Committee, and the White House—why were they not all consulted? The answer is they were, and I put that in the RECORD in some detail, including the response from the chairman of the Labor and Human Resources Committee.

And the question I ask my colleague from South Dakota, Senator DASCHLE, with respect to consultation of Democrats, is: Is Senator DASCHLE aware of the fact that he received a letter containing Senate bill 18, with a summary of the bill, in January of this year?

Mr. DASCHLE. If the Senator will yield, I was not aware of that. That is my point. I am sure if you ask most Senators that same question, the Senator will find, indeed, with all the mail Members of Congress receive, they probably were not aware of that letter.

Mr. SPECTER. I accept the negative answer, Mr. President, but I am not going to consume any more time. If that is the negative answer, after having sent Senator DASCHLE a letter, as I sent a letter to every one of the 99 Senators, in January, and he says 90 percent flunk—that is not the fault of this Senator or this body. That should be no reason, absolutely no reason, for not proceeding to consider this bill.

Mr. President, at this time I yield 5 minutes to my distinguished colleague, Senator PRESSLER.

Mr. PRESSLER. Mr. President, I thank my colleague very much.

Mr. SPECTER. Mr. President, how much time remains on this side?

The PRESIDING OFFICER. There are 13 minutes remaining.

Mr. SPECTER. I thank the Chair.

Mr. PRESSLER. Mr. President, I rise to urge my colleagues to support the pending health care reform amendment. As I stated yesterday, my intent in cosponsoring this proposal was to send a clear message to the administration and to the congressional leadership. Congress is ready to deal with this issue and we must do so early this year. I do not fully support every measure of this particular amendment. However, I do support the basic principles of reform. It contains: malpractice reform, small market insurance reform, revisions in the antitrust laws, reduction of administrative procedures, reduction of waste and fraud, a greater emphasis on preventive care, and tax incentives to help individuals purchase health insurance.

Is this a perfect bill? No. I do not fully support the provisions establishing the Federal health board, nor do I fully support it being given the authority to limit the growth in annual

health care expenditures. But I do believe that this is a starting point.

I hope my colleagues support this bill. It will send a clear message to the administration and to the American people.

Let me say, Mr. President, I am not here today to score debating points. I have worked on health care matters since 1975, when I entered the House of Representatives. I served on the rural health care task force in both Houses and the Republican Health Task Force in the Senate. We have had many meetings and have offered numerous amendments. As a member of the Senate Aging Committee, I have worked on a number of matters dealing with health care. So I do not take a back seat to anyone in terms of a long record of interest in and activities on the Senate Committee on Aging, the rural health care task force, in both the House and Senate and the Senate Health Task Force.

But we are faced with a developing phenomenon this year, and that is lack of action on this issue. After much talk by both sides, very frankly, and after much talk by the administration, we are suddenly faced with a situation where the much anticipated bill is not going to be brought to the floor. We keep hearing that the studies are going on, the meetings are continuing, we are going to have a report, and that is all fine. And we all get the administration's health care plan, I suppose. But we keep hearing that it will probably be next year before it is dealt with by the Congress.

As I have said before, and I speak with the experience of serving in this Congress since 1975, when something is held over until an election year, it probably means it will be held over until the next year. So we are really talking about 1995 before this bill is taken up. That may sound like an extreme statement, but you heard it first here on this floor. I fear that this is what is going to happen, and that is why I am speaking out, and that is why I cosponsored this amendment. I hope I am wrong, but I have asked for commitments. We could do this bill in June or July. We could devote July to this bill. We could do it in June. There is no reason why we could not.

Now we hear there are more delays. There is not any filibuster about it. There is no cloture. The delays are not on this side of the aisle. We are ready to go. This Senator is ready to go. I am speaking for myself and I think for lots of others. But I do not think the American people know quite what is going on. They have been hearing about health care reform. It was promised to be sent over in the first 100 days and it just has not shown up. Once it gets here, the American people cannot wait another 7 or 8 months, before we deal with this issue.

So this Senator is going on record today stating that I am ready to legislate in this area. I think Senator SPECTER has done a great service by having

the courage to bring up this amendment, and by taking the criticism that goes with it. There is no other vehicle. It is time to act. And it is a signal that we want to do health care early this year.

There is no reason not to do it. We have studied it enough. It is time to go.

Mr. ROCKEFELLER addressed the Chair.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. ROCKEFELLER. Mr. President, first of all, I want to thank from the bottom of my heart Senator DASCHLE.

Mr. GLENN. I yield the Senator 6 minutes. I believe we have 8 minutes remaining. I yield the Senator 6 minutes.

Mr. ROCKEFELLER. Mr. President, I thank the distinguished Senator from Ohio. I want to thank the distinguished Senator from Ohio and Senator DASCHLE for holding the floor so long.

I listened to the Senator from Pennsylvania last night and the Senator from South Dakota this morning. The Senator from South Dakota worries we are not going to get a health bill until 1995. I can assure you that this is the way we are not going to get a health bill, if this is the type of approach we take.

When we have a new administration, and when the new administration is put into office on basically two planks—one is economic and the other is health care reform—then it is the usual and customary procedure, it would seem to me, especially with the intensity the President and First Lady are working on health care, and the intensity the majority leader of this body, as well as the minority leader, feel about health care, that we give them a chance to put their plan forward.

It has been several months, because the Clinton administration has been undergoing a process of preparation of their bill, which is unprecedented in the history of this country on any kind of legislation. The President was quoted on Monday as saying he is going to "bust a gut," as he put it, for health care reform.

I know personally, having worked with him and I believe sharing the confidence of both the President and First Lady, the depths of their commitment to getting this done. But this is one way you cannot get health care done. And if there is one thing that would upset my constituents in West Virginia, and I feel fairly certain the constituents of the Senator from Pennsylvania, it would be putting something that is so important to the lives of the American people, which affects them in so many ways, into law without even having a hearing. I mean, we are talking about a four-page sheet of explanation. We do not know what the costs are of this amendment.

The Senator from South Dakota talked about tort reform. I am for tort reform. There are all different kinds of

tort reform. There have been no hearings, no nothing, no process.

My people from the State of West Virginia, if we were to pass this legislation, would be horrified, I think, and would rightly be scared. "What have they done up there? What are they doing?"

We are going to spend a trillion dollars this year on health care, a trillion dollars. We are going to spend \$2 trillion in the year 2000. This makes the Pentagon look like a cup of coffee in terms of money. And my people want to know we are doing something thoughtful; that we are doing something deliberate; that we have checked our figures; that we know exactly what the costs are; that we know exactly what the ups and downs of all of this are, what the sacrifices are, and what the advantages are. This is the most complicated process we are embarking on in history. I say that with all due respect to the Senator.

To actually adopt an amendment to some bill about something entirely different than comprehensive health care reform is something which would trouble my constituents in West Virginia enormously.

We are going to be meeting, as I understand it, with the First Lady, *Ira Magaziner* and *Judy Feder*—all Senators, Republican and Democratic—on Friday. I know that the First Lady very much wants, as she already has, to sit down with Republican Senators, and I have witnessed that. And there will be more common meetings of Democrats and Republicans so we can discuss this together. But they have dozens of people just cross-checking figures, cost estimates.

This is massive legislation in dealing with health care reform, and you cannot do it this way. I hope very much that we do get up-or-down votes on this, and I hope very much that the word going around that somebody on the Republican side is going to move to table this legislation so as to obscure the vote is not the case, and that the Senator from Pennsylvania will, in fact, insist on, as he indicated yesterday, an up-or-down vote and not settle for a tabling motion, which obscures the way people understand the result of this. I want people on record on this, too. Health care is an incredibly serious subject. It is not something which is done by form of an amendment on some totally unrelated bill.

We have for the first time, in my judgment, a President who really cares about health care. And this will sound political, and I do not mean it to be, but I had been so frustrated that I almost myself got into the race for President solely on the basis of my frustration about what was not happening in health care.

So the frustration of the Senator from Pennsylvania is shared by this Senator. The frustration of the Senator from South Dakota is shared by this Senator. But because I am frustrated does not mean that I go and take four

pages and say, "Here is comprehensive health care legislation," with no hearings, no cost estimates, no sense of really what we are doing, and then pass it. The U.S. Senate is not meant to do that, particularly on something which is as massive as something called comprehensive health care reform.

I respect what the two Senators are trying to do, but this is not the way to go. I hope our colleagues will vote no on the amendment.

Mr. SPECTER. Mr. President, how much time remains on my side?

The PRESIDING OFFICER. Eight minutes and thirty-four seconds remain.

Mr. SPECTER. Mr. President, had the distinguished Senator from West Virginia been elected President and asserted his attention toward health care reform, knowing him as I do, I would not have offered this amendment, if we had started at an early date and moved ahead in an expeditious manner.

When the distinguished Senator from West Virginia says it is being added to an unrelated bill, he knows full well that is the only way a Senator in my position can bring this matter to the floor. I am not the majority leader, who can bring health care to the floor. Last July 29, I offered a health care amendment to an unrelated bill. The distinguished majority leader said it did not belong. I agreed with him and said I would withdraw it if he would give me a date certain, and he did not do that.

The Senator from West Virginia talks about the absence of hearings. I do not know if he was aware of the fact of repeated evidence, which this Senator put into the Record, and efforts to get hearings from both the Finance Committee and the Committee on Labor and Human Resources.

When the distinguished Senator from West Virginia talks about a tabling motion and makes some reference to the Pennsylvania Senator indicating something yesterday, this Senator did not indicate anything about any style of vote. And if a Senator wishes to offer a tabling motion, that is the right of any Senator to do so.

How much time remains on my side, Mr. President?

The PRESIDING OFFICER. There are 7 minutes remaining.

Mr. SPECTER. Now much?

The PRESIDING OFFICER. Seven.

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

Mr. MOYNIHAN addressed the Chair.

The PRESIDING OFFICER. Who yields time?

Mr. MOYNIHAN. Mr. President, I believe the distinguished manager will yield me a minute.

Mr. ROCKEFELLER. Mr. President, I happen to know, although the Senator from Ohio is not on the floor, I happen to have overheard the conversation in which he was going to yield the Senator from New York 1 minute. Here is the Senator.

Mr. GLENN. Mr. President, what is the time remaining?

The PRESIDING OFFICER. The time remaining is 1 minute, 45 seconds.

Mr. GLENN. How much on the other side?

The PRESIDING OFFICER. Seven minutes.

Mr. GLENN. If there are any speakers on the other side, we would like to retain our last couple of minutes, if we could.

Mr. SPECTER. Is the Senator from Ohio asking us for 1 minute for Senator MOYNIHAN?

Mr. GLENN. No, I am not asking for anything. Senator MOYNIHAN can take our time.

Mr. SPECTER. If that is the request—

Mr. GLENN. I yield Senator MOYNIHAN the rest of our time.

The PRESIDING OFFICER. Senator MOYNIHAN is recognized for 1 minute.

Mr. MOYNIHAN. I thank my able and gallant colleague, the manager of the bill.

Mr. President, it is a welcome sight to see a Republican offer a health measure in this body. In 1971, President Nixon sent us a comprehensive health program of the order of play or pay, as it was called. It was turned down then in this body as not advanced enough, and that way we lost another generation. We did the same thing on welfare reform, and here we are a generation later trying to deal with them.

But not in this mode, Mr. President. This bill was referred to the Senate Committee on Finance. We have not had any hearings. We have not addressed the subject at all. We will do, and when we do, we will seriously consider the proposal of the Senator from Pennsylvania. In the meantime, what we have is a trivialization of a serious issue. There is no chance this will pass. The other side is embarrassed it has been introduced. I regret that it has proceeded in this manner. A point of order lies against it. The whole procedure is impossible, improbable, wrong, and ought to be resented. In any event, let it be defeated, Mr. President.

I thank you for your kind attention.

The PRESIDING OFFICER. Who yields time?

Mr. SPECTER. How much time remains, Mr. President?

The PRESIDING OFFICER. The Senator has 3 minutes 45 seconds remaining.

Mr. SPECTER. How much time would the distinguished Senator from Delaware like?

The PRESIDING OFFICER. The time has expired.

Mr. ROTH. One minute.

Mr. SPECTER. I yield 1 minute to the distinguished Senator from Delaware.

Mr. ROTH. Mr. President, at the expiration of the time of the debate on the amendment, I shall make a motion to table the amendment by the distinguished Senator from Pennsylvania. I do so with greatest reluctance because

I know he has worked very diligently for many, many months in developing his program. I recognize it will provide great aid when we have serious debate on this question of health care for the American people. But I do feel strongly that if it were to be adopted as part of this legislation, it would prevent the Cabinet status that I think is so important for the environmental agency. So at the appropriate moment, when time has expired, I will move to table.

I yield the floor.

Mr. SPECTER. Mr. President, how much time remains on both sides?

The PRESIDING OFFICER. There are 5 minutes, 30 seconds remaining for the Senator from Pennsylvania and no time remaining of the other side.

Mr. SPECTER. Mr. President, by way of a very brief summary, I urge my colleagues to resist a motion to table which will be made under the announcement of the distinguished Senator from Delaware, and I can understand his concern about impeding the bill that is coming out of his committee.

I ask my colleagues to vote "no" on the motion to table. Senator DOLS has advised this Senator that he will be voting "no" on the tabling motion. The distinguished Senator from Rhode Island (Mr. CHAFEE), the chairman of the Republican health care task force, who was on the floor yesterday, stated his intention to support this amendment, so I would expect him to be voting "no."

When the distinguished Senator from New York (Mr. MOYNIHAN) comments about consideration for this bill when the Finance Committee takes up the issue, that is his call. But this bill was introduced on January 21, and this Senator put into the RECORD a letter which I sent to Senator MOYNIHAN on January 22 asking for hearings on S. 18 and S. 19, and between January 23 and April 28, there has been an ample opportunity for those hearings to be held. Had those hearings been held, Mr. President, were we proceeding in a timely fashion with consideration of health care legislation, this Senator would not be pressing this amendment at this time.

This is not something that has come up on my agenda last week or last month or last year; it is something that this Senator has been working on, announced earlier, with legislation having been introduced all the way back to 1985.

I introduced health care legislation again in the 102d Congress, and a comprehensive bill having been introduced, S. 18, on the first day of this legislative session, and another bill, S. 631, which is a combination of legislation which had been introduced by Senator COHEN, Senator KASSEBAUM, Senator MCCAIN, and Senator BOND, and it is comprehensive.

If the motion to table is defeated, there will be ample opportunity for Senators to offer amendments to this legislation.

As I said yesterday, I do not say it is a perfect bill. I do not say that I support all aspects of the bill myself. It has been the product of a combination of bills. It is a critical mass which can provide the basis for legislation which is long overdue. What we ought to do is to follow the pattern established in the Clean Air Act in 1990 when the bill was brought to the floor and the Senate broke up into task forces, we worked on it, and we got a bill passed. I suggest that is the orderly way to proceed.

Mr. President, I know the hour approaches 12 noon, and I inquire as to how much time remains.

The PRESIDING OFFICER. There is 1 minute, 40 seconds remaining.

Mr. D'AMATO. Mr. President, I commend the Senator from Pennsylvania for his leadership on the health care issue.

The Senator from Pennsylvania has come to this floor on a number of occasions to offer legislation to reform our health care system. He has sought a date certain for consideration of comprehensive health care legislation, but for one reason or another his request has never been granted.

So I understand the sense of frustration that led my good friend to introduce his Comprehensive Access and Affordability Health Care Act of 1993 and to offer it as an amendment to the measure we are debating today.

The American people have made it clear that they are not happy with a health care system that costs over \$800 billion a year—more than 13 percent of our Nation's gross domestic product—yet fails to provide coverage for an estimated 36 million Americans.

They want, and deserve, meaningful reform to hold down the cost of health care and to guarantee coverage to those who don't have it.

Over the past several years, we have had pending before various committees of the House and the Senate countless bills to reform our health care system. I am told there were more than 1,400 such bills introduced in the last Congress alone. There are some 200 that have already been introduced in the 103d Congress.

In the last Congress, I joined 20 of my Republican colleagues in introducing the Health Equity and Access Improvement Act of 1991. Nothing in that bill was terribly controversial; it contained medical liability reforms and incentives for expanded preventive care to hold down costs, and tax credits to make health insurance affordable. This bill never made it out of the Finance Committee.

Mr. President, I want to know, what are we waiting for? Clearly, the decision has been made that nothing will be done until the President's task force submits its final proposal in May or June.

Yet, as the amendment by the Senator from Pennsylvania makes clear, there are significant measures pending in this body that we could be debating. But instead we wait. And as we wait,

we begin to hear—as we have in recent statements by House Majority Leader GEPHARDT, and Ways and Means Committee Chairman ROSTENKOWSKI—that it is unlikely that we will get a health reform bill enacted this year.

Again I say, "what are we waiting for?"

We have models of health care reform around the country that are working today, and I would cite Rochester, NY, as an example. According to a recent Harris poll, Rochester leads the Nation in health care access and satisfaction—while succeeding in holding costs to a fraction of what they are elsewhere in the Nation. This poll found:

More than 84 percent of Rochester residents are satisfied with their health care—compared to 71 percent nationally.

Median out of pocket costs of Rochester area residents are only \$102 annually—65 percent lower than the national median of \$290.

Let me also share with you some of the findings of the House Committee on Government Operations as it relates to the Rochester health care system:

Health insurance premiums in Rochester average \$2,400 per employee, or about one-third less than the national average.

Of the Rochester area's 1.1 million residents, only 7 to 9 percent are uninsured, compared to 12 percent in New York, and 15 percent nationally.

On average, the Rochester area's hospitals are 84 percent occupied—compared with a national average of only 66.8 percent in 1990.

Rochester's per capita hospital expenditures in 1989 were 41 percent less than the State average, and 9 percent less than the national average.

The amendment by the Senator from Pennsylvania seeks to foster in every State the kind of innovation in health care delivery that we have seen work so effectively in Rochester.

And that, I think, is the point of the amendment by the Senator from Pennsylvania:

We have models of health reform that work today, and we have any number of worthwhile bills pending in the committees of the House and the Senate that would put these innovative ideas to work to extend benefits and hold down costs to all Americans.

But all of our hand ringing and talk over the issue of health reform doesn't amount to a hill of beans unless we put a bill before the Senate, debate it, and get it enacted into law.

I support the Senator from Pennsylvania's efforts to get a bill on the floor for debate. I do not support every provision in my colleague's amendment. I disagree with the inclusion of the financing provisions he has chosen to put in the bill, and I have expressed my views on these provisions to my colleague.

But I am of the belief, Mr. President, that if we postpone the debate on health reform until we have a plan before us that is 100 percent agreeable to

each and every Senator, then we will never move forward on this important issue.

Mr. President, I believe the time has come to roll up our sleeves and begin the hard work of crafting a health care plan that will meet the needs of America.

Mr. HATCH. Mr. President, our colleague from Pennsylvania, Senator SPECTER, has his finger on the pulse of America. There is nothing more important on our agenda this session than the issue of health care reform.

Senator SPECTER has a very comprehensive plan, as do I and a number of other Senators. While I do not agree with every element of his approach, our plans share a common goal: Providing access to quality and affordable health care for all Americans, whether they are in Utah, Pennsylvania, or any other State.

Let me just note that Senator SPECTER's plan contains a number of features, which, in my estimation, are essential. These include medical liability reform, antitrust reform, and an increased emphasis on preventive health care. These are very important.

It is also important that we show our commitment to acting on health care reform, and maintaining its priority status. For this reason, I must oppose a motion to table.

Mr. SASSER. Mr. President, I would like to commend my friend from Pennsylvania on his effort to bring significant health care reform legislation before the Senate for consideration. I share his view about the gravity of the health care crisis and the urgent need to address this problem through the passage of comprehensive health care reform legislation.

I believe the amendment he brings before the Senate today is well-considered, and serves to move this body forward toward the goal of passing a reform measure in the 103d Congress. However, I regret to say that I will find it necessary to vote to table the amendment offered by Senator SPECTER. I will do so for several reasons.

First, I am certain the majority of this body would agree that many of the measure's provisions are meritorious. However, I believe that a most important aspect of the health care problem—that of skyrocketing health care costs—is not adequately addressed in the Senator's amendment. If we are to ever provide adequate and affordable insurance coverage to the uninsured and underinsured in this country; if we are ever to provide American families assurance that their insurance premiums and out-of-pocket medical expenses will not continue to rise at several times the inflation rate, we simply must make some difficult choices on ways to control health care costs. Health care reform legislation must include substantive, enforceable cost containment measures. And in my view, Mr. President, the amendment before us simply does not go far enough in this area.

My second concern relates to the fact that the President of the United States—who was elected with a clear mandate to provide badly needed leadership on health care reform—is within days of finalizing his health care reform proposal—the plan he and the First Lady have spent so much time and energy developing over the past few months. In fact, it is my understanding that the proposed plan is to be presented to the public on May 17—less than 3 weeks from today.

I might submit that the Senator from Pennsylvania would serve the effort to move on health care reform if he were to wait 19 days, examine the President's plan, compare it to his own proposal, and then work constructively with the President of the United States and with his colleagues on both sides of the aisle to fashion an effective and workable health care reform plan.

Finally, Mr. President, I am concerned that the amendment offered by the senior Senator from Pennsylvania—should it win approval—may delay the passage of the important bill under consideration today. As I mentioned here yesterday, I am an original cosponsor of S. 171, the Department of the Environment Act of 1993.

Each day, the American people are expressing more and more concern about the condition of their environment. The President, the Vice President, the Secretary of the Interior, the Director of the Environmental Protection Agency—all have made it clear that they understand that concern, and are ready to work with the Congress to address long-neglected environmental problems. The establishment of the Department of the Environment represents a clear step—a both symbolic and substantive move forward—toward establishing environmental protection and conservation as priority goals of this country and its Government.

So Mr. President, I shall vote to table the amendment offered by my distinguished colleague, Senator SPECTER. But I stand ready to work with him on the pressing issue of health care reform—with the goal of passing a comprehensive measure in the coming months.

Mr. MCCONNELL. Mr. President, with some 700,000 Kentuckians who are uninsured or underinsured, I fully understand the importance of swiftly enacting national health care reform. I recently traveled throughout my State to discuss this issue with medical professionals, hospital administrators, business leaders, and concerned citizens. Everyone agrees that reform of our health care system must be among our Nation's top priorities.

While I do not support all the provisions contained in this amendment, I intend to vote for the measure offered by the Senator from Pennsylvania because I feel it sends a clear message to the American public that there is no time better than the present for reform. I commend my colleague for his

tireless efforts in pressing for action on this issue.

In the next few weeks, I anticipate that the administration will unveil its reform proposal. I look forward to the continued debate on this issue, and I will work hard to ensure that any comprehensive package this body may consider is beneficial to Kentucky's specific health care needs.

Mr. GORTON. Mr. President, as part of his successful Presidential campaign, President Clinton made it clear to all Americans that health care reform would be a top priority for his administration. A clear illustration of his commitment to that promise was his appointment of his wife, Hillary Rodham Clinton, to chair the task force of national health care reform. For the past several months she and members of the task force have labored to produce a comprehensive proposal to Congress by the middle of next month. Only the tragic death of her father caused an understandable postponement of the anticipated deadline. She and the President are to be commended for the serious effort made thus far to find a solution to the rising health care costs and declining access to affordable care.

I share their desire to find a meaningful and lasting solution to our Nation's health care problems. For that reason, I have been meeting for the last 2 years with other members of the Republican health care task force to discuss alternative proposals to improve our health care system. These lengthy meetings have proceeded under the chairmanship of Senator CHAFFEE and have informed and inspired Members to resolve some of the complex issues ahead of us.

At some point in the near future, Mrs. Clinton's task force, the Senate Republican health care task force, and several other organizations will offer to Congress their view of change. At that time, the Nation will begin a debate of enormous magnitude.

It is this Senator's belief, that the debate should begin with the proposal from Mrs. Clinton. After all, she and the Clinton administration have made it clear that their health care reform proposal will be the center of their domestic policy. Their level of commitment deserves this Chamber's patience to wait for the task force's final product.

Having said all that, I would like to offer Mrs. Clinton some friendly advice: We are here to help solve this problem. Frankly, many of us who have been working on health reform for the last 2 years have been disappointed with the lack of inclusion in the administration's deliberations of anyone from this side of the aisle. With the exception of one 1-hour briefing by Mrs. Clinton to 35 Republican Senators, this Senator and most others have not been invited to discuss health care reform with the administration. Nor have my letters concerning health care reform to Mrs. Clinton been answered. More-

over, I was disappointed to discover upon publication of the list of task force members that of the 500 or so individuals determining the administration's health care reform proposal, nearly a third are staff members of Democratic House or Senate members, and most of the rest are Government employees. Despite comments in the press to the effect that this will be a bipartisan effort, there is obviously reason to doubt.

That, I believe is a serious mistake. If the plan does indeed include employer mandates, global budgets, price controls, and increased taxes, bipartisan support will be difficult to find.

And yet, by voting against Senator SPECTER's amendment, this Senator has shown his willingness to give the President the benefit of the doubt. I still welcome the opportunity to discuss health care reform with the administration and urge Mrs. Clinton to consult with us not just for form, but with a view toward accommodating our ideas. While parts of the Spector proposal are attractive, I believe we must wait to discuss it after we have given the First Lady's proposal the serious consideration which it deserves.

This is neither the time nor the place for passing comprehensive health care reform. Rather than amending legislation that will create a Department of the Environment, health care reform should be debated and passed on its own and after serious consideration. That consideration must begin with the Clinton proposal. Anything less would be a disservice to the commitment and initiative of the administration to resolve our health care problems.

Mr. SPECTER. Mr. President, I am prepared to yield to the Senator from Delaware for his tabling motion.

Mr. ROTH. Mr. President, I move to table the amendment.

Mr. SPECTER. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. The hour of 12 noon has arrived. Under the previous order, the question is on agreeing to the problem to table the Spector amendment No. 325. The yeas and nays have been ordered. The clerk will call the roll.

The legislative clerk called the roll.

Mr. FORD. I announce that the Senator from New Jersey [Mr. BRADLEY] and the Senator from Texas [Mr. KRUEGER] are necessarily absent.

The PRESIDING OFFICER. (Mr. AKAKA). Are there any other Senators in the Chamber who desire to vote?

The result was announced—yeas 85, nays 33, as follows:

(Rollcall Vote No. 107 Leg.)

YEAS—85

Akaka	Bingaman	Boxer
Baucus	Bond	Breaux
Biden	Boren	Bryan

Bumpers	Graham	Mitchell
Burns	Harkin	Mooney-Braun
Ryrd	Heflin	Moynihan
Campbell	Hollings	Murray
Cochran	Inoué	Nunn
Conrad	Johnston	Pell
Coverdell	Kennedy	Pryor
Daschle	Kerrey	Reid
DeConcini	Kerry	Riegle
Dodd	Kohl	Robb
Domenici	Lautenberg	Rockefeller
Dorgan	Leahy	Roth
Durenberger	Levin	Sarbanes
Eaton	Lieberman	Sasser
Feingold	Lott	Shelby
Feinstein	Mack	Simon
Ford	Mathews	Wellstone
Glenn	Metzenbaum	Wofford
Gorton	Mikulski	

NAYS—33

Bennett	Grassley	Murkowski
Brown	Gregg	Nickles
Chafee	Hatch	Packwood
Coats	Hatfield	Presler
Cohen	Helms	Stimpson
Craig	Jeffords	Smith
D'Amato	Kassebaum	Spector
Danforth	Kempthorne	Stevens
Dole	Lugar	Thurmond
Faircloth	McCain	Wallop
Gramm	McConnell	Warner

NOT VOTING—2

Bradley	Krueger
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So the motion to table the amendment (No. 325) was agreed to.

Mr. ROCKEFELLER. Mr. President, I move to reconsider the vote and move to lay that motion on the table.

The motion to lay on the table was agreed to.

HEALTH CARE REFORM

Mr. DOLE. Mr. President, today the Senate voted to table the amendment on health care reform cosponsored by several of my colleagues on this side of the aisle.

Although I have concerns about the contents of the amendment offered, particularly in its cost and its lack of financing, it is this Senator's strong belief that health care is a topic we should be discussing at length. We hear all the time about the enormous complexity of the issue and how complicated it is to solve what many have called a crisis in this country.

Mr. President, no doubt, the amendment offered was not a perfect one. In fact, the original cosponsors freely admitted this. However, we are sure to perpetuate the problems if this body is unwilling to enter into serious discussions about viable reform alternatives. Given the complexity of the issue, I do not believe that health care reform will be resolved by pushing it aside because we are not ready to talk about it yet.

Given the nature and many intricacies of this issue, the administration and Congress must work together on reforming our Nation's health care system. As demonstrated by my colleagues on this side of the aisle, Republicans are ready to roll up our sleeves and face the difficult decisions that must be made.

Republicans welcome substantive discussions on health care. We continue to be fully committed to reforming our health care delivery system and will remain committed, Mr. President, until health care costs are con-

tained and all Americans have access to the system.

The PRESIDING OFFICER. Under the previous order, the Senate will be considering a series of amendments. There will be 1 hour of debate, equally divided.

The Chair recognizes the Senator from Arizona [Mr. MCCAIN].

AMENDMENT NO. 327

(Purpose: To provide that one of the Assistant Secretaries of the Department of the Environment shall be an Assistant Secretary for Indian Lands)

Mr. MCCAIN. Mr. President, I have an amendment at the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Arizona [Mr. MCCAIN] proposes an amendment numbered 327.

Mr. MCCAIN. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

Section 104(b) of the Committee Amendment in the Nature of a Substitute is amended by adding at the end thereof the following new paragraph:

(3) One of the Assistant Secretaries referred to under paragraph (1) shall be an Assistant Secretary for Indian Lands and shall be responsible for policies relating to the environment of Indian lands and affecting Native Americans.

Mr. MCCAIN. Mr. President, this amendment is rather simple and straightforward. It would authorize the appointment of an Assistant Secretary for Indian Land in the new Department of the Environment. It is my understanding that this will not increase the cost nor will it, in my view, significantly increase the bureaucracy of the new Department.

The bill before us authorizes up to 12 Assistant Secretaries at the new Department of the Environment. I believe it is reasonable and appropriate to designate 1 of these 12 to implement Federal environmental policies for Indian lands and native peoples.

Before I get into my prepared statement, I just want to tell my friends here, if they want to vote this amendment down, that's fine. But we will have a vote. The fact is, if they want to again ignore the needs and the problems of our Nation's least privileged Americans—and that is our first Americans—that is fine with me. But I intend to get the Senate on record as to how they feel about native Americans.

The fact is, Mr. President, that native Americans today have two ways to improve their economy. One is through Indian gaming which is the subject of enormous controversy. The other is through landfills, basically desecrating what they hold most sacred, and that is their land. The RECORD will show, and I will include in the RECORD documentation that native Americans have been taken advantage of time after time on environmental issues. They