

there would not be any additional votes today. We do not have that agreement yet. As soon as we do, I will notify my colleagues. Senator CHAFEE has been working with Senator ROCKEFELLER and others. Hopefully, we will be able to advise our colleagues in 10, 20 minutes.

I yield to the Senator from Rhode Island.

Mr. CHAFEE. The majority leader is exactly right. We are working now with staffs trying to see if we cannot come to an agreement on the problems raised by the Senator from West Virginia, Senator ROCKEFELLER. Everything seems to take longer than anybody thinks around here. So I would say in the next half-hour, I hope, we can have some information on whether indeed there would be the necessity for a vote.

Mr. DOLE. I think everything else that we can take up has been taken up. There is only one nomination on the calendar. There is no other legislation that we can take up at this time.

Tomorrow we will start on the budget. I understand the Democrats will have a caucus at 10:30 in the morning and, hopefully, they will allow us to start on the budget at noon tomorrow. Otherwise, we would have to wait until tomorrow evening to start on the budget. There are 50 hours of debate. Of course, it is more than just 50 hours.

We did indicate to and promise the President that we would try to complete the antiterrorist legislation before Memorial Day. So we would have to finish the budget by next Wednesday night. I think we will need probably a couple of days on the antiterrorism legislation and then there would be the Memorial Day recess, which could be the last recess of the year, but I hope not.

Unless we can work out some accommodation on some of these major bills, the Senate will have no alternative but to stay here for a considerable period of time during what might have been the August recess. If we can start on the budget tomorrow—the House should pass their budget tomorrow. We will start on ours tomorrow and have votes on tomorrow and on Friday and on Monday. If I were Members, I would be back on Monday; if there is ever a Monday on which there will be votes, it will be this Monday on the budget, and on Tuesday and, hopefully, we can complete action on Wednesday. The final legislation would be the antiterrorism legislation.

So I suggest that we complete action on this bill, and if we can do it without votes, we will do it. If not, Members should not leave until they have some final notice.

Mr. WELLSTONE. Mr. President, I want the majority leader to know—and I will share this amendment—I have one amendment which I think may be noncontroversial. I can limit it to 10 minutes. I would like to at least show it to colleagues on the other side of the aisle. It is on the Medicare Select.

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.

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

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

A VETO OF THE RESCISSION BILL

Mr. DOLE. Mr. President, I was just reading a wire story here. I find it hard to believe that the House and Senate have just completed action on a rescission bill which would save about \$16.4 billion—actually savings around \$9 billion, because of the \$16.4 billion there is additional money for disaster assistance in Oklahoma City and other programs. I am a little bit bewildered because the President indicates if we send this bill to him—it will be back from the House this week and we will take it up next week—that he will veto it. I am puzzled because the President has said we ought to reduce spending. So we finally get a little reduction in spending and at his first opportunity, he says: No, no; I am not going to sign it. I am going to veto it. And at the very time he is suggesting that he is not going to do anything on the budget, not going to offer any budget of his own. We will have a vote on the President's budget. He is just going to be a spectator and not participate in trying to reduce the deficit.

So it seems to me the President had a golden opportunity here to exercise some leadership and demonstrate to the American people that he wants to reduce Federal spending, but he struck out. He does not want to reduce Federal spending.

So what does he do? He tries to blame Republicans. We have cut too many programs or we have done this or done that. It seems to me the President ought to carefully review what he said today and indicate to the Congress that he will sign this rescission package. It is not easy to save money around here. The taxpayers wonder why we do not do more and this is a good example. We have been working on this rescission bill for weeks and weeks and months, in many cases in a bipartisan way, and before it even goes to the President he says he is going to veto it.

So I think he has missed a golden opportunity and I know he will try to figure out some way to blame Republicans. But we cut programs that were not high priority and in addition we added spending for the disaster in Oklahoma City and other programs the President had requested.

So, Mr. President, if you have an opportunity to look at it one more time, I suggest maybe you might want to reverse your position. Because if you are not willing to even save \$9 billion in Federal spending, we are talking about

many, many, many, many times that much in the budget resolution we are going to start debating here tomorrow.

If this is any indication of the leadership in the White House, it is probably a forgone conclusion that the President will veto anything we send him on the budget process.

So I would hope that this is not an indication of the trend. I think they have blown a very good opportunity here to demonstrate to the American people that if they are serious about cutting spending, serious about reining in the Government, serious about cutting back on some of the Federal Government which the American people are tired of paying for, but unfortunately it appears the President of the United States does not want to cut anything—“Don't touch anything, don't do this, or don't do that”—he will sit on the sidelines and he will watch the Republicans as we try to bring the budget into balance between now and the year 2002.

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

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

EXTENDED USE OF MEDICARE SELECTED POLICIES

Mr. CHAFEE. Mr. President, I ask unanimous consent that the Senate now turn to the consideration of Calendar Order No. 92, H.R. 483, regarding Medicare Select, and it be considered under the following time agreement: 10 minutes on the bill, to be equally divided between the chairman and ranking minority member of the Finance Committee; that one amendment be in order to be offered by Senators PACKWOOD, CHAFEE, ROCKEFELLER, and KENNEDY, on which there will be 10 minutes for debate equally divided in the usual form; and that following the conclusion of time, that the amendment—namely, the Packwood-Chafee-Rockefeller-Kennedy amendment—be agreed to; and that the bill be read a third time and passed and that the motions to reconsider be laid upon the table all without any intervening action or debate.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

ORDER OF PROCEDURE

Mr. CHAFEE. Mr. President, since this has been agreed to, I am authorized to say there will be no further roll-call votes today.

The PRESIDING OFFICER. The clerk will report the bill.

The legislative clerk read as follows:
A bill (H.R. 483) to amend title XVIII of the Social Security Act to permit Medicare Select policies to be offered in all States, and for other purposes.

The Senate proceeded to consider the bill.

Mr. CHAFEE. Mr. President, I ask unanimous consent that Senator DOLE be added as a cosponsor of the amendment.

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

The PRESIDING OFFICER. Who yields time?

Mr. CHAFEE. Mr. President, the Committee on Finance is hereby giving a commitment to the distinguished Senator from West Virginia, Senator ROCKEFELLER, that there will be a hearing on Medicare Select once the Department of Health and Human Services submits its report on this program.

What we are doing is extending Medicare Select to all 50 States for 18 months. This will continue unless the Secretary of Health and Human Services determines one of the following: That beneficiaries do not save dollars compared to other MediGap policies or that there are additional expenditures under Medicare or that access to quality care is diminished.

Mr. President, there will be a GAO study on whether or not beneficiaries have a problem getting coverage under another MediGap policy if they wish to change policies and recommendations if there are problems.

Mr. President, that is the arrangement here.

Mr. ROCKEFELLER addressed the Chair.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. ROCKEFELLER. Is the Senator from Rhode Island finished?

Mr. CHAFEE. I am.

Mr. ROCKEFELLER. Mr. President, I want to thank the Senator from Rhode Island and to say that I agree with what he said and concur in the amendment and do gladly accept it, as it were, and consider it good.

What this will do, I think, is what was wanted on both sides of the aisle, which is ideally what we strive for around here and rarely achieve. I had been reluctant to see the 14 States expanded to 50; the other side of the aisle wanted to see the 50. I did not have strong feelings about the 50 until I understood more about what the study, which is going on now, will show. I also wanted to make sure that if people leave Medicare Select and want to go to another MediGap Program, that they are not precluded from being able to join another program because of pre-existing conditions, which, of course, most older people have.

It seems to me this is a good compromise. This would allow all 50 States to go into this, if they chose to do so. There would be a period of about a year and a half that that would take place. Some people will say the insurance industry does not want to do that because a year and a half is not enough time. There are 450,000 people in this program now, so it must be sufficiently interesting to the insurance companies.

I am pleased that there will be hearings on this. That was a part of my original understanding with Senator DOLE. Senator DOLE, who is chairman of the Medicare Subcommittee that I am ranking member on, so to speak, he and I have agreed we will work out, along with others who want to be involved—modifications to Medicare Select if the study and the experience show that that should take place. I think that is entirely proper and fair.

The GAO study itself, I think, is important because it would analyze the problems that seniors are having in switching MediGap policies. When we talk about MediGap policies, not everybody necessarily tunes in on that, but that is incredibly important. Most seniors have MediGap policies to make up for deficiencies in Medicare. These policies are very important to seniors, and that is why all of this be done properly.

So, from my point of view, the compromise is a good one. It was carried out in honorable and good fashion between the Senator from Rhode Island, Senator CHAFEE, Senator PACKWOOD, and, obviously, the majority leader and myself, and Senator KENNEDY. I think it is a good compromise. I yield back the remainder of my time.

Mr. CHAFEE. I know the distinguished Senator from Texas wants to speak briefly on this, and if she needs a few minutes of extra time, I presume the Senator from West Virginia will be agreeable to that.

AMENDMENT NO. 1108

(Purpose: To extend the period for offering Medicare Select policies for 2 years)

Mr. CHAFEE. Mr. President, I send now to the desk an amendment in the nature of a substitute, which is sponsored by Senators PACKWOOD, CHAFEE, DOLE—does Senator HUTCHISON wish to be listed likewise?

Mrs. HUTCHISON. Thank you.

Mr. CHAFEE. Senator HUTCHISON, Senator ROCKEFELLER, and Senator KENNEDY, and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Rhode Island [Mr. CHAFEE], for Mr. PACKWOOD, for himself, Mr. CHAFEE, Mr. DOLE, Mrs. HUTCHISON, Mr. ROCKEFELLER, Mr. KENNEDY, and Mr. GORTON, proposes an amendment numbered 1108.

Mr. CHAFEE. 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:

Strike all after the enacting clause and insert the following:

SECTION 1. PERMITTING MEDICARE SELECT POLICIES TO BE OFFERED IN ALL STATES FOR AN EXTENDED PERIOD.

Section 4358(c) of the Omnibus Budget Reconciliation Act of 1990, as amended by section 172(a) of the Social Security Act Amendments of 1994, is amended to read as follows: "(c) EFFECTIVE DATE.—(1) The amendments made by this section shall only apply—

(A) in 15 States (as determined by the Secretary of Health and Human Services) and

such other States as elect such amendments to apply to them, and

"(B) subject to paragraph (2), during the 5 year period beginning with 1992.

"(2)(A) The Secretary of Health and Human Services shall conduct a study that compares the health care costs, quality of care, and access to services under medicare select policies with that under other medicare supplemental policies. The study shall be based on surveys of appropriate age-adjusted sample populations. The study shall be completed by June 30, 1996.

"(B) The Secretary shall determine during 1996 whether the amendments made by this section shall remain in effect beyond the 5 year period described in paragraph (1)(B). Such amendments shall remain in effect beyond such period unless the Secretary determines (based on the results of the study under subparagraph (A)) that—

"(i) such amendments have not resulted in savings of premiums costs to those enrolled in medicare select policies (in comparison to their enrollment in medicare supplemental policies that are not medicare select policies and that provide comparable coverage),

"(ii) there have been significant additional expenditures under the medicare program as a result of such amendments, or

"(iii) access to and quality of care has been significantly diminished as a result of such amendments.

(3) GAO study:

The GAO shall study and report to Congress, no later than June 10, 1996, on options for modifying the MediGap market to make sure that continuously insured beneficiaries are able to switch plans without medical underwriting or new pre-existing condition exclusions. In preparing such options, the GAO shall determine if there are problems under the current system and the impact of each option on the cost and availability of insurance, with particular reference to the special problems that may arise for enrollees in Medicare Select plans."

Mr. CHAFEE. Mr. President, just in summary then, what we have done is, First, we have promised that in the Finance Committee we will have a hearing on Medicare Select once the HHS report comes in; second, this legislation extends Medicare Select to all 50 States, the 15 that have it now plus any others that want to come in over the next 18 months, and that it will continue indefinitely, beyond the 18 months unless the Secretary of HHS determines that the beneficiaries do not save money compared to other MediGap policies or there are additional expenditures by the Government under Medicare, or access to or quality of care is diminished. Finally, there will be a GAO study on whether or not the beneficiaries have a problem getting coverage under another MediGap policy, if they wish to change policies. Furthermore, the GAO would make recommendations if there are problems.

So, Mr. President, I yield the floor.

Mrs. HUTCHISON addressed the Chair.

The PRESIDING OFFICER. Who yields time?

Mr. CHAFEE. I yield whatever time I have.

The PRESIDING OFFICER. The Senator from Texas is recognized.

Mrs. HUTCHISON. Mr. President, I do want to be a cosponsor of this substitute because I think this is one of

the important positive things that we can do for health care reform. This was brought to my attention by Congresswoman JOHNSON last year when we were afraid that this option for our seniors in the 15 States using it might be lost in the shuffle, and I called Senator CHAFEE and we worked to try to make sure that this was extended. I am very pleased that Senators ROCKEFELLER and CHAFEE have now come to an accommodation to not only extend it for the 50 States but to allow all people in all 50 States on Medicare to have the option of selecting Medicare Select.

Medicare Select is health reform that works. Since I have been in the Senate, we have spent more time discussing the problems in our health care system than about the models of achievement in the industry. What about the reform that has accomplished savings in health care? Medicare Select is a program we should encourage and promote, not to let die.

Medicare Select gives seniors an option to save money. In Texas, more than 8,000 seniors are enrolled in Medicare Select plans and save an average of 15 to 20 percent of the cost of Medicare supplemental plans. This is a significant savings for those on a fixed income. Nationwide, 400,000 people participate in this program in 15 States. If we allowed this program to expire at the end of this year, seniors would be hit with higher premiums.

Medicare Select policies are highly rated by Consumer Reports magazine. In its August 1994 issue, Consumer Reports included 8 Medicare Select policies in the top 15 best value MediGap products nationwide. In fact, almost every health care reform bill introduced in this body last year contained a permanent extension of this program to 50 States.

The need to extend Medicare Select Program is critical. If this program were allowed to expire, premiums could substantially increase for the current Medicare Select enrollees and, more importantly, would limit options for new Medicare beneficiaries. With the recent report by the trustees of the Medicare trust fund telling us of the dire straits of the Medicare Program, it would be unthinkable to start eliminating cost-effective options for providing care to the Medicare beneficiaries.

I appreciate Senator CHAFEE's and Senator ROCKEFELLER's leadership on this. I think they are taking exactly the right approach. I am glad to be a cosponsor of this substitute. When we talk about improving health care, here is one of the key ways we can do it so that we can provide options for all 50 States for our seniors to have the ability to add to their standard Medicare plan options that they would want at an affordable price.

I hope we will adopt this quickly. I hope that the other seniors in the States not now covered will look into this option, because this is the way we

can do what this Congress has been trying to do for 2 years, and that is to provide more cost-effective health care availability for our senior citizens. Thank you, Senators CHAFEE and ROCKEFELLER.

I yield the floor.

Mr. CHAFEE. Mr. President, I thank the distinguished Senator from Texas for her kind comments. She has been a loyal supporter and active worker in connection with this Medicare Select effort. I congratulate her for what she has done.

Mrs. FEINSTEIN. Mr. President, I rise in support of Senate passage of the Medicare Select bill, H.R. 483, which as passed by the House would extend the current demonstration program beyond its June 30, 1995 cutoff date and expand it from 15 States to the entire Nation.

While it has thus far been just a small 3-year demonstration program, the Medicare Select Program has been a tremendous success in the 15 States where it is offered, especially in California.

Medicare Select provides supplementary insurance—for copayments, deductibles, and other out-of-pocket costs—for 100,000 California Medicare recipients (roughly 440,000 nationally).

Seniors enroll in the low-cost Medicare Select Program in exchange for participation in a loose-knit managed care plan.

This network of providers are used to cut premium costs by 10-37 percent over fee for service medigap products, which translates into savings on medigap premiums of up to \$25 per month, or \$300 per year.

In California, more than 2,200 new enrollees are being added per month, because the Medicare Select Program can provide low-cost, high-quality health benefits, while still retaining a high degree of choice over their physician.

There is no additional cost to the Federal Government.

However, under current law, no new Medicare recipients will be able to enroll in the program after July 1, 1995, when the demonstration program that was authorized in 1990 and extended for 6 months last year will end.

To make sure that select is continued in California, I joined Senator CHAFEE and others in introducing Medicare Select legislation earlier this year, and am pleased that the House was easily able to pass legislation that would extend the program for 5 years and expand it to all 50 States, with a bipartisan vote of 408 to 18.

This Medicare Select legislation should not be confused or dragged down with other, more contentious health care insurance reform issues. Certainly, there are problems with the current medigap insurance program that must be addressed. However, this is a simple, straightforward bill that should not be used for those purposes.

The Medicare Select Program is entirely voluntary, and should not be confused with programs and proposals that would require seniors to join

HMO's to get their Medicare. No seniors are being forced or fooled into joining, Medicare Select seniors can still receive service outside their plans, and no insurers are being forced to sell this type of product.

In fact, Consumer Reports has listed Medicare Select products as among its highest rated values, and extension of the Medicare Select Program has been endorsed by the California Commissioner of Insurance as well as the National Association of Insurance Commissioners.

Certainly, managed Medicare programs like Medicare Select must be implemented carefully, in order to ensure that Medicare enrollees are appropriately informed of the benefits of this program, provided with high-quality services, and ensured access to highly trained physicians.

However, the matter at hand is straightforward, and the most important thing is that Medicare Select be extended. Therefore, I urge my colleagues to support the Medicare Select legislation.

Mr. KOHL. Mr. President, I rise in strong support of the Medicare Select Program. The bill we are considering extends Medicare Select for 5 years and allows all States to participate. Fifteen States are currently allowed to take part in this program which provides older Americans with a managed care alternative to supplement their Medicare benefits.

We have a strong managed care tradition in Wisconsin. Many seniors had managed care options during their employment and wish to maintain that choice of care as they retire. Medicare Select provides that opportunity and is very popular in my State.

Mr. President, if we do not act on this legislation, Medicare Select will terminate on June 30. Over 26,000 Medicare recipients in Wisconsin will face increased premiums and limited choices. 450,000 older Americans in the 15 States will be hit with higher costs if the program is not extended.

At a time when the majority party is pursuing a budget proposal that cuts Medicare by \$256 billion—which would greatly increase out-of-pocket costs for older American's and ration care—we should not kill a program that currently saves money for older Americans and expands their options.

Detractors from this bill suggest that before we act, we should wait until a study being conducted for the Department of Health and Human Services is completed later this summer. Or will it be completed in December? No one seems to know when it will be ready. The fact is, Mr. President, the study was due this past January. What's the holdup?

There is one date that I am certain of—June 30, 1995—the date when Medicare Select will terminate.

I am eager to see the results of the study I just mentioned. I believe it will have important ramifications on the future of managed care and Medicare.

But we must not hold Medicare Select beneficiaries hostage until a date uncertain.

During debate today, concerns have been raised about premium rating based on age and one-time open enrollment periods under medigap policies. I agree that these concerns should be addressed. However, these issues relate to all MediGap policies, not just Medicare Select. We should not single out those who benefit from Medicare Select in order to iron out differences in overall MediGap policy. We can and should review these issues under Medicare reform and broader health care reform legislation.

Medicare Select works for older people in Wisconsin. It saves beneficiaries from 20 to 30 percent in premium costs than under traditional medigap policies.

Medicare Select plans are subject to the same regulations as other medigap policies which are regulated by the States. Select plans must offer sufficient access, have an ongoing quality assurance program, and provide full disclosure of network requirements.

The program saves money for Medicare recipients, does not cost the Federal Government, and perhaps most importantly, provides many beneficiaries and providers their first exposure to managed care.

Mr. President, time is running out. I urge my colleagues to support and extend Medicare Select.

Mr. CHAFEE. Mr. President, I thank Senator ROCKEFELLER, the Senator from West Virginia, for all of his help. I am glad we were able to work this out. It looked a little sticky at first, but we have done it. I look forward to working with him on the Finance Committee as we have the hearings next fall or whenever the report comes in from HHS.

Mr. ROCKEFELLER. I yielded the remainder of my time, so if the Senator will yield.

Mr. CHAFEE. I yield. The Senator may take as much of my time as he wants.

Mr. ROCKEFELLER. There are two points I want to make that I think are very important to those who might be listening and who might be confused at this point. One is that we went from a 5-year extension to a year-and-a-half extension. Then, as the Senator from Rhode Island pointed out, the year-and-a-half extension would then become automatic unless the Secretary of HHS had objections or found problems or whatever. That means that basically—I do not want this to be taken the wrong way—Donna Shalala who is watching this closely—I do not think destructively but constructively—18 months would pass and she would still be there. So that for some of the colleagues who might be worried that this is an automatic extension, it is not, except as the merit allows that. I think that is a matter of great comfort to me, and it is another reason why I appreciate the Senator from Rhode Island. I thank him.

Mr. CHAFEE. Mr. President, I yield back the remainder of my time.

The PRESIDING OFFICER. If there be no further amendment to be proposed, the question is on agreeing to the committee amendment in the nature of a substitute.

The committee amendment was agreed to.

The PRESIDING OFFICER. The question is on the engrossment of the committee amendment and third reading of the bill.

The amendment was ordered to be engrossed, and the bill to be read a third time.

The bill was read a third time.

The PRESIDING OFFICER. The bill having been read the third time, the question is, Shall the bill pass?

So the bill (H.R. 483), as amended, was passed.

H.R. 483

Resolved, That the bill from the House of Representatives (H.R. 483) entitled "An Act to amend title XVIII of the Social Security Act to permit medicare select policies to be offered in all States, and for other purposes", do pass with the following amendment:

Strike out all after the enacting clause and insert:

SECTION 1. PERMITTING MEDICARE SELECT POLICIES TO BE OFFERED IN ALL STATES FOR AN EXTENDED PERIOD.

Section 4358(c) of the Omnibus Budget Reconciliation Act of 1990, as amended by section 172(a) of the Social Security Act Amendments of 1994, is amended to read as follows:

“(c) EFFECTIVE DATE.—(1) The amendments made by this section shall only apply—

“(A) in 15 States (as determined by the Secretary of Health and Human Services) and such other States as elect such amendments to apply to them, and

“(B) subject to paragraph (2), during the 5 year period beginning with 1992.

“(2)(A) The Secretary of Health and Human Services shall conduct a study that compares the health care costs, quality of care, and access to services under medicare select policies with that under other medicare supplemental policies. The study shall be based on surveys of appropriate age adjusted sample populations. The study shall be completed by June 30, 1996.

“(B) The Secretary shall determine during 1996 whether the amendments made by this section shall remain in effect beyond the 5 year period described in paragraph (1)(B). Such amendments shall remain in effect beyond such period unless the Secretary determines (based on the results of the study under subparagraph (A)) that—

“(i) such amendments have not resulted in savings of premiums costs to those enrolled in medicare select policies (in comparison to their enrollment in medicare supplemental policies that are not medicare select policies and that provide comparable coverage),

“(ii) there have been significant additional expenditures under the medicare program as a result of such amendments, or

“(iii) access to and quality of care has been significantly diminished as a result of such amendments.

“(3) The GAO shall study and report to Congress, no later than June 10, 1996, on options for modifying the Medigap market to make sure that continuously insured beneficiaries are able to switch plans without medical underwriting or new pre-existing conditions exclusions. In preparing such options, the GAO shall determine if there are problems under the current system and the impact of each option on the cost and availability of insurance, with particular reference to

the special problems that may arise for enrollees in Medicare Select plans.”.

Mr. CHAFEE. Mr. President, I move to reconsider the vote.

Mr. ROCKEFELLER. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

MORNING BUSINESS

Mr. CHAFEE. Mr. President, I ask that we now have a period for morning business.

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

Mr. DEWINE addressed the Chair.

The PRESIDING OFFICER. The Senator from Ohio [Mr. DEWINE] is recognized.

Mr. DEWINE. I thank the Chair.

(The remarks of Mr. DEWINE pertaining to the introduction of S. 816 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. DEWINE. I yield the floor.

Mr. LEVIN addressed the Chair.

The PRESIDING OFFICER (Mr. FRIST). The Senator from Michigan.

Mr. LEVIN. Mr. President, first let me thank our colleague from Ohio for his usual courtesy for giving me that little heads up so I can get ready to address the Senate.

AUTOMOTIVE TRADE NEGOTIATIONS

Mr. LEVIN. Mr. President, the purpose of the recently collapsed automotive trade negotiations between the United States and Japan and the administration's subsequent announcement to impose reciprocal restrictions on Japanese products and file an unfair trade complaint with the World Trade Organization is simple. That purpose is to open Japan's closed and protected auto and auto parts markets.

Yesterday, the administration took an important step toward opening Japan's automotive market to American products by announcing the specific list of Japanese products to be sanctioned in retaliation for the unfair exclusion of American products from Japan. We have listened to 25 years of trade rhetoric from one administration after another promising to open Japan's automotive markets to United States products. Endless talks and endless negotiations have not produced results. Japan's markets remain almost totally closed, and we have lost huge numbers of jobs during this period.

I have a little chart here which shows the statements of American Presidents since 1971. Every President of both parties has had promises made to him and, in turn, has assured the American people that we are going to act to open up Japanese markets to American products.

President Nixon in 1971 said:

Japan has accelerated its program of liberalizing its restrictions on imports.

When President Nixon said that, the deficit with Japan was \$1.3 billion.