But cutting off visas of officials isn't the way to handle problems, whether they relate to IPR, whether they relate to technology transfer, whether they relate to other military endeavors or trade matters, I believe.

I must say, I believe this is the first time in the last year that the administration has really made up their mind that what they are going to do is engage China fully and completely at the top level. I believe it is having enormous dividends and that we will see in the years to come a much more open country, a country that has taken steps to make greater reforms.

You have to realize that to those of us who sit on the west coast, the Pacific rim is our world of trade. The Pacific rim has by far exceeded the Atlantic Ocean as the major theater of trade. In my State, approximately over a third of the jobs depend on trade with Asia. We want to have positive relations with Asia, positive relations with the Philippines, with Taiwan, with South Korea, with China, with all of the ASEAN countries as well. Increasingly, we have an opportunity, we believe, on the Pacific, to form a Pacific rim community that is peaceful, where trade can take place, where like values can be shared. I must tell you, I buy into that dream. I want to see it happen.

Mr. HUTCHINSON. Will the Senator yield?

Mrs. FEINSTEIN. I am happy to yield.

Mr. HUTCHINSON. Mr. President, coerced abortion and religious persecution are two practices that the Chinese Communist Government denies take place in China.

How, then, would denying visas to Chinese officials in which we have credible evidence that, in fact, they are doing—how would that impede the kind of positive relationship that you want to see?

I again reiterate the questions: How do we reconcile the most recent rounds of arrests of those who tried to form a democracy party in China when they were detained and incarcerated? And the test of the rocket engines while the President was in China, how do we reconcile that with this supposed breeze of freedom that we now have blowing through China?

Mrs. FEINSTEIN. I don't think it is all going to be smooth and all going in one direction. I find the arrest of dissidents in the wake of the President's visit or prior to the President's visit as 100 percent wrong.

Senator, if there is one thing I have learned about the Chinese, they can be ham-handed in how they function. They can be their own worst enemies in how they handle, because they function under a different, I think, value system in this regard. Sometimes, I believe, it is overreaction. I have read things, and I sit back and say, why did this have to happen?

Now, let's talk for a moment about forced abortion. I think it is an abysmal practice, it is a barbaric practice. China says they do not countenance and they do not want to permit it. That is the official government policy. Are there occasions where, in this vast country, forced abortion is committed, do I believe? I believe there are instances where forced abortions are, in fact, committed. I also believe, though, that by pointing this out continually, we will see some changes.

I think it has to be understood that China still has over 100 million people way under the poverty line, some living in caves, some living in the most impoverished circumstances, particularly in western China. It has to be understood that China is a nation of 1.2 billion people, growing rapidly.

When I first went to China in 1979, what I was told was, what we have for one person must be extended to five people. I have seen since that time the quality of life improving for people. I have seen the easing of restrictions. I have seen the improvement in the dialog. I have seen the stress on education. I have seen the opening of the society. I have to think that is healthy for the society. I think if we engage that society, if we talk with people on equal levels, if we treat China without humiliating China but treat China with equality, that we will see major positive changes in the future.

So I appreciate the opportunity to have this dialog. I respect your values. I respect what you are trying to do in this regard. I just happen to believe, based on my knowledge, my understanding, and my experience with China and the Chinese people, I believe it would be highly unproductive.

I just wanted an opportunity to come to the floor and have that opportunity to state my views. I thank the distinguished Senator.

The PRESIDING OFFICER. The distinguished Senator from Michigan.

Mr. KENNEDY. Will the Senator yield?

Last evening I had asked the majority leader just for 5 minutes at some time during the period when he was propounding the consent request. I am glad to cooperate with the floor managers on when would be the most appropriate time to do so, but since we are starting off on an amendment, I don't want to interrupt the debate on the amendment, and I am glad to inquire of my friend from Michigan what period of time he intends to take.

Mr. ABRAHAM. If the Senator from Massachusetts would like to speak for up to 5 minutes, the Senator from Michigan would be happy to propose a unanimous consent agreement by which the Senator from Massachusetts is yielded 5 minutes to speak, in morning business or whatever, and then establish that the Senator from Michigan would be recognized to proceed with the amendment.

The PRESIDING OFFICER. Does the Senator from Michigan desire to make that request in the form of a unanimous consent request?

Mr. ABRAHAM. I ask unanimous consent that the Senator from Massachusetts be permitted to speak for 5 minutes at this time, to be followed by the Senator from Michigan to then resume discussion of my amendment.

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

The Senator from Massachusetts.

Mr. KENNEDY. I thank the Senator from Michigan.

As the Senator knows, the Judiciary Committee, of which we are both members, is starting hearings at this time as well. I appreciate his kindness in permitting me to address the Senate at this time.

PATIENTS' BILL OF RIGHTS

Mr. KENNEDY. Mr. President, as we begin the August recess, the American people should understand that the Republican leadership is still bent on blocking meaningful HMO reform. I believe that Senator LOTT owes it to Congress and the American people to schedule a full and fair debate as the Senate's first order of business when we return in September, but he has refused to do so and continues to hide behind the unreasonable restrictions on fair guidelines for the Senate's debate.

The Republican leadership in Congress deserves the failing grades it is getting for fumbling the issue on HMO reform. At least since last January when the press reports began noting that Oscar-winning actress Helen Hunt in ''As Good as it Gets,'' who electrified audiences with her attack on HMOs, it has been clear that a tidal wave of support is building to end the managed care abuses and stop HMOs from profiting in ways that jeopardize patients' health or their very lives.

The GOP's HMO line of defense continues to be to block any strong legislation, refuse to allow fair debate, and to give the HMO industry antireform TV ads a chance to bite. The genie is out of the bottle, and that cynical strategy will fail. If the majority leader has not already done so, I urge him to see the film during the recess. I have a videotape of the film here. I ask a page to deliver it to the majority leader.

I urge the leader to see the film in a theater so he can judge the audience reaction and be more convinced of the genuine public outrage that exists over the abuses of HMOs and managed care. It is long past time for the Congress to end these abuses. Too often, the managed care is mismanaged care. No amount of distortion or smokescreens by insurance companies or GOP campaign ads can change the facts. A real Patients' Bill of Rights can stop these abuses. Let's pass it now before more patients have to suffer.

All we want is a chance, in the time-honored tradition and the regular order of this body, to present a full and complete debate on this issue. We have had 5 days of debate and discussion on agriculture, with 55 amendments. We have

had 6 days of debate on the defense authorization, with 105 amendments. We have had 7 days of debate on the budget, with over 100 amendments. We are entitled to an opportunity for a full and fair debate. If there are provisions to be included in the Daschle bill, we would like to hear about them and what the objectives are. We believe that this debate offers the best opportunity to make sure that we are going to have the doctors and patients make decisions and not the insurance companies. That is the central and fundamental issue that we ought to be debating. We are going to continue to press this issue until we have that debate.

The Senate Republican leadership plan is not a bill of rights—it's a bill of wrongs. It cannot withstand a full and fair debate on the floor of the Senate. Its supporters know that—so they are refusing to bring it up for full debate, or at least agree on a fair number of amendments.

The goal of the Republican leadership and their friends in the insurance industry is to prevent legislation this year, or to pass only a minimalist bill so weak that it would be worse than no bill at all. The initial Republican strategy—the stonewall strategy—lasted for more than a year. But it broke down last month in the face of overwhelming public demand for action.

Their minimalist approach pays lip service to reform without the reality of reform. They refuse to let the Senate debate it, because they know their plan is more loophole than law.

The Republican record of delay and denial is clear. Congressman DINGELL and I first introduced patient protection legislation 17 months ago—on February 25, 1997.

Senator DASCHLE introduced the Patients' Bill of Rights four months ago—on March 31, 1998.

We have repeatedly asked for committee action or consideration by the full Senate of this important legislation, but the Republican leadership has repeatedly said ''no.''

Now, they know they can no longer just say ''no.'' So the Leadership is trying the next best thing. Instead of bringing up the bill for full and fair debate, they have offered up a series of phony consent agreements that they know are unacceptable. They don't want a full debate with an opportunity to amend their Patient Bill of Wrongs, because they believe that the less the American people know about their sham proposals, the better they will be able to protect their friends in the health insurance industry.

In fact, the Republican leadership has gone to extraordinary lengths in the past six weeks to prevent a full debate on HMO reform.

On June 18, Senator LOTT proposed to bring up the bill, but on terms that made a mockery of legislative process.

That proposal would have allowed the Senate to start debate on HMO reform, but Senator LOTT would have been permitted to pull the bill down at any time, and the Senate would have been barred from considering it further for the rest of the year. So if Senator LOTT did not like the direction the bill was headed, he could withdraw it and tie the Senate's hands on HMO reform for the remainder of the year.

On June 23, 43 Democratic Senators wrote to Senator LOTT to urge him to allow a full debate and votes on the merits of the Patients' Bill of Rights before the August recess.

In response, on June 24, Senator LOTT simply repeated his earlier unacceptable offer.

On June 25, Senator DASCHLE proposed an agreement under which Senator LOTT would bring up a Republican health care bill by July 6, Senator DASCHLE could offer the Democratic Patients' Bill of Rights, and other Senators could offer only amendments relevant to the HMO reform issue. We would not allow amendments on any other subject—just those relevant to the Patients' Bill of Rights.

However, Senator LOTT rejected this offer. And on June 26, he offered once again an agreement that allowed Senator LOTT to withdraw the legislation at any time, and bar any further consideration of any health care legislation for the remainder of the year.

On July 15, after a long silence, Senator LOTT made yet another offer. This time he proposed an agreement that allowed for no amendments. He could bring up his bill. We could bring up ours. And that is it. It would be all or nothing. The American people would be denied votes on specific issues.

No vote on whether all Americans should be covered, or just one-third as the Republicans propose.

No vote on whether there should be genuine access to emergency room care.

No vote on whether patients should have access to the specialists they need when they are seriously ill.

No vote on whether doctors should be free to give the medical advice they feel is appropriate, without fear of being fired by the HMO.

No vote on whether patients with cancer or Alzheimer's disease or other illnesses should have access to clinical trials after conventional treatments fail.

No vote on whether patients in the middle of a course of treatment can keep their doctor if their health plan drops the doctor from the network, or the employer changes health plans.

No vote on whether patients should have meaningful independent review of plan decisions—or whether health plans should continue to be judge and jury.

No vote on whether the special health needs of persons with disabilities, and women, and children should be met.

No vote on whether health plans should be held responsible for decisions that kill or injure patients.

The list goes on and on.

But the Republican Leadership just wants an all-or-nothing vote on their plan and our plan. They don't want a genuine debate on patient protection. They don't want to be held accountable by the American people for defending industry profits instead of patients. They want to gag the Senate, and allow HMOs to continue to gag doctors.

On July 16, Senator DASCHLE proposed that we agree on a limited number of amendments—20 per side, directly related to the legislation, not on extraneous issues.

This offer by Senator DASCHLE reflects the best traditions of the Senate. It is consistent with the conditions under which we have debated many major legislative proposals in the Senate this year.

We had 7 days of debate on the budget resolution, and considered 105 amendments. Two of those were offered by Senator NICKLES.

We had 6 days of debate on the defense authorization bill, and considered 150 amendments. Two of those were offered by Senator LOTT, and he cosponsored 10 others.

We had 8 days of debate on IRS reform, and considered 13 amendments.

We had 17 days of debate on tobacco legislation—a bill we never completed—and considered 18 amendments.

We had 5 days of debate on the Agriculture Appropriations bill and 55 amendments.

Senator LOTT has said to reporters that Democrats might be able to offer 3 or 4 amendments. But that means we would have to decide which issues of concern to the American people are debated, and which are discarded. Do we debate access to emergency rooms, but put aside all concerns about access to specialists? Do we offer an amendment to ensure that all Americans are covered by the legislation, and not just the one-third the Republican plan proposes, but put aside access to clinical trials that could save lives?

This debate should not be an unfair choice. We agree that the number of amendments should be limited. But the number should be large enough to accommodate the large number of legitimate issues that need to be debated as part of this important reform.

If the Republican leaders are serious about fair debate, they know how to do it. We do it every day in the Senate, and we should do it now. If they are serious about passing meaningful patient protection legislation, they should call up the bill now. All we have asked for is 20 amendments per side. It will take at least 20 amendments to even begin to remedy the major defects in the Republican proposal.

Since the Republican leadership plan was introduced a week ago, we have held meetings and forums with doctors, nurses and patients to explore the critical issues that must be addressed if a Patients' Bill of Rights is to be worthy of its name.

In each case, doctors, nurses and patients have reached the same conclusions. The abuses by HMOs and managed care are pervasive in our health

system. Every doctor and patient knows that, too often, managed care is mismanaged care. Every doctor and patient knows that medical decisions that should be made by doctors and patients are being made by insurance company accountants. Every doctor and patient knows that profits, not patient care, have become the priority of too many health insurance companies.

The message in each of these forums from doctors, nurses and patients has been the same. Pass the Patients' Bill of Rights. Reject the Republican leadership plan. It leaves out too many critical protections. It leaves out too many patients. Even the protections it claims to offer have too many loopholes. It is a plan to protect industry profits, not patients.

One of the aspects of their legislation that the Republican leadership likes to tout is its alleged protections for women. As part of their ongoing disinformation campaign about their legislation, they even had a press conference this morning to proclaim the benefits of their legislation for women. But no credible organization representing women endorses their bill—because their so-called protections for women are a sham.

Nowhere is the difference between the bipartisan Patients' Bill of Rights and the Republican Bill of Wrongs more evident than on the issue of protecting women's health. The Republican leadership bill leaves out most key patient protections. Even the protections it does include are more cosmetic than real. And even those cosmetic protections are limited to fewer than one-third of the privately insured patients who need help.

We held a forum yesterday afternoon during which leading organizations for women released a letter urging Senators to support the Patients' Bill of Rights and to reject the Republican leadership bill. The letter is signed by more than 30 women's groups, who represent millions of women in communities across the country.

Last Friday, we heard from Diane Bergin of College Park, MD. She has ovarian cancer, and is currently enrolled in a clinical trial. She eloquently described the need for plans to cover such trials and the importance of having access to specialty care. Diane is a vivid example of the promise of such therapies and the need to see that patients have genuine access to specialists.

Women need to know that they will receive the benefits covered by their plan and recommended by their treating physician—without being overruled by insurance company accountants.

Women need to know that they can choose their gynecologist to be their primary care physician.

Women need to know that they will never have to drive past the nearest emergency room, because a more distant hospital is part of their managed care plan.

Women with mental illness need to know that they will have access to psychiatrists, psychologists and other mental health professionals.

Women with ovarian cancer—like Diane Bergin—or other life-threatening conditions need to know that their health plan will let them participate in clinical trials by covering routine costs of such care.

Women whose plans provide pharmaceutical benefits need to know that they will have access to drugs that are not on the plan's list.

Women need to know that they will have access to a quick and independent appeal if their plan overrules their doctor.

Women need to know that they have a genuine remedy when plan abuses result in injury or death.

The Patients' Bill of Rights guarantees these rights to all women with private health insurance. The Republican plan guarantees none of them.

In fact, the closer you look at the Republican bill, the worse it looks. They claim to provide protections for patients who seek emergency room care. But the American College of Emergency Physicians has denounced their proposal as a sham.

They claim to provide independent third party appeal, but Consumer's Union analyzed their proposal and called it ''woefully inadequate and far from independent.''

Virtually every protection they claim to have included turns out to fail the truth-in-advertising test—and the protections they have left out are a dishonor roll of insurance industry abuses.

Part of democracy is accountability. We have votes in the Senate to pass or defeat bills. We have votes on amendments to improve bills. We record these votes, because we are elected by the people of our states to represent them. The people have a right to know where we stand on important issues.

I ask the Republican leader why he doesn't want the American people to know where members of the Senate stand on whether protections for patients should apply to all 161 million privately insured Americans—or leave more than 100 million out.

I ask the Republican leader why he doesn't want the American people to know where members of the Senate stand on allowing a sick child with cancer to have access to a specialist to treat his disease.

I ask the Republican leader why he doesn't want a vote on whether doctors and patients, not accountants, should make medical decisions.

I ask the Republican leader why he doesn't want a vote on whether doctors who stand up for their patients should be protected from retaliation by insurance companies.

I ask the Republican leader why he doesn't want a vote on whether patients should have access to the nearest emergency room when immediate medical treatment means the difference between life and death.

I ask the Republican leader why he doesn't want a vote on whether HMO decisions to deny patients the care they need should be subject to timely and independent review by an impartial third party.

I ask the Republican leader why he doesn't want a vote on whether patients with deadly diseases that no conventional treatment can help should have access to clinical trials that offer them the hope of cure or improvement.

I ask the Republican leader why he doesn't want a vote to insist on accountability for health plans when they kill or injure patients.

Each of those votes will address a critical weakness in the Republican plan. It is obvious why the Republican leader does not want Democrats to offer these amendments. He wants to keep the Republican bill weak, so that it will protect profits instead of patients. He thinks that he can hold Republican Senators for one vote in favor of a bad bill, but he cannot keep them together on vote after vote that will show who stands with patients—and who stands with HMOs.

The President will not sign—and the Senate should not pass—a bill that is a fig leaf over continued HMO abuses.

If the Senate has a full and fair debate in full view of the American people, needed patient protections will pass—and that is what the Republican leadership is trying to avoid.

The House Republican plan is so flawed that President Clinton has already sent a strong veto message. But the Senate Republican plan is even weaker than the House Republican plan—it's ''Gingrich Lite.'' We know we can do better, and we will do better if we have a fair opportunity for full debate.

The Senate Republican plan protects industry profits instead of protecting patients. It is so riddled with loopholes that it's a license for continued abuse. It allows insurance company accountants to continue to make medical decisions, not doctors and patients. Patients with cancer, heart disease, or other serious illnesses will not have timely access to specialists and the treatment they need. Managed care plans are immunized from liability for abuses that injure or even kill a patient. No other industry in America has this immunity—and the managed care industry doesn't deserve it either.

Just as managed care plans gag their doctors, the Republican leadership wants to gag the Senate. Just as insurance companies delay and deny care, the Republican leadership is trying to delay and deny meaningful reform. Just as health plans want to avoid being held accountable when they kill or injure a patient, the Republican leadership wants to avoid being held accountable for killing patient protection legislation.

Yesterday, Senator CHAFEE offered a proposal that is a major improvement over the Senate Republican leadership

plan, and it provides significant patient protections. But it lacks many of the most important protections in our Patients' Bill of Rights.

Key provisions omitted in the Chafee plan include the lack of needed protection for breast cancer patients from drive-through mastectomies and access to reconstructive surgery—the lack of fair opportunities for patients to join health plans allowing them to go to the physician or specialist of their choice—the lack of protection for health professionals who point out problems in the quality of care provided by health plans or facilities—and the lack of adequate remedies for patients injuries or killed by HMO abuses.

All of these reforms are needed, and all of them are strongly supported by an unprecedented alliance of physicians, nurses, patients, and working families.

Despite these significant gaps, the Chafee plan shows that the wall of opposition by Senate Republicans to genuine reform is continuing to crack, and it shows that at least some Republicans in the Senate are serious about reform. Now is the time for the Republican leadership to respond. As the Chafee plan shows, their industry profit protection plan is becoming less and less tenable with each passing day. The American people demand action, but the Republican leadership still refuses to bring patient protection legislation to the floor for full debate and action.

The Republican Leadership in Congress deserves the failing grades it's getting for fumbling the issue of HMO reform. At least since last January—when press reports began noting that Oscar-winning actress Helen Hunt in the movie ''As Good As It Gets'' was electrifying audiences with her attack on her HMO—it has been clear that a tidal wave of support is building to end managed care abuses and stop HMOs from profiteering in ways that jeopardizing patients' health or their very lives.

The GOP–HMO line of defense continues to be to block any legislation, refuse to allow fair debate, and give the HMO industry's anti-reform TV ads a chance to bite. But the genie is out of the bottle, and that cynical strategy will fail.

It's time for Congress to end the abuses of patients and physicians by HMOs and managed care health plans. Too often, managed care is mis-managed care. No amount of distortions or smokescreens by insurance companies can change the facts. A real Patients' Bill of Rights can stop these abuses. Let's pass it now, before more patients have to suffer.

Mr. President, I ask unanimous consent that two articles on the film ''As Good As It Gets'' be printed in the RECORD. The first is a March 29 Boston Globe column by Ellen Goodman. The second is a January 12 article in the St. Louis Post-Dispatch, which to my knowledge is the first report of the extraordinary impact of the film on the HMO debate, and which mentions State Representative Thomas Holbrook of Belleville, Missouri as the first elected official to recognize this impact.

There being no objection, the articles were ordered to be printed in the RECORD, as follows:

[From The Boston Globe, March 29, 1998]

(By Ellen Goodman)

THE HMO HORROR SHOW

Too bad they don't have a Oscar for the Single Best Line in a movie. A zeitgeist award for the sentence you want to freeze-frame, the magical moment when Hollywood fantasy meets daily life, with they get it absolutely right.

Helen Hunt and Jack Nicholson picked up a couple of statues last week for Best Actress and Best Actor in ''As Good as It Gets.'' But the Best Line prize belongs to the scribbler who put a string of ungenteel words in Hunt's mouth. When the distraught mother gave her opinion about the managed medical attention being given her asthmatic son, she exploded: ''F------ HMO B------ Pieces of S---!''

At this outburst—with none of the expletives deleted—audiences all over America spontaneously burst out in applause. It was one of those moments when you know the tide has turned.

HMOs have become the new expletive—undeleted. Managed-care companies are rapidly replacing tobacco companies as corporate demons. Indeed, if you watch ''The Rainmaker,'' the HMOs are taking the place of the Russkies as the bad guys. As Ronald Glasser, a Minneapolis pediatrician, HMO critic, and moviegoer who was downing popcorn when the audience roared at Hunt, exclaims, ''I looked around and said, 'My God, the people are way ahead of the politicians on this.' ''

A few years ago, the public saw doctors as rich professionals who overcharged on Tuesday and played golf on Wednesday. The weakness in the system was cost control—or cost out of control.

Now doctors and consumers are becoming allies on the same side, fighting the HMOs, hassling the 800 numbers, trapped in a medical system we suspect is being run by accountants. The weakness in the system is trust. Or rather, mistrust.

It is an astonishingly swift transformation. Bob Blendon, who polls health care issues at Harvard's School of Public Health, is about to publish a study of the consumer backlash that confirms Helen Hunt's less professorial opinion. His survey of surveys proves, he says, that ''we have changed the whole politics of the health field. Essentially patients and doctors have come together in a new class of exploited people.''

On the one hand, polls show that most Americans are satisfied with their own health care plans. On the other hand, they favor some type of government regulation.

These two views seem contradictory, but the backlash is based on the widespread anxiety about what happens if they get sick. ''People have come to believe,'' says Blendon, ''that these plans won't do the right thing for them when they are very sick.''

There isn't yet much objective research to show how often health care is refused, or how often the hassles and hurdles have lethal consequences. The backlash is driven by horror stories of health care plans that won't pay for emergency care, by anecdotes of cancer referrals denied or delayed, by firsthand stories about a mother, a sister, a neighbor, a friend.

We have gotten the big picture as well. About 15 percent of the population accounts for 80 percent of the medical bills. In the phrase Glasser used in the March issue of Harper's, HMOs are ''a Ponzi scheme'' in which the premiums have to keep ahead of claims.

But the backlash scenario presents the HMOs with a dilemma. On the one hand, employers and employees may choose a system based on how it treats the very ill. On the other hand, HMOs want to enroll the very healthy.

In general, managed-care companies have shown the public relations skills of Ken Starr. In the past year or so, we've had reports of outpatient breast surgery and drive-through deliveries. All we've seen in return is HMO defensiveness.

Now politicians who read the papers and go to the movies are playing catch-up. There have been about 1,000 bills in state legislatures to protect the consumers from the managers.

In Washington, Congress is still dithering around with various forms of a patients' bill of rights, with Republican leadership trying to stall, duck, and weave. But it is getting pushed closer to a law that would provide for an external appeal to those denied care, access to emergency room, and an ombudsman program.

As for the HMO's those folks who brought us Harry and Louise are now warning us about Frankenstein. The latest ads say, ''Washington: Be careful how you play doctor, you might mandate a monster.''

A monster? It's the unmandated, unregulated system that has now produced the horror movie running in everybody's head. Any way you look at health care, even in a darkened theater, this is not as good as it gets.

[From the St. Louis Post-Dispatch, January 12, 1998]

HMOS MAY HIGHLIGHT HOT TOPICS IN LEGISLATURE; BILLS WOULD TARGET MYRIAD OF PATIENTS' COMPLAINTS

State Rep. Thomas Holbrook, D-Beltsville, got a preview of what may lie ahead in this year's Illinois legislative session when he saw the new Jack Nicholson movie, ''As Good As It Gets.''

In one scene, co-star Helen Hunt, playing the mother of a chronically ill boy, spouts vulgarity about a health maintenance organization that is refusing to give her son the treatment he needs.

''She starts railing on this HMO, and people in the theater actually stood up and started applauding,'' Holbrook recalled last week. ''When's the last time you saw that happen in a theater? That's not an undercurrent, it's a tidal wave.''

Proposals to make HMOs more user-friendly to consumers are among the major issues likely to face Illinois legislators when the year's legislative session opens Wednesday.

Other potential topics include clamping more restrictions on the campaign and contracting practices of state politicians; continued controversy over hog farm waste; discussions of new transportation projects in the Metro East area; and minor adjustments to the major education funding changes passed into law last year.

Technically, this year is the second half of a two-year legislative session. By legislative rule in Illinois, legislators in the second, even-numbered years are supposed to consider only budgetary matters and emergency issues.

That has historically been among the most ignored rules in state government, especially since even-numbered years are also election years. And, with the Senate and House under opposing parties—and with the House, especially, under a razor-thin Democratic majority—much of the debate this year is likely to be partisan and acrimonious.

Most legislators predict there will be few concrete changes on the books after the dust clears.

''There's no question there will be election-generated bills . . . but it will just be window-dressing,'' said Rep. Kurt Granberg, D-Carlyle. ''Mainly, I think it's going to be a budget year.''

AMONG THIS YEAR'S LIKELY TOPICS OF DEBATE IN THE LEGISLATURE: HMOS

The House last year passed several bills that would have regulated how HMOs deal with their patients and member doctors. Most of that legislation has remained stalled in the Senate but could be called up again through the end of this year.

One measure, labeled the ''Patient Bill of Rights'' by its supporters, would require that insurance companies provide certain information to patients, would set up a formalized grievance process and would make other changes to the HMO industry.

''There seems to be a real ground swell about this,'' said Holbrook, a co-sponsor of the bill. HMO expenses and alleged lack of responsiveness to patients have ''become such a glaring atrocity.''

Not everyone agrees with that assessment. But even Republican Senate President James ''Pate'' Philip of Wood Dale, who has prevented most HMO-related legislation in the past year from coming up for a Senate vote, is likely to open the subject to debate this year.

''We're going to find out what's out there,'' in the way of legislation, said Patty Schuh, Philip's spokeswoman. ''This is an issue that hits everyone.''

Propoents of the changes believe public frustration will work in their favor in an election year.

''That truly has a chance at moving forward,'' said Rep. Jay Hoffman, D-Collinsville. ''I see bipartisan support.''

Mr. INOUYE addressed the Chair.

The PRESIDING OFFICER. The Senator from Hawaii is recognized.

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

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

DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 1999

The Senate continued with the consideration of the bill.

AMENDMENT NO. 2964

(Purpose: To provide for improved monitoring of human rights violations in the People's Republic of China, and for other purposes)

Mr. ABRAHAM. Mr. President, I call up my amendment No. 2964 and ask for its immediate consideration, and I ask unanimous consent Senator HUTCHINSON from Arkansas be added as a cosponsor to the amendment.

The PRESIDING OFFICER. The clerk will report.

The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Michigan [Mr. ABRAHAM], for himself and Mr. HUTCHINSON proposes an amendment numbered 2964.

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

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

The amendment is as follows:

Add at the end the following new titles:

TITLE —MONITORING OF HUMAN RIGHTS ABUSES IN CHINA

SEC. . SHORT TITLE.

This title may be cited as the ''Political Freedom in China Act of 1998''.

SEC. . FINDINGS.

Congress makes the following findings:

(1) Congress concurs in the following conclusions of the United States State Department on human rights in the People's Republic of China in 1996:

(A) The People's Republic of China is ''an authoritarian state'' in which ''citizens lack the freedom to peacefully express opposition to the party-led political system and the right to change their national leaders or form of government''.

(B) The Government of the People's Republic of China has ''continued to commit widespread and well-documented human rights abuses, in violation of internationally accepted norms, stemming from the authorities' intolerance of dissent, fear of unrest, and the absence or inadequacy of laws protecting basic freedoms''.

(C) ''[a]buses include torture and mistreatment of prisoners, forced confessions, and arbitrary and incommunicado detention''.

(D) ''[p]rison conditions remained harsh [and] [t]he Government continued severe restrictions on freedom of speech, the press, assembly, association, religion, privacy, and worker rights''.

(E) ''[a]lthough the Government denies that it holds political prisoners, the number of persons detained or serving sentences for 'counterrevolutionary crimes' or 'crimes against the state', or for peaceful political or religious activities are believed to number in the thousands''.

(F) ''[n]onapproved religious groups, including Protestant and Catholic groups . . . experienced intensified repression''.

(G) ''[s]erious human rights abuses persist in minority areas, including Tibet, Xinjiang, and Inner Mongolia[, and] [c]ontrols on religion and on other fundamental freedoms in these areas have also intensified''.

(H) ''[o]verall in 1996, the authorities stepped up efforts to cut off expressions of protest or criticism. All public dissent against the party and government was effectively silenced by intimidation, exile, the imposition of prison terms, administrative detention, or house arrest. No dissidents were known to be active at year's end.''.

(2) In addition to the State Department, credible independent human rights organizations have documented an increase in repression in China during 1995, and effective destruction of the dissident movement through the arrest and sentencing of the few remaining pro-democracy and human rights activists not already in prison or exile.

(3) Among those were Li Hai, sentenced to 9 years in prison on December 18, 1996, for gathering information on the victims of the 1989 crackdown, which according to the court's verdict constituted ''state secrets''; Liu Nianchun, an independent labor organizer, sentenced to 3 years of ''re-education through labor'' on July 4, 1996, due to his activities in connection with a petition campaign calling for human rights reforms; and Ngodrup Phuntsog, a Tibetan national, who was arrested in Tibet in 1987 immediately after he returned from a 2-year trip to India, where the Tibetan government in exile is located, and following a secret trial was convicted by the Government of the People's Republic of China of espionage on behalf of the ''Ministry of Security of the Dalai clique''.

(4) Many political prisoners are suffering from poor conditions and ill-treatment leading to serious medical and health problems, including—

(A) Gao Yu, a journalist sentenced to 6 years in prison in November 1994 and honored by UNESCO in May 1997, has a heart condition; and

(B) Chen Longde, a leading human rights advocate now serving a 3-year reeducation through labor sentence imposed without trial in August 1995, has reportedly been subject to repeated beatings and electric shocks at a labor camp for refusing to confess his guilt.

(5) The People's Republic of China, as a member of the United Nations, is expected to abide by the provisions of the Universal Declaration of Human Rights.

(6) The People's Republic of China is a party to numerous international human rights conventions, including the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

SEC. . CONDUCT OF FOREIGN RELATIONS.

(a) Release of Prisoners: The Secretary of State, in all official meetings with the Government of the People's Republic of China, should request the immediate and unconditional release of Ngodrup Phuntsog and other prisoners of conscience in Tibet, as well as in the People's Republic of China.

(b) Access to Prisons: The Secretary of State should seek access for international humanitarian organizations to Drapchi prison and other prisons in Tibet, as well as in the People's Republic of China, to ensure that prisoners are not being mistreated and are receiving necessary medical treatment.

(c) Dialogue on Future of Tibet: The Secretary of State, in all official meetings with the Government of the People's Republic of China, should call on that country to begin serious discussions with the Dalai Lama or his representives, without preconditions, on the future of Tibet.

SEC. . AUTHORIZATION OF APPROPRIATIONS FOR ADDITIONAL PERSONNEL AT DIPLOMATIC POSTS TO MONITOR HUMAN RIGHTS IN THE PEOPLE'S REPUBLIC OF CHINA.

There are authorized to be appropriated to support personnel to monitor political repression in the People's Republic of China in the United States Embassies in Beijing and Kathmandu, as well as the American consulates in Guangzhou, Shanghai, Shenyang, Chengdu, and Hong Kong, $2,200,000 for fiscal year 1999 and $2,200,000 for fiscal year 2000.

SEC. . DEMOCRACY BUILDING IN CHINA.

(a) AUTHORIZATION OF APPROPRIATIONS FOR NED.—In addition to such sums as are otherwise authorized to be approprited for the ''National Endowment for Democracy'' for fiscal years 1999 and 2000, there are authorized for the ''National Endowment for Democracy'' $4,000,000 for fiscal year 1999 and $4,000,000 for fiscal year 2000, which shall be available to promote democracy, civil society, and the development of the rule of law in China.

(b) EAST ASIA-PACIFIC REGIONAL DEMOCRACY FUND.—The Secretary of State shall use funds available in the East Asia-Pacific Regional Democracy Fund to provide grants to nongovernmental organizations to promote democracy, civil society, and the development of the rule of law in China.

SEC. . HUMAN RIGHTS IN CHINA.

(a) REPORTS.—Not later than March 30, 1999, and each subsequent year thereafter, the Secretary of State shall submit to the International Relations Committee of the House of Representatives and the Foreign