

(1) is located above the top of the exclusive flood pool of the Big Bend and Oahe projects of the Pick-Sloan Missouri River Basin program;

(2) was acquired by the Secretary of the Army for the implementation of the Pick-Sloan Missouri River Basin program; and

(3) is located within the external boundaries of the reservation of the Cheyenne River Sioux Tribe and the Lower Brule Sioux Tribe.

(c) RECREATION AREAS TRANSFERRED.—A recreation area described in this section includes the land and waters within a recreation area that—

(1) the Secretary of the Army determines, at the time of the transfer, is a recreation area classified for recreation use by the Corps of Engineers on the date of enactment of this Act;

(2) is located within the external boundaries of a reservation of an Indian Tribe; and

(3) is located within the State of South Dakota.

(d) MAP.—

(1) IN GENERAL.—The Secretary of the Army, in consultation with the governing bodies of the Cheyenne River Sioux Tribe and the Lower Brule Sioux Tribe, shall prepare a map of the land transferred under this section.

(2) LAND.—The map shall identify—

(A) land reasonably expected to be required for project purposes during the 20-year period beginning on the date of enactment of this Act; and

(B) dams and related structures;

which shall be retained by the Secretary.

(3) AVAILABILITY.—The map shall be on file in the appropriate offices of the Secretary of the Army.

(e) SCHEDULE FOR TRANSFER.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of the Army and the Chairmen of the Cheyenne River Sioux Tribe and the Lower Brule Sioux Tribe shall jointly develop a schedule for transferring the land and recreation areas under this section.

(2) TRANSFER DEADLINE.—All land and recreation areas shall be transferred not later than 1 year after the full capitalization of the State and tribal Trust Fund described in section 204.

(f) TRANSFER CONDITIONS.—The land and recreation areas described in subsections (b) and (c) shall be transferred to, and held in trust by, the Secretary of the Interior on the following conditions:

(1) RESPONSIBILITY FOR DAMAGE.—The Secretary of the Army shall not be responsible for any damage to the land caused by flooding, sloughing, erosion, or other changes to the land caused by the operation of any project of the Pick-Sloan Missouri River Basin program (except as otherwise provided by Federal law).

(2) HUNTING AND FISHING.—Nothing in this title affects jurisdiction over the land and waters below the exclusive flood pool and within the external boundaries of the Cheyenne River Sioux Tribe and Lower Brule Sioux Tribe reservations. The State of South Dakota, the Lower Brule Sioux Tribe, and the Cheyenne River Sioux Tribe shall continue to exercise, in perpetuity, the jurisdiction they possess on the date of enactment of this Act with regard to those lands and waters. The Secretary may not adopt any regulation or otherwise affect the respective jurisdictions of the State of South Dakota, the Lower Brule River Sioux Tribe, or the Cheyenne River Sioux Tribe described in the preceding sentence. Jurisdiction over the land transferred under this section shall be the same as that over other land held in trust by the Secretary of the Interior on the Chey-

enne River Sioux Tribe reservation and the Lower Brule Sioux Tribe reservation.

(3) EASEMENTS, RIGHTS-OF-WAY, LEASES, AND COST-SHARING AGREEMENTS.—

(A) MAINTENANCE.—The Secretary of the Interior shall maintain all easements, rights-of-way, leases, and cost-sharing agreements that are in effect as of the date of the transfer.

(B) PAYMENTS TO COUNTY.—The Secretary of the Interior shall pay any affected county 100 percent of the receipts from the easements, rights-of-way, leases, and cost-sharing agreements described in subparagraph (A).

SEC. 207. ADMINISTRATION.

(a) IN GENERAL.—Nothing in this title diminishes or affects—

(1) any water right of an Indian Tribe;

(2) any other right of an Indian Tribe, except as specifically provided in another provision of this title;

(3) any treaty right that is in effect on the date of enactment of this Act;

(4) any external boundary of an Indian reservation of an Indian Tribe;

(5) any authority of the State of South Dakota that relates to the protection, regulation, or management of fish, terrestrial wildlife, and cultural and archaeological resources, except as specifically provided in this title; or

(6) any authority of the Secretary, the Secretary of the Interior, or the head of any other Federal agency under a law in effect on the date of enactment of this Act, including—

(A) the National Historic Preservation Act (16 U.S.C. 470 et seq.);

(B) the Archaeological Resources Protection Act of 1979 (16 U.S.C. 470aa et seq.);

(C) the Fish and Wildlife Coordination Act (16 U.S.C. 661 et seq.);

(D) the Act entitled "An Act for the protection of the bald eagle", approved June 8, 1940 (16 U.S.C. 668 et seq.);

(E) the Migratory Bird Treaty Act (16 U.S.C. 703 et seq.);

(F) the Endangered Species Act of 1973 (16 U.S.C. 1531 et seq.);

(G) the Native American Graves Protection and Repatriation Act (25 U.S.C. 3001 et seq.);

(H) the Federal Water Pollution Control Act (commonly known as the "Clean Water Act") (33 U.S.C. 1251 et seq.);

(I) the Safe Drinking Water Act (42 U.S.C. 300f et seq.); and

(J) the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.).

(b) POWER RATES.—No payment made under this title shall affect any power rate under the Pick-Sloan Missouri River Basin program.

(c) FEDERAL LIABILITY FOR DAMAGE.—Nothing in this title relieves the Federal Government of liability for damage to private land caused by the operation of the Pick-Sloan Missouri River Basin program.

(d) FLOOD CONTROL.—Notwithstanding any other provision of this title, the Secretary shall retain the authority to operate the Pick-Sloan Missouri River Basin program for purposes of meeting the requirements of the Act of December 22, 1944 (58 Stat. 887, chapter 665; 33 U.S.C. 701-1 et seq.).

SEC. 208. STUDY.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of the Army shall arrange for the United States Geological Survey, in consultation with the Bureau of Indian Affairs and other appropriate Federal agencies, to conduct a comprehensive study of the potential impacts of the transfer of land under sections 205(b) and 206(b), including potential impacts on South Dakota Sioux Tribes having water claims within the Missouri River Basin, on water flows in the Missouri River.

(b) NO TRANSFER PENDING DETERMINATION.—No transfer of land under section 205(b) or 206(b) shall occur until the Secretary determines, based on the study, that the transfer of land under either section will not significantly reduce the amount of water flow to the downstream States of the Missouri River.

SEC. 209. AUTHORIZATION OF APPROPRIATIONS.

(a) SECRETARY.—There are authorized to be appropriated to the Secretary such sums as are necessary—

(1) to pay the administrative expenses incurred by the Secretary in carrying out this title; and

(2) to fund the implementation of terrestrial wildlife habitat restoration plans under section 202(a).

(b) SECRETARY OF THE INTERIOR.—There are authorized to be appropriated to the Secretary of the Interior such sums as are necessary to pay the administrative expenses incurred by the Secretary of the Interior in carrying out this title.

Mr. LOTT. Let me just say again, a lot of work went into this important legislation involving water resources. It affects States throughout the country. I am very pleased that we got this done. We worked on it in a bipartisan way. And we are hoping now that the House will act expeditiously and we can complete this legislation.

ORDER OF PROCEDURE

Mr. LOTT. Mr. President, we do have another move we will need to make in a few minutes, but Senator DASCHLE has indicated he would wish to have an opportunity to use some leader time at this point and, depending on how things go, I may want to do the same. But we worked on these things in a cooperative way, and he is entitled to take leader time. And we have assured each other that nobody is going to try to take advantage of this time.

I yield the floor so that Senator DASCHLE can use leader time on his issue.

Mr. DASCHLE addressed the Chair.

The PRESIDING OFFICER. The Democratic leader.

Mr. DASCHLE. I thank the majority leader.

BLOCKING HMO REFORM

Mr. DASCHLE. First, let me say that I would not have required leader time had we been following what I understand is normal procedure on the Senate floor: The majority leader is recognized first, the Democratic leader is recognized second. I was not recognized following the motion that I made, and I am very disappointed—

Mr. LEAHY. The Senate is not in order. I think the leader is entitled to be heard.

The PRESIDING OFFICER. The Senate will be in order. Please take all extraneous conversations to the cloakroom.

Mr. DASCHLE. I thank the Senator from Vermont.

I would clarify my comments by adding that the current Presiding Officer was not in the chair, nor was the current Parliamentarian. So it could have

been an accident, and I will accept it as that, but I would hope that the Chair—not this particular Presiding Officer—but the Chair would always recognize the importance of following Senate rules. And Senate rules oblige the Chair to recognize either leader before any other Member.

Mr. President, I wanted the opportunity to talk about why we raised HMO reform today and why it was important that we have a vote. We had the vote on almost a partisan basis—there were a couple of our Republican colleagues who joined us, but it was largely on a partisan basis. Once again, our efforts to bring forth a bill and a debate on the Patients' Bill of Rights failed. I am disappointed because this may be the last opportunity we have to consider this issue.

We have considered a lot of items over the last couple of weeks. I have reported to the distinguished majority leader that I have heard from many of my Members on a daily basis why it is important to bring up HMO reform if we are going to bring up so many other issues. As the sponsor of the legislation, frankly, I feel much the same with regard to the priority this legislation should have.

We have attempted to deal with H.R. 10, and I have supported that effort. We have successfully dealt with Internet tax, and I supported that. We dealt with bankruptcy, and, unfortunately, that bill will be vetoed in large measure because we weren't able to come to some successful conclusion in the negotiations, but I supported that. We had time for all of those measures. That our Senate colleagues do not have the time or are unwilling to provide the priority to this legislation speaks volumes about where their real priorities are.

Democrats have said over and over again there is nothing more important than this legislation, that there is nothing more important on our agenda than passing a Patients' Bill of Rights this year.

We have held hearings throughout the year. We introduced our bill in March, S. 1890. We attempted over the last 9 months, through myriad parliamentary procedures, to be able to come to some conclusion on this issue. We even proposed working overtime, a second shift, to be able to address a Patients' Bill of Rights in a meaningful way. We even offered the bill as an amendment. We have been thwarted in every single scenario that has presented itself to the Senate to date.

Frankly, the priority that this legislation should have is probably as great a dividing line as there is between our Republican colleagues and Democratic Senators. Our Republican colleagues first urged insurers to "get out their wallets" and fight protections as though it were a war.

In April, they voted against the sense-of-the-Senate resolution regarding patients' rights—a vote against access to specialists, against protection

from drive-through mastectomies, against an end to the practice of medicine by insurance company bureaucrats.

By July they had read polls and, frankly, I think they were concerned about the political implications of this issue. Then they introduced a bill, strikingly different from ours but using exactly the same title. The fact is there are now two bills entitled a Patients' Bill of Rights—one that is real and one that is not. Their bill is filled with loopholes that benefit the insurance industry. And today, once again, they have refused to debate the real issues and our real differences regarding this legislation.

Passage of real patient protections should have been the highest priority of this session of Congress. We should have ended this session celebrating bipartisan cooperation on a bill of this import.

Instead, our colleagues have thwarted us at every turn. They have ignored how real people get hurt. Over the past year, we have heard story after story of abuses that should have been addressed.

We heard about a 6-month-old by the name of James Adams, who was burning with a 105-degree fever, and his HMO forced his parents to drive to an emergency room over an hour away, even though there was a hospital closer by. Young James suffered cardiac arrest, and lost his hands and feet.

We also heard about forty-five-year-old Buddy Kuhl who died after his HMO denied and delayed heart surgery. He left a wife and two young children. We could go on with these tragedies that occur every day outside this chamber.

The tragedy within this chamber is, with all of these stories and millions and millions of people abused every year, this Congress has ignored and thwarted every effort to address the problem. There is no explanation, no excuse, no way it can be explained away.

One-hundred and eighty different groups, as disparate as they can be—from doctors and nurses organizations, to organizations representing consumers and workers, to the American Cancer Society—urged the Congress, in as strong terms as they could, to do something, resolve this problem, address it in a comprehensive way. Don't pass a sham bill. Don't say you passed something and falsely raise expectations. Don't talk about how serious the problem is and then not address it.

We have lost an opportunity to address this issue. We have lost the opportunity to provide critical protections to those who need emergency care, to those who need access to specialists, and to those who have ongoing illnesses who recognize the abuses by HMOs and are increasingly frustrated with Congress' unwillingness to deal with this issue. These are the people who recognize the importance of access to the prescription drugs a doctor prescribes as necessary. They recognize

the importance of access to clinical trials. They recognize that the protection against retaliation for doctors and nurses who advocate for patients is critical. They recognize that protection from insurance companies who interfere with a doctor's best judgment is necessary.

With all the recognition of the problems that exist, with all that realization, we had an opportunity to work in a bipartisan way to resolve these matters. To leave the issue on the calendar, to leave that work undone is indeed a tragedy.

I acknowledge that our prospects for passing something this year are not good. But I will state as unequivocally as I can that this will continue to be an issue until it is resolved. This will continue to be something we will force on the Senate agenda in whatever way we can—as an amendment, moving to a motion to proceed, finding ways to reach out to the millions of Americans who need our help this year and who will certainly need it next year.

We must act responsibly. We must act comprehensively. I hope we do it sooner rather than later.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. LOTT. Mr. President, I will say at the beginning that I agree with Senator DASCHLE that this is something we should address and I believe we will address because there are some legitimate concerns and problems in this area that need to be dealt with. I am very hopeful we can do that next year.

I want to thank Senator NICKLES and our task force that worked on this issue. I want to thank Dr. BILL FRIST, a Member of the Senate, who worked on this issue. I think it is great that we actually have a doctor involved that understands what happens in this area.

I have told people, you can take your choice here of which bill is really the best bill—the one proposed by the Democratic side, led by Senator KENNEDY, or the one proposed over on the Republican side led by Dr. BILL FRIST. I think the choice is pretty clear. But thank you for your work. I do believe that we are going to address this next year. I believe we will do it in, hopefully, a responsible way and, eventually, it can be a bipartisan bill.

This effort today was clearly a planned PR effort because we were able to accidentally come across some e-mail that indicated that this was in preparation for a big hoopla down at the White House.

We have tried to get this issue up in a fair way—on June 18, three different times; on July 15, twice; on June 25, and on other occasions, I had offered a very fair process to bring this up. The Democratic proposal, sponsored by Senators DASCHLE, KENNEDY, and others, would have been offered. Our alternative proposal, the Republican proposal, would have been offered. We could have debated them both, with three amendments on both sides. It

could be small amendments or big amendments—that is up to either side—and we could have had the votes and been done with it, and sent it to conference with the House. We could have completed this in June or July.

But, no, the Democrats objected. They didn't want to have the two bills head to head and amendments in order because they knew what the result would be. We had a good proposal; it was going to pass. By the way, we might actually have gotten something done.

They don't want this issue to pass. They want a political issue. We could have done this in June or July, but they objected, saying, no, we must have 20 amendments on each side. Twenty amendments; forty amendments total—days. The whole plan was to try to find a way to have the Members have to cast repeated votes on an issue that would obfuscate the difference between the two bills in reality.

So we have made an effort. We are ready to go. We would have been happy to do it in June or July. We are going to be looking for a way to do it next year. When the time comes, it won't be the Kennedy-Daschle bill. The American people don't want or need that. What we need is a fair bill. We need access. What we don't need is something that will lead to more costs and more lawsuits—hallelujah.

Is this about the patients and the doctors and health care, or is this so my brother-in-law can file another lawsuit? I have the answer. The answer is that we ought to be worrying about the patients and the health care providers in America. We have a good bill. I am proud to have supported it and to have been willing to bring it up in a fair way. We will do it, I hope, early next year.

I would be glad to yield to the assistant majority leader, Senator NICKLES, who has done great work on this.

Mr. NICKLES. Mr. President, I am disappointed that our colleagues on the Democrat side of the aisle really have tried to play politics with this issue. Many of us were very, very serious about trying to pass a positive bill that dealt with HMO organizations, with health care. We studied the issue for a long time. Senator DASCHLE said after they realized the polls, they introduced the bill in July. We worked 7 or 8 months trying to put a bill together that would be a responsible, positive bill to meet certain objectives. One, not increase the number of people in the uninsured category. Unfortunately, I think that would have happened under the Kennedy bill. It would have dramatically increased the cost of insurance and, therefore, dramatically increase the number of people who are uninsured. We said, What can we do that would be a positive impact on helping people have affordable health care and maybe provide some coverage and protections for those people who don't have it from their States, and so we put together a package to do that.

We didn't come up and say, hey, trial lawyers, what would you like? Under the Democrats' bill, really, it was a bill that would greatly enhance attorney fees. It gave people the right not only to sue the HMO and the health care provider, but also the employer as well. The net result is that lots of employers would have dropped plans, increased the number of uninsured. That would not have helped anybody. It would have been a serious mistake. We didn't want to pass legislation that would increase the number of uninsured by 1 million people. That would have been a mistake.

So we were willing to take it up. Our colleagues have said, wait a minute, we want to vote today. Today may be the last or second to last day we are going to be in session. In June or July, we offered to do this. Or we tried to get it done this September where we would have a reasonable time limit, where we would vote and pass legislation. Unfortunately, I think Senator KENNEDY and others didn't want to do that because they didn't have the votes.

Their proposal didn't have the votes. It had a lot of rhetoric, but it didn't have the votes. They never would take yes for an answer. We were willing to take up their proposal. We were willing to take up our proposal. We were willing to have a couple of amendments on each side. They could have drafted those amendments any way they wanted to. They could have addressed every issue they wanted to, and we could have passed legislation. We could have done it in time to go to conference with the House and maybe work out a responsible and reasonable bill that could be enacted into law. Unfortunately, they wouldn't take yes for an answer.

So they played games trying to turn it into an election year issue. I can see it right now. People will try to run ads—maybe in my State—and say, "NICKLES opposed Patients' Bill of Rights." But the truth is, we had 50 cosponsors on this side of the aisle who cosponsored a Patients' Bill of Rights that, in my opinion, and the belief of the majority of the body, was far superior to the bill that was proffered by our colleagues on the Democratic side of the aisle. It is unfortunate to me that they wouldn't take yes for an answer. They wouldn't agree to a unanimous consent request that would have allowed us to pass legislation and, instead, resorted to some type of shenanigan where they tried to get a vote and then have the galleries filled with people in the House.

And so, "Oh, yes, we are really working to do this," when all they were looking for was an election year ad not to pass real legislation.

Mr. KENNEDY. Will the Senator yield?

Mr. President, I listened with interest to the attempts of my good friends Senators LOTT and NICKLES to rewrite the history of the Patients' Bill of Rights in this Congress. No amount of

rhetoric and disinformation can disguise the fact that the Republicans in Congress have abused the rules of the Senate to prevent passage of strong patient protections this year. The vote today was the latest installment payment to powerful special interests opposed to change.

The Republican leadership could have called the Patients' Bill of Rights at any time for a full and fair debate. Instead, proposed a series of phony "consent" agreements that would prevent fair debate and make passage of real reform impossible. These stalling tactics were clearly meant to run out the clock, so that managed care reforms cannot be passed before Congress adjourns, and so that the Republican leadership can avoid responsibility for its defeat.

The record of Republican attempts to avoid the blame for inaction would be laughable, if the consequences for patients across the country were not so serious.

On June 18, Senator LOTT proposed to bring up the bill, but on terms that made a mockery of the legislative process. His proposal would have allowed the Senate to start considering HMO reform, but he would have been permitted to end the debate at any time. The proposal also barred the Senate from considering any other health care legislation for the rest of the year. So if Senator LOTT did not like the direction the bill was headed, he could kill 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 that he allow a debate and votes on the merits of the Patient's Bill of Rights. We requested that the Senate take up this issue before the August recess.

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

On June 25, Senator DASCHLE proposed an agreement in which Senator LOTT would bring up a Republican health care bill by July 6, so that Senator DASCHLE could offer the Democratic Patients' Bill of Rights, and other Senators could offer amendments on HMO reform. We would agree to avoid amendments on any other subject. Only amendments related to the Patients Bill of Rights would be eligible for consideration. Senator LOTT rejected this offer as well.

On June 26, he offered once again an agreement that allowed him 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, Senator LOTT made yet another offer. This time, he proposed an agreement that permitted only one amendment. He could bring up bill. We could bring up ours. And that would be it—all or nothing. No votes on key issues.

On July 29 and on September 1, the Republican leadership offered variations of this proposal, with amendments restricted to three for Democrats and three for Republicans.

Senator DASCHLE offered yet another reasonable approach to resolve the impasse that Senator LOTT had created by his efforts to prevent meaningful reform. He offered to agree to let the Senate debate other bills during the day, and use evenings to debate the Patients' Bill of Rights—but the Republican leadership said, "no."

Our patients' Bill of Rights was introduced in March—and a predecessor bill was introduced by Congressman DINGELL and myself more than eighteen months ago, at the beginning of this Congress.

Senator DASCHLE, in an effort to be responsive to the Republican Leader's ultimatum that an agreement on the terms of the debate must be reached before the debate can begin, has offered reasonable proposal after reasonable proposal—and every one was rejected.

Yet the Republican leader has allowed the Senate to debate many other bills this year, with ample time and ample opportunity for amendments.

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.

We had 19 days of debate on the highway bill, with 100 amendments.

The Republican leadership has allowed 5 days of debate and 24 amendments to the bankruptcy bill.

They have allowed 36 amendments and 2 days of debate on the FAA bill.

All these bills were important, and all deserved reasonable debate and opportunities for amendments. They were brought up without any undue restrictions on debate. That is the normal way of doing business on important pieces of legislation in the Senate.

The Republican leadership was willing to have an adequate opportunity to debate and vote on these other important measures. But when the issue is protecting American families instead of insurance industry profits, different ground rules apply to protect the industry and deny the rights of patients.

The reason the Republican leadership was unwilling to engage in a fair debate is obvious. Senator LOTT knows his legislation is deeply flawed, and that it cannot possibly be fixed with just three amendments. He believes that he and his special interest friends can hold most of the Republican Sen-

ators for a few votes, but he feared that they would not be willing to stand before the American people on the Senate floor and cast vote after vote for the special interests and against the interests of American families. The fundamental flaws in the Republican bill mean greater profits for insurance companies and lesser care for American patients. Senator LOTT does not want the Senate to vote to fix these flaws. He does not want a vote: on whether all Americans should be covered, or just one third of Americans as the Republicans shamefully propose; on whether there should be genuine access to emergency room care; on whether patients should have access to the specialists they need when they are seriously ill; on whether doctors should be free to give the medical advice they deem appropriate, without fear of being fired by their HMO; on whether patients with incurable cancer or Alzheimer's disease or other serious illnesses should have access to quality clinical trials where conventional treatments offer no hope; on whether patients in the middle of a course of treatment can keep their doctor if their health plan drops them from its network, or their employer changes health plans; on whether the special health needs of the disabled, and women, and children should be met; on whether patients should be able to obtain timely independent review of plan decisions that deny care; or on whether health plans should be held responsible in court for decisions that kill or injure patients.

The list of flaws in the Republican bill goes on and on.

The Republican leadership's record on this issue is painfully clear. Their cynical strategy is to protect the insurance industry at all costs, by blocking any reform at all, or by passing only a minimalist bill so weak that it would be worse than no bill at all. And today, they finally ended the charade—by moving to table a motion to bring the bill passed by Republicans in the House before the Senate.

Last Friday, the Wall Street Journal reported that the Republican Congressional Campaign Committee held a \$25,000-a-person fundraiser for a "select group" of health care industry executives. The heading for the article was, "Politicians seek to profit from the debate over health care policies."

The American people are sick of health insurance companies that profit by abusing patients. And it is equally unacceptable that politicians should profit by protecting those exorbitant industry profits.

Every family in this country knows that it will some day have to confront the challenge of serious illness for a parent, or grandparent, or a child. When that day comes, all of us want the best possible medical care for our loved ones. Members of the Senate deserve good medical care for their loved ones—and we generally get it. Every other family is equally deserving of

good quality care—but too often they do not get it, because their insurance plan is more interested in profits than patients.

The Patients' Bill of Rights provides simple justice and basic protection for every one of the 160 million Americans with private insurance. It is supported by the American Medical Association, the Consortium of Citizens with Disabilities, the American Cancer Society, the American Heart Association, the National Alliance for the Mentally Ill, the National Partnership for Women and Families, the National Association of Children's Hospitals, the AFL-CIO, and many other groups representing physicians and other health care providers, children, women, families, consumers, persons with disabilities, Americans with serious illnesses, small businesses, and working families.

It is rare for such a broad and diverse coalition to come together in support of legislation. Both they have done so to end these flagrant abuses that hurt so many families.

We serve notice today that this struggle is not over. The Republicans in Congress and their friends in the insurance industry may have won this year's battle, but they will lose in the end.

Democrats in Congress intend to make the Patients' Bill of Rights the first order of business when the new Congress convenes next January. We will continue to fight for meaningful patient protections until they are signed into law. We will not give up this struggle until every family can be confident that a child or parent or grandparent who is ill will receive the best care that American medicine can provide.

Mr. LOTT addressed the Chair.

The PRESIDING OFFICER. The majority leader.

Mr. LOTT. Mr. President, I ask for the yeas and nays on the pending committee substitute.

The PRESIDING OFFICER. Will the Senator withhold?

FINANCIAL SERVICES ACT OF 1998

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

A bill (H.R. 10) to enhance competition in the financial services industry by providing a prudential framework for the affiliation of banks, securities firms, and other financial service providers, and for other purposes.

The Senate resumed consideration of the bill.

Mr. LOTT. I now ask for the yeas and nays on the pending committee substitute.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

MOTION TO RECOMMIT

Mr. LOTT. I move to recommit H.R. 10 back to the Banking Committee to report back forthwith with an amendment.