But let us allow the work of the Congress to go forward in the appropriations area. We will deal with health care, as we should deal with health care, but we cannot deal with it by driving people from it, creating a greater dependency on government programs, as inevitably will happen, as shown by every research institute that has looked at the Kennedy bill.

The Kennedy bill, without question, shoves possibly 2 million people out of insurance; I will be conservative and say at least 1 million, or 1.4 million by conservative estimates.

So let us get on with appropriating money for women, infants, and children for their nutritional needs, for the school lunch program, for food stamps, for ag research, for those things that are important to rural America.

I do not care if Congressman KENNEDY on the House side has written off rural America. This Senator will not write it off. We will pass an ag approps bill. We could do it today. We could finalize it this week and send a very important message to American agriculture that your work and your interests are important to us; that we will deal with you on a timely basis; that we will respond to your needs as best we can; and we will say to those less fortunate, we will feed you, and we will not use it as a political issue. We will do it in a right and responsible and timely way.

I hope our colleagues on the other side of the aisle can agree with that. It is what they ought to be agreeing with. There is enough politics to go around. Let's take politics out of the ag bill. They put it in with the injection of the Patients' Bill of Rights. They now have the opportunity to remove it.

Our leaders have been negotiating for some time to establish a time certain so we can handle this issue and all sides can debate its fairness, its equity, or its lack thereof. We will have a lot more detail. But obstructionist attitudes, blocking the activity of the Senate, gain very few of us anything. And the American public scratches its head and says: What are they doing back there? Why can't they do the work of the people? Pass the ag appropriations bill. Deal with health care in a timely fashion. Move the other appropriations bills and complete the work of Government.

That is what the American people expect of us. That is what they should expect of us. I hope the other side will ultimately agree with that.

I yield the floor.

Mr. DORGAN addressed the Chair.

The PRESIDING OFFICER. The Senator from North Dakota is recognized.

PATIENTS' BILL OF RIGHTS AND THE AGRICULTURE APPROPRIATIONS BILL

Mr. DORGAN. Mr. President, I take this opportunity to respond just a bit to some of the discussion that has occurred with respect to both the Patients' Bill of Rights and also the agriculture appropriations bill.

I just heard the discussion about the Kennedy position in the House and the Kennedy bill this and the Kennedy bill that. It is not what this issue is about. This is about a Patients' Bill of Rights. It is about the kind of health care the American people get when they show up with a disease or with an injury and need health care treatment, what kind of treatment do they get under current circumstances, and what kinds of protections are reasonable protections for them to expect in this system.

We have been pushing, for a long while, to try to get a Patients' Bill of Rights enacted by this Congress and by the previous Congress, but our efforts have not met with great success. I will tell you why. Because as health care has reorganized, and the largest insurance companies have herded people into HMOs, they have decided they do not want Congress to pass a Patients' Bill of Rights. They want to be making health care decisions in their insurance offices, often 1,000 miles away from a hospital room or a doctor's office. They do not want Congress, in any way, to pass a Patients' Bill of Rights. They have gotten enough folks here in this Congress, and here in this Senate, to decide that they would block it. And it has been blocked forever.

So it does not matter that it was the agriculture appropriations bill. It would have been any bill. The Democratic leader last week said to the majority leader: We intend to offer it. If you don't give us an agreement and an opportunity to decide that we're going to have a fair and free and open debate on the Patients' Bill of Rights, we're going to offer it.

We are going to pass the agriculture appropriations bill. Before we pass the agriculture appropriations bill, we are going to have a debate on responding to the emergency of the farm crisis. That is not in this bill at the present time. We tried to put it in the bill in the subcommittee and were defeated in our attempts to do so.

But we are going to have a debate that is much larger than just this bill. This bill deals with the funding of USDA programs, research, food stamps—a range of things—but it does not address the farm crisis that exists out there today that deals with income: The fact that farmers go to a grain elevator someplace and the grain trade decides that their food is not worth much, they do not get a fair price for it. Family farmers are in desperate trouble. We are going to debate that bill, but we are also going to debate a bill to try to respond to the farm crisis.

Mr. CRAIG. Will the Senator yield?

Mr. DORGAN. I will in a moment.

But let me point out, we are also going to debate the Patients' Bill of Rights. It is not going to be some gatekeeper who is going to tell us what our rights are on the floor of the Senate. Someone will stand over there and say: Well, we have reviewed this amendment. We think we'll allow you to offer that. We are not going to do that. That is not the way the Senate rules exist. The Senate rules exist in a way that says to every Senator: You have a right to offer amendments.

I understand that we are not in the majority and we do not set the agenda. The other side sets the agenda. But when they decide that the agenda will be to enhance all of their interests and shut off any debate of interests on the other side, they miss, in my judgment, the history of the Senate. That is not what this body is about.

We have rights. We intend to exercise those rights. We are going to talk about education. We are going to talk about health care. Yes, we are going to talk about the farm crisis. And we are going to insist on it. The debate at the moment is our insistence that we be able to have a fair opportunity to offer amendments with respect to our Patients' Bill of Rights, that we have a full debate on them, and to have them voted on. We insist on that.

I am happy to yield for a question.

Mr. CRAIG. Very briefly, I was a bit surprised last week when the Senator came to the floor and offered the Patients' Bill of Rights to the ag bill, because I know of his commitment to agriculture. I know of our joint belief about the farm crisis and the reality of it.

What this Senate has not done yet with the Department of Agriculture is shape the size and the scope of the farm crisis. We agree that crisis exists. You and I agree that it exists. The Presiding Officer comes from a farm State. We agree it exists. But we don't know the magnitude of it yet.

We have asked the President and the Secretary of Agriculture to engage with us. That is why it is not attached to this appropriations bill. We are not going to start legislating into a vacuum. We have to legislate because we are dealing with billions of dollars. And the Senator is right about farmers' and ranchers' incomes. That has to be done accurately.

But I am a bit confused. Being the farm State Senator that he is, he seems to be offering the Patients' Bill of Rights to this ag approps bill.

Mr. DORGAN. Reclaiming my time, I offered the amendment the other day on behalf of the Senate Democratic leader. It was an amendment that we said last week we would offer to any bill on the floor of the Senate. This is not going to delay the agriculture appropriations bill. The Senator from Idaho well knows that.

The PRESIDING OFFICER. The time of the distinguished Senator has expired.

Mr. DORGAN. Mr. President, I ask unanimous consent for 10 additional minutes.

The PRESIDING OFFICER. Is there objection?

Mr. CRAIG. I will not object, if there is an additional 10 minutes for our side.

The PRESIDING OFFICER. Is that the Senator's request?

Mr. DORGAN. That is my request.

Mrs. BOXER. When the Senator finishes his thought, will he yield for a question?

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

Mr. DORGAN. Let me just make this point: We are going to pass an agriculture appropriations bill. The Senator from Idaho says: Well, we all agree there is a problem. We need to understand the scope and the depth.

I understand the scope and the depth of this problem. I sat in the Appropriations Committee conference in the basement of this building at midnight one night, when nobody said we needed to understand the scope and depth of the Defense Department issues. The Pentagon asked for $6 billion to prosecute the airstrikes needed to replenish their funds, and the Congress said: Well, you don't know what you are doing. We want to add another $6 billion. You didn't ask for enough money for the Pentagon. We demand that we give you $6 billion more.

Nobody was sitting around saying we need to understand the scope and the depth of that. They said: We demand you take $6 billion more money. That night, about 1 in the morning, Senator HARKIN and I said, if there is an extra $5 or $6 billion around, we demand a debate on the priority of its use. We have people going broke in farm country. We demand that some of it be used for that.

So we offered an amendment. By 14 to 14, we lost on a tie vote; I suppose, because some didn't know the scope and the depth. The Senator from Idaho cares a lot about family farming, as do I. It is mixing, in my judgment, a concoction of bad meals here to suggest that by adding a Patients' Bill of Rights to this particular bill it does something to agriculture or somebody isn't committed to agriculture. That is all fog.

We wouldn't be here talking about this had someone, some long while ago, said, yes, we will give you your rights on the floor of the Senate to bring a bill to the floor and to offer amendments. Yet we have been systematically denied that opportunity. That is why, whether it is this bill or any other bill, you are going to find these kinds of amendments.

As soon as those who are in charge allow the Senate to operate the way it ought to operate and function, you will not see these amendments.

In my judgment, we are here on the Patients' Bill of Rights because we have been told: We don't want you to be able to offer your amendments on the Patients' Bill of Rights dealing with scope, dealing with emergency room treatment, and so on. That is why we are here.

Mrs. BOXER. Will the Senator yield?

Mr. DORGAN. I am happy to.

Mrs. BOXER. I find it quite interesting. I ask my friend, do the people who live in farm country need health insurance? Do the people who live in farm country have problems if they need to go to emergency rooms? Do the people in farm country have problems when their child needs a specialist?

I wonder whether or not we segment things too much. I think people who live in farm country also need health care. If we could reach agreement so we could offer our amendments and give the people in farm country and in suburbia and in urban America the right to decent health care—my friend from Idaho said: Oh, my God, what you are doing will cost so much. We have a letter from GAO. It is $2 a person a month to get decent health care in this country.

I ask my friend, because he is such a stalwart supporter of family farmers, do they not have a problem as well as all the rest of us?

Mr. DORGAN. The answer to that is, of course, they do. This issue is not an issue of urban versus rural. The issue of health care and medical treatment exists all around this country. We have talked on the floor at great length about the specifics of it.

Yesterday I told the story—I will tell it again, because it describes something more than a Patients' Bill of Rights—does someone who was taken a 40-foot fall and has been helicoptered to a hospital and thrown into an emergency room unconscious with fractured bones in three parts of her body, does that person have a right to emergency room treatment? Or does the HMO have a right to say: We won't cover your emergency room cost because you didn't get prior approval to get to an emergency room?

How do you get prior approval when you are unconscious on a gurney being wheeled in from a helicopter, medivac'ed from the mountains where you were hiking? Does a patient in this country who has health care coverage have a right to expect emergency room treatment in those circumstances? Of course.

That is what the Patients' Bill of Rights is about. Not just that, but the right to keep the same doctor, and cancer treatment, a whole series of issues like that. Does that affect rural America? Of course, it does.

But I want to go back to the point made by my colleague. The agriculture appropriations bill does not come to the floor of the Senate with an ag crisis response because it was not deemed appropriate by those who decided they didn't want to put it there. We are going to try to put it there at some point. I hope perhaps we can do that on a bipartisan basis.

I know the scope and the depth of the problem in rural America. The problem is that it costs about $4.50 to produce a bushel of wheat. They drive to the country elevator and the grain trade says wheat is only worth $2.70 a bushel. That is a quick way to go broke. We have a lot of families who are experiencing broken dreams of being able to continue in family farming because the hungry world and the grain trade of the hungry world have said: Your food doesn't have value.

It is not in the bill now, so don't be in such a hurry about the underlying bill. We need to add to the underlying bill the farm crisis package that Senator HARKIN and others are going to push. In the meantime, we will insist on our rights to try to offer a Patients' Bill of Rights on the floor of the Senate.

Mrs. BOXER. One final question. The Senator from Idaho chastised my friend and said: You are from farm country, yet you are supporting a Patients' Bill of Rights and want that debate now, when the underlying ag bill is so important. What my friend is saying is that this bill, the underlying bill, comes up short for America's farmers.

Mr. DORGAN. Absolutely.

Mrs. BOXER. I watched at 1 in the morning. I saw the Senator, with Senator HARKIN, offer a package that addresses the emergency needs of America's family farmers. It was turned down pretty much on a partisan vote. Is that correct?

Mr. DORGAN. It was a partisan vote except for one.

Mrs. BOXER. So pretty much a partisan vote.

We basically had the Republicans—who are out here saying, oh, bring on this bill, our poor family farmers—voting down an emergency package for those very same farmers and fighting us so those farmers and everyone else in America can't get decent health care.

Lastly, I wonder if my friend sees a connection, because I am thinking about it. I saw my friend from Idaho come out and, instead of debating us on the bill, scare America by saying: Oh, my God, with this Patients' Bill of Rights, 1 million, 2 million people are going to lose their insurance. It sounds like scare tactics.

It reminded me a little bit of the debate we had on the juvenile justice bill, when all we were saying on our side of the aisle was that we wanted to do background checks on criminals and mentally disturbed people before they get a weapon. They said: Oh, my God, they are trying to take everyone's guns away.

America knows that is not the case. When you fight for sensible things, you hear scare tactics from the other side.

I wonder if my friend notices this kind of desperation deal going on, every time we try to do something, of trying to scare the people of this country.

Mr. DORGAN. The only reason I stood up to respond is because there is information from the GAO and elsewhere that suggests that the Patients' Bill of Rights may actually encourage more health care coverage. You may have more people buying health insurance understanding that in their HMO they have rights. They have the right to demand information on all the potential treatments available to them,

not just the cheapest, for example. They might well believe that is a pretty good thing.

The GAO and others say this may well increase the coverage. The assumption that a couple million people will opt out, I do not believe that.

The second thing is, we are going to need to solve the farm problem with folks around here from both sides of the political aisle. The Presiding Officer is from Kansas, a big State in dealing with the farm issue. I would never suggest that somehow he doesn't care about farmers. I have served with him in the House and the Senate and know too well how much he cares about family farmers. We need, at some point, to get together on a solution to deal with the farm crisis. I understand that. I have not said—and I could, I suppose—all right, you took $6 billion that you created someplace and gave it to defense.

So my contention is this: You gave the Defense Department money they didn't ask for that should have gone to farmers. I could come out here and make that case, I suppose. But I am not doing that. I have said I thought if there was $6 billion, we should have a debate about the priorities. We didn't. The Defense Department got it, and I am sure they will use it for security needs, readiness, and other things.

My point is, on the underlying bill, I don't think we should be too quick to pass it, because it doesn't have the fundamental resources to deal with the farm crisis.

In any event, last week the Democratic leader informed the majority leader: If you don't give us the opportunity that we insist upon as Senators, to bring these issues to the floor, such as the Patients' Bill of Rights, then we intend to offer it as an amendment to whatever vehicle is on the floor. Anybody who is surprised by that simply wasn't awake last week.

So we will get through this. I think the way we will do it is to have a full debate on the Patients' Bill of Rights at some point, with the ability to offer amendments, as we should, and I hope we will also have a robust debate on the issue of the farm crisis response.

The PRESIDING OFFICER. The time requested by the Senator has expired.

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

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

EXTENSION OF MORNING BUSINESS

Mr. GREGG. Mr. President, I ask unanimous consent that the period for morning business be extended until 3 p.m. and that the time be equally divided between the minority and majority.

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

PATIENTS' BILL OF RIGHTS

Mr. GREGG. Mr. President, I think it is appropriate to respond to some of the commentary from the other side about the Patients' Bill of Rights—the Republican plan versus the Kennedy bill, the proposal that the other side has put forth.

The American public should know and recognize that a majority in this Congress is for moving on an effective proposal and for addressing the needs of the American citizens relative to dealing with HMOs, and that is the Republican Patients' Bill of Rights. It is a very good package of ideas put together after a long and serious amount of consideration. It came out of the committee of jurisdiction with a majority vote, is now on the floor, and has received a majority vote in the Senate. It would significantly improve the situation of patients as they deal with doctors and HMOs across this country.

I think, however, that it also ought to be noted on the other side of the coin that what Senator KENNEDY's proposal does is to continue the Clinton health care plan that we saw about 5 years ago—I guess it was 5 years ago now—''Hillary-Care,'' as it came to be known. This is sort of the daughter of ''Hillary-Care'' or son of ''Hillary-Care,'' as put forth by the Senator from Massachusetts. Essentially, if you are going to be honest about the practical effect of the proposal of the Senator from Massachusetts, it is to increase the premiums for private health insurance in this country by at least 4 percent potentially; other estimates have been as high as 6 percent.

When you start raising the premiums for health insurance—especially on self-insured individuals—the impact of that is that people drop out of the health care insurance system. Why is that? Because they can't afford it. If you are a small business of five or six employees, if you are running a restaurant, or if you are running an auto shop or a small software company, and your costs go up 4 percent on your health care premium, that can amount to a significant cost increase, and in many instances that is going to be the difference between making it and not making it in some of these small companies. So you have a situation where people drop the insurance.

The Congressional Budget Office has estimated that the practical effect of the Kennedy health care plan will be that well over 1 million people will drop their health insurance. Why is this important? Why does this tie into ''Hillary-Care''? Because, if you will recall, back in the days when we were debating the issues of ''Hillary-Care,'' the basic proposal was to create a nationalized system where the Federal Government would come in and take over all insurance carriers in this country, for all intents and purposes, with the logic behind that being that there were too many uninsured people in the health market to date, too many Americans simply did not have health care insurance, and therefore we needed to have ''Hillary-Care.''

Nationalization of the health care industry was proposed at that time, and the Kennedy bill was introduced by Senator KENNEDY on behalf the First Lady, and the proposal was, let's nationalize the system so all the uninsured in this country will have a system of insurance.

Of course, it failed miserably, because it was incredibly complex, it was incredibly bureaucratic, and it was extraordinarily expensive for the American taxpayer. The cost increase and the tax burden for the American taxpayer would have far exceeded any savings in premium that would have occurred, and the cost in bureaucracy and the loss of effectiveness in the administration of health care in this country would have had a major impact on the quality of health care.

So out of common sense, good sense, and good politics, the program was rejected out of hand, and in fact it never came to a vote in the Senate because, quite honestly, a majority on the other side of the aisle was embarrassed by the proposal and they decided to walk away from it.

What we have here is essentially is an extension of that, because what we have is a back-door proposal to health care. Unhappy with the fact that they were unable to nationalize the health care system, in order to cover those folks who do not have enough health insurance, they have now decided, by bits and pieces, through small slices—this one is a very large slice but through smaller slices of the pie—to slowly uninsure Americans. So there is such a large pool of uninsured Americans that we will have to come back to a ''Hillary-Care'' system so there will be justification for nationalization of the health insurance industry, because there will be all these uninsured people out there who have been created and, because of a lack of insurance, we will have to create legislation.

Because of all of these different actions taken—proposals such as we are seeing today on ''Kennedy–Care,'' which will create another 1 million-plus people who are uninsured—next year we will have another proposal which will create another group of uninsured and there will be another proposal to increase the cost of insurance. And they will add something else to private insurance costs—some new benefit, or initiative—that will have all sorts of trappings of nice political sounds so that they will need to raise the cost of insurance premiums. So more people will step off of insurance, and more and more people will end up being uninsured over a period of time, and we will end up with just more people becoming uninsured as we continue