that we can move forward with an informed, effective, and timely response.

PATIENTS FIRST ACT

Mr. BUNNING. Mr. President, I am disappointed the Senate did not vote to move to full consideration of S. 11, the Patients First Act of 2003, to address the national crisis our doctors, hospitals and those needing healthcare face today.

One of the top issues we all hear about from doctors in our States is how they are being squeezed financially by skyrocketing medical liability premiums. The Senate had a real opportunity to help remedy this problem by passing the Patients First Act, but unfortunately, we didn't even get a chance to fully consider and vote on this bill.

Not only is medical liability hurting doctors, but it is now starting to affect the quality and availability of care for patients. First, let me give a little background on the situation in Kentucky. I know many other States face the same situation.

In March of this year, Kentucky joined 17 other States on the American Medical Association's list of ''crisis States.'' This means that the current liability system is affecting patient care.

Physicians across my State are facing some hard choices trying to figure out how to pay their rising premiums. Some are choosing to close their offices or retire early. Others are packing up and moving to other States with more sensible insurance regulations. Most concerning are reports of physicians no longer delivering babies because they cannot afford the liability insurance. This leaves expectant mothers in the lurch and creates huge, frightening gaps in critical medical coverage. In Kentucky, for example, Knox County hospital has stopped delivering babies which is forcing expectant mothers to travel to neighboring counties for care.

The Kentucky Medical Association conducted a survey last year on the effects of rising medical malpractice premiums. They found that 70 percent of the physicians in Kentucky saw their premiums go up. In the worst example, there was a $476,000 increase for a six-physician orthopedic office that didn't have any settlements or judgements against it.

Recently, I received a letter from Catholic Healthcare Partners, a hospital system with about 30 hospitals and 8,900 affiliated physicians across the country. In Kentucky, they own several hospitals, including Lourdes Hospital in Paducah and Marcum & Wallace Memorial Hospital in Irvine.

According to Catholic Healthcare Partners, the hospital system's liability insurance premiums increased by 50 percent in 2001 and 70 percent in 2002. In fact, in the past 3 years, their premiums have increased by almost $25 million. Unfortunately, Catholic Healthcare Partners is the rule instead of the exception.

In May, the Joint Economic Committee published a study on the impact of medical liability litigation. The report said the total premiums for medical liability insurance more than doubled from 1991 to 2001 to reach $21 billion. Hospitals and doctors simply cannot continue keeping their doors open and treating patients if their premiums continue to rise this rapidly.

For example, Appalachian Regional Healthcare is one of the largest rural health systems in the country and employs 150 physicians in its nine hospitals and other healthcare outlets. ARH provides services in both Kentucky and West Virginia, and employs most of the obstetricians and pediatricians in eastern Kentucky.

In January of this year, ARH made a decision to become completely self-insured. In 2001, the hospital system's key carrier for medical liability coverage dropped the hospital, and ARH couldn't find any other affordable coverage. For 2002, the bids for coverage the hospital received were $12 million to $13 million—which was more than the hospital system's net revenue and almost triple what they had paid the year before.

The hospital system is now building an insurance reserve in case there are any malpractice settlements against it. However, according to ARH representatives, they realize that even one single case could cripple the system and its physicians.

There is no doubt the system is broken. And for many Kentuckians, especially in our rural areas, there is no doubt skyrocketing insurance rates are making it harder for patients to get the quality care they need. The rising premiums not only take a toll on physicians and hospitals, but it means you, me, and everyone in this country is paying more for medical care. Very simply, individuals pay more for medical care because of the increases in premiums doctors face.

Although all of us are paying more, some people are making out like bandits—usually the trial attorneys. It hardly seems that you can turn on your television these days without seeing a commercial by one trial attorney or another looking for ''injured'' people. Some of these lawyers specialize in certain kinds of injuries while others aren't as picky and will take anyone involved in an accident. Most give a toll-free number, and many promise that ''we won't get paid unless you get paid.''

In a report by the Department of Health and Human Services released last year, it said the number of ''mega-verdicts is increasing rapidly,'' particularly within specialty areas of medicine. The report goes on to say lawyers have an ''interest in finding the most attractive cases'' and they have ''an incentive to gamble on a big 'win.' '' Finally, the report says ''lawyers have few incentives to take on the more difficult cases or those of less attractive patients.''

Is this really the way we want our legal system to work? Are we really getting the best results with this type of legal system? The answer to both of these questions is no.

It seems like I have been voting for changes to our medical liability system since I have been in Congress, but we always seem to come up a few votes short. The Patients First Act places some commonsense controls on lawsuits against doctors. This will help bring some control over the rising medical liability premiums, and doctors in my State will be able to provide healthcare services.

For example, the bill places limits on noneconomic and punitive damages, but does not limit economic damages. The bill also limits the amount attorney's can collect from their clients depending on the size of the settlement. The bill requires lawsuits to be filed within 3 years of the injury, although this time limit is extended to children under the age of 6 who are injured.

Finally, the bill makes defendants liable for only their share of the injury that occurred and allows periodic payment of future damages. These changes could make a big difference in the availability and cost of healthcare in the United States and Kentucky. These changes could mean physicians in Kentucky thinking about leaving the state will be able to stay, and doctors thinking about leaving the profession will be able to continue practicing.

I am disappointed we did not have enough votes to proceed and fully consider the Patients First Act, however, I am hopeful we can come back and revisit this important issue soon, and give our doctors, hospitals, and especially those needing healthcare a more affordable system with better access.

CONFIRMATION OF DAVID CAMPBELL

Mr. LEAHY. Mr. President, yesterday, the Senate voted to confirm David Campbell to a lifetime appointment on the United States District Court for the District of Arizona. With this confirmation, we will fill the sole vacancy on that court—which is actually not even vacant yet. Mr. CAMPBELL is nominated to a new position that will become vacant on July 15. I have been glad to work with the Senators from Arizona to consider this nominee and provide bipartisan support. I congratulate the nominee and his family.

The Senate has now confirmed 133 judges nominated by President Bush, including 26 circuit court judges. One hundred judicial nominees were confirmed when Democrats acted as the Senate majority for 17 months from the summer of 2001 to adjournment last year. After today, 33 will have been confirmed in the other 12 months in which Republicans have controlled the confirmation process under President