

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