

managed care idiot, or bureaucrat, said no. I do not happen to think the legislative solution proposed in the Senator's legislation is the right fix. I happen to think the better idea is to give an internal appeal that can be done immediately. It can be appealed. If it is not overturned—the example the Senator cited I think would be overturned immediately, and, if not done immediately, it could be done by an external appeal done by outside peer review experts. They do not have to go to court, they do not have to sue, and they have immediate change. That is the better process.

My point is, as far as process is concerned now, we should not be debating this on an appropriations bill. Offering a few days beginning on July 12 is more than generous. I will try to be flexible in further negotiations, but the give is just about given when, if the Senator looks, we have just about 8 weeks to legislate before the end of the fiscal year.

I think the majority leader has been very, very generous. I will work with my colleague to see if we cannot come to a constructive conclusion. I appreciate her willingness to do so.

Mr. President, I yield the floor.

Mr. SCHUMER. Will the Senator yield for a question?

Mr. NICKLES. I will be happy to yield.

Mr. SCHUMER. I thank the Senator and appreciate everything he said and the graciousness with which he said it.

I will make two points in terms of my question. I am a freshman Senator. I am well familiar with the process of the House. That is something I wished to escape. It is one of the reasons I ran for the Senate. The reason was that we could not debate at any time appropriations bills or authorization bills without really the consent of the Rules Committee, which was controlled by the Speaker 11 to 5. We could not get anything done.

From what I understand in listening to my colleagues and being here myself, this has been like a pressure cooker. On bill after bill, bills that we have done, instead of being given the chance to offer amendments—we did some authorizing bills, but then on a good number of them—Y2K, for instance—the tree was filled. In other words, the majority leader offered an amendment and then put on a second-degree amendment, and then another amendment and put on a second-degree amendment. We were not permitted to, say, add a Feinstein amendment or an amendment that I hoped to offer about scope or other amendments as well.

The frustration on our side—I began to hear my colleagues, who have been here many years longer than I have been, start saying that this is just like the House, that in the past the right of the majority was to sort of set the agenda—chair the committees, call the

hearings—but in the Senate, in its grand traditions, the minority always had the right to offer some amendments.

As we moved through the process this year, through a bunch of legislative maneuvers—all within the rules but maybe not within the previous traditions of the Senate—we were not allowed to do that.

So we came to the conclusion that, on something as important to so many of us as the Patients' Bill of Rights, we would not have the opportunity, under any circumstance, to offer those amendments.

My guess is that the kind of offer that was made, which our minority leader has outlined why we think it is inadequate, we never would have gotten to that point if there had been an open process and we had been allowed to offer amendments as we went through that process.

I just ask the majority whip, who is a Senator I have a great deal of respect for—and I understand we have different views on the Patients' Bill of Rights, but he is coming at this and trying to be very fair—what can be done to avoid the kinds of frustration that my colleagues on this side of the aisle are genuinely feeling on the Patients' Bill of Rights or on so many other issues, that we will not have any opportunity, any time, to offer amendments on issues important to us, unless we sort of force the issue, as we have done this week?

I yield. That is my question to the majority whip.

Mr. NICKLES. I tell my friend, and colleagues, there is a lot of work to be done. I think it is in the interest of all Senators to work together. I do not think that necessarily it is really constructive to say we are going to shut down the Senate for a week, as has actually happened the last couple days, unless we get our will. I would like us to work maybe a little more off the floor and a little more behind the scenes and say: What can we do?

That will take cooperation. It will take saying, We are willing to take up this bill and finish it by tomorrow. Then you do not have to get into a whole lot of extended discussion and maybe a lack of trust. Because I heard some people say, well, wait a minute. Under this agreement that we proposed, somebody could filibuster the bill, and you could only have one or two amendments.

That was not our intention. I can tell my colleagues that was not my intention. Do we want to have 25 really tough votes? No. But votes go both ways.

But my point being, there is no one I know of who was saying we are going to have somebody come in and filibuster this bill. Nobody was talking about doing that. Maybe we need to have a little more faith and a little

more collegiality and willingness to work together.

This is an item of interest to a lot of people. There are a lot of people on this side who would like us to pass a positive bill.

I have also stated my very sincere conviction that we should not pass a bill that is going to increase health care costs a total of about 13 or 14 percent, after you add in inflation. I really mean that. I am very sincere about that.

So we may have some differences, but, I have not totally given up on the idea of us working something out.

I will suggest the absence of a quorum. Maybe something else can be done to accomplish that.

Mr. President, I suggest the absence of a quorum.

Mrs. FEINSTEIN. I ask the Senator, before you do, may I respond to one quick thing you said on "medical necessity"?

You made the comment: Nobody really knows what "medical necessity" is. Let me just very briefly read you the definition because it is a standard definition. The term "medical necessity" or "appropriateness" means, with respect to a service or benefit, "a service or benefit which is consistent with generally accepted principles of professional medical practice." That is the definition of "medical necessity" or "appropriateness" in this bill.

Mr. NICKLES. Thank you.

Mrs. FEINSTEIN. Thank you very much.

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

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

Mr. SCHUMER. In morning business, I ask unanimous consent I be given 10 minutes to address the Senate.

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

Mr. SCHUMER. Thank you, Mr. President.

#### PATIENTS' BILL OF RIGHTS

Mr. SCHUMER. Mr. President, I would just like to first thank my colleagues from South Dakota, Massachusetts, and California for bringing up this issue.

Let me just say that, again, as I travel across my State, the issue of the Patients' Bill of Rights is one that is foremost on the minds of my constituents. I have heard their pleas and complaints. I have heard about horrible situations that people are forced into. I have heard about the fears of tens of thousands of people in each community

who do not have a problem now with their HMO, but having heard about a relative, a friend, a professional colleague who has, they worry about having one themselves.

So the bottom line is a simple one. We wish to have a free and open debate. That is our position. It is more important than many of the issues we were debating.

I heard the majority leader say we had to do the foreign operations bill. That is a bill that is important to me and to many of my constituents but hardly one as important as the Patients' Bill of Rights.

So what we are saying on this side is the following: That there has been such a breakdown in the patient-doctor relationship, and with the intrusion of that patient-doctor relationship by an army of accountants and actuaries and bureaucrats who are making decisions that should be made by doctors and nurses and hospitals, that something has to be done.

We disagree on cost issues. The Senator from Oklahoma thought it would raise costs 13, 14, 15 percent. The Senator from Massachusetts has a CBO estimate—CBO is impartial—that says it would be the cost of a Big Mac a month to a family. But the very least is that we should be debating that issue, debating it fully and openly.

The Senator from Oklahoma has said that it was not his intention, when he offered his proposal, that someone filibuster and take the whole 30 hours or the whole week just filibustering.

That may well be the case, but there may be one of the 100 Senators who feels so strongly against this issue that he would take to the floor to filibuster. Unless we can get in the confines of the agreement that we will be able to vote on the very important issues that are part of the Patients' Bill of Rights, then how can we agree? Because if we were to agree now—and there are so many thousands of our constituents on whose hopes and even prayers this legislation rests—and we were not to get those votes, and instead someone would filibuster, they would all think we had let them down.

So the bottom line is a very simple one. The bottom line is, yes, we can come to an agreement, but the agreement, from our point of view, needs to allow open debate and votes on a whole series of issues. My guess is we won't win every one, but my guess is we will win a good number.

To have an agreement that might allow one person to filibuster the whole time, even though it may not be the majority whip's intention, to have an agreement that would not allow the major issues to be not only debated but voted upon would be a serious miscarriage of the hopes of millions of Americans who wish to see the patient-doctor relationship restored. It would have been much better if we had done that debate this week.

As I mentioned to the majority whip, the feeling on this side of the aisle of frustration, that the open process on which the Senate has prided itself for 200 years would no longer be allowed, led to our view that we would make sure and do everything in our power within the rules of the Senate to see that open debate and votes on the Patients' Bill of Rights occurred.

I think we are doing a service to our constituents. I think this is what they sent us to the Senate to do. I will be doing everything I can, helping our minority leader, helping the senior Senator from Massachusetts and all of my other colleagues who care so much about this issue, to see that we get that open, full debate and the votes on the very important issues of the Patients' Bill of Rights to which our constituents are entitled.

I thank the Chair, and I yield back the remainder of my time.

Mr. WELLSTONE addressed the Chair.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. WELLSTONE. I thank the Chair.

Mr. President, are we in a quorum call?

The PRESIDING OFFICER. We are in morning business.

#### SENATE DENIAL OF SUPPORT FOR STEELWORKERS

Mr. WELLSTONE. Mr. President, on Tuesday, the Senate voted 57-42 to refuse debate on legislation that would provide some support to steelworkers.

I think those of us who wanted to provide some protection to steelworkers and their families against the illegal dumping of steel from foreign exporters to our country lost mainly because of the White House, which used import data from the month of April and convinced a lot of Members that the steel crisis is over.

Here we are, 2 days later, and there are new, important numbers out for May. We find out 2 days later that the steel crisis is not over. In fact, overall steel imports went up 30 percent from April to May. Most of the increase comes from the import of various kinds of semifinished steel, the very products that our taconite mines in Minnesota compete against. Imports of blooms, billets, and slabs are up a whopping 122 percent. Let me repeat that: 2 days ago the administration was telling us there was no crisis; the surge of imports is over. Now we find out a 30-percent surge of imported steel, the latest figures today, over a 1-month period from April to May, and for billets and slabs and blooms, a 122-percent increase in imports.

This is a disaster. It is a disaster for the women and men who have lost their jobs on the Iron Range and may never get them back. It is a disaster for the workers who are hanging by a

thread. It is a disaster for their husbands and their wives and children. For them the steel crisis is not over. If anything, the steel crisis is getting worse.

The question I ask my colleagues who voted against our bill, who voted against even debating our bill, is: What next? To the administration, I say you were successful in defeating the Rockefeller bill. Now what do you propose? Are we going to simply give up on the steel industry?

We cannot give up on the steel industry, and we cannot give up on the iron ore industry in our own country. We have to do something.

I am troubled by the arguments that were made in our Senate debate. I am troubled by some of the newspaper opinion pieces, because they seem to be suggesting that we ought to just give up on this industry. They seem to be suggesting that the extraordinary surge of steel imports, the dumping of cheap steel, the illegal dumping of steel sold below cost of production in our country is actually good for the economy, good for the economy because it keeps prices down in other sectors of our economy.

If that is the case, we should actually encourage foreign countries to dump on our markets. If we want to lower steel prices, then we shouldn't have any antidumping laws. We should repeal them all. We shouldn't even have any antidumping laws on the books. If that is the case, we ought to get rid of a section 201 law which provides for WTO legal quotas to import surges, the likes of which we have been experiencing. The fact of the matter is, we have had this surge of imported steel, and the argument is, it is good for the country because it keeps prices down.

That means we are not going to have a steel industry. That means we will not have an iron ore industry. That means many of these workers and their families are going to be spit out of the economy. Our workers can compete with anybody, any place, any time, anywhere. But they cannot compete with a surge of illegally dumped imports. Our steelworkers, our iron ore workers are the most efficient in the world. They can compete with fairly traded steel, but they cannot compete with this.

I am real worried, because I think this administration and I think too many of my colleagues in the Senate have sent the following message when it comes to trade policy: If it is a top contributor, Chiquita bananas, we are there for you. We will make sure that we put on a real strong import quota. When it comes to investments of Wall Street investors, when they go sour in Korea or Indonesia, Thailand or Mexico, Brazil or Russia, we will pick up the tab.