

of the bill; the House came up with a version for American families.

Well, keep hope alive. Can there be a conference? Can we come together? Can we finally come up with a bill to protect American families? No. The honest answer is the Republican leadership in the House and the Senate refuse to convene the conference to come up with the bill and the House leadership has rigged the naming of conferees so that their conferees are all members who opposed the House passed bill. So we leave and close this session at the end of 1999 no better than when we started. We have nothing to say to the families across America when they ask whether we have taken any steps to protect them when it comes to their relationship with these insurance companies.

I am glad 68 Republicans in the House of Representatives broke from their leadership and voted with the Democrats for a real Patients' Bill of Rights. The bill the Senate passed on July 15 did absolutely nothing when it came to protecting Americans and dealing with their concerns about health insurance.

Let us take a look at some of the differences between the two bills introduced in the House and the Senate. This chart shows the Senate Republican bill and the bipartisan bill passed by Republicans and Democrats in the House of Representatives. It goes through a long litany of things American families tell us they want to see in their health insurance policies: protecting all patients, whether they are employed in a small or large business or bought their own insurance; the ability to hold plans accountable if they make the wrong decision about medical care; the definition of medical necessity; access to specialists; access to out-of-network providers—the list goes on and on—can a woman keep her OB/GYN as her primary care physician if that is the person with whom she is comfortable.

Some plans say no. Many women across America think that is a decision that should be made by them and their doctors. That is in this bill. And as we go through all of these, we find the bipartisan bill that passed the House of Representatives basically provides all these protections.

Look at the scant protections provided by the Senate Republican bill. You can see why many people across America think we have failed in our most important mission. The bill passed by the Senate excluded more than 100 million Americans from basic protections of health insurance reform. Most of the provisions applied only to the 48 million Americans in big employer-sponsored plans. It failed to provide basic protection to millions of others.

In my State, Caterpillar Tractor Company's workers would have been

covered by the Senate bill; Motorola's employees would have been covered. John Deere's would be covered. But America's small business employees would be left behind by the Senate Republican bill. A farmer in Macoupin County, IL, who pays for his own family's insurance, and pays a lot for it, wouldn't be safe from insurance abuses. Public school teachers, policemen, women, firemen, and so many others would be out of luck.

I will return to this in a moment. I will speak to another issue, which I believe the Senator from Massachusetts is going to address. That is the perilous situation we find ourselves in in the closing hours of the session when it comes to the critical question of fairness in organ allocation.

We have a situation across America where over 4,800 Americans die every year waiting for an organ transplant. There are people in your State and mine sitting by the telephone hoping for the call that tells them they have a chance to live. It is hard to believe this has become a political issue. In fact, it has. An effort by the Department of Health and Human Services to make organs available across America to those in need is being stopped by an organization and a special interest group that really has put profit ahead of human well-being. I hope we can address this and address it forcefully. Let it be known on a bipartisan basis that we want to take the politics and the special interests out of organ allocation, that our dedication is to the men and women and children sitting by those telephones waiting for word of the availability of an organ.

At this point, I yield the floor to my colleague from Massachusetts, Senator KENNEDY.

The PRESIDING OFFICER. The Senator from Massachusetts is recognized.

Mr. KENNEDY. How much time remains?

The PRESIDING OFFICER. Under the previous order, 9 minutes remain until the hour of 12.

TICKET TO WORK AND WORK INCENTIVES IMPROVEMENT ACT

Mr. KENNEDY. Mr. President, today, the House of Representatives will take up one of the most important bills to come before this Congress, now labeled the Ticket To Work and Work Incentives Improvement Act, which is intended to move us closer to opening the workplace doors for the disabled in communities across the country.

It is a sad day when the U.S. Congress finds it necessary to attach a controversial provision to the legislation that could jeopardize the opportunity for large numbers of people with disabilities to fulfill their hopes and dreams of living independent and productive lives.

A decade ago, when Congress enacted the Americans With Disabilities Act,

we promised our disabled fellow citizens a new and better life in which disability would no longer put an end to the American dream. Too often, for too many Americans, that promise has been unfulfilled. The Ticket To Work and Work Incentives Improvement Act is basically the legislation that Senator JEFFORDS of Vermont and I, Senator ROTH, and Senator MOYNIHAN urged the Senate to accept and had been accepted by the Senate by a 99-0 vote. Now the title is the Ticket To Work and Work Incentives Improvement Act, and it will dramatically strengthen the fulfillment of that promise.

We know that millions of disabled men and women in this country want to work and are able to work. But they are denied the opportunity, primarily because they lack the continued access to needed health care. As a result, the Nation is denied their talents and contributions to our community.

Eliminating the health care barriers to work will help large numbers of disabled Americans to achieve self-sufficiency and enable them to become equal partners in the American dream. The Ticket To Work and Work Incentives Improvement Act removes these unfair barriers to work that face so many Americans with disabilities. It makes health insurance available and affordable when a disabled person goes to work, or develops a significant disability while working; it gives people greater access to the services they need to become successfully employed; it phases out the loss of cash benefits as income rises, instead of the unfair sudden cutoff that workers with disabilities face today; it places work incentives in communities, rather than bureaucracies, to help workers with disabilities to learn how to obtain the employment services and support they need.

For far too long, disabled Americans have been left out and left behind. It is time for us to take the long overdue action needed to correct the injustices that have unfairly been placed upon those with disabilities. We should not have this legislation brought down by a controversial provision that does not belong in this bill—a provision that is effectively what they call around here a "poison pill." A provision that endangers the legislation.

I want to say that for a time it looked as if we were going to see a successful achievement for this legislation, and I want to commend my colleague and friend, the Senator from Vermont, Mr. JEFFORDS, for his strong leadership, as chairman of our Human Resource Committee. He has worked long and hard for this legislation. If we are able to achieve it, his role in support of it and also in its development is enormously important.

On the unacceptable amendment that I had mentioned, it is the amendment

which would effectively undermine the proposal of the Secretary of HHS on Final Rule for organ transplantation. There is an excellent editorial in the Washington Post, dated 11-17-99. It puts this issue in perspective. It says:

Congress has not quite given up the year-long attempt to block rules that would make the Nation's organ transplant network more equitable. House leaders are maneuvering to undo a deal reached by conferees allowing the rules to go into effect, even threatening to block an unrelated authorization for research and training at children's hospitals if the organ rules are not further delayed.

This was written at a time when they were threatening to hold up the help and assistance that pediatric hospitals need to train pediatricians, to make sure that pediatric hospitals were going to be treated fairly and equitably, as other teaching hospitals.

There is broad and wide bipartisan support for the proposal to support teaching in pediatric hospitals. But that was going to be the messenger, and the poison pill was going to be the language which, as I understand, would be a part of the legislation that we will see later on in the day.

Let me continue with the Post editorial:

The rules issuance last year touched off furious counter-lobbying by the supporters of the small local transplant centers who feared that a new system based more on finding the patients with the most urgent need, and less on keeping organs near home, would force small centers to close. Never mind if it also would save lives. Currently, when an organ becomes available, it is offered locally first and then regionally. That leads to situations in which people languish on long waiting lists in some places, while the wait in other regions is much shorter. The wealthy can get on multiple waiting lists and fly to wherever a liver or kidney becomes available. Since some 4,000 people a year die while waiting for an organ, you would think a proposal to purge the distribution system of some of its inefficiencies would have been welcome. Instead, local transplant centers turn to Congress, which twice attached riders to appropriations bills delaying the regulations' effective date. They also turned to State governments, many of which passed laws that bar and prevent organs from being transferred out of State. Finally, conferees reached a compromise that would delay the rules 6 more weeks, then let them go into effect.

Mr. President, that agreement was broken with the language that has been included on the disability legislation. By breaking that agreement, the lives of tens of thousands of desperately ill people are put at risk. Every year, thousands of people die while waiting for transplantation—and at least one person every day dies because the transplantation system is not equitable. The language included on the disability legislation violates fundamental fairness—the fairness of the bargaining process in which an agreement was reached between the Secretary and the appropriators, and the fairness of the organ allocation system.

Mr. President, I will take only a moment or two more—because the time is moving on—to refer to the Institute of Medicine report, which really is the authoritative report on this whole issue. I will mention relevant parts of the institute report, and focus on the conclusion that the Institute of Medicine had on the whole question of developing rules on fairness for organ transplantation—the question of how to best address the moral issues and the ability of people to be able to be treated fairly under a system of organ distribution.

The Institute of Medicine's analysis shows that patients who have a less urgent need for a transplant sometimes receive transplants before more severely ill patients who are served by different OPOs. There is no credible evidence that implementing the HHS's recommendation would result in closure of smaller transplant centers.

Mr. President, that fear about the fate of small centers is the heart of the argument of those that have put on this rider. A rider that has no business being put on this legislation.

The Institute of Medicine analysis further found that there is no reason to conclude that minority and low-income patients would be less likely to obtain organ transplants as a result. Likewise, data does not support the assertion that potential donors and their families would decline to make donations because an organ might be used outside the donor's immediate geographical area.

The Institute of Medicine recommended that HHS—and this is on page 12 of the report—should exercise the legitimate oversight responsibilities assigned to it by the National Organ Transplant Act, and articulated in the Final Rule, to manage the system of organ procurement and transplantation in the public interest.

Federal oversight is needed to ensure that high standards of equity and quality are met. Those high standards of equity and quality were included in the Secretary's excellent recommendation. By tampering with those, we are undermining enormously powerful and important health policy issues. And this extremely controversial rider is added onto underlying legislation which is so important to millions of disabled individuals in our country. Individuals who thought—when this legislation moved through with very strong bipartisan support in the Senate, and then through the final months, has moved through the House of Representatives, and has the strong support of President Clinton, and has had the bipartisan support here in the Congress—thought that there was going to be a new day for those who have physical or mental challenges and disabilities to have the ability to participate in the workforce and become more productive, useful, active, and independent citizens in this country, and also to be able to con-

tribute to the Nation in a more significant way.

I certainly hope we can work through this process because the legislation, which as I mentioned, has been completed and supported in a bipartisan way, is a lifeline to millions of Americans and deserves passage.

I see my friend and colleague, Senator JEFFORDS, who has been instrumental in having this legislation advanced. I am glad to see him on the floor at this time. I hope he will address the Senate on this issue.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

The Senator from Vermont.

EXTENSION OF MORNING BUSINESS

Mr. JEFFORDS. Mr. President, I ask unanimous consent that morning business be extended until 1 p.m. with the time equally divided in the usual form.

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

TICKET TO WORK AND WORK INCENTIVES IMPROVEMENT ACT

Mr. JEFFORDS. Mr. President, I thank the Senator from Massachusetts. I would be happy if he desires to more fully discuss what we have done. I was not here to hear his full speech. I thank him. We have worked together. He was here years before I came to the Senate. In 1975, we had the initial big step forward for the disabled and were able to set up the 94142, as it was called then, to make sure all children got a good education, and specially those with disabilities.

As we have walked through this over a period of many years, we have fought year by year to remove block by block what the disabled community has had to face. Finally, we are at that point where we are opening the final door to allow them to do what all disabled want to do, and that is to have a meaningful life, to be able to seek employment, and get employment without having the doors slammed because they lost their benefits.

I can't thank the Senator enough for what he has done. Also, there are others, some who have left this body, such as Bob Dole, who was another leader for the disabled. I praise him also for the work he did, and especially in this area where he helped us introduce the bill that we were so happy to be able to cosponsor and to see it put into the final steps.

I thank the Senator from Massachusetts profusely for all he has done. I would be happy to yield for any further comment.