trying to reach a mutually convenient time for the vote. Unfortunately, there are other colleagues who are unable on the Republican side to agree to an earlier time for consideration of the bill, even though it was our hope that we could come to the bill at the normal time of convening tomorrow. But that is impossible.

We will have the cloture vote at 1 o'clock. We will reconvene, as a result of the current circumstances, at 12 noon tomorrow. That will accommodate the need for additional discussion among all of those who are participating in the negotiations with regard to the Mexican trucking issue.

I understand we have made some progress this afternoon. I am hopeful we can continue to talk through the night and tomorrow morning as well.

This process will facilitate further discussion and hopefully reach some conclusion. If it does, we will vitiate the cloture motions. If it does not, of course, the cloture motion votes will then occur at 1 o'clock tomorrow afternoon.

I thank my colleagues. I yield the floor.

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. REID. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

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

MORNING BUSINESS

Mr. REID. Mr. President, I ask unanimous consent the Senate now proceed to a period of morning business, with Senators allowed to speak therein for a period of not to exceed 10 minutes.

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

ALFONSO E. LENHARDT

Mr. REID. Mr. President, the day before yesterday I met for the first time Alfonso Lenhardt. I met him in the majority leader's office. We were standing there alone after some niceties. I asked him: What is the pin on your lapel? He said: It is a Purple Heart. It is a medal for being injured in combat. He didn't say that, but that is what the Purple Heart stands for.

I mention that because I have a lot of affection for the Senate. I have a lot of affection for this Capitol complex. One of the main reasons I have so much affection is that I worked nights as a Capitol Hill policeman while going through law school. I can remember walking through Statuary Hall, never having had any understanding of who those great men were in the true sense of the word. I had the opportunity of meeting Everett Dirksen. I remember walking on the floor. I was the police man assigned to the Ohio Clock, as it is called. I was there when this man with long white hair and, wonderful voice, Senator Everett Dirksen, came by. He was asked to comment on the first hydrogen explosion of a nuclear device by the Soviet Union. I stood there and listened to him. I have fond memories of not only my congressional experience but also as a young man working as a Capitol policeman. My boss was the Sergeant at Arms. The Sergeant at Arms of the House and the Senate are very important positions.

I mention meeting with General Lenhardt because I think we should understand what a great choice this man is to be the Sergeant at Arms of the U.S. Senate. He is a professional in the core of the nation. And for some of the preliminary issues, Senator Daschle never knew the man. His very fine chief of staff, Pete Rouse, and our very excellent Secretary of the Senate, Jeri Thomson, went through the process and ended up with Senator Daschle with a number of people. This is the person that Senator Daschle chose. What a great choice. He is a professional.

One of the jobs he had in the U.S. Army was to be the commanding general of the organization that takes care of national security and law enforcement programs.

In 1997, after more than 31 years of domestic and international experiences in national security and law enforcement, he retired from the U.S. Army. His responsibilities in the military were significant. He is a two-star general. I am told that he could have had a third star, but he decided to retire prior to doing that.

His last post with the Army was commanding general of the U.S. Army Recruiting Command. There were over 1,800 separate locations of which he was the leader. He managed an Army installation consisting of 130,000 acres of training areas, administrative and logistical facilities, and support operations for over 23,000 civilian employees, military retirees, soldiers, and family members.

He also served as the senior military police officer for all police operations, both foreign and domestic, throughout the Army's worldwide sphere of influence.

So to have him at the Senate, having the responsibility, among other things, for the security of this Capitol complex, says it all. He certainly has had the experience. This man not only has had an outstanding military career, but he has a bachelor of science degree in criminal justice from the University of Nebraska, a master of arts degree in public administration from Central Michigan University, and a master of science degree in the administration of justice from Wichita State University. He also completed executive programs at Harvard University's Kennedy School of Government and the University of Michigan Executive Business School.

He has been active in public service. This is a man who is outstanding. Those who watch the Senate proceedings on C-SPAN or who visit the Capitol, to see this historic site, may not realize all the work that goes into running the U.S. Capitol. The responsibilities are enormous. Unless something goes wrong, we take them for granted.

Senator Daschle has done some very fine things during his 7 years as Democratic leader, and he has done some great things during his short time as majority leader. But I think there is nothing that I have been more impressed with than his selection of General Alfonso Lenhardt as the Sergeant at Arms of the U.S. Senate. I hope everyone in the Senate will have the opportunity to meet this man and to recognize what a fine person Senator Daschle has selected.

He is going to be our protocol officer and our chief law enforcement officer. He will also be the administrative manager for most of the Senate's wide-ranging support services. We could not have a better person.

THE PATIENTS' BILL OF RIGHTS

Mr. DORGAN. Mr. President, the Senate recently passed the Patients' Bill of Rights and we are anxiously awaiting action by the House. The Patient Protection Act, or the Patients' Bill of Rights, is something we have spent a great deal of time on in the Senate.

As Senator Daschle indicated, it was one of our top priorities. We had a great deal of difficulty getting it through the Senate. It took us a good number of years. But after 4 or 5 years of debate, we finally got a Patient Protection Act passed by the Senate. We are now waiting for the House to take similar action.

The President says he will veto it. And that is the way the legislative process works. We have to do the best we can to advance public policies that we think strengthen this country. We have done that under the leadership of Senator Daschle, with the cooperation of my colleagues on both sides of the aisle. We passed a real Patient Protection Act or a real Patients' Bill of Rights. Let me describe why that is important and what it does.

All of us have had lengthy debates about what is happening to health care in this country, as more and more Americans have been herded into these groups called managed care organizations. They were created, in some cases, for very good reasons, to try to reduce the cost of health care and control and contain the cost of health care.

But in recent years, the for-profit organizations that have become part of
the managed care industry have, from time to time, taken actions with respect to patients that have much more to do with the bottom line than it has to do with patient care.

So we had a debate about a Patient Protection Act that says the following:

One, you ought to be able to know all of your medical options for treatment, not just the cheapest option for medical treatment. That ought to be a fundamental right for patients.

Two, if you have an emergency, you ought to have a right to go to an emergency room. Sound simple? Yes, it is simple. But it is not always the case in this country that with an emergency, you are going to get reimbursement for emergency room treatment by a managed care organization.

Three, you have a right to see a specialist when one for your medical condition. Does that sound simple and pretty straightforward? Sure, but it doesn't happen all the time.

You have a right to clinical trials. You have a right to retain, for example, the relationship you have with your oncologist who has been treating you for breast cancer for 7 years. Even if your employer changes health care organizations, you have a right to continue to see the same oncologist who has been treating you for cancer for 7 years.

Those are the kinds of provisions we put in the Patient Protection Act. Let me describe why we did it. We did it because in this country too often patients are discovering that what they believed they were covered for in their medical or health care plan was not in fact covered at all.

I have told the story of the woman who went hiking in the Shenandoahs. She fell off a 50-foot cliff and sustained very serious injuries. She was unconscious. She had multiple broken bones and was in very serious condition. She was brought to an emergency room on a gurney unconscious. She survived after a long convalescence, only to find out that the managed care organization said they would not pay for her emergency room treatment because she had not had prior approval for emergency room care. This is a woman who was able to walk by age 5 was insignificant, and, therefore, the services were denied.

Does it sound bizarre? Does it sound like a system with which we are acquainted? Not to me. This all sounds just Byzantine, that decisions are made about health care on what is medically necessary, what is an emergency, what kind of treatment is available, what kind of treatment is necessary. Some decisions have been made with an eye toward the bottom line of the corporation providing the health care. And that is wrong because human health is not a function of someone's bottom line.

We had a woman who suffered a very serious brain injury. She was still conscious. She was in an ambulance, and she asked the ambulance driver to take her to the furthest hospital. There was one closer. She wanted to go to the one that was a bit further away. This is someone in an ambulance with a brain injury. She survived and later was asked: Why did you not want the ambulance to drop you off at the nearest hospital? She said: Because I understand the reputation of that hospital. It was their bottom line, their profit; I did not want to be presented on a gurney with a brain injury and be looked at by a doctor who thought in terms of profit and loss. Doctors wouldn't do that, but a health care system determined by profit and loss, how much money can they make on someone to see me and determine they wanted to fight for my life regardless of cost.

That is what people have been concerned about with respect to managed care. Not all managed care organizations have done this. Some are wonderful. Some have done a great job. Some have not. Some have taken a position that jeopardizes people's health. They have said to people: Here is your option for medical treatment, not giving them all the options that might be available to them, only describing the cheapest option that would be available to be delivered by the health care organization.

Is that fair to people in this health care system? The answer clearly is no. So we have had a fight in the Senate the last 3, 4, 5 years. We have a managed care organization that is big, strong, well financed, and they very aggressively oppose what we are trying to do. On the other side are doctors, the American Medical Association. They want to practice medicine in the hospital room. They want to practice medicine in the clinic. They don't want to practice medicine only to find out that some young fellow 1,000 miles away, working as a junior accountant for an insurance company, who hasn't yet shaved twice a week, is making decisions about health care that the doctor is going to deliver in the hospital room.

That is not the kind of health care they are dedicated to provide the American people. They didn't study in medical school for the purpose of having somebody 1,000 miles away, who knows very little about health care, tell them how they ought to treat a patient.

So we have a battle between the managed care organization, that has spent a great deal of money, putting ads all over television to try to defeat it; and doctors, patients, and other health groups saying: We need this.

It was long past the time to get this done, and we finally did it. We finally got it done. We got it through the House for action. We read day after day of reasons that somehow it is not quite getting done. The big industries that have something at stake are making all the efforts they can to try to defeat the legislation. And if we get it through the House of Representatives—and we should; there is no excuse for this Congress not passing this legislation—the President says he will veto it.

He has a right to veto it. I must say, though, what we have enacted in the Senate is almost exactly what they have for law in the State of Texas. I know President Bush vetoed it first when he was Governor of Texas, but
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later it became law without his signature in Texas. What we are trying to do for the country says essentially the same as the Balanced Budget Act has done, and has been done while in the Senate. But now it is done. It is up to the House to do the same. I call on the President to join us. I urge the House to pass this bill, and then I urge the President to sign the bill. Let this bill work for the American people.

I know the Senator from Nevada, who attended a hearing with me that I referenced recently, cares a great deal about this issue. I know that at the hearing in the State of Nevada I heard exactly what I had heard at hearings I held in New York, Minnesota, and elsewhere. I held hearings as chairman of the Democratic Policy Committee on this issue. It didn’t matter where you were, you would hear the same story; that is, that patients in this country with difficulty in rendering care, when they get sick and need health care, too often they discover that kind of delivery of health care service is not available to them when they need it.

We have, as I indicated, a number of challenges facing us this year. This is but one. I think it is one of the most important challenges. I hope in the not-too-distant future the House of Representatives will take action, as the Senate has already done, and we will see a Patient Protection Act become law in this country.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nevada is recognized.

Mr. REID. Mr. President, I have said before that the Senator from North Dakota has spent a great deal of time on the Patients’ Bill of Rights, developing a foundation so that the legislation could pass. It was Senator EDWARDS’ legislation, along with Senators KENNEDY and MCCAIN. But the real foundation for that legislation came as a result of the work that Senator DORGAN did around the country as the chairman of the policy committee, holding hearings all over America. He mentioned Las Vegas. There was a dramatic hearing held in Las Vegas, with people complaining about how they had been mistreated or not treated. Not only did we have people coming in; we had physicians coming in and telling us how they could not render care that they, in their expertise, training, and experience, indicated needed to be done, and their managed care entity would not let them do it. There are cases where a doctor has been pulled off the case because his recommendations for treatment were not what the HMO or the managed care entity wanted.

I have great respect and admiration for the Senator from North Dakota for helping us lay a foundation so that we could pass successful legislation. All eyes are now upon the House of Representatives, to make sure they pass legislation that is in keeping with what we did over here. They are trying to spin this, saying the legislation in the Senate is all about lawyers.

The legislation that passed in the Senate of the United States had nothing to do with lawyers and everything to do with patients. Out of a bill that contains 100 percent substance, 2 percent dealt with lawyers and 98 percent dealt with patients.

I look forward to the bill passing in the House. Also, I have such great admiration and respect for Dr. Norwood, who has been willing to step beyond the pale. He has been willing to go beyond what most of the time happens in partisan politics. Congressman Norwood, a Republican, has said he can’t do what his leadership has asked him to do. He has spoken of the Patients’ Bill of Rights, and he has been a leader. I have such great respect for him.

I express my appreciation to the Senator from North Dakota.

THE DEPARTURE OF ROBERT D. FOREMAN

Mr. HATCH. Mr. President, I would like to take a moment to pay tribute to Robert D. Foreman who has served as a health advisor to me for the past 8 years. Rob came to my staff after distinguished service in the House of Representatives, in the Executive Branch, and in a national trade association. I suppose that Rob’s experience staffing Medicare and Medicaid issues for me, and earlier for our colleagues on the House Interstate and Foreign Commerce Committee, now called the Energy and Commerce Committee, have prepared him well for his new assignment as President W. Bush’s Director of the Office of Legislative Affairs at the Centers for Medicare and Medicaid Services. I am confident that he will be a great asset to Secretary Thompson, Administrator Scully, and the President as they work to preserve and strengthen Medicare, and confront the many challenges facing the Center for Medicare and Medicaid Services, CMS.

Rob is able to grasp complex issues and use his keen sense of humor to bring together parties with differing views on pending legislation. With his research and command of the legislative process, he has helped us make significant contributions during the past eight years on many key pieces of legislation including the defeat of the Health Security Act and enactment of the Children’s Health Insurance Program, the Health Insurance Portability and Accountability Act of 1996, the Balanced Budget Act amendments and subsequent revisions, and the Skilled Nursing Facility legislation.

I also have been able to count on Rob to be a powerful advocate for the disabled, and the less fortunate, and to be