

**SENATE—Monday, June 18, 2001**

The Senate met at 1 p.m. and was called to order by the President pro tempore [Mr. BYRD].

The PRESIDENT pro tempore. The prayer will be led today by the Chaplain of the U.S. House of Representatives, Father Daniel Coughlin.

**PRAYER**

The guest Chaplain offered the following prayer:

Almighty and eternal God, Your faithfulness endures forever; Your love is ever creative. Your blessings have enriched this Nation throughout its history even to this present moment.

Each State represented in this assembly is unique in its identity and its resources. Blessed with people of diversity and freedom, each State has chosen Members of this House to represent its interests, let its voice be heard, and bear its will upon the future of this great Union.

Bless each Member of this Senate with prudence, justice, fortitude, and integrity. Lord, by lively exchange and through working together, may they discover the common ground of this Nation. Then, loosened by the bonds of history and mutualism, may they fortify this Republic and its future.

With Your grace, may there be a new manifestation in our time of these States united in justice and freedom as a peacemaker in the world, both now and forever. Amen.

**PLEDGE OF ALLEGIANCE**

The PRESIDENT pro tempore led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

**RESERVATION OF LEADER TIME**

The PRESIDENT pro tempore. Under the order previously entered, the leadership time is reserved.

**MORNING BUSINESS**

The PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business with Senators permitted to speak therein for up to 10 minutes each.

**RECOGNITION OF THE ACTING MAJORITY LEADER**

The PRESIDENT pro tempore. The Democratic whip is recognized.

**SCHEDULE**

Mr. REID. Mr. President, as you have announced, there will be morning business during the afternoon. There will be no rollcall votes today. Tomorrow we have every intention of bringing up the Patients' Bill of Rights. All Members should expect some long nights this week and next week prior to the Fourth of July break. It is the expectation of the majority leader that we finish the Patients' Bill of Rights before the Fourth of July break. So there will be rollcall votes throughout the remainder of the week.

**MEASURE PLACED ON CALENDAR—S. 1052**

Mr. REID. Mr. President, there is a bill at the desk due its second reading. I now ask unanimous consent that the bill be read a second time, but I would object to any further proceedings with respect to the bill at this time.

The PRESIDENT pro tempore. The clerk will read the bill for the second time.

The legislative clerk read as follows:

A bill (S. 1052) to amend the Public Health Service Act and the Employee Retirement Income Security Act of 1974 to protect consumers in managed care plans and other health coverage.

The PRESIDENT pro tempore. There being an objection to any further proceedings on the bill, the bill will be placed on the calendar.

**H.R. 1—FURTHER MODIFICATION OF AMENDMENT NO. 549**

Mr. REID. Mr. President, I ask unanimous consent that, notwithstanding passage of H.R. 1, it be in order for the previously agreed to amendment No. 549 to be further modified with the changes that are now at the desk.

The PRESIDENT pro tempore. Is there objection? The Chair hears none, and it is so ordered.

The amendment (No. 549), as further modified, is as follows:

“(A) AMOUNT.—In determining the amount of a grant awarded under this subsection; the Secretary shall consider the cost of the modernization and the ability of the local educational agency to produce sufficient funds to carry out the activities for which assistance is sought.

“(B) FEDERAL SHARE.—The Federal funds provided under this subsection to a local educational agency shall not exceed 50 percent of the total cost of the project to be assisted under this subsection. A local educational agency may use in-kind contributions, excluding land contributions, to meet the matching requirement of the preceding sentence.

“(C) MAXIMUM GRANT.—A local educational agency described in this subsection may not receive a grant under this subsection in an amount that exceeds \$5,000,000 during any 2-year period.

“(5) APPLICATIONS.—A local educational agency that desires to receive a grant under this subsection shall submit an application to the Secretary.”

Mr. REID. I thank the Chair.

The PRESIDENT pro tempore. The Senator from North Dakota, Mr. DORGAN, is recognized for 10 minutes.

**PATIENTS' BILL OF RIGHTS**

Mr. DORGAN. Mr. President, I would like to speak today about the Patients' Bill of Rights, or the Bipartisan Patient Protection Act, which we are going to be turning to beginning tomorrow morning in the Senate. This debate revolves around the development of for-profit health care and the growth of big managed care organizations and what that has meant to patients and people around this country who seek medical help. For some 4 years now we have been debating what has been happening with the explosion of HMOs in our health care system.

All of us understand the basics of medicine. That is, we understand that if you have a medical affliction, you need to go see someone who is trained in the field of medicine. Often, they perform certain tests, and if you have an acute problem, often they check you into a hospital to get the needed treatment in those circumstances.

But things have changed in recent years in this country. The emergence of for-profit managed care organizations that are now in charge of health care for a good many Americans has changed the delivery of health care. The delivery of health care to individual patients now does not just involve the delivery of health care advice from a doctor to a patient in an examining room. It is more than that. In some cases, we now have someone in an insurance company office 1,000 miles away perhaps, who is making a decision about what medical care they will cover and what they will not cover with respect to this particular patient.

In recent years, Congress began to get a great deal of mail from patients saying: I had a health care plan only to discover that, when I became very sick and needed the benefits of that plan, those benefits were not available to me. Not only was I required as a patient to fight a battle with cancer, I was also required, they write, to fight a battle with cancer and then a battle with my managed care organization to give me the treatment I needed.