

Another of the fixes on this legislation that is being passed around, again, by the Senator from Tennessee, Mr. FRIST: "You sue employers under this bill."

What the President has said in February of this year: "Only employers who retain responsibility for and make final medical decisions shall be subject to suit."

That sounds reasonable. That is what the McCain-Edwards bill does.

Fact: The McCain-Edwards legislation does not authorize a cause of action against an employer. In short, employers are protected from lawsuits relating to harm caused by an insurance company.

Another fix, again by the Senator who is sponsoring the other bill, Mr. FRIST. His statement: "Their bill will drive people to the ranks of the uninsured."

That is the socialized medicine argument. Here is what the Census Bureau said: "After Texas enacted a patients right law, the number of uninsured in the State actually decreased."

This is the U.S. Census Bureau.

Fact: 2 years after the State of Texas gave Texans the right to sue HMOs in State court, the ranks of the uninsured in the State of Texas actually decreased.

George W. Bush, in October of 2000:

I support a National Patients' Bill of Rights and I want all people covered.

One of the fictions stated here by my colleague, the Republican whip, the Senator from Oklahoma, was:

The United States will be considering a bill which could preempt some of the good work States have done in the States to protect patients.

That is fiction. Here are the facts: The McCain-Edwards legislation provides a Federal floor for patient protections, not a ceiling. Stronger unrelated patient protections enacted by the States would remain untouched by this bill.

The other argument they have used—and I touched on this before—is that this is so expensive and how could you possibly ask people to pay for this exorbitant cost that is going to be created by this legislation? The Congressional Budget Office says:

Real patient protection costs about 37 cents more than the GOP-backed Frist legislation.

Not hundreds of thousands or millions or billions but 37 cents.

Senator FRIST:

We know this is going to drive up the cost of health care premiums.

He is right, 37 cents. But last year—the facts are that last year insurers increased premiums by an average of 8.3 percent, 10 times the 1-year cost of this legislation. So it is no wonder that 85 percent of the American public support the Patients' Bill of rights. That is why in a movie—when you hear HMO in a movie, people sneer and shout out in derision.

The Patients' Bill of rights is something we must do. The majority leader has said we are going to finish this legislation before we have the Fourth of July break. Why? Because as the Senator from North Carolina indicated, every day that goes by, there is more grief and pain to patients and doctors because the doctors can't render the care they believe is appropriate for patients. Every day we wait is a day people will be harmed as a result of our not passing this legislation.

Madam President, I read into the RECORD hundreds of names of organizations that support this legislation. The time is late and I am not going to do that tonight. From time to time, I am going to read the names of organizations supporting this legislation. I already read in the names of hundreds. I would start tonight with the D's. It would take a long time because the organizations that support this legislation that have the name "family" connected with them goes for five pages.

Literally, our bipartisan Patients' Bill of Rights is supported by hundreds and hundreds of organizations. I hope we—and I am confident that we can as legislators, Democrats and Republicans—pass this legislation soon because the sooner we do it, the better off America is.

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. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

#### MORNING BUSINESS

Mr. REID. Madam President, I ask unanimous consent that there be a period for morning business with Senators permitted to speak therein for up to 5 minutes each.

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

#### AGENT ORANGE ACT OF 1991

Mr. DASCHLE. Madam President, I would like to call attention to the introduction of S. 1091, our bipartisan legislation to update and expand the Agent Orange Act of 1991.

These changes, and my other ongoing Agent Orange work, are necessitated by our imperfect understanding of how dioxin affects the human body.

As many of my colleagues know, dioxin is the toxic ingredient in Agent Orange, 11 million gallons of which were sprayed over Vietnam during the war. Dioxin ranks with plutonium as one of the most toxic substances known to man, and this country dropped more on Vietnam than has ever been released into the environ-

ment, anywhere in the world. S. 1091 is another effort, more than 25 years after the war's end, to deal with the wounds of, and determine the extent of the injury to, our own soldiers.

As an example of how our knowledge of dioxin is evolving, I would point to a provision in S. 1091 that would remove all deadlines for veterans to claim disability benefits for respiratory cancer. This provision stems from a recent report by the National Academy of Sciences, which pointed out that there is no scientific basis for the deadline contained in current law—a deadline that effectively blocks benefits for a veteran whose cancer develops 30 years after Agent Orange exposure. The Academy finds no evidence that the risk diminishes with the passage of time.

And as scientists learn more about Agent Orange, we must continue to ensure that veterans benefits are updated accordingly. The current mechanism for continuous updating, established in the 1991 Agent Orange Act, has proven to work well, but it expires soon. The two-step process begins with a biennial review of new dioxin research, via a scientific panel organized by the National Academy of Sciences. Next, the Secretary of Veterans Affairs must respond to the report and recommend the addition of new diseases and conditions as appropriate. S. 1091 would extend the process until 2012.

Recently, this process has brought diabetes on the Agent Orange presumptive disability list, which means that if a veteran was exposed to Agent Orange, the veteran's diabetes is presumed to be connected to his or her military service. Previous Academy reports have linked Agent Orange exposure to serious conditions such as prostate cancer, respiratory cancer, the disfiguring skin disease chloracne, soft-tissue sarcoma, the lymphatic system cancers known as Hodgkin's disease and non-Hodgkin's lymphoma, porphyria cutanea tarda, multiple myeloma, and subacute peripheral neuropathy.

I am proud to be a cosponsor of S. 1091, along with the chair and ranking member of our Veterans' Affairs Committee. My thanks to Senators ROCKEFELLER and SPECTER for their hard work on this measure and their interest in Vietnam veterans, their families, and others who live with the diseases, conditions, and uncertainty created by exposure to dioxin.

#### LOCAL LAW ENFORCEMENT ACT OF 2001

Mr. SMITH of Oregon. Madam President, I rise today to speak about hate crimes legislation I introduced with Senator KENNEDY in March of this year. The Local Law Enforcement Act of 2001 would add new categories to current hate crimes legislation sending