

HEALTH SECURITY ACT

August 13, 1994

Mr. BENNETT. Mr. President, I yield myself such time as I may require.

Mr. President, I say to my friend from Minnesota, whose enthusiasm is one of the refreshing things about this place, that he need have no fear about voting for the Mitchell plan. Because I am convinced if the Mitchell plan passes, it will be such a disaster, bureaucratically and administratively, that his opportunity to take the opening to offer single payer will be hastened by the failure of the Mitchell plan. And there are some of us, frankly, who would prefer single payer to the disaster of the Mitchell plan. I say that as one who is opposed to single payer, but who, upon examining the Mitchell plan, says administratively single payer makes more sense.

Mr. WELLSTONE. Will the Senator yield for a moment?

Mr. BENNETT. I will be happy to yield.

Mr. WELLSTONE. I thank him for his remarks. I obviously do not agree with his analysis of the Mitchell plan, at least within the Senator's framework. We will not go into it now. But I am very interested in the second point he made. If that is the case--and I know the Senator from Utah to have tremendous intellectual integrity--then I am hoping that I will be able to enlist the Senator's support for at least some language that will enable the States to have flexibility to go forward with their different approaches.

In other words, that was one of the things, as I mentioned in my earlier remarks, which surprised me about the bill. And Senator Domenici, who is one of my best friends here, brought out language that would preclude States from being able to do that.

Why not let the States have an opportunity, and if it does not work, it does not work, but let the people and their representatives decide.

Mr. BENNETT. Mr. President, there are some reasons why we adopted the position we have, in our view. But I would be more than happy to sit down with my friend from Minnesota and go through that, because the main point I intend to make in this discussion that is coming up is that the notion that we are facing a window of opportunity here that will close within the next 20 days if we do not take it is a notion that is completely unacceptable to me.

I believe we will meet next year, we will meet the year after. I think we will be discussing this over a period of time, and what I am going to ask for is an intelligent, staged reform that does not rush to judgment or, in my view of the Mitchell bill, rush to disaster in the desire to meet an artificial deadline.

I would be happy to visit with my friend from Minnesota to talk about the place where a single-payer thing might be of some appropriateness, but do it in something other than the kind of frenzy that has been built up around this debate today.

Mr. President, I remember as a freshman Senator some months ago walking onto the floor and falling in step with the distinguished chairman of the Finance Committee, Senator Moynihan. I first met Senator Moynihan when we served together in the Nixon

administration. Maybe neither one of us want to admit that now. But he served as domestic counselor to President Nixon, and I was in the Department of Transportation as the head of congressional relations. Ever since that time, I have had great respect for his intellect and his intellectual honesty.

As we stepped onto the floor of the Senate, I said to him, 'Senator, are we going to get health care this year? Are we going to be able to pass something?' And he said, 'Yes, I think so.'

Then with his well-known understanding of history, he gave me the following history lesson:

He said, 'Harry Truman tried to do it in the 1940's and the Republicans said no and we didn't get anything.'

He said, 'Richard Nixon tried to do it in the late 1960's and the Democrats said no and we didn't get anything. But now,' he said, 'both the Republicans and the Democrats are agreeing that we have to do something about the health care system, and I think we will get a bill.'

That is what he was saying, and I was agreeing with him roughly a year, 14, 15 months ago.

Now, where are we today? I turn to the current issue of Newsweek under the head, 'National Affairs,' and read this headline: 'Will Reform Bankrupt Us?'

Health care: 65 percent of Americans say Congress should start over. Newsweek's economics columnist argues that they're right.

How did we get here, from a circumstance where a Republican and a Democrat could walk onto the floor of the Senate agreeing with each other that we are going to get a bill, to the point where a national publication says 65 percent of the Americans say we should wait and start over next year and they argue very persuasively, in my view, that the 65 percent of Americans are right.

What has gone wrong with the process? Have we not discussed this enough? Oh, Heaven knows we have discussed it enough. We heard on the floor of the Senate about the 80 hearings that have been held in the two committees, and that is just in the Senate. We talked about it on the House side. We spent time on the floor. Yes, we talked it through enough. What is left to discuss?

Well, I suggest that we have talked and we have talked and we have talked about the wrong things. We missed some very fundamental points that need to be addressed before we are going to come up with the answer to this. I would like to outline some of those.

No. 1: We have not talked at all, except in a glancing occasional reference, about better health. We have spent all our time talking about health care, but we have not talked at all about providing information or motivation for people to stay well in the first place. Of course, the best cost containment of all in the health care debate is going to be better health on the part of individual Americans. This is not a matter of universal coverage; it is a matter of education and motivation.

We do it in other kinds of insurance. I see the ads, so do you, for auto insurance: 'Nonsmokers discount,' we see. There is a clear economic incentive for somebody to do something intelligent about their own health and stop smoking.

When I go down for a life insurance physical, the first question I am asked: 'Do you smoke? Do you drink? Do you engage in--' and they have a list of other high-risk activities. And when I say, 'No, I don't smoke; no, I don't drink,' so on, 'No, I don't engage in some of these other things,' they say, 'Well, you will get a better rate.'

When we stand on the floor and talk inevitably and incessantly about health care for all Americans that cannot be taken away, we wipe aside the notion that there might be some kind of incentive that could be built into our system that says that people who take better care of themselves should get a better deal when it comes to paying for health care than people who do not. That has not been part of the debate, and that is one of the reasons why we have gone astray in all the talk we have had and missed the point.

If I may quote from the Newsweek article with respect to this issue about better health, Mr. Samuelson says:

We are slowly surrendering our economy to health care--for surprisingly modest gains in our health--and what we needed was a debate that confronted these relentless pressures. 'The cost-control imperative has been lost,' says John Inglehart, editor of the respected journal Health Affairs. Some day there may be frightful economic consequences. Business groups already say the costs of Government-dictated benefits will destroy jobs. Those would mount if health spending climbs and the costs are imposed on businesses by fiat or payroll taxes. Europe's experience is sobering. Since 1974, its unemployment has risen from 3 to 11 percent and private job growth has been meager.

His first point, we have seen all this increase in health spending, but we have gotten very little benefit and results.

Here is the same article:

Economist Charles Phelps of the University of Rochester studied the connection between higher health spending and Nations' improved health. The connection was 'tenuous.' The biggest health gains come from higher incomes--

If you earn more, presumably you take better care of yourself, not from health care. higher incomes, better education and inexpensive measures: Vaccinations, antibiotics against infections. Among individuals, diet and personal behavior (smoking, drinking, drug use) often explain who's healthy and who isn't. Even in societies such as England and Sweden, where everyone has insurance, the poor aren't as healthy as the middle classes.

You have not eliminated the disparity in health by eliminating the disparity in health coverage, and that is something I think we should have been talking about.

I keep hearing from my constituents: 'As you address health care, Senator, address the issue of high-risk behavior and do something to see to it that there is some kind of economic incentive for people to take better care of themselves.' But there is nothing in any of these bills, there has been nothing in any of the hearings that has addressed that issue.

No. 2: In all of the hearings we have had and all the discussions we have had, we have not, in my view, had a serious discussion of the importance of why market forces do not really work in health care.

I have already given a speech on this. I will not repeat it all. But let me summarize it.

First, the basic principle. When it comes to allocating scarce resources, market forces are always more efficient and fairer than Government's. That is a truth that has been established since the days of the ancient Egyptians and Romans, and on through the Renaissance and all through the Industrial Age.

Write it down. You can take it to the bank. When it comes to allocating scarce resources, market forces are always more efficient and fairer than Government's. So we are talking about allocating health resources and market forces do not work. Why do they not work? For one very fundamental reason. The customer has no power in the health care debate. The customer does not control what will happen. Who does? The insurance company. The insurance company is the controller, not the person who is consuming the health care.

I had that brought home to me very vividly during the campaign. I went to a hospital in Ogden, UT, the standard campaign circumstance. I was going through talking to people. I sat down in the board room with the administrators of the hospital, and we began talking about some of their problems.

They were commenting that the equipment in their hospital--I do now know whether it was an MRI machine, but let us take that as an example because everybody is talking about too many MRI's in the United States. This piece of equipment in their hospital was utilized about 20 percent of the time.

Well, being a businessman, I immediately said to myself the market is telling you something, hospital administrator. The market is telling you there is no more demand than 20 percent for that machine. You ought to do something to make a deal with the hospital down the street so that you could say, well, we are going to refer everybody who needs an MRI to the hospital down the street, and we will get full utilization of this machine.

My mind is saying we have to do something in Congress about the antitrust laws so the two hospitals can do that; they can talk to each other.

'No, no,' they said. 'Mr. Bennett, you do not understand. We have this MRI in this hospital because the market insists on it.'

And I say, 'Now, wait a minute. You do not understand. With a 20 percent utilization, the market is sending you a message.'

They said, 'No. You do not understand. We have to have it in order to meet the market.'

We stood there and argued back and forth fruitlessly for 4 or 5 minutes until suddenly they enlightened me as to what they were talking about when they said the 'market.' They said, 'If we do not have an MRI machine in our hospital, insurance companies will not allow any of the people that they insure to come to our hospital.'

I said, 'Oh, wait a minute. You are telling me then that the market is the insurance company, not the sick person.'

They looked at me like I was the dumbest guy in the block. 'Of course, the market is the insurance company. You think we exist to serve sick people? We exist to serve insurance companies who send us sick people. And the insurance companies say we will not send anybody to your hospital unless you have an MRI, so we have to go out and buy an MRI, even if we do not get enough utilization for it and we have to cost shift.'

The light began to go on in my head. Market forces do not work in health care because the consumer is not the customer, and we need to do something about that. But we have not had that point raised in any of these hearings. We have not talked about it in these hearings.

So someone else is making the economic decision for me as the consumer. And who is the someone else? Ultimately, it is the employer. Now, I have been an employer. I have been the CEO of a company. I have made the decision. I have had everybody come in. They make the presentation to me. I am the CEO. I get to decide. The insurance companies are coming to me. The self-insurance regulators are coming to me. The HMO's are coming to me: We want to sell your employees this thing. But really they want to sell me. I make the decision for all my employees.

What kind of market force is that, if one of my employees wants something other than I decide he or she should have?

We perpetuate this in this whole debate. We have never challenged that. We have gone willy-nilly from the notion that the employer should decide what people should have, to the idea that the Government should replace the employer deciding what people should have. And never in the debate have we raised the issue that maybe the people should decide what the people should have, at which point you begin to get market forces coming into the circumstance.

All that these various bills we have before us do is substitute the Government for the employer and leave the underlying problem still in place. We are never going to get true cost containment until we do something about that No. 3.

Never have I heard in all these hearings anybody challenge the absurdity of the notion of first-dollar coverage. Once again, let us look at insurance outside of health care and see how absurd this notion is.

Auto insurance. We all have auto insurance. Talk about mandates. We are mandated to have auto insurance in my State, and I assume every other State. I cannot get a driver's license; I cannot get a license for my car renewed if I do not have auto insurance. It is checked every year when I go in to get it renewed. There is a very firm mandate.

But my auto insurance does not provide first-dollar coverage. It would be absurd for me to think of it. What would it cost for an auto insurance plan that says we will cover through our insurance coverage the cost of changing the oil in your car. It cost me about, if I go to one of these Jiffy Lubes, \$19.95 to change the oil and the oil filter in my car.

Suppose, along with the cost of changing the oil and the oil filter, I had to pay the cost of filling out an insurance form and sending it to a third party to scrutinize it to see whether it

came under the terms of my policy, and then the insurance company would pay for changing the oil.

I rather suspect, based on various studies that have been made in the health insurance industry, that the cost of handling that insurance claim would be around \$20. So what does that mean for the cost of changing my oil? Instead of \$20, it is going to be \$40. What kind of premium am I going to have to pay for that policy in order to have the insurance company pay for the changing of the oil?

Very quickly, I can put a pencil to it and say it is a whole lot cheaper for me to have an auto insurance policy that pays for catastrophic events like if I run into somebody in an intersection and get sued. But, frankly, I will pay for changing the oil myself.

The same thing in homeowner's insurance. What kind of homeowner's insurance policy would we have if the policy covered the cost of mowing the lawn? It is so absurd nobody even thinks about it. And yet in health care we have it in our heads that somehow, if the insurance is not there to pay for changing the oil in the car, or is not there to pay for the cost of mowing the lawn, then we are not covered.

It is the absurdity of the notion of first-dollar coverage that is driving the cost of medical insurance right through the roof. We need to change our thinking and start saying the insurance principle should be what it has always been in everything else, which is insurance covers catastrophic events and it is not there to pay for a \$15, \$20 office visit by adding a \$15, \$20 claim cost on top of the office visit.

No. 4--and it comes out of No. 3--the myth of other people's money. I have heard this on the floor today, and this again is something we have not talked about in this whole debate. The idea that you are paying for your health care with somebody else's money, the employer must pay for my coverage, somebody else's money, is nonsense. Actually, it is all your money.

We have had percentages kicked around. The original bill that we were thinking about that has been the subject of hearings says that 80 percent of the costs will be paid by the employer. We are going to have a mandate that says every employer has to pay 80 percent of the cost. No. There is a flashback against that. So along comes Senator Mitchell. He says: I recognize that I cannot get an 80-percent mandate. I will go for a 50-percent mandate. So the employer will only pay 50 percent.

I am sure my friend from Minnesota would complain about that and say it ought to go back up to 80 percent. We just heard him say the Federal Government pays 79 percent of ours. Why should not every employer pay 79 or 80 percent? I would say to my friend from Minnesota, if he were here, that the Federal Government does not pay 79 percent. Employers do not pay 80 percent. I pay 100 percent. Every dime that goes for my health care is a form of compensation to me, and in the private sector particularly it represents a lowering of my taxable income by virtue of an employer decision to put the money in health care benefits instead of in my paycheck.

There is no such thing as other people's money here. It is the employee's money in every case. Again, I have been an employer. I know how it works. I explain to my employees, you may think you have a \$20,000 a year job, but it is a \$30,000 a year job because that is what it is costing me as your employer. I have to pay \$30,000 to keep you working for me. I put \$20,000 of that on your W-2 form that you take home at the end of the year that you pay

taxes on. I put the other \$10,000 into a variety of benefits for you. But they are still going to be part of the cost of having you on my payroll.

Indeed, we have heard some of the ads that have been running during this debate that make reference to that. Somebody says, 'Hey, I want those benefits. I gave up wage increases to get those benefits.' You have heard that on some of the commercials. That employee is beginning to understand that those are his dollars, not the employer's dollars. One hundred percent of the cost of health care falls upon the employee, because the employee is earning enough money for the employer to pay that \$30,000 that I referred to in the example, not just the \$20,000 he takes home.

So when Senators stand up on this floor and say, 'If the Senate of the United States does not pass this health care legislation, I will move to take away their benefits,' all he is really saying is, 'I will move to cut their salary, cut their compensation, by the amount those benefits represent in dollars.'

What will I do if that passes? I will do the same thing every other Member of this body will do. Having taken about a \$300 a month salary cut, I will take the money that is left and go out and buy myself some coverage someplace else. The Government does not give me benefits. The Government spends my money for benefits which the Government has decided I need.

So, as I say, these two come out of each other, the myth of other people's money and the earlier point about the lack of market forces operating in health care.

So, Mr. President, I suggest these four things have been missing in this debate in spite of the debate's length and complexity:

No. 1, we have not discussed the impact of this whole thing on people's health, and what it will do to make them healthy.

We have, No. 2, not discussed the failure of true market forces to work.

No. 3, we have not discussed the impact of the absurdity of the notion of first-dollar coverage on health care.

And, No. 4, we have not discussed the impact of the myth of other people's money.

I think we need to do that if we are truly going to restructure the health care system around sound principles.

The end result of all of this, our failure to discuss these underlying points, is summarized again in Newsweek. I go back to the article and give you a few observations.

President Clinton is right about the historic opportunity, and he blew it. Somewhere along the way, health care took a decisive turn towards fantasy.

I agree with that completely.

If Congress passes sweeping health reform, as they urge, we will have compounded all our long-term budget and economic problems by force-feeding the monster of health care spending.

I agree with that completely.

We are headed in the wrong direction. We need to stop and start over again. We are left with a legislative mishmash of ideas cobbled together in the majority leader's office in the last few weeks, put into legislative language that has now been revised twice. So that we have three sets of ideas before us, under an enormous time pressure, pushed onto the floor with an artificial deadline, with no report language, no opportunity for a careful analysis of all of it, no chance to run some of these things by real-life scenarios before we have to vote.

And in the pressure cooker of floor debate, with the threat of a cloture vote designed to embarrass people politically hanging over us, we are told to legislate the most far-reaching piece of social engineering ever proposed since the Great Depression.

Mr. President, that kind of demand upon the Senate is irresponsible; it is dangerous and it is unnecessary. I say it is irresponsible because we are left with a bill that few, if any, have read--I tried, only to have to stop when the next version comes out and start all over again--a bill few understand, and no staff has really been able to summarize it or synthesize it to my satisfaction.

With respect to 'one-seventh' of the economy, that statement has been made. I put it into chart form. For the sake of helping us understand just how big it is, we show here on the top line, the red line, the total U.S. health industry economic activity, which is \$942 billion. That is a big number, by anybody's imagination.

But let us put it in some kind of context. How big is that? Is it bigger than a bread box, to go back to a phrase that comes out of my youth, on television? It is bigger than the entire economy of Great Britain? This first yellow line shows the entire economy of the United Kingdom. Do you think that people in the Parliament would be restructuring their entire economy in a single bill in a single Congress, and be considered responsible? No. They would go about something like that very carefully.

Canada, here is the entire size of the Canadian economy. We are talking about nearly twice as much money as the entire Canadian GDP; Spain, The Netherlands, Australia, Belgium, Sweden, Austria, so on and so forth, all the way down. There are only five nations that have GDP's larger than the amount of money that we are talking about. They are Italy, France, Germany, Japan, and of course, the United States, because this represents one-seventh of our GDP. So our total GDP would be seven times bigger than this.

This illustrates the size of the stakes that we are playing with here. It is irresponsible, as I say, to be dealing with something that big in the manner in which we are.

I said that the bill was complicated. The bill is huge. It is almost impossible for anybody to understand it, including the staffs.

There is one group that probably understands it about as well as anybody, and are forced to by virtue of their profession and assignment; I am talking about the Congressional Budget Office. The Congressional Budget Office, after looking at how we would restructure \$942 billion worth of economic activity, has this to say:

For the proposed system to function effectively, new data would have to be collected, new procedures and administrative mechanisms developed, and new institutions and administrative capabilities created.

That is a pretty daunting task all by itself.

In preparing the quantitative estimates presented in this assessment, the Congressional Budget Office has assumed--

They have not determined, they have assumed. not only that all those things could be done, but also that they could be accomplished in the timeframe laid out in the proposal.

Those are two rather significant assumptions. And then in what I consider one of the great understatements in the document, they say:

There is a significant chance that the substantial ranges required by this proposal could not be achieved as assumed.

We are fooling around with something bigger than the entire GDP of Great Britain, and there is a significant chance that the underlying assumptions could not be reached.

What are the implications of this kind of haste to judgment, having, as I said, ignored some of the other things that are outside our normal view of the way this matter should be discussed? I think it is dangerous for us to proceed, because the first indications we have of what will happen can be very, very serious.

Going back to the Congressional Budget Office, it says:

The subsidies for people who are temporarily unemployed would be particularly hard to administrate and monitor. It would be difficult, for example, to determine whether people had left their jobs voluntarily or involuntarily, or whether they would receive employer contributions for health insurance through an employed spouse. Moreover, because of the way these subsidies would be structured, significant horizontal inequities could result. That is, families with similar income could receive quite different subsidy amounts.

Senator Mitchell's proposal, like many other reform bills, would encourage a reallocation of workers among firms in ways that would increase its budgetary costs. In addition to raising the Government's costs, the reallocation of workers could reduce the efficiency of the labor market.

Again, the ripple effect of bad decisions as it goes through the entire economy.

The imposition of the mandate would raise the cost of employing workers at firms that do not currently provide insurance. Economic theory and empirical research both imply that most of this increased cost would be passed back to workers, over time, in the form of lower take-home wages. Such shifting would not be possible, however, for workers whose wages were close to the federally regulated minimum wage. Therefore, the net cost of employing those workers would be raised by the mandate, and some of them would lose their jobs.

Let me pause with a definition that does not come out of Webster's. I take full responsibility and blame for it. But I say here that my definition of a mandate that forces people to spend money is that it is `a tax.' If you mandate something that causes people to increase their costs, it has exactly the same impact on the business as if you had raised their taxes. And we are talking about a whole bunch of mandates here. `Oh, no,' we are told, `the Mitchell bill does not have any mandates.' Oh, yes, it does.

The Mitchell mandates. Who gets hit? Or if I apply my definition, who gets taxed? There is a mandate on future Congresses. This bill tells future Congresses what they must do if certain things do not happen.

There is clearly a mandate on States. Clearly, there are requirements that the States are going to have to spend money--mandates on doctors, health care providers, big businesses, small businesses, independent contractors, individuals.

If the trigger kicks in, clearly there will be mandates all the way through. Who pays? Well, of course, as I said earlier, ultimately the individual pays all of these costs in the form of higher taxes, lower wages, fewer jobs, lower quality, and less choice.

The Mitchell mandates are clearly in the bill.

What will happen if the Mitchell bill passes? In my view, there are a number of things that can be fairly safely postulated. Number one--and we have talked about it--costs will rise.

If I may turn to an article that appeared in the Wall Street Journal, written by Martin Feldstein, former Chairman of the President's Council of Economic Advisers, currently a professor of economics at Harvard. He is talking about mandates in much the same way I am. This an article entitled 'The Hidden \$100 Billion Dollar Tax Increase.' I will repeat that: 'The Hidden \$100 Billion Tax Increase.'

Professor Feldstein says:

President Clinton is increasing the pressure on Congress to enact a massive and irreversible entitlement program to subsidize health insurance and redistribute income. The cost for this largest-ever welfare expansion would top \$100 billion a year at today's prices. That is equivalent to raising personal taxes across the board by nearly 20 percent.

Amazingly, the Senate Democratic leadership has managed to conceal this massive tax increase from the public. The legislative wrangling and public discussion have virtually ignored the cost of financing this spending explosion. Members of the business community have been so eager to avoid employer mandates that they have not considered the tax consequences of the pending legislation, and members of the general public have been so concerned about preserving their ability to choose their own doctors that they have not focused on what these plans would mean for their individual wallets.

In short, buried in the CBO numbers is the projection that the Senate Finance Committee plan would have a \$63 billion annual cost, at 1994 price levels, and that all but what the CBO estimates to be \$14 billion in cigarette levies would be obtained by hidden taxes in the form of cost shifting through health care providers and insurance companies. It's remarkable that the same politicians who have produced this \$49 billion in hidden cost shifting have the audacity to say that the public should support their plan in order to eliminate the much more limited cost shifting that occurs under the existing system as hospitals pass on the cost of free care.

Indeed to the extent hospitals are already giving free care, the increase in formal insurance coverage gives that much less to the currently uninsured and confirms that most of the plan's cost is to achieve income redistribution, not expanded health insurance. Costs will rise, and the historic driving force primarily responsible for people being uninsured is high costs.

There are those who suggest, even if the press reports can be believed from Mrs. Clinton herself, that one of the main consequences of passing the Mitchell bill will be to increase the number of the uninsured. I think the fact that the costs will rise is a driving force behind that belief.

People in America are not stupid. They can figure out how to game a system. It is very clear that they will start to game this system. They will split into several companies with under 25 employees in each company. They will hire more temps. That is already happening. We see that phenomenon, clearly, through the economy. And it is cheaper for an employer to pay overtime than it is to pay benefits to a second employee when the benefits have been mandated at such a high level. We are seeing that happen in the economy now.

The community rating experience in New York shows that the number of uninsured raises and does not fall under the community rating system unless, once again, there is a very heavy-handed force that comes in and the Government gets involved more and more and more.

The net effect is that the number of uninsured will go up rather than come down. In my view, it is an absolute certainty that the Mitchell bill will fail to decrease the percentage of the uninsured so that we are certain that if we pass the Mitchell bill we are legislating for the Congress in the year 2002.

The trigger is not a hard trigger. It is not a soft trigger. It is, in fact, a certainty. The Mitchell bill will not work, and the trigger called for in the Mitchell bill will take place. That is inevitable.

So we find ourselves in the circumstance of being arrogant enough to say that this Congress, in the name of going through a window of opportunity that we are told will not reappear for another 30 years, has the wisdom to shape the form of health insurance and health coverage for this country 8 years from now, and that intervening Congresses will be frozen out of doing anything about it.

Well, the absurdity of this is what is causing the rising chorus of dissatisfaction within this Congress, House and Senate. We are getting new bills introduced all the time. I just agreed to go on one, along with my friend, Senator Domenici, on the Republican side; and it will be sponsored on the Democratic side by Senator Nunn and Senator Boren. It will be along the lines of the bipartisan effort that is being introduced in the House. We will have formal introduction of it sometime early next week.

There is rising dissatisfaction with the options in front of us, a sense that somehow Mr. Samuelson is right. We have missed a historic opportunity. The debate has taken a decisive turn toward fantasy, and we probably ought to start over again next year.

I will say that I do not think we should despair of doing anything in this Congress. I would not be, along with the three Senators I have mentioned, sponsoring a new bill at this late point if I felt that way. We can do something this year. We can do something meaningful this year. We should just make sure we do not do something dangerous or irresponsible this year.

My friend from Minnesota gets all upset because the bill we are sponsoring does not provide universal coverage, and I say to him that he is absolutely right, and it is not designed to. But it is offered on the assumption that the Congress will meet next January. It is offered on the assumption that the Finance Committee will still be in business next year and can address the issues that I have talked about in something less than the pressure cooker we are in--can

go back to the fundamentals that have been overlooked, that I mentioned in the beginning of my statement, and try to sift through those. And, in the meantime, we will have at least this year taken some steps to solve the problems we all agree should be solved.

I reject the notion that seems to underlie most of this debate that says if we do not do it in this Congress, we will not get another shot for 30 years. I had that exchange with Dr. Uwe Reinhardt when he appeared before the Joint Economic Committee and said, 'Why can't we do it intelligently, one step at a time, and do what we now know we have to do and tackle some of the structural things next year?' He said, in effect, 'Senator, that is clearly the right way to do it. But those of us who are junkies on this issue say that we get one opportunity every 30 years, and this is our only opportunity.'

I said, 'That is stupid,' and he looked at me and he said: 'Are you willing to commit to addressing this next year?' And I said, 'Not only next year, but the year after and the year after, and however long it takes to try to get this thing solved.'

He kind of blinked a little and said, 'Well, if the Congress really would do that, maybe we do not have to do it all this fall.'

So that is my plea. Let us abandon the imagery that comes out of the space program of a window of opportunity. In the space program--you will recall that is where the phrase came from--there is a window of opportunity in space when the weather and the placing of the moon and other things relating to a launch opens up, and it is open for a matter of a few hours, and then the moon moves on or the weather rolls in and the window closes. And the people at the Johnson Space Center in Houston realize it is going to be x number of months before they get another window. That is where the phrase comes from, and that is the imagery we have been going on that has been driving the debate.

Let us set that imagery aside and replace it with the understanding that President Clinton has, instead of pointing out a window of opportunity, given us an open door to walk out of the past, into an open, sunlit circumstance, where we can view all our options and make intelligent decisions, and the window will not close once. We are through that door, on the other side, committed to the idea of doing the right thing for health care. We can do it intelligently, gathering the data, waiting until we see what the data tells us before we take the next step, then watching to see what happens, and moving intelligently and soundly in the direction of solving this problem ultimately for all of our citizens.

Am I committed to the idea of universal coverage? If you will let me define what universal coverage is, I will tell you absolutely I am committed to the idea of universal coverage. Am I agreeing with the idea that we are rich enough to provide the proper kind of health care for every American? Absolutely, I agree with that. But I do not want to do it under an artificial deadline, working with a legislative mishmash that has been put together in a political atmosphere of debate that has ignored some of the very basic concepts that I have been talking about.

Back to my imagery. President Clinton has opened the door. I give him full credit for that. I always have. He has had the courage to take on an issue that many of his predecessors ducked. But we are walking into that sunlight on the other side of the door with blinders on, blinders that come out of the paradigm, if you will, that we have lived on this side of the wall, and we need to take the blinders off and look around. And we are not going to be able to do it in the present legislative circumstance.

That is why I say the folks in Newsweek have it right. Sixty-five percent of Americans have it right. We should not rush to judgment on this.

I conclude by quoting once again from the Samuelson argument. He says:

What we have had this year was the chance to begin grappling with the basic questions. We squandered it. The Clintons imagined that health care will secure their place in history, and in a peculiar way, they may be right. History is written with hindsight, and when it is, it may judge them harshly, not simply because they led us in the wrong direction, but because all the evidence needed to go in the right direction was obvious, and they chose to ignore it.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. Daschle.) The Senator from New York.

Mr. MOYNIHAN. Mr. President, may I once again take this opportunity, as I have not had it sufficiently, to thank the Senator from Utah for his very thoughtful, important statement. And that statement we have been hearing from both sides of the aisle today. Universal coverage is a goal that this country can achieve and ought to commit to, and will, I think, do both.

That was a very fine statement.

Mr. BENNETT. Mr. President, may I thank my friend from New York for his kind remarks, and in the spirit of what he has just said, remind him of my opening statement. I do not think he was here when I made my opening statement. I quoted him, I hope correctly, at a time when he and I walked onto the Senate floor and I asked him, as a freshman at the feet of the experienced legislator, 'Are we going to have health care this year?' And he said to me--he may well have forgotten, and he may now wish to repudiate the notion--but he said to me: 'Harry Truman tried it in the 1940's, and the Republicans said 'No.' Richard Nixon tried it in the late 1960's, and the Democrats said 'No.' Now we have both Republicans and Democrats agreeing that it ought to be done, and I think we will get a bill.'

If we can go back to the spirit of the Senator's comment to me there, I think we can get a bill, and certainly over time we can solve the problem.

I think it is very significant that every single Republican Member of this body has signed on to some kind of bill calling for basic restructuring of the health care system, and certainly the same is true on the Democratic side. That is a matrix that has not existed in previous growing seasons, and I hope we do not lose it this time.