

and seek retribution when HMO decisions lead to harm.

Is that radical? No. That is a standard part of American life, except it is more important in a lot of American life because of the actual health and physical safety of a patient. When Americans go to a doctor, they should get the care they need. If they don't get it, they should have the means and the right to address disputes. They should not have to worry about insurance companies cutting that off.

A central element of the Democratic Patients' Bill of Rights is that point—the ability to hold health care plans accountable for the medical decisions that lead to harm.

The Republican plan fails to hold HMOs accountable. Under the Republican plan, the only remedy available when a patient is harmed by an HMO decision is recovery of the actual cost of a denied procedure, even if the patient is already dead or disabled for life.

Make no mistake. If we don't respond quickly and forcefully enough, more and more Americans are going to lose confidence in our system and in us. Already 90 percent of Americans are unhappy with their plan. Shocking, shocking. We can do something about it. I think we have a moral obligation to take up the Patients' Bill of Rights. We certainly have the time because we are not doing a whole lot of other things around here that I can put my hands on. I think it is time that Congress take up and pass these patient protections this year.

I yield the floor.

EXTENSION OF MORNING BUSINESS

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. WELLSTONE. Mr. President, in case others come to speak—I don't want to take that time—I ask unanimous consent to extend the time until 5:10, with the time equally divided.

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

PATIENTS' BILL OF RIGHTS

Mr. WELLSTONE. Mr. President, I thank my colleague from West Virginia.

Let me try to talk about this in a more blunt way, not in a bitter way, but let me be direct about it.

I think it is just outrageous. Mr. President, you are a friend. I hate to have such angry words. But we should be debating. Personally, I wish we were talking about universal health care coverage. The insurance industry took it off the table. They dominate too much of this political process.

I think Senator FEINGOLD and I, before this debate is over, will come out and just talk about the contributions from all the different parties that are affected by this health care legislation. We should be talking about universal

health care coverage. But we certainly also should be talking about patient protection.

We have a system where the bottom line is becoming the only line. It is becoming the incorporated and industrialized system.

The Republicans say they have a plan—the Republican “patient protection plan”—which I think really is an insurance company protection plan. It covers about 48 million people. The people who aren't covered, because of the risk—they can't be covered, because they are in self-insured plans because of what the States do.

Our plan covers 163 million people.

No wonder my colleagues on the other side of the aisle don't want to debate this.

Second point: Who defines “medical necessity”?

Our plan makes it clear that the providers decide what the care should be for the consumer, for our children, for ourselves, for our loved ones. The Republican plan is not so clear on this question.

No wonder my colleagues don't want to have any debate.

Point of service option: I remember having an amendment in committee when we wrote this bill which at least would let people, if they are willing to pay a little more, be able to purchase care outside of the network, outside of the plan. If they need to go to see a specialist they hear about who would make such a difference and would give them the care they need, or for their loved one, we provide for that. The Republican plan—the insurance-company protection plan—doesn't.

No wonder they don't want to debate this.

Who does the review?

When you want to make an appeal and you say you have been denied the access to the physician you need to see, or your family can't get the care they need, do you have an external review process? Is there an ombudsman program back in our States? Make it grass roots. Do not talk about centralized public policy. Make it happen back in our States. An ombudsman program with external review, somewhere consumers can say: I have been denied the care I need.

The Republican insurance company protection plan doesn't provide for that. Our legislation does. We have a difference, America, between the two parties, that makes a difference in your lives.

With all due respect, I understand why my colleagues on the other side of the aisle don't want to debate. The Senate is supposed to be the world's greatest deliberative body. Our colleagues on the other side of the aisle don't get the right to tell us that we won't be able to bring amendments to the floor, we won't be able to have a full-scale discussion, and we won't be able to have a thorough debate.

I can't wait for this debate. I introduced the patient protection bill 5

years ago, half a decade ago. This will be a great debate. I think the country will love this debate. The people in Minnesota and the people in our different States will say they are talking about a set of issues that are important to their lives.

The pendulum has swung too far in the direction of the big insurance companies that own and control most of the managed care plans in our country. Consumers want to know where they fit in. Ordinary citizens want to know where they fit in. The caregivers, the doctors and the nurses, want to know where they fit in. When they went to nursing school and when they went to medical school, they thought they would be able to make the decisions and provide people with care. Now they find they can't even practice the kind of medicine that they imagined they would practice when they were in medical school.

Demoralized caregivers are not good caregivers. We have demoralized doctors and nurses; we have consumers who are denied access to care they need; we have corporatized, bureaucratized bottom-line medicine, dominated by the insurance industry in this country.

We have a piece of legislation to at least provide patients with some protection and caregivers with some protection, and our Republican colleagues don't want to debate this. I am not surprised. I am not surprised.

On the other hand, you can't have it all ways. We wrote this bill in the Health, Education, Labor and Pension Committee. We had a pretty good markup where we sat down, wrote the bill, and had pretty good debate. I was disappointed that a lot of important amendments protecting consumers were defeated on a straight party vote.

Now it is time to bring this legislation to the floor. As a Senator from Minnesota, I say to Senator DASCHLE that I absolutely support what he is doing. I absolutely support what we are doing as Democrats. In fact, I am particularly proud right now to be a Democrat because I always feel a lot better when we are talking about issues that make a real difference to people's lives.

As far as I can tell, most of the people in our country are still focused on how to earn a decent living, how to give their children the care they need and deserve, how to do good by our kids, to do good by our State and country, how to not fall through the cracks on decent health care coverage, how to make sure we have affordable, dignified, germane, good health care for our citizens.

This doesn't even get us all the way there. It seems to me the Senate, by bringing this bill to the floor, by having the opportunity to offer amendments and having the debate, can do something very positive. We can do something to make an enormous difference in the lives of people we represent.

The Democrats aren't going to let up. We are going to keep bringing our

amendments to the floor. We are going to keep talking about health care policy. We are going to keep talking about consumer protection and patient protection. We are going to keep talking about how to make sure the people we represent get a fair shake in this health care system. We are going to keep saying that it is not our responsibility to be Senators representing the insurance companies; we are supposed to be representing the vast majority of people who live in our States. That is what we are going to do, as long as it takes.

I am ready for this debate. I am ready. Let's start it now.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative assistant proceeded to call the roll.

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

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

Mr. WELLSTONE. Mr. President, just a footnote. Altogether, we had 16 Democrats come to the floor to speak about the importance of patient protection and we have had two Republicans.

In one way I am not surprised because I don't think my colleagues have a defensible case. They don't want to bring this motion to the floor. They don't want to have a debate. They don't want to vote on the amendments. But that is what it is all about.

We are not here to dodge; we are not here not to make difficult decisions. We are not here to not be willing to debate legislation that is important to people's lives.

I say to the majority leader and my colleagues on the other side, it is true; we will have amendments. I have some great amendments in my-not-so-humble opinion. Others may have a different view.

The point is, that is what it is about. Bring the amendments to the floor. As Democrats, we will discuss what we believe, we will talk about the legislation and the amendments we have that we think will lead to the best protection for people we represent in our States. And Republicans will come out and they can talk about why they think these amendments are a profound mistake and why their amendments will do better. They can talk about their legislation and we can talk about our legislation. Maybe we will have plenty of compromise and maybe we will come up with a great bipartisan bill. Who is to say?

Right now, all we have on the other side is silence, an unwillingness to debate this issue. If I didn't think I was taking advantage of the situation, part of me is tempted to keep talking and asking Members to come on out and debate. I won't. I think I made my point about 20 different times in 20 different ways.

Since the Senator from Alabama is presiding, I do want to say this for people who are watching: The Senator from Alabama can't debate because he is the Presiding Officer. He would. I know him well enough.

I say to Senator SESSIONS, we will get a chance, and all the rest of the Senate will have a chance, to come out and debate patient protection legislation. Let's have a good, substantive, serious debate. I know the Senator from Alabama loves a debate and he is good at it. So are many other Senators. It will not be debate for the sake of debate. It will not be fun and games. It will be a very serious issue.

Honest to gosh, I came here as a Senator from Minnesota to do good for people in my State. I can't do good for people in my State when I have a majority party that wants to block patient protection legislation. I didn't come here to represent the insurance industry. I didn't come here to represent the pharmaceutical industry. I came here to represent people in Minnesota.

I want us to debate this legislation. I certainly hope Republican colleagues will come out here and we will get going on this. Otherwise, for as long as it takes, I think we are committed to using every bit of leverage we have to force a debate on this question.

Mr. President, if there are other colleagues on the floor, and it looks as if maybe there are, I will yield the floor. I see my colleague from Tennessee. I say to my colleague from Tennessee, I am delighted he is out here. I hope this is the beginning of a discussion. Then we will have this legislation on the floor soon. Let's have the debate. Let's pass good legislation that will help people in our States.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

EXTENSION OF MORNING BUSINESS

Mr. FRIST. Mr. President, I ask unanimous consent that morning business be extended to 5:30, as under the previous agreement.

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

Mr. FRIST. Mr. President, I rise in part to respond to much of the discussion that has gone on this afternoon. But really, I think more important, to put in perspective where we are today with this issue of the Patients' Bill of Rights and what we can do as a legislative body to address some very real problems, very real challenges that face the health care system, that face individuals, that face patients, and face potential patients as they travel through a health care structure that in some ways is very confusing, in some ways is conflicting but underneath provides the very best care of anyplace in the world.

Many of the challenges we face today are a product of an evolving health

care system where we have Medicare, which treats about 39 million seniors and individuals with disabilities. We have real challenges in Medicare because it is a government-run program that is going bankrupt. It is a program that has a wonderful, over 30-year history of treating seniors, people over the age of 65, and individuals with disabilities. These are people who probably could not get care anywhere near the degree of quality they can get today. Yet we have huge problems and we have tried to address them through a Medicare Commission. Unfortunately, even though we had a majority of votes supporting a proposal there called Premium Support, the President of the United States felt he could not support that proposal and thus, right before the final vote, pulled back and said I will provide a solution to Medicare in the next several weeks.

To date we have not heard from the President of the United States. Yet we have a program with 39 million people in it going bankrupt. It is going bankrupt in—now the year is 2014. That is about 39 million people. About 30 million people are in Medicaid. That is another government-run program, the joint Federal-State program, funded principally, almost half and half, by Federal and State but run by the States. That is directed at the indigent population, principally. There are just over 30 million people in it. It is a program that I think also has been very effective.

As a physician in Tennessee, I had the opportunity, the blessed opportunity of taking care of hundreds and hundreds and hundreds of Medicaid patients. But also, as you talk about States in the Medicaid program, there is a lot of discussion of how we can improve it, how we can improve quality. That discussion needs to continue. It is going on in every courthouse in every State, every legislative body, every Governor's office, every community townhall right now.

Then we have the third area, the non-governmental area, where this whole Patients' Bill of Rights issue is one we must address.

I should say, because we have heard so much to the contrary, we have a bill, the Republican bill. It is called the Patients' Bill of Rights Plus. That was introduced in the last Congress. That was talked about along with the Kennedy-Daschle bill from last year. Both of those bills were brought into Congress. It was the Republican bill which was what we call "marked up." That means it was taken to the Committee on Health, Education, Labor and Pensions, the Health Committee, the appropriate committee. In that committee, it was debated; it was talked about. We probably had, I don't know—we started with about 40 amendments in that committee about 3 or 4 months ago on the Patients' Bill of Rights Plus. They were debated. We had some good debate. Some things we did not debate and they need to be taken forward and further discussed.