Hispanic American. Antonio Villaraigosa said:

I was offended by the idea of a national anthem in another language because for me the national anthem is something that deserves respect. Without question the vast majority of people in the United States were offended, as well. Our anthem should be spoken English.

So says New Mexico Governor Bill Richardson, a Hispanic American, who said on the ''CBS Early Show'' last week:

I agree. The national anthem should be in English. Most immigrants want to become American. They want to learn English. They want to be part of the American mainstream.

Twelve cosponsoring Senators agree. Many Democrats in the House of Representatives have joined as cosponsors. Senator CONRAD from North Dakota spoke on this in the Senate last week and said:

A common language is absolutely essential to our Nation. I look to our neighbors to the north [meaning Canada] and see incredible traumas they have been through because they are speaking in two different languages. My own strong belief is we ought to say the pledge in English and sing the national anthem in English.

Ramon Cisneros, the publisher of a Spanish language newspaper in Nashville, e-mailed me:

Thank you for the resolution. Our common language as Americans is and will always be English. Our national symbol should always be said and sung in English.

We have worked hard to make English our common language, creating common schools, requiring new citizens to learn English to the eighth grade level. The Senate last week passed grants to help prospective citizens learn English. We welcome legal immigrants to this country. But we expect they will become American, that they will learn our common language, English, that they will learn our history, that they will subscribe to our values as found in the Declaration of Independence and Constitution, and when they became citizens, they will renounce allegiance to their former government and swear allegiance to our laws and Constitution. That is what holds us together as the United States of America.

So I am glad, in conclusion, that as the Senate stood together for our economic identity as Americans, it did it unanimously and passed our resolution affirming that statements of national unity, including the Pledge of Allegiance and the national anthem, should be said or sung in our common language, English.

The PRESIDING OFFICER. The Senator from Hawaii.

NATIVE HAWAIIAN GOVERNMENT ACT OF 2005

Mr. AKAKA. Mr. President, I rise today to talk about an issue of significant importance to the people of Hawaii, S. 147, the Native Hawaiian Government Reorganization Act of 2005. While opponents of this legislation have sought to characterize this issue as a Native versus non-Native issue, I am here to tell you that there is nothing further from the truth. This bill is important to all of the people of Hawaii.

Why? It is significant because it provides a process, a structured process, for the people of Hawaii to finally address longstanding issues resulting from a dark period in Hawaii's history, the overthrow of the Kingdom of Hawaii. The people of Hawaii are multicultural and we celebrate our diversity. At the same time, we all share a common respect and desire to preserve the culture and tradition of Hawaii's indigenous peoples, Native Hawaiians.

Despite this perceived harmony, there are issues stemming from the overthrow that we have not been able to address due to apprehension over the emotions that arise when these matters are discussed. There has been no structured process. Instead, there has been fear as to what the discussion would entail, causing people to avoid the issues. Such behavior has led to high levels of anger and frustration as well as misunderstandings between Native Hawaiians and non-Native Hawaiians.

As a young child, I was discouraged from speaking Hawaiian because I was told that it would not allow me to succeed in the Western world. My parents lived through the overthrow and endured the aftermath as a time when all things Hawaiian, including language, which they both spoke fluently, hula, custom, and tradition, were viewed as negative. I, therefore, was discouraged from speaking the language and practicing Hawaiian customs and traditions. I was the youngest of eight children. I remember as a young child sneaking to listen to my parents so that I could maintain my ability to understand the Hawaiian language. My experience mirrors that of my generation of Hawaiians.

While my generation learned to accept what was ingrained into us by our parents, my children have had the advantage of growing up during the Hawaiian renaissance, a period of revival for Hawaiian language, custom, and tradition. Benefitting from this revival are my grandchildren who can speak Hawaiian and know so much more about our history.

It is this generation, however, that is growing impatient with the lack of progress in efforts to resolve longstanding issues. It is this generation that does not understand why we have not resolved these matters. It is for this generation that I have written this bill to ensure that we have a way to address these emotional issues.

There are those who have tried to say that my bill will divide the people of Hawaii. As I have just explained, my bill goes a long way to unite the people of Hawaii by providing a structured process to deal with issues that have plagued us since 1893. The misguided efforts of my colleagues who seek to delay the Senate's consideration of this bill, however, may have a divisive effect on my state.

This bill is also important to the people of Hawaii because it affirms the dealings of Congress with Native Hawaiians since Hawaii's annexation in 1898. Congress has always treated Native Hawaiians as Hawaii's indigenous peoples, and therefore, as indigenous peoples of the United States. Federal policies towards Native Hawaiians have largely mirrored those pertaining to American Indian and Alaska Natives.

Congress has enacted over 160 statutes to address the conditions of Native Hawaiians including the Native Hawaiian Health Care Improvement Act, the Native Hawaiian Education Act, and the Native Hawaiian Home Ownership Act. The programs that have been established are administered by federal agencies such as the Departments of Health and Human Services, Education, Housing and Urban Development, and Labor. As you can imagine, these programs go a long way to benefit Native Hawaiians, but they also serve as an important source of employment and income for many, many people in Hawaii, including many non-Native Hawaiians. There are many Hawaii residents whose livelihoods depend on the continuation of these programs and services.

This, colleagues, is why this bill is important to the people of Hawaii. I ask all of you to respect our efforts by voting to bring this bill to the floor for consideration and for a vote.

The PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON of Florida. Mr. President, under the previous order, if I might inquire, the time is allocated to this side; is that correct?

The PRESIDING OFFICER. That is correct. Twenty-two minutes remains on the minority side.

Mr. NELSON of Florida. I thank the Presiding Officer.

Mr. President, may I be recognized?

The PRESIDING OFFICER. The Senator from Florida is recognized.

Mr. NELSON of Florida. Thank you, Mr. President.

HEALTH INSURANCE REFORM

Mr. NELSON of Florida. Mr. President, the underlying bill we are discussing is an attempt at a much needed reform of the health insurance system of this country.

If you wonder why there is the organization of health insurance in this country that we have, it is as a result of a historical accident. It was when all the veterans were coming home after World War II that employers, in order to get them to come and work for their company, would offer fringe benefits, one of those fringe benefits being health insurance. Therefore, a system developed in this country of organizing health insurance around an employer.

As time grew and things got more complicated, health insurance offered

by an employer that was a large employer, with hundreds and thousands of employees, could offer a cheaper rate because of the principle of insurance; that is, you take the health risk, you spread it over the most number of lives, and therefore you bring down the per-unit cost or the cost to the individual for the health insurance premium. Because in a much larger group, you have young and old, you have sick and well; instead of a group being smaller and smaller—especially if it is a mom-and-pop store that wants to insure their employees—there are not many lives over which to spread that health risk, and therefore the cost of that health insurance is going to be so much more than on a large group.

That is why we have used the Federal Employees Health Benefits Plan as an example we should try to achieve. There are approximately 9 million people in that health insurance plan. So you have 9 million people over which to spread the health risk, and therefore you can bring down the per-unit cost. You can let it be private enterprise with the individual insurance companies competing for that business. And you give the consumer the choice: do they want a ''Cadillac'' policy with a lot of bells and whistles or do they want a ''Chevrolet'' policy, which is much more pared down?

Now, that is the ideal we ought to achieve, and that is what the Enzi bill is trying to achieve. The problem is that the Enzi bill has a fatal flaw; that is, there is no regulation of the insurance companies. That is the fatal flaw.

Now, I can inform the Senate, this Senator from Florida, prior to coming to the Senate, had the privilege—and I might say the toughest job in my entire adult life of public service—to be the elected insurance commissioner of the State of Florida. And through one crisis and another, you kind of, in that crucible, start to learn something about insurance. One of the things I learned is, if insurance companies are not regulated, then, guess what, insurance companies will want to insure the lower risk—in other words, the healthier people, the younger people who are not going to get sick—and if they do insure the sicker and the older, the price is going to go up through the roof.

You need a regulator to regulate the business of insurance, to protect the interest of the public. That is why, in the 1930s, the McCarran-Ferguson Act, passed by the U.S. Congress, left to the 50 States the regulation of insurance, and that is why departments of insurance are set up in most States—most of which, by the way, have an appointed insurance commissioner; very few States have an elected insurance commissioner—and they are there for the purpose of protecting the consumers of a product which is not a luxury and has now become a necessity. In the case of health insurance, we Americans look at it as almost something that is, if not a right, clearly something that is a necessity for the good health we all want to have.

So what is wrong with the Enzi bill? I can tell you, there is not a finer Senator than Senator ENZI. There is not a finer gentleman than Senator ENZI. So as I have talked to Senator ENZI about the deficiency of his bill, the fatal flaw—the idea of pooling is great, but when insurance companies are not regulated, as is the case in his bill, what is going to happen? The price is going to get jacked up. The group is going to get smaller and smaller. It is going to get older and older. It is going to get sicker and sicker. And the insurance premiums are going to continue to go up.

So I have talked to Senator ENZI, and I have said: Let's correct this deficiency by amending it so we impose what has been the delivery of insurance in this country since the 1930s; that is, the protection of the consumers with a regulator. But guess what. Senator ENZI is under the direction of the majority leadership, and the majority leadership says, in the consideration of this bill, they will not allow it to be amended.

Now, isn't the Senate the place where deliberation is to occur? And if this Senator from Florida, on the basis of his experience for 6 years as an insurance commissioner, can point out an improvement to the bill that otherwise, if passed and went into law, would do one thing: jack the rates up—exactly the opposite that all the small businesses that are advocating for this bill want; it would have the exact opposite result, it would jack the rates up—is it not the business of the Senate to deliberate, to consider amendments, to amend, to perfect, to improve, and then, hopefully, pass a much needed piece of legislation to give small business some relief from this accident of history that started at the end of World War II with the veterans coming home, organizing insurance around an employer?

Small business has it rough because small business cannot afford the cost of the insurance.

Now, another amendment that, of course, we would like to entertain happens to do with health insurance as well. But it has to do with senior citizens' health insurance; that is, Monday, May 15, is a deadline for senior citizens signing up under the new prescription drug benefit. Increasingly, senior citizens are anxious because they have this deadline they are being forced into.

Many of them—millions of them—not the ones who have automatically gone into the new program under the new law—I am talking about senior citizens who have to make a choice, knowing they are going to be penalized if, by Monday, they choose a plan, and then, if it is the wrong plan, it cannot be changed until the end of this year. So they are stuck. Or if they do not sign up for this plan by Monday, May 15, they are going to be penalized 1 percent a month. How many months is that between May and the end of the year? Six or seven. In other words, then, when they sign up, they are going to have to pay a 6- or 7-percent penalty. That is not right. We should not do that to our seniors.

All we could do is amend this bill. OK. Do not take my position, which gives them to the end of the year. Well, let's give them 2 or 3 or 4 months before the deadline comes. But the clock is ticking, and it is ticking down to next Monday, May 15.

I yield to the Senator.

Mr. KENNEDY. Mr. President, wasn't the Senator's impression that the prescription drug program was going to be a voluntary program? And for millions of people—or for hundreds of thousands in my State—people felt it was going to be a voluntary program. They were absolutely confused. We have 45 different programs with a wide variance in copays and deductibles with individuals on a formulary one day and off a formulary another day.

I would be interested as well if the Senator would comment on the General Accounting Office's report that I thought was rather devastating in terms of the ability of the CMS to be able to communicate to seniors about their options.

As I understand what the Senator from Florida is saying, millions of Americans thought the prescription drug program was voluntary, so they did not think they really had to get involved in it. Then, they might have heard they better sign up. Now they are increasingly conscious about the penalty and, at the same time, we have a General Accounting Office report that said the ability for our seniors to understand the prescription drug program is a real mystery.

How has that played out for the people in Florida whom you represent? How have the conclusions of that General Accounting Office report played out that said people would call up and they would get misinformation on the phone? There was confusion even among those who were supposed to be doing the briefings for seniors. The degree and the extent of confusion for seniors is because of the multiplicity of programs.

I would be interested in what the Senator's experience in Florida has been.

Mr. NELSON of Florida. The distinguished Senator from Massachusetts is exactly right. In my State of Florida, being one of the States that has the highest percentage of senior citizens, indeed, they have been confused, they have been bewildered, and they have been frightened. They are confused because there are 43 plans in Florida they are trying to choose amongst. They are frightened because they know if they choose the wrong plan that maybe does not have the drug they need, they are stuck until the end of the year to make a change into another plan or they are frightened because if they are paralyzed to the point they cannot make a

decision by next Monday, then they know when they do make a decision, they are going to be penalized 6 or 7 percent on the premiums they are going to pay. Either way, they are going to get hit, through no fault of their own.

If only we would show some compassion here. As I said, as the Senator was coming to the floor, you do not have to take this Senator's position and delay it all the way to the end of the year. Why don't we get some compassion and delay it a few months so that, again, the groups that are out there that are trying to advise the seniors—one of the major concerns of the senior citizens is getting the health care they need; and prescription drugs today means so much to them, indeed, to us, as well, with regard to the quality of life we are privileged to have not compassionately extend this deadline a few months in order to give some relief?

Yet we come to the floor, we try to do that, and we are prohibited through a parliamentary procedure of filling the amendment tree so that we cannot offer these amendments, whether it be this one or the one I spoke about earlier which is to correct the deficiency of the Enzi bill and have some provision for regulation of insurance companies in health insurance.

Mr. KENNEDY. I understand the President is in his home State today. Given the track record of the administration and the mismanagement of the prescription drug program and the fact that there is genuine concern and confusion among seniors, what reason did the administration give you for not following your extremely reasonable, sound suggestion that could make a difference for seniors all over the country?

Mr. NELSON of Florida. I thank the distinguished Senator for his question. The answer is, I have asked representatives of the administration in two different committees this same question. The answer comes back, coldheartedly: We have a deadline. We have to enforce that deadline or people will not make a decision.

I understand the necessity of a deadline. The nature of human beings is that we often procrastinate. But there are compassionate exceptions that ought to be considered. This is one. Coming from a State, as I do, with a high percentage of our population made up of senior citizens, this certainly ought to be a compassionate exception.

Mr. DURBIN. Will the Senator yield for a question?

Mr. NELSON of Florida. I am happy to yield to the distinguished assistant minority leader.

Mr. DURBIN. I understand we are only about 5 days away from the deadline for people to sign up for Medicare prescription Part D. I know the Senator has joined me and others in suggesting this program could have been done differently, a lot fairer, a lot simpler, could have more competition so that seniors would have had even lower drug prices. Sadly, major parts of it were written by the pharmaceutical industry and by the insurance industry.

I know the Senator from Florida has spoken to many seniors, as I have, and knows that as they have tried to understand the program and sign up for it, some of them have been overwhelmed. In Illinois, there are over 45 different programs from which to choose. I talked to pharmacists, who are a good source of information, who tell me the seniors come in, throw up their hands, and say: What are we supposed to do?

I ask the Senator from Florida, when you reflect on the fact that there are some 35.8 million Medicare beneficiaries who have drug coverage, according to the administration, isn't it true that 70 percent of those people—more than 26 million—already had prescription drug coverage before this program was underway? And of the 16 million who previously did not have coverage, about 10 million or so have signed up. So we still have about 6 million of the 16 we were trying to sign up for drug coverage—sounds to me like a substantial percentage, 6 million—who have not signed up at this point, about 40 percent. They are facing a penalty.

Do I understand the Senator from Florida has joined with others, including myself, in legislation extending the deadline for signing up, also saying to the seniors: If you made a mistake in choosing a program, we will give you a makeover, a do over, so that you can change the program within 1 year without penalty? I ask the Senator to explain.

Mr. NELSON of Florida. The distinguished Senator from Illinois understands correctly. If the deadline were extended until the end of the year, the administration's own figures are that an additional 1 million-plus senior citizens would sign up of that group of 6 or 7 million. If that is a million seniors who would not suffer the economic hardship of an additional 6 or 7 percent penalty or the economic hardship of not being able to have the right drug they need because they signed up with a mistaken decision of a wrong formulary, then is that not worth it for the sake of the senior citizens to grant a compassionate extension?

Mr. DURBIN. I ask the Senator from Florida, does he believe, as I do, that if we would have allowed the Medicare Program to bargain with the drug companies to get, by bulk discount, the lowest prices for seniors, just the way the Veterans Administration does, that the end result would have been at least one kind of standard program, Medicare Program, with lower prices which other private companies could have competed with, if they chose? Wouldn't that have offered the lowest price to the seniors and one simple standard program to turn to if they had any doubts about the right choice?

Mr. NELSON of Florida. The Senator is correct. As a matter of fact, it is something the Federal Government has been doing for over two decades in the Veterans Administration. The Veterans Administration buys prescription drugs in bulk. As a result, the cost to veterans is $7 per month for their prescription drugs. Using the law of economics in the private free marketplace, buying drugs in bulk, you can negotiate the price down. But when this body passed the prescription drug bill 3 years ago, Medicare, the Federal Government, was prohibited from purchasing in bulk and negotiating the price down.

Mr. DURBIN. How much time remains, Mr. President?

The PRESIDING OFFICER. Less than 1 minute.

Mr. DURBIN. The administration has argued the reason they didn't let Medicare bargain down in bulk discounts is because they wanted the market to work its will. Am I correct in remembering that they also appropriated hundreds of billions of dollars to subsidize the insurance companies that were going to offer this? Is that kind of massive Federal subsidy consistent with free market economics?

Mr. NELSON of Florida. The Senator's point is not only correct, but it is so pointed that anyone who hears it should suddenly say: Ouch.

Mr. DURBIN. I thank the Senator.

Mr. NELSON of Florida. Mr. President, I yield the floor.

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

The PRESIDING OFFICER (Mr. ISAKSON). Without objection, it is so ordered.

MORNING BUSINESS

Mr. BURR. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business until 2 p.m., with Senators permitted to speak for up to 10 minutes each; further, that this time be equally divided and upon the conclusion at 2 p.m. the Senate majority leader be recognized.

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

Mr. KENNEDY. Madam President, as I understand, we are in a period of morning business.

The PRESIDING OFFICER (Ms. MURKOWSKI). The Senator is correct.

HEALTH CARE WEEK

Mr. KENNEDY. Madam President, for those Americans who believe the Senate was going to have a debate this week on health care policy—and they have been watching the activities in the Senate this morning—they must be mystified about how and whether we are going to have a debate at all. We will know the answer to that at 2