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 President, I ask unanimous consent that the order for the quorum call be rescinded.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

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

Mr. FRIST. No, I will not. For the last 2 hours I really had not had an opportunity to talk. If I can just finish my remarks?

Mr. WELLSTONE. I thought the Senator would yield for a question.

Mr. FRIST. The issue is have we been able to debate or talk about or discuss this. Let's remember through the appropriate senatorial committee process we have debated this very bill. We have debated such things as consumer protection standards. We have debated specialty care, access to specialists, continuity of care, emergency care, choice of plans, access to medication, access to specialists, grievance and appeals. These were introduced and we talked about discrimination by insurance companies using genetic information, medical savings accounts. These are all issues that have been debated.

I, for one, as a physician, as a United States Senator, as a chairman of the Subcommittee on Public Health, and as a member of the Health, Education, Labor, and Pensions Committee, have been involved in those debates and in those discussions. So when we have people coming to the floor again and again with so much rhetoric and so much fire saying those bad Republicans out there really just do not care, do not want to talk about it, do not want a debate, do not want to study the issues—let me just say that is absolutely false. It is absolutely false. The American people need to know that. I think the sort of rhetoric we have heard this afternoon and over the last several days is clearly political points they want made.

I would like us to come back and continue the debate, the important debate on the issue of this nongovernmental sector, to make sure we consider that individual patient. Again, I have had the opportunity to treat thousands, probably tens of thousands, of these patients. Those issues need to be addressed, but I think they need to be addressed in a more mature, more sophisticated, more thoughtful way. And we have done just that. The Republican leadership bill is a bill that has been debated in committee. It has been discussed. It is called the Patients' Bill of Rights Plus Act. It basically has six components to address this whole issue of health care and Patients' Bill of Rights and a few other things.

One is strong consumer protection standards. No, it does not include everybody. Why does it not just include everybody? Because about half, a little over half of those people are already protected under State law. The States are doing a good job. I guess people can bash the States and say the States don't care, the Governors don't care, State legislatures don't care, but I think they do care. We do not have any great ownership of concern in this body, being the only ones who care. Our Governors do care and they have made great strides.

So when it comes to emergency care, prohibition of gag clauses, continuity of care, access to obstetricians and gynecologists and pediatricians, access to specialists—such as me, as a heart surgeon—access to medications, consumer protections, we say let's apply those to the unprotected, the people who are not protected now by State law. That is about 48 million people.

We address issue No. 2, of comparative information. It is very confusing today. It is confusing because we had this evolution of managed care, which is a new concept. Mr. President, 15 or 20 years ago there was no such thing as managed care. Yet right now, 80 percent of all care delivered is through managed care through networks and through coordinated care. But nobody has the answer yet. We are not smart enough to know exactly what is the best way to manage that care.

Some people think all managed care is a staff model health maintenance organization, and there is a lot of anger by the American people against health maintenance organizations. But let me at least introduce the concept that coordinated care, or organized delivery of care so there is an appropriate input of resources, has a very good outcome today. That is because of the great dynamism of our health care system. Because this is America, because we encourage innovative thought and creativity, we are still searching for the model, and we are probably not going to come up with a one-size-fits-all cookie-cutter model. We will probably come up with a range of ways in which that coordinated care can be delivered.

As we go through that process, it is very confusing to the consumer, to the patient, to the individual, what is the best plan. Is it a particular HMO? Is it a point-of-service plan? Is it a provider-sponsored organization?

In the Patients' Bill of Rights Plus Act, we address that. Basically, we say comparative information about health insurance coverage, not just for 48 million people but for all 124 million Americans covered by self-insured plans and fully insured group plans, must be made available. That comparative information is important, because that is the only way an individual can really know whether plan A or plan B or HMO A or managed care C or fee for service is best for them.

Internal and external appeal rights: This is the third component of the Patients' Bill of Rights Plus Act. Again, it is a very important aspect, because it says let's fix the system, instead of what some of the other proposals have introduced, which is let's put lawyers and trial lawyers in there and let's threaten to sue and that is going to change the system.

What we say is, let's fix the system. An example is, if as a member of a health care plan I have a question on coverage and I think a particular procedure should be covered, yet there is some question about it, I can go to a person in that plan and say: Is this covered or not? They will say yes or no. If I disagree, I can contest that, and there is an internal appeals process where that questioning can be taken care of in a timely fashion.

Our bill says, if that is the case in this internal appeals process and you still disagree, you do not have to stop there; there are options, and that is the so-called external appeals process.

The external appeals process is set up in our Patients' Bill of Rights Plus Act to be independent, to be outside the plan—that is why it is called external appeals—to be a physician or a medical specialist reviewing that coverage decision in the exact same field where the coverage decision is in question.

Internal appeals, external appeals. Let's say you have gone through the internal appeals process and the external appeals process, and a decision is made by that independent medical reviewer that the individual patient is right and the health care plan is wrong. That decision in our plan is binding, and therefore you have to receive coverage under that plan.

I walked through that because it is an important part of the Patients' Bill of Rights Plus Act and because that is the component which fixes the system. It fixes the system instead of having this threat of lawsuits trying to put a system back into place but with no guarantee.

A fourth component of the Patients' Bill of Rights Plus Act that has been talked about, that passed out of the Committee on Health, Education, Labor, and Pensions and has been sent

to the floor, is a ban on the use of predictive genetic information. This particular aspect of the bill does apply to 140 million Americans who are covered by self-insured and fully insured group health plans, as well as the individual plans. I say 140 million people. I talked about the 39 million people in Medicare and over 30 million people in Medicaid, and for the nongovernmental aspect, the ban on the use of predictive genetic information applies to all 140 million people.

Why is that important? That is in the Republican bill. It is not in the Kennedy bill. I believe it is an important aspect, because what it recognizes is that technology is changing, new tests are being introduced almost daily with a genetic basis, in large part because of the Human Genome Project which has introduced about 2 billion bits of information that we simply did not know 4 or 5 years ago and because of the investments the Federal Government had made in medical science.

The real problem is, with all of this new testing coming on board, there is the potential for an insurance company to discriminate against a patient, either to raise premiums or to basically say, ''We are not going to cover you.'' Therefore, in this Patients' Bill of Rights Plus Act, we put a ban on the use of predictive genetic information, which is a very important part of this bill.

A fifth area that is in our bill, that has passed through the Committee on Health, Education, Labor, and Pensions under Senator JEFFORDS' leadership, is a real quality focus. The impression is, we know what good quality of care is and we know what bad quality of care is. All of us, after we see a doctor, like to think we have good quality of care. For the most part, the quality of care in our country is very high. In truth, how we measure quality of care in this country as a science is in its infancy. We are just learning about it. When I was in medical school, there was no such field as outcomes research, what is the outcome after a particular procedure.

Mr. President, the Patients' Bill of Rights Plus Act, as we have heard, has been debated in the Health, Education, Labor, and Pensions Committee and passed successfully by a majority of members and sent to the Senate. It is a bill that has really six different components.

It addresses, I believe, the fundamental challenge that we have; that is, to improve the quality of health care, real quality of health care for individuals; to improve access to health care, something that I believe is very important. The Kennedy bill does the opposite. Instead of improving access, diminishing the number of uninsured, his bill does just the opposite. It drives people to the ranks of the uninsured, increasing the number of uninsured people today by as many as a million. Nobody has refuted that.

The third very important part of the Patients' Bill of Rights Plus Act that passed through the Health, Education, Labor, and Pensions Committee successfully is that of consumer protections. Again, I keep hearing that the Patients' Bill of Rights Plus Act does not do this for specialists, does not do this for emergency care, does not offer true point of service, and does not offer true continuity of care. I have to take a few minutes and run through it.

Emergency care: Under our bill, plans will be required to use the so-called ''prudent layperson'' standard for providing in-network and out-of-network emergency screening exams and stabilization. This prudent layperson standard simply means, if you are in a restaurant and somebody begins choking, that makes sense as an emergency service. If you think you are having a heart attack and it may be indigestion, or it may be a heart attack and you go to the emergency room and you find it is indigestion, the initial screening exams and stabilization would be taken care of. That is a very important component of our bill.

No. 2, we have heard about pediatricians, obstetricians, gynecologists. Under our bill, health plans would be required to allow direct access to obstetricians, to gynecologists, and to pediatricians for routine care without gatekeepers, without referrals.

Why is that the case? The reasons are obvious. The pediatricians, obstetricians, and gynecologists are in the business of doing what we call in the medical field ''primary care.'' You don't need a gatekeeper. You shouldn't have a gatekeeper. No managed care company, I believe, should require a gatekeeper in terms of access for obstetricians, gynecologists, and pediatricians for routine care.

Thirdly, this issue of continuity of care: I have heard it again and again. In our bill, the Patients' Bill of Rights Plus Act, plans who terminate physicians or do not renew physicians from their networks would allow continued use of that physician, of that provider, at the exact same payment or cost-sharing arrangement as before in the plan for up to 90 days. If the enrollee is receiving any type of institutional care or is terminally ill, or if they happened to be pregnant and there is termination or nonrenewal of your physician with that plan, you would be covered through the pregnancy through that postpartum care. That gives security to the patients. That is why it is important to have this very important consumer protection standard.

Access to specialists: I have heard all day long and over the last several days that the Republican bill doesn't give you access to specialists. Let me tell you what it does. Health plans would be required, under our bill, to ensure that patients have access to covered specialty care to a heart surgeon, to a pulmonologist, to an arthritis specialist within the network or, if necessary, through contractual arrangements outside of the network with specialists. It is in the bill.

People say it is not in the bill. It is in the bill. What more can one say. That is why it is important to get rid of the rhetoric and go to the heart of the matter—how we improve quality of health care and access to health care, and put strong consumer protections in so that the patients can work with the health care plan to not sue somebody, not empower trial lawyers, not to have angry, rhetorical sort of comments but to improve health care, the quality of health care.

This access to specialists, again, the other side seems to ignore what is in the bill. I know they probably haven't had a chance yet to read the bill, even though it has gone through the Health, Education, Labor, and Pensions Committee. It has been debated. Scores of amendments were introduced there. Well over a dozen, I know, were debated and voted upon.

In this access to specialists component, if the plan, under our bill, requires authorization by a primary care provider, it must provide for an adequate number of referrals to that specialist—I think that is an important component—not just one referral where you have to go back to a gatekeeper, back and forth, but if you are going to have treatment by a specialist, that an adequate number of referrals are made.

Choice of plans: How many times have we heard: Our plan provides real choice and that Republican plan doesn't provide choice?

Let me tell you what our plan does. Plans that offer network-only plans would be—I use the word ''required'' again—required to offer enrollees the option to purchase real point-of-service coverage. And there can be an exemption for the small employer out there. Other health plans could potentially be exempt if they offered two or more options.

People may say, why would you exempt somebody from offering a point-of-service plan if they have two other health care plans? The reality is, if you offer health care plan A and plan B, and they are different providers, with different physicians and different nurses in plan A than there are in plan B, then you do have a choice among plans. Therefore, you don't have to require a very specific out-of-network, point-of-service option.

This whole consumer protection field is an important component, and this was actually improved in what we call markup in the Health, Education, Labor, and Pensions Committee—access to medications, to make sure if you are in a health care plan that offers certain coverage, you have access to the appropriate medicines.

What is in our plan is as follows:

Health plans that do provide prescription drugs through a formulary would be required to ensure the participation of people who understand clinical care—physicians and pharmacists—in developing and reviewing that formulary.

That is important. As a physician, you don't want bureaucrats putting formularies together, but people who understand clinical care. Therefore, that bill was improved to say that physicians and pharmacists must be involved.

In addition, in our bill, plans would also be required to provide for exceptions from the formulary limitation when a nonformulary alternative is medically necessary and appropriate. I think that is an important part of the bill because, as you can imagine, in a formulary you can't predict and put on every single medicine for every single disease. Therefore, there must be enough flexibility to give alternatives if what is in that formulary is not—I use these words because it is in the bill—medically necessary and appropriate.

These are just some of the consumer protections that are part of the bill. I think it is important to stress those. Others that are in the bill include issues surrounding behavioral health, issues surrounding gag clauses. Again, it is inexcusable that a managed care company would come forward to a physician and say: Physician, for you to be a member of our HMO or our managed care, you cannot and should not discuss the full range of alternatives of treatment and care with the patient. That has to be prohibited.

In our bill, in terms of gag rules, plans would be prohibited from including any type of gag rules in doctor contracts, physician contracts, provider contracts, or restricting providers from communicating with patients about treatment options. No more gag rules.

The Patients' Bill of Rights Plus Act is a piece of legislation that we have all worked very hard on over the last year, year and a half. It has gone through the process that has been set up in terms of debate and in terms of improving the bill in the Health, Education, Labor, and Pensions Committee. It is a bill that I look forward to having on the floor so we can debate it and improve it over time, and make sure that we have a real balance between the rights of a patient versus the rights of managed care.

The PRESIDING OFFICER (Mr. ABRAHAM). The Senator's time has expired.

The Senator from Minnesota.

Mr. WELLSTONE. Mr. President, I say to my colleague from Tennessee, if my colleague believes this legislation the Republicans introduced in committee—and I am on the same committee—is such a great piece of legislation protecting patients' rights, then what in the world is the delay in bringing it before this body?

Again, what I am saying is self-evident. If my colleagues on the Republican side think this is such good legislation, why the delay? Why the delay and the delay?

The only reason we are fighting it out on an ag appropriations bill is that we want to make it crystal clear we are here to represent the people in our States. This piece of legislation which my colleague from Tennessee has talked about—I was in the markup on that bill, which is when we write a bill in committee—has holes like Swiss cheese. No wonder they do not want to bring this bill to the floor.

They have about a third of the people covered. I will start out with the question of who is covered and who is not covered. Their bill covers 48 million people. The Democratic bill covers 163 million people.

My colleague says it is the States. Why should a child or a family in one State, i.e. like Mississippi, not have any protection because he or she lives in Mississippi but have protection in Minnesota or Wisconsin? Does that make any sense? Why should a small businessperson in Mississippi or a farmer in Mississippi not have any coverage whatsoever but have some kind of protection in Wisconsin or Minnesota?

I would love to have that debate. I would love to have my Republican colleagues talk about why they only want to cover about a third of the people in the country.

I would love for them to defend the proposition that many families will receive no protection whatsoever, vis-a-vis these large insurance companies that practice this bottom-line medicine which basically say, when people want access to specialists they need, specialists for their children, specialists for women, they are not going to have access and there is not going to be any protection for them, because they do not live in the right State. Let's debate that.

There are 200 consumer, patient, and provider organizations that support the Democratic Patients' Bill of Rights legislation; not any that I can identify, except for the insurance industry, that support the Republican plan.

Surely these consumer organizations and the providers, the caregivers, know something about this topic. Surely they have a position that is important. But I do not see any support for this Republican plan.

The Democratic plan protects all patients with private insurance; the Republican plan, no.

The Democratic plan holds these health insurance plans accountable; the Republican plan, no.

In the Democratic plan, we make sure that the physicians, the doctors, the nurses, define ''medical necessity.'' We do not have the insurance industry's managed care plans dominate—unlike the Republican plan.

In the Democratic plan, we do have a real point-of-service option where people are given a choice. It drives people crazy when their employer shifts plans and all of a sudden—they had been taking their child to a family doctor—they can no longer take that child to that doctor. Does the Republican plan assure they will be able to do so? No.

When are we going to make sure that consumers really do have some due process? I heard my colleague from Tennessee talk about an internal appeals process. That is within the managed care plans, most of which are dominated, owned, by these large insurance companies.

We are talking about a strong external appeals process. I say to my colleague from Wisconsin, we are talking about somewhere that a consumer can go and make an appeal. We are talking about an ombudsman program where you have an office, you have a telephone number, you have advocates to call. Do my Republican colleagues want to do this? No.

Specialists who can coordinate care. Your child needs to see a pediatrician who specializes in oncology because your child is struggling with cancer. Do we make sure you have access to that specialist? Yes. Does the Republican plan make sure that you—a family in Minnesota or Michigan—have access to that specialist you so desperately need for your child? No.

My colleagues come out on the floor—again, with the Senator from Tennessee that makes four Republicans who have been out here today—16 Democrats. They can come out, and they can give a speech and say: Well, we have a bill, and it's a very good bill. But you know what. If it is such a good bill, bring it out to the floor. If you have such a good proposal, bring it out to the floor. Let's debate this. We have had enough delay. That is all we have had—delay, delay, delay.

Emergency room access is really important. I heard my colleague talk about that. But I say to the American people, Minnesotans, when you get a chance to carefully examine the ''Republican Insurance Company Protection Act''—that is what I call it—you will find out there is a little bit of protection for emergency room access but it is not really strong. Our plan does not equivocate at all. We make sure you have that access. We make sure it is covered. You get to keep your doctor throughout treatment. The Republican plan gives you a little bit of protection. We think you should have complete protection.

I tell you, this has gone on long enough. My challenge to my Republican colleagues is, if you think your plan is so good—and I certainly believe you operate in good faith; you have to

believe it is a good plan or why would you write it—then bring it out here. We have to have the debate. We have amendments. We are committed to making sure there is good patient protection legislation passed by this Senate. We are ready for the debate.

We would love to debate a plan that covers only one-third of the Americans in our country. We would love to debate a plan that does not assure a family with a child who is gravely ill that that child will have access to the best care available, to the best care that is there. We would love to debate that plan. We would love to debate a plan that does not provide consumers with a real choice to be able to go out and get the very best care they need for their loved ones. We would love to debate a plan that does not give consumers the right to really challenge some of these bean counters, some of these managed care plans owned by these large insurance industries. We would love to debate the ''Republican Insurance Company Protection Plan'' versus our patient protection plan.

But, again, I am on the floor, and now another speech has been given; but I have nobody to debate. I asked if anyone wanted to yield for questions. They do not want to yield for questions. Let's debate this. It will not be a bitter debate. It will not be a debate with hatred. But you know what. It is going to be serious. It is a pretty important question for families in our country. It is pretty important to people.

In case anybody has not noticed—I imagine every Senator has; all you have to do is spend 1 minute in your State—people are really getting fed up with this. They do not much like the way in which the insurance industry dominates health care. They do not much like the fact that they believe they have just been left out of the loop. You know what else. The caregivers—the doctors and nurses—feel the same way.

It is time that we pass legislation with teeth. The Republican plan, the ''Insurance Company Protection Plan,'' pretends that it is a patient protection act. It is full of loopholes. It is Swiss cheese legislation. It is hard to defend it.

I can understand why my colleagues do not want to defend it. I can understand why they do not want to debate. I can understand why they have blocked our efforts, so far, to bring patient protection legislation to the floor. But I am telling you something: People in the country are demanding that we pass this legislation.

We are on a mission. The Democrats are on a mission. We are going to bring these amendments to the floor. We are going to insist there be a good, strong, honest debate; and we are going to do well by the people we represent.

I would be pleased to debate anybody, but in the absence of anyone to debate, I yield the floor.

Mr. BINGAMAN addressed the Chair.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. BINGAMAN. Mr. President, I want to speak for just a few minutes.

What is the status of business in the Senate?

The PRESIDING OFFICER. The Senator from New Mexico should be informed we are in morning business and there are 4 minutes remaining under the control of the Democratic side.

PRIVILEGE OF THE FLOOR

Mr. BINGAMAN. Mr. President, I ask unanimous consent that Robert Mendoza, a fellow in my office, be granted floor privileges during my remarks.

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

Mr. BINGAMAN. I would like to use those 4 minutes to say a few things about the Patients' Bill of Rights and the importance of the issue to a great many people in my State and around the country.

I think it is clear, from surveys I have seen, the American people want reform of this system of managed care and health maintenance organizations. There are a great many instances that have been called to our attention in our home States. I have heard of them in New Mexico, where people think the quality of care and the adequacy of care they are being provided with is not what it should be.

Without passage of some type of meaningful managed care reform, critical health care services will continue to be denied to many of the people we represent. One of the issues I believe is very important is what is referred to as provider nondiscrimination. We need a managed care health system that does not permit health plans to leave out nonphysician providers. I am talking about groups of health care providers such as nurse practitioners, psychologists, nurse midwives, leaving those people out of the network so that patients of these health maintenance organizations, customers of these health maintenance organizations are denied the ability to obtain their health care from those types of individuals.

In New Mexico, this is a critical concern. We have a shortage of physicians in our State. It is, in many parts of our State, very difficult to get health care, if you are required by your HMO to obtain that health care through a physician.

What we would like to do as part of the bill, which we hope to get to vote on in the next week or so, is to ensure that health maintenance organizations, where these people are qualified and certified, permit nonphysician health care providers to participate in these networks.

This is a critical concern in my State. I am sure it is a critical concern in many States.

Another issue that clearly needs to be addressed here is access to specialists. That is an issue I know came up when we had the debate in the Health and Education Committee. An amendment was offered to correct that. I believe Senator HARKIN offered that amendment; it was not successful. I believe it is a very important issue that needs to be revisited on the Senate floor.

There are many people who need the care of a specialist. Whether it is a pediatrician, whether it is an oncologist, whatever the specialty is, those people should not have to go through a family practitioner prior to going to that specialist. We would try to correct that in the legislation as well.

There are many other concerns we have with the bill that came out of the Health and Education Committee. I hope very much we get a full debate in the Senate on the deficiencies of that bill. I hope we get a chance to amend that bill.

The American people have been anxious to see reform in this area now for two Congresses that I am aware of. I think for us to continue to delay and put off and evade this issue is not the responsible course for us to follow. Our constituents, the people we represent in our States, expect better of us.

The people I represent in New Mexico expect me to do something about these very real problems they believe exist. In New Mexico, under the Republican bill that was reported out of the Health and Education Committee, there are almost 700,000 people who will not have substantive protections. In my State, there are 350,000 people who will not be covered at all if we pass the bill that came out of committee.

Mr. President, I see my time is up. I appreciate the opportunity to make comments, and I yield the floor.

Mr. SMITH of New Hampshire addressed the Chair.

The PRESIDING OFFICER. The Senator from New Hampshire.

EXTENSION OF MORNING BUSINESS

Mr. SMITH of New Hampshire. Mr. President, I ask unanimous consent to extend morning business for 15 minutes under the previous conditions.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

CHANGE OF VOTE

Mr. SMITH of New Hampshire. Mr. President, yesterday on vote No. 180, which was the State Department authorization bill, in that legislation was $819 million in U.N. back payments that the United States would pay to the U.N. In addition, there was $107 million the U.N. owed to the United States that was forgiven.

I was unaware that those provisions were in the legislation, and I voted yea.