

that, with these resources, can really give children a chance to develop their full potential. If there is anything we should do as a Senate, it is to make sure each child has that chance. The bad news is, I say to my colleague, in Minnesota so many students could be helped, but we don't have the resources. There are schools in Minnesota with up to a 65-student population that don't receive a cent because by the time it is allocated in the cities, the schools aren't eligible, and those kids don't receive the help. It is just as big an issue in rural areas.

Mr. KERREY. Mr. President, this is not a situation where we don't know what to do. This is a situation where there is an answer and we simply are not doing it.

Mr. WELLSTONE. That is correct. This is really just harping on the complexity of it all is the ultimate simplification. We know what to do, and it has worked. We need to make more of a commitment.

Mr. THOMAS addressed the Chair.

The PRESIDING OFFICER. The Senator from Wyoming.

ORDER OF PROCEDURE

Mr. THOMAS. Mr. President, I ask unanimous consent to follow Senator CLELAND for 10 minutes.

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

PATIENTS' BILL OF RIGHTS

Mr. WELLSTONE. Mr. President, my understanding is that we have not reached an agreement with my colleagues on the other side of the aisle about how we can have a serious, substantive, and important debate about health care, about patient protection in our country. The latest proposal as I understand it from the Republicans basically would amount to Democrats having an opportunity to maybe introduce four amendments. That would be it. Again, I challenge my colleagues on the other side of the aisle, as I said yesterday, to debate this.

The evidence is irrefutable and irrefutable: When it comes to who is covered, the Republican plan covers 48 million people, the Democratic plan covers 163 million people. That is a huge difference.

Republicans argue that we rely on States for the coverage, once we deal with what is called the ERISA problem. Our argument is that a child, a family, regardless of where the child lives, where the family lives—be it Mississippi or Minnesota—ought to have some protection. People ought to have the right, or the assurance, that if their child has a serious illness, they will be able to have access to the best care. That assurance for a family should extend to all citizens in our country. It shouldn't be based upon

what different States decide or where a family lives.

I repeat, 163 million people with some protection versus 48 million people. It is no wonder my colleagues on the other side of the aisle don't want to debate patient protection.

In the Health Committee, where we wrote this bill, I had an amendment that dealt with the Republican "gag" clause. This amendment would prohibit retaliation by a health plan when a doctor advocates for a patient. There were two parts: First, it said that plans can't penalize doctors who advocate for patients during an appeal process; and, second, it protected licensed and certified health care professionals from retaliation if they reported some problems with the actual quality of care being provided in a hospital or by a plan. Presenting this information to a regulatory authority or private accreditation organization is called whistleblower protection. This amendment was defeated, I think, on a 10-8 vote. It is no wonder the Republicans in the Senate don't want to debate patient protection.

The front page story today says doctors are going to unionize. The American Medical Association announces doctors are going to unionize. No wonder, when doctors don't have protection if they advocate for a patient during an appeal process, when one of these managed care plans, owned by one of these insurance companies practicing bottom-line medicine, and the bottom line is the only line, and the plan decides the patient is not going to be able to see a pediatrician who specializes in oncology.

If a child is ill with cancer and that family makes an appeal, if the doctor is there for that family and says, yes, that child needs to see this expert, there is no protection in the Republican plan. There is no whistleblower protection for doctors who say, I have to speak out, I have to say this plan, or this hospital, is not providing the kind of care that people deserve. I don't blame my Republican colleagues for not wanting to debate patient protection.

This chart shows whether or not you will have guaranteed access to specialists. The Republican plan has a little bit of access; the Democrats' plan makes it clear that people will have access.

When it gets to the question of who is going to define medical necessity—that is a critical issue—we make it clear that the provider defines medical necessity, not a 1-800 number you call where you have utilization review by people not necessarily qualified, working for insurance companies that are just trying to keep costs down.

When it comes to the issue of choice of doctor, points-of-service option, being able to find a doctor outside your plan, and making sure your child who

needs to see that doctor can see that doctor, we are clear: Families should have that option. The Republican plan doesn't support that. No wonder they don't want to debate.

When it comes to whistleblower protection for providers who advocate for their patients to make sure they don't lose their jobs, the Republican plan doesn't provide the protection. The Democrat plan does. No wonder my colleagues don't want to debate.

When it comes to the concerns and circumstances of women's lives vis-a-vis a health care system that has not been terribly sensitive and responsive to women, or with special emphasis on children and access to pediatric services, or making sure that people who struggle with mental health problems or substance abuse problems are not "defined" out and are not discriminated against, I don't see the protection in the Republican plan. We try to make sure there is that protection.

These are two plans, two proposals, two pieces of legislation where the differences make a difference.

I say one more time to my Republican colleagues, I have been trying to engage people in debate for 2 days. I will yield for any Senator who wants to debate, on my time, so I can ask questions. That is what we should be about. The Senate should be about deliberation and debate. It shouldn't be about delay and delay and delay and delay.

It may be that we will not get the patient protection legislation on the floor today, Thursday, but we will get this legislation on the floor. We will continue to bring up these problems that the people we represent have with this health care system right now. We will continue as Senators to advocate for families, to advocate for consumers, to advocate for children, to advocate for women, to advocate for good health care for people.

If I had my way, the Democratic Party would be out here on the floor also calling for universal health care coverage. We will get there. At the very minimum, let's make sure there is decent protection for consumers.

I say to my colleagues, I have carefully examined your patient protection act. I think it is the insurance company protection act. We went through this in committee. We went through the debate in committee. I see a piece of legislation that pretends to provide protection for people, but once we have the debate and once we get into specifics, I think people in the country are going to be furious. They will say, don't present us with a piece of legislation with a great title and a great acronym that has no teeth in it, that has no enforcement in it, and that will not provide the protection we need.

That is why the majority party, the Republican Party in the Senate, doesn't want to debate this. Republicans in the Senate right now—I hope