

Unless there is something very surprising, I expect we will be out this month. I would like for it to be Friday, but it may be Saturday.

Mr. REID. The majority leader and I have had private conversations. It is my further understanding that the majority leader is planning on coming back the following Monday after the elections?

Mr. FRIST. The following week.

Mr. REID. Monday or Tuesday?

Mr. FRIST. Right. It is clear that over the next 8 or 9 days, we have unfinished business we absolutely must do. Looking at the calendar, either that Monday or Tuesday of the week following the elections, we will be back in.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

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#### RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, leadership time is reserved.

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#### MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will be a period for the transaction of morning business for up to 30 minutes, with the first half of the time under the control of the Democratic leader or his designee, and the second half of the time under the control of the majority leader or his designee.

The Senator from Michigan is recognized.

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#### PHYSICIAN MEDICARE PAYMENTS

Ms. STABENOW. Mr. President, I rise today to urge my colleagues to come together to pass an update of the physician Medicare payments and to stop what will be over a 5-percent cut that will take place in January if we do nothing.

We need to have a sense of urgency about this issue. Eighty Senators on both sides of the aisle—80 out of 100—came together and signed a letter to our leader asking that a positive Medicare payment update for 2007 happen before the Senate adjourns. Senator REID spoke on the floor in support of that effort. I urge our Senate leader to come to the floor, and in the final days of the session before we break for the elections do what 80 people in this Senate—80 Senators out of 100—have come together and agreed physicians must be provided, which is a positive Medicare payment update for 2007.

I am deeply concerned that after the election we may or may not have the focus in order to be able to get that done before the end of the year. It is vital not just to physicians but to the people we represent—the seniors, people with disabilities—that we get this done. Eighty Senators out of 100 have sent a letter to our two Senate leaders and have urged that we act now. Senator REID has indicated his support for doing that. We need our Senate leader to bring this to the floor so we can get it done.

I joined these 80 Senators in sending that letter in July because we know that if we don't provide even a minimum update, we destabilize the Medicare system and put all patient access to health care at risk. That is not an understatement.

There needs to be a tremendous sense of urgency about this issue. What has happened since July 17 when we sent the letter? Nothing. There has been no committee hearings, no markups—despite 80 Senators agreeing that we have a need to provide a minimum update for physician services. There has been no effort by the majority leader to bring this issue to the floor. We have had no willingness to bring up an issue that has incredible significance to tens of millions of Americans all across our country.

I am here this morning because we have only 7 days or 8 days—whatever the number is—left before we adjourn for the elections. We don't know what will be happening after that. We certainly know there are many critical issues left and much to be done. The appropriations process isn't completed. There are many items on the agenda after the election. It is very uncertain what will be happening. We know that right now we can get it done. We do know with certainty that come January there is going to be a 5-percent cut for physicians and fewer physicians being able to care for our seniors and people with disabilities if we do not act.

With 80 people urging that we act, this should be a simple process. This should be, as they say, a no-brainer to bring this to the floor and simply get it done. We need to do something today. There is no reason not to do this today. We can get it done quickly. Eighty Senators wrote:

The undersigned Members respectfully urge you to ensure that these impending cuts are addressed before Congress adjourns. At a minimum, we must provide physicians with a positive Medicare payment update for 2007.

So we have the critical mass necessary to get this approved. The change we are seeking in law directly tracks MedPAC's recommendation for what the physician payment update should be for 2007. So we have a solid policy. We have an overwhelming majority of Senators, based on solid policy, and we know if we don't make this change, our seniors and people with disabilities are going to lose access to their doctors.

We know from a recent survey conducted by the AMA that if the scheduled cuts go into effect, 45 percent of doctors will decrease the number of Medicare patients they accept. Fifty percent of doctors will defer the purchase of health information technology which, I might add, is an area where we, under our budget jurisdictions for Medicare and Medicaid and other health care programs, will reap huge savings, hundreds of billions of dollars with health information technology. But you cannot tell a physician who is trying to make ends meet to be able to continue to serve people that, by the way, we are going to cut your payments coming in, but we want you to buy new hardware and software and train people and do all of these other things so that the Federal Government can save dollars. It doesn't make any sense.

We also know that 37 percent of doctors practicing in rural communities—and in my great State of Michigan, we have a huge, beautiful rural part of our State. I grew up in one of those small towns, in Clare, in the northern low peninsula.

I understand about access to physicians and access to health care. We know that 37 percent of doctors practicing in rural communities will be forced to discontinue rural outreach, and 43 percent of physicians will decrease the number of new TRICARE patients they serve. So we clearly have a need.

Also, we know that when we cut payments, whether it is to physicians, hospitals, home health care agencies, or nursing homes, we do not really save any money. We just create more people who cannot get the care they need when they need it. And what happens? They walk into the emergency room sicker than they should be. They get the care they need. Our hospitals provide that care. But then they have to recoup those costs, so they roll those costs over to everybody with insurance. In a State with a huge manufacturing base, with employers that provide health care, this goes right on their backs. Businesses large or small end up seeing their health insurance rates go up. So the private sector ends up paying for all of these expenses, and it does not save money to cut physicians' payments or other Medicare or Medicaid payments, either one, because then the private sector has to look for ways to cut. They ask working people and their families to pay more for health care or they cut the kind of health insurance they have. What happens? More people walk into the emergency room. This happens every day.

What are we waiting for? We have 7, 8 days left. We have a clear problem and a clear solution and a clear majority of Senators who want to see this fix happen.

Over 20,000 M.D.s and D.O.s in Michigan provide more than 1.4 million seniors and people with disabilities in Michigan with high-quality medical