

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 President, I ask unanimous consent that the order for the quorum call be rescinded.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

RESERVATION OF LEADER TIME

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

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.

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

services under the Medicare Program. Our Michigan families get wonderful care from wonderful doctors. Our American families receive wonderful care from wonderful doctors. But the question is, Will they be able to continue to receive those services? I would argue, not unless we do something now about the payment system used to reimburse physicians for Medicare services.

Beginning January 1, 2007, the Medicare sustainable growth rate formula will cut payments to physicians and health care professionals by 5.1 percent. What does that mean in real dollars? In Michigan alone, it is \$137 million in cuts to Medicare. The average cut for a physician in Michigan will be \$34,000. As medical costs go up—as we see the cost of sustaining an office and other costs and medicine going up, everything is going up—we are cutting back on the physicians' reimbursements. These cuts will be particularly devastating for primary care doctors, the very doctors, according to the Medicare Payment Advisory Commission, MedPAC, many Medicare beneficiaries rely on for important health care management.

Again, we are scheduled to adjourn in 7 days. It is time to resolve this issue so that our physicians know they are going to be able to continue to care for Medicare patients come January.

This is not a new issue. MedPAC considers the Medicare SGR formula a flawed, inequitable mechanism for controlling the volume of services and first recommended repeal of the Medicare SGR formula in 2001. Since then, they have consistently recommended repealing the formula. I have, in fact, put forward a bill that would do that and set up a physicians commission to recommend what should be done. We don't have time for that between now and the end of the year, but we do have time to do what needs to be done in the next 7 days, which is to stop the cut that is scheduled to take effect in January. We need to stop that, and instead of a freeze that was given last year, we need to give a modest update for our physicians so they will know that we understand how important their services are to seniors and people with disabilities.

In conclusion, I wish to share a couple of letters I have received. I have received so many letters from physicians around Michigan expressing grave concern. These are people who care very much about the people they serve. They are trying to keep it together so they can continue to serve people, whether it is in Detroit, Lansing, or Grand Rapids, up north, in the upper peninsula.

I received a letter from a physician in Cheboygan, MI, which is a small town on the lower tip of the northern peninsula. Timothy M. Burandt, D.O. in surgery, wrote me a letter that says:

In 1982, I graduated from medical school and took an oath to care for all patients in need. As a general surgeon practicing in

rural northern Michigan, I am committed to caring for all of my neighbors, not just those with insurance.

My expenses keep going up as I also have a responsibility to my staff to support them with fair wages and benefits.

Without adequate reimbursement, I cannot continue to offer my services to everyone who walks through my door. There simply aren't enough resources. Please don't force me to choose which patients I should care for. I would rather retire early and close the practice.

I don't want Dr. Burandt to have to close his practice in Cheboygan, MI. The families in Cheboygan, MI, cannot afford for him to close his practice, and there is no excuse for us not to act so he doesn't have to.

Also, Tara Eding, a doctor of internal medicine in Hamilton, MI, writes:

It will be very difficult to remain in practice as an internist. The majority of my practice (including 3 other partners) is made up of Medicare patients. It is already difficult to maintain a primary care practice in this field. We have recently had to "trim" overhead by cutting staff, restricting our services, etc. and I only see things getting worse. If these cuts are made it will drive us out of practice.

I have already stopped accepting new Medicare patients and if these cuts go through I will not have a choice. I will be forced to stop participating in one way or another. We would not be able to keep our practice open as it exists today.

There is a sense of urgency in these letters. There is a sense of urgency that we need to feel on the floor of the Senate. We have 80 people in this body on both sides of the aisle who have called on our leaders to act. We have a sound policy, we have a sense of urgency, and we have time to get this done in the next few days.

UNANIMOUS CONSENT REQUEST—S. 1547

Mr. President, I ask unanimous consent that the Finance Committee be discharged from further consideration of S. 1574, a bill to provide for a minimum update for physician services under Medicare, and that the Senate proceed to its immediate consideration; that the amendment at the desk to strike the language pertaining to an update for 2006 be considered and agreed to; that the bill, as amended, be read three times, passed, and the motion to reconsider be laid upon the table, without intervening action or debate.

The ACTING PRESIDENT pro tempore. Is there objection? The Senator from Idaho.

Mr. CRAIG. It is necessary that we object. The Senator from Michigan makes a tremendously valuable point. I hope the Senate does the right thing after we come back from the recess for the elections in November to deal with this critical issue which deals with our doctors and Medicare, but at this moment in time, I have to object to proceeding.

The ACTING PRESIDENT pro tempore. Objection is heard.

The minority time for morning business has expired.

The ACTING PRESIDENT pro tempore. The Senator from Colorado.

HONORING THE GOLD STAR AND BLUE STAR MOTHERS

Mr. ALLARD. Mr. President, 70 years ago, Congress passed a resolution proclaiming that the last Sunday in September be designated as Gold Star Mother's Day. As we approach the last Sunday in September, I would like to take this opportunity to recognize the Gold Star mothers throughout the country and particularly those in the State of Colorado.

I hope we will all take time this Sunday, September 24, to honor these mothers and fathers who have so bravely endured the loss of a son or daughter killed while serving in the Armed Forces. Colorado has lost many young men and women to combat since the horrendous attacks of 9/11. One day is not long enough for us to ever fully honor these parents who have had to suffer the unmanageable pain of losing a child, but we will try.

Across the State of Colorado and across the Nation, many of these mothers have come together not only for support but also to volunteer their time, serving veterans and families of soldiers, encouraging patriotism and national pride, and honor their children through service and allegiance to the United States. Through their volunteer efforts, they keep alive the memory and spirit of those whose lives were lost in the war. They continue to inspire compassion, strength, and faithfulness for all Americans.

To mark this weekend, the Blue Star mothers of Colorado will be hosting Colorado's first annual Gold Star Mother's Day weekend. There will be several events throughout the weekend celebrating the lives of those soldiers who so courageously gave the ultimate sacrifice for their Nation. Unfortunately, I will not be able to attend the ceremony myself, but my wife Joan and I send our thoughts and prayers to those who will be attending the event.

Words truly cannot express America's gratitude for our Armed Forces and their service and sacrifice to this Nation. Those who have fallen serve a cause greater than themselves and deserve special honor. To their mothers and fathers: You, too, deserve special honor as you continue to carry on the patriotic duties and legacy your sons and daughters sadly could not. I thank you for your courage and for your service to the United States of America.

Over the last 3 years, our Nation has been locked in a terrible struggle against radical extremists across the Middle East. I readily admit this fight is one we did not anticipate. But I do know that every life given in the name of freedom has not been given in vain.

While they continually experience many dangerous challenges, our men and women of our Armed Forces continue making strides in Iraq and Afghanistan. We have fought a terrible enemy that has no regard for human life. Yet despite our challenges, we have seen tremendous progress, especially toward helping to create partners in our fight against terrorism