

step in providing a benefit to our senior citizens which is long overdue. The prescription drugs situation will not change on its own in the future. The pharmaceutical companies have demonstrated scant interest in holding the levels of their annual price increases in line with inflation. Rather, while we will continue to see a flood of new revolutionary products hitting the market, this will be accompanied by price increases that put these products out of reach of their intended audience.

I am not calling for price controls. I believe in the free market, and in market capitalism. However, since the last time the House visited this issue, the drug companies have ignored the invisible hand in favor of the cash cow. Drug marketers, like any other entrepreneur, have the right to make a profit, but they are not entitled to do so on the back of the American taxpayer. If the government is going to subsidize a portion of the drug costs borne by seniors, the manufacturers need to be placed on notice that this will not be an opportunity for them to raid the Federal treasury in order to pad their bottom line.

This bill is the first step towards meeting a long overdue need. For that reason, despite my stated reservations, I intend to give it my support. It is my hope that my concerns will be addressed in a future House-Senate conference on this issue.

Finally, this legislation provides \$40 billion in badly needed adjustments and improvements to the Medicare Part B system. These include, but are not limited to: repeal of the 15% reimbursement cut for home health care providers, which was scheduled to go into effect in October 2002, increased payments to sole community hospitals, which serve rural areas, increased Medicare payment adjustment rates for physicians, reduced paperwork burdens for all providers, and stabilization for the Medicare + Choice system, which has bled out recently.

Mr. Speaker, this issue is too serious for party politics, and, as I stated at the outset, I urge my colleagues to give it their careful and thoughtful consideration. Our seniors and Medicare health care providers have waited long enough for relief. It is past time for the Congress to act.

#### MEDICARE MODERNIZATION AND PRESCRIPTION DRUG ACT OF 2002

SPEECH OF

**HON. CYNTHIA A. MCKINNEY**

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 27, 2002*

Ms. MCKINNEY. Mr. Speaker, I rise in support of a strong and comprehensive prescription drug benefit for all Americans. As the prices for prescription drugs have risen at twice as the inflation rate, this issue is of the utmost importance to Americans in need of prescription drugs.

Unfortunately, in the House there is only one prescription drug coverage proposal that will truly serve America's seniors and medically dependent populations. The Democrat prescription drug plan is the only proposal that is under Medicare, that gives consumers choice, that has no gap in coverage, that has legitimate drug cost controls, and that will truly assist American's with the exorbitantly rising costs of prescription drugs.

The health of our nation depends on a strong drug proposal such as this.

The Republican's bill would not provide the American people with an assured, reliable or substantive prescription drug benefit.

The Republican bill would cover less than 25 percent of Medicare beneficiaries drug costs, leaving millions of Americans with much of the high drug costs they now face.

The Republican bill includes a "hole" in the middle, where there is no coverage for drug costs between \$2000 and \$5600. Perhaps the other side didn't do their research, as nearly half of all seniors have drug costs over \$2000, and would receive no coverage under the Republican plan for part of the year.

Where is the benefit of this drug plan? Isn't the point of a prescription drug benefit to alleviate costs? Well, the Republican plan will hardly alleviate costs. Nor will it insure that a plan exists for all Americans.

The Republican bill would rely on private insurance companies to provide a yet-to-exist prescription drug-only plan. This proposal includes no guarantee for stable coverage by private insurance companies but merely suggests what plans private firms may offer. Under this plan, costs of the plans may vary, and seniors on fixed incomes will have less opportunity to plan for their drug expenditures and personal budgets.

As for consumer choice, the Republican proposal stops well short of providing any choices. Under the Republican plan, if a drug is not on a formulary, then it is not covered, and even when a drug is on the formulary, this bill permits private insurance not to cover it.

The Republican plan does not let people choose their own pharmacies, and instead creates private networks for drug delivery, increasing the time, trouble and travel seniors, caregivers and the disabled must go through to obtain necessary medication.

Finally, the people that this program should most benefit—America's low-income senior population—are left out in the cold. In the Republican plan, low-income seniors will be required to pay up to \$3600 out-of-pocket expenses per year to cover the "hole" in coverage, would have weak protections from high medicine copayments, and worse, could face denial of medicine if they are unable to cover the co-pay.

The Democrat bill is not deficient in these ways.

The Democrat plan has no hole in the coverage, and would not stick seniors with the \$3600 potential bill that the Republican plan would.

The Democrat plan limits out-of-pocket costs to just \$2000 per year—as much as 47 percent less than the limit under the Republican plan.

The Democrat plan gives consumers choice, allowing them the freedom to use the pharmacy of choice, instead of the restrictive "private network" limitations of the Republican plan.

Nor does the Democrat plan limit the access to specific medicines, and instead pays some coverage for all drugs, regardless if they are on the formulary or not. The Democrat plan would not steer, limit or channel American's to specific drugs as the Republican plan would.

And perhaps most importantly, the Democrat plan has a method for controlling the actual costs for drugs. It is the dramatic increase in prescription drugs that has brought us to

this juncture, and the Democrat plan would enable the Health and Human Services Secretary to negotiate prices on behalf of all Americans, thereby saving American consumers, taxpayers, and the government millions in drug costs. Under the Republican plan, there is no collective effort towards cost controls, and realistically, there will be no control of spiraling drug costs.

Mr. Speaker, I am not alone in my opposition to the Republican bill and my support for a strong and true prescription drug benefit. The National Association of Chain Drug Stores, the AFL-CIO, the Medical Group Management Association, the National Education Association and the American Federation of Teachers, Families USA, the National Council on Aging, and perhaps most importantly, the American Association of Retired Persons all either oppose the Republican plan, or endorse the Democrat prescription drug plan.

America's senior community—what has been called "America's Greatest Generation"—deserves no less than a substantive and strong prescription drug benefit bill. I urge my colleagues not to fall for the smoke and mirrors, and to realize that the Republican plan will not provide the relief and benefit that is needed to combat the rising costs of prescription drugs. Our seniors do not deserve limited choices on drugs and pharmacies, and should not be made to shoulder the high costs of the Republican plan.

Don't be duped America—there is only one bill that works for America, only one bill that will provide Americans affordable access to drugs, and that is the Democrat prescription drug bill.

#### MEDICARE MODERNIZATION AND PRESCRIPTION DRUG ACT OF 2002

SPEECH OF

**HON. NANCY L. JOHNSON**

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

*Thursday June 27, 2002*

Mrs. JOHNSON of Connecticut. Mr. Speaker, I rise in strong support of H.R. 4954 because it provides prescription drugs for all seniors as an entitlement under Medicare. Equally important, it prepares Medicare to deliver state-of-the-art health care to our seniors in the decades to come. Without passage of this bill, Medicare will continue to deny seniors the care they need and will continue to force the diversion of critical care hours from patients to paper work. Seniors would continue to be held hostage to an antiquated benefit structure while the rest of America benefits from advances in medicine, technology, and best practices.

First, in the area of prescription drugs, this bill captures deep discounts on drug prices, and then further reduces the cost of drugs to seniors through direct subsidies of 50 to 80%—up to \$2000 of costs. Two-thirds of seniors use less than \$2000 in prescription drugs a year, so this bill will provide them with tremendous relief. For low-income seniors—up to 150% of the federal poverty level (in 2005, \$15,065 for individuals and \$19,392 for couples)—drug costs will be paid 100 percent up to \$2000 a year (this includes premiums, copays, and the deductible). I want to stress that because twice as many women as men have

low incomes in their elder years, this is a tremendous boon to women's health and does what Americans want: helps those most who need the most help!

The bill also provides catastrophic protections to all. It assures that no senior need fear that cancer or another dread disease will consume their life savings and leave them destitute.

You've all been hearing from pharmacists. This bill recognizes the expertise of pharmacists more specifically and constructively than any legislation ever has. It requires that drug plans establish medication therapy management programs for patients with chronic health conditions. Pharmacists must be paid adequately to provide their services. Pharmacists must be involved in developing formularies.

Access to local pharmacies is encouraged, not discouraged. To encourage face-to-face visits, all drug plans must provide convenient access to a "bricks and mortar" pharmacy in their network, as defined by Medicare; all drug plans must offer a point-of-service option that allows beneficiaries to go to any pharmacy they desire (for an additional charge); and no mail-order only plans are permitted.

Second, this bill provides better access to preventive health care by offering an annual physical on entry into Medicare, cholesterol screenings, and new choices in Medigap plans that have no co-payment for preventive care. In addition, the bill revitalizes Medicare+Choice plans that have the flexibility to cover far more preventive services than traditional Medicare, from simple, useful annual physicals to disease management programs.

Third, by strengthening the Medicare+Choice plans so that they can once again grow, this bill prepares Medicare to meet the growing challenge of helping seniors manage chronic illness—to dramatically improve their health and quality of life and manage their health care costs. As the majority of our seniors have multiple chronic illnesses and the M+C plans alone have the technology to offer disease management, this alternative must be available to seniors nationwide. Acute care coverage is simply no longer enough.

Fourth, passage of this bill will reduce medication errors that are causing injury and death, because it requires adoption of computerized prescription ordering that will flag drug interactions and provide health care professionals better quality data to improve clinical care.

Fifth, it will enable Medicare to compensate provider more realistically and fairly. Without action, Medicare will continue to follow the path of Medicaid, undermining both the quality of our health care system and access to services by underpaying providers and driving them out of serving our seniors.

Last, this bill will enable Medicare services to be delivered more efficiently and cost-effectively. At long last, in fact for the first time in Medicare's history, this bill will radically reform the bureaucracy that has grown substantially as our laws and payment structures have exploded in number and complexity. In fact, the Medicare bureaucracy is in crisis.

Medicare is governed by over 125,000 pages of regulations—more than the IRS regulations for the entire tax system. The error rate in carriers answering basic questions from physicians was 85%, dwarfing the problems at IRS. This problem is so great that it threatens

to force small providers out of Medicare, be they physician practices, small visiting nurse providers, small nursing homes, or small hospitals. It doesn't take a rocket scientist to understand the impact of such a consequence on rural America or our urban neighborhoods.

So while the words "regulatory reform" don't have the power over seniors' attention that "prescription drugs" have, in the long run they are equally important.

This is a good, solid, balanced bill. It modernizes Medicare to meet the future. It provides prescription drugs as an entitlement to all seniors under Medicare. It provides total benefits to those on Medicaid and—with states—will provide such total coverage to seniors under 175% of the poverty level, 44% of the population over 65. And for all others, this bill provides deep discounts, generous subsidies, and the peace of mind of catastrophic protection against high-cost drugs.

CONGRATULATING CORPORAL TOM  
PENUEL AND AGENT FIRST  
CLASS DREW AYDELOTTE FOR  
HEROISM IN RESCUING THREE  
BOATERS FROM DROWNING

HON. MICHAEL N. CASTLE

OF DELAWARE

IN THE HOUSE OF REPRESENTATIVES

*Monday, July 8, 2002*

Mr. CASTLE. Mr. Speaker, it is with great pride that I rise today to congratulate two employees of the Delaware Fish and Wildlife Division for their heroic rescue on Sunday, June 30, 2002 of three boaters whose boat sunk in the Delaware Bay. Corporal Tom Penuel and Agent First Class Drew Aydelotte rescued Richard and Beth Owens and their friend, Beth Mariani, who were stranded in Delaware Bay for an hour after their boat sunk.

Mr. and Mrs. Owens and Ms. Mariani had been returning in a 17-foot Grady White boat from a fishing trip and stopped to check two crab pots a half-mile from Kitts Hummock. At that time, a wave crashed over the bow and filled up a live-bait well. Within 30 seconds, the boat sunk to the bottom of the Delaware Bay. Through quick thinking they were able to radio for help before the boat was lost. The Fish and Wildlife officers were dispatched from Bowers Beach 15 minutes later. This quick action was essential because as the boaters started to paddle toward shore on a boat seat, the seat became waterlogged and also sunk. Corporal Penuel and Agent First Class Aydelotte found them 1 hour later floating in the Delaware Bay a half-mile offshore. These two officers deserve our utmost gratitude and respect for their courageous efforts. Mr. and Mrs. Owens and Ms. Mariani also deserve recognition for their quick thinking and tremendous courage in surviving this tragic event. I wish them a full and speedy recovery.

Corporal Tom Penuel and Agent First Class Drew Aydelotte of the Delaware Fish and Wildlife Division serve as role models of dedication for all officials, not only in Delaware, but throughout the country. I commend them for their immense bravery in executing their life-saving training.

TRIBUTE TO DR. WILLIAM F.  
GUNN, JR.

HON. JAMES E. CLYBURN

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Monday, July 8, 2002*

Mr. CLYBURN. Mr. Speaker, I rise today to pay tribute to my fellow South Carolinian, Dr. William F. Gunn, Jr. Dr. Gunn is a graduate of Morehouse College, where he earned a Bachelor's degree in Physical Education. He then continued his educational quest for knowledge at Indiana University receiving a Masters in Physical Education, and later a Doctorate in Education Administration at the University of South Carolina.

Dr. Gunn began his South Carolina teaching experience at Benedict College in Columbia in 1964, where he remained until 1999, when he retired as Professor of Health, Physical Education and Recreation and the Chair of the Health, Physical Education and Recreation Department. While at Benedict his commitment to the school extended out of the classroom onto the athletic field as coach of the tennis, cross-country, and soccer teams throughout the years.

Dr. Gunn is also a member of the American Alliance of Health, Physical Education, Recreation and Dance, the American Association of University Professors, Phi Delta Kappa, the Association for the Study of Classical African Civilizations, and the South Carolina Parks Recreation Association. Dr. Gunn is also a member of Alpha Phi Alpha fraternity. He has also served as Chairman of the Saint Luke's Center Community Council, the Ethnic Minorities Committee for South Carolina Association of Health, Physical Education and dance, and the South Carolina Governor's Council on Physical Fitness from 1984–1987. Additionally, he has served on the United Black Fund of Midlands Board of Directors, and on the Richland County Board of the Tuberculosis Association.

Dr. Gunn's many accomplishments include being recipient of a United Negro College Fund Study Grant, 1972; University Year Academic Grant, 1976, Who's Who in the South and Southwest, 1976–1977, named Alpha Phi Alpha Fraternity "Man of the Year" for South Carolina by the Ethnic Minorities Committee, 1985; and the recipient of a ten, fifteen, twenty, and thirty year awards for excellence in teaching from Benedict College.

Throughout his career, Dr. Gunn has also written and published numerous papers and books on community health related projects, the Health profession, and African American Education/Group Leadership. Some of his more notable publications include the Hip-Hop Culture: A Suggested Leisure Counseling Model for Young Clients," 1998; "Leisure and Spiritual Well-Being: Vital for Maximizing Human Potential," 1999; and "Healing the Body and Mind Through Cosmic Rhythms in Music and Dance," 2002.

Mr. Speaker. I ask you and my colleagues to join me today in honoring Dr. William F. Gunn, Jr., a man who's contributions to his community and the educational system will leave lasting impressions on the numerous lives he has touched. I wish him continued success and Godspeed!