

We live in a state that recognizes the right to equitable education regardless of the ability to pay. Vermont's solution to the problem of inequalities between schools in the state was Act 60. Though this is a very controversial issue among Vermonters, and a complicated act, the results cannot be denied: Act 60 is making significant and steady progress in reducing inequalities in student resources.

Prior to Act 60, property-rich towns spent an average of 37 percent more per pupil compared to the poorest towns. In the fiscal year of 2002, the spending gap was less than 13 percent. Bearing in mind how well this has worked in a mere few years in Vermont, we reason that setting up a system much like Act 60 on a national level could have similar effect on a much grander scale.

The right to an equitable education is not one that is promised in the United States Constitution. However, the federal government is putting mandates on schools, ranging from funding of special education to national testing. It is not ethical to make education reform without providing adequate resources. The government does appropriate money towards education, but it is not nearly enough.

The House Minority Report, Education in Crisis, notes that, nationwide, state education cuts already total \$11.3 billion. The educational reforms included aim high by expecting all students to meet challenging standards and holding schools accountable when they fail. But if the federal government is going to hold states accountable for student performance, it must also provide the resources needed to meet new federal goals.

Failing schools cannot be turned around with decreasing funds. Federal funding is needed in schools where other peoples' children have been left behind as second-class citizens. Before we can expect them to succeed on national standardized testing, we need to level the playing field.

Mr. Sanders, as concerned students and current and future voters, we call on you and the U.S. Congress to appropriate a larger portion of the federal budget to education, and to use this funding to bring all our schools up to a collective and equitable higher standard.

ALEX MCKENZIE: Earlier in the day, students from Proctor and Brattleboro high schools spoke of the exploitation of children throughout the world as though these children are partly our responsibility. We agree. Beyond our state, beyond our nation, we seek to extend the principle that children of the world are our responsibility. We call upon our Congress to set an example for all wealthy nations of the world, to address the inequity of the public spending on the children of the world.

The issue of where our nation draws the line on who we are responsible for is one that is argued feverishly all over the world. The Declaration of Independence closes with, "We mutually pledge to each other our lives, our fortunes, and our sacred honor." And today, we make another pledge. These men felt that the people were being oppressed, so they did what they knew they must and fought back. We have come a long way since these people wrote this document, and the words they closed with should have the same meaning, purpose and dedication for everyone, but with a broader worldwide perspective.

In the past fifteen years, the world has grown significantly closer. Communication and trade is but a click of the mouse away. People are traveling more, cultures are mixing, and countries growing. Globalization, like it or not, is real and is here to stay. As our relationships with other countries grow deeper, we're creating a new community, a

global community. The community is profiting a few of the larger industrialized nations, but is failing very many undeveloped countries.

Nearly half of the people in the world live on less than two dollars a day, and a few survive on one dollar or less. Most of the people in Latin America, the Middle East and central Asia are poorer than at the Cold War's close. Africans live no longer and have no higher incomes than they did 40 years ago.

These facts are very disturbing and hard to understand. Understanding is one-dimensional. It is the comprehension of the intellect; it leads to knowledge, which we all hope we have more of now. Realization, on the other hand, is three-dimensional. It is the simultaneous comprehension of the whole body—the head, heart and physical instincts. It comes only from experiences. Life requires more than knowledge, though; life demand right action if knowledge is to come alive.

So in other words, we all know these injustices now, which leads us to the question: What are we going to do about it? If we leave it alone and continue to ignore the suffering, what use is the knowledge I have shared with you? But there are caring people in the world who are disturbed by these facts, people who feel they are part of the global community and feel it is their duty to help the people in the world by pledging their lives, their fortunes, and their sacred honor.

What needs to be addressed is how we are going to relieve these people from oppression and suffering. The answer seems to point towards a global developing project for the poor nations of the world. Right now, the World Bank wants rich countries to double their foreign aid. They have linked poverty to terrorism, as well, concluding that the security of rich nations depends on a more just distribution of wealth.

Is it right to live in a community where so many people are hungry and starving in a world with enough food for all? Where so many seek a real education and only get trained in anger and hatred? Where so many are in chains but aren't given the freedom to demand it? These people live as part of our global community, neglected to say the least.

President Bush agrees that poverty and terrorism are linked, but has taken a different approach to aid. While asking for huge increases in the military budget, his administration proposes devoting far smaller amounts to combat poverty and AIDS. A World Health Organization study concluded that, by spending \$27 million more each year to fight infectious diseases like AIDS, tuberculosis and malaria, would save 8 million lives a year in the developing world. Washington seems more interested in stamping out terrorism, rather than solving the roots of terrorism. Smart bombs have their place, but smart development assistance can be much more effective.

Many of these issues were brought up in a world leaders meeting on March 17. Development of poor nations seems to be the right way to bring the global community to a stronger, more stable position. The main concern on a lot these richer nations' minds was wealth. Essentially, it all does come down to the issue of wealth. What is wealth if not a means to a greater end? Aren't peoples' lives worth more than building weapons? Wouldn't it be smarter to invest in the children of the world to create a stronger, more stable future for the new generations to come? I guess it all comes down to the question: Would we rather pay now or pay later?

IMPACT OF TOBACCO USE

(On Behalf of Heidi Neil and Martha Mack)

HEIDI NEIL: We are going to start with a couple of facts first.

MARTHA MACK: Five hundred million people alive today will eventually be killed by tobacco. Another four million people died from tobacco-related illnesses in 2000. By the year 2030, ten million people will die each year of tobacco. Smoking-related diseases are responsible for one in ten adult deaths worldwide.

Tobacco will soon become the leading cause of death worldwide, causing more deaths than HIV mortality, automobile accidents, homicide and suicide combined.

HEIDI NEIL: Every day, approximately 80,000 to 100,000 young people around the world become addicted to tobacco. If this trend continues, 250 million children alive today will die from tobacco-related diseases.

We are speaking today on the impact of tobacco on Vermont, the United States, and, most importantly, teenagers. Teenagers are the most important and integral part of big tobacco's manipulation. The companies' advertising plan markets cigarettes directly towards teenage consumers. Millions and millions of dollars are spent annually by tobacco companies to convince teens that smoking is glamorous and hip and cool.

Cigarettes are a very interesting product to market. It's one of the few products which, if used correctly, is actually designed to kill the consumer. As we said before, four million people died in tobacco-related deaths in the year 2000. That is more than 10,000 dying each day. The tobacco companies would go out of business if they didn't pursue additional consumers to replace the customers who are dying each day.

In short, for each person who dies a tobacco-related death, tobacco companies have to replace the person. Why replace that person with another 40-year old who will die in a matter of 40 years or less?

MARTHA MACK: Tobacco companies are much smarter and more cunning than that. They market teenagers. If you start smoking as a teenager, become addicted and smoking for your entire life, big tobacco makes a lot of money off of your life and your health.

There is, however, another very important reason that younger and younger teens are the target group being marketed by the tobacco corporations. Studies have also found that if people do not start smoking cigarettes by the time they reach the age of 20, it is very unlikely they will ever start.

HEIDI NEIL: There are informed and concerned teens out there like us who are desperately trying to bring down tobacco companies, using knowledge as our weapon, to educate the masses. Margaret Mead said, "Never doubt a small group of thoughtful citizens can change the world; indeed it is the only thing that ever has."

We're trying to change the world and asking the help of Vermont legislature. We're looking to the legislature to pass the cigarette tax. While the 67-cent tax helps, we are sure that we here in Vermont can do much better. We are sure that we should do better. For the sake of the teens in Vermont and for the long-term health costs associated with smoking, help us change the world and Vermont.

PRESCRIPTION DRUG BENEFIT UNDER MEDICARE

The SPEAKER pro tempore (Mr. OSBORNE). Under the Speaker's announced policy of January 3, 2001, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, just as I finished before the Memorial Day break talking about the need for a

Medicare prescription drug benefit, and was very critical at the time about the fact that the Republican leadership in the House had failed to bring up a bill to address the need for a Medicare prescription drug benefit, I come back here today after the Memorial Day recess and the district work period believing stronger than ever that there is a need to pass such legislation.

We had during the course of the Memorial Day recess, a number of Members had forums, opportunities to be back in our respective States and talk to our constituents. When I came back to the floor of the House today for the votes this afternoon, I had so many colleagues come up to me, particularly on the Democratic side of the aisle, and point out this was the concern that was raised most by their constituents during the Memorial Day recess. I do not understand how the Republican leadership continues to delay and not address this issue and not bring legislation into committee and onto the floor of the House that provides for a prescription drug benefit.

We heard over a month ago that this was going to be addressed on the floor before the Memorial Day recess. Of course, that time passed. Now we hear today that they are going to address it next week. I frankly doubt it. I would not be surprised if they never address it. But I certainly intend to call upon them to address it, to basically lay out what their proposal is. But every indication we have had is that their proposal is not something that is going to be beneficial to perhaps anyone. It is not a Medicare benefit. It is basically premised on the idea that we are going to throw some money, almost like a voucher, to private insurance companies and hope that they will come up with some type of Medicare benefit, primarily for low-income seniors, not for the average senior.

We hear nothing on the Republican side that would address the issue of cost, which is what most of my constituents were asking about. They cannot afford the prices of prescription drugs, and something needs to be done about that. I have a number of colleagues here tonight that want to address this issue, and I will just start out by mentioning two editorials on the issue. One was in the New York Times, and the other was in the Star Ledger, which is our major daily in the State of New Jersey. The Star Ledger sums up how I feel. This was from May 21, and it talks about the Republican plan and it basically says what I feel about the Republican plan, although we do not have a plan, we hear rumors and press conferences about what they might do. We do not have a bill.

The editorial from the Star Ledger is titled, "An Unrealistic Drug Plan," and if I can read parts of it: "Prescription drug coverage for Medicare is something almost every politician agrees is absolutely necessary. From the beginning, the effort to create a drug program should have been part of

a comprehensive effort to update and reform Medicare. The way medicine is practiced with drugs a greater and greater share of treatment options, it is ludicrous to continue Medicare without a prescription benefit. Providing a genuine one means offering more than what the Bush administration and the House Republican leadership have been discussing. From the start, they have looked only for solutions routed in the private sector, and have continued to side step one of the most important issues, how to demand pharmaceutical price breaks worthy of Medicare's massive bargaining power.

"If Congress had ever planned to do the job right, no one would have promised what the House Republican leaders did, a quick fix that they could vote on by Memorial Day. They will not make that unreasonable deadline because Congress cannot decide which part of Medicare will get cut to beef up another part enough to cover drugs. GOP leaders are looking for \$350 billion over 10 years for their drug program, a sum that many Medicare advocates say is inadequate."

I will skip down to the end. It says: "The President took time on two occasions last week to urge congressional action on a Medicare drug plan. He reminded representatives that they face another election this November, and that their constituents will not be happy if the hottest domestic political issue, Medicare drug coverage, has not been addressed. Since the President set aside only \$190 billion over 10 years in his budget for that drug benefit, his remarks sound more like political cover than a pep talk.

"There has been enough talk and enough promises. The thing that has been lacking is candid, determined leadership."

Mr. Speaker, I could not have said it better. The main goal of our Special Order, for both myself and my colleagues, tonight is to demand that the Republicans address this issue. They say they are going to, and they have not. With that I yield to the gentlewoman from Florida (Mrs. THURMAN), who has accompanied me many nights on this issue.

Mrs. THURMAN. Mr. Speaker, I thank the gentleman from New Jersey (Mr. PALLONE). I accompany the gentleman on these many nights because this is an issue that I feel very strongly about, as the gentleman does; and he has invested much time in this issue. Quite frankly, it is not for us, it is for our constituents who, as the gentleman suggested, when we go home over breaks like this where we are out in the communities, and sometimes we are not even there to talk about this issue, but no matter where we go or what the issue is that we are there to talk about, this is just absolutely on people's minds, and their concerns are getting even greater.

I hope that the gentleman from Maine (Mr. ALLEN) will join in with this because I think it is important to

understand that we are now getting at that point where people are finding out whether or not their Medicare+Choice programs in fact are going to be staying in for the year, and there is a two-fold reason that is of concern. It is the only part of Medicare+Choice right now that provides a prescription drug. How ironic that they are getting paid out of the trust fund just like traditional Medicare fee-for-service, but fee-for-service does not get a prescription drug benefit, but under Medicare+Choice they do. That is uncertainty; and quite frankly, it is my dollars as everybody else's dollars that goes into that trust fund. We need a playing field that addresses the Medicare population through Medicare, and not just so a few people in fact can have this coverage.

In fact, in "Families U.S.A." there is a special report, and I hope that people will look at this, there is a big concern out there about what potentially this bill is that I understand is kind of floating out there because we have not seen it, so we do not know all of the details of it.

Today I heard there is a good possibility this will not go through the committee; it will directly come to the floor, probably through some kind of a rule that limits our ability to debate this. It will be covered with a lot of other issues because it is going to deal with are we cutting hospitals, are we going to do anything about reimbursement to doctors, what kind of technology issues we might have in speeding up the ability for technology to meet the marketplace. There is just a widespread of issues that will be contained in this Medicare bill, but the issue that becomes most important to our constituents is the issue on prescription drugs.

What this special report basically says is that the pending bill, which is similar to what was done last year which many of us voted against because of these very reasons, was that the insurance industry, acting through the Health Insurance Association of America, made clear that it had no intention of offering drug-only policies. The industry reasoned that drug-only insurance policies would be subject to adverse risk selection, that is, they would disproportionately attract consumers who have existing health conditions, are sick or disabled, and are among the oldest of the old. The failure to attract beneficiaries with low drug costs would further drive up premium prices, and lead to an increasingly unaffordable price spiral.

It also went on to say, and something that I touched on a few minutes ago in the traditional Medicare program, beneficiaries, and one thing that all of us agree with, at least here, can count on a uniform benefit no matter where they live, as the following analysis demonstrates, rely on private insurance companies to deliver drug coverage for Medicare beneficiaries rather than incorporating a drug benefit into

the Medicare program, virtually guarantees that coverage will be uneven in availability, cost and value, which is what we have right now under the Medicare+Choice program. That is just unacceptable.

I would say we have the experiences out there, look at Medigap and the costs there, most of those plans, up in the top tier are costly, and their benefits for prescription drugs are going down; they are not going not up.

Medicare+Choice, premiums are going up, benefits are going down, particularly in the area of a drug benefit and prescription drugs benefits. They are limiting them and saying we can only give generic. There may not be a generic out there because we have a problem with drug manufacturers in just being able to extend their patents. This is just a mess I think that we are in; and I think quite frankly the only reliable drug benefit that we can give to our seniors is through a Medicare plan.

Mr. Speaker, I might just say that I hope, because we are going to hear about the cost of this, I hope as we go through this week's agenda and as we start talking about the estate tax for those multimillionaires, we are going to try to figure out a way to limit it to small farmers and small businesses, make sure that they have an opportunity to continue to do business as they have been doing and to pass that business and that farm on to their families.

But let me say, if we look at the rest of the cost of that over a 10-year period of time, if it should go to repeal, pays for a drug benefit, a benefit that will help 42 million people in this country. I hope that our constituents and others will continue to look at this. I am proud to stand here with my colleagues about an issue that is probably the highest priority for Americans.

Mr. PALLONE. Mr. Speaker, I thank the gentlewoman. I think what the gentlewoman is stressing is that the whole Republican strategy of essentially privatizing a benefit, in other words saying that we will give some insurance companies some money and hopefully they will come up with a benefit, prescription drug benefit for some seniors, does not make sense. If we look at HMOs, it is essentially what we did sort of on an experimental basis a few years ago, was to say to the HMOs if they cover some prescription drugs benefits, we will give you some money to do it. But they have not been able to do it. It is not uniform. A lot of them have dropped the coverage. I think if anything, the HMO experience shows that we cannot rely on that to provide a real prescription drug benefit.

Yet we hear from the Republican leadership constantly that they want to expand HMO options, that HMOs are still the answer to provide a prescription drug benefit, or look at other means of using the private sector. We are not opposed to the private sector, but Medicare is not a private sector

program; it is a government program. It works very well, and the logical thing to do is to expand Medicare to include a prescription drug benefit for everyone and address the cost by having the Health and Human Services Secretary basically negotiate to bring costs down.

Mrs. THURMAN. Mr. Speaker, before Medicare, we had private insurance. We have Medicare because there was no coverage under private insurance.

Mr. PALLONE. Exactly.

Mr. Speaker, I yield to the gentleman from Maine (Mr. ALLEN), who probably has drawn more attention to the cost issue than any other Member of Congress. I agree with the various proposals that he has to try to bring prices down.

□ 1945

Mr. ALLEN. I thank the gentleman from New Jersey for yielding. I am pleased to be back here again with him talking about the high cost of prescription drugs and what we should do about it.

One thing that strikes me is that this is an issue that is hard to understand. This really is not a contest between the parties over the number of times we can mention the words prescription drugs, but there is a fundamental difference and the gentlewoman from Florida mentioned it. We have on the agenda this week a bill to make permanent the estate tax repeal. In other words, once again, tax cuts take a higher priority, particularly tax cuts for the wealthiest Americans, take a higher priority than providing prescription drugs at an affordable price to seniors on Medicare who simply cannot afford to take the drugs that their doctors tell them they have to take.

We saw it with the original tax cut. So much money was taken out; in fact, all of the non-Social Security surplus was taken out for the next 5 or 6 years. So when we look at which party is likely to provide real relief for prescription drugs, it will not be the party that says all the time, smaller government, lower taxes. It will be the party that says, we have a plan that will help all Medicare beneficiaries with the high cost of their prescription drugs, and that is what we are trying to do.

So here we are again revisiting a plan that the majority in this House has still not brought forward, but that we know is coming forward and we know it will be the same old, same old story. Essentially it will say, the way to provide prescription drugs for seniors is to rely on the private sector, to rely on HMOs. HMOs, Medicare managed care, otherwise known as Medicare+Choice, does not operate everywhere in the country. In fact, there are 15 States where there is no Medicare+Choice plan at all that covers prescription drugs. In another seven States, there is one Medicare+Choice plan. Where you have one of the major insurance companies providing coverage for prescription drugs to Medicare beneficiaries,

every year we see that the premium goes up and the cap on coverage goes down. There is no future here. There is no future here for the same reason that Medicare was passed in 1965. The private insurance companies do not want to cover people who are old and sick and poor. If we are going to cover everybody, and I do not mean just the very poor, I mean just ordinary retirees who are living mostly on their Social Security, that group is simply not going to get covered by these private sector plans.

But what is fundamental in my mind is the Republican plan is really an assault on rural American seniors. The reason I say that is that the 15 States which are not covered tend to be rural States in this country, the places where it is not economic for the large insurance companies to go and provide Medicare+Choice, managed care, HMO coverage. They are rural States. But all those people who live in those States, like mine, in Maine, they are all part of Medicare. When it comes to part B, the physicians services, they get treated the same way as people in other States. Why should it be that people in at least certain parts of New York and Florida and California and Texas get treated one way, but people in Maine and Vermont and Montana and Wyoming, North Dakota, Iowa, Wisconsin, Nebraska, Utah, and Arkansas get treated differently? There is no good reason for doing that. That is why we need a Medicare benefit.

I have advocated one thing you could do in the short term is simply pass the legislation that I have introduced which would provide about a 35 percent discount for all Medicare beneficiaries on all their prescription drugs at no cost to the Federal Government. It would essentially give Medicare the power to bargain with these large insurance companies and set rates that are no higher than the average in the rest of the industrialized countries, the six major industrialized countries.

If that is too simple for the other side, then we go to a Medicare benefit. And, sure, a Medicare benefit costs some money, but seniors are obviously going to be paying a significant amount, anyway. They need a benefit that is worth signing up for, that virtually everyone will sign up for, but we are not likely to see that. We are not likely to see that brought forward by the Republican majority in this House because it involves strengthening in a major way an important government program.

If you believe in smaller government and lower taxes and that is always the priority, there will always be another tax you want to cut before you take care of our seniors, and that is the dilemma that we are facing. I believe that what we are really looking for is a Medicare benefit which applies to all our seniors, which is voluntary but which is appealing, which people will sign up for and pay the monthly premium in order to get the benefit. That

is the only way to make this work. That is what the Democratic plan would do. But it will not work to create the illusion of a plan and call it a Medicare prescription drug benefit when by its very terms seniors will not sign up for it because it does not make economic sense for them to sign up for it.

We really come back to this issue we talked about last time. It was quite a spectacle last year and will be, I suspect, quite a spectacle this year. The largest and most powerful lobby in Washington, the pharmaceutical industry, will say to the Republican majority, what we need in this country is drug-only insurance policies offered by the major insurance companies, and we should provide those companies with a subsidy to encourage them to offer that kind of policy. And the insurance companies will say, We don't like that idea. There's no way we are going to offer drug-only insurance policies.

That is why it is all smoke and mirrors. That is why it is all an illusion. They have developed a plan for private insurance, private prescription drug coverage, which will not be offered and if it were in fact offered, it would not cover everybody. Rural States would be left out. Other beneficiaries would find it ineffective. This resistance, this fear of taking Medicare, the most cost-effective health care plan we have in this country, and not simply using it as the vehicle for improving the assistance to seniors on prescription drugs, it just is staggering. But that is what we are contending with. There is no question in my mind that if we are going to have equity, if we are going to have a plan that actually works in the real world, if people are going to be able to get their prescription drugs at a cost they can afford, the Republican plan that will be presented to us will not do the trick.

I want to thank the gentleman from New Jersey for organizing this Special Order and being here once again to talk through the issues, because it is not easy. Americans can often hear the words over and over again and think we are talking about the same thing, but we are not. There is a huge, fundamental difference between the two types of approaches; and what we need is to give America's seniors the same type of coverage that people working when they have prescription drug coverage get from their insurance company. American workers get their prescription drug coverage through their health insurance company. America's seniors should get their prescription drug coverage through their health care plan. It is called Medicare. It works, it is cost effective, and it is how we ought to approach this problem.

Mr. PALLONE. I want to thank the gentleman. Again, I appreciate all his efforts, particularly when he brings up the cost issue. I just wanted to say two things to comment on what he said. First of all, part of the problem that we face, and again this was happening

during the Memorial Day recess, is that the drug companies start these campaigns where they pretend and try to get the public to think that what the Republicans and the President are proposing are somehow going to be beneficial to them. We have this multi-million-dollar TV ad campaign now by a front group, United Seniors Association, that basically the drug companies have been sponsoring. Ads were running during the Memorial Day recess. I was pleased to see that a couple of weeks ago some of the groups that are concerned about seniors got together to try to expose this.

I just wanted to mention, apparently some of these groups filed a formal complaint at the Federal Trade Commission over deceptive advertising. What they point out is that what you are seeing with the drug companies now is that they are using money to basically go on TV and try to tell the American public that the Republican prescription drug proposal is a good one. Then they use money to try to essentially influence Congressmen through their campaigns to support the Republican proposal, and then they do all the advertising in general with regard to the drugs. And who is paying for it? The consumer. It is just a sad thing. It is very hard, I think, as the gentleman says, to explain to our constituents the difference between what the Democrats and the Republicans are proposing because they hear all these conflicting ads on TV.

I just wanted to say briefly and then I will yield to the gentlewoman from New York, what the Democrats have been saying is that we would like to simply add a prescription drug benefit to Medicare, to the very successful government program called Medicare that we now have that covers your hospital bills and your doctor bills. What the Democrats are proposing is very similar to what is now called part B of Medicare, which covers your doctor bills. You pay a fairly low premium, I think for your doctor bills now it is about \$40 or so a month. The amount that you would probably pay for a prescription drug benefit would be even less than that under the Democratic proposal. You have a very low deductible under part B right now. It is \$100 a year. Eighty percent of your costs are paid for by the Federal Government.

And there would be a fairly low catastrophic. In other words, after you spend a certain amount of money for that 20 percent copay, all the costs would be paid for by the Federal Government. So we are not reinventing the wheel here. We are basically saying we want a prescription drug benefit under Medicare very similar to what you have now under part B Medicare to pay for your doctor bills. And for those who cannot afford a premium just like part B, the premium is simply waived for those who are below a certain income. And then we have a cost containment measure which says that the Secretary of Health and Human Services is man-

dated to bring the cost down, to bring prices down because he has the power to negotiate for these 40 million seniors that would be part of the Medicare program.

I have no doubt that that would go far towards reducing the cost of prescription drugs. It is a very simple thing. This is what we as Democrats are proposing. It is vastly different from the privatization that the Republicans are proposing. With that, I yield to a health care professional, the gentlewoman from New York (Mrs. MCCARTHY), who is a nurse by background and who is very familiar with the issue at hand. I thank her for being here.

Mrs. MCCARTHY of New York. I thank my colleague from New Jersey for taking such leadership on this. As he had mentioned, I have spent over 30 years of my life as a nurse, so I would like to talk about why it is so important that we have a prescription drug benefit under Medicare. I am going to try and cover this a little bit widely why some people that are even younger, that are not on Medicare, on why it is so important to support this because they are going to be there one day, and I think that is important. Nobody talks about that.

I will say to you, I am only 58 years old. I am a healthy person. Yet, of course, once I turned 55, you start going for your physicals and I discovered that I had extremely high cholesterol. There is a drug on the market to help me reduce that. I tried exercise, did the diet; but apparently my problems with cholesterol are hereditary and there is nothing that can be done except being on this medication. I have been taking the medication faithfully, my cholesterol is down very low; but March 1 of this year, my prescription drugs went up 100 percent. Like I said, I am healthy and I am only taking one drug right now.

But the reason I talk about this, because our seniors were also hit with those increases, especially those in New York and in many parts of this country. That is why as a health care professional who happens to be in Congress, I am fighting to make sure that our seniors get the medication that they need to have a healthy life. Why? If our seniors are taking the medications mainly because it prolongs our life, makes our life more productive and, by the way, a lot of times these seniors because they are productive are continuing to work.

□ 2000

I think that is important to look at. But if they do not take their medications because they cannot afford it, what happens? They end up in the hospital, sicker than before, because the medications that they were taking, they choose to either take a half a dose or skip a day.

Now, people that are on medications have to follow the directions that the doctor or the health care provider tells

them to do. But when it comes down to our seniors that might not be able to afford prescription drugs on a monthly basis, because I have to tell the gentleman, a year and a half ago I asked all my seniors in my district to send me their prescriptions. I wanted to see how much they were paying. I wanted to really see what was going on, just in my district alone.

I was astounded by what the majority of my seniors were paying on a monthly basis. A lot of them are on fixed incomes, and a lot of them said "I do not take my medication every day." We are not talking about one drug, two drugs, three drugs; we are talking about \$700 to \$800 a month just on their medications. Some of them have absolutely no choice. They could be having a reaction to a heart medication, so they are taking that, and a lot of times it takes a lot of balance.

But it comes down to this, it really, really does. I want the American people to really understand why we as Democrats are fighting for a good prescription drug plan. We will be keeping America healthier. By the way, I cannot tell you, when I was back in my district in the last couple of weeks, how many people, young people, people that are taking care of their parents, are saying to me, "I cannot afford to help my parents anymore to pay for their prescription drugs." So not only are we hurting the elderly people, we are now seeing that, because our mothers and fathers are living longer, we are also seeing now the families being affected, because they have to help chip in to pay for their medication.

This is why it is important. If we were rewriting Medicare today, I do not even think that we would think twice about whether to put a prescription drug benefit in with it. So, again, with the amount of monies that we spend here to try certainly to keep everybody healthy, why we would not be doing something with prescription drugs, I have no idea. Let us remember, our hospitals right now are under a crunch time, and the more times that they can help their patients stay out of the hospital, that is what they want to do. Prescription drugs are the answer.

I think we have to start looking also at other ways of reducing prescription drug costs. Of course, that has to do with looking at genetic medication also. Again, here we have the pharmaceutical companies fighting us on this. All they have to do is change one little molecule in a medication and it makes it a whole new drug and it stops it from getting it on to the market. We can do things to make the American people and our seniors healthier, and, in the end, we will have a more productive society in many ways.

So I am hoping to be very honest with you. Here we are in June. We might break by the end of September, maybe October, with the legislative work that we have ahead of us. I do not know whether we are going to get to this issue now. It is really a shame, be-

cause since I have been here in Congress, which is going on 6 years, we have been talking about doing something with prescription drugs, and here we are ending another session, the 107th Congress, without really doing something.

I do not want people to be fooled. If something does get passed in this House, is it going to help the American people? Is it going to help our seniors? I think that is something that people and consumers have to be smart about.

This is where, in my opinion, seniors can get involved. They should be calling their Congressperson, they should be calling their Senators, to say to get involved and to have a prescription drug policy that they can afford. I think that is the most important thing.

Again, I thank the gentleman for his leadership, who has been talking about this issue many a night by himself.

I have to say, when I talked to health care providers, when I talked to doctors, when I talked to pharmacists, they said "we make no money on these prescription drugs," because they know that they have to make sure that their seniors get their medications. A lot of times they give it to them at cost, or a lot of times they will give them an extra couple of pills, because they know the patient is not taking it.

We are in America. We are in America. We should not even be discussing this. This is a no-brainer. It is the Federal Government's job to make sure that we keep our seniors healthy as long as possible, and that is by having good medication and making sure that our seniors can afford to take it.

With that, we should be looking at Medicare, at getting a good prescription drug plan out there. As far as I am concerned, if we do not do the right thing, we have let the American people down. I mean that with all my heart.

Mr. PALLONE. Mr. Speaker, I want to thank the gentlewoman. She points out as a nurse and as a health care professional one thing that I think we need to stress, and maybe I have not and a lot of us have not stressed, and that is the whole preventive aspect.

In other words, here we have all these miracle drugs that have been created in the United States, and if they are available, then people are taking them and they do not have to go to a hospital, they do not have to go to a nursing home. If they are not taking the drugs, a lot of times they are going to end up sicker, and, in the long run, because the Medicare program does provide for hospital care and for doctor care, it ends up costing the Federal Government even more money.

Even if you just look at it from a monetary point of view, one of the things we never factor in when we do a cost analysis of legislation is what the long-term savings or the long-term financial implication is. I guess the way we operate with the Congressional Budget Office, they cannot look at the 10 or 20 years over the life of the pro-

gram to see what the nature of the preventative nature of something is.

I forget a lot of times that prescription drugs are a preventative measure, and if people are able to take the drugs, they do not have to be institutionalized.

Mrs. MCCARTHY of New York. If the gentleman will yield, that is something else a lot of people, especially here in Washington, do not talk about. Like I said earlier, looking at it holistically on what the cost evaluation is, I can tell the gentleman that the longer we keep someone healthier and the less time they have to spend in the hospital, overall we are going to be bringing down our costs as far as stays in the hospital go. That is the most important thing. I think it is every health care professional's dream to be put out of business. We love our job in the health care profession, but we also know that so many things can be prevented.

As the gentleman said earlier, we have these wonderful, wonderful miracle drugs out there, but if you cannot afford to take them, they are not doing anybody any good. When these drugs come on the market, our seniors that need these medications should have the right, the absolute right, to be able to get the medications that the doctor prescribes.

By the way, let us not forget, it is the doctor that is prescribing the medication to save the patient. So, again, let us let the doctors do the job that they were trained to do and not be dictated by a lot of the pharmaceutical companies.

It is amazing. When you fly down here to Washington, I only have like a 40-minute flight, it does not matter what magazine I have anymore, there are pages and pages of advertisements about new drugs.

I think people misunderstand. We, the Federal Government, give the pharmaceutical companies a lot of money for research and development. None of us that are trying to get a Medicare prescription drug plan are trying to stymie the pharmaceutical companies from research and development. We are not, because we need to have that stimulation there to keep coming up with bigger and better drugs.

But, again, I say, are we going to go into a two-class system, where only those that can actually afford to buy the best medication that is out there do, and those that cannot do not? That is wrong. That is not what America is about.

As far as health care goes, everyone should be able to be treated equally and get the same treatment. We as nurses do not care if you are rich or poor. All we want to do is make sure that you are taken care of, the same as whether you are on one side of the room or the other side of the room.

It should come down to the same thing with prescription drugs. Everyone should be able to have their medication; everyone.

Mr. PALLONE. I thank the gentlewoman. The other thing she points out is, why are we here? Why do we come here on the floor of the House after the votes and bring this up?

I think there is a sort of dual fear on my part, and I am sure the gentlewoman's and the Democrats in general, that either the Republicans are not going to bring up anything, which is a possibility, because it keeps getting postponed, or, if they do bring something up, that the danger is it is just there for political purposes. In other words, it maybe passes this House, but never passes the Senate because there is no effort to bring up something that everyone can agree on, or it is something that sounds good, but does not really help the average person. Because, as the gentlewoman points out, who is it out there that is complaining to us? Not the very wealthy; not the poor who are on Medicaid and get prescription drugs under Medicaid; but the vast middle class. Your average person, who, right now, because their income is not low enough, they are not eligible for Medicaid and they cannot afford to pay the high prices. They are like 90 percent of the seniors who need this benefit.

I have been critical of the Republicans and I have been very partisan about it, because everything I hear is that their proposals they have been airing essentially do not cover prescription drugs for most of that middle income or middle class group. It seems like they are saying, okay, we will give some money, almost like a voucher, to insurance companies, and they will cover prescription drugs for people that are just above the poverty line, or they will see if an HMO will cover it.

But, as we know, in many parts of the country, HMOs simply are not available and they have cut back on the level of prescription drugs or how much you have to pay or what kind of benefit you get. So there is a real concern on my part that if we do get a bill, that it not be just a hoax, just a sham; that it be something that is really meaningful in terms of people's lives.

So I started this evening talking about two editorials. One was the Star Ledger. But I did not mention the one from The New York Times. I am not going to read the whole thing.

If I could just conclude, this was actually on May 28 in The New York Times during the break. The title is "Paralysis in Health Care." It says, "Early this year Congress and the White House entertained dreams of passing all kinds of health care legislation. President Bush and Senator KENNEDY were working on a Patients' Bill of Rights. There was even talk of enacting a prescription drug benefit for the elderly. But such talk has vanished. Lawmakers seem to be betting that voters will not punish them for inaction. But they cannot put off the issue forever."

"A decade ago, when the cost of health care was also soaring, many ex-

perts were sure they had a solution, managed care and competition. But HMOs turned out to be no magic.

"Elderly people who came out of the last election with the impression that they would inevitably get help with the cost of prescription drugs may be in for a disappointment. The Bush administration proposed spending less than \$200 billion over the next 10 years, a ridiculously low sum given the public's expectations.

"Congress Members had better take the time to listen to voters. They are likely to discover their patience is diminishing. Sooner or later the demand for health care is going to be high on the agenda, and it could happen before the election in November."

The New York Times is talking the political aspects of it because we know our constituents are demanding a prescription drug benefit. But it is, as I said, important for the Republicans, who are in charge here and have the obligation to, we as Democrats cannot, we do not have the majority, to not only bring up something, but bring up something that is going to be meaningful in terms of seniors' lives.

We will go at this every night until we see a proposal brought up and an opportunity to debate this on the House floor, which we have not had so far.

I yield to the gentlewoman from New York.

Mrs. MCCARTHY of New York. Mr. Speaker, again I would like to stress why it is so important. In my 30 years working as a nurse, I have seen so many different changes in our health care system. But one thing I do know is the same is that each and every person in our senior citizens, who certainly are some of our most vulnerable people, when it comes to their health care, we should make sure that they can get the best.

I have to say, I did not want to see this country go down the way where we have a two-class system. When the gentleman had mentioned the middle income, I would be considered middle income on Long Island, and yet I am certainly concerned, will I be able to afford the drugs that I might need to keep me healthy as I get older?

So that is why I am fighting. I am fighting as a health care provider, but I am also fighting because I am going to be a senior citizen one day.

I thank the gentleman again for his leadership.

BEING FISCALLY RESPONSIBLE

The SPEAKER pro tempore (Mr. KIRK). Under the Speaker's announced policy of January 3, 2001, the gentleman from Colorado (Mr. MCINNIS) is recognized for 60 minutes as the designee of the majority leader.

Mr. MCINNIS. Mr. Speaker, having heard the previous speakers, it is interesting that, time after time after time, we have my colleagues, like the gentlewoman from New York that stands up

and talks about prescription care for all people, and I am quoting here, "everyone should be able to have their prescription needs met."

□ 2015

But what the gentlewoman fails to come up with, the question she fails to answer, is how are we going to pay for it? It was not 1½ weeks ago when we were talking about the supplemental appropriation bill here on this House floor, on which the Democrats were giving stalling motion after stalling motion, alleging that the Republicans were going to spend the United States Congress into oblivion.

On one hand they complain about the spending, and on the other hand they stand up in front of the cameras and promise all good things.

In my State, in the State of Colorado, I have recently seen promises from the Democratic side of the aisle that we are going to have mass transit and that we are going to have full prescription care for all people in the State of Colorado, for all people in this country.

Look, that sounds grand, but we ought to ask of every person, every Congressman or elected representative or anybody representing either of the parties that stands up in front of us and promises us the Moon, promises us the golden key: Who pays for it?

What the gentlewoman from New York (Mrs. MCCARTHY) fails to bring up in her comments, and I say this with all due respect, but the fact is, business is business, and somebody has to pay for this. What she fails to bring up is right now in the United States, we are in a deficit situation. We are not creating new wealth. There is no new wealth that is being created in this country on the net bottom line for the Nation, which means that anytime we offer additional benefits to somebody, we have to transfer them from somebody else.

I would like to say to the gentlewoman that her salary as a Congresswoman does not put her in the middle class; it probably puts her in the upper middle class. The fact is that a lot of these transfer payments, and that is what has to happen, when we promise somebody that needs prescription care, and it sounds good, and I think there are cases where we have to provide prescription care, but to promise it en masse to the population, there is only one way we can pay for it: we have to take it from somebody and transfer it to somebody else.

So we cannot stand up here, and it just happened, I just saw it from the gentlewoman from New York, we cannot stand up here and on one hand promise people prescription care so that all their prescriptions are cared for, and on the other hand, talk about the middle-income taxpayer and about how the middle-income taxpayer is going to worry how they can pay for their prescription services.

Of course they are going to worry about it, because under these kinds of