

taxes on our veterans in the form of higher pharmaceutical costs, while pushing for more tax breaks for the superwealthy and our Nation's most profitable corporations.

What about a prescription drug benefit for Medicare, an issue they are finally getting around to after ramming through over \$2 trillion in tax breaks over the next 10 years for their campaign sugar daddies? Their plan would put Medicare on the road to privatization, and leaves a \$3,600 gaping hole in coverage between the initial benefit limits that people would qualify for and the kick-in of a stop-loss protection at \$4,500 in out-of-pocket spending.

Their plan is so defective it is no surprise that even some leading Republican experts are skeptical that it would work. Is it any surprise that the pharmaceutical industry, whose inflated prices are the root cause of the problem, has endorsed the bill and actually is hugging it, as I watched them walk across the streets of Washington?

Republicans are fond of the phrase "Leave no child behind," even though the education bill they sent to this floor through the budget is \$2 billion under last year's spending. Then how are we going to leave no child behind?

But what about America's seniors? How many of them are going to be left behind? Every day how many of our veterans are being left behind? That is what Republican policies do, they will leave the American people behind the eight ball for generations to come.

America needs to put Social Security first. Our mothers, fathers, grandmothers, grandfathers who built this great country and put their lives on the line for it, they should not have to worry. We ought to take care of the problem here. We owe it to them.

We need to repair the broken lock on the Social Security lockbox that was not supposed to be invaded, but it has been invaded seven times now. We need to provide prescription drug coverage for our seniors. We need to create good jobs for our people here at home, and not give tax breaks for them to invest offshore. We need to start creating wealth and good-paying jobs in this country again.

We need the Republican Party to get its priorities straight for a change.

PRESCRIPTION DRUG BENEFITS AND COSTS

The SPEAKER pro tempore (Mr. KENNEDY of Minnesota). Under a previous order of the House, the gentleman from Georgia (Mr. KINGSTON) is recognized for 5 minutes.

Mr. KINGSTON. Mr. Speaker, I wanted to address the House tonight on the question of prescription drug benefits and prescription drug costs for our seniors. I have worked very closely on this issue, and while the Committee on Ways and Means and the Committee on Energy and Commerce are busy marking up prescription drug benefits for our seniors, which incidentally would

include a no-cost benefit to people under a certain income bracket, there are other things that we should be doing to help lower the cost of prescription drugs.

So I applaud the committee for their work on it, but with the number in mind of \$1.8 trillion, which is what the Congressional Budget Office estimates seniors will be paying for prescription drugs over the next 10 years, we realize the size of the task in front of us, so we cannot just say, let us do a prescription drug benefit and be done with it. There are other things we should do.

One of the things, Mr. Speaker, we should allow is drug reimportation. Drug reimportation is very important, because while we can buy clothes, food, cars, and, in fact, we can buy practically anything from our neighbor north of the border from us in Canada, the FDA does not allow American citizens to buy their drugs over there. Even though they are FDA-approved, the same dosage, the same bottle, the same brand, the same prescription, we cannot drive from Detroit over to Windsor and buy our drugs, according to the FDA.

Now, that is too bad, because there are a lot of seniors who already are doing this and saving thousands of dollars a year, which is an important and significant savings for anybody, but particularly for people on a fixed income.

I have a constituent who actually is buying Lipitor from another country. The prescription of Lipitor in Texas is about \$90, but if she buys it over the border, it is \$29. The gentleman from Wisconsin (Mr. GUTKNECHT) has submitted for the RECORD time and time again a list of the costs of drugs for America versus Europe and America versus Canada. We need to allow seniors to buy their drugs from any country they want if they are FDA-approved drugs, and we should let their pharmacists do it locally, on a wholesale basis.

The second thing we should do, Mr. Speaker, is look at the patent issue. Drugs right now get a 17-year patent. I ask Members, is that long enough, or is that too short?

One of my concerns is we pay for a lot of the basic research as American taxpayers. We pay to the National Institutes of Health and other government research agencies, and then we allow the pharmaceutical companies to get a big research and development write-off on their taxes, so we do subsidize drug research.

That being the case, should we allow a 17-year patent on drugs? When the patent on Prozac went off last August, the price of Prozac fell 70 percent. We have to ask ourselves, this government-sanctioned monopoly, is this a good idea? I bring up the question, Mr. Speaker. I do not know the answer to it, but I think we should look at it.

Thirdly, we should look at drug approval time. The FDA right now takes 3 to 8 years to approve a new drug. We

need to narrow that window. We need to put safety first, but if we can get the drug to market faster in a safe way, we need to do it.

Finally, Mr. Speaker, there is a study from the University of Minnesota, which the gentleman may be familiar with, which actually says as much as 40 percent of the prescription drugs that are taken are either unnecessary or are taken incorrectly. We need to help people take the prescription drugs in a safe and in a correct manner, because the cost, if we can imagine 40 percent of the drugs being used incorrectly, that is a tremendous amount of savings and a huge health hazard.

So these are some of the things we should continue to do along with the prescription drug benefit, which the Republican Party is offering next week on the House floor.

I want to say these things, Mr. Speaker. I appreciate the time and the work the gentleman from Minnesota (Mr. KENNEDY) has put into this himself, and look forward to following this process down. As my mother would say to me, it is the cost, stupid. Bring down the cost of my prescription drugs. We need to do it now.

THE PROBLEM SENIOR CITIZENS FACE AFFORDING PRESCRIPTION MEDICINE

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

Mr. TURNER. Mr. Speaker, during this special order hour, the Members of the Democratic side of the aisle are going to talk about an issue that we feel very strongly about, and that is the problem that senior citizens are having today affording their prescription medicines.

We just heard a few remarks a moment ago from the gentleman from Georgia (Mr. KINGSTON) talking about this problem, and yet the real heart of the problem lies in the fact that this Congress, and particularly those on the Republican side of the aisle, have refused to really deal with this problem of providing adequate prescription drugs for our seniors.

In fact, next week we are going to have a Republican plan presented on the floor of this House. Now, we do not know yet, since we are the party in the minority, whether the Republican majority will allow us to present our alternative plan or not. It may be very difficult for them to allow us to do so, because our plan is so attractive to America's seniors.

But we are here this afternoon because we believe it is important for the American people and our senior citizens to understand the differences in what the two parties are proposing to do to help our seniors afford their prescription medications.

Ever since I have been in Congress, I have received hundreds of letters from

our seniors complaining about the high cost of prescription drugs. I have had numerous town meetings to talk about the subject, and it brings tears to one's eyes to listen to some of the situations that many of our seniors are finding themselves in today.

In many cases, they are going to their local pharmacies with their prescriptions that their doctors have just given them, and in many cases they are unable to purchase the medicine that the prescription prescribes because they just cannot afford the bill. Prescription drugs have gone up in this country in price faster than any other item that we commonly purchase.

Members heard a discussion just a moment ago about the importance of allowing prescription drugs to be imported from other countries so that we can get the same low prices that people do in Mexico and Canada and every other place in the world. What was missing from that discussion is an explanation as to why that problem exists.

The answer is very simple: The American people today are paying over twice the price for prescription medications as any other people in any other part of the world, including Mexico and Canada, because the drug manufacturers charge the highest prices to our local pharmacies, which we ultimately end up paying. We think that is wrong.

On the Democratic side of the aisle, we have had legislation that we have filed for many years now to try to require the drug manufacturers to fairly price their products to the American people. After all, it is our government that gives those drug manufacturers the right to exclusively market those prescription drugs because we, through our government, give those manufacturers what we call a patent, which is a guaranteed protection that says for 17 years they can market their products, their medicine, to us without competition.

As we all know, in a capitalistic society, we believe in competition. That is what holds down prices. But for prescription drugs, there is no competition. Now, in every other country in the world, the governments there have some mechanism to control costs. In the United States, we do not. That is why we find the pharmaceutical industry to be one of the largest contributors to political campaigns of any special interest in this Nation.

In fact, our Republican friends last night had a big fundraiser, and if Members read the Washington Post yesterday, they saw how many of the large pharmaceutical manufacturers contributed \$100,000 and \$250,000 apiece to go to that event. If we go to a Democratic fundraiser, we are not going to find the same thing, because long ago the Democrats in this Congress said that it is wrong for the pharmaceutical manufacturers to be able to charge people in this country over twice what they do people in other nations for the same prescription medicine in the same bottle made by the same manufacturer.

We are going to have that debate on the floor of this House next week, because our Republican friends are proposing their solution for the problem of prescription drug costs for our seniors. I must tell the Members that it is a plan that is wholeheartedly supported by the pharmaceutical industry because it fails to deal with the fundamental problem that exists not only for seniors, but for every one of us who has to buy prescription medicines; that is, the pharmaceutical manufacturers are engaged in price discrimination because they charge on average over twice for their products to the American people that they charge to people in any other country of the world.

Our plan would change that. The Democratic plan says that we will allow the buying power of the Federal Government to be exercised by the Secretary of the Department of Health and Human Services to purchase in bulk prescription drugs for our seniors so that they can get fairness in pricing.

Now, Members can imagine how upsetting that is to the pharmaceutical industry, because they know if the government gets into the business of helping our seniors get their prescription drugs and uses the bulk buying power of the government, those pharmaceutical companies are not going to be able to charge the same high prices that they are charging to us and our seniors today.

□ 1600

So the Democrats have a plan that gets pricing under control.

Our Republican friends say, oh, we do not want to meddle with the pharmaceutical industry, but we will provide a benefit to our seniors; but they do not want to do it through the Medicare program as we have known it for so many years. Medicare, in my judgment, is one of the best programs that the Congress of the United States ever enacted; and if my colleagues talk to seniors today, they are confident in the Medicare program. They know what it means, they know what their benefits are; and the beautiful thing about it, because we all pay the Medicare tax for that plan, we all get the benefit when we reach 65. No matter what our income is, we all get the benefit because we have all paid in. It is why Medicare enjoys such widespread support among the American people.

Our Republican friends say they do not want to add a prescription drug benefit to regular Medicare. What they are proposing is that we have a separate program that, in fact, would be a private insurance plan. In essence, they are going to come to the floor of this House next week and say we are going to require the private insurance industry to offer a prescription drug plan for all our seniors.

We have been down that road before over a year ago in this House, and we had hearings, and the insurance industry came in and testified under oath that they will not offer such private in-

surance plans because they know the only people that are going to buy them are the people that need prescription drugs, and it is hard to offer an affordable plan if the only people that are signing up for insurance are people that need prescription drugs. It is kind of like the people who buy fire insurance. If the only people that bought fire insurance for their homes were people whose houses were going to burn down, it would be pretty expensive insurance. So we spread the risk around.

The Democrats believe we ought to have a prescription drug benefit as a part of Medicare, not a private insurance plan, where the seniors will not know what the premiums are going to be, they will not know what the coverage is going to be. They are simply told the private insurance companies of this country have got to offer some kind of plan, and it is up to Mr. and Ms. Senior to figure out which one they can afford because we are just going to pay a \$35-a-month premium for them, and they can figure out if they can afford a more expensive plan and add some money to it to afford a real good prescription drug plan.

That is not what Medicare has meant to seniors in this country. Medicare has given them the security that they know that if they pay a small premium for their doctor care and no premium for their hospital care they are going to have a defined set of benefits under Medicare; and this Republican plan that is coming to the floor next week is not going to provide them that kind of assurance.

There is another very interesting portion to the Republican plan, and that is, it has in it what we call a donut hole. That sounds sort of unusual, but let me explain it.

What the Republican plan says is they will have these private insurance companies that these seniors will have to sign up with, they will have them pay 80 percent of the first \$1,000 of the prescription drug costs a year, and they will require these insurance companies to cover 50 percent of the second \$1,000 of the prescription drug costs a year; but when they get over \$2,000 in prescription drug costs, all the way up to about \$5,000, there is no coverage under the Republican plan.

It creates a very interesting situation because we all know that, on average, seniors in this country today are paying around \$300, little less than \$300 a month for their prescription drugs. In fact, it is not uncommon to find seniors are paying \$400 and \$500 a month for prescription drugs.

I ran into a gentleman in my district a few months back. He said between him and his wife they pay \$1,400 a month in prescription drug costs. I do not know how he did it. I do know the gentleman, and I know he is on the bank board and he may be a man of some wealth, but can my colleagues imagine, for average seniors, if they find themselves burdened with \$1,400 of prescription drug costs a month? It can

happen. It can happen to my colleagues; it could happen to me.

If we look at this chart, how much would the average senior save in prescription drug costs under the Republican plan versus the Democratic plan? Under the Republican plan, people will save 22 percent of their current prescription drug costs. Under the Democratic plan, they will save 68 percent. Obviously, a more generous benefit under the Democratic plan.

In fact, if someone has under the Republican plan \$400 a month in prescription drug costs, that is, \$4,800 a year, under their plan, they would pay \$3,920, and the plan would pay them only \$1,300. How many seniors do my colleagues think are going to sign up for a plan with a benefit that is that meager? I do not think many, and I think when our seniors find out that here we are on election eve and our Republican friends have run out on to the floor of this House and passed a sham prescription drug plan that really does not mean anything to them, I think they are going to hold them accountable when the election comes in November.

We all know that our seniors are well and past time for relief on their prescription drug cost. If medicine had been such a significant part of our health care costs when Medicare was first enacted into law in the 1960s, we would already have a prescription drug element in Medicare; but back in those days, we did not have all of these miracle drugs, and prescription drugs were a very small portion of total health care costs.

So when the Congress and President Johnson proposed Medicare for our seniors, nobody thought about putting a prescription drug coverage in it; but times have changed, and if my colleagues and I get sick, one of the biggest parts of our health care expenses will be prescription drugs, and I think we are thankful for all those prescription drugs because they are providing us cures to many very serious illnesses.

What good is the cure if we cannot afford the pill? That is the situation facing our seniors today. So we are here this afternoon, members of the Democratic Caucus in this House, to talk about the plan that we think is right for America's seniors and to point out the deficiencies in the sham plan that is coming to this floor next week and with perhaps the denial of our side to even offer what we think is a much better plan.

So we believe it is important for us to spend some time talking about it. I am joined today on the floor by several of my colleagues, Members of this Congress, who have fought hard for many years for prescription drug coverage for seniors.

The first one I want to recognize is the gentleman from Arkansas (Mr. BERRY), a pharmacist by training, a man who understands better than most of us the problem of the high cost of prescription medicine; and I am proud to yield to him and to thank the gen-

tleman from Arkansas for his steadfast leadership on this most critical issue.

Mr. BERRY. Mr. Speaker, I thank the gentleman from Texas, and I thank him for his leadership and the great work that he has done on this issue throughout the years and also his friendship and willingness to cooperate not only with me but with many others in the Democratic Caucus to try to solve this problem for our senior citizens and for all Americans.

Mr. Speaker, it is a sad day when we come to this floor once again, and we have done this over and over. I came in with the gentleman from Texas in 1997. Ever since then, we have been coming to this floor, coming to the well of the House, repeatedly asking the United States Congress and the House of Representatives to pass a prescription drug plan for our seniors.

The reason I say it is a sad day, we know how to do this. We know how to pay for it. We know that we can do it. Just last weekend, I was back home in Arkansas, ran into a dear, dear friend, has breast cancer, has to take expensive medicine. Her medicine in Arkansas costs \$775 a month, just for one particular item. She can buy that medicine in Canada for \$70, same medicine, made in the same place, does the same thing for a person, made by the same company; but it costs 10 times as much. That is not right. It is not fair. It is unbelievable that the United States Congress has allowed that to go on and on and on.

We tried to do something about that. In December of 2000 as an amendment to the agricultural appropriations bill, we made it possible for the Food and Drug Administration to put a stop to that very practice, to make it so that Americans could buy their medicine at the same low price as every other country in the world. We passed it, Senate passed it, President Clinton signed it into law; but today, it has never been implemented because the instructions were given to the Food and Drug Administration, do not implement this law, do not let this happen.

The same folks that made that decision attended that multi-million dollar dinner last night at the convention center right here in Washington, D.C., that was paid for in large part by enormous, hundreds of thousands of dollars in contributions from the manufacturers of prescription medicine. I wonder why they did that? That is unbelievable. That is so inhumane that we cannot imagine that we would allow this to happen.

I never go home and spend time with my constituents that I am not reminded, prescription medicine is absolutely throwing our senior citizens community into abject poverty, over and over again; and my colleagues on both sides of the aisle have this same experience. It is not unique to the First Congressional District of Arkansas. It is not unique to east Texas. It is not unique to Connecticut. Every one of us sees this every time we go home.

Our seniors have a Social Security check that will not even pay their drug bill; but if they lived in Canada, if they lived in Mexico, if they lived in Great Britain, if they lived in Panama, if they lived in Argentina, or Russia, they would have enough money because they would not be getting robbed, and yet we allow this to go on and on.

I represent a rural district, grew up in a rural community, place that is very special to me. We did not have a lot, but we did not know it. We had a lot of very wise people in that community that I grew up around. They had a lot of sayings. Sometimes they made sense and sometimes they did not. One that I particularly remember that this particular situation brings to mind, they used to say, Don't worry about the mule going blind, just load the wagon.

I can tell my colleagues for a fact that the American people and certainly the senior citizens in this country have had their wagon loaded. They cannot pull any more. They cannot bear any more burden as far as the cost of their prescription medicine and the way the prescription manufacturers in this country continue to rob the American people. This is something we should not allow to continue.

Just yesterday I believe the Committee on Ways and Means marked up a new prescription drug bill. Talk about loading the wagon. My colleague from Texas has already described the bill. It takes Medicare funds that are collected, supposed to be used to pay for health benefits for our senior citizens, and it does not buy one single pill. It does not buy any medicine. They take that money with that bill, and they give it to the insurance companies; and they say now we want the insurance companies to provide a prescription drug benefit for our seniors.

□ 1615

We are going to give you billions of dollars, and we know, since you gave us millions of dollars in the last election, that you are going to write a good prescription drug benefit for our seniors. But we are going to let you charge whatever you want to for it. We hope you do not charge any more than \$35, but if you charge more, that is your decision.

Now, we have actually tried this in a few places. In some of the places they have tried it, what they thought was going to cost \$35 ended up costing \$85. If we add up the Republican plan that came out of Ways and Means yesterday, after a senior citizen would spend \$3,170 out of their own pocket, if they were real lucky, had a real good insurance plan, and an insurance company that really wanted to do the right thing, they would receive a benefit of \$1,100. Now, who wants a deal like that?

None of this is guaranteed in this bill. There is not a defined premium. We do not know how much it will be. In the Democratic plan it is \$25. We put it

in the bill. There is not a defined benefit. We do not know what drugs they would pay for, whether they would have to be in the formulary, not in the formulary. We do not know what it would be. If I ever saw a pig in a poke, this is it.

Mr. LARSON of Connecticut. Mr. Speaker, If the gentleman will yield on that.

Mr. BERRY. I will be glad to yield to the gentleman from Connecticut.

Mr. LARSON of Connecticut. I especially want to comment on the remarks of the gentleman from Texas earlier with respect to insuring this initiative. I hail from the great city of East Hartford, in Hartford, home of the insurance industry, and I am very proud of that. But as the gentleman from Texas indicated earlier, under oath, people in the insurance industry understand that this is a sham; that this is something which simply cannot be underwritten; that actuarially it is impossible to ensure this kind of risk. And they do so candidly.

In talking to one CEO, he said this would be like trying to underwrite getting a haircut. So to perpetrate this kind of a sham and a myth on the elderly is outrageous. And the only thing more outrageous is the high prices that they are paying. And the only thing more outrageous than that would be if we do not have an opportunity to present a Democratic alternative here on the floor.

I commend the gentleman from Arkansas and the gentleman from Texas for their long-standing work and efforts in this specific area. But even the insurance industry CEOs understand this is a sham; that it cannot work; that it cannot possibly be priced where anyone who need this benefit could afford to purchase the insurance that would cover it.

Mr. BERRY. Mr. Speaker, I thank the gentleman from Connecticut. And, as I said when I began, it is sad that we are back on this floor once again to have to talk about this issue when we have senior citizens and other Americans all over this country today that are being put at a tremendous disadvantage just because we have continued to allow the prescription drug manufacturers in this country to rob them.

In Washington, D.C., we have a multitude of strategists, consultants, and people that read polls to figure out a strategy to win politically. What the strategists have told our colleagues across the aisle is it does not matter whether they pass anything or not, it does not matter whether they help the people that are getting robbed, it does not matter whether they provide a serious prescription drug benefit for senior citizens or not. The only thing that matters is to vote for something; make them think we are going to do something.

That is just simply not the right thing to do. There are many Members in this House on both sides of the aisle,

and we just had a couple of Republicans earlier this afternoon talk about how unfair it is that Americans pay more than anyone else for their medicine. They have the right idea about prescription medicine for America. What we would like to do is, for once, in the 107th Congress, let us all come together to solve a real problem and to do away with a serious injustice to the American people and to our senior citizens.

Like I said a while ago, we can do this. We know how to do it. This is not rocket science. The interesting thing is that there are many financial analysts that have looked at this and said if we do the right thing, make this medicine affordable, the drug companies will still make more money because they are going to sell a lot more product.

Right now, we have got senior citizens and other Americans that just simply do not take their medicine because they cannot afford it. Imagine a horror movie where there is a terrible, unscrupulous, evil person that owns and has in their possession the medicine to save someone's life, and they sit across the table from that person and hold it just out of their reach, and laugh and ridicule them and make fun of them because they cannot afford it. They would have control. That is a scene that none of us would appreciate nor would want to be a part of. But effectively that is what we do in this country when we allow the drug companies to overprice their product and overcharge the American people.

All we are asking for is a free market situation. Take away the monopoly. Let the market do its work. I am confident that if we do that, we will solve an enormous problem. We will do a lot of people a lot of good, and the drug companies will make just as much, if not more, money than they are making right now.

Mr. Speaker, I yield to the gentleman from Connecticut.

Mr. LARSON. Mr. Speaker, I thank the gentleman from Arkansas and again applaud both he and the gentleman from Texas for their continued efforts on this floor, along with our distinguished colleague, the gentleman from Maine (Mr. ALLEN), who has also been outspoken with respect to this important issue.

The gentleman from Texas, I think, outlined very succinctly the issue we face here. So many seniors have waited in anticipation, after hearing every Presidential candidate, both throughout the primary season and then into the election of 2000, talk about how this was the most important issue facing not only seniors, but Americans in general, and to have virtually almost every Member of Congress and members of State legislative bodies as well come forward and say this is the most important issue to seniors. And so while we have universal agreement that this is the most important issue confronting our senior population, to date we have not seen anything come to the floor.

What an outrage. What a shame. A great Republican President once said, you can fool some of the people some of the time, but the American public will not be fooled by sleight of hand, will not be fooled by sham proposals. They want a straightforward, direct answer.

We should have open debate on this floor about an issue that everyone universally agrees with should be debated. It is our sincere hope that we have a bipartisan resolution. I heard the gentleman from Minnesota (Mr. GUTKNECHT) on the floor earlier pleading about the cost of price and the gentleman from Georgia talking about the cost of price and the need for us to get this under control. So, therefore, we ought to have an open debate on this issue, but the American public should be tuned in and understand and be able to see proposals side by side and make up their minds on who is putting forward a proposal that best suits their needs.

This generation that has been heralded by Tom Brokaw and others as the greatest generation ever, this generation that has been heralded in the movies, in books, on the radio, what do they say? They say the time for lip service is over, the time for platitudes is through; provide us with a prescription drug policy that works, that is universal. As the gentleman from Texas (Mr. TURNER) pointed out, that should have been included under the Medicare provision in 1965 so that seniors everywhere would have the opportunity to get prescription drugs at a price they can afford.

The gentleman from Minnesota (Mr. GUTKNECHT) articulated it very well earlier. What we have done is we have turned our senior population into refugees from their own health care system, refugees that have to leave their own country and travel to Canada to afford the prescription drugs that they need to sustain their lives.

Is that how we treat the greatest generation ever? Is that how we award our veterans for their valiant service, that when they need their Nation most in the twilight of their years, when they want to live out their final days in dignity, we are arguing over the cost of a plan? Then if there is a difference between the plans, and the difference is the cost, let the parties be known by what they stand for and whom they are willing to stand up for, and if it is a matter of cost, then the cost has already been paid, and it has been paid for dearly by the sacrifice of generation after generation of Americans, especially those who came back and rebuilt this Nation, who provided their children with the best education ever, that saw this great country rise to the preeminent military, economic, social leader in the world, and for their thanks they are deserving of living out their final days in dignity.

I commend the gentleman from Texas (Mr. TURNER), I applaud the gentleman from Arkansas (Mr. BERRY), but I recognize deeply as well that

there is an outrage that is being perpetrated. Americans everywhere should be phoning in and calling and making sure. Perhaps maybe some would agree and argue and say, you know what, we think perhaps their approach is better. Then fine. This is America. This is a democracy. Let us lay that proposal out as we are told we are going to see next week, but allow the Democratic proposal. I can't believe I am saying this in this Chamber. Allow the Democratic proposal. Of course the Democratic proposal should be presented side by side, and it should be fully debated. That is what Americans expect. That is the premise on which this Nation was founded. Let it take place. Let it unfold as it well should next week when we have an opportunity to see both plans side by side.

The only thing more outrageous than the price that everyone agrees on, whether they be from Minnesota or Georgia or Texas, Connecticut or Arkansas, is that these prices are way too high, and the people who are paying the price are our senior citizens, those all too often who least can afford to do it. So, therefore, the only thing that would be more outrageous than the prices that they are already paying would be for us in this body not to have an open and fair debate where every Member gets to come down and speak their mind under an open rule on this, what everyone agrees universally is the most important issue that faces our senior citizens, those in the twilight of their lives who deserve to live out those final days in dignity.

□ 1630

I thank the gentlemen from Texas and Arkansas for their support and continue to laud their efforts.

Mr. TURNER. Mr. Speaker, I thank the gentleman from Connecticut (Mr. LARSON), and I appreciate the passion with which he speaks on this issue, which I think is the most important issue that we face. It clearly is an issue that has defined more clearly than any other the difference in viewpoint between the Democratic Party and the Republican Party in this House of Representatives. I am amazed as I try to deal with this issue and talk to my seniors when they struggle to know why can the two parties not sit down and figure this out for seniors. They thought it was going to be done after the last Presidential election.

It breaks my heart to have to explain to them the difficulty that we are having getting this done in Washington, and the reasons that we are having trouble are totally inexcusable. It is not just a matter of the fact that our plan provides a more generous benefit for seniors. In fact, I believe that our plan is the only plan that seniors would want to sign up for because our plan and the Republican plan are both voluntary. If seniors do not want it, they do not sign up and pay the premium. I do not think that they will sign up for an insurance plan that only

offers 22 percent of the savings and the Democratic plan offers over twice as much.

Mr. LARSON of Connecticut. Mr. Speaker, they could not afford to sign up. It is impossible to underwrite that actuarially. Every insurance man and CEO will say that. They have sworn under oath that is the case. The gentleman is right about this being a defining moment, not only for the respective parties, but for America and for this Chamber. Between this body and the other body, there are 535 Members. There are over 600 pharmaceutical lobbyists currently working the Hill. It is time to decide who is going to have their say in the well of this House and on this floor, whether it is going to be the money changers or whether it is going to be the men and women of this Chamber who are going to be allowed to vote up or down, to have a say on the proposal that they are putting forth, the Democratic proposal the gentleman has espoused this evening.

Mr. TURNER. When the gentleman says that, it makes me realize how difficult it is to break through when the Republican friends are so beholden to the pharmaceutical industry for their campaign contributions. It is definitely a factor that weighs heavily in this debate because we cannot get control over prescription drug costs unless we are willing to step forward and tell the pharmaceutical manufacturers they have to offer the American people the same prices they offer people anywhere else in the world.

Mr. LARSON of Connecticut. Mr. Speaker, the gentleman is absolutely right. This is tantamount to the same vote we had on campaign finance reform. This is truly a profile-in-courage vote. And the vote here is merely just to allow two programs to appear side by side, the best effort of one party, the best effort of another party, and then to vote that issue up or down. We are told that perhaps even votes to recommit will not be allowed.

A vote to recommit in my mind is inane anywhere, and it is an abrogation of our responsibility and duty, especially since every single Member has campaigned on this issue in their district. It is a shame that Members who are not chairs of committees and who do not normally get a chance to speak unless they come after business is done will not have an opportunity to speak on this issue. Every voice in this Chamber should be heard on this specific issue.

This is the issue, after all, as the gentleman points out, that everyone campaigned on. There can be no more hiding. There can be no more putting this off. Seniors cannot wait. Each day that we delay is another evening that a couple spends, or a single person spends at night trying to decide how they can afford what they have to pay for the cost of their prescription drugs or what they have to pay to heat and/or cool their home or the very food that they need to place on their table to sustain them.

We are a better Nation than that. We are a better Chamber than that. On both sides of the aisle I believe both parties want to see a vote on this issue. Let us make sure that we get a chance in an open rule to have an opportunity to vote our conscience, our hearts, and vote with the senior citizens of this great Nation of ours.

Mr. TURNER. Mr. Speaker, the American people deserve to have the opportunity to choose between these two competing plans, and they will not have the opportunity to choose between the two plans if the Republican leadership denies the Democratic caucus an opportunity to offer our alternative plan. It is amazing as we stand here this afternoon on the floor of the House of Representatives, with thousands of seniors listening to this discussion, at this very moment the pharmaceutical industry is running television ads trying to promote this Republican plan in almost every State in this Nation.

In fact, I watched one of the ads this weekend when I was in my district. The ad said it was paid for by United Seniors Association, and has a senior citizen actor talking about the benefits of the Republican plan. Not many people know that the United Seniors Association is a front group for the pharmaceutical manufacturers, well reported, well known in the major newspapers; but many seniors will never notice, and they will think that ad is talking about something that is good for them. But the only folks that Republican plan is good for is the pharmaceutical industry which backs it 100 percent.

I think it is important for us to be honest with the American people about this debate. It is not only a debate of the power of the pharmaceutical industry versus the rest of the people in this country and our seniors, it is a battle that involves the issue of what do we really think about Medicare. The Democrats in this House believe Medicare has been a successful program for our seniors. One of the reasons, in addition to the opposition to the pharmaceutical industry, one other reason that our Republican friends will not support the plan we propose is because we add the prescription drug benefit as a part of the regular Medicare program. One of the agendas in the Republican prescription drug plan is to move this country away from regular Medicare into what we commonly call Medicare+Choice plans that are run and offered by the insurance industry.

Now, I come from a rural area, and there were a few Medicare+Choice plans offered a couple of years ago, and some of my seniors signed up for them because the health insurance companies said they would give them a little prescription drug benefit. Those private plans have sent out notice to seniors their plan is cancelled, and they are back on regular Medicare wondering how they are going to get any help with their prescription drugs.

Some people act like the private insurance industry is ready to offer

plans. The truth is we would never have had Medicare in 1965 if the private insurance industry would have been able to take care of the problem of providing health care for seniors.

But our Republican friends say we cannot put a prescription drug benefit as a part of regular Medicare because they know that if they do, everybody is not only going to be happy with regular Medicare, they are really going to be happy with Medicare if we can get the prescription drug problem solved; and they will not have the opportunity to push this country toward private health insurance for all Medicare recipients. That is the heart of the issue that we are debating here today.

I am pleased that I have got another Member of the Democratic caucus here who has worked hard trying to help us provide coverage for our senior citizens, the gentleman from Illinois (Mr. PHELPS), a tough fighter for his constituents, who believes in the Medicare problem and believes in a real prescription drug benefit, and I am proud to yield to the gentleman from Illinois (Mr. PHELPS).

Mr. PHELPS. Mr. Speaker, I thank the gentleman from Texas (Mr. TURNER), the gentleman from Arkansas (Mr. BERRY), and the gentleman from Connecticut (Mr. LARSON). The challenges are before us, and I thank the gentleman from Texas (Mr. TURNER) for bringing us here to talk about this issue, which I think could possibly be the most important domestic concern outside of homeland security and what we are trying to do against the terrorists than any other issue.

First, I will go into a more formal statement, and then I will talk in more informal terms.

Mr. Speaker, the time has come to implement a real prescription drug plan for seniors. John and Ann Craig are residents in Muddy, Illinois, a rural setting in southern Illinois not far from my hometown of Eldorado. It is a small community, coal mining, farming community. The Craigs suffer from a combination of diseases, including diabetes, heart disease and high blood pressure. His medication runs around \$450 a month while her medication runs around \$850 a month. They pay a total of \$1,300 a month for prescription drugs and receive a mere \$700 in Social Security. The Craigs own a small farm where they have worked hard most of their lives. However, their overwhelming pharmacy bills have effectively ruined any chance of worry-free retirement because their savings have been used on medications.

This is just one example of the many that we can give of the unnecessary hardships our citizens are facing due to over-priced prescription drugs. We use names and faces many times to make this debate and these issues come alive, to be real, because we deal with so many facts and figures and statistics, that it can have a tendency to be artificial, and that is why with these people's permission, their examples.

It is time to stop the delays and pass meaningful Medicare reform that will help our seniors and not confuse them. We need a prescription drug plan that will help each and every senior in need. The Republican plan, the plan of the other side of the aisle, contains a huge gap that will leave out a number of seniors. This plan will not provide any coverage for drug costs between \$2,000 and \$3,800. The inadequate average coverage is sure to leave many of our seniors out in the cold.

Their plan also contains many other provisions that need to be changed. There is no defined benefit, no guaranteed premium; and geographic inequalities exist. This issue is way too important to millions of Americans to not have a definite fair plan that will benefit each and every senior citizen who cannot afford to pay for their monthly medication.

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The Democratic plan, our plan, gives seniors what they are looking for. There are no gaps in coverage. There is a guaranteed premium and a defined benefit. Our plan will help seniors obtain prescription drugs with ease and not confusion. That is an important item. We know with insurance plans and all these other medical dictates, there is much confusion, directions, all kinds of small print, footnotes that they overlook many times. We want something simple, to be understandable and affordable. Our citizens are depending on us to work together to come up with a simple plan that will bring them prescription drugs at a price they can afford, a price that does not take a large chunk out of their monthly budget that would normally be spent on food and other necessities. We have a moral and ethical responsibility to look out for our seniors. We must implement a plan that will benefit each and every senior that is paying ridiculous prices for their necessary medications.

I wanted to come to this sacred institution to have a fair, courteous, yet professional exchange. We call it debate. This is what we will engage in in our campaigns from now to the election in the fall. We will go back to our districts and we will try to come before our constituents, the citizens of our district and our State, and try to compare and contrast where we stand on issues as opposed to our opponents. That is the campaign. But while we are here, after we went through our campaigns and made promises, each and every one of us, that we would address this issue, not this session, but even the session before, people are wondering and are asking questions: You stood before us on camera, you stood before us in debate in person in our town hall meetings, in our assemblies and our auditoriums, and you made promises, and there was rhetoric that was going out. We wonder now why there is not action to follow.

That is why I stand here today. That is why I wanted to be elected to be the

Representative of the 19th District in Illinois, downstate in southernmost Illinois, where health care and the problems are unique, a very highly medically underserved, manpower shortage area. Where I chaired the health care committee in the Illinois House in my 14 years of service there, I chaired both the education and the health care committees, I know the uniqueness of rural health care and the challenges there. The senior citizens are great numbers in the rural areas, because they make up the generations of our small family farmers and our small businesses and our unique craft shops that now are not as numerous as they once were. But they have roots there, and they want to stay where their loyalties are and their children have been raised.

This is why this is a great challenge to us to address this now. This is the greatest deliberative body in the world, in a free society where we can come together, hopefully after being elected equally, not one higher than the other, we are here on an equal basis. We vote for our leaders to be placed in leadership to go to meetings, a strategic task force that we all cannot congregate in because time will not allow. We elevate those because the people we represent put us in place to put others in place. That is what leadership is all about. Our leadership is representing us, after we have asked them to, to make sure that this issue is way out front without further delays, affordable, clear and simple, and that it has the kind of quality that we promised them during our rhetoric during our campaigns.

Students often ask me when I visit the classroom, and as a former teacher I do that quite often. I stay in touch with the young people. If you want to know what is going on in the household, talk to the students and the children. I visit them. Their number one question is, can you tell me, even though they have studied, I am sure, history, and by training I am a history and geography, social studies teacher, they say, what are the differences between the Democrat and the Republican Parties? They hear the spin on the radio and TV shows and the propaganda that are slanted one side or the other, by both parties, by the way, that we engage in, but I try to tell them to watch this prescription drug issue come alive.

By the way, the only reason it is coming alive is that the Democrats had to force it, just as we did the patients' bill of rights debate, because there was no such debate. There was a plan not to be one, because that would expose the sleight of hand of those in the majority that cater to the big interests that dominate those issues of health care, the insurance companies and the pharmaceutical industry. That is the biggest influx of support and dollars that the Republican Party enjoys, as just even last night we saw.

This is why we are here, to clarify and to ask, come forth with your plan, make it clear to us, and we will debate it here before the American people.

The biggest difference between the plans are, first and foremost, we want to manage it through Medicare, not let the HMOs, as they have done through the other insurance plans. We do not want to put, as the HMOs have, profits ahead of people. We want to put people ahead of profits. We want to keep the costs down, contain the costs. We want to make it optional for you to participate, and affordable is the reason why you will choose through our plan to participate. And, finally, to protect the most vulnerable in our society, the most frail elderly of our society who built this country, who endured the Depression, came through the wars, the world wars, the most burdensome world wars that took its toll on their lives. Many of them are disabled, handicapped because of those wars, and the most prosperous, richest, wealthiest country on Earth cannot afford to help the most vulnerable of our society? I am here asking why not?

I thank the gentleman for the opportunity. I appreciate the leadership of the gentleman from Texas.

Mr. TURNER. I thank the gentleman for his passion on this issue and for his leadership. I know we all feel strongly about this. I cannot help but think of the constituents that you mentioned and the constituents that I visit with all the time who are struggling to pay their prescription drug costs. I just ran into one just the other day, it was at the Quik Lube in Lufkin, angry that the Congress had not acted to pass a meaningful drug plan. I have seen those seniors board those buses in Houston to travel to Mexico and come back and say they have saved \$10,000 by making the trip together.

I know the next gentleman who will speak understands that problem, the gentleman from Maine (Mr. ALLEN), a fighter for seniors on the prescription drug issue who has also seen in his State those seniors board those buses and go to Canada and save thousands of dollars.

It is a pleasure to yield to the gentleman from Maine.

Mr. ALLEN. I thank the gentleman for yielding, and I thank the gentleman from Illinois, who has been such a terrific fighter for this issue since he came to the Congress.

I will be very brief. I just wanted to say, the gentleman from Illinois (Mr. PHELPS) was saying, he was trying to explain to people back home what the difference is between the Republican Party and the Democratic Party on this issue. I would add, in addition to what he said, that we Democrats do not believe we can fool all the people all of the time. For the second election cycle in a row, the Republican Party has put up a plan which is an illusion, will not provide prescription drug coverage to seniors because the private insurance market will not provide what they say it will provide. This plan will not become law. If it becomes law, it will not provide help to seniors because it relies on the private insurance market. There

is no guaranteed benefit, no guaranteed copay. It is whatever the insurance companies want to charge.

The fundamental problem is that the people who will sign up for the plan are those who have very high prescription drug bills. The insurance industry will not be able to make money, and so they will stop providing the coverage. We have already been through this with managed care under Medicare. This kind of approach does not work.

Everyone else in this country who is employed and has prescription drug coverage gets their prescription drug coverage through their health care plan. For seniors, it is Medicare. All we are saying as Democrats is let us have a Medicare prescription drug benefit. Let us not try year after year, election after election, to cloud this issue, pretend we have a plan as the Republicans do and not do anything.

The aversion to strengthening Medicare from our friends on the other side of the aisle is so strong that they will never do it. They will never do it. Only a Medicare benefit, only strengthening Medicare, will provide the solution. That is what the Democratic plan is. That is what the Republican plan is not. That is why we need to pass the Democratic plan.

Mr. TURNER. I thank the gentleman again for his strong leadership. We both came to Congress together. We have both been fighting for this ever since we arrived here. On behalf of all of our constituents who continue to tell us they need help with the high cost of prescription drugs, they need a meaningful, a real prescription drug plan that is a part of Medicare, that they can afford, we will continue to fight.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 4931, RETIREMENT SAVINGS SECURITY ACT OF 2002

Mr. DIAZ-BALART (during the Special Order of Mr. TURNER) from the Committee on Rules, submitted a privileged report (Rept. No. 107-522) on the resolution (H. Res. 451) providing for consideration of the bill (H.R. 4931) to provide that the pension and individual retirement arrangement provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001 shall be permanent, which was referred to the House Calendar and ordered to be printed.

HUMAN CLONING

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

Mr. PENCE. Mr. Speaker, I and several of my colleagues, including the distinguished physician and Congressman from Florida by the name of

DAVID WELDON, wanted to rise in this Chamber to discuss an issue that, while it has fallen to some extent, to use a colloquialism, below the radar screen here in our Nation's Capital, it is without a doubt the most significant moral question that the institution of the Congress will contend with in this session of Congress and perhaps, Mr. Speaker, for many sessions of Congress to come.

As we debate the restructuring of agencies of the Federal Government, the new Department of Homeland Security, as we debate in memorable terms, as my colleagues just did, the extension of benefits under Medicare, all of these issues pale in comparison to the potential cultural impact and the impact on our system of legal ethics that the legalization of human cloning would represent to our society and even to our civilization.

Yet even though this body has acted and awaits action in the balance of the Congress, I believe it is incumbent upon the Members of this institution who cherish the dignity of human life to rise and to remind our colleagues, as I will do so in the moments ahead, and any of those that are looking in about the profound moral questions that we wrestle with when we argue in favor of a ban of human cloning.

It is my hope that as the gentleman from Florida (Mr. WELDON) joins us later, he will speak to the medical questions and myths that surround the promise of embryonic stem cell research. The gentleman from Florida will no doubt point out, as many of us did during the debates, that every single breakthrough in the area of stem cell research has taken place using adult stem cells, Mr. Speaker. Not a single breakthrough in medical science has ever occurred using embryonic stem cell research. Yet we are being sold a bill of goods by a technical medical industry that would have us move the line of thousands of years of medical ethics to permit what they, in almost Orwellian terms, refer to as therapeutic cloning, the cloning of human beings, of nascent human life, for the express purpose of testing that tissue.

I rise today, Mr. Speaker, to say we must prevent human life from becoming a wholesale commodity that is created and consumed. Let me say again, my theme today, my purpose for rising in this Chamber with the colleagues that will join me, is very simple. We must prevent in this Congress, before the close of this year, this session of Congress, we must prevent, by law, human life from becoming a commodity that is created and consumed in a marketplace of science.

I say that knowing that there will be those listening in in offices here on Capitol Hill, there will be those listening in around the United States, who think that this is something of a strange science fiction assertion. But let me suggest to you as a family man, as the father of three small children, a