

When I look at all the problems of the bill, I have to wonder why my friends on the other side of the aisle fought so hard to preserve it, because their bill creates such a complicated scheme of varying copays, high deductibles, and insufficient coverage. When seniors sit down around their kitchen table to figure out how the Republican plan affects them, they will find this bill simply does not add up.

Under the Republican proposal, the beneficiary pays a \$250 deductible. For the first \$1,000 of drugs, they have to pay a 20 percent copay, or an additional \$150. Does not sound too bad. But for the second \$1,000 worth of pharmaceuticals they have to buy, the copay jumps to 50 percent, or \$500. So far we are up to \$900 in out-of-pocket expenses for a \$2,000 benefit.

The legislation that came out of our committee had a gaping hole in coverage from \$2,000 to \$3,700 where seniors have to pay every single dime for that \$1,700 worth of coverage. At the same time, they are still paying their \$35-plus a month for coverage they are not receiving. So to get to the catastrophic coverage, there has to be \$3,700; but seniors will have to have \$4,800 worth of drug costs before they will receive the catastrophic benefit under the Republican plan.

Most seniors never will actually reach that level. If a senior's drug cost, for example, is \$300 a month, they will hit that \$2,000 by midyear. For the next 6 months, they will be paying these premiums but getting nothing in return. And while we are talking about the monthly premium, let us point out that the legislation does not specify exactly what it should be. It says that the private drug plans can charge whatever they want.

Now, in the committee we talked about \$35 a month, and that is great. But when we tried to put an amendment on that said it could be \$35 or cost of living after that, that was defeated. But the \$35 a month adds up to \$420 a year in premium before they even get to the copay. Mr. Speaker, under this plan, the seniors' out-of-pocket expenses are adding up, but their benefits are not.

There are even more holes in the bill that should cause great concern. Under the legislation, private health care plans can create a benefit that an actuary can call an "equivalent" plan to the Republican scheme. That means that the insurance companies can create any plan they want, any premiums, any deductibles, any copays as long as an actuary deems it an "equivalent" plan.

Under this plan, the health insurance companies could go to an actuary, such as Arthur Andersen, with a plan and have them sign off on it and sell it as a Medicare product. There is no guarantee that a private plan would look anything like the Republican proposal.

Finally, I want to focus a moment on a point that seniors will be thinking about. The Republican plan relies on

private insurance companies to run this new benefit. It will be separate from Medicare part A and Medicare part B and will be run by something called a Medicare Benefits Administration. Why is this relevant? Because this is the first step to long-term efforts to privatization in Medicare.

The Republicans have tried to do it for 5 or 6 years. It has not worked. Those HMOs just do not make enough money to serve seniors. My Republican colleagues have been long-time crusaders for the free market. I agree with the free market, but you cannot have the free market and private insurance trying to cover seniors. It does not work. We learned that in 1965.

PRESCRIPTION DRUGS

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

Mr. GUTKNECHT. Mr. Speaker, I rise to talk about prescription drugs as well, and I have to acknowledge that some of the points made by our colleagues on the other side of the aisle are exactly right.

It is unfortunate that we are brought here tonight to discuss a bill that, as is true with every bill, is not perfect. And there are a lot of things about this bill that I do not like, but I want to talk tonight about what I think are the most glaring omissions from this bill. As we talk about prescription drugs, as we talk to our constituents, the one theme that comes through to us over and over again is that the prices are just going through the roof. And it is not just from seniors at our town hall meetings. It is from business people, big business people.

We had a meeting the other day with one of the representatives of one of the largest corporations in the United States. They are spending \$1 billion a year on prescription drugs. They are spending \$1 million a week on just one name-brand drug. I am very concerned about the glaring omission in this bill, because we do not deal, I think, effectively with the most serious problem and that is the price. People cannot afford it.

Whether someone is on Medicare, and we are going to try to create this insurance benefit, that will be good; but what about a middle-aged parent trying to support three kids and one of them gets a serious illness and needs \$1,000 a month worth of prescription drugs? What are we going to do for them? Well, the answer is, almost nothing.

Let me talk about the differences between what Americans pay. I have used this chart so much that it is starting to get frayed and worn out, but let me just give a couple of examples. Glucophage, a very important drug. A person does not have to be a senior citizen to have diabetes in the United States. Twenty-seven percent of our expenditures for Medicare are diabetes

related, but a lot of people have to take Glucophage. Look at what we pay in the United States. These are not my numbers. This is according to the Life Extension Foundation. The average price, according to their study for Glucophage, for a 30-day supply in the United States is \$124. That same drug sells in Europe for \$22.

We did some of our own basic research. We sent some people out. These are illegal drugs, my colleagues. According to the FDA, I am holding up illegal drugs because they were bought in Germany and Italy. But they are the same drugs we buy here in the United States.

Let us talk about this one. Claritin. Very commonly prescribed drug. This drug, Claritin, in a pharmacy in my district, this exact same drug, made in the same plant under the same FDA approval, in my district sells for \$64.97. This same drug was bought a week ago in Germany for \$13.97, American equivalent. That is 14.8 Euros, in case you are keeping score at home.

Another very commonly prescribed drug, an important drug, Zocor. This drug in the United States, at a pharmacy in my district, we checked just the other day, sells for \$45. This little box of pills, \$45. This same drug purchased in Italy 1 week ago is 14.77 Euros, or \$13.94 American.

My colleagues, we have a serious problem with prescription drugs. Everybody agrees to that. We have to do something to help those seniors who are currently falling through the cracks. Everybody agrees on that. But, my colleagues, I submit if we do not do something serious about opening markets, about creating competition, about allowing our pharmacists to re-import these drugs and allowing Americans to have access to world drugs at world market prices, then it is not shame on the pharmaceutical industry, it is shame on us.

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We are the ones that set that policy. We are the ones that let it happen.

Unfortunately, I am going to be put in a position in the next day or two where I am going to have to make a tough choice. I am going to have to choose between staying loyal to my leadership or being loyal to what I know is true. I hope I do not have to make that choice.

Ultimately, we cannot allow this chart to continue. Shame on us if we do. We are going to have an important vote here on the floor of the House, and I hope leadership is listening. We had a tough vote today on trade. But if Members really believe in free trade and open markets, then come down here to the well of the House. Come down here, Mr. Speaker, and tear town this wall. Allow Americans to have access to world drugs at world market prices.

The time has come for Americans to stop subsidizing the starving Swiss. Let us have free markets and lower prices, and then we will be able to afford to give Americans the kind of coverage that they deserve.

IN MEMORY OF DISABILITY RIGHTS LEADER JUSTIN DART, JR.

The SPEAKER pro tempore (Mr. KERNS). Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

Mr. DAVIS of Illinois. Mr. Speaker, I rise to pay tribute to a fallen leadership in the disability and human rights community. Justin Dart, Jr., recognized by many as the father of the Americans with Disabilities Act, died this past Saturday, June 22. Mr. Dart was known by many Members of Congress and by millions of Americans for his inspirational leadership and determined efforts to open the doors of opportunity wider for all Americans.

The grandson of the founder of the Walgreen drugstore chain and the son of a wealthy businessman, Justin was born in Chicago into a life of privilege. At age 18, however, his world view as well as the world's view of him was to change. Mr. Dart contracted polio and became a wheelchair user.

His concern for the civil rights of all people first became apparent when he founded an organization to end racial segregation as a student at the University of Houston. Justin also experienced the misunderstanding people have regarding the capabilities of people with disabilities when he was denied a teaching certificate upon completing college.

In 1966, Mr. Dart traveled to Vietnam to investigate the conditions of its rehabilitation system and had an experience which caused him and his wife, Yoshiko, to dedicate the rest of their lives to the advancement of human rights for all. Instead of rehabilitation centers for children with polio, he found squalid conditions where children had been abandoned on concrete floors. He was confronted with a young girl who reached out, held his hand and gazed into his eyes as she lay dying. "That scene," he would later write, "is burned forever in my soul. For the first time in my life, I understood the reality of evil, and that I was a part of that reality."

After several years of building a grassroots movement and advocating for the rights of people with disabilities in Texas, Justin Dart was appointed in 1981 by President Reagan as Vice Chair of the National Council on Disability. He and his wife embarked on a nationwide tour at their own expense during which he met with activists in all 50 States and helped lead the Council in drafting a national policy that called for civil rights legislation to end the centuries-old discrimination of people with disabilities. This policy laid the foundation for the eventual passage of the Americans with Disabilities Act of 1990.

Mr. Dart held leadership positions in both the Reagan and Bush administrations, first as Commissioner of the Department of Education's Rehabilitation Services Administration and then as the chairman of the President's Com-

mittee on Employment of People With Disabilities.

As Chairman of the President's Committee, he directed a change in focus from its traditional stance of urging people to hire the handicapped to advocating for full civil rights of people with disabilities. Justin is best known for the pivotal role he played in ensuring passage of the Americans with Disabilities Act of 1990.

As Co-chair of the Congressional Task Force on the Rights and Empowerment of Americans with Disabilities, he once again toured the country at his own expense to build grassroots support for his landmark civil rights legislation.

The sight of Justin in his trademark Stetson hat and cowboy boots was a familiar sight to all Members of Congress. He made what he called a very difficult decision of conscience in 1996 and campaigned for the reelection of President Clinton, telling his followers to get into politics as if your life depended upon it, because it does.

In 1998, he received the Presidential Medal of Freedom, the Nation's highest civilian award. The revolution of empowerment Mr. Dart talked about extended far beyond the rights of people with disabilities to making the world a better play for all humanity.

Please hear, as I close, some of the words that Mr. Dart addressed to a group of us in his final public statement a few weeks ago at a rally for the passage of the Micassa bill. "Listen to the heart of this old soldier. As with all of us, the time comes when body and mind are battered and weary. But I do not go quietly into the night. I do not give up struggling to be a responsible contributor to the sacred continuum of human life. I do not give up struggling to overcome my weakness, to conform my life, and that part of my life called death, to the great values of the human dream. Let my final actions thunder of love, solidarity, protest, of empowerment. I adamantly protest the richest culture in the history of the world which still incarcerates millions of humans with and without disabilities in barbaric institutions, back rooms and worse, windowless cells of oppressive perceptions, for the lack of the most elementary empowerment supports. I call for solidarity among all who love justice, all who love life, to create a revolution that will empower every single human being to govern his or her life, to govern the society and to be fully productive. I die in the beautiful belief that the revolution of empowerment will go on. I love you so much. I'm with you always. Lead on. Lead on."

Mr. Speaker, Justin Dart was truly a great American, and I join with millions around the country who are interested in the empowerment of people with disabilities to extend condolences to his wife and family.

PRESCRIPTION DRUG BENEFIT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oklahoma (Mr. SULLIVAN) is recognized for 5 minutes.

Mr. SULLIVAN. Mr. Speaker, I rise this evening to talk about an issue that is very important to the First Congressional District of Oklahoma and all across America: the need for a prescription drug benefit for our seniors.

During the last few weeks, the Republican plan has been criticized by my Democrat colleagues with a number of half-truths about our plan. I have received several calls from constituents and family members who are scared about the Democrats' misstatement about higher prices for their prescriptions. They are using this issue for political gain during an election year.

I ask the other side of the aisle to please stop scaring my grandmother and millions of seniors who buy prescription drugs. For the past few months, I, along with several Members of Congress of this body, have been visiting with seniors about their wants and needs and a prescription drug benefit. From these conversations, the House Republicans have developed a plan in line with helping seniors receive coverage immediately. I ask the Democrats to stop scaring my grandmother and my constituents for political advantage.

The House Republican plan is the only plan that lowers drug costs for seniors through best-price competition and the promotion of generic drugs. Recently, the Health and Human Services Department released a study that shows an average senior would save nearly 70 percent of the money spent on their current coverage under the GOP plan. The liberal Democrats say our plan is a meaningless benefit that protects the pharmaceutical industry, but studies done on this issue say just the opposite.

The Republican plan uses a best-price competition model that will lower the dollar amount through competition, cutting into the pharmaceutical company's bottom line. I ask Members on the other side of the aisle to stop scaring the Nation's seniors.

The House and Senate Democrat plans fail to use any competition measures. Instead, the Senate plan calls for a copayment on the prescriptions. Seniors would pay \$10 for generic drugs, \$40 for name-brand drugs, and the government would pick up the rest of the cost, regardless of the price.

Without price competition, the drugmakers will be able to dictate and raise their price whenever they want. And of course the Democrats want the American taxpayer to pick up the tab on the price difference. This could potentially cost Americans more than a trillion dollars. I call on the Democrats to stop scaring my grandmother and millions of seniors in our Nation who are looking for a workable plan from Congress. This is not a political issue.