

of cars that already pack New York City's crowded streets would greatly increase.

Pollution and transportation are not issues limited to the northeastern corridor. These are national issues, as well. Amtrak is also a national issue. People all over the country ride on the passenger rail service Amtrak provides.

Mr. Speaker, Amtrak is worth maintaining. We must also recognize that it is in Congress's power to step in and fix this problem.

Mr. Speaker, this issue needs our attention and it needs it now. Congress must pass an aid package that gives Amtrak the tools not only to survive, but also to excel.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 5010, DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2003

Mrs. MYRICK, from the Committee on Rules, submitted a privileged report (Rept. No. 107-536) on the resolution (H. Res. 461) providing for consideration of the bill (H.R. 5010) making appropriations for the Department of Defense for the fiscal year ending September 30, 2003, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 5011, MILITARY CONSTRUCTION APPROPRIATIONS ACT, 2003

Mrs. MYRICK, from the Committee on Rules, submitted a privileged report (Rept. No. 107-537) on the resolution (H. Res. 462) providing for consideration of the bill (H.R. 5011) making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 2003, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

Mrs. MYRICK, from the Committee on Rules, submitted a privileged report (Rept. No. 107-538) on the resolution (H. Res. 463) providing for consideration of motions to suspend the rules, which was referred to the House Calendar and ordered to be printed.

THE SKYROCKETING COST OF PRESCRIPTION DRUGS IN AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentlewoman from Florida (Mrs. THURMAN) is recognized for 60 minutes as the designee of the minority leader.

Mrs. THURMAN. Mr. Speaker, tonight we have a group of women here who are very concerned about the prescription drug benefit that we may be

voting on this week and with some particular interest in the high cost and skyrocketing cost of prescription drugs in this country.

Mr. Speaker, I yield to the gentlewoman from Illinois (Ms. SCHAKOWSKY), who is a valuable member to our caucus and has been actively involved in the area of prescription drugs.

Ms. SCHAKOWSKY. Mr. Speaker, I thank the gentlewoman from Florida for yielding to me, who has been such a great leader on an issue that is so important to the 39 million people who are on Medicare. Those are the elderly and persons with disabilities.

A lot of times we come to the floor and we talk about people that are in our districts or people that we have heard about or issues that affect some segment of our society, but not so often do we come to the floor and talk about a problem that affects so many people that also directly impacts our own families.

The issue of the high cost of prescription drugs is hard to escape from, regardless of the income or the position of one's family. I found, much to my surprise, sometime ago that my family was not immune from this particular crisis.

One day I got an e-mail from a cousin of mine that said, "The reason I am writing you today, I saw you on C-SPAN giving a speech on prescription drugs." He said, "I thought you would be interested in my mom's story." This is also my cousin, his mother.

"The last couple of years of my dad's life, he was relying heavily on all sorts of heart medication and other prescription drugs to keep him going and maintain a quality of life."

□ 1930

Well, Mom kept on putting those drugs on their credit cards. How else were they going to pay for them? With Social Security? I do not think so.

Well, anyway Mom did everything she could to make sure Dad got his meds. When Dad passed away in January 1998, Mom was left with a mountain of credit card debt. The Tuesday after his funeral, she had to declare bankruptcy. It just does not seem fair. But if you ask Mom, she would do it all over again to have a few more days with Dad.

As we the baby boomers get older and the cost of prescription drugs is skyrocketing, something needs to be done to curb the drug companies. It cannot all be for recouping R and D. Somebody is gouging somebody.

This e-mail was sent to me almost exactly 2 years ago today. And at that time there was not a candidate running for office, particularly for Federal office, who was not promising that something was going to be done about that high cost of prescription drugs. Oh, yes, elect me and I will go to the White House or I will go to the Congress and I will pass a prescription drug benefit for senior citizens. Do not worry, sen-

iors. Vote for me and I will get you a prescription drug benefit. There was not anybody running for any office at the Federal level that did not say that.

Well, those seniors, people in our own families, are still waiting in line for that prescription drug benefit. We are almost through an entire session of Congress, and there still is not a prescription drug benefit. They have been bumped out of their place in line by the airlines who we bailed out a very short time after September 11. They have been displaced from their place in line by a very few rich dead people when we excused them from the estate tax. And now as the front of the line appears closer and closer, maybe they are getting there, what they are offered up by the Republicans is a sham and not a plan, a bill that was written by the drug companies and for the drug companies that does nothing to control the high cost of prescription drugs, provides no guaranteed benefit, there is no predictable premium or copayment, no guarantee even that any insurance company will even offer them the chance to purchase a plan.

A former member, Bill Gradison, who was president of the Health Insurance Association of America from 1993 to 1998, criticized the GOP private market approach to prescription drug coverage saying, "I am very skeptical that 'drug only' private plans would develop."

So even those people who are associated with the insurance industry think that there is not going to be such a plan available. That is what the Republicans have offered up.

The Democrats on the other hand, we have a plan that does provide a guaranteed benefit, that is absolutely going to lower the cost of prescription drugs, will lower the cost by enabling the Secretary of Health and Human Services to negotiate a lower price for senior citizens, that says that all the beneficiaries of Medicare, our group just like an HMO or the Veterans Administration, and they will negotiate a lower price for senior citizens, and lower the amount of out-of-pocket costs.

But women, women are the ones who are most affected, that are most hurt by the high cost of prescription drugs just like my cousin was who had to declare bankruptcy. Out-of-pocket spending on prescription drugs by seniors is the single largest out-of-pocket health care component after premium payments.

Older women spend more out of pocket on prescription drugs on average than do older men regardless of the type of supplemental insurance coverage they have. Women on Medicare without supplemental benefits spend almost 40 percent more on prescription drugs than men, and men are spending too much. Older women are less likely than men to have employer-sponsored prescription drug coverage. Women without drug coverage spend more out of pocket on drugs than men. On average older women fill more prescriptions than men each year regardless of

whether they have prescription drug coverage. Older women without prescription drug coverage on average have 18 prescriptions filled in 1 year compared to 14 for men.

So this is a problem that impacts all Medicare beneficiaries, all old, every American, but particularly falls the hardest on women. And I know that my colleagues here, the women here, today are going to talk about how the Democratic plan is going to directly address the needs of the elderly, and particularly elderly women; and we will go into that.

But I would just like to say that if anybody thinks that their families, their own relatives, their own parents or grandparents and aunts and uncles and cousins are immune from the runaway costs of prescription drugs, think again. If my cousin had not sent me this e-mail telling me about the bankruptcy in my own family, I would not have known because my cousin was too proud to tell anyone in the family that this is what was going on.

So I am just happy to be part of a great group of women who are here today to stick up for and to go to bat for all of the women who really need our help with the true prescription drug benefit under Medicare. I thank the gentlewoman for yielding to me.

Mrs. THURMAN. Mr. Speaker, I thank the gentlewoman and certainly appreciate the story that you told about your cousins because there are hundreds and thousands of stories like that throughout this country, and it puts a face on why this issue becomes so important to us in this Congress.

At this time, I yield to the gentlewoman from Nevada (Ms. BERKLEY) who has been a continued voice of reason from her experience and the experience from her own State, and we are certainly glad that she is here to engage us and give us some idea of what has been happening and happened and why some of these plans just will not work.

Ms. BERKLEY. Mr. Speaker, I thank the gentlewoman from Florida (Mrs. THURMAN) and the gentlewoman from California (Ms. MILLENDER-MCDONALD), the cochair of the Women's Caucus for organizing this Special Order.

I am here to discuss an issue that is absolutely crucial to seniors across America, Medicare coverage for prescription drugs. This is one of the most important issues that Congress will work on this year. This is a defining issue. Who exactly do we represent in this body? Do we represent millions of older Americans or do we represent the CEOs of the pharmaceutical companies? Seniors have the greatest need for prescription drugs. In many cases medicine is the most effective, perhaps the only, treatment for illness; and yet one-third of senior citizens do not have any prescription drug coverage at all.

This means that millions of seniors in our country have no prescription drug insurance, and soaring drug prices are putting necessary medications out

of their reach. They simply cannot afford them. Nowhere is this problem more apparent than in my district in southern Nevada.

Southern Nevada has the fastest growing senior population in the United States. When I go home every weekend, my seniors tell me about the drugs they are taking, the medications they need. They tell me how much they cost, and they tell me how difficult it is and what difficult choices they have to make. Do they cut the prescribed doses to make the medicine last longer? Do they take their medicine every day? Every other day? Do they pay their rent? Do they pay their electric bills? Do they buy groceries, or do they buy medicine?

We have to do better as a Nation. We have to do better. We must enact the prescription drug benefit under Medicare. Our seniors are demanding it. Our seniors deserve it from their elected representatives. They are counting on us to honor our promises, our campaign promises to provide affordable prescription medication under Medicare, where it belongs, to older Americans.

This legislation, the legislation that the Republican majority is sponsoring is a sham. It is not a prescription medication benefit. It is a press release, and it is a campaign ad. Their so-called benefit is complicated, and it is not guaranteed. There are gaps in the coverage and it will do nothing, absolutely nothing to lower the prices of prescription drugs. Their plan will not get the job done for our seniors.

The majority bill also does a terrible disservice to our Nation's Medicare providers. If the Republican majority cared one wit for Medicare patients, for their doctors, we would pass a free-standing bill to restore Medicare reimbursements to doctors and other health care providers. Our doctors and health care providers, our nurses, our hospitals, other health care providers, are being deceived and they are being hurt by being thrown into the middle of this divisive issue. By attaching the Medicare reimbursement to a useless sham of an insurance based prescription bill, the Republicans have unfortunately doomed both.

I am for a prescription drug benefit that is comprehensive, affordable and guaranteed. I am for a benefit that will provide uniform coverage for every senior in America no matter where they live or what their income. It does not matter if they live in the State of Nevada where we have a State program. It matters that all seniors are covered throughout the United States.

America's seniors are depending on us to give them a benefit, the right benefit. Let us act responsibly and give them what they need, what they deserve, what they are counting on.

Our Nation is depending on us. They are looking to us to do the right thing, and it is time for us to step up to the plate, fulfill our campaign promises and improve the lives of older Americans in this country.

I thank the gentlewoman, and I appreciate the opportunity.

Mrs. THURMAN. Mr. Speaker, I appreciate the gentlewoman's concern and her participation in tonight's Special Order.

It is now my privilege to yield to the gentlewoman from North Carolina (Mrs. CLAYTON), someone who I have valued over the last 10 years, somebody who came in with me, and somebody I served with on the Committee on Agriculture, and someone all of us in this House respect for the work that she has done. We are all very sad that she has made a choice to go home, but I have met her husband T.T., and I certainly understand. I am glad to have the gentlewoman here today.

Mrs. CLAYTON. Mr. Speaker, I thank the gentlewoman for her leadership, and I thank her for yielding and her remarks.

Mr. Speaker, I rise today to remind my colleagues of a promise made by Members and the Presidential candidates of both parties only a little less than 2 years ago. We all agreed that the rising costs of prescription drugs had reached critical mass and that it was forcing many Americans, particularly our senior citizens, to make choices they should not, in their golden years, be forced to make.

But I also would like to point out that what the Republican leadership is just now getting around to offering is a choice that really is no choice. They have tied two issues that really should be dealt with separately. One is the prescription drug plan that is deficient at best and probably is dead on arrival in the Senate. The second matter is increasing reimbursements to rural hospitals and medical facilities by Medicare to better reflect the costs of providing a better service which I support but not in this bill. And especially as a co-chair of the Rural Caucus and the member of the Rural Health Caucus, we know the devastation that rural hospitals are suffering. So they need this reimbursement.

So they have tied these two issues together with their Medicare Modernization and Prescription Drug Bill. The Republican leadership pits struggling health care facilities against struggling seniors. In this, the majority party shows us the height of their cynicism and the depth of their partisan politics at the same time. That is quite a feat, unfortunately. It would do nothing serious to help solve our seniors' problems relating to access and affordability when we understand what they have provided.

Now, it does do something, I have to say, in terms of the hospital. But it will not be enough to solve the financial crises being experienced by our hospitals and our clinics, particularly in rural areas, and as a result of inadequate Medicare payments.

The choices too many of our seniors are forced to make result in the difference between life and death in a struggle to juggle the very basics of

their life such as rent, utilities, food, medicine and having those conditions that senior citizens have to juggle each time to make sure they are living.

Disproportionately to men, this is the common quandary in which senior women find themselves. Senior women find themselves far greater in the quagmire. First of all, women live longer than men.

□ 1945

It is also a fact that cardiovascular disease is the leading cause of disability and death for women. Women have the highest incidence of diabetes, stroke, high blood pressure and cholesterol problems. There are also maladies like Parkinson's and Alzheimer's disease, breast cancer, arthritis and others, all of these requiring a lot of medication.

As a result of years of gender pay inequity and other factors, older women are poorer than older men. Seventy-five percent of all elderly poor are women. Older women are twice as likely as older men to have incomes below \$10,000. Sixty percent of all Medicaid beneficiaries are women, many widowed; and among Medicare beneficiaries of all ages with incomes below the poverty level, nearly 70 percent of them are women.

Women are living longer than men with less money, usually on fixed income and with more medical problems to deal with, therefore requiring more prescription drugs, but prices for these drugs are increasing at triple the rate of inflation.

According to a recent study by Families USA, which analyzed price increases for the 50 most commonly prescribed drugs for seniors over the last year, for the last year, nearly three-quarters of these drugs rose at least 1½ times the rate of inflation and over one-third rose three or more times the rate of inflation.

Ten of the 50 most prescribed drugs for seniors are generics, only 10 of them. The average price for generic drugs is only about \$375. However, the average price for the 40 that are not generically available is \$1,103, three times that.

So women who have less money, less income, more health problems, find themselves having to rely on drugs that are four and five times the cost of generics or they are not available.

Helping our hospitals by modernizing the payment schedule for medical services provided under Medicare and helping our seniors cope with the costs of life-sustaining medicines that are spiraling out of control are both worthy causes. We should be doing both but differently. They have different objectives, and they should be separated in different bills. These two issues should be debated separately in order to spare the people affected a divisive fight they did not pick.

I have my rural hospital calling me right now to tell me to vote for this bill, and they know that I understand

their plight. I also have my senior citizens calling me that this is insufficient.

We should not be having these divisive fights by struggling rural hospitals and struggling rural citizens. We are pitting them together.

The leadership knows what it is doing. It is putting together a poison pill for us to swallow. This is no choice because, indeed, my senior citizens should not indeed have to do this.

We can do better, and we should do better, and the Republican leadership knows this is indeed only a fight of ideology, not really a worthy fight of principle.

I thank the gentlewoman from Florida as well as the gentlewoman from California for having allowed me to participate in this special order on this very special subject.

Mrs. THURMAN. Mr. Speaker, I thank the gentlewoman from North Carolina for her participation and her wonderful information that she has shared with us here tonight.

I would like to now take some time to ask the gentlewoman from California (Ms. MILLENDER-McDONALD) to speak. I know she has some words. She has been a great leader on this, and she has worked so well with the Women's Caucus in trying to bring the issues and make sense of some of these things that we are hearing about in potential bills. I know tonight that we had especially one Republican Member of their caucus that got up and kind of talked about some issues that really kind of go to the essence of part of our message here tonight. So I would love to yield to the gentlewoman from California.

Ms. MILLENDER-McDONALD. Mr. Speaker, I thank the gentlewoman from Florida for her leadership on this issue. She has been absolutely front and center with us on this very critical issue, an issue that is absolutely critical and important to women, senior women, seniors, and women as a whole.

I was struck tonight by one of my Republican colleagues who came to the floor, the gentleman from Minnesota (Mr. GUTKNECHT), and he said something to the effect that we know the bill has problems, he says, about his Republican bill. He also said we must do something serious about this critical issue. It was amazing that he admitted to the fact that the Republican bill has problems, but I want to turn our attention to this chart I have behind me, because this chart speaks volumes to the experts who have also spoken about their concerns about the Republican drug bill.

Bill Gradison, the former president of the Health Insurance Association of America, says, I am very skeptical that drug-only private plans would develop.

Then we have John Rother, the policy director of AARP, and he says, There is a risk of repeating the HMO experience.

These experts are talking about this Republican drug bill.

Then we have Richard A. Barasch, chairman of Universal America Financial Corporation, and he says, I do not think it is impossible but the odds are against it, insurance participation. In fact, he is talking about the insurance company's participation.

Then we have Thomas Boudreau, the senior vice-president and general counsel of Express Scripts, and he says, We are not enthusiastic about that approach.

When we have these four to five experts that are experts in prescription drugs and Medicare and they are saying they have a problem with this Republican drug bill, then it solidifies just what we Democrats have said all along. This bill is flawed. This bill does not speak to what the Democrats have in our plan that we call the Medicare Modernization and Prescription Drug Act of 2002. This is a plan that is universal, affordable, dependable and accessible, and in spite of all of those fake things the Democratic plan has, it is voluntary.

When the gentlewoman from Florida (Mrs. THURMAN) talks about that, I am happy to join her and the other Members who have now come to the floor so that we can talk about some of the stories that we have, that we can bring to the American people about the difference between the Democratic prescription drug plan and the Republican prescription drug plan. So I will turn it back to her. Then, of course, she will introduce the other two ladies, and we will get started on what the people are telling us about the difference.

Mrs. THURMAN. Mr. Speaker, reclaiming my time, before we move on to that, because I think the gentlewoman's poster says what the experts are saying about the Republican drug plan, one of the big differences that we all need to recognize is that, under the Democratic plan, seniors would have a new benefit under Medicare.

Let me repeat that, under Medicare, and that would look and operate like the benefits they already get such as hospitalization and physician care because we would use those same providers that we use today. However, very interesting, the Republican bill can only guarantee private HMO-like drug plans and will participate in every area we think almost by bribing the taxpayer, because this is what they do. This goes directly to my colleague's poster, directly to her poster. To entice plans to participate, the Republicans allow a giveaway to the private insurers of up to 99.99 percent of the risk they would incur. In other words, in areas of the country where private plans are worried they might not make a profit, the government would guarantee at least a minimal profit to the private insurers at taxpayers' expense.

The GOP plan does not require that the HMO-like insurers pass on the subsidies to the beneficiaries, directly to what they are saying.

First of all, we do not know that there would even be a plan that would

be offered. If there is not one, they are going to actually entice them at taxpayers' funding, similar to what we have done under Medicare Choice programs that have created all kinds of problems for us and, just as importantly, in this plan we still do not give the authority of the Secretary to, in fact, negotiate and use the power of 40 million Medicare beneficiaries to achieve greater discounts for seniors.

Guess what? This is proven. Look at the programs that we talk about up here. The gentlewoman from Florida (Ms. BROWN) can tell us. She is a member of the Committee on Veterans Affairs. She has been an outspoken member on the Committee on Veterans Affairs and, in particular, dealing with prescription drugs both at the VA level and for our military retirees that we have offered. She can tell my colleagues that the power of people, and when we put a number like 40 million people into the risk pool, the costs are reduced.

She has done a fabulous job in this area, and I would love to hear some of her maybe comments and experiences that she has even had in that realm, showing why it is so important that this goes under Medicare and not to private insurers. We are so glad she is here tonight, and we really do appreciate her leadership on this issue.

Ms. BROWN of Florida. Mr. Speaker, let me just say that I want to thank the gentlewoman for yielding, but I want to also thank her for her leadership on this matter. We both share the great State of Florida, and we also share the many problems. Being one of the oldest aging populations, we understand what our seniors are going through, and we know we have got to bring some relief from the Federal Government, because clearly both of us serve, she served in the Senate and I served in the House, we know that in Florida, just as in Washington, the only thing that is going on is tax breaks, tax breaks, tax breaks, and not addressing the problems that our senior citizens are experiencing.

Let me just tell my colleagues about my experience. When we had our little break in March, I went home. Just like all of us when we go home, we are going to do what we can to help out with our family; and so I am going to go to pick up my grandmother's prescription. Of course, I went there, and I am ready with my money, and I am waiting for the prescription. I know she pays this bill every month, \$53, so that she can get a reduction and with an HMO. So I thought it would be a \$10 or \$15 co-payment, just like we have a co-payment of a small amount.

The amount of the bill was \$91 for one prescription. I could not believe it, \$91. I talked to the doctor, and I wanted to know, I talked to the pharmacist, what is the problem, and what they told me was that her benefit had run out. We are talking about March. Three months with this HMO, and her benefits had run out.

So when I think about my grandmother, who I could write a check for \$91, I think about all the other grandmothers. We have a responsibility to look out for the grandmothers who cannot afford \$91 a month for one prescription, and most people are taking four and five. It does not make any sense.

During the last election, and my colleagues know the kind of hanky-panky that went on in Florida, but one thing we do know for sure, that all of the candidates were saying that, if elected, I will provide a prescription benefit for the seniors.

□ 2000

Well, let me tell everyone something. We have been waiting 2 years for that promise to be kept, and in the meantime we have had constant tax cuts. We have had the terrorists operate; and if we are not careful, the seniors who cannot afford it will be the ones who are left out in the cold.

Mrs. THURMAN. Mr. Speaker, I want to talk about that for just a second and what the gentlewoman from Florida (Ms. BROWN) talked about in the benefit plan and particularly because it was under probably a Medicare Choice program of some sort; and by the way, the Medicare Choice plans would be covered under the Democratic plan. There has been some conversation on this floor over the last couple of days saying they would not be able to keep what they already have. That is not true. That is number one.

Number two, though, the gentlewoman from Florida (Ms. BROWN) mentioned a couple things that I think are extremely important to point out. Number one, under the Democratic plan it is a guaranteed minimum benefit, that is guaranteed; and under the Republican plan it is not. Guaranteed lower drug prices, for Democrats the answer is yes. For Republicans, it is no. Guaranteed monthly premium, that is a good thing. We think that is wonderful. Ours would be \$25 set in the bill. It says \$25. In the Republican plan we have no guaranteed monthly premium.

What we have is a CBO estimate that it might be on an average premium of \$34, not set in the bill. Annual deductible, again a most important part. The gentlewoman from Florida (Ms. BROWN) talked about her grandmother in March. Well, under the Democratic plan it says \$100 deductible, period. Under the Republican plan it says \$250 or an amount that makes benefit actuarially equivalent. I am not an actuary; so I am not sure what that means, but somebody will explain it. Co-insurance paid by beneficiary per year, 20 percent under the Democratic plan until out-of-pocket cost is \$2,000. Under the Republican bill, listen because we have got to make this difficult, 20 percent for \$251 to \$1,000; 50 percent for \$1,001 to \$2,000; 100 percent of above \$2,000 until out-of-pocket cost is \$3,800.

Ms. BROWN of Florida. Mr. Speaker, would the gentlewoman yield?

Mrs. THURMAN. I yield to the gentlewoman from Florida (Ms. BROWN).

Ms. BROWN of Florida. Mr. Speaker, I just want my colleagues to know that my grandmother cannot afford \$3,800 a year. She is 96 years old. She does not have \$3,800; and there lies the problem because our seniors just do not have it, and I do not understand why these other people do not get it. They are deciding. They have to pay their rent, they have to pay their mortgage, they have to buy food, and they just do not have this kind of money. I do not understand. Since the Republicans have taken over, what they practice is what I call reverse Robin Hood, reverse Robin Hood. When I was coming up, I used to watch Robin Hood. Reverse, stealing from the poor and working people, and now our frail elderly, to give tax breaks to the rich.

Ms. MILLENDER-MCDONALD. Mr. Speaker, if the gentlewoman from Florida (Mrs. THURMAN) will yield, if I can just show this chart. As the gentlewoman from Florida (Mrs. THURMAN) laid out, the actual premiums and the comparison of the two bills showing that the Democratic plan is the better plan, this is how much the average senior will save. The Republican plan, only 22 percent, compared to the Democratic plan that they will save 68 percent; and this is according to the CBO, the average senior will spend \$3,059 on prescription medicine in 2005, the first year of any Medicare drug benefit. This right here absolutely outlines by the Congressional Budget Office that the comparisons are so stark that we can see that the Democratic plan absolutely gives a better benefit to seniors than that of the Republican plan.

Mrs. THURMAN. Mr. Speaker, one other issue that the gentlewoman from Florida (Ms. BROWN) brought up that I also think is very important in this debate and quite frankly it is an issue that our Republican colleagues are having, I can say from CongressDaily today, one is the cost issue. They are concerned about it. The gentleman from Minnesota (Mr. GUTKNECHT) came on the floor and showed the comparison of what we do in this country as compared to the same cost of that drug in another country, an industrialized country which is important to appreciate and understand and the price issue but it is the pharmacist issue.

Let me tell a little story that I think makes a really good point. A couple of years ago, my mother, who lived with me, and I took care of her when she was sick and she was in Florida with me during one of my breaks, she had been at one of our teaching hospitals, Shands. I had brought her home after she had been in the hospital for a couple of days, and they had said to me, You know, Karen, we think these are some of the things we think are wrong, and what we want to do is go ahead and put her on some medications, but we would like you to bring her back in about 10 days to see how she is doing." I said, okay.

So I go to the pharmacist, and I pick up the medicines. And I am not even going to speak to the cost of the medicines, but my dad was military, so my mother had always had the opportunity to go to the bases to get her medicines and she was in sticker shock, I think, for the very first time to see what the real cost of medicines were for other folks, or for her friends.

But listen to how important this was. Just leaving the pharmacist out of this equation, which is another thing they do in this bill basically, because they do not have to include the pharmacist, our local pharmacies, my pharmacist said to me, You know, Karen, I can give you the full month's prescription on this, and it will cost you X amount of dollars, he said, but when does your mom go back to the doctor to get a checkup? And I said, Well, in about 10 days we will take her back to see how things are going. He said to me, You know what. I will just give you a 10- or 11-day supply. Why should I make you pay for 30 days when they may end up changing her medication because it may not be doing what it is supposed to be doing.

That 10-day supply was something that cost me less, cost my mother less; and more importantly, when she went to the doctor in 10 days, guess what, they in fact did change and prescribe something different. And I just have to say that that kind of a story is so important to why the local pharmacists need to be involved in this issue, because we depend on them.

Ms. BROWN of Florida. Mr. Speaker, if the gentlewoman will yield on that point. I had the Committee on Government Reform do a study in my district, and we compared what the seniors in the Third Congressional District of Florida pay. We pay 131 percent more for a brand-name prescription than other consumers and 98 percent more than consumers in Canada and Mexico.

Mrs. THURMAN. Reclaiming my time, Mr. Speaker, I want to get back to that issue, because I want to talk about an amendment that we offered to try to bring the cost down.

But at this time I would like to take the opportunity to invite the gentlewoman from Texas (Ms. JACKSON-LEE), a valued Member of this body, who has been actively involved in this issue and who I think has some information that we might have skipped over. So I would like to invite her into this discussion.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the distinguished gentlewoman from Florida (Mrs. THURMAN), and might I acknowledge my other colleagues, the gentlewoman from California and, of course, the gentlewoman from Florida (Ms. BROWN) for their leadership, and particularly the areas of expertise that they all generate.

I thought it would be helpful, as I was listening to my colleagues, to come to the floor and share some of the messages and the concerns that I bring back from Texas, but also the history

of the Medicare legislation that many of my colleagues are familiar with.

I would like to, as I show them some very important facts in pictures tonight, I would like to hold up a picture of President Johnson signing this legislation in 1965. If we were to track the aging of America, we would determine that post-1965 our senior citizens have lived longer because of the implementation of Medicare. And what we talk about tonight is the component that will add to the life of seniors today who are losing ground because so many of them now do not have a prescription drug benefit. That is what we are talking about with the Democratic plan, a benefit. That is quite the contrary from a voluntary optional program which an individual can choose to participate in.

Now, many of my friends have said, and as many of my colleagues know, particularly the gentlewoman from Florida (Mrs. THURMAN), we have been on this issue now for at least, I guess in our life, two or three terms, but 6 years or more, and some even longer; and for many times during that time frame, we budgeted very responsibly, meaning Democrats, in preparing ourselves for the expenditure. In fact, I want to cite for the record that last year, March 2001, we had about \$5.6 trillion in our surplus. We were prepared for what this might cost.

I listened to the gentlewoman from Florida (Ms. BROWN) discussing her grandmother, and I took a tour of my senior citizen centers and asked couples and singles how many of them are cutting their prescription drugs, and hands went up; and how many of them are not taking the drugs or not taking them in the right amount, and hands went up. There, right in front of my eyes, was the undermining of their health.

In addition, about 2 years or so ago, I was running around my district in a panic because my seniors were in a panic. We were trying to answer concerns, because what had happened in Texas was that HMOs had shut their doors, literally shut their doors. We had seniors in Harris County who had become reliably comfortable with HMOs, between 3 and 4 million people. Many of us, elected persons and others, begged HMOs either to come back or to stay. I remember us getting into negotiations where we asked if they could stay an extra 90 days. My senior citizens know what I am talking about. Their HMOs shut down on them.

My fear with the Republican plan, this plan that is a card or some kind of membership, is that when we get to a point and we find that it is not profitable, and when I say "we" I mean those who are engaged in this plan, when they find it is not profitable, am I to expect that those pharmaceuticals will shut their plan down?

So I wanted to show another picture to say why this can be done and why it is imperative that we do this. Because imagine becoming dependent on this

voluntary card, imagine seniors having accepted it, having become comfortable with it, that is, if it even works, and they get a few dollars off from it, and they hold this card in their hand and, all of a sudden there is some analyst locked up in a room somewhere in corporate headquarters that says, you know what, they are not making any money in Jacksonville, they are not making any money near Orlando or Houston, Texas, so shut it down. Then I have got thousands of seniors without the ability to secure their medicine.

I want the American public to understand that this is a well thought-out process; and we believe, many of us, that when we look responsibly at the tax cut, and I know there are many shades to the tax cut, but if we look responsibly, and we are talking about that major one that really just focused in on 1 percent of the population, there were other side-bar tax cuts, but it is that big one, and we believe when we look at that seriously we can find 64 percent of the people that would not be opposed to rolling back the tax cut that Congress passed last year and using that money to provide a prescription drug benefit under Medicare for seniors.

So this dialogue tonight, and I thank the gentlewoman from Florida for it, this dialogue tonight is not reckless, it is not an attempt to use what we do not have. It is, frankly, a recognition of really the concern we all have. And I want to be responsible, but sometimes I visit my seniors and there is panic. And I use that word only because I have seen it, the panic they might face by going one more month, one more day without a real drug benefit.

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Mr. Speaker, I simply say in closing that I know the other body is discussing this issue. We have to recognize the other body. Why pass legislation in the House that has absolutely limited chance in a compromise effort in the other body? We are trying to get legislation that is realistic and will answer the concerns of all seniors.

I am disappointed that we cannot come to a conclusion on something that deals realistically with a guaranteed benefit, and I might say protection of our rural hospitals and urban hospitals, taking care of some of the formula problems that we have, there seems to be no reason why we cannot do this. I thank the gentlewoman from Florida (Mrs. THURMAN) for her leadership.

I smile because lawyers have more than one closing, but this is a closing. Women, I have been hearing this all day long, have a greater use and/or need for Medicare drug benefit, not diminishing the men, but we are finding out that many older women are living longer, and we are going to help with research to help men, living as widows without income, they are really suffering. I think we can do better.

Mrs. THURMAN. Mr. Speaker, I thank the gentlewoman from Texas (Ms. JACKSON-LEE) and her concern for her constituents and the stories that they have told the gentlewoman.

I do want to say one other thing. We are getting phone banking in our offices right now. I had a conversation with my staff this afternoon about this phone banking. I asked what are they saying.

They said, first of all, we get this phone call, and then all of a sudden there is a click and somebody is on the phone. We say, this is the office of Mrs. THURMAN; and they say, I want you to vote for whatever the bill number is on this piece of legislation.

My answer is, I will be glad to vote on a Medicare prescription drug benefit but not one that is privatized. They say, that is exactly what I want you to do.

Just remember, all of us standing here tonight are for a prescription drug benefit that is under Medicare.

Mr. Speaker, I yield to the gentlewoman from California (Ms. WATSON), former ambassador, as well as a State legislator, who has dealt with State health issues in California and I know had some very difficult times after some propositions out there.

Ms. WATSON of California. Mr. Speaker, I thank the gentlewoman from Florida (Mrs. THURMAN). I thank all Members who are making the case for our seniors and particularly those who are women, because they rely more heavily on prescription drugs than the average American. Although they represent just 13 percent of the population, they consume more than one-third of all prescriptions. Not only do seniors use more drugs, they also rely on more costly medications. Drug expenditures for seniors constitute 42 percent of the Nation's total. Seniors with health insurance find themselves without coverage for prescription drugs more often than not.

More than 10 million Medicare beneficiaries lack coverage, and millions more have inadequate and unreliable drug plans. Part of the solution to our current problem is the enactment of a meaningful drug benefit within the Medicare program.

I am from California, and I know some Members did not really understand what our substitute Democratic proposal had in it. They said it will hurt California. The only reason that perception was out there is because California has an excellent MediCal program where we offer about 32 to 35 more benefits than are required under Medicaid. That accrues to the Medicare program as well. This proposal that is a substitute proposal or a supplemental proposal will only benefit our seniors in California, not hurt them.

Republicans have proposed a bill to address the problem that is just plain bogus. The American public must filter out the rhetoric and see the Republican plan and the Democratic substitute for what they really are. The phone calls

that the gentlewoman is getting are people who have been deceived and misled. We need to clarify so they will know. I want to spend a second clarifying.

The Republican bill covers less than one-fourth of Medicare drug costs over the next 10 years. The Republican bill does not help with any drug cost between \$2,000 and \$5,600. The Republican drug benefit is vague. They offer a standard suggestion for what private plans might offer. In addition, their bill does not guarantee that seniors will have affordable, and that is the keyword, affordable drug coverage.

The House Democratic proposal adds a new Part D in Medicare that provides voluntary prescription drug coverage for all Medicare beneficiaries beginning in the year 2005. The Democratic proposal authorizes Medicare contractors to obtain guaranteed reductions in prices.

The Secretary of Health will have the authority to use the collective bargaining power of Medicare's 40 million members to negotiate prices on particular drugs. The basics are: \$25 a month premium, \$100 a year deductible; and beneficiaries pay 20 percent, Medicare pays 80 percent and a copay; and a \$2,000 out-of-pocket limit per member per year. That, Mr. Speaker, is the Democratic plan. That is not a Republican maybe plan.

Yes, it has a price tag. But the Republican \$1.6 trillion tax cut would pay for this program several times over. Just do the math.

Members should be able to respect older Americans, and we need to be able to give aid to New Yorkers post 9-11 and fight the terrorist threat at the same time. We can do it all if we were not foolishly led to support a \$1.6 trillion give-back to the wealthiest Americans.

Mrs. THURMAN. Mr. Speaker, I thank the gentlewoman.

Mr. Speaker, it is my privilege to introduce the gentlewoman from California (Mrs. DAVIS) who is a freshman, who was one of those out on the campaign trail when everybody was saying we have got to have a prescription drug benefit. We are so pleased that the gentlewoman is here and is such an active voice on this issue.

Mrs. DAVIS of California. Mr. Speaker, it is true when I was out on the campaign trail we talked a lot about health care. That is why it was so interesting to me a few months ago when I was in Costco on the weekend with my husband doing some shopping and I noticed that people were following me around the store. I started getting a little nervous and finally stopped long enough for them to approach me.

Basically what they said is that they know that Congress has got to focus on the war on terrorism, that that is our priority, and I support the President in his efforts. Then they said, we understand that, but when is Congress going to get back to talking about health care? They proceeded to tell me about

the difficulty that they are having with their mother and her prescription drug costs.

I know that Members get e-mails and letters daily. I have one here. "Dear Congresswoman Davis: I have only one request. That is to help us, families with members who suffer from Alzheimer's disease. Medicare does not cover my mother's prescriptions, which is very costly, around \$140 for 30 tablets that she must take. Taking care of her is really hard. Where are we going to end with medication and treatment for this disease? We need your help soon."

And another letter, "As retired people and getting up in years, my wife and I are spending an increasing share of our income on medicine. I hope you can find a way to help us with that problem."

Well, we are talking about that now, and that is a good thing. The reason we are here tonight is to talk about the impact that this has particularly on women. It is all about our priorities, what is important to us and what do we choose to fund.

We know that in America today over a quarter of women on Medicare, nearly 6 million women, lack any prescription drug coverage at all. The average woman, age 65 and older, lives nearly 7 years longer than the average man, and she is typically widowed, living alone and struggling to make ends meet on an annual income of \$15,615, compared to over \$29,171 for men. It is nearly half of that for men.

So that is why we come before the House today to talk about how this impacts women. We know that two-thirds of Medicare beneficiaries with annual incomes below the poverty level are women and that a woman spends 20 percent of her income each year on out-of-pocket health care costs.

I am committed, as I know Members here today are committed, to a fair prescription drug plan under Medicare that does not stifle innovation or eliminate choice in coverage. I want to help seniors afford the increasingly expensive prescription drugs that they need to treat or prevent illness.

We know what is going to be before us does not have the access, has geographic inequalities that do not work, and has premium concerns that will not work for our seniors. We need to develop the best comprehensive plan. We need to develop a prescription drug plan that provides our seniors with real benefits. An alternative does exist, and I hope that there will be an opportunity to bring that to the House floor for discussion.

I thank the gentlewoman for bringing these issues before us today.

Ms. BROWN of Florida. Mr. Speaker, I understand the family of the gentleman from Indiana (Mr. KERNs) is visiting with us in Washington here today, and I know that they are very, very proud of you being the Speaker. I want to thank the gentleman for being here tonight as we conduct this very important debate.

Mrs. MALONEY of New York. Mr. Speaker, I thank you, Congresswoman THURMAN for organizing this important special order on the need for prescription drug coverage.

Medicare provides health care coverage to forty million retired and disabled Americans.

For decades, Medicare has worked to provide needed, lifesaving health care to millions, but it is missing a fundamental component: a prescription drug benefit.

If we have courage, this Congress can make history and give our nation's seniors what they desperately need: a real, and meaningful prescription drug plan.

I am proud to joint my Democratic Colleagues, lead by Mr. DINGELL, Mr. RANGEL, Mr. STARK and Mr. BROWN, as an original cosponsor of the "Medicare Prescription Drug Benefit and Discount Act."

I come to the floor this evening to discuss two points:

Number 1: unlike the Republican drug plan, the Democratic plan is simple because it builds upon a proven model—Medicare.

Just like seniors pay a Part B premium today for doctor visits, under our plan, seniors would pay a voluntary Part D premium of \$25 per month for drug coverage. For that, Medicare or the government will pay 80 percent of drug costs after a \$100 deductible. And NO senior will have to pay more than \$2,000 in costs per year.

There is an urgent need for this plan. The most recent data indicates that almost 40 percent of seniors—an estimated 11 million—have no drug coverage. Problems are particularly acute for low income seniors and seniors over the age of 85 (the majority whom are women). Additionally, those older Americans who do have coverage find that their coverage is often inadequate for their needs.

The Democratic plan is a real plan with real numbers, not estimates.

Point 2: the Republican Plan does nothing to bring down the cost of prescription drugs. The Democratic plan is the only plan that provides real Medicare prescription drug coverage for our seniors by stopping soaring drug costs.

Under the buying power of Medicare, through competition and bargaining we can rein in drug costs. Prescription drug costs are too high for our older Americans. They need help now!

For instance, look at Prevacid. Prevacid is an unclear medication, and the second most widely used drug by American seniors. The cost for this prescription is on average \$137.54 per month in New York City—cut only \$45.02 in the United Kingdom, a price different of 200 percent.

Or look at Celebrex, a popular arthritis medication and a drug needed by many older women, especially, since older women are stricken more often than men by arthritis. According to a Government Reform Committee report released by Mr. WEINER and myself, a monthly supply of this drug costs \$86.26 in New York City. In France, a monthly supply of Celebrex costs only \$30.60. This is a price differential of 182 percent. Seniors in New York City without drug coverage must pay almost three times as much as purchasers in France.

Prices for prescriptions have risen 10 percent per years for the last several years, leading to over \$37 billion in profits last year for the giant drug companies. While these cor-

porations wallow in their spoils, seniors suffer without coverage.

Unfortunately, the brunt of the problem falls squarely on our nation's elderly women, who are nearly sixty percent of our senior citizens. We need to take care of America's older women, we need to help all of our senior citizens.

Mr. Speaker, we must pass the Democratic prescription drug plan without delay. It is built on a proven model Medicare. The Republican plan only offers gap-ridden coverage. The Republican bill is about privatization. The Republican plan is all about election year politics.

For the sake of our seniors, we must pass the democratic plan, and we must pass it now.

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GENERAL LEAVE

Mrs. THURMAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my Special Order.

The SPEAKER pro tempore (Mr. KERNs). Is there objection to the request of the gentlewoman from Florida?

There was no objection.

NINTH CIRCUIT RULES PLEDGE OF ALLEGIANCE UNCONSTITUTIONAL

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

Mr. COX. Mr. Speaker, I rise this evening to bring to the attention of the House the decision of the Ninth Circuit Court of Appeals in the case of Michael A. Newdow v. United States Congress. This case, Mr. Speaker, even though it was decided by the Ninth Circuit Court of Appeals only a few hours ago, has already attracted considerable national attention. Indeed, it has drawn the comment of the President of the United States.

The reason is rather simple. It is a decision involving something that is well known to all of us in this Chamber, the Pledge of Allegiance. The Ninth Circuit Court of Appeals has ruled that the Pledge of Allegiance, written into statute a half century ago, is unconstitutional. Of course this Chamber is opened each day with a recitation of the Pledge of Allegiance. Public schools across the country begin their day this way. Some Members and some students may, if they choose, listen or absent themselves, indeed, because there is no requirement of Members of Congress as we open our day this way or of students that they recite the Pledge. It is a voluntary act.

Nonetheless, a parent, Michael A. Newdow, of a student in a California public school, brought a lawsuit, one of several that he has brought, urging an injunction against the President of the United States and an injunction

against this Congress. In the latter case, he wished us to be ordered by court immediately to rewrite the statute, the statute he wished that we would rewrite so that the words "under God" would be deleted from the Pledge of Allegiance.

I think because the Pledge is so familiar to us, particularly the Pledge has been recited by so many so often in so many public ways, whether it be at sporting events or public gatherings since September 11, that it comes as something of an unexpected surprise that a court would rule this way. I will devote a brief portion of my brief remarks this evening to the substance of the question and, that is, whether or not Congress, which was a defendant in this case, was within its rights to write the law as we did a half century ago; but I would spend most of my time drawing attention to what I consider to be the sloppy jurisprudence in this case.

What is really at issue in what shall become a very well known decision of Newdow v. U.S. Congress is the rule of law. Precious little respect was paid to precedent in this case, because many of the questions, procedural questions indeed, not just the substance here, many of the questions have already been decided. But this court chose to decide the same questions differently, and that lack of respect for precedent raises questions about the rule of law in America, about the predictability of the law, about the ability of any of us to know in advance what are the rules to which we must conform our conduct.

Let me begin by just describing a little bit about the case, a little bit about the facts of the case. Newdow, the fellow who brought the lawsuit, is an atheist whose daughter attends public elementary school in the Elk Grove Unified School District in my State of California. In the public school that she attends, like many public schools, they start the day with the Pledge of Allegiance.

But Newdow, according to the Ninth Circuit, does not allege that his daughter's teacher or school district requires his daughter to participate in reciting the Pledge. Rather, he claims that his daughter is injured when she is compelled to watch and listen. That is what this lawsuit is all about, according to the Ninth Circuit. The gravamen of the complaint is there is injury, that is the word that is used, and it is an important word, as I shall return to in just a moment. There is injury when someone is required to be in the presence of others who are reciting something in which they believe. The United States Supreme Court was asked to decide this question, this very question, in another case, Valley Forge Christian College v. Americans United for Separation of Church and State, Incorporated, 1982. Here is what the Court said in the Valley Forge case:

"The psychological consequence presumably produced by observation of conduct with which one disagrees is