

face in Kansas and Nebraska and Colorado and Wyoming and South Dakota and Oklahoma are no less dire than those that our citizens have faced in other places in the country due to floods and hurricanes.

I ask my colleagues to join with us to find a way to provide assistance, to pursue drought assistance and disaster relief for farmers and ranchers across the country and to look for ways that we can do so in a way that is responsible and meaningful. I look forward to working with my colleagues on the House Committee on Agriculture and my colleagues across the country and with the administration and Senate to see that those goals are accomplished. No less than the future of rural America is at stake. Many of the farmers and ranchers in Kansas are in their sixties and seventies; and absent assistance from Congress this year, they will not be farming and ranching next year. Absent them having a livelihood, the communities that dot the landscape of our rural portions of the country will cease to exist and a way of life that has honored this country, that has been a backbone of this country, will disappear.

So I ask respectfully my colleagues for their assistance as we pursue the issues of drought assistance. The gentleman from South Dakota (Mr. THUNE), the gentleman from Nebraska (Mr. OSBORNE), and I have introduced legislation; and we will be seeking support of our colleagues to address this issue.

The SPEAKER pro tempore (Mrs. BIGGERT). Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

(Ms. JACKSON-LEE addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

TRIBUTE TO CONGRESSIONAL STAFFER J. RUSSELL GEORGE

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

Mr. HORN. Madam Speaker, all of us who serve in Congress depend heavily on skilled, capable and hardworking staff members to meet the demands of committee hearings, floor action and all the other activities of a national legislature. Over the past decade of my service in the House of Representatives, I have been blessed with a strong and effective group of staff members who have helped me meet the needs of both constituents and the Nation. My staff also has helped me engage in vigorous oversight of government programs as a subcommittee chairman of the House Committee on Government Reform.

J. Russell George joined my staff in 1995 shortly after Republicans won control of the House and I was appointed

to a subcommittee chairmanship. Since that time, Russell has been a key adviser to me and chief aide in directing the subcommittee through hundreds of hearings that investigated every department of the Federal Government. Russell helped me prod executive agencies into a serious and sustained effort to prevent any major breakdowns of government computer systems due to software problems related to the year 2000 changeover. Some called it Y2K.

I thank Russell for his dedication and hard work, and I wish him all the very best in what I know will continue to be a very distinguished career in public service. He was a key force in pressing for legislation to collect debts owed to the taxpayers and he has directed many other subcommittee initiatives, such as misuse of taxpayers' well-earned dollars. All of those efforts built on Russell's prior experience as a New York prosecutor.

When Russell George was a teenager, he worked in the office of Senator Dole. He knew that this young man cared about the public interest. Through Senator Dole's office, Russell secured his education at Howard University and then went on to Harvard Law School. He was a Phi Beta Kappa at Howard, majoring in political science and minoring in history. He wanted to help his community and he did it, in Queens, New York. When he was ten years of age, he was helping charities.

Senator Dole was with us today as he administered the oath of office for Mr. George's new responsibilities as the Inspector General for the Corporation for National and Community Service. We hope that he will maybe come back to the Hill sometime. He has been in the executive branch under President George H.W. Bush, the father of the current President. Both have seen faith in Russell George.

He went back to the law firm in New York and we were able to get him to come down here because we knew what he had done earlier. In those days he was also assistant general counsel in the Office of Management and Budget and associate director for the policy in the White House's Office of National Service. Interesting, because that is the responsibility he has now. After serving all of that work in New York and in Washington, we thank him for his dedication and hard work and wish him all the very best in what I know will continue to be a very distinguished career in public service. He is a wonderful person and a sterling example of the men and women who serve our Congress.

REVISIONS TO THE 302(a) ALLOCATIONS AND BUDGETARY AGGREGATES ESTABLISHED BY THE CONCURRENT RESOLUTIONS ON THE BUDGET FOR FISCAL YEARS 2002 AND 2003

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Iowa (Mr. NUSSLE) is recognized for 5 minutes.

Mr. NUSSLE. Mr. Speaker, pursuant to Section 314 of the Congressional Budget Act, Section 221 of H. Con. Res. 83, and Section 231 of H. Con. Res. 353, I submit for printing in the CONGRESSIONAL RECORD revisions to the 302(a) allocations and budgetary aggregates established by the Concurrent Resolution on the Budget.

The conference report on H.R. 4775, which was signed by the President on August 2 to become P.L. 107-206, contains emergency-designated appropriations. The fiscal year 2002 allocations to the Appropriations Committee were previously increased by \$29,427,000,000 in new budget authority and \$8,466,000,000 in outlays to reflect the amounts in the House-passed bill. I am adjusting the budgetary aggregates and the allocation to the House Committee on Appropriations for the difference between the House-passed and enacted measures. This adjustment equals -\$4,713,000,000 in new budget authority and -\$1,645,000,000 in outlays. Accordingly, the 302(a) allocation for fiscal year 2002 to the House Committee on Appropriations becomes \$731,414,000,000 in new budget authority and \$734,775,000,000 in outlays. The budgetary aggregates for fiscal year 2002 become \$1,704,586,000,000 in new budget authority and \$1,651,428,000,000 in outlays.

Outlays flowing from fiscal year 2002 emergency appropriations increase the 302(a) allocation for fiscal year 2003 outlays. Under the procedures set forth in section 314 of the Budget Act, adjustments may be made for emergency-designated budget authority through fiscal year 2002, and for the outlays flowing from such budget authority in all fiscal years. The fiscal year 2003 outlay allocation to the Appropriation Committee was previously increased by \$10,715,000,000 to reflect the House-passed bill. In order to account for the changes contained in the enacted measure, I am adjusting the outlay allocation by -\$2,322,000,000. Accordingly, the 302(a) allocation for fiscal year 2003 to the House Committee on Appropriations becomes \$748,096,000,000 in new budget authority and \$783,268,000,000 in outlays. The budgetary aggregates for fiscal year 2003 become \$1,784,073,000,000 in new budget authority and \$1,765,225,000,000 in outlays.

MEDICARE PRESCRIPTION DRUG BENEFIT

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

Mr. PALLONE. Madam Speaker, I wanted to take to the floor this evening to talk once again about the prescription drug issue, both the problem in terms of more and more Americans not being able to afford the price of prescription drugs and the need to provide an expansion of Medicare to cover prescription drugs under Medicare for America's seniors and disabled.

I want to start out by saying that during the August break when I had a number of town meetings and forums

and open houses at my district offices in New Jersey, this was the number one issue that my constituents came to me and talked about. Interestingly enough, it was not just the seniors who wanted to see Medicare expanded to include prescription drugs and wanted a benefit, but it was also a lot of younger people who expressed concerns about the rising cost of prescription drugs and their inability to pay for them.

It amazes me that we are now back, and it is September, September 4. We have in the House of Representatives, the Congress as a whole, probably a month or 6 weeks or so at the most before we adjourn. Yet we are stuck in the fact that at this point there is no reason to believe that either a prescription drug benefit or a mechanism to control the price of prescription drugs is likely to pass before we adjourn. I think that that is a tragedy. I think there is nothing more important for us to do between now and the adjournment of this House sometime in October than to try to address both of these issues.

I have talked many times about the need for a Medicare benefit that includes prescription drugs. Democrats in the House, unlike the Republicans, have taken the position and put forward a proposal that would expand Medicare to include a prescription drug benefit. Basically, we have talked about it, and we have put forward a bill that would create a new Medicare program, very similar to what we have now for part B in Medicare that pays for seniors' doctors' bills and that simply says that seniors would pay so much a month, about \$25, and 80 percent of the cost of their prescription drugs would be paid for by Medicare, by the Federal Government. There would be a \$100 deductible. The first \$100 you would have to pay out of pocket. After that, 80 percent of the costs would be paid for; and there would be a 20 percent copay, very similar to what seniors now have under Medicare for the payment of their doctor bills.

The sad thing about it is that the Republicans in the House refuse to do that. Basically, what they have said is they want a privatization plan. I was very upset to see that during the course of the August break, President Bush repeatedly talked not only about the need to have a private drug benefit but also about privatizing Medicare and Social Security in general. Here we face a situation where our Federal budget is once again in deficit, and we are spending money from the Social Security trust fund to pay for other expenses of the government and the President continues to talk about privatizing Social Security as well as Medicare; and the Republicans push for a private program, saying, Well, we'll give the seniors some money and maybe they can go out and find a prescription drug plan in the private sector. They do not want to expand Medicare to provide a benefit.

I would call upon my colleagues in the House, let us get together and let

us push for a Medicare benefit, for a prescription drug program that really will make a difference. What is happening in the Senate is interesting as well. Over in the Senate they passed legislation on a bipartisan basis that would try to address the issue of price in some significant ways, most important, by plugging up some of the loopholes in the brand-name industry, in the patent system, whereby many of the name-brand companies have been able to prevent generic drugs from coming to market by expanding their patents and taking advantage of loopholes in the patent laws to make it more difficult to sell a generic drug when a patent should expire.

I know it is a difficult concept, but the bottom line is that one way to reduce prices in a significant way is to pass the bill, the Schumer-McCain bill, that passed the Senate and take it up here in the House and pass that bill or a similar bill in the House that would make it more difficult for these brand-name drug companies to extend their patents or to come up with another drug that is similar and say that generics could not come to market.

We feel that we can make a difference, that maybe 40 percent of the cost of prescription drugs could be saved if some of these loopholes were cleared up and we were able to encourage the use of generics. The Senate also passed as part of the same bill the allowance for reimportation through Canada as a method of bringing drug costs down. We need to address this as well. The House should take up the Senate bill that deals with generics, that deals with the reimportation and simply pass it, or in other ways we have to deal with the price issue as well. There are many ways to deal with that, and I think we can talk about them more this evening.

But the bottom line is this inaction, where the House passes this privatization of Medicare and tries to seek to provide a Medicare benefit through some kind of private insurance is not going to pass the Senate, and it should not because it is not going to be meaningful; and the idea of expanding generics and providing for reimportation as some method of bringing drug costs down is something that we should pass in the House and at least try to get something accomplished between now and the end of this session.

I see one of my colleagues who has been so much a part of this debate all year, the gentleman from Arkansas, who owns a pharmacy and who is very familiar with some of the problems that seniors face with prescription drugs and I know who also has a very good bill on a bipartisan basis with, I guess, one of our colleagues from Missouri (Mrs. EMERSON). He is working very hard to come up with a prescription drug benefit as well along the lines of what I discussed earlier. I am pleased to see him here and I yield to the gentleman.

Mr. ROSS. I thank the gentleman from New Jersey. I am here tonight to

rise in support of seniors all across Arkansas' Fourth Congressional District and seniors all across America who will continue once again tonight to go to bed unable to either afford their medicine or afford to take it properly.

□ 1945

As the gentleman from New Jersey mentioned, my wife and I do own a small-town family pharmacy. We live in Prescott, Arkansas, a town of 3,400 people. Our pharmacy is a place where people come to share recent photographs of their children or grandchildren, to celebrate the good times together, and a place to gather to be there for one another during the difficult times.

I have got to tell you that over the years in that small-town family pharmacy that we own back home in Prescott, Arkansas, I have seen too many bad times. I have seen too many seniors come through the door who have been to the doctor. Medicare has paid for them to go to the doctor, Medicare has paid for the tests to be run on them at the doctor's office or the hospital, and, as a result of all that, the doctor concludes that a senior citizen needs a certain prescription drug in order to get well or live a healthier lifestyle. They come through the door of our pharmacy and pharmacies throughout America to learn that they either cannot afford their medicine or cannot afford to take it properly.

This is America, and we can do better than that by our seniors. That was a driving force behind my decision to run for the United States Congress. I wanted to come here, I wanted to come to the people's House, the United States House of Representatives, and pass legislation that would truly modernize Medicare, to include medicine for our seniors. Let me tell you why.

There is a senior citizen, a retired pharmacist, a woman in Glenwood, Arkansas, who makes the point better than I can. She was a relief pharmacist in my hometown at the pharmacy that my mom and dad used when I was a small child growing up, which was not that long ago. She said back in those days, if she had a prescription that she was filling that cost over \$5, that she would go ahead and fill the next prescription in line while she built up enough courage and confidence to go out and confront the patient and tell them that their medicine was going to cost \$5.

That really does drive home the point that today's Medicare really was designed for yesterday's medical care. That is what prescriptions cost back when we created Medicare.

Even health insurance companies, who are obviously in the business of making profits, even they cover the cost of medicine. Why? Because they know it helps people live longer and healthier lifestyles and avoid needless doctor visits, needless hospital stays and needless surgeries, the kinds of things that I have personally witnessed

in that small family pharmacy that my wife and I own back in Prescott, Arkansas.

You see, I have seen seniors leave without their medicine, and, living in a small town, I learn a week later where they are in the hospital running up a \$10,000 or \$20,000 or \$30,000 Medicare bill, or where they spent \$100,000 in Medicare payments to have a leg removed, or where they are now spending \$250,000 in Medicare payments to receive kidney dialysis. All these things are avoidable, but it happened to these seniors simply because they could not afford their medicine or could not afford to take it properly. Again, this is America, and we can do better than that by our seniors.

So I came to Congress and I wrote a bipartisan bill with the gentlewoman from Missouri (Mrs. EMERSON), a Republican. I did it in a bipartisan way because, you see, I think it is time for this Congress to unite behind the need to truly modernize Medicare, to provide medicine for our seniors, just as we have united on this war against terrorism.

So we wrote a bill back in January. It was a very fair bill. It called for a \$250 annual deductible. It called for an 80 percent/20 percent copayment, with the government or Medicare paying the other 80 percent.

Basically what our bill did was treated going to the pharmacy like going to the doctor and going to the hospital. It gave you the freedom to get the medicine your doctor wanted you to have and it gave you the freedom to choose which pharmacy you wanted to use.

Our bill took on the big drug manufacturers. We demanded the same kind of rebates from the big drug manufacturers to help offset the cost of this voluntarily but guaranteed Medicare Part D prescription drug benefit. We demanded the same kind of rebates from the big drug manufacturers to help pay for this program, just as the big HMOs have been demanding and receiving from the big drug manufacturers for years.

Well, the Republican national leadership refused to give us a hearing, they refused to give us a vote on this bipartisan bill. And I continue to come to the floor and talk about the importance of it and remind folks and remind the Republican national leadership that this was a bipartisan bill, it was written by a Democrat and a Republican. But it took on the big drug manufacturers, and they refused to give us a hearing, they refused to give us a vote, and that is wrong.

Then, some 4 months before the election, the Republican national leadership decided this was an important issue, so they began to write a bill. In fact, in the middle of writing the bill they had to adjourn the committee meeting to go to a fundraiser sponsored by the big drug manufacturers. Do not take my word for it, please look. It is in the Washington Post, \$250,000 a person to attend this fundraiser for the Republicans.

Then, after the fundraiser they went back into the committee and continued to write the bill, and then it passed the House. I voted against it, and I voted against it because I refused to vote for something that is no more than a false hope or a false promise for our seniors. That bill failed to take on the big drug manufacturers. That bill did very little, if anything, to help our seniors, and it was the first step toward privatizing Medicare.

You see, this Republican prescription drug bill that passed the House, and did not get anywhere in the Senate, by the way, this bill that passed the House does not make prescription drugs a part of Medicare. It simply allows private insurance companies, dozens of them, to go knock on your door or your mom's door or your grandmother's door, all trying to sell the same policy.

Then here is what it does. It would require you to pay a monthly premium, but they cannot tell us exactly how much. It would require you to pay the first \$250 out of your own pocket.

After that, it is more complicated than filling out an income tax return. On the next \$1,000 worth of medicine that you need, you are only going to pay 20 percent. That sounds pretty good. On a \$100 prescription, you pay \$20. After you spend \$1,000, and as a small town family pharmacy owner, I can tell you for a lot of seniors that only takes a few months. After you spend \$1,000, on the next \$1,000, between \$1,000 and \$2,000, your copayment goes to 50 percent. In other words, on that \$1,500 prescription you pay \$50. Then after you have spent \$2,000, and, again, as a small town family pharmacy owner, I can tell you it only takes a matter of months for some seniors to reach \$2,000 worth of medicine expenses, so after you spent \$2,000, guess what? Between \$2,000 and \$3,700, you are back paying the full amount, a 100 percent copayment to our seniors, and yet the bill requires them to continue to pay the monthly premium.

If you add it all up, if my addition is right, counting the deductible and the premium and this complicated formula of how much you pay, depending on which day it is and on how much you spent in terms of the copayment, on the first \$3,700 worth of medicine you need every year, the government, through Medicare, actually through a private insurance company subsidized by Medicare, is going to provide you with help to the tune of about \$600. \$600 in savings on a \$3,700 drug bill does not help seniors choose between buying their medicine, buying their groceries, paying their utility bills and paying rent. It is nothing more than a bogus plan.

Now, I just spent 5 weeks on the August district work period traveling the 29 counties that make up Arkansas's Fourth Congressional District, one of the more rural and larger districts in America.

Seniors came up to me every day and said, "I know you are working hard for

this Medicare prescription drug benefit. When are others going to begin to listen to you?" And I told them I was coming back to the floor, just as I have done for the past 20 months, and I was going to continue to talk about this in hopes that people will listen, and they will listen to the fact that it is time to write a plan that is bipartisan, that it is time to write a plan that is fair, and that it is time to write a plan that takes on the big drug manufacturers.

Let me tell you why. I recently conducted a survey. I compared the price of the five most commonly used brand name drugs that seniors use. I compared the price in Arkansas's Fourth Congressional District with the price paid by seniors for those same drugs in six other countries.

Do you know what I found? I found that the price that seniors pay on average in Arkansas's Fourth Congressional District is 110 percent more than what seniors pay in these other countries. And that is wrong. We are talking about drugs that are being invented in America, oftentimes with government subsidized research. They are being made by Americans, they are being packaged by Americans, they are being shipped by Americans, and yet our seniors are asked to pay 110 percent more here than what we are requiring them to pay in other countries.

If these other countries, places like Canada and Mexico, if those small governments can stand up to the big drug manufacturers and demand a fair price, why can we not? I am not here to beat up the big drug manufacturers. They create drugs that save lives and help us all to live healthier lifestyles, and I applaud them for that. But sometimes you have got to draw the line and say enough is enough.

A recent study indicated that some drug manufacturers spent more money last year on those fancy TV ads than they did on research and development, finding cures for diseases. You know the kind of ads I am talking about, the ones that come on TV where they try to tell you which drug you need to tell your doctor you need.

My colleagues, have you ever thought about that? That is crazy. That is crazy, and it is time that we held the big drug manufacturers accountable, and it is time that they step forward in good faith and say we want to do for a Medicare prescription drug plan what we have been doing for the big HMOs and the for-profit companies for years, and that is providing rebates to help offset the cost of the program.

I am real disappointed at how the vote on the Republican plan, which was nothing more than a false hope and a false promise for our seniors, unfolded. They brought it to this floor for a vote at 2:39 a.m. on a Friday morning when seniors were fast asleep.

I had a plan. I was proud to be one of four cosponsors, original sponsors, of a bill that would provide a meaningful prescription drug benefit. They would not listen to our bipartisan bill, so I

came back with another one and was one of four original sponsors of a bill that basically again would treat going to the doctor and going to the hospital and going to the pharmacy all the same.

Not only did they bring the bill, the Republican bill written by the drug manufacturers for the benefit of the drug manufacturers, to the floor at 2:39 on a Friday morning, they refused, they refused to allow us to offer up a substitute. They refused to allow us to offer up one single amendment to that bill.

All 435 Members of this body were elected the same way, by the people, and we have been sent here to be a voice for the people. I say give us an opportunity to have a vote. I will not even be picky here. I am calling on the leadership to either give me a vote on a bipartisan bill that the gentlewoman from Missouri (Mrs. EMERSON) and I wrote together, a bipartisan bill to help our seniors, or to give me a vote on the other bill that I wrote and offered up as a Democratic substitute to the Republican plan that passed that Friday morning at 2:39 a.m., that does nothing for our seniors other than offer up a false hope and a false promise.

People who know me know that I am not partisan. I am sick and tired of all the partisan bickering that goes on in our Nation's capital. There have been times when I have stood and voted with President Bush. I believe there are extremists in both parties, and I am trying to bring people to the middle to find common-sense solutions to the problems that confront our Nation.

I can tell you that on this issue the Republicans are wrong, and it is time for all of us to get right. It is time for all of us to come together. It is time for all of us to work in a bipartisan way to write a bill that will help bring down the high cost of prescription drugs for our seniors and for working families all across America.

□ 2000

Mr. PALLONE. Mr. Speaker, I want to thank the gentleman from Arkansas, my colleague, for everything that he said, because I think he is right on point on this issue of prescription drugs. But the two things that the gentleman stressed the most, or that I picked up the most, and they are clearly linked, and one is the effort on the part of the pharmaceutical industry to try to scuttle, in my opinion, both any effort in the House or in the Senate to address price, to try to bring down the cost of prescription drugs, and even the effort to scuttle a Medicare benefit, which the gentleman talked about and which we continue to stress.

I just want to go through if I could a couple of those things, because the gentleman, first of all, mentioned the Washington Post article which was that day in, I guess it was in June, the night of June 19 when the GOP had the big fundraiser, the very day that we were in the Committee on Commerce

and voting on a prescription drug benefit and we actually had to adjourn at 5 o'clock so that they could go to the Republican fundraiser. There was an article the next day, or actually it was that same day, and I am just going to read a couple of highlights of it.

It says, "Drug Firms Among Big Donors at GOP Event." It said, "Pharmaceutical companies are among 21 donors paying \$250,000 each for red-carpet treatment at tonight's GOP fundraising gala starring President Bush, two days after Republicans unveiled a prescription drug plan the industry is backing, according to GOP officials." This is not Democrats talking. It says, "Drug companies, in particular, have made a rich investment into tonight's event.

Robert Ingram, GlaxoSmithKline PLC's chief operating officer, is the chief corporate fundraiser for the gala; his company gave at least \$250,000. Pharmaceutical Research and Manufacturers of America," that is PhRMA, a trade group funded by the brand name companies, "kicked in \$250,000, too."

It says, "PhRMA is also helping underwrite a television ad campaign touting the GOP's prescription drug plan." I am going to talk about that a little bit too. It goes on to talk about the different companies that contributed. But it said, "Every company giving money to the event has business before Congress. But the juxtaposition of the prescription drug debate on Capitol Hill and drug companies helping to underwrite a major fundraiser highlights the tight relationship lawmakers have with groups seeking to influence them.

"A senior House GOP leadership aide said yesterday that Republicans are working hard behind the scenes on behalf of PhRMA to make sure," I mean that says it all. That is what it is all about. As the gentleman said, the sad thing about it is, what really went on here in June was that PhRMA and the drug companies got together and decided what they wanted the prescription drug bill to be. They were determined that it was not going to be an expansion of Medicare; it was just going to be an effort to maybe get people to go out to find private insurance. But most importantly, it would determine that it would not address price.

The gentleman and I have talked before, and I am just going to mention again that in that Republican bill, they went so far at the request of the pharmaceutical companies to actually write into the law that there could not be any effort to address price. I just want to read this noninterference clause that is in the Republican bill. It says, the administrator of the program "may not (i) require a particular formula or institute a price structure for the reimbursement of covered outpatient drugs; (ii), interfere in any way with negotiations between PDP sponsors and Medicare+Choice organizations and drug manufacturers; and (iii), otherwise interfere with the competitive nature of providing such coverage."

Basically, what they say with this language is that there cannot be any discussion of price. There cannot be any effort on the part of the Federal agency that deals with this program to deal with price.

Mr. Speaker, we did the opposite in our bill, and the gentleman mentioned that too. We said, in the Democratic bill, we specifically mandated that the Secretary of Health and Human Services negotiate, because now he is going to have 30 million, 40 million seniors, negotiate to bring the prices down, because he is now going to have tremendous power, having all of these seniors, so that he can negotiate with the drug companies just like we do with the Veterans Administration or with the military, and we can bring prices down maybe 30, 40 percent. That is just one way to do it. There are all kinds of ways to do it. I talked about the generic bill before, that is a way to do it. Reimportation is a way to do it. But the Republicans do not want to do anything on the issue of price because basically they are in the pockets of this name brand drug industry.

The other thing the gentleman mentioned and I will just mention briefly is this data that came out that showed that the big drug companies spent almost 2½ times as much on marketing/advertising/administration as they spent on R&D. So the gentleman said, and he is right; sure, there is no question that these drug companies are coming up with miracle drugs, but that is less, 2½ times less than what they spend on the marketing and the advertising.

This was done by FamiliesUSA, and it says, "U.S. drug companies that market the 50 most often prescribed drugs to seniors spent almost 2½ times as much on marketing/advertising/administration as they spent on R&D," according to the analysis. It goes into for each company the percentage of revenue spent on marketing and spent on R&D. Just a few, like Merck spent 13 percent on marketing/advertising, 5 percent on R&D. Pfizer, 35 percent on marketing/advertising; 15 percent on R&D. Bristol-Myers spent 27 on marketing/advertising; 12 percent on R&D. I mean these are facts, there is no way to get around it.

The thing that really bothers me, though, is the fact that we went home for this August break, but before that the Republicans passed this fake bill at the request of the pharmaceuticals that does not even address price. And what did they do? They went out and they started, started even before we left, but it was in full force in August, this huge TV ad campaign, the so-called issue ads, but they are just really campaign ads, and they spent millions of dollars on these Republican candidates, only the ones that voted for the bill, voted for their bill, for the drug companies' bill, and so they influenced the policy writing the bill, getting the bill passed, and then rewarding the people who voted for it by

spending millions of dollars on advertising to get them reelected. They have been doing it with this United Seniors Association, which is basically just a shell, I guess we could call it, for the drug industry.

So I am saying the same thing the gentleman has already said, but it is just upsetting, because we are back here now, we are taking the time here in Special Orders trying to explain all of this and, meanwhile, these ads are going on, multimillions of dollars saying just the opposite, 30 seconds, 1-minute ads. I do not know how we even succeed in getting the word out about what is really happening about here, but there is no question that we have to try, and that is why I appreciate the gentleman being here, once again.

Mr. Speaker, I wanted to spend a little time just talking a bit more, if I could, about what the Democrats in the House have in mind for a Medicare prescription drug benefit and how that contrasts so much with the Republican proposal that passed the House. As I said before, what the Democrats have been saying is that the only effective way to provide a meaningful prescription drug benefit for seniors is if we simply expand Medicare, which has been a very successful program, probably one of the most successful Federal programs that ever existed, and we include a prescription drug benefit within the confines of the Medicare program.

Now, what we have put forward, and this was the Democratic alternative to the Republican bill, as I said before, is very much modeled on Part D. Seniors now under Medicare get their hospital coverage under part A, and under part B of Medicare, they pay a premium of so much a month, and they get 80 percent of their doctor bills covered by Medicare, by the Federal program.

Now, the House Democratic proposal adds a new Part D to Medicare that provides a similar voluntary prescription drug coverage for all Medicare beneficiaries beginning in 2005. The premium is \$25 a month, the deductible is \$100 a year, just like Part B; the co-insurance is 20 percent, the beneficiary pays 20 percent, and Medicare pays 80 percent, and basically, it is a \$2,000 out-of-pocket limit. After you have spent \$2,000 out-of-pocket, because of the copayment, then the rest of your prescription drug bills are paid by the Federal Government 100 percent.

For those who are low income, those seniors who cannot afford the premium, again, just like Part B, beneficiaries with incomes up to 150 percent of poverty pay no premium or cost-sharing; beneficiaries with incomes between 150 to 175 percent of poverty pay no cost-sharing and receive assistance. So depending on your income, the Federal Government would actually pay for the premium or a certain part of the premium. But again, it is a 20 percent a month premium, so most seniors would pay the premium and they would get the benefit, just like they do with the current Part B under Medicare.

Now, the amazing thing to me, and I do not want to keep stressing it all night, but the amazing thing to me is that during the August break I kept hearing the President of the United States constantly talk about the need to privatize not only a prescription drug program, which would be an expansion of Medicare, but actually talk about privatizing Medicare itself. He had a forum, I think it was in Waco, Texas around the middle of August, where he talked about, it was sort of an economic forum primarily, but he also talked about Medicare, and he said that he thought Medicare should be privatized. So what we are seeing on the part of the Republican leadership and the President is that they basically do not like Medicare. Not only would they not expand Medicare to cover prescription drugs, they do not like the traditional Medicare that we have now and that has been such a successful program that so many seniors depend upon.

Mr. Speaker, this is not the first time that I have come to the floor to point out that so many in the Republican Party historically have been critical of Medicare itself, let alone expanding Medicare for prescription drugs. Despite Medicare's effectiveness at improving the health of America's seniors and the disabled, there are many Republicans that continue to oppose it. Former Speaker Gingrich once said that Medicare would wither on the vine because we think people are voluntarily going to leave it. Even as recently as 1995, the gentleman from Texas (Mr. ARMEY), who is the Republican majority leader now in the House of Representatives, called Medicare a program I would have no part of in a free world. Of course, the program is too popular to repeal, so instead the House Republican leadership has implemented a budget plan that is projected to raid all of the Medicare surplus.

So what we are seeing here now with the Republican budget and with the Republican economic policy is that we go back into debt and we start borrowing from Social Security, we borrow from Medicare and, ultimately, these very good social programs, one a pension program, Social Security, and another a health care program, Medicare, eventually have no money, or have less and less money, and then we take that argument to say, well, if they have no money, we better come up with something else and we better privatize the program. It is unbelievable to me that this is the way that they are proceeding. So even though I wanted to stress the prescription drug program tonight, I cannot help but point out that this is part of a larger effort on the President's part and on the Republican leadership's part to talk about privatizing Medicare as well as Social Security.

I think that the most important point that I can end with tonight is to point out that as Democrats we feel

that it is our obligation to not only continue with a strong Medicare program, as well as a strong Social Security program, but that we need to build on those programs, and that is why when we talk about a prescription drug plan we want it to be part of Medicare, an expansion of Medicare, because that has been a very successful program. It is the only way to guarantee that every senior not only gets health care, but gets a prescription drug plan. If you privatize prescription drugs as a benefit, you have no guarantee that people in any particular part of the country are going to have access to health insurance because they probably will not be able to buy it. It will not be for sale. If you include it as part of Medicare, you guarantee that every senior is going to have access to a good prescription drug program.

The last point I will make is that not only do we need to provide a benefit for seniors, we need to address the rising cost of prescription drugs, and whether that means that we, in the context of Medicare, give the Secretary negotiating power to bring prices down through negotiations over the cost of drugs, or it means that we deal with the generic issue, as I mentioned before, and plug up a lot of loopholes so that it is easier to bring generic drugs to market, or we allow reimportation as a last resort from Canada or other countries, we need to get at this price issue. I am just so upset over the fact that the Republican leadership in the House refuses to address the price issue. We are going to continue to make the price issue an important point and try to get something passed here on that issue as well as the benefit before we adjourn this Congress in October.

□ 2015

THE FARM BILL

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

Mr. OSBORNE. Mr. Speaker, during the past 30 days of working recess, the number one topic in my part of the country has been the drought, and I would like to display a map of the drought as was portrayed at the end of August.

Note here that roughly 45 percent of the country is in an extreme drought. The area that is brown is so excessive that there is practically nothing growing. Pastures are burned up, no dryland crops, and even irrigated crops have a hard time surviving. The red area is a little better. Again, very little can grow there because the rainfall has been probably less than 50 percent of normal, and we have even seen some of this on the east coast. So very, very few times in the history of our Nation have we had a drought that is this