

day; and there, as much as anything, they were fighting over this document. They were fighting over a vision of a Union that would be preserved.

Seventy-five years from that day it would be September 17, 1937, and war was gathering in Europe, a dictator unchecked expanding his borders, violating international convention, and 75 years would pass and those experiences resonate with our experiences today.

Three short lifetimes ago, our founders bequeathed to us a document that has been the inspiration of the world, written most assuredly, Mr. Speaker, by the hand of man, men with feet of clay, very human in every sense of the word, but as we embrace the realities of these 215 years and how this great Republic, this great representative democracy has inspired the world, we can be certain of this, that while it was written by the hand of men, they were most certainly guided by providence to offer this gift to their posterity and to the entire world.

So I thought it imperative today, Mr. Speaker, that we gather to remember the accomplishment of three short lifetimes ago, the Constitution of the United States of America, and may it be said as equally as it is today when four short lifetimes have passed that we will gather in this same place, that we will celebrate the liberties enshrined in the Constitution and in the Bill of Rights; and may it be our prayer in our lifetimes to pass along this great document and these great traditions as adequately and as ably as our forebears have passed it onto us on this Constitution Day, 2002.

#### PRESCRIPTION DRUGS

The SPEAKER pro tempore (Mr. KERNS). Pursuant to the order of the House of January 23, 2002, the gentleman from North Carolina (Mrs. CLAYTON) is recognized during morning hour debates for 5 minutes.

Mrs. CLAYTON. Mr. Speaker, there is a consensus among Members of Congress, in fact, I think there is a consensus among the American people, as well as the President also says, that Medicare beneficiaries should indeed receive prescription assistance. The Congressional Budget Office has projected that the cost of providing prescription drugs to seniors will certainly be high, and it is unpredictable as to how high it will go; but they have said to how the estimate has been made in the last year, that by the year 2010 we will be 23 percent higher than what we predicted it to be, and already it is too high. Already seniors cannot afford that.

This increases the sense of reality that we cannot make long-term predictions nor can we make short-term predictions with accuracy. With that reality, what we know with the combined fact that more baby boomers are retiring among them, are retiring now, more than ever before, they are going to live longer and need more health

care; and yet their reliance on Medicaid does not give them any assurance for that.

We must ensure that our seniors have the peace and security that they need to have access to affordable prescription drugs for maintenance of a quality of life.

We must also work to make sure that they do not deplete their savings and what low income they have from their retirement and their Social Security in order to provide prescription drugs. My colleagues have heard that seniors now have to make the awful election, whether they feed themselves or pay the rent or buy prescriptions that they just really need for their health; and some of them are making the decision, which is harmful to their health, of dividing their daily dosage and spreading it so it can go further.

Our seniors deserve better than that. They are the people who have worked to make our country as robust as it is. They have served our Nation in a variety of ways, have served on the military to make sure we are secure. Certainly, it is not because we do not have the technology. It is because we have not found the political will to do this.

In my district, the First Congressional District, our population of seniors continues to increase. Consider this: from 1980 through the eighties and through the nineties, from the ages of 65 to 84 increased by 31 percent. From the 1990s to 2000, there was an additional increase of some 16 percent added to that 31 percent. So we are living longer, those from the ages of 65 to 84, and also, the mean income is approximately \$26,800 in my district. That does not allow a lot of flexibility of maintaining a quality of life and increasing the cost for prescription drugs and other health care.

In 1996, the average out-of-pocket costs for prescription drugs for seniors living below the poverty line was \$368 for an average cost then; but now in 2000 that same index would be 2,000, \$386 from 1996 to 2,000. My colleagues say, well, that is not a lot of money. That is a lot of money when the income has not gone up; and when a person retires their income is going down, not up, and the increase we give for a Social Security benefit certainly does not go into the cost of senior citizens. So we need far more money because seniors indeed are not able to have the income security to protect them. \$463 is the equivalent of a mortgage payment that seniors would have to pay. They can no longer afford that.

We need to find ways in which we can help provide for them, and many adults are now having to reach back and provide for their senior parents as they are also providing for their children because their income, the retirement and the Social Security, is not sufficient.

The very least that Congress could do is to work towards bringing a prescription drug benefit that would be part of our Medicare benefit. Most elderly receive their primary health assistance

through Medicare, and I would gather today if we were doing Medicare all over again we would make sure there would be a prescription drug provision. Yet Medicare does not provide any coverage for any senior's outpatient prescription drugs. We almost have to go to the hospital to be there and most seniors now have conditions that can be maintained by not doing it.

Mr. Speaker, we have an opportunity, in fact, we have an obligation, Mr. Speaker, to make sure we have a prescription drug program that works for our seniors and not put up these artificial programs that we say that the companies are going to give some rebate. They need something they can rely on. To do less would be unworthy of us as a great Nation.

#### PAYING FOR PRESCRIPTION DRUGS

The SPEAKER pro tempore. Pursuant to the order of the House of January 23, 2002, the gentleman from New Jersey (Mr. PALLONE) is recognized during morning hour debates for 5 minutes.

Mr. PALLONE. Mr. Speaker, I would like to follow up on my two colleagues. The gentlewoman from North Carolina talked in great detail about why we need a prescription drug benefit for seniors and why it should be under Medicare as an expansion of Medicare, and my colleague from Ohio talked about the cost of prescription drugs and how the brand-name drug companies essentially have put on a program, a lobbying campaign, a very effective one to try to prevent any kind of changes in the law that would allow for generic drugs or other kinds of measures that would reduce costs, not only for seniors but for all Americans; and I think those two discussions by my colleagues really are at the heart of the issue.

When it comes to prescription drugs, we need a benefit program under Medicare for senior citizens and those eligible for Medicare; and at the same time, we need to address the issue of costs and bring down costs for all Americans because increasingly more and more people cannot afford to pay for prescription drugs and go without. And I also add, the real problem here is the brand-name drug companies. They are artificially keeping the price of prescription drugs high in order to make even more profit than they would normally make.

Let me say, the Democrats in the House of Representatives, my colleagues on the Democratic side, have proposed an answer to both of these problems, both to the benefit and to the costs. At the time when the Republicans and the Republican leadership were trying to move a prescription drug bill that would simply privatize the program and say, well, we will give people some money, senior citizens, and maybe they can go out and buy a prescription drug policy in the private sector.

The Democrats were saying that would not work, and we came up with a prescription drug program under Medicare. We basically said that just like under Medicare now, they can pay so much per month in a premium to get their doctor bills paid. Most seniors pay a premium, so much per month under what is called part B of Medicare; and after the first \$100 deductible, 80 percent of the costs of their doctor bills are paid for by the Federal Government. We propose, as Democrats, doing the same thing with prescription drugs. A senior would pay about a \$25 per-month premium. They would have a \$100 deductible for the first \$100 in drugs; and after that, 80 percent of the costs would be paid for by the Federal Government for all the prescription drug needs up to \$2,500 a year, at which time everything would be paid for at 100 percent by the Federal Government.

What we did in our Medicare benefit program in our proposal, by contrast to the Republicans, is we said the Secretary of Health and Human Services would be mandated to negotiate lower prices for all the seniors that were in the Medicare program, about 30 to 40 million seniors. Following up on what the Federal Government does with the Veterans Administration or with the military, we said the Secretary of Health and Human Services would be mandated to bring down costs for prescription drugs in the Medicare program because he would have the power to negotiate. We estimate that would bring down the cost of prescription drugs maybe 30, 40 percent over what they are now.

The Republicans totally rejected the idea of expanding Medicare to include prescription drugs. They just want people to go out and buy their own private health insurance, and they put in their bill which passed the House of Representatives that the head of the Medicare program or the head of the prescription drug program that they were proposing would not have any authority to negotiate price reductions, in fact, would be forbidden from doing so.

Why are they doing this? They are doing this because they do not want anything to negatively impact the drug companies. What the drug companies have been doing in this House of Representatives is very clear. From the very beginning they were giving huge amounts of money to the Republicans. They had a big fund raiser for them one night a couple of months ago when we were actually having these bills in committee being marked up, when they wrote the bill, the Republican bill, to make sure it was not an expansion of Medicare and did not impact costs in any way for drugs; and then they started putting up ads on TV where they promoted the Republican candidates for Congress or the Republican incumbents who voted for their own drug bill and said that people should vote for them because they are doing a very good job and providing people with a

prescription drug benefit, which is simply not true.

We heard that this year United Seniors, which is basically a front for PHARMA, for the prescription name drug industry has pumped another 10, or I do not know how many, millions of dollars into an ad campaign. The bottom line is that the drug companies are going to do whatever they can with their Republican allies in Congress to make sure the issue of price is not addressed.

What are the Democrats saying about price? We heard my colleague from Ohio. He has introduced a bill similar to what passed the Senate that basically tries to encourage generic drugs by eliminating some of the barriers that the name-brand drug companies have put in place that make it more difficult under the patent system for generic drugs to come to market.

□ 1300

Mr. Speaker, we can address this in so many ways, but we have to get to the cost issue; otherwise we are not going to get to the problem.

#### RECESS

The SPEAKER pro tempore (Mr. KERNS). Pursuant to clause 12 of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 1 o'clock and 1 minute p.m.), the House stood in recess until 2 p.m.

□ 1400

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. BOOZMAN) at 2 p.m.

#### PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Lord, You are our light and our salvation. In Your hands is the faith of this Nation, for we place all our trust in You.

You claim the hearts of the powerful. Bestow Your wisdom upon the Members of the House of Representatives, that they may draw from the foundation of Your counsel and place You in all their thoughts and deeds.

The many talents of these women and men in government reflect Your splendor and manifest the diversity of this Nation. May their work today give the world hope and joy. For You are Lord of all and work through all, both now and forever. Amen.

#### THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

#### PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from Maryland (Mrs. MORELLA) come forward and lead the House in the Pledge of Allegiance.

Mrs. MORELLA led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

#### PRIVATE CALENDAR

The SPEAKER pro tempore. This is the day for the call of the Private Calendar. The Clerk will call the first individual bill on the Private Calendar.

#### NANCY B. WILSON

The Clerk called the bill (H.R. 392) for the relief of Nancy B. Wilson.

Mr. COBLE. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from North Carolina?

There was no objection.

#### JAMES D. BENOIT AND WAN SOOK BENOIT

The Clerk called the Senate bill (S. 1834) for the relief of retired Sergeant First Class James D. Benoit and Wan Sook Benoit.

There being no objection, the Clerk read the Senate bill as follows:

S. 1834

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. REQUIREMENT TO PAY CLAIMS.

(a) PAYMENT REQUIRED.—The Secretary of the Treasury is authorized and directed to pay, out of any money in the Treasury not otherwise appropriated, to James D. Benoit and Wan Sook Benoit, jointly, the sum of \$415,000, in full satisfaction of all claims described in subsection (b), such amount having been determined by the United States Court of Federal Claims as being equitably due the said James D. Benoit and Wan Sook Benoit pursuant to a referral of the matter to that court by Senate Resolution 129, 105th Congress, 1st session, for action in accordance with sections 1492 and 2509 of title 28, United States Code.

(b) COVERED CLAIMS.—Subsection (a) applies with respect to all claims of the said James D. Benoit, Wan Sook Benoit, and the estate of David Benoit against the United States for compensation and damages for the wrongful death of David Benoit, the minor child of the said James D. Benoit and Wan Sook Benoit, pain and suffering of the said David Benoit, loss of the love and companionship of the said David Benoit by the said James D. Benoit and Wan Sook Benoit, and the wrongful retention of remains of the said David Benoit, all resulting from a fall sustained by the said David Benoit, on June 28, 1983, from an upper level window while occupying military family housing supplied by the Army in Seoul, Korea.