

who were laid off for several months over the Christmas holidays as a result of the mines having to shut down because of the unfair dumping from other countries. Our steelworkers and mills have been affected.

I can't think of a more passionate advocate, and I am so proud to join with him in his continuing fight. I will be here with him in the Chamber as we do everything possible to make sure we remember the steelworkers, who have been the backbone of building this country, to make sure their health care costs are covered and they are recognized as we look at how we make trade fair in this country.

I thank the Senator.

#### PRESCRIPTION DRUGS

Ms. STABENOW. Madam President, I want to speak to an issue that relates to health care. I am so honored to join with our colleagues, particularly on this side of the aisle in the Democratic caucus, who continue to work very hard to bring a sense of urgency to the question of health care for our families, to health care insurance, and to affordability for our small businesses and family farmers and the larger business community.

We know today that one of the major costs economically and from a business standpoint—and certainly for families, and particularly for our seniors—is the whole question of being able to provide health care and being able to afford health care for our families.

We also know the major reason we are seeing health care costs rise relates to the uncontrollable increase in prescription drug coverage.

Today, I once again come to the floor to speak about the need for real action now.

I challenge and invite our colleagues on the other side of the aisle and those in the other Chamber who have come forward with principles—the Speaker of the House and those who will be speaking today about a plan—to join with us in something that is real and tangible.

Words are not going to buy prescriptions for seniors. We know there are seniors watching right now who are deciding today whether to pay that utility bill or eat supper tonight or do they do those other things which they need to do in order to have the quality of life we want for our parents and grandparents and older Americans of this country—or do they put all of their money into paying for lifesaving medications? That is not a good choice.

Shame on us for having a situation where seniors have to make that choice. Yet when we come to the floor, we talk about the need for a real Medicare prescription drug benefit. And when we talk about the need to lower prices for all of our families and lower prices for everyone so we have health care available for everyone in this country, we get more words than we get actions.

I am deeply concerned today as we look at what has been proposed by our colleagues on the other side of the Congress, our Republican colleagues in the House have said that they wish to lower the cost of prescription drugs now. Yet at the same time we see old proposals to do minimal kinds of discounts through discount cards and so on—things that are already available which folks want to take political credit for, maybe change the name or maybe put it under Medicare. But it doesn't do anything to actually lower the prices and make prescription drugs more available.

I am very concerned when we come forward with proposals that will, in fact, lower prices that we are not yet seeing the support.

We want that support to be there to be able to use more generic drugs when they are available after the patent has run out—the same drug and the same formulation—and at a lower price.

We want to have the ability to open our borders so we can get the best price of American-made drugs regardless of where they are sold around the world.

In Michigan, simply crossing the bridge to Canada, which is a 5-minute drive, cuts the price in half on American-made drugs. It is not right. We think when we are talking about fair trade we should open the border to the one thing that we don't have fair and open trade on; that is, prescription drugs.

We also know the fastest growing part of the cost of that prescription bottle is advertising costs, and that the top 11 Fortune 500 companies, last year, spent 2½ times more on advertising than research.

I was pleased to join with my colleagues earlier this week in introducing legislation to simply say: If you are doing more advertising than research, taxpayers are not going to subsidize it. We will allow you to deduct the amount of advertising and marketing that you do up to the level that you spend in research. We want more research. We want more innovative drugs. We do not want more market research; we want more medical research. So we propose items to lower costs to help everyone, right now, to lower those prices.

We also come forward saying it is time to update Medicare for today's health care system. When Medicare was set up in 1965, it covered the way health care was provided in 1965. If you went into the hospital, maybe you had a little penicillin, or maybe you had an operation in the hospital, and Medicare covered it.

Medicare is a great American success story. But health care treatments have changed. I have a constituent who showed me a pill he takes once a month that has stopped him from having to have open-heart surgery. It is a great thing: One pill a month. The pill costs \$400. I said: I want to take a close look at that pill. I hope it is gold plated. But the reality is, that pill stops

expensive open-heart surgery and allows this person to be able to continue living and enjoying a wonderful quality of life with his wife and family.

If he went in for that surgery, Medicare would cover it. They don't cover the pill. So that is what we are talking about. But we need this to be comprehensive.

When our colleagues come forward, and their second principle is guaranteeing all senior citizens prescription drug coverage, we say: Yes, come join with us. Let's make it real. But, unfortunately, when we run the numbers on what is being talked about—and the bill has not been introduced yet, but we have all kinds of information about what appears to be coming. From what we know, let me share with you some of the numbers.

If you are a senior or if you are disabled and you have a \$300-a-month prescription drug bill, which is not uncommon, when you get all done with the copays and the premiums and the deductibles that they are talking about, you would end up, out of \$3,600 worth of prescriptions, paying, out of pocket, \$2,920. So less than 20 percent of your bill would be covered under Medicare.

That is not what we are talking about. That is not comprehensive coverage under Medicare. That is really a hoax. That is a proposal being put forward to guarantee all seniors prescription drug coverage that is words, not actions. Again, words will not pay the bills. Words will not guarantee that seniors get one more prescription covered, that they will get that blood pressure medicine, that they will get that cholesterol medicine, or make sure they have that pill that stops them from having to have that open-heart surgery.

So we come today to this Chamber to say: Yes, guarantee all seniors prescription drug coverage. But the proposal coming forward by the Speaker of the House, and those on the other side of this building, will not do it. Unfortunately, what is being talked about will add insult to injury because they are talking about paying for their less-than-20-percent coverage by another cut to hospitals.

I know the Presiding Officer from New York shares the same concern I have because I know hospitals in New York have been cut, hospitals in Michigan have been cut. My colleague from Florida is in the Chamber. I know he has the same stories—and our leader from Nevada. We know that whether it is rural hospitals or urban hospitals or suburban hospitals, they have had enough cuts under Medicare. It is unbelievable we would be talking about another cut for hospitals while they are proposing this minimal prescription drug benefit.

The other thing I find incredible is that they are talking about a copay of \$50 for home health visits. We already have seen dramatic cuts. We have had over 2,500 home health agencies close

across this country because of the excessive cuts in home health care payments since 1997. Many of us have been saying: Enough is enough.

We cannot say that the home health help you need will cost more when we are trying to give a little bit of help with prescription drugs because it is the combination of home health care and prescription drugs that allows people to live at home when they have health care needs. It allows families to take care of mom or dad or grandpa or grandma, to make sure if someone is disabled and needs care at home, that they are not inappropriately placed into a nursing home or out-of-home care. The combination of home health care and affordable prescription medications will help our families care for their loved ones and help people to live in dignity at home.

So I find it incredible that you would have, first of all, a minimal proposal on prescription drugs coming forward, and then it would be coupled with the fact they are talking about cutting hospitals and copays for home health care to pay for it. This is an amazing situation to me.

We need to be strengthening Medicare, not undermining it. Many of the other parts of this proposal would turn Medicare over to private insurance companies. It would basically create a situation where the drug companies or insurance companies may believe they benefit but at the expense of our seniors.

I am going to yield a moment to my colleague from Florida, who I know cares deeply about this subject. I thank him for coming to the floor today to join me, as we rise to say to our Republican colleagues in the House of Representatives: Come join with us. Come join with us to make sure we can, in fact, put the words into action. Words are not enough. We need comprehensive Medicare prescription drug coverage. We need to lower prices now.

I yield time to my colleague from Florida.

The ACTING PRESIDENT pro tempore. The Senator from Florida.

Mr. NELSON of Florida. I thank the Senator from Michigan for yielding. I want to underscore a number of the remarks the Senator from Michigan made—this issue of health care, home health care, and prescription drugs.

I start my comments by saying, has the Bush administration taken leave of its senses with regard to a number of these proposals? What the Senator from Michigan has just said in relation to copayments for home health care, home health care is something we want to encourage. Home health care is certainly an alternative to being in a nursing home from a cost standpoint. It is certainly a cost incentive as an alternative to being in a hospital. But home health care, if it is the right kind of medical care, is also a lot better quality of life for the patient than having to be in a nursing home or a hospital, if that is the appropriate medical

care, because they are surrounded by family in their home.

The Bush administration now wants to propose a new copayment. Therefore, for senior citizens who are having difficulty paying medical bills as it is, because Medicare does not cover everything, now the Bush administration wants, in fact, them to pay more in order to be eligible for home health care? Have they taken leave of their senses?

Take, for example, what the Senator mentioned on prescription drugs. The Bush administration is saying: Oh, we want a prescription drug benefit. Well, certainly all of us do. Why? Because Medicare was set up in 1965 when health care was organized around acute care in hospitals. But 37 years later, health care is a lot different. Thank the Good Lord for the miracles of modern medicine.

So to provide those miracles of modern medicine—otherwise known as prescription drugs—to our senior citizens, we ought to be modernizing Medicare by adding a prescription drug benefit.

The administration says: Yes, we want it. But they are saying, \$190 billion over 10 years. That is a drop in the bucket.

The ACTING PRESIDENT pro tempore. Time for morning business has expired.

Mr. NELSON of Florida. Madam President, I ask unanimous consent that I may proceed for 5 additional minutes.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. REID. Madam President, that would be fine. It may necessitate having the vote at 5 after rather than on the hour.

Mr. LEAHY. I have no objection, provided we then still keep the period of time prior to the next vote the same amount of time and the vote will have to slip 5 minutes.

Mr. REID. I say to my friend from Florida, I also got a nod from the minority that that is fine. We will ask that the vote be scheduled for 5 after 11 and that the Senator from Florida be recognized for an additional 5 minutes—I am sorry, 11:35.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The Senator from Florida.

Mr. NELSON of Florida. I thank my colleagues. They are very generous with the time. I thank the Chair.

I was talking about prescription drugs and providing a realistic prescription drug benefit by modernizing Medicare. We talked about a level in the last campaign. This was a primary topic of concern. In every television debate I had, this issue came up. The level we were talking about was in the range of \$300 to \$350 billion for a prescription drug benefit over a 10-year period.

The fact is, the escalating cost of prescription drugs is going to be more than that. Of course, with a budget

that now has no surplus—we had about 14 months ago an ample surplus for the next decade—it is going to be very difficult. But we are going to have to face that fact. And don't talk about window dressing of \$190 billion over a decade because that is not going to cut it. For example, why don't we step up to the plate on Medicare reimbursement? Look at the doctors and the hospitals that are having difficulty making it because Medicare is not reimbursing on a realistic payment schedule. We are going to have to address that.

I say to my colleague from the great State of Michigan, the fact is, eventually this country is going to have to face the fact of health care reform in a comprehensive way. What are we going to do about 44 million people in this country who don't have health insurance? The fact is, they don't have health insurance, but they get health care. They get it at the most expensive place, at the most expensive time; that is, when they get sick. They end up in the emergency room, which is the most expensive place at the most expensive time because without preventative care, when the sniffles have turned into pneumonia, the consequence is that the costs are so much higher.

Ms. STABENOW. Will my colleague be willing to yield for a moment?

Mr. NELSON of Florida. Certainly.

Ms. STABENOW. He raises such an important point about prevention. That is why I know we care so much about the issue of prescription drugs. By making prescription drugs available on the front end, that is part of that prevention, along with comprehensive care, making sure that people are able to receive the medicine they need before they get deathly sick and need to go into a hospital or need an operation.

My colleague raises such an important point, and it is one of the reasons we are working so hard to make Medicare available with prescription drugs and to also lower the prices for everyone. Part of that prevention is making sure that seniors have access to the medicine they need to prevent more serious injuries and illnesses from happening.

Mr. NELSON of Florida. And comprehensive health care reform has to deal with the 40-plus million who don't have health insurance by creating a system whereby they are covered. That then allows the principle of insurance to work for you because the principle of insurance is that you take the largest possible group to spread the health risk, and when you do that, you bring down the per-unit cost. Thus, any comprehensive plan is going to have to have pooling of larger groups. It is going to have to have consumer choice. It is going to have to have free market competition to get the most efficiency, and it is going to have to have universal coverage.

I thank the Chair for the opportunity to join the debate on prescription drugs.