

MORNING BUSINESS

Mr. REID. Mr. President, I have spoken to both the majority and the Republican leader and told them that we were going to go into a period for morning business for the rest of the evening, and they both are aware of what we were going to do. Therefore, I ask unanimous consent that the Senate now proceed to a period for morning business, with Senators permitted to speak therein for a period up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDER OF BUSINESS

Mr. REID. Mr. President, for the information of all Members, I have spoken with the two leaders, and what we would like to do this evening is propound a unanimous consent request that we be in morning business in the morning from 9:30 until 10:30, with the time from 10:30 until 11 equally divided with the proponents and opponents of the motion to invoke cloture.

We, of course, will be on cloture whether there is an agreement or not. That is the rule. So that is what I am going to propose later on. As I have said, I have explained that to both leaders, and I think that is what they want.

Of course, Mr. President, there are no more rollcall votes today.

CRITICAL ISSUES

Ms. STABENOW. Mr. President, I rise to ask our colleagues to move beyond the obstructionist position, to work together to get the supplemental passed so we can move on to other critical issues that affect our families. This is one. It is important. There are important pieces in this bill that deal with our issues of homeland security and certainly, representing the great State of Michigan, issues of border security are critical. We are very concerned about making sure we have the resources in place. There are other important resources in this supplemental bill.

However, I am equally concerned about the ability to move beyond this, to get this completed on a bipartisan basis and move beyond this to the rest of the agenda that has to happen.

The Presiding Officer has spoken eloquently about the sense of urgency families feel about medicine and the inability to afford critical lifesaving medicine, whether you have cancer, a heart condition, high blood pressure, or a disabled child and you need to be able to provide that child with medicine that is needed.

We have the ability and, within our budget resolution, the capacity to pass a Medicare prescription drug benefit that will update Medicare and make sure there is a voluntary universal plan in place for those who need it, to be able to afford their prescription drugs.

We also have the ability to lower prices across the board. Our side of the aisle has put forward a strategy to provide a way to lower prices for our business community, large and small. I have seen the business communities come forward, small businesses that are losing the ability to provide health care for their employees because premiums are going up 30 and 40 percent this year.

The big three automakers shared some statistics with me. I came from a weekend-long event on Mackinaw Island, which I invite the Presiding Officer and my colleagues to come and enjoy during the beautiful summer months. There is a wonderful gathering of business and political leaders and university educators who come together once a year to discuss challenges facing the economy in southeastern Michigan and across Michigan and the business concerns. High on their list, if not at the very top, was the rising costs of health care, predominantly due to the explosion of the prices on prescription drugs.

We heard a presentation from DaimlerChrysler that indicated on a SUV today priced at \$18,600 the cost of employee health care is \$1,300, and that the fastest growing part of that is prescription drug costs. We not only need to be providing Medicare prescription drug coverage for seniors and for the disabled, but we need to close the loopholes which allow the companies to stop compensation through generics that go on to market or are supposed to go on to market once the patents run out where the formula is available to other countries to use and to produce prescription drugs at a lower cost.

We also need to open our borders to Canada. Two weeks ago, we passed fast-track trade authority, but the only thing we could not trade between the United States and Canada is prescription drugs, which makes absolutely no sense. We know, and we will be demonstrating next week in bus trips from a number of States across to Canada, that you can lower your prices at least in half.

I am pleased to have joined with Senator DORGAN from North Dakota, Senator JEFFORDS from Vermont, Senator WELLSTONE from Minnesota, and many others, in an effort to open the border so we can have that competition, and our pharmacists, our hospitals, our businesses can have business relationships with the Canadians, bringing back American made drugs sold to them at lower prices. We have that bill. If we had the opportunity, we could complete the supplemental and bring up that bill and lower prices immediately.

We have been able to put forward a bill that caps the amount the taxpayers subsidize in excessive advertising costs. The drug companies are spending 2.5 times more to advertise a drug than to create a new lifesaving drug, and we have a bill—and the Pre-

siding Officer has joined in the effort—to cap the amount that can be written off on advertising and marketing costs to the same level that research costs are rip-offs on taxes, so taxpayers are subsidizing no more for advertising and marketing sales than we do for research. That would cut costs immediately.

We also have a bill to allow more flexibility for States using innovative techniques as in Maine and Vermont, where they are being sued by the drug companies for coming up with creative ways to lower prices.

We have an agenda to lower prices. We have an agenda that includes a comprehensive, voluntary, Medicare prescription drug benefit. If we can get beyond the current stalemate, we will have the time and opportunity to bring forward these issues that directly affect every single American—every business, every farmer, every worker, every family, every senior. It is an issue whose time has come.

People in our States are saying it is time to act. It is past time to act. We have been talking about this. You would think, given all the time we spent talking about it, on both sides of the aisle, we could have funded a prescription drug benefit.

The reality is we need to act. We need to do it now. I am deeply concerned that we are seeing, day after day, stalemate on moving forward on critical issues such as the supplemental that are so important to us and that are blocking us.

Mr. REID. Will the Senator yield for a question?

Ms. STABENOW. I am happy to yield to the distinguished Senator.

Mr. REID. I say to the Senator from Michigan how much I appreciate her leadership on this issue. Yesterday the Presiding Officer gave a speech, right close to where the Senator was standing. It was one of the most significant speeches I have heard since I have been here. He illustrated, in the mind of anyone who was listening, why we cannot wait.

I say to my friend from Michigan, I was on an elected board of trustees from a hospital district in 1966 when Medicare came into being. Prior to Medicare coming into being, 40 percent of the seniors who came into our hospital—it was a county hospital—had no health insurance. We were brutal. That is just the way it was all over America. We would go after whoever brought their mother or father, son or daughter in the hospital. We would go after them for their wages; we would attach their homes. That was the way it was all over America.

Medicare is imperfect, but now virtually every senior citizen who comes into a hospital has some health insurance.

In 1966, I think the Senator would agree, there really was not a paramount need for a health insurance plan that covered seniors for prescription drugs. That was not really a part of the

therapy at the time. But now the Senator would also acknowledge the average senior citizen has 18 prescriptions filled every year. They are lifesaving. They make people more comfortable. They prevent disease. How can we, the only superpower in the world, not have a prescription drug benefit for the program we call Medicare to take care of seniors? Would the Senator respond to that?

Ms. STABENOW. I thank the Senator very much for those comments. I could not agree more. When Medicare came into being, as the Senator from Nevada knows, it provided coverage for the way health care was provided at the time. You went into the hospital, you had an operation, and it covered the medications in the hospital. But we all know that health care has dramatically changed, and we are proud of that. We are proud that we have these new lifesaving drugs that stop someone from having to have the operation. We know most health care now involves prescriptions.

The problem we have is that this great American success story called Medicare that was put into place does not cover prescriptions. So effectively, now, we are not providing the health care that we promised our seniors and the disabled.

So for me and I know for the Presiding Officer and for our leader from Nevada, it is common sense. It is past time to update Medicare. I know we are urgently trying to make that happen.

I thank my friend for raising that. I know we have a tremendous amount of support all across this country for getting this done. I often think, in the debate on health care and this debate on prescription drugs, if we only had the same sense of urgency on this issue from a policy standpoint that we have when someone in our family gets sick or we get sick. When you find you are diagnosed with cancer and you have to have cancer medication, you can't say, "This is too tough. We will do it next year. You can have your medicine next year." Or when your child gets sick, you can't say, "You can't get sick this year. You can get sick next year."

Yet we put off this issue year after year after year. We need this kind of urgency that our families feel. I know our leader from Nevada feels that. Certainly the majority leader of the Senate and the Presiding Officer from Georgia have eloquently stated this. We are going to keep coming to the floor, day after day after day, creating this sense of urgency, urging people to get involved with us to create the sense of urgency that we need to get this done.

Mr. REID. I know the Senator from Michigan has a schedule to meet. But will she yield for one more question?

Ms. STABENOW. I would be honored, yes.

Mr. REID. Having listened to the Senator and having listened to the Presiding Officer yesterday, I am—I can't say depressed; maybe in a legislative

sense I am, but I am terribly concerned that we are wasting so much time. Everyone knows this bill that is being slow-walked here is going to pass. It has to pass.

This bill making supplemental appropriations for further recovery from the response to terrorist attacks on the United States—we know it is going to pass.

There are things in it that people may not like. But rather than waste 2 days' time here, why don't they file motions to strike what they don't like. It is a shame we have to invoke cloture.

We have spent Monday, we have spent Tuesday, we have spent Wednesday doing basically not much, when we could have been working on this legislation about which the Senator is speaking now, about which the Senator from Georgia spoke yesterday. We are wasting time.

I can be as partisan as a lot of people, but the State of Nevada is equally divided between Democrats and Republicans. I represent the Republicans of the State of Nevada just as I represent the Democrats. We in the Senate have to respond, in my opinion, in that same manner. The people about whom you speak are not Democrats; there are just as many Republicans as Democrats who need Medicare. We have to approach this in that manner. Would the Senator agree?

Ms. STABENOW. I could not agree more. I was thinking as the Senator was speaking, we have seniors who got up this morning and literally sat at the kitchen table and said: Do I eat today or do I get my medicine? Do I pay my utility bill or do I get my medicine? They didn't check to see if their registration card was Democrat or Republican. That is not what this is about. This is about real people's concerns.

People expect us to work together. They expect us to rise above those kinds of partisan efforts and work together to get things done for them in a meaningful way.

So I share the same concern. Every day this week that we are not able to address this is another day where thousands, probably millions of people across this country, are trying to decide how to put their pennies together to be able to afford the medicine that they or their family need. I would say enough is enough. It is time to get on with it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nevada.

SUPPLEMENTAL APPROPRIATIONS

Mr. REID. Mr. President, I appreciate the statement of the Senator from North Dakota, the chairman of the Budget Committee, and certainly the statement just made by my friend, the distinguished Senator from Michigan, Ms. STABENOW.

I spend a lot of time in the Chamber, and I really enjoy it. That is my job. I

appreciate my ability to do that, that other Senators give me that responsibility. But there are days such as today and yesterday and Monday that I am concerned we are not doing enough in this body. I don't know why this is being slow-walked, as has been described in today's press. I am not making this up. It is right here in the Congressional Quarterly:

Senate Republicans say they will not hesitate to slow walk legislation important to Democrats.

But as the Senator from Michigan stated, if we passed a prescription drug benefit for seniors—it would be great if we could do it for everyone, but let's say we do it for seniors on Medicare—they wouldn't know to whom to give credit, whether it be Democrats or Republicans, but they would be happy they got something. Conversely, our doing nothing, the blame goes to both parties. There is no advantage that anyone gets by not moving forward on legislation.

Pick up the newspaper anytime you want—today. I don't have a clip from today's paper, but it is easy to find one. Here is one, May 23. It was in my desk. I was cleaning out my desk as the Senator was speaking:

The Department of Transportation has issued a warning about attacks on rail and transit systems across the country, law enforcement officials said on Thursday. The Department's warning, sent out Wednesday, was consulted by the Department of Transportation.

The reason that is important is this bill that we are now working on has a provision in it for security. We have almost \$1 billion for port security. We have \$200 million for security at nuclear weapons facilities. We have \$154 million for cyber-security, and border security.

I am a member of the Appropriations Committee. I voted for the bill that came out of committee. But as with all Senators, you don't have an opportunity to read everything in a bill. The bill that came out is not a very big bill. It is 117 pages. I could read the bill easily in a half hour and really understand everything in it. If there is something that people do not like in the bill, they should try to get rid of it.

I think we are doing a disservice to the people of my State of Nevada and the country by not moving forward on this. There is no political advantage. I don't know if we can get cloture tomorrow. If we don't get cloture tomorrow, we will go again and try it some other time.

I don't know what benefit there is of the big stall that is taking place. I think it is a disservice to the country. I have tried on various occasions during the last several days. I have offered unanimous consent requests that we limit the number of amendments. I have offered unanimous consent requests that we have a finite list of amendments. It doesn't matter how many, but let us know how many so the managers can work to cut this down.