

understand, which the Presiding Officer made a point of in the city of Chicago many years ago after she had returned from a trip to South Asia—I heard her speech; I remember it well—in which she said, the biggest single indicator of the likelihood of progress in a developing nation is the way they treat their women. If women are treated with respect, if they are given a voice in the society, if they can help decide their fate, you will have a more progressive society; you will find a country able to respond to many crises, not just the health crisis.

We in the United States have to understand that though we don't lead the world in foreign aid, per capita, we certainly want to make certain that our investment in foreign aid focuses on improving the role and voice of women in developing countries. Women who are not treated as slaves or chattel can make life decisions that will save their lives, enrich their children's lives, and give them a marital situation with hope instead of despair. That should be part of our approach in dealing with AIDS as well.

This epidemic is going to get worse before it gets better. We have to understand that the United States has, beyond a moral responsibility, a political responsibility in terms of this HIV/AIDS epidemic. There was a time a century ago when the problems around the world were in fact on the other side of the world; they couldn't, frankly, make it to the United States; many of these people who were sick would die on the way. We now know that any problem on the other side of the world is a 10- or 12-hour airplane flight from being our problem.

Let us understand we cannot take the current course that is being suggested by this administration. To give a symbolic amount of money this year to the global AIDS effort is in fact to invite further disaster on the people around the world and on the people of the United States. To go, as the administration has said, along the route that would suggest next year we would make no contribution to the global AIDS fund suggests perhaps that they believe the epidemic is going to wait for us to catch up with it. It won't. Then finally to say that maybe 2 years from now we will put another \$300 million in, that kind of halfhearted, weak attempt to meet our moral and political obligation will mean the AIDS epidemic will continue to grow, not just in Africa, not just in Asia, but around the world.

Taking a meaningful, positive step forward in supporting prevention of AIDS research and education is in the best interest of the United States.

I note that major donor organizations such as the Gates Foundation and the Kaiser Foundation and others have made a commitment to this. The United States has to meet and exceed that commitment as well. We have to make certain that the Senate reverses the sad, terrible vote we cast just a few

weeks ago, saying that we are not going to put more money on an emergency basis to fight the AIDS epidemic. I hope my colleagues in the Senate, as they reflect on the Barcelona conference and the commitment of thousands of leaders around the world, the HIV/AIDS epidemic, will put pressure on this administration to go beyond the rhetoric, beyond juggling the books, about \$500 million over a 3-year period of time, and make a meaningful commitment that will save lives.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan is recognized.

PRESCRIPTION DRUG COVERAGE

Ms. STABENOW. Madam President, I first commend my friend from Illinois for his advocacy on this critical issue. He has been here time and again with amendments to do what needs to be done. I thank him for his advocacy and concern, deep concern, about this issue.

In a related issue—relating to health care—this morning I am in the Chamber with my colleague from Florida to urge our colleagues on the other side of the aisle to join us in proceeding to the critical debate on the issue of prescription drugs. I cannot think of a more important issue facing our country than making sure that lifesaving medicines are available to our seniors, to our families, to anyone who needs them, and that we are lowering prices so that our small businesses can see their health care premiums go down to a reasonable level.

Large manufacturers, such as the big three automakers, that are in Michigan, and others all across the country who are seeing explosions in their health care costs need to know there is some relief in sight, there is a way to get this into a manageable situation. We have plans to address that, to provide Medicare coverage for our seniors—it is long overdue for prescription drugs—and to lower prices to everybody through increased competition and making sure our laws work and the opportunities for competition exist.

I was concerned to come to the floor last evening and find that a simple motion to proceed to debate the bill was objected to by our friend from New Hampshire and by others on the other side of the aisle—just to proceed to the debate. The leader told us we will have a full 2 weeks in a very crowded schedule to focus on this issue because it is so incredibly important. There is nothing more important to the quality of life of our citizens, to the cost to the economy, and there is nothing more important right now than addressing this issue of lowering prices and the issue of corporate responsibility, quite frankly, with the drug companies and how we make sure that lifesaving medicine is available to all of our citizens at an affordable price and that our seniors have a real promise of Medicare caps, because without covering outpatient prescriptions, we are no longer keeping the promise of Medicare.

So I come to the floor today to urge our colleagues to take away their objection and allow us to proceed to the debate. We have 2 weeks to work out the specifics, to work together on the right kind of plan. But we need to get to that debate.

The Governors of the country are meeting right now, and in fact the Governor from Michigan leads that organization. The Governors' conference, according to the paper, focuses on health costs. This morning, I tuned in to C-SPAN to listen to some of the discussion they were having on prescription drug prices and the costs to our Governors. It says in the paper:

Despite signs of a gradual national recovery, the State's woes are expected to persist well into the current fiscal cycle. Their biggest problems are the ballooning costs of prescription drugs and Medicare.

We in the Senate have an opportunity to do something about that right now. The Governors are asking us to do that. Businesses are asking us, as are families, seniors, and workers. Every worker who has had to have their salary capped or frozen so that the employer can afford the rising cost of their health care plans has asked us to do something about this.

I want to take just a moment to bring forward the urgency of this issue by sharing some stories that have come into my Web site. I have set up something called a prescription drug people's lobby, asking people in Michigan to share their stories and join with us. We know the reason this is being held up, unfortunately, in the Senate is that there are far more drug company lobbyists than there are people's voices talking about what is affecting them and their families. There are six lobbyists for every one Member of the Senate. So we have a responsibility to speak for them and make sure their stories are told.

I start with Melissa Askin from Romulus, MI, who was the first person to sign up for our Michigan prescription drug people's lobby on May 22. I thank Melissa for that. She wrote in her story:

I guess my story is no different from the many Americans, when it comes to deciding if I can afford food to live or medications. It boils down to a choice these days: what can I afford to keep myself alive once I pay my bills.

I am 68 years old, my husband is deceased, and I have no family. I have had a heart bypass, both carotid arteries in my neck cleaned out, and now in April I was operated on for cancer, not to mention several other surgeries. I am supposed to be on nine medications, however, at the price of these meds, I can only afford three.

I don't know what will happen with me by not being able to be on the meds I can't afford, but it makes me wonder what I'm living for. I feel like nobody cares.

Melissa needs to know that we care, we in the Senate care—not by our

words, because people have heard enough words, but by our actions. That is what this is about right now. Are we going to proceed to this debate? Are people going to use procedural motions to stop us from even getting to the debate, or are we going to move forward together, find ways and common ground in a bipartisan way to do what needs to be done? Will we do that so that Melissa Askin, 68 years old, of Romulus, MI, knows that someone cares? When she needs nine medications in order to live and have quality of life, she should be able to get all nine medications and not have to settle for three. That is what this is about.

Let me share a story from a young woman, Shawn Somerville, from Ypsilanti, MI, who e-mailed me:

Just this last Christmas, my grandmother was hospitalized because she stopped taking her prescription so that she could afford presents for all of us grandkids. She later died from an undiagnosed ulcer. It was very sad to me that these drugs are so expensive. Do they need to be?

Well, Shawn, no, they don't need to be. We as American taxpayers underwrite the cost of research and invest in and support the companies and provide patents so they can recover costs, and work with them in one of the most subsidized industries certainly in the country and in the world, because we want to make sure your grandmother has access to her medicine. We want to make sure the grandmothers and grandfathers of this country don't have to stop taking their medicine in order to have Christmas with their grandkids.

Unfortunately, today this system is just plain out of control. When we see prices rising three times the rate of inflation in the most profitable industry in the world and we see people who cannot afford their medicines, I argue that this is a debate about corporate responsibility.

We just finished an important debate last night in a unanimous vote to improve the oversight of publicly held corporations in this country so that in fact we can guarantee corporate responsibility, information for investors so that people's pensions will be protected. It was an important, bipartisan effort that ended up in a good result for the American people.

This is also about corporate responsibility. That is what this is about. I believe it is about corporate responsibility and ethics and, in fact, even morality. We can do better in the greatest country in the world than we are doing now as it relates to the affordability of lifesaving prescription drugs and the spiraling, out-of-control costs of our health care system as a result.

I urge people to get involved with us today. If someone is listening to what we are debating now on the Senate floor, I urge you to get involved right now. We need you to call your Senator. We need all of us to be engaged in this battle, and we welcome you to come to

a Web site that has been set up—fairdrugprices.org.

We are asking people to share their stories. We are asking people to sign an online petition drive sending a message to the House, the Senate, and the President to act now. We do not need one more Christmas to go by with grandmas and grandpas trying to decide whether or not they can buy Christmas presents for their grandchildren or take their medicine.

Fairdrugprices.org is about getting involved and together getting our voices heard, and then through my colleagues and me, we will bring those stories that are shared through this Web site to the Chamber of the Senate and continue to make the case that this is real, it is about real people. We are not making this up. This is one of the most critical, if not the most critical, issues we will debate this year in terms of touching people's lives. The bill we just finished on corporate responsibility certainly is right up there with it, making sure we have confidence in the markets and people's pensions are protected, but if they have to take every single dime of that pension to pay for prescription drugs, they will still have a very difficult time in their retirement.

It is my pleasure right now to yield to my colleague from Florida who has been an outspoken advocate. I know he has been working with people as well and sharing stories and hearing from his constituents about this issue.

I simply say, as I yield to my colleague, that we are out of time. Now is the time to act. Now is the time for us to at least get started on the debate. We have the next 2 weeks to work together to figure out the specifics and bring it to a close.

I yield to my colleague and good friend from Florida.

The PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON of Florida. Madam President, I am delighted to join my colleague from Michigan, who has given such tremendous leadership on this issue. It is very important that in the next couple of weeks, before we break for the August recess—and my colleague from Michigan will certainly agree with this—that we in the Senate pass a prescription drug benefit.

The problem is, under Senate rules, we do not have the opportunity to pass something unless we get 60 votes. It is not the typical majority plus one, otherwise 51 votes, but under the rules of the Senate, we have to get an extraordinary majority of 60 votes to prevent a filibuster in a parliamentary procedure that is known as a cloture motion, to cut off debate. That takes 60 votes.

Therefore, on one particular plan that is proposed for a prescription drug benefit, it makes it extra difficult for us to get those extra votes because out of every plan, there is going to be something in the plan with which somebody disagrees.

I wish to talk about one of those plans and talk about the reason why it is so important for us to modernize Medicare.

If we were designing a health insurance system for senior citizens today, would we design it to include prescription drugs? The obvious answer to that question is yes, because every day lives are benefited by virtue of an increased quality of life, an enhanced quality of life, enhanced health with the miracles of modern medicine that we know as prescription drugs. But Medicare, the health insurance system for senior citizens, was not designed today. It was designed 37 years ago.

In 1965, when state-of-the-art health care was centered around the hospital and acute care, the health care system, supported by the Federal Government, for senior citizens did not include prescription drugs unless they were attendant to the care of someone who was in the hospital. Thirty-seven years later, we must update that health insurance system for senior citizens. I want to give an example.

There is a lady in my constituency in Parrish, FL. Obviously, her name shall remain confidential, but for these purposes, I will refer to her as Mrs. Smith. Mrs. Smith is 69 years old and she suffers from a variety of medical conditions, including a painful muscle disorder. Because the cost of her prescription drugs is not covered by Medicare, on a monthly basis, her out-of-pocket expenditures are over \$300 just for prescription drugs.

Let's look at her financial condition. She lives alone. She has no family members to help her. Sons and daughters often help their moms and dads, but Mrs. Smith does not have immediate family members to help her with her daily cost of living, including those costs of over \$300 a month for prescription drugs.

What does she receive from Social Security? This is the only income she has—a \$1,030 per month benefit from Social Security.

Of that \$300 that she has to take out of that \$1,000 Social Security payment, she has some big expenses. She has a drug called Neurontin. It is at a cost of 125 bucks a month. She has a drug called Ultram. It is at a cost of 150 bucks a month. She cannot afford, out of her Social Security benefits, to take the daily dosage of those drugs that her doctor has prescribed for her painful muscle disorder. What does it come down to? It comes down to groceries or prescriptions.

Can you imagine that in America in the year 2002 we have senior citizens all across this land who are having to make a choice between whether they are going to eat or whether they are going to get their medicine, as in the case of Mrs. Smith in Parrish, FL? I cannot imagine it, but it is happening, and that is what brings us to the Senate Chamber now as we take up this prescription drug bill.

Mrs. Smith is obviously frustrated that in her golden years she has enormous anxiety because of the high cost of the prescriptions. Under one version of the prescription drug bill, the version that I am a cosponsor of with my colleague from Florida, BOB GRAHAM, Mrs. Smith would only have to pay \$25 a month premium for a Medicare prescription drug benefit. If she chose to have a brand name prescription, she would pay a copay of \$40, but if she wanted a generic prescription, Ultram—that drug that I mentioned she takes at 150 bucks a month—it does have a generic alternative so she would only have to pay \$10 for the prescription for the generic. That coverage for Mrs. Smith would begin upon enrollment, and Mrs. Smith would not be subject to any initial deductible, as is the case in the legislation that passed in the House.

It is another personal example, a real-life example, of why we ought to have a prescription drug benefit enacted to modernize Medicare.

The PRESIDING OFFICER. The Senator's time has expired.

The Senator from Minnesota.

Mr. WELLSTONE. I thank the minority leader for his courtesy. I ask unanimous consent that I be allowed to follow the minority leader.

The PRESIDING OFFICER. Is there objection?

Mr. GREGG. Reserving the right to object, is the Senator going to be debating the drug issue?

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

Mr. GREGG. Yes, but I believe the Senator from Minnesota wishes to proceed after the minority leader.

Mr. WELLSTONE. That is correct.

GREATER ACCESS TO AFFORDABLE PHARMACEUTICALS ACT OF 2001—MOTION TO PROCEED

The PRESIDING OFFICER. Under the previous order, the Senate will now resume consideration of the motion to proceed to S. 812, which the clerk will report.

Mr. WELLSTONE. I say to my colleague, I would like to speak for about 10 minutes.

The PRESIDING OFFICER. If the Senator will withhold.

The assistant legislative clerk read as follows:

A bill (S. 812) to amend the Federal Food, Drug and Cosmetic Act to provide greater access to affordable pharmaceuticals.

Mr. LOTT. Madam President, what is the parliamentary situation at this time?

The PRESIDING OFFICER. The Senate is on the motion to proceed to S. 812.

Mr. LOTT. Madam President, I ask unanimous consent that I be allowed to

speak under my leader time, probably for 8 or 10 minutes, on the issue that is related to this motion, and others may want to add to it.

Mr. WELLSTONE. Madam President, with the indulgence of the Senator from Massachusetts, I wonder if I could have 10 minutes after the minority so I could go back to a markup?

The PRESIDING OFFICER. The Republican leader has the right to speak at this time.

Mr. LOTT. Madam President, I know others are going to want to speak on the pending motion.

Mr. KENNEDY. Will the Senator yield so I can respond?

Mr. LOTT. I yield to Senator KENNEDY if he wants to make some clarification.

Mr. KENNEDY. We were going to get started. We all are under pressure, but I would be glad to have the Senator from Minnesota speak.

Mr. WELLSTONE. I thank my colleague.

Mr. KENNEDY. Then we will move on the regular order with the presentation of the legislation.

The PRESIDING OFFICER. The Republican leader.

Mr. LOTT. Madam President, I understand there was discussion last night, and in the HELP Committee, about how to proceed on the substantive issue, and there was some understanding that some language would be worked out. I do not know the details of it, but I am hoping that whatever was agreed to in committee can be resolved in a satisfactory way.

Without getting into how it was reported out of the committee and how we will proceed once that is clarified, I want to talk about the overall situation that causes me major concern. The Finance Committee has been meeting off and on for probably 5 years trying to decide the best way to proceed on prescription drugs. We have had repeated bipartisan meetings of the full committee, even this year. I have met, I think five times for as much as a couple of hours talking about the substance but it has always been a general discussion with no markup.

Last week, even though we did two minor bills, there was no markup on prescription drugs in the Finance Committee. This week we were scheduled to take up another bill, but the meeting at 10 was cancelled and now the meeting at 2 was cancelled because I assume the chairman realized that the so-called tripartisan bill was going to be offered in the Finance Committee to whatever bill might have been brought up.

This is legislation that has been developed by Senator BREAUX, Senator SNOWE, Senator GRASSLEY, Senator JEFFORDS, and Senator HATCH. It is truly a bipartisan bill and tripartisan because it does have the support of Senator JEFFORDS.

There is a determination not to allow the Finance Committee to act on this

bill. The Finance Committee, for years, has been known as one of the most effective and bipartisan committees, whether it is welfare reform or trade legislation, Medicare, whatever it may be, but in this instance the Finance Committee is basically being told if they cannot get the votes for the so-called Kennedy-Graham-Miller proposal, they cannot act.

I think we are beginning to debate once again in the wrong way on the Senate floor on a very important issue. The majority leader has twice before tried to ignore the Finance Committee and basically come straight to the floor. We saw what has happened, how long it takes for us to work through a bill that has not gone through a committee markup. That is why I continue to urge that the homeland security issue go to a regular markup in the Governmental Affairs Committee, and I am being told that is what is going to happen, because so many of the problems can be resolved at the committee level. If we bring these important issues to the Senate floor without them having been worked through committee, it is a prescription for a real problem, long debate and in this case likely no result.

Last fall the majority leader and the Finance Committee chairman rammed a partisan stimulus bill through the Finance Committee. We told them at that time that process would fail because it set up a situation where we had to get 60 votes and we more than likely could not do that.

Two months ago, the majority leader used a flawed process to bring trade legislation to the Senate floor, and we saw as a result of that it took us, I think, about a month to get it done, even though it was a bill that had bipartisan support on both sides. Four bills were brought together, the trade promotion authority, the Andean trade provisions, the GSP provisions, as well as trade adjustment assistance. It was very difficult to get that work done.

But what we have today worries me even more. We are calling up the drug pricing and patents bill out of the HELP Committee. Then I understand at some point, a prescription drug bill, or bills, will be offered. No matter what is offered, it will have to get 60 votes.

Prescription drugs would have to get 60 votes in the Senate. Why is that? One, we do not have a budget resolution, so we are going under the existing law which says a prescription drug bill cannot be brought up that exceeds, I believe it is \$300 billion. If it does, it takes 60 votes. Also, a bill that is brought to the floor without going to the Finance Committee requires 60 votes.

So we have two things that are happening with no budget resolution: we have a limit with the amount. If a bill exceeds \$300 billion, it takes 60 votes. If it has not come through the Finance Committee, it will have to have 60 votes.

I do not know what the scoring is on the so-called Kennedy-Graham bill. As