

then, after that, it was universal coverage for all seniors. They paid 50 percent coinsurance, but everybody participated. Every senior was treated equally, not just spending a substantial amount of money for a selective number of people.

Medicare is not an antipoverty program; Medicaid is. Medicare is universal coverage. It is not just saying to 70 percent of our seniors, you are not going to get any real help. Some will say we are helping those over 200 percent of poverty. You are not helping them very much when you tell them they have to pay 95 percent of the cost of their prescription drugs. Ninety-five percent, what kind of coverage is that? We are going to say: We will help you with 5 percent, but 95 percent is going to have to come out of their pocket after 200 percent of poverty. That doesn't seem to be a very good deal to me.

Then you say: When you get \$3,300 worth of out-of-pocket drug costs, the Government will help you again. It is not really the best we can do. We can do far better than that. I think we ought to.

I don't know why we are actually voting. No. 1, everybody should realize the bill did not come out of the Finance Committee, where all of this type of work should have been done, where all the compromises should have been accomplished, instead of trying to go to the floor and having one bill one day without 60 votes, another bill without 60 votes, and yet today another bill that does not have 60 votes.

We are putting people on the spot unnecessarily. I suggest we put this off and begin the real work that is possible and get something that works.

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

The Senator from Maine is recognized.

Ms. SNOWE. Madam President, I ask unanimous consent to add 3 additional minutes to my 12.

THE PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Ms. SNOWE. I would be glad to yield further to my colleague from Louisiana.

Mr. BREAUX. No, thank you.

THE TRIPARTISAN PRESCRIPTION DRUG PLAN

Ms. SNOWE. Madam President, I rise today to discuss the issue of prescription drugs and how we intend to proceed on the Senate floor. I concur with my colleague from Louisiana, with whom I have had the privilege to work in crafting a tripartisan plan for more than a year, in hopes of avoiding a political showdown and confrontation on this most significant issue facing seniors in this country.

I, too, agree with my colleague from Louisiana, in the hope that we can avoid having another vote on two competing plans that will not get the nec-

essary 60 votes to proceed. I hope we can avoid a collision at the crossroads on this most significant domestic issue facing our Nation's seniors.

We have been negotiating all week-end to try to work out an agreement. Senator GRASSLEY is here in the Chamber, the ranking member of the Finance Committee. He has been working consistently and diligently to try to negotiate an agreement. Now we are faced with a political showdown; we are faced with a decision to either vote for the lowest common denominator or for no prescription drug coverage at all.

I do not believe in letting the perfect become the enemy of the good, but we certainly should not countenance the political becoming the enemy of the practical, the attainable, and the doable. We should not find ourselves in this situation today because we have been working for more than a year and a half in developing a plan to avoid having politics undermine that process.

That is why we reached across the political aisle, Republicans to Democrats and Independents, and vice versa, so that we can begin to sort out our ideas. That is not to say we had all the right ideas, but we did it to begin that process that should have begun in the Finance Committee—to debate, to amend, to work through competing ideas in order to achieve a consensus that would give impetus to the passage of this legislation. We should have had that markup. We have been saying that for weeks. In fact, we anticipated we would have a markup on that critical legislation. But we were denied that opportunity for unknown reasons. So now we are hearing we are going to have a vote regardless—the all-or-nothing proposition that seems to overtake and mire the political process to the point that it really jams the monkey wrenches into this institution.

I hope we will avoid having another vote for the sake of having a vote, drawing lines in the sand so people's positions become more intractable. I hope we can avoid that kind of situation and confrontation. We have been spending more than a week and a half on legislation that is very important to America. Using generics would save the American Government \$8 billion. It would also save our Nation's consumers more than \$60 billion over 10 years. We have been spending more than 2 weeks on that proposition in the Senate. It has had consideration in the committee of jurisdiction for several days as well.

Compare that to our initiative on prescription drug coverage—no consideration in the Senate Finance Committee, up-or-down votes on the floor of the Senate on a \$400 billion program—\$400 billion. That is more than the annual spending of the Defense Department. It is more than the newly organized Department of Homeland Security that we will be considering as well.

So now we are being asked to have one vote, as we did last week, on each competing plan on prescription drug

coverage—it will presumably cost \$400 billion over the next 10 years—with no committee consideration, no up-or-down votes on the Senate floor, no ability to amend—\$400 billion. When was the last time we created a domestic program that cost \$400 billion, with no consideration in the committee and hardly any consideration on the floor of the Senate? When?

We have spent weeks and weeks in the committees considering the homeland security legislation. We have spent 2 weeks on the floor of the Senate on a bill that will save the Nation's consumers \$60 billion over 10 years. And we have heard announced consideration for a domestic program that will cost our Government more than \$400 billion. It is really hard to understand why we are in the circumstances that we are in today. That is why I ask that we put off any polarizing votes, so that we can further work to achieve a consensus on the broader plan.

There were criticisms against the tripartisan plan—that it created a donut, it created a gap in coverage between \$3,450 and \$3,700 under catastrophic.

The legislation being put forward by the Senator from Florida will only provide coverage to seniors at extremely high costs and low incomes, or very low income coverage. More than half of our Nation's seniors will have no coverage at all. Above 200 percent, there will be a cliff because an individual earning \$17,721 will get zero coverage until they spend \$3,300. A couple with an income of \$23,880 will get zero coverage. So until they spend \$3,300 in prescription drug coverage costs, they have no coverage whatsoever. Well, I would say that is an enormous gap in coverage.

Our plan is to the contrary. It minimizes that gap in coverage. It is 50/50 coverage above 150 percent, to \$3,450; 80 percent will not even reach that benefit limit, and we provide a catastrophic coverage beginning at \$3,700. Ninety-nine percent of all seniors will participate in our program, according to the Congressional Budget Office. But under the legislation proposed by the Senator from Florida, more than half of our Medicare beneficiaries will have no coverage at all. They will have no coverage at all. That is creating a huge gap in coverage. It is a huge gap, and I think we can do better.

We have worked with the Senator from Massachusetts on concerns about the delivery mechanism in our legislation. So we have agreed to modify that to provide an absolute, ironclad agreement that there will be a fallback mechanism in the event the insurance risk delivery system fails. So there will be a guarantee, regardless of where you live in America, that you will have a benefit of the standard program that we offer in our legislation.

But we even went further and agreed to increase our program from \$370 billion to \$400 billion. So we have been flexible. We are willing to work across

party lines to avoid the political show-down by having this up-or-down vote at all costs, not trying to search for a common ground, not having an adequate, thorough debate in the committee and on the floor, and a \$400 billion program.

I would like to know, when is the last time the Senate has created a \$400 billion social program that has had no consideration in the Senate Finance Committee, or any committee of the Senate, and has had virtually no consideration on the floor, no amendments, just an up-or-down vote? If you do not get your 60, tough luck: Is that what the Senate is all about, Madam President? Is that what it is all about? It is winning at all costs?

Who is going to pay for those costs? Our Nation's seniors. Our Nation's seniors are going to pay the cost—that is what this is all about—and they are going to pay a high cost because so many will either have minimal coverage or no coverage at all. This is how many people, when one looks at this chart, will be omitted from coverage in the plan offered by the Senator from Florida: 26 million Medicare beneficiaries.

I know we can do better. We worked for more than a year to create a plan that included Democrats, included our Independent, Senator JEFFORDS from Vermont, so that we could avoid this kind of impasse.

I would hope that we would avoid this unnecessary political showdown today or tomorrow. I hope we can put aside our differences and forge solutions to the problems that our Nation's seniors face when it comes to catastrophic costs for our Nation's seniors who have a chronic illness.

In fact, there was an op-ed piece in the New York Times yesterday which indicated that most people face costs of \$1,200 to \$1,500. They are the chronically ill. Guess what. Under the plan offered by the Senator from Florida, many of those individuals will not get any coverage until they spend \$3,300. They will get no coverage whatsoever.

Won't they be surprised when we pass a so-called prescription drug benefit coverage that says the Nation's seniors are now covered and when they find out, no, not exactly. You will pay an annual fee of \$25 and then discover you do not have any coverage because, if you earn \$17,721 as an individual, you get zero coverage until you spend \$3,300. If you are a couple and earn \$23,881 in income, then you have to spend \$3,300 in prescription drugs before you get any coverage. That is a huge gap in coverage.

Last week, in the two votes we did have on the two competing plans, there was a common thread. That common thread was continuing to embrace universal coverage in the Medicare Program, which is a principle that most of us—97 percent, 97 votes—supported continuing in the Medicare Program. If we take the approach of low income and catastrophic coverage solely as the

kind of benefit we decide to enact in the Senate, we are abandoning the principle of universal coverage in the Medicare Program.

I hope we do not plan to move in that direction. That clearly will be the wrong approach. It will be the wrong approach for Medicare and certainly will be the wrong approach for our Nation's seniors. We can do better, and I hope we will do better. We have the ability to do better.

I urge my colleagues to reconsider and I urge the leadership to avoid any votes so we can continue to work on this issue, if it takes August and come back in September, if we cannot do it this week. But let's avoid the kind of confrontation that will manifest itself in the vote that is recommended on the one plan alone.

I thank the Chair, and I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is now closed.

GREATER ACCESS TO AFFORDABLE PHARMACEUTICALS ACT OF 2001

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

The 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.

Pending:

Reid (for Dorgan) amendment No. 4299, to permit commercial importation of prescription drugs from Canada.

McConnell amendment No. 4326 (to amendment No. 4299), to provide for health care liability reform.

The PRESIDING OFFICER. The Republican leader.

Mr. LOTT. Madam President, I do wish to speak in behalf of the McConnell amendment. I realize time has expired, but I yield myself time under leader time.

Mr. REID. Will the Senator yield?

Mr. LOTT. Recognizing Members may be interested in what the schedule will be in the next hour and maybe even right after lunch, I will be glad to yield to Senator REID for information.

Mr. REID. Madam President, both leaders are in the Chamber. I ask unanimous consent that whatever time the Republican leader uses for his speech, the remaining time until 5 to 1 be equally divided for Senator KENNEDY and Senator MCCONNELL to speak on the pending amendment.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. Reserving the right to object, I say to my friend from Nevada, I simply did not hear what he was asking.

Mr. REID. I am sorry. Morning business got a little out of hand this morn-

ing. There was too much morning business. We are now on the bill. The Republican leader wishes to speak for 5 or 10 minutes under leader time. I ask unanimous consent that the remaining time be divided equally between Senator MCCONNELL and Senator KENNEDY to speak on the McConnell amendment.

Mr. MCCONNELL. How much time is remaining?

Mr. REID. It will probably be about 50 minutes.

Mr. MCCONNELL. Fifty?

Mr. LOTT. Fifty.

Mr. MCCONNELL. Equally divided.

Mr. REID. Until 5 to 1.

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

Mr. LOTT. Madam President, I thank Senator REID for that clarification so we can get some further time for debate on this important issue and so that Senator MCCONNELL can talk more about the specifics.

I believe in this country we have a medical malpractice crisis. There is a huge problem with frivolous lawsuits being filed and large verdicts being rendered. Let me read some of what is happening in my own State where within a few days the legislature is going to have a special session to try to deal with this crisis because doctors are getting out of obstetrics; they are getting out of the business of delivering babies. And they are getting out because the doctors cannot get medical malpractice insurance coverage. As they lose their coverage they are also leaving the State. We now have huge areas of the State where there are few, if any, doctors available to deliver babies.

In Mississippi we are expected to lose an estimated 400 doctors this year because they are retiring, getting out of practice, or moving to other States, including Louisiana. Why Louisiana? Because in Louisiana they have some caps on punitive damages that help limit the size of the verdicts against doctors.

Madam President, last year, in Bolivar County, there were six doctors providing obstetrical care. Today there are three. In neighboring Sunflower County, all four doctors who delivered babies quit private practice. So there is a large area where the citizens of my state cannot get medical care for pregnant mothers and for delivering babies because their doctors cannot get or cannot afford malpractice insurance.

Some expectant mothers now have to drive 100 miles just to get to a doctor, let alone a regional hospital. In the northern half of the State last year, there were nine practicing neurosurgeons; now there are just three on emergency call. And it does not appear that the situation is going to get any better soon. The North Mississippi Medical Center, a hospital that serves 22 counties and 600,000 people, is finding it impossible to recruit new doctors.

But not only is the next generation of doctors being scared away from the