

Additionally, this provision will have untold effects on many small rural communities. It is unacceptable to force communities to pay up to \$100,000 in a local cost share, in addition to the many costs they currently incur in running a small local airport.

We respectfully request the removal of Section 408 from the Vision 100—Century of Aviation reauthorization Act Conference Report before it is brought to the House and Senate floors for consideration and we look forward to working with you in the future to ensure rural communities continue to receive essential air service.

Sincerely,

John E. Peterson, Allen Boyd, John McHugh, Jerry Moran, Bill Shuster, Chris Cannon, John Shimkus, Marion Berry, Barbara Cubin, Charles F. Bass, Ron Paul, John Tanner, Frank D. Lucas, Scott McInnis, Kenny C. Hulshof, Rick Renzi, Rob Bishop, Dennis A. Cardoza, Jim Gibbons, Jim Matheson, Ed Case, Anibal Acevedo-Vilá, Mike Ross, Tom Udall, Lane Evans, Timothy Johnson, Bernie Sanders, John Boozman, Tom Latham, Heather Wilson, Ron Lewis, Jo Ann Emerson, Doug Bereuter, Bart Stupak, Collin C. Peterson.

#### INDEPENDENT COMMUNITY PHARMACIES

Mr. PRYOR. Mr. President, I rise today to acknowledge our Nation's independent community pharmacists for their diligent work, expansion of services, and consistent high quality service.

Independent community pharmacies are a strong part of our health care delivery system and a significant part of local economies. In fact, independent pharmacies, independent pharmacy franchises, and independent chains represent a \$67 billion marketplace. Clearly, independent pharmacies create jobs while providing high quality services to consumers.

Independent community pharmacies play a critical role in local communities, a role which has enhanced the level and quality of pharmacist-patient personal interactions and has led to high satisfaction rates from consumers. Independent pharmacies should be commended for their accessibility, immense knowledge about medications, and broad inventories of medications. These observations were validated by more than 32,000 readers surveyed by Consumer Reports, which found that "more than 85 percent of customers at independent drugstores were very satisfied or completely satisfied with their experience."

Pharmacists are health care professionals who consistently strive to improve care and promote the safe use of drugs. In addition to dispensing medications, many independent pharmacies offer other services to meet the needs of their customers. This includes providing health screenings, disease management information, and even home delivery.

I am honored today to recognize the achievements of independent pharmacies for their excellent job in serv-

ing the pharmaceutical and other health care needs of consumers in their communities. As Congress moves forward with enacting a Medicare prescription drug benefit, it is essential that we preserve the quality care being provided by community pharmacies.

Mr. President, I ask unanimous consent to print in the RECORD an article from the October 2003 issue of Consumer Reports.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

#### TIME TO SWITCH DRUGSTORES?

If you're among the 47 percent of Americans who get medicine from drugstore giants such as CVS, Eckerd, and Rite Aid, here's a prescription: Try shopping somewhere else. The best place to start looking is one of the 25,000 independent pharmacies that are making a comeback throughout the U.S.

Independent stores, which were edging toward extinction a few years ago, won top honors from Consumer Reports readers, besting the big chains by an eye-popping margin. More than 85 percent of customers at independent drugstores were very satisfied or completely satisfied with their experience, compared with 58 percent of chain-drugstore customers.

Many supermarket and mass-merchant pharmacies also did a better job than the best-known conventional chains at providing caring, courteous, knowledgeable, and timely service. And in a nationwide price study we conducted, the chains we evaluated charged the highest prices—even slightly more than the independents.

Those findings come from our latest investigation into the best places to shop for prescription medications. More than 32,000 readers told us about more than 40,000 experiences at 31 national and regional drugstore chains (like CVS, Genovese, Osco, Rite Aid, and Walgreens); supermarket-pharmacy combos (such as Kroger, Publix, and Safeway); mass-merchant pharmacies (like Costco, Target, and Wal-Mart); and independent pharmacies across the nation.

For most consumers, insurance covers at least some of the cost of prescription drugs, so our Ratings emphasize service factors that affect everyone. For consumers who have to pay more than a small percentage of their prescription-drug costs, including more than a third of our readers, our price study indicated where to save money. (See Where to shop, how to save.)

Among the other highlights of our research:

Some of the drugstore chains and supermarkets that readers favored are family owned or businesses in which workers have a stake. Medicine Shoppe, the top "chain," is actually a collection of about 1,000 individually owned and operated stores with a common parent company. Among supermarkets, high-rated Wegmans (in New Jersey, New York, and Pennsylvania) is family owned; and at high-rated Publix (in the South), most workers are stockholders.

Forty percent of readers said that at least once during the past year, their drugstore was out of the medicine they needed.

Our market basket of a month's worth of five widely prescribed medications cost \$377 to \$555, depending on where we shopped. For a family needing all five drugs, that difference would exceed \$2,000 a year.

#### SORTING OUT THE STORES

Most people start by searching for a store that accepts their insurance plan. Fortunately, that isn't the hassle it used to be, especially since independents are accepting

more plans these days. Insurers once considered the disparate stores too much trouble to work with, but they realized that keeping independents out of their networks alienated customers and didn't cut costs as much as they'd hoped. Also, 33 states have adopted "any willing provider" laws, which require insurance companies to take into their networks any pharmacy that's willing to accept the insurer's reimbursement rate. As a result, you have a greater choice of where and how to shop.

The basic choices:

Independents: Service is all. Prescription drugs are the independents' lifeblood, accounting for 88 percent of sales. That means independents can be a good source of hard-to-find medications. (The chains, where drugs account for 64 percent of sales, tend to focus on the 200 most-prescribed drugs.)

That focus on prescriptions can mean more personal attention. Readers said that pharmacists at independent stores were accessible, approachable, and easy to talk to, and that they were especially knowledgeable about medications, both prescription and nonprescription.

The independents (and some chains) offer extras such as disease-management education, in-store health screenings for cholesterol, services such as compounding (customizing medications for patients with special needs), and home delivery.

Many independents are affiliated with programs such as Good Neighbor or Value-Rite, whose names you'll see in the stores. These "banner" programs, offered by wholesale product suppliers, help independents with marketing and with the sale of private-label products, improving purchasing power and name recognition much the way ServiStar and True Value help small hardware stores compete with Home Depot and Lowe's.

About half of the nation's independents have Web sites, where you can generally order medicine and find some health information but not much more.

Chains: Convenient but crowded. With about 20,000 stores nationwide, mega-drugstores are in nearly everyone's backyard. Many are open around the clock, have a drive-through pharmacy for faster pickup, and let you order online or by punching a few numbers on a telephone. You can even set up your Web account to have renewals automatically processed and readied for pickup or mailing. The biggest chains let you check prices online. Another advantage: The chains accept payment from lots of health plans (managed care pays for 80 percent of all conventional-chain prescriptions).

Now for the drawbacks. The chains' locations in populous areas and their acceptance of a plethora of plans has made them, in effect, too popular, and service is suffering. Except for Medicine Shoppe, chains typically made readers wait longer, were slower to fill orders, and provided less personal attention than other types of drugstores.

Like other drugstores, the chains have experienced shrinking reimbursement from insurers. They've helped maintain profits by selling everything from milk to Halloween costumes. That makes one-stop shopping possible (if your list isn't too specific), but it also can create bottlenecks at the checkout.

Supermarkets: One stop does it. There are fewer than 9,000 supermarkets that include a pharmacy, but the number is rising. One-stop shopping is the attraction. Many supermarkets put the pharmacy near the entrance for easy access and to attract store traffic. For those very reasons, however, you may not have as much privacy to consult with the druggist as you would elsewhere.

Supermarkets have online pharmacy sites, usually as a link from the home page, but they're often less comprehensive than those of big drugstore chains.

Mass merchants: Low price is key. Like supermarkets, these stores sell a wide variety of goods. But their main draw is low prices. One in five readers who bought medication from a mass merchant had no prescription-drug coverage. In our price study, only Web sites sold medications as cheaply. In our survey, ShopKo and Target were among the high-rated mass merchants; Wal-Mart was worse than most others.

All of the mass merchants in our survey have Web sites for ordering prescriptions, but only the Costco site lets you check drug prices.

Online: Low prices, no face time. Virtual pharmacies come in two basic flavors. There are adjuncts to brick-and-mortar stores, where you can order online and receive your prescription by mail or pick it up. Then there are sites such as [www.drugstore.com](http://www.drugstore.com) and [www.aarp-pharmacy.com](http://www.aarp-pharmacy.com), which have no store and simply mail the medicine to you. With both types of site, you can enter the name and quantity of the drug online; a pharmacist will confirm the prescription with your doctor. (Often, you can fax or mail a paper prescription instead and wait for it to be approved, but that can add days to the process.)

Anytime you're not picking up from a pharmacist, you lose a chance for personal contact, a consideration if you're using a medication for the first time or are juggling medications. To compensate, the stand-alone Web sites—and those operated by the drug chains and some mass merchants—make it easy to e-mail questions to pharmacists 24/7, research medical topics, search online for potentially dangerous drug interactions, receive e-mail refill reminders, keep track of your medications, and note any drug allergies. [Drugstore.com](http://Drugstore.com) will also alert you if the branded drug you're taking becomes available in generic form.

It can take as little as a couple of hours for your medicine to be ready if you order from a chain and are willing to retrieve it, or as long as three to five business days if you ask for it to be mailed standard shipping. That's free or nearly so. You can pay about \$15 to have medicine overnighted (refrigerated medicines must be sent that way). Web sites can't ship every controlled substance.

When you use a Web site, you can avoid waiting in line, of course, and you'll tend to pay lower prices, even when shipping costs are included. No computer? No problem. Sites have toll-free numbers.

Four percent of our readers had bought medications online, most often from drug chains, and three-quarters of those said the transaction went smoothly: Their order was processed quickly enough for their needs, and e-mailed questions were answered promptly. (For details on ordering via the Web, see The online option.)

#### GETTING BETTER SERVICE

Some stores did far better than others in service, speed, and information provided by the druggist. The most frequent complaints: Drugs were out of stock, readers had to wait a long time for service at the pharmacy counter, and prescriptions weren't ready.

Drugstore chains and supermarkets were most likely to be out of a requested drug. When a drug was out of stock, independents were able to obtain it within one day 80 percent of the time, vs. about 55 to 60 percent for the other types of stores. Only 9 percent of the time did independent customers have to wait at least three days for an out-of-stock drug or find it elsewhere, vs. at least 18 percent of the time for other types of stores.

Drugs were out of stock more often this time than when we published our last drugstore survey, in 1999. The steepest jump took place at Albertsons, Giant, and Longs Drugs,

whose out-of-stocks increased by more than 15 percentage points. That's probably the case in part because the number of prescriptions being written is growing faster than the shelf space.

Overall, 27 percent of readers complained about long waits. It's no wonder. Pharmacists fill nearly 4 billion prescriptions a year, an average of almost 200 per day for each pharmacist, and spend one-fourth of their time on administrative work such as calling doctors and dealing with insurance companies. Moreover, there's a shortage of druggists—there are approximately 5,500 job openings around the U.S. At CVS, Genovese, Longs Drugs, and Sav-On, about 40 percent of readers complained of long waits for service. Lines were short at Medicine Shoppe (only 6 percent of readers complained) and at the independents (8 percent).

Twenty percent of readers overall said that their prescription wasn't ready when promised. Among the worst offenders: CVS, Genovese, and Rite Aid, where prescriptions weren't ready nearly one-third of the time. Better-prepared stores included Medicine Shoppe, Publix, ShopKo, Winn-Dixie, and the independents.

Other complaints focused on how pharmacists interact with customers. Worst offenders: the drugstore chains, where 10 percent of readers said they did not receive enough personal attention from their pharmacist. Best: You guessed it—the independents—where only 2 percent of readers found fault.

Service may improve in all stores, eventually. In many states, regulators are giving technicians more authority to assist druggists. Technology is also lending a hand in the form of robotic machines that dispense medications. They do everything but cap the bottle (which goes uncapped to the pharmacist for a final inspection).

Although only a small fraction of doctors are now writing e-prescriptions, they are the wave of the future. Doctors use a handheld device to transmit your prescription to the drugstore. The procedure avoids one of druggists' biggest problems and a contributor to the rising incidence of drug errors: deciphering doctors' handwriting.

While waiting for the future, you might improve the odds of getting good service now by patronizing an independent pharmacy. But whatever drugstore you use, you're apt to get better service by following some simple advice:

Avoid waiting. Order drugs online or by phone, then pick them up (or, if you're not in a rush, have them mailed). If you plan to pick up drugs, check from home whether the doctor and druggist have connected and the prescription is ready.

Establish a good relationship. Make sure you can step aside and talk privately with the pharmacist and that you can reach him or her by phone. The pharmacist should volunteer details about the drug and be able to answer questions about nonprescription products, too. With online pharmacies, make sure you receive prompt, thorough answers to questions submitted by e-mail.

Get good advice. Check that the pharmacy keeps and updates your medication records, which should reduce the risk of a drug conflict or adverse reaction. Don't walk away from the counter without knowing the following: what to do if you miss a dose; how many refills are permitted; how to store the drug and when it expires; what side effects to expect, along with which to ignore and which to contact your doctor about; and foods, drugs, supplements, or situations to avoid while taking the medication.

#### THE NEED FOR MENTAL HEALTH PARITY

Mr. FEINGOLD. Mr. President, I rise today to call attention to an issue that affects every community in this country, and that is mental illness. Next week is Mental Illness Awareness Week, and I think the best way that we in the Senate can recognize this event is to ensure parity for mental health treatment in our Nation's health care system.

Mental illness has a drastic impact not only on the country's health, but also on its economic well-being. According to the 1999 Surgeon General's report on mental illness, the unequal coverage of mental illness treatment results in direct business costs of at least \$70 million per year, mostly due to lost productivity and increased use of sick leave. Earlier this year, the President's New Freedom Commission on Mental Health released a report laying forth goals and objectives to transform mental health care in the United States. According to this report, mental illness ranks first among illnesses that cause disability in this country, and the indirect costs of mental illness are estimated to be \$79 billion a year. This report goes on to reaffirm the President's call for Federal legislation to provide full parity between coverage for mental health care and for non-mental health care.

Over the past two decades we have made great strides in the area of mental illness. Not only are a number of innovative, beneficial treatments available for sufferers of mental illness, but we have also worked to eradicate many of the social stigmas that have too often accompanied mental illness. However we still have much to do for those who suffer from potentially debilitating and destructive mental illnesses.

Currently, those with mental illness often struggle to obtain necessary medical treatment, even when they have sufficient health insurance. Employers who offer health benefits to their employees can impose limitations on the treatment of mental illness, while not placing similar limitations on the treatment of physical illness. This discrimination prevents many from obtaining the medical treatment they need.

I urge my colleagues in the Senate to answer the President's call, and recognize Mental Illness Awareness Week by ensuring that those suffering from mental illness have access to medical treatments that will help them to preserve the quality of their lives.

#### HONORING THE U.S. ARMY FORCES COMMAND

Mr. CHAMBLISS. Mr. President, I rise today to honor and recognize the U.S. Army Forces Command, headquartered at Fort McPherson, GA, as it celebrates 30 years of dedicated service to our great Nation.