

State. We cannot delay any longer. Every week, every month we delay, means less likelihood that we will make the changes that were promised.

This body overwhelmingly adopted the Help America Vote Act which, as Senator MCCONNELL has said, will make it easier to vote and tougher to cheat. This is a commitment we made to the people of America that we would provide these reforms and we would fund them. If this money has to wait until the approval of these appropriations bills sometime in February and getting the money out in March or April, we are not going to get it done in time. They are not going to be able to implement these vitally important reforms in election.

I know many people want to get their voting machines improved. Frankly, I want to see the end of dogs and dead people voting. They are still trying that in St. Louis. There was a nice 180-count indictment issued by the prosecuting attorney in the city of St. Louis, the circuit attorney. That problem needs to stop and the only way we can get it to stop is by funding the Help America Vote Act.

There are many other good arguments, but I urge the leaders to come together to work on this matter. If we could do it by unanimous consent, that would be the best, but if we have to come back the second week in December, we have an obligation to the people of Missouri to do our job. I plead with the leadership to come to some agreement so we can finish these bills.

I yield the floor.

PASSAGE OF H.R. 1

Mr. SPECTER. Mr. President, I rise to comment briefly about the legislation which we have just passed and also about the omnibus appropriations bill. I compliment all of those involved in this Medicare bill. It is a long time in coming. It will provide much needed relief to America's seniors on the high cost of prescription drugs. It will eliminate the cuts in Medicare which were supposed to take effect in 2004 and 2005. It will, in fact, give the doctors an increase of 1.5 percent.

There was also a mechanism for changing the wage index classification for metropolitan statistical areas, the MSAs, so that the Secretary will have discretion to make that correction.

OMNIBUS APPROPRIATIONS

Mr. SPECTER. Mr. President, with respect to the omnibus appropriations bill, the Senator from Missouri is correct that we ought to complete it. He has pointed out the importance of having the increases for veterans. I would add to that the importance of increases in the appropriations bill for Labor, Health and Human Services, and Education, where I chair the subcommittee.

I would like to comment briefly on two points in the appropriations bill

for my subcommittee. One of them involves the issue of overtime pay. The Senate passed, by a decisive majority, 54 to 45, a prohibition on any expenditures to implement the regulation on overtime which would cut out overtime for many Americans who really need that compensation, especially in light of the fragility of the economy at the present time.

In the House of Representatives, the regulations stood by three votes. Then on a later vote in the House of Representatives, by 18 votes, the House directed the conferees to strike the regulation, not to fund it until September 30, 2004.

When the omnibus was in the final stages of preparation last week, it was apparent to me that any course of action would leave the regulation in effect. If Senator HARKIN and I had insisted on keeping in the Senate amendment striking funding for the regulation, then our appropriations bill was scheduled to be taken out of the omnibus and our three Departments, Health, Education, and Labor, would be funded on a continuing resolution and the regulation would remain in effect. If we agreed to remove the amendment striking the funding, then of course the regulation would go into effect. So either way, the regulation was going to go into effect. By having our bill included in the omnibus, we had \$4 billion more for vital programs in NIH, for Head Start, for education, Leave No Child Behind, and workers' safety. So in effect we did not have a Hobson's choice, we had no choice at all. Either way we went, the regulation would remain in effect. If we agreed to take it out so we would be included in the omnibus, then the prohibition against funding would fall. If we were taken out and made a part of the continuing resolution, then the regulation would stay in effect.

It is my hope, when this matter goes forward, the vote in the Senate will remain and the provision remains in the Senate bill to strike the funding for the regulation. So that battle is not over. We intend to continue to fight it right down to the wire, until the omnibus appropriations bill is adopted.

One other point, and I will be brief. I know my other colleagues are waiting to speak. One other point, and that involves the House language to prohibit funding for patents for human tissue. That provision in the appropriations bill for the Departments of Commerce, Justice, and State is going to cause enormous uncertainty. It is very expensive, and a very long process, to have a patent. There will be many people, who will be interested in proceeding with patents, who will not understand the ramifications of the language on human tissue.

I am against human cloning. I made that point emphatically clear in our conference, where I offered an amendment, a motion to strike the House language, which passed on the Senate side 18 to 8, but the House refused to

agree. So the language remained in the bill. But I believe the scientific community in America is going to march on the Congress to stop the meddling with scientific research with vague prohibitions which can only lead to grave difficulties and which impede medical science.

One concluding thought. I thank those on the other side of the aisle who, as I understand it, have removed the holds on all of the pending nominees. Just a word in support of Pennsylvania Attorney General Michael Fisher, who is up for confirmation for the Third Circuit. I have known Attorney General Fisher for the better part of three decades. He has an extraordinary record in the Pennsylvania Legislature and as the State attorney general and as candidate for Governor.

I ask unanimous consent that a full statement of his résumé be printed in the RECORD at the conclusion of these remarks.

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

ATTORNEY GENERAL MIKE FISHER

Mike Fisher, the Attorney General of Pennsylvania since 1997, was nominated on May 1, 2003, by President George W. Bush to serve on the United States Court of Appeals for the Third Circuit, which covers Delaware, New Jersey, Pennsylvania and the Virgin Islands. The nomination is subject to a majority confirmation by the United States Senate.

Currently serving his second four-year term, Attorney General Fisher is only the third elected Attorney General in State history. His top priorities have included protecting Pennsylvanians from crime, reducing the use of illegal drugs, stopping the tobacco industry from marketing to children, and expanding consumer protection services.

Attorney General Fisher personally argued major cases in State and Federal appellate courts. In March 1998, he successfully argued before the United States Supreme Court a precedent-setting case ensuring that paroled criminals meet the conditions of their release.

Attorney General Fisher has worked to improve the quality of justice in Pennsylvania. He is an active member of the Pennsylvania Bar Association (PBA), serving in its House of Delegates and on various committees. Working with the PBA, he has co-sponsored an innovative violence prevention program in Pennsylvania elementary schools called Project PEACE, which helps young people learn to resolve conflicts without violence. Fisher also encourages PBA participation by the attorneys in his office.

Before his election as Attorney General, Mike Fisher served for 22 years in the Pennsylvania General Assembly, serving six years in the State House and 16 years as a member of the State Senate. He was a member of the House and Senate Judiciary Committees, the Chair of the Senate Environmental Resources and Energy Committee and the Majority Whip of the Senate. During his legislative career, he was a leader in criminal and civil justice reform and an architect of many major environmental laws.

Attorney General Fisher began his legal career in his hometown of Pittsburgh following his graduation from Georgetown University in 1966 and Georgetown University Law Center in 1969. As an Assistant District Attorney for Allegheny County, he handled nearly 1,000 cases, including 25 homicides. He

continued to practice law during his career in the General Assembly and was a shareholder or partner in various firms, including Houston Harbaugh, where he practiced from 1984 to 1997. Fisher's law practice included civil litigation, commercial law, estate planning and real estate.

Mike Fisher was Pennsylvania's Republican candidate for Governor in 2002. During a hard-fought campaign, he raised key issues and helped shape current public debate on matters such as Pennsylvania's growing medical malpractice insurance crisis, the need to improve public education and the necessity of property tax reform.

Attorney General Fisher and his wife, Carol, an education consultant, have two children, Michelle, 27 an attorney in Pittsburgh, and Brett, 24, an information technology sales consultant in the Washington, D.C. area.

Mr. SPECTER. Mr. President, since Medicare was established in 1965, people are living longer and living better. Today Medicare covers more than 40 million Americans, including 35 million over the age of 65 and nearly 6 million younger adults with permanent disabilities.

Congress now has the opportunity to modernize this important Federal entity to create a 21st century Medicare Program that offers comprehensive coverage for pharmaceutical drugs and improves the Medicare delivery system.

The Medicare Prescription Drug and Modernization Act would make available a voluntary Medicare prescription drug plan for all seniors. If enacted, Medicare beneficiaries would have access to a discount card for prescription drug purchases starting in 2004. Projected savings from cards for consumers would range between 10 to 25 percent. A \$600 subsidy would be applied to the card, offering additional assistance for low-income beneficiaries defined as 160 percent or below the Federal poverty level. Effective January 1, 2006, a new optional Medicare prescription drug benefit would be established under Medicare Part D.

This bill has the potential to make a dramatic difference for millions of Americans living with lower incomes and chronic health care needs. Low-income Medicare beneficiaries, who make up 44 percent of all Medicare beneficiaries, would be provided with prescription drug coverage with minimal out-of-pocket costs. In Pennsylvania, this benefit would be further enhanced by including the Prescription Assistance Contract for the Elderly (PACE) program which will work in coordination with Medicare to provide increased cost savings for low-income beneficiaries.

For medical services, Medicare beneficiaries will have the freedom to remain in traditional fee-for-service Medicare, or enroll in a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO), also called Medicare Advantage. These programs offer beneficiaries a wide choice of health care providers, while also coordinating health care effectively, especially for those with mul-

tipale chronic conditions. Medicare Advantage health plans would be required to offer at least the standard drug benefit, available through traditional fee-for-service Medicare.

We already know that there are many criticisms directed to this bill at various levels. Many would like to see the prescription drug program cover all of the costs without deductibles and without co-pays. There has been allocated in our budget plan \$400 billion for prescription drug coverage. That is, obviously, a very substantial sum of money. There are a variety of formulas which could be worked out to utilize this funding. The current plan, depending upon levels of income has several levels of coverage from a deductible to almost full coverage under a "catastrophic" illness. One area of concern is the so-called "donut hole" which requires a recipient to pay the entire cost of rug coverage.

As I have reviewed these projections and analyses, it is hard to say where the line ought to be drawn. It is a value judgement as to what deductibles and what the co-pays ought to be and for whom. Though I am seriously troubled by the so-called donut hole, it is calculated to encourage people to take the medical care they really need, and be affordable for those with lower levels of income. Then, when the costs move into the "catastrophic" illness range, the plan would pay for nearly all of the medical costs.

I am pleased that this bill contains a number of improvements for the providers of health care to Medicare beneficiaries. Physicians who are scheduled to receive cuts in 2004 and 2005 will receive a 1.5 percent increase over that time. Moreover, rural health care providers will receive much needed increases in Medicare reimbursement through raises to disproportionate share hospitals and standardized amounts, and a decrease in the labor share in the Medicare reimbursement formula. Hospitals across Pennsylvania will benefit from upgrades to the hospital market basket update and increases in the Indirect Medical Education. Furthermore, the bill will provide \$900 million for hospitals in metropolitan statistical areas with high labor costs due to their close proximity to urban areas that provide a disproportionately high wage. These hospitals may apply for wage index reclassification for three years starting in 2004.

I would note that I do have concerns with this legislation with regard to oncological Medicare reimbursement and the premium support demonstration project for Medicare Part B coverage. Proposed reductions in the average wholesale price for oncological pharmaceuticals may have a grave effect on oncologists' ability to provide cancer care to Medicare Beneficiaries. Every Medicare beneficiary suffering from cancer should have access to oncologists that they desperately need. I will pay close attention to the effects

that this provision has on the quality and availability of cancer care for beneficiaries and oncologists' ability to provide that care. Further, the premium support demonstration project for Medicare Part B premiums poses a concern. Some metropolitan areas may face up to a five percent higher premium for fee-for-service care than neighboring areas. While these provisions remain troublesome, we cannot let the perfect become the enemy of the good with this piece of legislation.

The Medicare Prescription Drug legislation has been worked on for many years. I believe this bill will provide a significant improvement to the vital health care seniors so urgently need. I congratulate the members of the conference committee including Majority Leader FRIST, Senator GRASSLEY, Chairman of the Finance Committee, and the Ranking Member, Senator BAUCUS, for the outstanding work which they have done on an extraordinarily complex bill.

The PRESIDING OFFICER (Mr. CHAFEE). The Senator from Nevada.

OMNIBUS APPROPRIATIONS

Mr. REID. Mr. President, people have to understand the process here. We are being criticized for not agreeing to this omnibus bill.

I first of all want the RECORD to be spread with the fact that the chairman of the Appropriations Committee, Senator STEVENS, has worked tirelessly to get this done. He has worked, not a matter of hours or days but weeks. I have spoken to him on this legislation at least 50 times. So my remarks are not in any way to criticize the distinguished President pro tempore of the Senate.

Here it is, November 25, and there have been no final papers filed. What does that mean? There is no final draft of the legislation. Yesterday was the first day that some selected staff people could look at the proposed bill. But even then there were open items. It certainly does not speak well of the legislative branch of Government, as to what is happening.

What do I mean by that? The Congress has agreed on these appropriations bills. The Congress, the House and the Senate, in conference have agreed on these bills. What has been the problem is the interference—and I say that word purposely—by the executive branch of Government.

What are some of the outstanding items in this bill that are causing problems? We have over here 15 holds on this bill if it ever came to me. Regarding the Federal Communications Commission, the House and the Senate have agreed. We had two votes in both bodies, overwhelming votes that determined what would happen. But the White House is not happy with that. They want that changed. They don't want to change it in the normal process, by having hearings, et cetera; they want to do it in the conference—even