

cannot sign that affidavit honestly, then the person should not be admitted into the country. The sponsor requirement allows for the admission of any person into the United States who is unable to take care of himself or herself without becoming a charge to the taxpayers by assuring, via affidavit, that the sponsor will financially support the person.

An affidavit for support may not be accepted unless the sponsor agrees to, one, provide financial support to maintain the sponsored alien; two, be legally bound to the Federal Government of any entity that provides any means-tested public benefit which includes Medicaid; and three, submit to the jurisdiction of any Federal court.

If a sponsored alien received any means-tested public benefits, the entity which provided such benefits can request to be reimbursed by the sponsor, and if reimbursement is not satisfied, then the sponsor will face civil penalty.

Under this proposed legislation, the sponsors of these new immigrants would be absolved from their liability under the program. Aliens will no longer be supported and maintained by their sponsors and would become a charge on the public once again, a problem we sought to and did remedy in 1996.

As we finish here tonight, we have a lot of important matters involved in this legislation, involving a lot of money. CBO estimates that this provision would cost half a billion over three years. It spends that money by changing what I think to be a good policy by creating a bad policy, a policy that will incentivize people to come to the United States for free health care when they may not otherwise wish to come or may not otherwise benefit from coming here. We really have not had the kind of debate, as a comprehensive review of welfare, that should be made a part of that.

The Finance Committee will be considering welfare reform. It will be considering these issues in the months to come. They have a lot on their plate.

This amendment simply says let's not rush this through now. Let's not move it through on this important bill that is going to move through Congress. Let's send it back to the Finance Committee. Let's encourage them to give thoughtful and serious concern to it. Let's have them come forward with a program that would justify us changing this important rule, established in 1996.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

MEXICAN BARRIERS TO IMPORTS OF U.S. AGRICULTURAL PRODUCTS

Mr. GRASSLEY. Mr. President, it has been almost 10 years since the North American Free Trade Agreement—NAFTA—went into effect. Overall, this agreement has been a great success for America's farmers and

ranchers. Between 1994 and 2002, U.S. Agricultural exports to Mexico grew by 95 percent.

Mexican agriculture has benefited as well from NAFTA. Exports of Mexican agricultural products to the United States increased by almost 97 percent from 1993 to 2001. At the present time, some 78 percent of all agricultural products exported by Mexico are sent to the United States, making the United States by far the largest market for Mexico's agricultural exports. Clearly, the agricultural sectors of both the United States and Mexico have on the whole profited from NAFTA. For this reason, I am confounded by some of the recent actions of the Mexican government that undermine the spirit, if not the letter, of NAFTA.

Allow me to elaborate on some of these actions. Mexico has recently imposed, or threatened to impose, trade barriers to a wide variety of U.S. agricultural products. These products include pork, beef, corn, high fructose corn syrup, rice, apples, and dry beans. Apparently ignoring that increased competition in the Mexican market has benefited that country's consumers, some in Mexico have spoken of renegotiating the agriculture provisions of the NAFTA. Mexico's measures against U.S. agricultural products have certainly caught the attention of many members of the Senate, including me.

Let me explain Mexico's actions that are directly impacting producers in my state of Iowa.

I'll start with high fructose corn syrup. It's true that U.S. producers of agricultural products have, on the whole, benefited from NAFTA. And, at one point, that was the case with U.S. producers of high fructose corn syrup. Mexico was formerly the largest export market for U.S. produced high fructose corn syrup. But in January 2002, the Mexican Congress imposed a tax of up to 20 percent on soft drinks containing high fructose corn syrup.

This move was undoubtedly intended to provide Mexican sugar producers with an unfair advantage in the Mexican market over U.S. high fructose corn syrup producers. As a result of this discriminatory tax, U.S. exports of high fructose corn syrup to Mexico are now at almost zero levels.

Mexico's high fructose corn syrup tax was imposed following WTO and NAFTA panel rulings that found that a 1998 Mexican antidumping order on U.S. high fructose corn syrup did not comply with Mexico's trade obligations.

Clearly, Mexico is going out of its way to prevent the sale of high fructose corn syrup in its market. Mexico's high fructose corn syrup tax is causing great harm to U.S. corn producers and U.S. high fructose corn syrup manufacturers. The U.S. corn refining industry estimates that it is losing up to \$620 million annually on account of Mexico's discriminatory tax. It estimates that U.S. corn farmers are losing over

\$300 million each year due to lost sales to both U.S. and Mexican high fructose corn syrup producers.

I find it especially ironic that Mexico, a country that is actively seeking foreign investment, is treating so poorly the U.S. high fructose corn syrup industry, an industry that has invested heavily in Mexico.

Based upon the promises of NAFTA, U.S. high fructose corn syrup producers made major investments in the United States and Mexico. Mexico has now pulled the rug out from under them. This certainly sends, at best, mixed signals to foreign investors.

Let me give you another example of Mexico's actions against U.S. agricultural products, this one impacting Iowa's pork producers. In January of this year, Mexico initiated an anti-dumping investigation on U.S.-produced pork. The petition that initiated this investigation has serious deficiencies. For example, the petition was filed by Mexican hog producers, not pork processors, so it is my understanding that the party bringing the case lacks standing under the Anti-dumping Agreement of the WTO.

While Mexico's antidumping investigation on pork is ongoing, I recognize that Mexican officials last month terminated the Mexican antidumping order on imports of live hogs from the United States. I am pleased with Mexico's decision regarding the live hog order. I strongly hope that this decision provides an indication that Mexican officials will act reasonably and not impose an antidumping order on U.S. pork.

But there are other problems. Large quantities of U.S.-produced pork have been rejected at the Mexican border during the past year due to alleged sanitary problems. But millions of Americans consume U.S.-produced pork each day, and we know that this product is safe. Mexico's rejection of U.S. pork for non-scientific reasons violates Mexico's WTO obligations.

Iowa's beef producers are also being harmed by Mexico's actions. In April 2000, Mexico imposed antidumping duties on imports of U.S. beef, and this trade measure remains in place. Mexico's investigation resulted in numerous probable violations of Mexico's commitments under the WTO Agreements. On June 16, the U.S. Trade Representative announced that the United States is filing a case at the WTO over Mexico's antidumping order. I fully support the U.S. trade Representatives' actions at the WTO regarding this matter.

Despite the ongoing Mexican antidumping order on U.S. beef, Mexican cattle producers earlier this year filed a safeguard petition on beef from the United States.

Mexican officials have neither confirmed nor denied the existence of this petition. Lack of certainty with regard to this safeguard petition has made it even more difficult for the U.S. cattle and beef industry to plan sales in Mexico.

White corn producers in Iowa are also threatened by potential Mexican trade actions. Mexican officials are hinting at initiating a safeguard investigation on imports of U.S. white corn. In addition, these officials have suggested limiting import permits for white corn for periods of short supply. Such a policy would not comport with Mexico's NAFTA obligations.

Mexico's actions, and threatened actions, against U.S. agricultural products such as high fructose corn syrup, pork, beef, and white corn are having real effects on U.S. producers. Sales in Mexico are being lost or threatened. Uncertainty is making it difficult for U.S. producers to plan for future sales in Mexico.

But Mexico's actions are having a broader effect than lost sales. Mexico's policies are indirectly threatening the entire U.S. trade agenda.

Most of U.S. agriculture was solidly behind the passage of the NAFTA. But with Mexico failing to abide fully with its NAFTA commitments, many U.S. producers are beginning to question the worth of trade agreements.

If America's farmers and ranchers back away from their strong support for new trade agreements, the U.S. trade agenda will lose its biggest proponents. And if the United States falters in its support for trade liberalization, the whole world will suffer.

Given the importance of maintaining the U.S. trade agenda, I urge the administration to make the removal of Mexican barriers to U.S. agricultural products a top priority. The U.S. Government must not overlook systematic efforts by Mexico to keep U.S. farm products out of the Mexican market in disregard of Mexico's international trade commitments.

Finally, I urge Mexican officials to think twice about the effects of their decisions involving U.S. agricultural products. Mexico's actions are threatening that country's trade relations with its largest export market. Damaged trade relations between the United States and Mexico are certainly not in the best interests of either country.

NAFTA can, and will, continue to provide great benefits to farmers, ranchers, and consumers on either side of the border. But this trade agreement will work only if all parties to it abide by their NAFTA commitments.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, I ask unanimous consent to be recognized as in morning business.

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

IMMIGRATION AND DRUG COSTS

Mr. DURBIN. Mr. President, one of the most fascinating aspects of this job in the Senate is the myriad of issues that come before us in the course of a day or week. If you followed over the last few moments the two speakers—one from Alabama and one from Iowa—they both were speaking about related issues.

My friend from Iowa and I share an interest in agriculture. His State and mine lead the Nation in the production of corn and soybeans, and naturally we try to export our goods to expand our trade. And he is concerned—and I share his concern—about Mexico. We both voted for the North American Free Trade Agreement in the belief of opening up—and it has opened up—trade substantially between these two neighboring countries, the United States and Mexico. But we have run into some problems here, problems related to corn, as my colleague from Iowa noted, whether we can export white corn to Mexico, which, of course, is a major staple of their diet, being the basis for tortillas, part of the Mexican cuisine, and also whether we can export a product made from corn called high fructose sweetener.

For people who may not be familiar with that term, trust me, virtually every soft drink that you consume in America has high fructose sweetener in it rather than sugar. We want to sell it in Mexico, and they do not want us to sell it there. Frankly, they want to export more sugar to the United States.

So this trade battle is on. The Senator from Iowa is right, this has been going on too long, and it has to come to an end.

I would say to our friends in Mexico—and they are our friends and allies and neighbors—we have to resolve this.

We have to resolve it equitably and honorably, but it has to be done with dispatch. So I certainly support what the Senator from Iowa said.

Now, before he spoke, the Senator from Alabama got up to speak about immigration. And here is the story, as I see it, related to this trade issue.

If the farmers in Mexico—who are struggling to grow their crops, with much less efficiency and productivity than the farmers in the United States—are unsuccessful in their farms, many of them move to the city. It is very common. It happens throughout the developing countries of the world. If they move to the large cities in Mexico and they cannot find a way to sustain their families, there is an alternative: El Norte. They head north. And we have seen a dramatic migration from Mexico to the United States.

In the last 10 years, my State of Illinois has seen a substantial increase in the Mexican-American population. I know it; I see it; I feel it. It is now part of our life in Illinois. The people who have come here I have found overwhelmingly to be some of the finest people I have ever had a chance to meet. It takes real courage to get up and leave your village, your family, your church, your language, your tradition, and to head thousands of miles north into the bitter cold, trying to find a job, to make enough money to sustain yourself and maybe sending back some money to your family in Mexico. Thousands have done it. Many have done it undocumented and illegally, and that is another issue.

I will say, it is naive for us to believe these undocumented immigrants to the United States have not become an integral part of our economy. They are. A leading restaurateur in Chicago said to me: If you removed all of the undocumented people from the restaurants of this great city, you would have to close them down. Every time you turn around and see who is washing the dishes, busing the tables, doing the work—some of the hardest work in my State and others—you will find a lot of people who are here perhaps without legal documentation.

A few minutes ago, the Senator from Alabama said he objected to a provision in the bill we have been debating, S. 1, the prescription drug bill, because this provision says that those women who are legally in the United States—legally in the United States—would be able to qualify for Medicaid coverage and their children for basic health insurance coverage if a State decided to offer that coverage.

That is what the bill says. So if the State of Missouri or the State of Illinois or Iowa or Alabama says: We are not interested in offering Medicaid coverage to legal immigrants who have not been here 5 years—legal immigrant women—then they do not have to. Twenty States have decided, though, it makes good sense to go ahead and enroll these legal immigrant women and their children into Medicaid at their own expense.

Why would a State Governor and legislature decide to pick up and cover these people? Well, for obvious reasons. Women who come to this country in a legal immigrant status often become pregnant and during the course of that pregnancy need prenatal care. If they do not receive prenatal care during their pregnancy they could end up with complications in the pregnancy or some serious illness facing the child.

Now, Governors and legislatures have said it is far better for us to offer prenatal care to that legal immigrant woman and her child, once born, than to run the risk they are going to be unhealthy, not only for their own sakes but for the cost it would bring to society. I think that is perfectly sensible.

The Senator from Alabama objects. He says we should not give States the option to provide, with Federal assistance, that kind of medical care. I think that is a mistake. I think the bill is right. The bill understands that these women, during their pregnancy, are carrying future American citizens. Those babies, once born on our soil, are citizens.

Is it important for us to make sure—or do the best we can to make sure—those mothers are healthy and the babies are healthy. Well, if not for the sake of humanity, certainly from an economic point of view it is. A sick baby is not only a family tragedy, it becomes a social cost. So this bill, by giving to States the option of offering Medicaid to legal immigrant women and health insurance to their children,

once born, I think just makes common sense.

It will be interesting to watch the vote tomorrow to see how many Senators in this Chamber, who feel very strongly about the so-called pro-life position, who want to make certain that we avoid abortions and that we honor the children who are being born, join the Senator from Alabama in denying prenatal care to legal immigrant women and denying their babies, once born, health insurance.

I would think it is obvious, whatever your position on the issue of abortion, that if you believe in families, you would vote against the amendment by the Senator from Alabama.

Let me just say very briefly, when I was a young student, I read a Sherlock Holmes book that I still remember. It was entitled "The Dog That Didn't Bark." Sherlock Holmes solved this mystery by not hearing something but by realizing that he hadn't heard something. The witnesses to this crime had not heard a dog bark. And that was an important piece of evidence for him to determine what happened that led up to the actual murder.

The reason I remembered that is I am listening carefully to this national debate on the floor of the Senate about a prescription drug bill. I am waiting for the barking of the pharmaceutical lobby. Where are the drug companies? Why haven't we heard from the drug companies?

This is a bill that will affect some 40 million senior citizens and provide assistance for them to pay their prescription drug bills, and the drug companies are silent. Why? There are two reasons for it.

First, they believe the passage of a Federal prescription drug benefit is going to reduce the likelihood that more and more States will establish their own State prescription drug plans, bringing down the cost of prescription drugs in each State. I commend to those who follow it a "Frontline" program of last week on public television that analyzed this.

As the States of Maine and Oregon and my State of Illinois and others developed prescription drug plans, the pharmaceutical industry challenged them in court, particularly in the case of Maine, and lost the challenge.

So it was at that point that they became more intent on seeing us pass a prescription drug benefit on a national level to try to diffuse this growing public sentiment against increasing drug prices and the growing public sentiment that local and State legislatures had to act on this because the Congress was inept, unable to do it.

So we have this bill before us that is one of the reasons why the pharmaceutical lobby has been strangely silent during this debate. They are happy that we are considering a Federal prescription drug benefit program.

The second reason is even more important. This bill, S. 1, before us now for consideration, is a pretty long bill.

As a matter of fact, it is 654 pages long. You will have to search this bill line by line and page by page and I am afraid you will find that after that search, there are few, if any, efforts in this entire bill to control the runaway cost of prescription drugs. So the pharmaceutical companies see this as a win/win situation. We pass a national prescription drug program that takes the heat off the States, and at the same time we do nothing to reduce the cost of prescription drugs to seniors and others across America. So these already very successful companies have to view this as the greatest windfall that has ever come their way.

The Federal Government will pay a percentage of the cost of prescription drugs, but the Federal Government will do little or nothing to control the cost of those drugs.

The senior citizens of this country understand this issue far better than Members of the Senate. In fact, when they were recently asked the question: What is more important to you, to provide a prescription drug benefit under Medicare to help you pay for your prescription drugs or to establish a policy and program that will bring down the excessive costs and the increasing rise in cost of prescription drugs across the Nation, by a margin of almost 2 to 1, they said go after the cost of the drugs. Don't tell me how much you are going to give me if you are not going to control the cost.

Last year, the cost of prescription drugs went up 10 percent in my State of Illinois. Nationally, the figures are higher. If those increases continue, no matter what we pass this week in the Senate, it will not be enough. The cost of drugs will go off the end of the chart, and private insurance companies, HMOs that are being lauded by conservatives, by the President, and the White House as the answer to our prayers, frankly, don't have the interest or the power to make a difference in the cost of these prescription drugs. So the seniors will find themselves at the end of the day with a very limited benefit from this program.

But hope is on the way. Tomorrow I will be offering an amendment which is a dramatically different approach to dealing with prescription drugs. We are going to make cost containment part of our prescription drug program. We are going to follow the model of the Veterans' Administration which said, in serving the millions of America's veterans, drug companies had to give a discount to the Veterans' Administration on the drugs that were provided, and the drug companies did—a discount of 40 to 50 percent. This isn't radical or innovative. It is a fact. This is what is happening.

We believe using the same logic and the same Government effort to bring competition and lower costs under my amendment will mean that drug costs will start coming down and this program will go a lot further in helping seniors. And once the drug costs start

coming down, let me tell you what we can do: This bill does not guarantee a monthly premium for prescription drug benefits. It suggests \$35 a month. But I think the sponsors will tell you, there is no guarantee that it won't be \$50 or \$75 a month for this prescription drug program being offered by HMOs and private insurance companies under the Grassley-Baucus bill.

Under MediSAVE, which is my alternative plan, we mandate a \$35-a-month maximum monthly premium. Second, there is a \$275 deductible before anybody can get the first dollar in Government benefits under the Grassley-Baucus bill. Under the amendment I will offer, there is no deductible. Third, under the Grassley-Baucus bill, they will pay 50 percent of the cost of prescription drugs after the deductible is applied. Under the MediSAVE Program, which I am going to introduce, it is 70 percent.

How can I offer all this? How can I offer a program that has no gap in coverage so that it continues to cover you right up to a \$5,000 annual cost in drugs and then you switch over to catastrophic coverage? How can I do all this? Because I go after the price of the drugs. The underlying bill doesn't touch the cost of drugs. As a result, \$400 billion, as large a sum as that may sound, does not go very far. When we bring in cost containment, we can offer a real prescription drug program.

And there is one more thing. The amendment I will offer will allow Medicare itself to compete with the private insurance companies. I have listened carefully to the debate for the last week or so. I can tell you that most of my Republican friends are loathe to concede the obvious. There is no private insurance company that can effectively compete with Medicare when it comes to offering prescription drug benefits. Why? Because Medicare doesn't have a profit motive. Medicare has a low overhead. Medicare can bargain on behalf of millions of seniors to get a formulary or a list of drugs at discount prices.

These private insurance companies cannot do any of those things. They are out for the profit. They have high administrative costs, and they won't have the power to bargain down the price of the cost of the drugs. So by putting Medicare in the mix, saying every senior can always turn to the Medicare prescription drug program, we have real choice and real competition and a real scare for the Republicans who believe that competition only involves private insurance companies. They don't want a Government agency competing with them.

The amendment I will offer tomorrow has been endorsed by a number of my colleagues on this side of the aisle, as well as the AFL-CIO, the United Auto Workers, a variety of unions across the United States, as well as senior citizens organizations. They understand this is a real prescription drug benefit program that tries to keep the costs

under control and makes sure we maximize the benefits to seniors across the United States.

It will be interesting to note the vote tomorrow. I believe there have been clear indications that many people here are not going to do anything to ruffle the feathers of the drug companies and pharmaceutical lobby. I hope they will keep in mind that the senior citizens they represent understand full well that these drug companies are the most profitable companies in America.

They can bring down costs. They have done it in Canada and in other countries. They can still make enough profit to reward shareholders for their risk and have money left to invest in research. I hope this MediSAVE amendment will have the positive response of my colleagues tomorrow when it is offered on the floor.

I am prepared to yield the floor at this time, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. FRIST. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

PRESCRIPTION DRUG AND MEDICARE IMPROVEMENT ACT OF 2003—Continued

Mr. FRIST. Mr. President, as we bring this very busy day to a close, I wish to reflect on where we are with this very historic bill that will provide prescription drugs and, at the same time, strengthen and improve Medicare for our seniors and individuals with disabilities.

It is a historic week in many ways, but primarily because we will accomplish something that many thought would be impossible even a couple of months ago that will benefit America's seniors; historic because during this week, both Houses will likely pass the first major reform of Medicare in the almost 40 years of that program's existence.

Thanks to the strong leadership of President Bush, as well as the bipartisan support of this body, I am optimistic that by the end of this week, we will have added a \$400 billion prescription drug benefit for our deserving seniors for their health care security. And indeed, it has been a long time in coming. A lot of us have talked about it, have known we should move in that direction, and now after a lot of participation we will be able to deliver on that for which we have all worked so hard. Both parties have promised action in the past. America's seniors have demanded it. Indeed, America's seniors deserve it.

As part of this current legislation, not a lot has been said on this particular aspect of it, so I do want to mention it. Within 8 months or 9

months after the President signs the final product of our discussions, when he signs this bill, seniors will have access to a prescription drug card that will provide immediate savings for them. This is an important interim move that allows us to say to seniors: Help is, indeed, on the way.

During this period of time of a year and a half or a couple years while they have that prescription drug card, we will be constructing the appropriate infrastructure to provide that prescription drug benefit for that population that wishes to stay in traditional Medicare or that population that wishes to take advantage of a new, transformed type of Medicare that will allow continuous, ongoing quality care in a more seamless fashion, a fashion that will involve preventive medicine and chronic disease management, as well as prescription drugs.

The great aspect about what we are doing, at the same time we are offering this new benefit of prescription drugs, which our seniors deserve, is that we are modernizing the Medicare Program, strengthening it, improving it in a way that can be sustained long term, and hopefully there will even be some cost savings in the future, but at the same time I am absolutely positively sure that the quality of care will be better. I say that because of this focus on preventive medicine, chronic disease management, and overall disease management which is simply not provided in traditional Medicare.

I wish to list a couple of principles.

First, individual choice versus a one-size-fits-all system. Seniors, for the first time, will be given an opportunity to choose the health care coverage which will best meet their individual needs. It is very different from the one-size-fits-all type program that is provided today.

Second, private sector competition versus Government price setting. Private insurers—I mention private insurers and private plans because we hear a lot today from certain think tanks that not very much is new in this bill. There is not very much reform, there is not very much modernization.

My simple response to them is, yes, there is a new entitlement in terms of this drug benefit, but it is going to be delivered 100 percent through the private sector, through private plans. Yes, regulated by Government, but the entities, the mechanisms of delivering these prescription drugs, whether it is in a freestanding plan or part of the traditional Medicare+Choice or part of a new PPO system, are 100 percent competitively bid with market-based principles.

That allows us to step back and say: Yes, there is something new that over the long haul, if carried out well, if appropriately structured, will allow seniors to have better value, a higher quality of care for the same input, the same amount of money that is spent.

So this market-based competition is important and, I would argue, is very

important to the long-term sustainability of the program because of this huge demographic shift of the doubling of the number of seniors.

Third, innovation versus bureaucratic delays. The participation of private health plans in Medicare will help ensure up-to-date coverage. Because Medicare is so rigid, it takes a long time for Medicare to incorporate innovation, new technology, new and better ways of doing things. When you have Government bureaucrats making the decisions or politicians or political figures deciding what is covered and what is not, it simply takes a longer time than occurs in the more responsive private sector.

Four, long-term savings versus spiraling costs. There is a lot of debate in this Chamber, but I would argue, consistent with what the Medicare actuaries tell us, that the most efficient private plans today have the potential for beating Medicare costs by as much as 2.3 percent. Compounded over time, that can result in significant cost savings to the program. Thus, for the same input of dollars, you will have better output, better care delivered, and better quality of care.

The final point I will close with is regulatory relief versus the redtape of bureaucracy that is so characteristic of our Medicare system today. In this bill, there are several rulemaking and regulatory relief changes for health care providers that will allow them to focus on what they should be doing; that is, providing that clinical care, that patient care, instead of filling out paperwork or spending a lot of time on redtape activity.

A recent study by Price Waterhouse estimated that for every hour in the emergency room, there are about 30 minutes of paperwork required by emergency personnel. There is just no reason for that today, and this bill helps address that regulatory relief.

So a new benefit, individual choice, market-based competition, rapid assimilation of new technology, as well as new medicines, long-term savings, relief from this red tape, health security for seniors, that is what this bill is all about.

VOTE EXPLANATION

Mr. BROWNBACK. Mr. President, I regret that due to a previously scheduled White House event celebrating Black Music History Month, I was unable to cast a vote on Amendment No. 1002 offered by my friend, Mr. LAUTENBERG. I would like the RECORD to reflect that had I been present, I would have voted against the amendment.

Mr. JOHNSON. Mr. President, as we move forward with debate on Medicare prescription drugs, it is important to recognize that this bill does very little to address the unrestrained costs of prescription drugs. I find it disconcerting that as we are discussing one of the most major public program expansions of all time, we have neglected to have a real discussion about how to ensure that taxpayers get the