

remittance of applicable smokeless tobacco excise taxes are satisfied.

I call upon my colleagues to support Senator KOHL's and my efforts to prevent the funding of global terrorist organizations and ensure the collection of all excise taxes from the sale of cigarettes and smokeless tobacco, including Internet sales, so States can utilize their rightful revenue.

THE MAMMOGRAPHY QUALITY STANDARDS ACT

Mr. KENNEDY. Madam President, I strongly support this important legislation. Women screened for breast cancer deserve mammograms of the highest possible quality. I commend Senator MIKULSKI and Senator ENSIGN for this bipartisan proposal to strengthen current standards and do more to reduce the tragic toll of breast cancer.

Breast cancer is the second leading cause of cancer death among women, exceeded only by lung cancer. It strikes more than 200,000 Americans a year. Over 39,000 will die from breast cancer this year.

Early screening is essential. More than 90 percent of breast cancers are now detected at an early stage of the disease, when treatment can be most effective. Because of early detection through regular mammograms, the death rate from breast cancer fell by 20 percent between 1990 and 2000, even though the overall incidence increased slightly.

All women deserve access to mammograms of the highest quality. It's a tragedy when tumors are missed and lives lost because a screening was conducted poorly or interpreted inadequately. The legislation that Senator MIKULSKI and Senator ENSIGN have proposed will improve the quality of mammograms and help reduce the unacceptable toll of breast cancer and I urge my colleagues to approve it. It is fitting that this important bill is one of the first actions taken by the Senate in this new session. It deserves to become law as soon as possible.

LOCAL LAW ENFORCEMENT ACT OF 2003

Mr. SMITH. Madam President, I rise to speak about the need for hate crimes legislation. On May 1, 2003, Senator KENNEDY and I introduced the Local Law Enforcement Enhancement Act, a bill that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society.

In May 2002, two young male assailants targeted a Washington, D.C. resident after he left a local gay bar. The victim suffered severe face wounds, including a broken nose. Later that night, and in the week that followed, several more gay men were attacked by an unidentified group of young men.

I believe that Government's first duty is to defend its citizens, to defend them against the harms that come out

of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. By passing this legislation and changing current law, we can change hearts and minds as well.

MEDICARE PRESCRIPTION DRUG PRICE REDUCTION ACT

Mrs. FEINSTEIN. Madam President, I rise today to cosponsor S. 1999, the Medicare Prescription Drug Price Reduction Act, which strikes language known as the "noninterference clause" included in the recently passed conference report accompanying the Medicare Prescription Drug and Modernization Act of 2003.

I believe that language preventing the Secretary from leveraging the enormous purchasing power of the Federal Government will mean our seniors may pay more for their drugs than they could be if that language was modified to allow the Secretary negotiating ability. America's seniors already pay the highest drug prices in the world, even though American taxpayers subsidize the research that produces many of those drugs.

So this legislation gives the Secretary of the Department of Health and Human Services, HHS, authority to negotiate contracts with manufacturers of covered Medicare Part D prescription drugs in order to ensure that enrollees in Medicare prescription drug plans, PDPs, pay the lowest possible price. The authority given to the HHS Secretary is similar to that given to other Federal entities that purchase prescription drugs in bulk.

I voted for the Medicare prescription drug conference report because it delivered voluntary prescription drug coverage to this Nation's 41 million Medicare beneficiaries. Too many Americans today face the terrible choice of paying for rent or groceries or paying for their prescription drugs. In fact, some of my constituents have resorted to skipping doses in an attempt to manage prescription drug prices.

One of the strongest features of the Medicare bill is the assistance it provides for low-income Medicare recipients through the elimination or reduction of premiums, deductibles and copays. For those low-income Medicare recipients whose prescription drug spending exceeds the catastrophic limit, or \$5,100 in total drug spending, Medicare will pay all of their drug costs. For seniors who do not qualify for the low-income assistance, they will pay no more than 5 percent of their prescription drug costs above the catastrophic limit.

The Medicare prescription drug bill includes essential increases in funding for California's health care providers. California's hospitals are facing financial crises across the State. In fact, over the past 7 years, more than 62 hospitals have been forced to close.

The bill will help hospitals meet the needs of California's communities by providing \$882 million in additional

Medicare and Medicaid payments over the next 10 years. Physicians will now receive an increase of 1.5 percent per year in Medicare payments in 2004 and 2005, rather than the 4.5 percent payment cut they were expected to incur.

However, one of the most troubling aspects of the bill was language intended to promote competition among prescription drug plans in order to lower prescription drug prices. Section 1860D-11(i) says:

The Secretary may not interfere with the negotiations between drug manufacturers and pharmacies and Prescription Drug sponsors.

I believe that this language actually takes away one of the best tools the Medicare program could use to bring down prescription drug prices by denying the Government the ability to negotiate price discounts on behalf of Medicare recipients.

The Veterans' Affairs, VA, system negotiates prescription drug prices. This negotiating authority has been a terrific success in bringing down the cost of drugs purchased by the VA. Why would we prevent the Secretary of HHS from doing the same on behalf of our 41 million Medicare recipients?

Some argue that this noninterference language will spur competing prescription drug plans to drive down the cost of prescription drugs in an effort to secure contracts with the Federal Government. However, since the Secretary may not require a particular formulary or institute a price structure for covered Part D drugs, seniors may be unprotected from escalating drug costs in regions without plan competition.

Here is the most recent picture of health care spending in the United States: Health care spending in the United States increased 9.3 percent to \$1.55 trillion in 2002, the largest increase in 11 years. It now accounts for 15 percent of the Nation's gross domestic product. Prescription drug spending rose 15.3 percent to \$162.4 billion in 2002, accounting for 16 percent of the overall health care spending increase.

Spending on prescription drugs is often cited as a key contributor to rising health care costs. Unfortunately, the Medicare bill missed a significant opportunity to reign in the escalating cost of prescription drugs in the U.S.

I believe the Medicare Prescription Drug Price Reduction Act will bring real prescription drug cost relief to seniors in California and across the country.

I urge my colleagues to join me in supporting this important legislation.

THE UNINSURED

Mr. SMITH. Madam President, I rise today on behalf of the almost 44 million Americans who have no health insurance. This number has continued to grow—last year alone, the number of people who lost their insurance grew more than any other year in the past decade. The number of uninsured Americans now exceeds the cumulative

population of 24 states and the District of Columbia.

I know we can reverse this trend because we have done it in the past. During my first year in the U.S. Senate, I helped create the State Children's Health Insurance Program (CHIP). Today, all 50 States have SCHIP programs covering millions of needy children who do not qualify for Medicaid.

Last night in his State of the Union address, President Bush highlighted the need to make insurance more affordable for working Americans. I couldn't agree more. He also asked Congress to give lower-income Americans a refundable tax credit to allow millions to buy basic health coverage.

Last year, the President's ten-year refundable tax credit proposal to cover the uninsured would have helped up to 14 million people with increased access to care: 6 million previously uninsured Americans could gain health care insured and 8 million could improve their coverage.

This would be a great start. But we must act, and we must act now, before health insurance coverage erodes even further. Last year, Congress set aside \$50 billion to cover the uninsured—less than in previous years—and once again, Congress failed to act.

Helping provide health care for working families and children is not a partisan issue.

Having access to health insurance is the best predictor of access to health care. Without access to preventive care, millions of people suffer needlessly every year, and often require more expensive, less effective emergency care.

But suffering is only part of the equation. Eighteen thousand Americans die every year for lack of access to health care. That translates to two people dying every hour because they were uninsured.

I ask my colleagues to come together to help solve this problem that has affected so many of our friends and neighbors. I ask my colleagues to make it a priority to preserve and expand access to health care coverage in the United States, and I ask that we do it before the end of this Congress.

It is the right thing to do, and the right time to do it. Thank you, Mr. President, I yield the floor.

BIOMETRICS—THE TECHNOLOGICAL ADVANCEMENT IN ANIMAL IDENTIFICATION

Mr. ALLARD. Madam President, it has been brought to my attention that the Department of Agriculture has put for comment their rules and regulations on animal identification, in particular beef. It is not unusual that by the time Federal agencies in today's environment get around to issuing their rules and regulations, or by the time Congress passes legislation, our technology has moved so quickly that those provisions become outdated. I am concerned this could be happening with

the Department of Agriculture promulgating rules on the radio frequency identification, RFID, tag in United States animal identification. It has an internal code structure that identifies a specific bovine, but if something happens to the tag, there is no way of re-establishing the animal's identification. That is, there is no way of re-establishing the animal's identification unless another form of permanent identification is obtained. That is why it is so important to discuss the use of biometrics in animal verification, and more specifically, to fully explore the use of retinal scanning for identification purposes.

It is my understanding that the rules and regulations may exclude the use of retinal scanning because the rules that the USDA is considering do not address or allow the use of a "secure permanent identifier," or at the least, they could be interpreted to discourage its use. I have personally viewed such retinal scanning technology and believe that it can be a practical way to identify individual animals, or lots of animals, and that this technology should not be put at a disadvantage because of a policy position by the Department of Agriculture.

With the December 23 discovery of a cow infected with bovine spongiform encephalopathy, BSE, the United States faced a real-life test of our animal identification and tracking system. Identification of livestock is very advanced in the United States, but even with our system, it took days to track that BSE-infected cow to Canada.

As part of our efforts to confront, control and eliminate the risk of BSE and to address future animal health emergencies, we should consider putting into place systems that can easily and rapidly identify an animal and tell us where it has been. It must be able to tell us what animals it has been in contact with and where those contacts are now. The system should do this rapidly, securely and without error.

I commend the efforts of the USDA and industry who have been working together for some time to design a national animal identification plan. During the intervening period, new technologies have continued to emerge. As the USDA looks at implementing a national animal identification plan, it is important that we utilize the best of today's technologies. For instance, a primary objective of this plan, as proposed, is to trace any animal within 48 hours. With the technology available to us in this country, we can be looking at systems that can locate animals in minutes—not hours—with great accuracy.

To assure the American public and our export customers that we have not lost track of any animals, the U.S. animal identification plan should allow use of a secure, tamper-resistant image of the animal's retinal vascular pattern that is more unique than a human fingerprint. Retinal scanning identifies

the animal, not the identifier. The majority of the other animal identification systems work on the basis of adding an identifier to the animal, such as a visual or electronic marker or tag and then recording that identifier. Identifiers like this can be lost or changed and are not secure. Some estimates put livestock tag loss in the range of 5 to 8 percent—an unacceptable scenario when considering the ramifications that this could mean to the beef industry.

I hope that the national animal identification plan does not preclude the use of new technologies introduced since the plan's inception, especially when these technologies exceed the proposed plan's performance objectives. Several U.S. companies are not waiting for the USDA, but are rapidly installing retinal imaging technology in their own plans to significantly improve their ability to track livestock. These companies should not be forced to also adopt a poorer performing technology because the plan mandates a certain, specific technology.

It is critical that the plan's systems be audited for performance and reliability to verify that they are actually working. We must be able to measure and document how many animals are misidentified or lost. Since retinal scanning technology uses secure, tamper-resistant, retinal patterns, it is currently the only available method against which to verify the performance of any tag-based system.

We should be using the most current technology available—the Global Positioning System, GPS. By linking the Global Positioning System to a secure identifier such as a retinal scan, the time, date, and location of the animal can be captured when the eye is scanned, proving beyond a doubt that "this animal was at this place at this time." Furthermore, the use of GPS coordinates provides USDA with the means to audit and verify the accuracy of any identification numbering system.

The United States has the most competitive livestock sector in the world. But we are at risk of falling behind countries in Europe, South America, as well as Australia and New Zealand, nations that are all exploring more modern technologies for identifying and tracking livestock. Not only can the U.S. take a leadership role in this area, we can take identification and traceability "off the table" as a possible trade barrier by introducing technologies that leapfrog existing country requirements.

I would like to close by reminding my colleagues that it is only when you combine identity with location that you get traceability. And in order to build a secure, tamper-resistant system to trace livestock, you must begin with a secure, tamper-resistant identifier. I believe we have the technology to do this in a practical, economically feasible way that will allow United States producers to meet the concerns expressed by our trading partners when