

forces in Iraq; and Major General Miller, who is now in charge of the Abu Ghraib prison.

I mention all of this because we are aggressively investigating and the Defense Department is cooperating fully in these inquiries and has been responsive to all of our requests. I am confident the Defense Department is investigating this matter thoroughly, both within and its relationships to other agencies as well. I am confident they are taking actions to ensure these acts never occur again. This is all essential if we will be successful, which I know we can be, in bringing democracy and the rule of law to Iraq and restoring the respect and confidence many people have historically had in our military.

Last week Secretary Rumsfeld's trip with General Myers occurred. That was a very important trip. It was a boost to the morale of the thousands and thousands of Americans who are serving so nobly in Iraq, our men and women who are fighting for democracy and freedom. I commend the Secretary and General Myers for making the trip.

Secretary Rumsfeld has demonstrated tremendous leadership throughout the last several weeks and months and tremendous character in his presentations, helping us to understand what happened there so we can all take corrective action. I commend Secretary Rumsfeld for his tremendous leadership and courage in addressing this matter of prisoner abuse, but also his leadership in the global war on terrorism. He has been a superb Secretary of Defense who really deserves the thanks of a grateful Nation, and we are thankful for his leadership in these very difficult times.

While I know there are going to be many more difficult days ahead on the prisoner abuse scandal, I am confident the Senate will continue to do what is right and necessary to ensure that justice prevails and such terrible acts never happen again.

I yield the floor.

RECOGNITION OF THE DEMOCRATIC LEADER

The PRESIDENT pro tempore. The Democratic leader is recognized.

Mr. DASCHLE. Mr. President, first, I wish to indicate that I share much of the sentiment expressed by the distinguished majority leader about the importance of the oversight responsibilities that we hold to be very critical in this difficult and challenging time. I want to single out, in particular, the chairman of the Armed Services Committee for his valiant effort in trying to establish just what went wrong, why it went wrong, and how we can prevent it from occurring again. He has been criticized, in some cases, by members of his own party. I think that is very unfortunate. I think we have a role and that role ought not to be minimized at times of crises.

I think we ought to take these investigations where the facts lead us. I do

believe other committees ought to be involved as well, and in some cases they are.

I also compliment the distinguished chairman of the Foreign Relations Committee, Senator LUGAR, who always seems to be as engaged, in a constructive way, as anyone can be given his responsibilities. I think he ought to be recognized as well.

There is work that should be done on the Judiciary Committee, Governmental Affairs Committee, and other committees that I think have yet to pursue the responsibilities they have for oversight as fully and completely as perhaps they should. But certainly one would not have to look beyond the Armed Services Committee and Foreign Relations Committee for models. We can all be very proud and appreciative of the job they currently are doing.

WELLSTONE MENTAL HEALTH EQUITABLE TREATMENT ACT

Mr. DASCHLE. Mr. President, this past Saturday, thousands of people in Sioux Falls, SD, and 35 other cities across America, took part in walks to raise public awareness of mental health. The walks were sponsored by the National Alliance for the Mentally Ill.

In Sioux Falls, more than 300 people dodged rain showers to walk through Falls Park. They were different ages, with different backgrounds. But most shared at least one important distinction: They, or someone close to them, has a mental illness.

The same is true of nearly all Americans. A 1999 report by the Surgeon General found that more than 50 million Americans—one in five—suffer from mental illness each year. Many Members of this Senate—Republicans and Democrats—have spoken bravely and movingly about how mental illness has devastated their own parents, children or siblings.

No Senator who is with us today has demonstrated greater leadership on issues involving mental health than our distinguished colleague from New Mexico, Senator DOMENICI. He knows—from watching a daughter he loves very much struggle with schizophrenia—that mental illnesses don't affect just one person; they affect whole families.

Senator DOMENICI also knows about the stigma attached to mental illness, and the discrimination and suffering that people with mental health problems suffer as a result of that stigma.

Almost a decade ago, this proud conservative Republican found a proud liberal Democratic ally in the Senate. Like PETE DOMENICI, Paul Wellstone had seen someone he loved battle a serious mental illness. In Paul's case, it was his older brother. PETE DOMENICI and Paul Wellstone were an "odd couple." But they were fiercely united in their determination to end discrimination against people with mental illness.

In 1996—thanks to their leadership—Congress passed the Mental Health

Parity Act. The law—for the first time—prevented private health insurance plans that offer mental health coverage from setting annual or lifetime limits that are lower than those set for other illnesses. It was an important step forward. But it left a loophole. It allowed companies to set much higher deductibles and co-payments for mental health coverage. It also allowed insurers to set lower limits for outpatient visits or the number of days of inpatient treatment for mental illness. As a result, effective, affordable mental health treatment remains unaffordable for millions of Americans who need it.

The General Accounting Office estimates that nearly 90 percent of the Nation's health plans engage in legal discrimination based on mental health diagnoses. The results can be devastating: unemployment, broken homes, shattered lives, poverty, poor school performance—even suicide.

In 2000, Senator DOMENICI and Senator Wellstone introduced a new bill—the Mental Health Equitable Treatment Act—to close the loopholes. It is a modest proposal. It does not require employers to provide health insurance. It does not require employers that provide health insurance to offer mental health coverage. It simply says that, for employers that choose to offer mental health benefits, insurers cannot provide more restrictive coverage for mental health benefits than they do for other medical and surgical benefits.

In late Fall 2001, the Mental Health Equitable Treatment Act was unanimously added to the Senate version of the FY 2002 Labor HHS Appropriations bill. But it was stripped out of the final conference report at the insistence of the White House and the House Republican leadership.

More than two years ago, in April 2002, President Bush traveled to New Mexico with Senator DOMENICI and announced that he supports "full mental health parity." After listening to families talk about their mental health horror stories, the President said, "Americans with mental illness deserve our understanding and they deserve excellent care. They deserve a health care system that treats their illness with the same urgency as physical illness."

Months later, in late October 2002, Paul Wellstone died in a plane crash, along with his wife, Sheila, their daughter, Marcia, and four others. At a memorial service for them in Washington, Senator DOMENICI delivered a beautiful eulogy to his friend; he announced that he was renaming the bill "The Senator Paul Wellstone Mental Health Equitable Treatment Act," and vowed to pass it.

Despite having 69 Senate co-sponsors, more than a year-and-a-half after it was re-introduced in this Congress, the Wellstone bill—S. 486—remains stuck in the HELP Committee.

Wellstone Action, the grassroots organization frmed by Paul and Sheila

Wellstone's two sons to continue their parents' work, has set passage of the Wellstone mental health bill as its only legislative goal this year. Over the last several months, Wellstone Action members have sent more than 32,000 faxes and letters to Congress asking us to pass the Wellstone bill.

Bernie Cameron is one of these letter writers. She lives in Deerfield, NH. Her brother Joe was diagnosed with schizophrenia 50 years ago, when he was just 12. By the age of 14, Joe was living in a State hospital for children. He has spent a total of only about 5 years outside of institutions since then.

Bernie Cameron's parents were both Portuguese immigrants who came to this country when they were 16 years old. Her father worked as a furniture refinisher. Her mother worked at a shoe store. They had 6 children and never had much money. They visited Joe at least three times a week.

"Can you imagine visiting your child in a place that smells of urine, where people are screaming," Bernie asks. "It was so frustrating to them that they couldn't afford a better place for Joe."

The powerful medications Joe was prescribed gave him tremors and other health problems.

In 1983, after Joe's father died, his mother sold the family home. With the proceeds of the sale, the family sent Joe to McLean's, a very good private psychiatric hospital in Boston. He was then in his late 40s. The hospital changed Joe's medication, which finally brought his seizures under control. But, after a year, they told his family there was nothing else they could do that would make a real difference in the quality of his life; to much time had been lost.

Before Joe got sick, he was a straight A student. Today, he lives in a sheltered halfway house. He still has flashes of unusual intellect and wit. When that happens, his sister wonders, "If we could have gotten him into a place like McLean's early on, would it have made a difference?"

Bernie Cameron calls her brother's story "a perfect illustration of the 2-tier health care system in this country." If you have insurance and your illness involves a part of your body other than your brain, you get health care. But if your brain is affected—even if you have insurance—there's a good chance you won't get the health care you need.

A new poll by the Coalition for Fairness in Mental Health Coverage shows that 83 percent of Americans surveyed support mental health parity in insurance. When asked whether they would support parity if it raised the premiums one percent—the high-end cost estimated for the Wellstone bill—66 percent of Americans continued to say yes.

The Wellstone bill, as I said, has 69 co-sponsors in the Senate, and 245 co-sponsors in the House. It is also supported by more than 360 national organizations.

Mr. President, I ask unanimous consent that the complete list be printed in the RECORD at the close of my remarks.

The PRESIDENT pro tempore. Without objection, it is so ordered. (See exhibit 1.)

Mr. DASCHLE. Yet the Wellstone bill remains stuck in the HELP Committee because of fierce opposition from the insurance industry and its allies.

Opponents of mental health parity claim it will drive up the cost of health coverage, which will result in more people losing their insurance.

Let me be clear. Their claims are not true. They are scare tactics. We have heard them all before.

To begin with, small businesses with fewer than 50 employees would be totally exempt.

In addition, two highly respected organizations have analyzed the Wellstone bill. The private accounting firm of PricewaterhouseCoopers predicts it would increase health insurance premiums by 1 percent. That is it, 1 percent. That works out to \$1.32 per month.

The Congressional Budget Office predicts an even smaller average increase, nine-tenths of 1 percent. I think most families would think that is a pretty good deal.

Senators DOMENICI and Wellstone modeled their bill on the mental health parity provisions in the Federal Employees Health Benefits Program. According to the Office of Personnel Management, those provisions have increased FEHB premiums only 1.3 percent, and that includes treatment for substance abuse which is not part of the Wellstone bill.

Even these very small cost estimates are probably high because they do not factor in the cost savings resulting from parity.

The National Institute of Mental Health estimates the cost of untreated mental illness, including criminal justice and social welfare costs, at about \$300 billion a year.

A 1999 Surgeon General report on mental illness estimates the direct business costs of lack of parity at \$70 billion a year, mostly in reduced productivity and increased use of sick leave.

By comparison, when workers with depression were treated with prescription medications, medical costs declined by \$882 per employee per year, and absenteeism dropped by 9 days, according to a study published in the Health Economics journal.

Why single out people with mental illness to hold down health care costs? Why not deny treatment for heart disease or diabetes or cancer? Psychiatric treatment does cost money, but so do heart surgeries, kidney dialysis, and chemotherapy.

Health insurers are using incorrect and outdated ideas about the nature and causes of mental illness to deny millions of Americans essential health care and maximize their profits.

Thirty-four States already have mental health parity laws on the books, but the laws vary widely. Many cover only a handful of illnesses, and they cannot cover large, multistate employers or employers who self-insure. Only a Federal law can guarantee real mental health parity for all Americans.

Last October, on the first anniversary of the plane crash that killed Paul and Sheila, their daughter Marcia and four others, I asked unanimous consent that the Senate take up and pass the Wellstone Mental Health Equitable Treatment Act. It would have been a perfect tribute to Paul.

The Republican leadership blocked that request, but they gave us their word that the Senate would consider the Wellstone mental health bill early this year. We are now closing in on the Memorial Day recess. Time is fast running out on this Congress, too. We have been waiting months now to see a proposed amendment from Senator GREGG and the scope of the bill.

On June 10, people are coming to Washington from all over America for a mental health rally to urge passage of the Wellstone bill.

Two years ago in New Mexico, the President said he would work with Congress to help press a mental health parity bill. The true test of the President's leadership is not what the President says; it is his ability to convince Republican leaders in the House and Senate to allow votes on the bill.

Congress can pass this bill quickly, if the President will help. We cannot do this alone; we need his help. What we cannot do is allow mental health benefits to be a luxury only for the very wealthy or the very fortunate.

I yield the floor.

Mr. REID. Mr. President, before the Senator yields the floor, I would like to ask him a question through the Chair.

I am happy to hear the statement of the Senator from South Dakota about the need for mental health parity. One part of me is sad because when he mentions the name of Paul Wellstone, that presents to me a void in my life because it seems only yesterday he was back here walking around with his microphone.

He was a champion of many causes. He worked so hard because he knew I was interested in the subject of suicide and what causes it and how we can prevent it.

Even though I know how important this issue is, and we have to do something about it, I feel—like, I am sure, a lot of his friends who served in the Senate with him—a real void whenever his name is mentioned because he truly was one of the most remarkable people I have met in my life.

I applaud and compliment the leader for his statement on mental health parity. For this man, it is long overdue to recognize him being a great Senator.

Mr. DASCHLE. Mr. President, I thank the Senator from Nevada for his eloquent comments regarding our deceased colleague. I share his admiration for our departed colleague. He was

a man who had passion, conviction, and yet a good sense of humor that allowed that passion and conviction to be embraced by even those who may not have agreed with him on every issue. But his passion about mental health, his conviction that it was the right thing for us to do, to pass mental health parity, lasts way beyond his life. It is not only in tribute to Paul, but I think in recognition of the appropriateness of his conviction and his passion that we remind our colleagues of the debt we owe to him and to our country in passing meaningful legislation at long last to address this embarrassment and this extraordinary deficiency in society today.

I again thank the Senator from Nevada and yield the floor.

EXHIBIT 1

366 ORGANIZATIONS SUPPORTING THE PAUL WELLSTONE MENTAL HEALTH EQUITABLE TREATMENT ACT

Advocates for Youth, Alaska State Medical Association, Alliance for Aging Research, Alliance for Children and Families, Alliance for Mental Health Consumers Rights, Alzheimer's Association, American Academy of Child and Adolescent Psychiatry, American Academy of Cosmetic Surgery, American Academy of Family Physicians, American Academy of Neurology, American Academy of Ophthalmology, American Academy of Otolaryngology-Head and Neck Surgery, American Academy of Pediatrics, American Academy of Physical Medicine and Rehabilitation, American Academy of Physician Assistants, American Academy of Psychiatry and the Law, American Academy of Sleep Medicine, American Association for Geriatric Psychiatry, American Association for Marriage and Family Therapy, American Association for Psychosocial Rehabilitation.

American Association for Thoracic Surgery, American Association of Children's Residential Centers, American Association of Clinical Endocrinologists, American Association of Pastoral Counselors, American Association of Practicing Psychiatrists, American Association of School Administrators, American Association of Suicidology, American Association on Mental Retardation, American Board of Examiners in Clinical Social Work, American College of Cardiology, American College of Chest Physicians, American College of Emergency Physicians, American College of Medical Genetics, American College of Mental Health Administration, American College of Nurse-Midwives, American College of Obstetricians and Gynecologists, American College of Occupational and Environmental Medicine, American College of Osteopathic Family Physicians, American College of Osteopathic Surgeons, American College of Physicians.

American College of Preventive Medicine, American College of Radiology Association, American College of Surgeons, American Congress of Community Supports and Employment Services (ACCSES), American Counseling Association, American Diabetes Association, American Family Foundation, American Federation of State, County and Municipal Employees, American Federation of Teachers, American Foundation for Suicide Prevention, American Gastroenterological Association, American Geriatrics Society, American Group Psychotherapy Association, American Heart Association, American Hospice Foundation, American Hospital Association, American Humane Association, American Jail Association, American Managed Behavioral

Healthcare Association (AMBHA), American Medical Association.

American Medical Directors Association, American Medical Group Association, American Medical Rehabilitation Providers Association, American Medical Student Association, American Mental Health Counselors Association, American Music Therapy Association, American Network of Community Options and Resources, American Nurses Association, American Occupational Therapy Association, American Orthopaedic Foot and Ankle Society, American Orthopsychiatric Association, American Osteopathic Academy of Orthopedics, American Osteopathic Association, American Pediatric Society, American Political Science Association, American Psychiatric Association, American Psychiatric Nurses Association, American Psychoanalytic Association, American Psychological Association, American Psychotherapy Association.

American Public Health Association, American School Counselor Association, American School Health Association, American Society for Adolescent Psychiatry, American Society for Clinical Pathology, American Society of Addiction Medicine, American Society of Anesthesiologists, American Society of Clinical Oncology, American Society of Clinical Pharmacology, American Society of Plastic Surgeons, American Therapeutic Recreation Association, American Thoracic Society, America's Health Together, Anna Westin Foundation, Anorexia Nervosa and Related Eating Disorders, Inc., Anxiety Disorders Association of America, Arizona Medical Association, Arkansas Medical Society, Association for the Advancement of Psychology, Association for Ambulatory Behavioral Healthcare.

Association for Clinical Pastoral Education, Inc., Association for Science in Autism Treatment, Association of American Medical Colleges, Association of Asian Pacific Community Health Organizations, Association of Jewish Aging Services of North America, Association of Jewish Family & Children's Agencies, Association of Maternal and Child Health Programs, Association of Medical School Pediatric Department Chairs, Association of Orthopaedic Foot and Ankle Surgeons, Association of University Centers on Disabilities, Association to Benefit Children, Attention Deficit Disorders Association, Autism Society of America, Barbara Schneider Foundation, Bazelon Center for Mental Health Law, Brain Injury Association of America, Inc., California Medical Association, Camp Fire USA, The Carter Center, Catholic Charities USA.

Center for the Advancement of Health, Center for Women Policy Studies, Center on Disability and Health, Center on Juvenile and Criminal Justice, Central Conference of American Rabbis, Chicago Public Schools, Child & Adolescent Bipolar Foundation, Child Neurology Society, Children and Adults with Attention-Deficit/Hyperactivity Disorder, Children's Defense Fund, Children's Healthcare Is a Legal Duty, Children's Hospital Boston, Child Welfare League of America, Christopher Reeve Paralysis Foundation, Church of the Brethren Washington Office, Clinical Social Work Federation, Coalition for Juvenile Justice, College of Psychiatric and Neurologic Pharmacists, Colorado Medical Society, Commission on Social Action of Reform Judaism.

Connecticut State Medical Society, Corporation for the Advancement of Psychiatry, Council for Exceptional Children, Council of State Administrators of Vocational Rehabilitation, Council on Social Work Education, County of Santa Clara, CA, Cure Autism Now, Dads and Daughters, Depression and Bipolar Support Alliance, Disability Rights Education and Defense Fund, Inc.,

Disability Service Providers of America, Disabled American Veterans, Division for Learning Disabilities (DLD) of the Council for Exceptional Children, Easter Seals, Eating Disorders Coalition for Research, Policy & Action, Employee Assistance Professionals Association, Epilepsy Foundation, Families For Depression Awareness, Families USA, Family Violence Prevention Fund, Family Voices, Federation of American Hospitals.

Federation of Behavioral, Psychological & Cognitive Sciences, Federation of Families for Children's Mental Health, Florida Medical Association, Freedom From Fear, Friends Committee on National Legislation (Quaker), Harvard Eating Disorders Center, Hawaii Medical Association, Human Rights Campaign, Idaho Medical Association, Illinois State Medical Society, Inclusion Research Institute, Indiana State Medical Association, Institute for the Advancement of Social Work Research, International Association of Jewish Vocational Services, International Association of Psychosocial Rehabilitation Services, International Community Corrections Association, International Dyslexia Association, International Society of Psychiatric-Mental Health Nurses, International Spinal Injection Society, Iowa Medical Society.

Iris Alliance Fund, Jewish Federation of Metropolitan Chicago, Johnson Institute, Joint Council of Allergy, Asthma and Immunology, Kentucky Medical Association, Kids Project, Kristen Watt Foundation for Eating Disorder Awareness, Latino Behavioral Health Association, Learning Disabilities Association of America, Legal Action Center, Louisiana State Medical Society, Lutheran Ofc. for Governmental Affairs, Evangelical Lutheran Church in America, Lutheran Services in America, Maine Medical Association, Massachusetts Medical Society, MedChi, the Maryland State Medical Society, Medical Association of Georgia, Medical Association of the State of Alabama, Medical Group Management Association, Medical Society of Delaware.

Medical Society of the District of Columbia, Medical Society of New Jersey, Medical Society of the State of New York, Medical Society of Virginia, Medicare Rights Center, MentalHealth AMERICA, Inc., Michigan State Medical Society, Minnesota Medical Association, Mississippi State Medical Association, Missouri State Medical Association, Montana Medical Association, NAADAC, The Association for Addiction Professionals, National Advocacy Center of the Sisters of the Good Shepherd, National Alliance for Autism Research, National Alliance for the Mentally III, National Alliance for Research on Schizophrenia and Affective Disorders, National Alliance to End Homelessness, National Asian American Pacific Islander Mental Health Association, National Asian Women's Health Organizations, National Assembly of Health and Human Service Organizations.

National Association for the Advancement of Colored People (NAACP), National Association for the Advancement of Orthotics & Prosthetics, National Association for Children's Behavioral Health, National Association for the Dually Diagnosed, National Association for Medical Direction of Respiratory Care, National Association for Rural Mental Health, National Association of Anorexia Nervosa and Associated Disorders—ANAD, National Association of Case Management, National Association of Children's Hospitals, National Association of Community Health Centers, National Association of Counties, National Association of County Behavioral Health Directors, National Association of County and City Health

Officials, National Association of Development Disabilities Councils, National Association of Mental Health Planning & Advisory Councils, National Association of Pediatric Nurse Practitioners, National Association of Protection and Advocacy Systems, National Association of Psychiatric Health Systems, National Association of School Nurses, National Association of School Psychologists.

National Association of Social Workers, National Association of State Directors of Special Education, National Association of State Mental Health Program Directors, National Center for Policy Research for Women & Families, National Center on Institutions and Alternatives, National Coalition Against Domestic Violence, National Coalition for the Homeless, National Coalition of Mental Health Consumers and Professionals, National Committee to Preserve Social Security and Medicare, National Council for Community Behavioral Healthcare, National Council of Jewish Women, National Council of La Raza, National Council on the Aging, National Council on Alcoholism and Drug Dependence, National Council on Family Relations, National Council on Problem Gambling, National Council on Suicide Prevention, National Down Syndrome Congress, National Down Syndrome Society, National Eating Disorders Association.

National Educational Alliance for Borderline Personality Disorder, National Education Association, National Exchange Club Foundation, National Foundation for Depressive Illness, National Health Council, National Health Law Program, National Hispanic Medical Association, National Hopeline Network, National Housing Conference, National Latino Behavioral Health Association, National Law Center on Homelessness & Poverty, National Leadership on African American Behavioral Health, National League of Cities, National Medical Association, National Mental Health Association, National Mental Health Awareness Campaign, National Mental Health Consumers' Self-Help Clearinghouse, National Multiple Sclerosis Society, National Network for Youth, National Organization for Rare Disorders.

National Organization of People of Color Against Suicide, National Organization on Fetal Alcohol Syndrome, National Osteoporosis Foundation, National Partnership for Women and Families, National PTA, National Recreation and Park Association, National Rural Health Association, National Schizophrenia Foundation, National Senior Citizens Law Center, National Therapeutic Recreation Society, National Treatment and Research Advancements Association for Personality Disorder, Native American Counseling Inc., Nebraska Medical Association, NETWORK, a Catholic Social Justice Lobby, Nevada State Medical Association, New Hampshire Medical Society, New Mexico Medical Society, NISH (National Industries for the Severely Handicapped), North American Association of Masters in Psychology, North Carolina Medical Society.

North Dakota Medical Association, Obsessive Compulsive Foundation, Office & Professional Employees International Union, Ohio State Medical Association, Oklahoma State Medical Association, Older Adult Consumer Mental Health Alliance, Oregon Medical Association, Organization of Student Social Workers, Partnership for Recovery, Pennsylvania Medical Society, People For the American Way, People With Disabilities Foundation, Physicians for Social Responsibility, Presbyterian Church (USA), Washington Office, Prevent Child Abuse America, Rebecca Project for Human Rights, Renfrew Center Foundation, Rhode Island Medical Society, Samaritans Suicide Prevention Center, School Social Work Association of America.

Screening for Mental Health, Inc., Service Employees International Union, Shaken Baby Alliance, Sjogren's Syndrome Foundation, Society for Adolescent Medicine, Society for Pediatric Research, Society for Personality Assessment, Society for Public Health Education, Society for Research on Child Development, Society for Social Work Research, Society for Women's Health Research, Society of American Gastrointestinal Endoscopic Surgeons, Society of Medical Consultants to Armed Forces, Society of Professors of Child and Adolescent Psychiatry, Society of Thoracic Surgeons, South Carolina Medical Association, South Dakota State Medical Association, STOP IT NOW!, Suicide Awareness Voice of Education, Suicide Prevention Action Network USA, Tennessee Medical Association.

Texas Medical Association, The Arc of the United States, Title II Community AIDS National Network, Tourette Syndrome Association, Treatment and Research Advancements Association for Personality Disorder, Union of American Hebrew Congregations, Unitarian Universalist Association of Congregations, United Cerebral Palsy Association, United Church of Christ, Justice and Witness Ministry, United Jewish Communities, United Methodist General Board of Church and Society, Utah Medical Association, Vermont Medical Society, Volunteers of America, Washington State Medical Association, Wellstone Action, West Virginia State Medical Association, Wisconsin Medical Society, Working Assets, Women of Reform Judaism, Wyoming Medical Society, Yellow Ribbon Suicide Prevention Program, Youth Law Center.

MORNING BUSINESS

The PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business up to the hour of 11:30 a.m., with the first half of the time under the control of the Democratic leader or his designee, and the second half of the time under the control of the majority leader or his designee.

Mr. REID. Mr. President, on behalf of Senator DASCHLE, I yield 10 minutes to Senator STABENOW, 10 minutes to Senator MURRAY, 10 minutes to Senator DURBIN, and 10 minutes to Senator WYDEN.

The PRESIDING OFFICER (Mr. THOMAS). Without objection, it is so ordered. The Senator from Michigan is recognized.

MENTAL HEALTH PARITY

Ms. STABENOW. Mr. President, I first wish to commend our leader, Senator DASCHLE, for his wonderful words regarding the need for mental health parity, and also join with both leaders in remembering Senator Paul Wellstone and his advocacy.

Nothing would be more fitting than to pass this long overdue legislation and dedicate it in his name.

HEALTH CARE

Ms. STABENOW. Mr. President, 24 years ago, Ronald Reagan was running for President and he asked each of us as Americans a question: Are you better off than you were 4 years ago?

It was the right question then, and it is the right question now. Are we better off than we were 4 years ago? This is a very important question. Unfortunately, for most middle-income Americans in 2004, the answer is clearly no.

What has happened in the last 4 years while wages have been flat, gas prices, college tuition, health care costs have skyrocketed, millions of jobs have been lost, poverty is on the rise, the budget surplus has been squandered, the Social Security trust fund has been raided, State taxes have risen, household debt has gone way up, consumer confidence has dropped, and the stock market has gone down.

We can look at a few of these areas with average weekly earnings flat at slightly over 1 percent; gas prices certainly in Michigan and around the country skyrocketing, going up and up; college tuition; family health care premiums—these are just three measures of what is happening to our families and what is commonly called the middle-class squeeze where families are not seeing their incomes go up, and yet all of the costs of providing opportunity for their children, of being able to meet the daily costs of living are going up and up.

Today I want to talk specifically about just one of those, and that is the family health care premiums. Since President Bush took office, family health care premiums have risen more than \$2,700. The average cost of a family plan is now above \$9,000. Workers have to pay about \$2,400 of that premium out of their own pockets, in addition to paying deductibles and copays.

That is a tremendous amount of money for most families, especially at a time when they are facing higher costs in so many other areas. Much of this increase has to do with the soaring cost of prescription drugs, which I have come to the Senate floor to speak about on many occasions. The cost of prescription drugs—and this is brand-name drugs—is rising at about three and a half times the rate of inflation. In fact, we know that for some of the top name-brand drugs we see advertised on television every day, they are actually rising anywhere from 8 to 10 to 12 percent faster than the rate of inflation, which is extraordinary.

The health care system and the business community paying the costs of health care premiums cannot continue to absorb that, and the Medicare prescription drug benefit does next to nothing to rein in escalating costs. In fact, researchers have suggested that the new Medicare law will actually result in new profits for the drug companies of \$139 billion over the next 8 years.

So here we are supposedly passing a bill to help seniors that one would hope would lower prices, but instead, because it does not allow Medicare to negotiate group discounts, it locks in up to 40 million people forced to pay the highest possible prices in the country,