

Mr. FRIST. I thank the Senator.

Mr. President, I do again restate and reemphasize the importance of finishing this legislation, either this evening or early Wednesday morning, so Senators can observe the Rosh Hashanah holiday appropriately. We want to allow people to have travel time tomorrow as well. But we must finish this bill. Again, the plea for efficiency, for amendments to be brought forward, and that we vote on time is all to restate the importance of dealing with this very important bill and completing this bill in a timely way.

We may well have, in addition to a busy session today, a busy session tonight in order to complete the bill. I know the Members continue to make inquiries as to whether we will finish tonight or in the morning. All I can say is we have to finish the bill. The holiday starts tomorrow, late afternoon, but it means, to give people appropriate travel time, we need to finish it, and we have time to finish it tonight or tomorrow. But I think how things go today and tonight will determine the schedule over the course of the day, tonight, and tomorrow. I will have further updates on that as we progress on the bill.

PORTRAIT PRESENTATIONS

Mr. FRIST. Mr. President, I do wish to alert colleagues to a special event being sponsored by the U.S. Senate Commission on Art today. At 2:30 today, after the policy luncheons, in the Senate Reception Room, just adjacent to where we are now, the portraits of Senators Arthur Vandenberg of Michigan and Robert Wagner of New York will be presented.

Members of the Vandenberg and Wagner families have traveled to Washington for this special event. Senator DASCHLE and I both will be on hand and will be making very brief comments.

I encourage our colleagues to take a few moments to come by and help commemorate these two real giants of the 20th century. It is an opportunity for us to express our appreciation for two distinguished statesmen and their contributions. It is also a time for us to honor this great institution.

We have the opportunity of being part of a very unique family, the Senate family, and today's presentation of portraits in the Reception Room is a reminder of the trust that is placed in us by our fellow citizens and, indeed, as we look to the past, by history.

As a sidenote, I have to say I am very proud that the portrait of Senator Vandenberg was painted by a Tennessean, Michael Shane Neal.

Mr. DORGAN. Mr. President, will the Senator yield for a question?

Mr. FRIST. Mr. President, if I could get through everything, I would be happy to yield the floor.

Mr. DORGAN. Thank you. Not yield the floor. I am asking if the Senator would yield for a question when he is finished.

Mr. FRIST. Yes, when I finish. Let me try to get through the announcements, the statements. Let me go through the material, and then I will be happy to yield for a quick question.

ROSH HASHANAH AND ANTI-SEMITISM

Mr. FRIST. Mr. President, tomorrow is the Jewish holiday Rosh Hashanah, and it is also called the Jewish New Year. It is one of the holiest days of the year in the Jewish faith for the Jewish people. Rosh Hashanah marks the anniversary of the creation of the world. It is a day for contemplation and prayer, to look forward to the year ahead, to reflect on past deeds, and to ask for God's forgiveness.

As our friends prepare to celebrate their holiday, I think it is appropriate for us to take time to reflect on our own deeds and the state of tolerance or, as I am pained to say, the rise of intolerance toward the Jewish people. A number of Senators will be speaking on the topic this morning, and I do urge my colleagues to listen and follow the issue closely. A sampling of anti-Semitic incidents just this summer really does paint a disturbing picture.

In Paris, anti-Semitic inscriptions were found stamped into a dozen books in the main library. The perpetrators stamped the edge of the books with the words "Against the Jewish Mafia and Jewish Racism" and then gave the Web addresses of anti-Semitic sites.

Anti-Semitic graffiti, including a sign saying "death to Jews" and a swastika, was found scrawled on a wall on the grounds of Notre Dame Cathedral.

Sixty gravestones were desecrated with swastikas in a Jewish cemetery in Lyon.

France was not alone. Last month, in Germany, thugs vandalized a Jewish monument.

In Belgium, four Jewish teenagers were assaulted. One of the Jewish students was stabbed in the back and his lung was punctured.

In New Zealand, a Jewish chapel was burned down and up to 90 Jewish headstones were pulled out of the ground and smashed.

In Canada, a synagogue was vandalized with graffiti, swastikas, and anti-Semitic slogans.

These are just a few of the incidents that have occurred in recent months. Leaders in the Jewish community are understandably concerned.

I urge my colleagues and my fellow Americans to share their concern.

We know the history. We know where anti-Semitism can lead. It is our duty to stand firm against bigotry and intolerance. We cannot allow history to repeat itself.

Again, I make these statements in part because of the Jewish holiday tomorrow. A number of people have come forward to express their sentiments to us in leadership. I know further remarks will be made on the floor in morning business on that issue.

Mr. President, at this juncture, I am happy to yield for a question.

Mr. DORGAN. Mr. President, I thank the majority leader for yielding for a question.

REIMPORTATION OF PRESCRIPTION DRUGS

Mr. DORGAN. Mr. President, this morning, again in a Congress Journal, it says: "Frist Decision to Delay Reimportation." This is the issue of the reimportation of prescription drugs, in order to put downward pressure on drug prices, as I mentioned to the majority leader last week on the floor of the Senate.

I harken back to about midnight, March 11, in the Senate, on the floor of the Senate, when we were in session very late, to a statement put in the Senate RECORD by the majority leader saying "the Senate will begin a process for developing proposals that would allow for the safe reimportation of FDA-approved prescription drugs."

I say to the majority leader, I hope very much that his decision on what the remaining schedule will be for this Senate will include an opportunity for us to, on the floor of the Senate, consider legislation dealing with the reimportation of prescription drugs.

We have bipartisan legislation in the Senate. We also have a House-passed bill that is on the calendar. As I indicated to the Senator from Tennessee last week, it is my intent, and the intent of others—Republicans and Democrats—to push this issue to the floor. But I hope we would not have to push it in light of the statement by the majority leader on March 11, 2004.

I ask the Senator to respond.

Mr. FRIST. Mr. President, I would be happy to respond. Really, we need to clarify because I know a lot of statements have been made to the press that I made a commitment to the distinguished Senator to have a vote on the floor. I think we need to go to the statement he just read and see what was actually both said and the commitment that was made.

Let me read the statement again. He just read it. The statement was—and this statement made by me—"the Senate will begin a process for developing proposals that would allow for the safe reimportation of FDA-approved prescription drugs." So I do not think it is right for Senators on the other side of the aisle to characterize that statement as a commitment to bring it to the floor, have a vote on the floor of the U.S. Senate. So that is No. 1.

No. 2, since that statement was made—and I think it was March 11—it was with the understanding to do exactly what was said; that is, to begin a process that is deliberate, that is thoughtful, that is inclusive, that captures the ideas of a whole range of U.S. Senators, with experts coming in to testify, to talk, to discuss, in committees, outside of committees.

Since March 11, a tremendous amount has been done. Again, I will

come back to this whole concept of the safe importation of FDA-approved drugs.

Again, I was looking—because I knew it was going to come up again over the course of today—and vigorous process has begun in the Senate. If we just look since March 11, the Senate HELP Committee, the Senate Judiciary Committee, and the Subcommittee on Investigations of the Senate Governmental Affairs Committee have all held hearings—and continue to hold hearings—on this matter since that statement on March 11.

The HELP Committee, the Health, Education, Labor, and Pensions Committee, the committee of jurisdiction, has not yet developed a consensus on any approach because they are struggling with this issue of putting safety first.

We know there is broad appeal for people who say: Let's bring in cheaper drugs from Canada, maybe from Malaysia, Thailand, India, Brazil, because people want less expensive drugs. I am sure all the polls and surveys say: Bring in those drugs; that means I can get cheaper drugs.

In good conscience, as someone who recognizes that a few bad pills—think back to a Tylenol situation where we had five pills, back in the 1980s, that paralyzed our system, a few counterfeit drugs. The FDA tells us right now they cannot guarantee that 60 billion pills coming to this country every year can be safe, given the structures we have today.

I say that because it is very difficult. That is the reason I don't think we ought to just bring it to the floor without that careful consideration which is underway today, working through the committee of jurisdiction. It is a popular issue. When people say "politically driven," that throws it into partisanship, which I don't want it to be. I know that is not the intention of the authors. We have people on both sides of the aisle supporting specific legislation.

Before bringing it to the floor, I want to make absolutely sure, in this time where we only have 17 days left, when we have an appropriations bill we are presently struggling to finish tonight that talks about the safety and security of the American people, where we have the issue of intelligence reform, where we know we have to look at it internally and reorganize this body, the huge task to make sure we handle intelligence matters appropriately here, where we have a call from the President of the United States over the next 17 days to totally reorganize 15 intelligence agencies in the executive branch, focusing on the safety and security of the American people as it applies to intelligence, I just don't think by bringing this vote up to the floor, because it will be sort of the popularly driven vote without sufficient attention to safety first, that that is the right thing to do, given these 17 days.

We all want to lower the cost of prescription drugs. They are way too high.

They are going up too fast. We want to use appropriate tools to do that. Reimportation, if it can be safe, may be one of those tools. Can it be done safely? That has to be the fundamental question. I know both sides of the aisle want the drugs to be safe. They don't want drugs coming in cheaply just so we satisfy the demand for cheaper drugs. The question is, How do we do that. We don't have the consensus yet, I believe, to bring it to the floor and have people voting up or down. And then we really don't have time on the floor as we look at safety and security, the issues of intelligence, intelligence reform, 12 appropriations bills, all due in the next 17 days.

Mr. DORGAN. If the Senator would allow me the courtesy of a reply in leader time, the Senator has taken a lengthy period of time to describe why this may not happen. Let me make a couple of observations.

The Senator knows what we discussed at midnight on the floor on about six or seven occasions prior to midnight on March 17. There were plenty of days left in the session at that point to consider a bipartisan bill on the reimportation of prescription drugs. We agreed there would be a process for developing proposals that would allow for the safe reimportation of prescription drugs, with the understanding that it was going to happen this year.

In the HELP Committee, which the majority leader referenced, there have been three markups scheduled and three markups cancelled. That is not a process that leads to allowing the reimportation of prescription drugs.

I have great respect for my colleague from Tennessee, but there is no safety issue here. Europe does this every day routinely in something called parallel trading. The question for this country will be, Will we decide to put downward pressure on prescription drugs by allowing reimportation or won't we? I believe earlier this year the representation was given to the Senate that we would be allowed the opportunity on the floor of the Senate to deal with this issue.

It is my determination, as with others in the Republican and Democratic caucuses, to push this issue. We need to make time for this in the coming days because this Congress is going to have to consider it. I believe we were given a commitment that it was going to be considered. Three markup sessions that were scheduled and then canceled is not the development of a process that would allow for reimportation. If those of us who have developed our bill on a bipartisan basis don't push it, we will end this session with no opportunity for reimportation of prescription drugs and no opportunity to put downward pressure on prescription drug prices.

This is not a partisan issue for me. It is not a political issue. It is about some poor soul out there this morning who is trying to buy prescription drugs and using his or her grocery money to do it

because they are paying double, triple, quadruple, 10 times the price they pay when they go north of the border to buy the same drug put in the same bottle and made by the same company. It is unfair. We ought to do something about it. We have waited far too long.

I respect the majority leader. I simply wanted to point out there has to be time to consider this in the coming 17 days. There was in March, and there needs to be now.

I thank the Senator from Tennessee for his courtesy.

Mr. FRIST. Mr. President, I don't want things to be misrepresented. I want everybody to have a full understanding. The challenges in the HELP Committee do reflect the difficulty. When you are talking about safety, not just of cheaper drugs, if you give somebody a counterfeit drug that doesn't thin their blood and they have a stroke and they die, we have done a disservice. I don't want that to happen. I am not saying reimportation will cause that to happen, but I will say it is our responsibility to put safety No. 1.

I promise you, I will do that. It is an important issue. We agreed on March 11 to put a process in place. Three attempts by the HELP Committee were mentioned that were canceled or postponed. Let me just say, on Thursday July 22, the Subcommittee on Investigations of the Senate Committee on Governmental Affairs held a second hearing on purchasing prescription drugs. On July 21, the HELP Committee had planned to do the markup. It had to be postponed. That is correct.

On July 14, the Senate Judiciary Committee held a hearing on the implications—that is, safety. They also talked about intellectual property trade. But they specifically focused on the drug importation legislation.

On June 23, the Senate GOP HELP Committee had a briefing to help educate us broadly. It was not a markup but a briefing to educate us broadly to discuss, specifically, importation.

On June 17, the Subcommittee on Investigations of the Senate Committee on Governmental Affairs held a hearing where GAO released two new studies that documented how American consumers are able to readily obtain prescription drugs, including controlled substances, over the Internet without a prescription. In that hearing they talked about erroneous dispensing labels, suspicious packaging.

On May 20, the HELP Committee held a drug importation hearing to examine the challenges of developing and implementing drug importation legislation.

The administration has a specific task force on drug importation that was set up as a product of the Medicare bill that we passed on this floor. They have not yet issued their final report. The report will incorporate testimony—this is what the administration is doing—by consumer groups, by professionals, by safety experts, by the FDA, by leading representatives from

health care purchasers, from academic scholars. The task force has not yet released their report to us or to the American people. We await that. It is a very important initiative by the administration that we mandated to them. Off the Hill, a number of forums have been held since March.

I mention all of this because I don't want the impression left that this issue, which is important to the American people—and we want less expensive drugs, but we want them to be safe drugs—is not being addressed by this body or other people concerned. I will continue to work with the other side. I know there will be a huge push in these next 17 days to get this up for a vote. I just don't think with the issue of safety and the amount of attention it is going to require on the floor of the Senate, when we are talking about the safety of those seniors and others who depend on these lifesaving drugs, I don't think we can address it adequately in the next 17 days.

I yield the floor.

RECOGNITION OF THE DEMOCRATIC LEADER

The PRESIDING OFFICER (Mr. ENZI). The Democratic leader is recognized.

ESCALATING COSTS OF MEDICARE

Mr. DASCHLE. Mr. President, I ask unanimous consent that a USA Today story entitled "Medical costs eat at Social Security" be printed in the RECORD.

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

[From USA Today, Sept. 14, 2004]

MEDICAL COSTS EAT AT SOCIAL SECURITY (By William M. Welch)

WASHINGTON.—With a new Medicare drug benefit set to begin in 2006, Americans 65 and older can expect to spend a large and growing share of their Social Security checks on Medicare premiums and expenses, previously undisclosed federal data show.

Information the Bush administration excluded from its 2004 report on the Medicare program shows that a typical 65-year-old can expect to spend 37% of his or her Social Security income on Medicare premiums, copayments and out-of-pocket expenses in 2006. That share is projected to grow to almost 40% in 2011 and nearly 50% by 2021.

Unless Congress does something to hold down costs confronting seniors, the official projections suggest that health spending will consume virtually the entire amount of Social Security benefits when children born today reach retirement age.

The table was provided by the Department of Health and Human Services at the request of Rep. Pete Stark, D-Calif. Stark, who opposed the drug benefit enacted last year at President Bush's urging, sought the data after noticing that a chart included in previous annual reports was not in the 2004 version.

Stark charged that the administration threw out the chart because it shows future Medicare costs under the new law will erode Social Security checks.

"It doesn't look good to lie to grandma, so the Bush administration has withheld infor-

mation and come up with other creative ways to mask the damage they have done to Medicare," Stark said.

Richard Foster, Medicare's chief actuary, said the program's trustees—administration officials and appointees—replaced the chart with a graph that lacks specific numbers in an effort to show that the increased costs come with a new benefit.

"The table makes it look like beneficiaries are worse off than ever, and that's not the case," Foster said.

Bill Pierce, a spokesman for Health and Human Services Secretary Tommy Thompson, said the administration wasn't trying to hide anything. "We have a new program, and it's got to be reflected with new information," he said.

The drug benefit is voluntary. It requires a premium, estimated at \$420 a year initially, and substantial copayments. The administration estimates participants will save about 50% on their drug bills.

Critics of the law say the new figures show it does little to restrain drug costs. The law prohibits the government from negotiating lower drug prices.

The data "ironically are the clearest proof of the new Medicare law's failures and the resulting squeeze on seniors' pocketbooks," said Ron Pollack, head of Families USA, a health advocacy group.

The disclosure comes just days after the administration announced Medicare premiums will rise by 17% next year due to rising health costs.

Foster is at the center of another dispute over missing data. He says he withheld from Congress higher cost estimates for the Medicare law last year, at the direction of a Bush appointee who headed the Centers for Medicare and Medicaid Services. Congress approved the law based on a 10-year, \$400 billion estimated price tag. Foster's estimate was \$540 billion.

Mr. DASCHLE. Mr. President, I appreciate the opportunity to listen to the colloquy both Senators DORGAN and FRIST have engaged in. Coincidentally, I had intended to come to the floor to talk about the new report that was released on the front page of USA Today citing the dramatic increase in Medicare costs and the impact these costs will have on seniors' Social Security benefits.

In 2005, 19 percent of Social Security benefits are going to go to Medicare expenses. But according to the USA Today article:

a typical 65 year old can expect to spend 37% of his or her Social Security income on Medicare premiums, co-payments, and out-of-pocket expenses in 2006. That share is projected to grow to almost 40% in 2011 and nearly 50% in 2021.

According to the article, by 2026, over half of a senior's Social Security benefits will be consumed by cost increases under Medicare, including cost increases associated with the new part D drug benefit.

Think about that: we are on pace to see nearly half of the benefit seniors depend on under Social Security consumed by cost increases under Medicare.

Unfortunately, I think the Senate and the country took a step backward when the Senate made the decision last year to pass the legislation it did. Part of the reason for these increases is that the new law will do almost nothing to

bring down the cost of prescription drugs. Another reason is that the law and this Administration is overpaying HMOs.

There are ways we can address the dramatic cost increase this chart represents, ways to protect seniors' Social Security and lower drug prices. The first is to do what Senator DORGAN has suggested, and that has bipartisan support: allow reimportation of drugs from Canada.

Canada has exactly the same drug, the same corporation, the same everything, and yet the drugs available there are oftentimes 50 to 60 percent cheaper than they are in this country. If a senior citizen can go to another country to acquire those drugs, why in heaven's name would we prevent them from doing so?

I have heard the distinguished majority leader say that safety is a factor and that we ought to consider safety as we consider providing access to these drugs. Well, I would say cost is a safety issue as well. I have talked to countless seniors in South Dakota who are rationing their own medication because they cannot afford it. If, based on cost, our seniors are not able to take the drugs they need, no one can tell me that is safe. When one rations drugs, when one does not take them all, when one splits pills, when one makes a choice between nutrition and medicine, how safe is that? That is exactly what is going on today.

We've already made the decisions to ensure these drugs will be safe. We should not have to worry about another report or another bureaucratic response. Our seniors are not prepared to wait any longer. We have debated this long enough. Reimportation ought to be the law of the land today. That is one way, perhaps the easiest, simplest, and most compelling way, to deal with the cost issue immediately.

There is a second way to address rising costs. A second way is to do for seniors what we already do for veterans and for our military. What do we do for them? The Government negotiates with the drug companies to bring down prices.

In most cases, drug prices for veterans are at least 60 percent lower than they are for seniors. The only reason they are that much lower is because the Government has the authority to negotiate these lower prices.

Why in heaven's name would people object to extending this concept to seniors as well? On that issue, the drug companies won; we lost. There is a specific prohibition against Medicare negotiating lower prices for seniors, and I think that is an outrage. We ought to pass legislation to allow Medicare to negotiate lower drug prices.

The third thing we can do is to pass legislation that has at least two forms today—and there may be other ideas. Senators STABENOW and KENNEDY have offered a very good bill that would say we cannot increase Medicare premiums beyond the cost of living next year,