

First, I am concerned that as we see the move towards electronic medical records, these records and the placement of them is not being done in a fashion that will promote interoperability so that they are best in a position to be coordinated and maximize their value. They simply are not interoperable. It is a very significant concern. If we are going to see this trend toward electronic medical records and not take the steps to promote interoperability, that will be a very serious deficiency as we set up the new system and will cause a great deal of confusion.

Second, I am very concerned that in the information technology area, the big and powerful figures, be they high-tech companies or medical clinics, will be able to do this work, but it is not going to be done by the small physician offices and clinics. Dr. Brailer's office was the office that was in a position to give incentives to help those small offices go forward. That work is not being done.

Third, the very promising aspect of health technology has been in the area of regional offices, and now we are not seeing the funds that are necessary for those regional offices as well.

The Congress essentially zeroed out the money that Dr. Brailer needed. It was a modest amount, \$50 million. My sense is to really promote health information technology, it is going to take much more significant sums, but to have this body on a bipartisan basis constantly talking about the value of health information technology and then taking the one program that would make a difference and zeroing it out is just unconscionable. Both political parties have let down what needs to be done in this critical area.

I see the chairman of the committee. I know he is very interested in health information technology, as is Senator BAUCUS. I hope to lead a bipartisan effort in this session of the Congress to ensure that Dr. Brailer's office gets the funds that are necessary.

The last couple of points I would make in support of the Leavitt nomination: First, on the question of Medicaid, Mike Leavitt told me, in response to a question I asked, that there was no plan to send a block grant proposal to the Congress. That was welcome news. But he left an awful lot of wiggle room in terms of the details, and so bipartisan concerns remain, concerns by the governors as well, about what is to come.

As one Senator who specializes in this field, I send a message that I am very supportive of the concept of health care waivers. I think that kind of flexibility is certainly a plus. We in Oregon have used them in a humanitarian way, to get better quality care to people for services that are medically effective. But there is a big difference between waivers that are borne out of a desire to use flexibility to serve people and a block grant proposal which just sets an arbitrary cap and cuts people off.

Finally, I want to talk about the importance of working in a bipartisan way to contain costs for prescription drugs under the new Medicare law. As one who voted for that law, believing it was important to get started, I said then that the next step has to be to put in place a real cost containment effort that looks particularly to the private sector. Senator OLYMPIA SNOWE, who serves with great distinction on the Finance Committee, will be introducing legislation with me next week that will say we are going to use private sector forces, marketplace forces, to hold down the costs of prescription drugs in our country. For the life of me, I cannot figure out why Weyerhaeuser, a big timber company, or an auto company, or a steel company, or any other big concern, has marketplace power to hold down the cost of medicine but the Medicare Program does not. In fact, I don't know of a single buyer in the private sector who, after they purchased a certain volume of a particular commodity, looks to buying another commodity and then doesn't ask for a discount, doesn't ask for some kind of benefit as a result of using their marketplace power.

So I am very hopeful. Mike Leavitt indicated last week he was open to discussions in this area. Certainly, again, there were no details discussed, but he showed a flexibility that I found welcome.

I see the chair and the ranking minority member here. I don't want to detain them. I urge the Senate to approve the nomination of Mike Leavitt when he comes up for a vote. I thank the chairman of the committee, Senator GRASSLEY, and the ranking minority member for their indulgence so I could make these comments.

I yield the floor.

#### NOMINATION OF MICHAEL O. LEAVITT TO BE SECRETARY OF HEALTH AND HUMAN SERVICES

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of the Executive Calendar, which the clerk will report.

The assistant legislative clerk read the nomination of Michael O. Leavitt, of Utah, to be Secretary of Health and Human Services.

The PRESIDING OFFICER. Under the previous order, there will be 2 hours of debate on the nomination.

The Senator from Iowa, Mr. GRASSLEY, is recognized.

Mr. GRASSLEY. Madam President, in the tradition of the work of the Senate Finance Committee—and that is basically described in one word, bipartisanship—we bring this nomination to the floor. We bring it with the unanimous approval of everybody on the committee, saying that Governor Leavitt should be the Secretary of Health and Human Services. He is a person who is very well qualified for this position, and we look forward to

working with him on all of the quality-of-life issues that come before Congress, whether they deal with Social Security, Medicare, Medicaid, welfare—issues that are under the jurisdiction of this new Secretary to administer, and issues that are under the jurisdiction of the Senate Finance Committee for oversight.

During his tenure as Governor, he reduced the number of uninsured children through his work on the Children's Health Insurance Program, he made significant improvements to the child welfare system, and he significantly increased the number of those with health insurance coverage. So some of the things he has done as Governor are some of the things that we are working on in this committee, and some laws are already passed. He will have a chance to continue his good work on these issues in conjunction with us as a committee and directly himself as Secretary of Health and Human Services.

I am not alone in my high estimation of Governor Leavitt. The people of Utah recognize his strong leadership capabilities in reelecting him to three consecutive terms as Governor. Certainly big challenges lie ahead for this Department, as it does for our committee, and strong leadership in that Department is needed. I am glad it comes with Governor Leavitt.

First and foremost, there are an estimated 45 million Americans who lack basic health coverage, and those numbers seem to have been increasing every year. As Secretary, his leadership will be called upon to propose innovative ways that we can help contain costs and increase access to health insurance and the health care resulting from that insurance.

The Medicaid Program will also be a key issue this year. Medicaid provides health care coverage and benefits for low-income individuals and families. It is now the largest Federal care program in terms of total spending and served about 51,000 people in 2002.

It was originally enacted in 1965, and many have suggested it has not kept up with the times. Increasingly, States have been forced to rely upon what we call the 1115 waiver process to manage the program to fit the needs of their State. These waivers are negotiated with little congressional oversight. I look forward to working with Governor Leavitt to ensure that the Medicaid Program is functioning as effectively as it ought to function.

There is the issue of SCHIP, the State Children's Health Insurance Program. Madam President, \$1.1 billion in SCHIP allotments expired last year and were returned to the Treasury. In addition, there are anywhere from 4 million to 6 million children currently uninsured who could qualify for this program.

Over the next 3 years, a growing number of States, including my own State of Iowa, are projected to consume their Federal SCHIP allotment.

When this happens, they will lack the Federal funds necessary to provide their current level of coverage and also the level of benefits for low-income children.

We need to recapture the \$1.1 billion in SCHIP funds, increase our outreach effort to enroll more children, and revitalize the SCHIP program so it is on firm financial footing.

Finally, we need to enact improvements to the 1996 welfare reform bill. We have debated this issue now for 3 years. It is time for action. The numerous short-term extensions are disruptive to the program. I look forward to working with Governor Leavitt to get a welfare bill sent to the President this year. I think that process is starting with the usual bipartisan cooperation between Senator BAUCUS's side of the aisle and his leadership and the Republicans who I lead.

The Department also has the important job of implementing the new Medicare prescription drug benefit. Under Dr. McClellan's leadership, the Centers for Medicare and Medicaid Services has accomplished an impressive workload over the last year.

Dr. McClellan and the staff at the Centers for Medicare and Medicaid Services are to be commended for their long hours, hard work, and, most importantly, a dedication to doing the best they can.

This is a crucial year for the drug benefit that was passed and signed by the President in 2003. I look forward to working with the Governor on this particular issue and continuing the close working relationship with Dr. McClellan.

Medicare still faces significant challenges to be sure. Medicare spending grew by 5.7 percent in 2003, and as spending continues to increase, there is a growing need to restrain its growth.

Many have said rising costs and health care can be contained and health care quality improved by paying providers based on their performance and by utilizing health information technology.

The Department has taken significant steps to reduce health care costs and provide better care through chronic care management initiatives and additional preventive benefits that were in the 2003 legislation.

The Department also called upon Dr. Brailer, as the National Coordinator for Health Information Technology, to develop, maintain, and oversee a plan focused on a nationwide adoption of health information technology in both the public and private sectors.

Bringing these initiatives together to reward quality and efficiency while reducing medical errors and duplication will be one of the major undertakings in health care over the next decade, and strong leadership at Health and Human Services is needed to make that happen.

Another issue on which the Governor's leadership is needed is the importation of prescription drugs from

Canada and other developed nations. That surely is a controversial issue that hopefully we can debate in the Senate, because the law must be changed to make that happen. American consumers are demanding lower prices for prescription drugs, and I believe that legalizing importation under conditions that ensure safety is the right thing to do.

I look forward to working with my colleagues on both sides of the aisle to craft legislation that will pass Congress and be signed by the President.

I would also be remiss if I did not address an issue that continues to be of great concern. The frail and elderly residing in our Nation's nursing homes deserve high-quality care. I am confident that with Governor Leavitt's help, we can ensure that they receive no less.

Besides these issues, the Department faces other significant challenges. I have always taken responsibility of conducting oversight over the executive branch operations very seriously, and I will continue to do that as chairman again. Government truly is the people's business, and Americans have the right to know what their Government is doing and how it spends their money. Transparency in Government, coupled with aggressive oversight by Congress, is critically important in helping to make Government transparent, more effective, more efficient, and more accountable to the taxpayers, program participants, and beneficiaries.

I am also a firm and ardent supporter of whistleblowers. Historically, whistleblowers have been key to uncovering waste, fraud, and abuse. Unfortunately, whistleblowers are often as welcome in an agency as a skunk at a picnic.

I look forward to addressing these problems with Governor Leavitt. Taking a closer look at Medicaid, SCHIP improvement, implementation of the new drug benefit, importation of prescription drugs, enactment of welfare reform, and the advancement of information technology and quality in health care as a reimbursement tool are just some of the priorities I look forward to addressing with Governor Leavitt.

I close by urging my fellow colleagues to support Governor Leavitt in his nomination as Secretary of Health and Human Services. It is a major commitment that requires personal sacrifices on many levels, although I believe Governor Leavitt and his wife Jackie are the right team for this job. I also thank President Bush for his choice of such a qualified and competent candidate.

I thank Senator BAUCUS not only for his cooperation on this effort, but we have had 4 years now of cooperative effort, and we expect that to continue. I know he is committed to that.

I yield the floor.

Mr. BAUCUS. Madam President, I thank the chairman.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Madam President, I appreciate those remarks and agree with them.

I rise today to support also the nomination of former Utah Governor and current EPA Administrator Michael Leavitt to be the 20th Secretary of Health and Human Services.

As Utah's longest-serving Governor, Governor Leavitt earned the reputation as an innovator and consensus builder. He is best known for his work in Utah to expand health care coverage. While he and I may disagree on policy grounds about the Utah approach, Governor Leavitt has spoken at length about the importance of transparency, the importance of fairness and open debate, all of which are crucial to creating sound public policy.

He is a consensus builder, something that is very much needed not only in this town but in the new position he is about to have.

Governor Leavitt's leadership and social policies stretch beyond health care. He also has championed welfare reform. The Utah program fulfills many of the goals of the 1996 welfare bill, which I am proud to have helped write. It provides support for low-income families, addresses barriers faced by welfare recipients, provides education and training opportunities to support moving into sustainable employment, and ensures that struggling families receive child support.

As EPA Administrator, Governor Leavitt came out to visit my State. He came out to visit the Superfund site at Libby, MT. We are having a very difficult time in Libby. It is a huge Superfund site, one of the largest in the country. I tell Governor Leavitt, as I have many times, his visit meant a lot to me personally and to the people of Libby who have suffered a great deal because of asbestos sickness.

In short, Mr. Leavitt is a very capable leader and excellent candidate to lead this Department. We are fortunate to have his leadership, because the challenges he will face are tremendous.

This year, as Secretary, Mr. Leavitt will implement the new Medicare drug benefit and managed care reforms—no small task but an extremely important one.

The final rule to implement major provisions of the new Medicare drug law were published last week, 2 days after the confirmation hearing, I might add. I am still in the process of reviewing those regulations, but at first read, I remain concerned about the transition rule for dual eligibles and for consumer protection standards. The final rule included much needed improvements in both areas. For example, beneficiaries who are dually eligible for Medicare and Medicaid will be automatically enrolled into a drug plan. However, the timeframe for doing so is short, and it may still cause problems for many low-income, vulnerable beneficiaries.

While the final rule includes expedited timeframes for coverage decisions, it still appears drug plans will write their own appeals process.

In addition to Medicare, as HHS Secretary, Governor Leavitt will tackle Medicaid reform. Many of us in Congress anticipate an aggressive reform proposal will be included in the President's budget. It is true, as many claim, that Medicaid costs are growing, but the cost growth is due to an increase in enrollment during our recent economic downturn and for the same health care cost of inflation that affects every insurance plan. In fact, Medicaid growth is lower on a per capita basis than is Medicare growth or private insurance growth. It is lower. We should also bear in mind that Medicaid covers long-term care, something which is quite expensive.

Also, I disapprove of the administration's use of its 1115 waiver authority. The 1115 waiver authority was not intended to achieve wholesale reform of Medicaid. We have a Medicaid law. The waiver authority was not meant to undermine that law. It was meant to grant flexibility to the States but not to undermine the law. It was not intended to undermine the fundamental nature of the Medicaid Program.

I suspect the administration will want to consider Medicaid waivers, State flexibility, and Medicaid funding as part of any formal discussion.

Reauthorizing TANF is another task to add to Mr. Leavitt's growing list. We cannot continue to extend the program on a 3-month or 6-month basis, as these short month extensions have undermined the stability of the program. We have to enact and reauthorize welfare reform. We must work together on a longer term reauthorization, one that builds on the 1996 reform law.

Finally, I hope we can work together to address rising health care costs and the uninsured. The United States health system is the most expensive in the world, by far. Spending on health care in 2003 reached \$1.7 trillion, which calculates out to \$5,670 per person. That is about twice the next highest level in the world, which is Switzerland, and they spend half per capita than what we spend. Yet 45 million Americans, even though we spend so much more than any other country, lack health insurance. What can we do about lack of insurance and rising health care costs?

With respect to the uninsured, every major poll suggests covering the uninsured should be at the top of the congressional agenda. Yet this issue always seems to take a backseat. I think, however, that we can make progress—maybe not sweeping reform but we can address the problem incrementally, starting with areas first of general agreement.

I believe there is a consensus, for example, that we ought to start by covering low-income children and the poorest adults below 100 percent of poverty.

I have every hope Governor Leavitt, as HHS Secretary, will keep working on this, and I pledge to help him.

With respect to rising health care costs, I believe we can take important steps this year to improve health care quality and the way we pay for health care in our country. I am counting on the administration's support. I am counting on them to back up their statements and goals with funding and actions.

I have no doubt Governor Leavitt is up to the task. He has an excellent reputation, not just as Governor of Utah, not just as EPA Administrator, not just as a political leader, but as someone who is creative, who can think outside the box, and who can work with folks from all perspectives.

Governor Leavitt has my very strong support. He has my vote. I look forward to working with him as Secretary Leavitt and with the administration to address the many challenges that lie ahead for our country.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah is recognized.

Mr. HATCH. Mr. President, as everybody around here knows, I strongly support the nomination of Governor Mike Leavitt for Secretary of Health and Human Services. I urge my colleagues to confirm Governor Leavitt so that he may start his work as quickly as possible.

I have known Governor Mike Leavitt for a long time, almost 30 years, and have worked very closely with him on many health issues, not just local and State health issues but national health issues as well. Governor Leavitt has a distinguished record. He is highly qualified for this job. He is bright, energetic, dedicated, and fair—all of the qualities necessary for this important position.

I say with all respect to those who have gone before him, I can think of no better candidate for Secretary of Health and Human Services or no better nominee than Mike Leavitt.

Having said that, I compliment his predecessor, Governor Tommy Thompson. To have two great Governors in a row running HHS is a credit to this administration and to the country at large. Governor Thompson has done a terrific job at HHS under very difficult circumstances. It is almost an unmanageable entity because it is so large and so important and covers so much of the wealth and costs of this Nation. Governor Thompson deserves a great deal of credit. He was a great Governor, but so was Mike Leavitt. Between the two of them, we will have a continuity that will be very beneficial to all of us.

Governor Leavitt has devoted much of his life to public service, first in Utah and more recently in Washington. He is a smart decisionmaker, a tireless worker, and a successful manager and executive. He is fair. He is knowledgeable about health care. He is a decent family man. The bottom line: He will get the job done.

As Governor of Utah, Governor Leavitt was a strong leader on issues familiar to this body: welfare reform, health care delivery, and, of course, Medicaid. During a difficult financial time for our State of Utah, Governor Leavitt was able to create a fiscally responsible budget and at the same time provide important services to lower income Utah citizens of all ages.

While Congress was working on the 1997 Child Health Insurance Program legislation, a bill that I was the prime sponsor of, I talked to Governor Leavitt frequently to get his perspective as a leader in the National Governors Association. At first he was not very enamored with the Hatch-Kennedy bill. On the other hand, I told him the final bill was not going to be exactly that bill, which was written a little more moderately than I thought it should be. I also wanted the States to have more authority and power with the CHIP program, which was more in sync with Governor Leavitt's thinking. During that time he provided me with valuable insight and has continued to do so as the program has grown.

I would be remiss if I did not also cite Governor Leavitt's great work in providing health care coverage to not only CHIP-eligible children but to lower income adults of our State as well through innovative new State health care insurance programs like the Primary Care Network.

In addition, Governor Leavitt implemented several new and innovative approaches to serving the poor. Governor Leavitt's administration was one of the first to implement a philosophy of universal engagement wherein every candidate to receive State assistance was assessed and a plan to help these individuals become self-sufficient was created. This proved to be an enormously valuable tool to helping the disadvantaged get the assistance they needed to return to the job market as soon as possible.

As in many aspects of his life as a public servant, Mike Leavitt is a visionary who cares deeply about people, exactly the type of a person we want in this position.

Finally, Governor Leavitt has been a strong supporter of the Utah Head Start Program. For many children, the Head Start Program is their first and only exposure to education and health services. There are many examples of how the Utah Head Start Program has made a dramatic difference. Let me cite a couple for my colleagues. One little girl from Utah was handed a book on her first day in the program and literally did not know how to open the book. Another child was diagnosed with a brain tumor through the Utah Head Start screening process. Surgery was successfully performed, and he returned to the program and did extremely well. Governor Leavitt has had firsthand experience at overseeing this program and therefore brings an important perspective to HHS on why Head Start needs to be continued and even strengthened.

On a personal note, I emphasize to my colleagues that Mike Leavitt is a fair man. I know him very well. He will look at all sides of an issue before making a policy decision, and my colleagues can count on the result to be the right decision. His record as both the Governor of Utah and as Administrator of EPA proves this, and he will continue to be a great leader when he becomes Secretary of HHS. I can promise my colleagues he will be an excellent leader for the programs we all support—Medicare, Medicaid, CHIP, welfare and community health centers, just to make a few.

Importantly, we can count on Mike Leavitt, along with the Administrator for Medicare and Medicaid Services, Mark McClellan, to work closely with our committee on the difficult task of fully implementing the Medicare prescription drug program next January. I might add that the jurisdiction of a Secretary of Health and Human Services is quite broad, it not only includes CMS, which handles Medicaid and Medicare among other programs, but it also includes the Food and Drug Administration and many other different programs within that department.

In my opinion, the FDA is the single most important consumer agency in the world. The FDA handles upwards of 25 percent of all consumer products in America, and the agency does an extraordinary job. However, there is more and more pressure on FDA every year to try to have a fail-safe system where no deleterious results can occur from pharmaceutical innovations. There is no way that can ever be, but I believe that FDA does as good of a job as possible. In fact, my FDA Revitalization Act, authorized the creation of a central campus in the Washington, DC, area to house all FDA employees in this greater area who are now scattered over more than 30 different facilities, which can be very inconvenient and nonproductive. In December 2003, we dedicated the first building on the White Oak campus, which is where the full FDA campus will be built with state-of-the-art equipment and state-of-the-art facilities. Individuals who want to work in this area will be given an opportunity to work under the best of circumstances.

One of Governor Leavitt's responsibilities as Secretary will be to continue with this centralization, complete with a totally computerized and digital FDA campus, created so that we can be even more efficient at FDA. It is my hope that this centralized campus will shorten the length of time it takes to ensure the safety and efficacy of pharmaceutical drugs.

I will close with one anecdote related to me the other day. After attending several briefings with the Secretary designate, an FDA official stated: At our first briefing, Governor Leavitt was good. At the second meeting, he was excellent. At the last briefing, he was teaching us.

Now, that is the kind of a man Mike Leavitt is. He will be a great Sec-

retary. With pride and admiration, I strongly support my fellow Utahan Governor Mike Leavitt's nomination for Secretary of Health and Human Services. Let us get him confirmed and on the job as soon as possible. I have no doubt that will occur. I am very grateful to those who are willing to support Governor Leavitt, and I suspect that everybody in this body will do so.

I yield the floor 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. TALENT. I ask unanimous consent the order for the quorum call be rescinded, and I ask unanimous consent to proceed for only about 3 minutes.

The PRESIDING OFFICER (Mr. HATCH). Without objection, it is so ordered.

The Senator from Missouri is recognized.

#### THE UNBORN CHILD PAIN AWARENESS ACT

Mr. TALENT. Mr. President, I appreciate the Senator for taking the chair for just a couple of minutes so I can speak about a bill I have introduced along with Senator BROWNBACK. He is the lead sponsor. There will be others on the bill as well. We had sponsored the bill last year. I want to make a brief statement about it.

It is a good bill in an area where we often do not see consensus, but I believe this bill will promote consensus. It is the Unborn Child Pain Awareness Act. It is based on the scientific evidence, which I think is a matter of common sense as well, that children in gestation, unborn children in the womb, do at a certain point acquire the capability of feeling pain. What the bill says is that before an abortion can be performed on a child who has been in the womb for 20 weeks or longer, the abortion doctor has to inform the mother that the child will feel pain and will, in fact, feel intense pain if the procedure is performed, and then inform her that if she wants to go ahead anyway, the child can be given an anesthetic so that that pain is not felt.

Apart from the fact that the scientific evidence indicates children at this point can feel pain, I have a personal stake, if you will, in this. Before we were blessed with the three children we have, my wife had several miscarriages in a row. It was pretty obvious what was growing inside of her was a person. It makes sense to me to believe at a certain point that a child can feel pain, and 20 weeks is actually a pretty conservative estimate of when the child is able to feel that kind of pain.

I see no reason a doctor about to perform such a procedure would not want to make it known, or a woman who is considering undergoing it would not want to know that fact to make a decision.

Mr. President, you know me and my view on this issue overall. I believe un-

born children are people. I look forward to and long for the day where we believe there is room in our hearts and our homes and our laws for them and their moms. We are not there in that fundamental sense, but we are at a point where we can work on legislation like this which has support broader than either the pro-choice or pro-life side. This is legislation which is really designed to perfect the current law that says women should be able to make a choice. Then they should be able to make an informed choice.

I hope that is what we do. I hope we have an opportunity to bring it up on the floor of the Senate, and if we do have an opportunity to have a reasonable debate, we will pass it with a large margin. I hope to have that done in this Congress. I am proud to have cosponsored it.

Mr. CONRAD. Mr. President, I plan to support Governor Michael O. Leavitt's nomination to be Secretary of Health and Human Services, HHS.

Governor Leavitt is taking on a difficult role. There are many healthcare challenges facing our Nation. With over 300 separate programs and a budget of more than \$400 billion per year, the Secretary of HHS is responsible for setting the healthcare agenda for the administration. It is my hope that implementing the Medicare prescription drug benefit will be at the top of Governor Leavitt's agenda. This large and complex law will have a tremendous impact on 40 million Medicare beneficiaries. As we get closer to January 1, 2006—opening day for the drug benefit—HHS will have many important decisions to make. I look forward to working with Governor Leavitt to ensure that North Dakota seniors get the options and information they need to make the best choice about the right drug benefit for them.

Also, given his record, I hope Governor Leavitt will take an active role in addressing funding shortfalls in the rural healthcare system. Many of the provisions in the Medicare Modernization Act that erased the inequities that existed between rural and urban providers are due to expire in 2006 and 2007. I am committed to reauthorizing these important provisions and trust that Governor Leavitt will work with me towards this end.

More generally, it is important that HHS and Congress look at other areas where healthcare needs are being unmet and take the appropriate steps to improve access to healthcare in rural America. For example, Congress should improve the financing of our rural emergency medical services. Our rural EMS squads are a vital component of the healthcare system, and current Medicare regulations do not adequately reimburse these squads for their services. This Congress, I intend to introduce legislation to improve the rural EMS system and hope that Governor Leavitt will support these efforts.

As Governor of Utah during the 2002 Winter Olympics, Mr. Leavitt had extraordinary experiences with preparing for a possible bioterrorism attack that will aid him in his position as Secretary of HHS. Over the past years, I have pushed for the enactment of a national emergency telemedical communications system that could be used to more effectively respond to a bioterrorist attack on a regional level by using telehealth technologies. I look forward to working closely with Governor Leavitt to move this legislation forward.

Finally, in his new role as Secretary, Governor Leavitt will be charged with preserving and protecting two of our Nation's most important health insurance programs—Medicaid and the State Children's Health Insurance Program. It is important that Governor Leavitt be a strong advocate for these vital social programs.

I look forward to working with Governor Leavitt in the coming years to improve healthcare for all Americans.

Mr. KENNEDY. Mr. President, I support the nomination of Michael Leavitt to be the next Secretary of Health and Human Services. Our Committee on Health, Education, Labor and Pensions has unanimously recommended his confirmation, and I urge the Senate to do so as well.

At the committee hearing on his nomination, Governor Leavitt showed the intelligence, honesty and commitment to public service that have been the hallmark of his career. While we differ on some issues raised at the hearing, there are many issues where we agree and can work together to create a bipartisan consensus. I believe that he will lead the Department with integrity, skill and vision.

The Department of Health and Human Services has a broad and deep impact on the lives of the American people. Its programs reflect the ideals of our nation and our commitment to provide help to all those who need our help the most.

HHS cares for the elderly through Medicare and the Older Americans Act. It nurtures the young through Head Start, CHIP, and maternal and child health programs. It sustains poor families through the Temporary Assistance to Needy Families Act. It brings health care to all in poverty through Medicaid. It offers help and hope to patients suffering from disease through the National Institutes of Health. It guarantees every American that the medicines they take are safe and effective and the foods they eat are healthful through the Food and Drug Administration. It protects the health of every American against epidemics of disease through the Centers for Disease Control and Prevention.

Mr. Leavitt brings impressive skills to this critical post. As a former governor he knows how HHS works, and where it needs improvement. At EPA, he confronted health issues similar to many of those dealt with by HHS. Ev-

eryone who knows him respects his intelligence, his high energy, and his experience as a manager and problem-solver.

His new position will test all those skills, and he'll face an especially heavy challenge this year. Many of the most important programs he oversees get lavish praise but little real support. Last year, the administration was able to push through the Congress a flawed Medicare drug bill that benefited drug companies and insurance companies at the expense of patients. Governor Leavitt will now have to implement that flawed bill.

Press reports indicate that the administration intends to block grant Medicaid and cut it deeply, and to cut Medicare deeply as well. More than 50 million of the Nation's poor depend on Medicaid for health care. Forty-two million senior citizens and disabled Americans depend on Medicare. The administration's tax cuts for the wealthy and its misguided war in Iraq have created a catastrophic deficit, but it would be unconscionable to solve the budget crisis by penalizing the poor and the elderly who did nothing to create it, and to ask the wealthy and powerful to make no contribution at all.

We will continue our bipartisan work this year on Head Start—the foundation of federal support for the nation's most vulnerable children. Head Start has a 40-year track record of success. The reauthorization this year is an opportunity to build on that success, and do more to open the American dream to many more children who deserve our help. A block grant for Head Start would be a giant step backwards—we can't turn Head Start into Slow Start or No Start.

The current extension of welfare reform expires at the end of March, and our ability to move the welfare debate forward will require more flexibility from an administration willing to work in good faith with Congress on this basic issue of what kind of country we are. Governor Leavitt led Utah's innovative welfare program, which guarantees provides support and services tailored to the individual needs of each recipient, including education and training, substance abuse treatment, child care and other key assistance.

Other priorities facing the Department include the need to move our health care system into the modern age using information technology, and improve FDA's ability to detect and respond promptly to warning signals on the effects of new drugs. We must also continue the fine work of Secretary Thompson in putting disease prevention and health promotion higher on the national agenda. And I hope that Governor Leavitt will support the bipartisan efforts led by Senator DORGAN and Senator SNOWE to import safe FDA-approved drugs at the low prices that Canadians and Europeans are charged.

I welcome Governor Leavitt's strong commitment to using information

technology to improve the quality of care for America's patients and to reducing the costs of health care. I look forward to working with him closely to see that we take the actions needed to turn our bipartisan vision of an improved health care system into a reality.

Michael Leavitt is a distinguished and talented public servant, and an impressive choice for this important responsibility, and I urge the Senate to confirm him as Secretary of HHS.

Mr. DOMENICI. Mr. President, I rise today in strong support of the nomination of Michael Leavitt to be the Secretary of the Department of Health and Human Services. Michael is an overwhelmingly qualified candidate and the kind of leader the Agency needs. I am confident he will work hard to serve the public health needs of our Nation.

Michael Leavitt will bring considerable executive experience to this post. As the former Governor of Utah, he improved access to health care for thousands of children and adults, while keeping rising health care costs in check. To date, Utah's uninsured rate remains below the Nation's average. Michael has also proven himself a capable leader in his former positions as chairman of the National Governor's Association, and most recently, administrator of the Environmental Protection Agency.

The Department of Health and Human Services, HHS, helps to protect the health, safety, and well-being of the American people. HHS is among our Nation's largest and most important Federal departments, overseeing more than 300 programs with a budget in excess of \$580 billion. HHS is responsible for the management of such vital programs as the Food and Drug Administration, Indian Health Services, the Centers for Disease Control and Prevention, and the Centers for Medicare & Medicaid Services. The Medicaid and Medicare programs alone help provide needed health care to nearly 80 million Americans.

I applaud President Bush for his choice of an accomplished leader to head this vital department. I look forward to working with Secretary Leavitt on critical issues such as implementation of the Medicare prescription drug program, medical liability reform and finding ways to reduce the cost of health care.

Mr. DURBIN. Mr. President, as you know, I am passionate about health care issues, and I want to talk today about two issues of particular interest to me, which Health and Human Services Secretary Nominee Michael Leavitt has promised to review when he takes the helm at that department.

Leavitt promised to look at the legislation which Senate Judiciary Chairman ORRIN HATCH, R-Utah, and I are developing to require dietary supplement manufacturers to submit reports to the Food and Drug Administration when they cause serious injury or death to consumers. Under current law,

these manufacturers of these products, which are widely sold, do not have to report to the government if their products are suspected of causing someone taking them to become ill or even die. This happens even to people who are seemingly healthy, such as 17-year-old Sean Riggins from Lincoln, IL. Sean was a rising star on his high school football team in 1992 and wanted to enhance his performance in the big game. Sean took "Yellow Jackets," a supplement promising increased energy, which contained ephedra. Sean was killed by those pills.

While dietary supplements are safely consumed by millions of Americans every day, unfortunately, this is not always the case. Ephedra is perhaps the best-known dangerous supplement ingredient; it has caused at least 150 deaths, forcing HHS to pull it off the market. There are other supplements that have raised questions, such as aristolochic acid, usnic acid, kava kava and yohimbine, and the problem is, we just don't have the data centrally located to help the agency determine the products' safety. The law assumes products containing these substances are safe until proven unsafe.

Senator HATCH and I do not always agree, but on this issue, we do. There should be a clearinghouse at the Food and Drug Administration for these manufacturers to provide data about the safety of their products. And most of the industry and consumer groups are on our side, so as we develop legislation this year, Administrator Leavitt has agreed to review it. I look forward to working with him.

Administrator Leavitt also promised to remain active on the issue of tobacco control. Mr. Leavitt is a former charter member of the American Legacy Foundation board, the foundation established by the Master Settlement Agreement to educate youth and the public about the addictiveness and health effects of smoking.

More than 90 percent of adult smokers began smoking as teenagers. The American Legacy Foundation's public education campaign is helping to produce dramatic decreases in youth smoking rates. The work of the American Legacy Foundation is more important than ever to this country's health.

I support Administrator Leavitt's nomination to serve as Secretary of Health and Human Services and welcome the opportunity to work with him to reduce smoking among young people, acquire quality safety data on dietary supplements, and address other critical health concerns.

Mr. DODD. Mr. President, I rise today as the nomination of current Environmental Protection Agency, EPA, Administrator and former Utah Governor Michael Leavitt for the position of Secretary of Health and Human Services comes before the Senate. I plan to support this nominee as I did a little more than one year ago when Governor Leavitt's nomination to lead the EPA came before this body. I do so

with the intention of working with him once he is confirmed as the administration's leading health care advocate to protect our Nation's vital health care infrastructure.

Once confirmed as Secretary of Health and Human Services, Governor Leavitt will oversee the administration of the Department of Health and Human Services, HHS, the vast federal agency overseeing the Medicare and Medicaid programs, the National Institutes of Health, NIH, the Food and Drug Administration, FDA, the Centers for Disease Control and Prevention, CDC, the Health Resources and Services Administration, HRSA, and the Administration for Children and Families, which oversees child care, welfare and Head Start. HHS operates more than 300 critically important programs that represent almost a quarter of all federal outlays. In fact, the Medicare and Medicaid programs alone provide health insurance for one in four Americans.

Current research tells us that well crafted, well researched, and comprehensive public health initiatives spearheaded by the office of the Secretary of Health and Human Services could lead millions of Americans to efficiently and successfully address health concerns before they become critical. However, just as important as the development of lifesaving preventive services is support for those programs already providing services to those already struggling with disease or impairment. In order to be successful in his new role as Secretary of Health and Human Services, Governor Leavitt will need to balance these sometimes competing needs so as to effectively lead our nation's federal health care systems into the 21st Century.

Let me just take a moment to lay out several areas that I hope Governor Leavitt will make a priority as secretary. First, I think it is imperative that we take steps to ensure that the prescription drugs that are already on the market will not harm the millions of Americans that rely on them for their health and well-being. Serious questions have been raised about the ability of the Food and Drug Administration to ensure the safety of medicines. In the coming days, I will be introducing a bill to reform the FDA and give it the authority and resources to effectively monitor prescription drugs that are on the market, and take action if a safety issue is identified. I look forward to working with Governor Leavitt on this issue, and I hope that he will make it one of his top priorities.

Of additional concern are possible efforts to modify our nation's Medicaid program, the federal and state health insurance program for those with low incomes. Currently this valuable program serves more than 50 million low-income children, pregnant women, elderly and disabled Americans, providing a vital safety net of health care

services to these often vulnerable populations. I plan to work with the new Secretary to ensure that any modifications to this important program do not endanger its continued ability to provide for the health of its needy beneficiaries.

I am also hopeful that Governor Leavitt will expand the work done by his predecessor to bring the health care system into the information age. Expanding the use of information technology, IT, in health care settings will save patients' lives and improve the quality of care. In addition, estimates suggest that investment in health IT is one of the most effective tools we have to control skyrocketing health care costs, making health care more affordable for all Americans.

I urge Governor Leavitt to take a close look at an issue affecting the health of infants in this country. The Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children is close to issuing a report recommending a standard set of genetic disorders that all states should test for at birth. Newborn screening saves thousands of lives every year, but the current inconsistency in state testing policies means that too many children still suffer from disorders that are not detected until it's too late. I hope that Governor Leavitt will work with me to ensure that states can adopt the recommendations of the advisory committee, so no more infants fall through the gaps in newborn screening.

Tragically, we know that each and every day in America 7,000 children under the age of sixteen have their first alcoholic drink. We also know that 4,500 children under the age of 21 will lose their lives due to the abuse of alcohol each year. At the same time, the social costs associated with underage drinking total close to \$53 billion annually including \$19 billion from automobile accidents and \$29 billion from associated violent crime. In 2003, the Institute of Medicine released a study, "Reducing Underage Drinking—A Collective Responsibility," that laid out the national problems presented by consumption of alcohol by youth and established a multi-tiered national strategy to reduce underage drinking's toll. Sadly, however, there has yet been little progress made in instituting this strategy. It is my desire to work with the new Secretary toward implementation of this important report's recommendations.

I also look forward to working with Governor Leavitt to increase the availability of medical devices for children. Many essential medical devices used extensively by pediatricians are not designed and sized for children's special needs. Because the number of children needing a particular device is often quite small, there's simply little financial incentive for manufacturers to make pediatric appropriate devices. As a result, health care providers are forced to use adult devices "off-label"



without a clear understanding of the risks involved or to use older, less optimal, or more invasive interventions. Pediatricians tell us that the development of cutting-edge medical devices suitable for children's smaller and growing bodies can lag 5 or 10 years behind those for adults. In my view, this is an issue that demands our attention.

Lastly, if I could take a moment to talk about some of the issues related to poverty that this Congress will face and how important it will be that we are able to work with a Secretary of Health and Human Services who will be prepared to listen and to objectively assess options and, when appropriate, to help bring compromise toward a bipartisan solution. In the coming months, we will be working on legislation to further strengthen Head Start, to improve the quality of child care and to provide additional funding for child care in order to ensure that we do not pit the working poor against the welfare poor, legislation to reauthorize the Community Services Block Grant, CSBG, as well as the Low Income Home Energy Assistance Program, LIHEAP. I am interested in working with Mr. Leavitt to reach bipartisan support for these measures, which frankly should have bipartisan support. We should not be politicizing poverty.

I am very concerned about the direction that the administration wants to take with regard to Head Start. I, too, believe there are further actions we can take to strengthen the literacy and cognitive development of Head Start children. But, Head Start is not just about literacy. It is about overall school readiness which includes the social, emotional, physical, and cognitive development of children, development of the "whole" child. The Head Start bill approved by the House last year and supported by the administration would repeal the Head Start performance standards—standards which help ensure the comprehensive quality of the program. I think that is a mistake. We can and should further strengthen the Head Start program and I look forward to working with Governor Leavitt to do so. But, if we are serious about strengthening Head Start, then we cannot repeal the performance standards which are the foundation for quality accountability.

As I mentioned earlier, another issue I hope to work with Governor Leavitt on is child care. When Governor Leavitt appeared before the Committee on Health, Education, Labor and Pensions, we talked about the need to expand access to the children of working poor families, not just the welfare poor, and to improve the quality of care. Again, if we are serious about improving the school readiness of our Nation's youngest, then we need to ensure that the child care they receive is related to child development. Some 700,000 children are in state pre-kindergarten programs. Another 900,000 children are in Head Start programs. But, some 14 million children younger than

six are in child care arrangements for many hours every day, every week. If we ignore the quality of care that these children receive, we are missing an opportunity to ensure that these children enter school ready to learn. It is these children, largely from working poor families, who aren't in Head Start, who aren't in a 2-3 hour day pre-kindergarten program because their parents work, who are most at-risk of being left behind. I am hopeful that we can work to achieve a bipartisan increase in child care funding to better address the needs of the working poor while improving the quality of care the children in these families receive.

These issues of concern offer only a handful of the multitude of items facing the office of the Secretary of Health and Human Services. In his new role as Secretary of Health and Human Services, Governor Leavitt will have the opportunity to touch the lives of millions of Americans who often struggle to adequately address their health care needs.

However, as we all know, with great opportunity also comes great responsibility. As we learned painfully with the bioterrorist attacks of 2001, we now face as a nation threats to our public health that we could never have imagined only a few short years ago. In this new era, it is critical that we are prepared to meet these new challenges head on. I look forward to working with Governor Leavitt in his new role and in the future to ensure that the public health infrastructure of the United States is prepared to adequately address these new threats.

So it is with great optimism that I support this nomination. I can think of few more influential positions within federal service than the position of Secretary of Health and Human Services. This position brings with it a great opportunity to not only shape the way we as Americans learn about the importance of health but literally has the ability to save lives. I hope to be able to have the opportunity to work with Governor Leavitt in his new role as Secretary of Health and Human Services to enhance the health and well-being of all Americans.

Ms. STABENOW. Mr. President, I rise today to discuss the nomination of former EPA Administrator and Utah Governor Michael Leavitt to be the Secretary of Health and Human Services.

I respect Governor Leavitt. He and I have enjoyed a good working relationship when he was the EPA administrator. Governor Leavitt always kept an open door, and he worked closely with me on important Michigan issues such as Canadian trash and air quality standards.

But today, he stands ready to take a new role. This is an immense honor and carries even greater responsibility. HHS oversees many of the agencies that affect Americans' lives the most. For example, the Secretary oversees Medicare and Medicaid, which covers

over 70 million people, from children and mothers to seniors and the disabled. The National Institutes of Health drives our Nation's biomedical research, and the Food and Drug Administration works to make sure what we eat is safe.

Unfortunately, HHS also has a series of missteps. In today's Washington Post, we learned that HHS, like the Department of Education, paid a journalist to write supportive statements about administration policy in her column. This is on top of findings that HHS improperly used federal money for political purposes. HHS officials also stopped the CMS actuary from giving important information to Congress about the true cost of the Medicare drug bill. I urge Governor Leavitt to work to correct these abuses.

I intend to vote to confirm Governor Leavitt, but I do want to use this opportunity to raise some major concerns about health care. First, I am concerned about Governor Leavitt's position on Medicaid. My State has made great strides in stretching each Medicaid dollar, including an innovative drug purchasing plan with other States.

We should encourage States to find innovative ways to save money, but having flexibility and innovation does not mean cutting people's benefits. I am concerned about rumors about "block granting" Medicaid. That would be a dangerous proposition to our most vulnerable populations that rely on this important State-Federal partnership.

Second, we need to have a full and open debate about reimportation. Last Congress, I was deeply disappointed that after numerous bipartisan attempts to bring the issue of drug reimportation to the Senate floor, the leadership blocked a fair discussion on a sensible way to bring down drug prices. I am glad that my friend and colleague Senator DORGAN secured an agreement with Senators FRIST and ENZI on having a HELP committee hearing on reimportation by April 25.

We urgently need to have a reimportation bill brought to the floor. I am very troubled by allegations of delays while our seniors and businesses pay the price. For example, there are allegations that the administration is putting strong pressure on our neighbors to the north to block reimportation. In fact, we have heard complaints that almost immediately after U.S. trade officials visited Canada in December, the Canadian health minister began looking into ways to block reimportation.

I have heard too many stories from my constituents that without lower priced, FDA-approved drugs from Canada, they would not be able to afford their rent or buy their groceries. In the America that we want for ourselves and our children, no one should ever have to choose between paying their rent or their medicine.

It is unacceptable that they cannot purchase their medicine here in the

United States. In this great Nation, a pharmacist in Detroit should be able to do business safely and securely with a pharmacist in Windsor.

I am glad that Governor Leavitt is keeping a more open mind about reimportation than others in the administration . . . so far! In fact, during his nomination hearing in the Finance Committee, he stated: "If it can be shown that it can be done safely, then it's a discussion we should have."

I hope Governor Leavitt will continue to keep an open mind as we debate reimportation under the agreement with leadership. Again, we need to have an open debate here in Congress about reimportation.

Finally, I hope that Governor Leavitt would keep an open mind about allowing the Federal Government to negotiate drug purchases on behalf of Medicare.

Even outgoing HHS Secretary Thompson said at his December 3 resignation press conference that he would have liked to have had the opportunity to negotiate lower drug prices.

I know that Secretary-designate Leavitt has said he does not believe that the Secretary should have the power to negotiate with drug manufacturers to secure lower prices for Medicare beneficiaries. Rather, he believes that the Medicare law provides enough safeguards to keep drug prices in check.

How is that possible when researchers at Boston University have found that the pharmaceutical industry will actually make \$139 billion more under this plan?

In fact, a recent study published in the prestigious Health Affairs journal found that if Medicare could negotiate and bring drug prices more in line with other nations' costs, we could close the doughnut hole.

I am disappointed that Governor Leavitt does not believe in using the market power of over 40 million people to get the best prices for seniors, the disabled, and the American taxpayer. It is a good market-based solution.

More than ever, we need to work to keep down the costs of drugs. It is hurting our businesses, it is hurting our families, and it is going to hurt every American taxpayer when the new Medicare drug program begins in 2006.

Yesterday the Wall Street Journal published a sampling of this month's prescription drug price increases, finding that the prices of 31 of the 50 biggest selling medications have increased dramatically since our November elections. These drugs included popular drugs such as the cholesterol-lowering drugs Lipitor and Pravachol; the painkiller Celebrex; the antidepressant Zoloft; and the blood-thinner Plavix.

One health research group stated that pharmaceutical companies are marking up their prices now in anticipation of the Medicare drug program coming out in 2006.

It is outrageous that Medicare can't negotiate prices just like businesses,

states, and even other Federal agencies can.

This is a great nation, and in the past month, we have seen how strong our democracy is. But we also have room for debate and discussion. I urge Governor Leavitt to keep an open mind and to work with all Members of Congress to bring down the cost of prescription drugs for all Americans.

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

The PRESIDING OFFICER (Mr. TALENT). Without objection, it is so ordered.

Mr. DORGAN. Mr. President, the business before the Senate is the nomination of Governor Leavitt to be the Secretary of Health and Human Services. I come to the floor to express my support for Governor Leavitt. He has come to Washington in recent years to be the head of the Environmental Protection Agency. He is someone of considerable talent, and he is someone with whom I have worked when he was Governor of the State of Utah.

I have great respect for him, and I am very pleased that someone of his capability and talent would offer himself again for this Cabinet post. I am very pleased to support his nomination.

I do want to say that one of the issues that he will confront as the Secretary of Health and Human Services is the issue of the reimportation of prescription drugs. It has been a hotly debated issue in the U.S. Congress. Sufficient votes exist in both the House and the Senate to pass legislation allowing for the reimportation of prescription drugs. The only reason that legislation has not been passed and gone to the President is it has been blocked by a minority, and blocked by those who want, apparently, to protect the President from having to veto legislation that includes reimportation.

The President has indicated opposition to the reimportation of prescription drugs.

Let me describe why the reimportation issue is important. The fact is, American people pay the highest prices in the world for prescription drugs. That occurs because the pharmaceutical industry can charge those prices. Unlike most other industrialized countries, we have no price controls. There, in fact, are some price controls, but the controls are in the hands of the pharmaceutical industry. They actually control prices in this country, and they control prices because of a piece of legislation that was passed a couple of decades ago that prohibits the reimportation of prescription drugs, except by the drug manufacturer itself. For that reason, unlike other countries, citizens in our country are not able to routinely purchase an

FDA-approved drug which is sold for a much less expensive price in other countries.

There is an exception to that, which is the allowance for prescription drug reimportation for personal use by someone who actually travels personally across the border to Canada or Mexico and purchases the FDA-approved prescription drug. They are allowed to bring a 90-day supply for personal use into our country. With the exception of that, a pharmacist from this country is not able to purchase from a pharmacist in Canada, and a licensed distributor in this country is not able to purchase from a licensed distributor in Canada.

The fact is, that is an exception to what is happening in other parts of the world—Europe for over 20 years. If you are living in Germany and want to buy a prescription drug from Italy, no problem. You can do that. If you are in Spain and want to buy a prescription drug from France, that is not a problem, either. It is called parallel trading. Those engaged in it in Europe have testified before Congress and indicated it has been going on for decades with no safety issues at all. Yet in this country, we have this artificial barrier that prevents a pharmacist from Grand Forks, ND, from buying an FDA-approved drug sold by a pharmacist in Winnipeg, Canada. It makes no sense at all.

We were not able to pass this legislation because the pharmaceutical industry has great influence here and with the Administration. As a result, the legislation has been blocked.

Yesterday, Senator OLYMPIA SNOWE from Maine and I met with Majority Leader FRIST and Senator ENZI. We indicated that we would be reintroducing our bipartisan legislation. Senator SNOWE and myself, Senator MCCAIN, Senator KENNEDY, Senator STABENOW, and many other of our colleagues, will cosponsor the major bipartisan piece of legislation dealing with the reimportation of prescription drugs.

We had a commitment yesterday that was expressed publicly last evening; that the bipartisan piece of legislation dealing with the reimportation of prescription drugs will have a hearing on its own merit exclusively directed at that bill before the Health, Education, Labor and Pensions Committee. I appreciate that very much. That is the first step in getting this kind of legislation passed through the Congress.

Our approach is to try to put downward pressure on prescription drug prices because we think it is unfair that the consumers in this country pay the highest prices in the world.

With your consent, Mr. President, I will show two pill bottles—two, of a dozen, I could show. The bottles that I hold up today are bottles of Lipitor. As one can see, they are identical in color, identical in shape and size, and they contain an identical tablet. It is something called Lipitor for the reducing



cholesterol. The medicine taken is one of the most popular medicines sold in this country taken to lower cholesterol levels in patients. It is sold in Canada and in the United States.

As you can see, the same pill is put in the same bottle, is made by the same company, and is FDA-approved in both cases. The difference? Price. The American consumer is charged \$1.86 per tablet and the Canadian consumer, \$1.10 per tablet. Why would one justify charging nearly double the price to the American consumer? What justifies that? These pills are, in most cases, made in the same plants, put in the same bottle, but shipped to two different places with two different pricing schemes. In almost every case, the pricing scheme with medicine of this type is to price the brand-name prescription drug at a higher price in the United States than exists in other countries. We think that is unfair to the American consumer. We don't propose price controls. Rather, we suggest the American consumer have the same access to be able to purchase the FDA-approved medicine from other major, industrialized nations with drug safety systems comparable to our own.

We recently had some testimony at a gathering here in the Congress that I want to review for a moment. Dr. Peter Rost, who is a drug industry executive, says:

The biggest argument against reimportation is safety. What everyone has conveniently forgotten to tell you is that in Europe reimportation of drugs has been in place for 20 years—

And done safely.

Then he continues by saying the following:

During my time response for a region in northern Europe, I never once—not once—heard the drug industry, regulatory agencies, the government, or anyone else saying that this practice is unsafe. And personally, I think it is outright derogatory to claim that Americans would not be able to handle reimportation of drugs, when the rest of the educated world can do this.

This, from a drug industry executive. He obviously wasn't treated well by the industry when he said this. But it took great courage for him to say what is obvious to everyone. There is no safety issue. That is a specious argument by the pharmaceutical industry and those who support it to try to head off the Congress passing legislation that would allow for the reimportation of prescription drugs.

The bipartisan group of legislators, Republicans and Democrats, who I and others have worked with, will introduce our legislation in the coming days. We now have a commitment for a formal hearing on that legislation. We will push for a vote on the floor of the Senate. I am confident there are sufficient votes in the Senate to pass this legislation. I do not think this legislation can continue to be blocked as it was in the last Congress.

Mr. President, I wanted to make this point during the discussion about the nomination of Mr. Leavitt.

Mr. Leavitt is a person, as I said, of considerable talent. I am enormously pleased that he is assuming this role. He will understand, as I understand, that he is duty bound in his new role as Secretary of Health and Human Services to follow what the White House dictates on this issue. The White House, at least at this point, is continuing to oppose reimportation legislation. In fact, when Tommy Thompson and I put together a task force to study this issue, they issued a report at the end of last year which could have been classified as "recently incompetent humor"—this commission conceived in this report that there was a safety issue. To show you how irresponsible it was to put the task force together to reach a foregone conclusion that the Administration previously held, they proposed that Dr. McClellan head the group. He was the point person, who was the head of the FDA at the time, who raised all the issues and was vigorously opposed to reimportation and raised those issues in a manner that would befit someone working for the pharmaceutical industry.

There was such a stink raised by Dr. McClellan to be selected to run the task force that the Administration finally backed away and had someone else run the task force. But the task force did not take a "level look" at what this was about. They came up and conducted the safety issue.

There is no safety issue. Dr. Rost tells you; and I encourage any of my colleagues who wish to know; go to Europe, or ask the Europeans to come over here and testify. They will tell you they have been doing this for years. The reimportation of drugs between countries has been done routinely year after year without any safety issues at all. That is just a specious issue raised by those who want to support the pharmaceutical industry and who don't want to support the interests of the American consumers who should not be charged the highest prices in the world for prescription drugs.

Let me conclude as I started. Mr. Leavitt will assume the job of Secretary of Health and Human Services. I am anxious to work with him. I look forward to working with him. I have great respect for him. My hope is that he can convince this Administration to change its policy on reimportation.

This should not continue: The same pill put in the same bottle, made in the same plant, both approved by the FDA, should not be shipped to two places, one of which will impose upon the U.S. consumer the highest prices in the world. That is not fair to Americans, and this Congress ought to have the courage and the backbone to stand up for the interests of the American people on this important issue.

Within a matter of days, we will reintroduce our bipartisan piece of legislation. Within 90 days, we will have a hearing and we intend in every way possible to press this case on the floor of the Senate.

I yield the floor, and I yield the remainder of the time on this side.

**THE PRESIDING OFFICER.** The Senator from North Dakota yields the floor and yields back the remainder of the time on the Democratic side.

The Senator from Wyoming.

Mr. ENZI. Mr. President, I rise today to express my support for the nomination of Governor Mike Leavitt, who has been the Administrator of the Environmental Protection Agency, to serve as our next Secretary of Health and Human Services.

President Bush chose wisely when he nominated Governor Leavitt for this important post. He is a strong leader and an able administrator and his record provides the proof for his ability to get results.

I have known Governor Leavitt for some time. We worked together far back in my public service career when he helped found the Western Governors University. His service as Utah's Governor gives him a wealth of experience in the challenges of providing access to affordable health care. As a Governor of Utah, his state had a diverse mix of both a very rural and a very urban population. Accordingly, he brings diverse views on how to handle a wide variety of issues. As a westerner, he also understands the particular health care problems that affect folks who live in those rural areas as well as the more rural frontier areas.

His perspective will serve him well as Secretary. We have much work to do together with Governor Leavitt. We need to improve our health care system and increase patient safety through better and more widespread use of information technology. We need to ensure that the medications we take are safe and effective. We need to redouble our efforts to protect our Nation from the present danger of bioterrorism. We need to strengthen our health care safety net to protect the most vulnerable among us, and perhaps most importantly we need to do everything we can so that more affordable health insurance options are available to working families and small businesses. That important task will include making our medical liability system work better for patients and providers.

I am pleased that I will have the opportunity to work with Secretary Leavitt in my new capacity as chairman of the Committee on Health, Education, Labor and Pensions. My committee is looking forward to working with Governor Leavitt to craft solutions to the health care challenges we face as a nation. During his confirmation hearing, he agreed to informally sit down with Senator KENNEDY and I and others who are interested to informally discuss some of these solutions.

I believe we will succeed in meeting the shared challenges because Secretary Leavitt has succeeded in every step he has taken in his career. More importantly, Secretary Leavitt has great appreciation of the importance of the family, which is the cornerstone of

our society and the basic building block of our communities. Governor Leavitt is both a good man and a strong leader. I look forward to working with him on the health care issues that affect our families so directly.

I urge my colleagues to vote to confirm Governor Leavitt as the next Secretary of Health and Human Services.

Mr. President, it is my understanding the other side has yielded back their remaining time. Knowing no other Republican wishes to speak, I yield back the remainder of our time, as well.

The PRESIDING OFFICER. The Senator from Wyoming yields back the remainder of the time on the Republican side. All time having expired, under the previous order, the Senate will proceed to a vote on the confirmation of the nomination.

The question is, Will the Senate advise and consent to the nomination of Michael O. Leavitt, of Utah, to be Secretary of Health and Human Services.

The nomination was confirmed.

The PRESIDING OFFICER. The President will be notified of the Senate's action.

#### LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will return to legislative session.

#### MORNING BUSINESS

Mr. ENZI. I ask unanimous consent there now be a period for morning business with Senators permitted to speak for up to 10 minutes each.

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

#### AGENDA FOR COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Mr. ENZI. Mr. President, the Committee on Health, Education, Labor, and Pensions is actively working in all four of those areas as specified in the title of our committee as there are major initiatives that need to be accomplished in each of those areas.

I have found that each Member who is working on an issue in any of those four areas—and I am not just talking about members of the committee, I am talking Senators as a whole—believe their issue should be the first issue to come up in the Committee on Health, Education, Labor, and Pensions. As Chairman, I believe that we should work like the National Institutes of Health; that is, those issues that stand the best chance of making progress will get a higher priority. We will be working in all of these four issue areas because they are immensely critical to the people of the United States.

As a brand new Committee Chairman, I am asking all of my colleagues that when a Member has an idea in the areas of health, education, labor, or pensions, that you share it with me. I can bring the Member up to date on all

of the people who need to work on that issue so I can get them involved. It would be most appreciated. In addition, it would allow us to work prime pieces of your bill into any committee bill that comes out.

On a number of issues out there, there are multiple groups, and in many cases, bipartisan groups, working on their own bill. The way we will have to address those, of course, is to have the committee be the referee on which sections of which bills get into the final bill. I can assure Members we will look most favorably on Members who have shared with us in advance. If it is a matter of who is going to get the credit, I don't care on that. I will help preserve credit for your idea.

It would be helpful for me as the new chairman to have some kind of an idea of what Members are working on and what the timeframe is. We will let Members know how we are working on the same issue and our timeframe for the issue.

I have four outstanding subcommittee chairmen, and they have already sat down, looked at a list of things they need to accomplish, and together we have set some priorities and have begun to put together action plans on each of those bills. I have met with Senator KENNEDY to take a look at the 20-plus bills that need to be reauthorized before September 5. We are trying to organize those so that we can get as many of those completed as possible and to see where there is agreement; and where there is agreement, perhaps we can move them along faster allowing us the opportunity to concentrate on the other bills that need more work.

I didn't say the ones which we are in opposition to—because I know on most issues around here, if there is not agreement on the two conflicting ways to move a bill forward, there is often a third way that can be derived. A lot of the time the way committees work, as we get involved in an issue, is if there is a section that people do not agree on, quite often we can have those Members interested in that section go off for a little bit and hammer it out. Typically, they come back with the third way that they can agree upon. Quite often the committee agrees on it as well.

In committee, usually, we can get agreement on 80 percent of an issue. Generally, the 80 percent is what is passed through the committee if there is bipartisan support, if it appears to have bipartisan support. Unfortunately for the American public and television, when people see us debate in the Senate it is on that other 20 percent, the 20 percent we did not agree on in committee, and for political reasons may not agree on no matter how long the debate continues. When we vote, after all the amendments are tallied, quite often we go back to the 80 percent that came out of committee with bipartisan support.

I am suggesting to my colleagues that if we can go by an 80-percent rule,

do the 80 percent we agree upon in committee, bring it to the Senate floor, and wrap it pretty quickly, then we can skip that other 20 percent. Overall, we could get a lot more done around here. In addition, it would be more collegial and it would lead us to being able to get more things done on a bipartisan basis.

So we are going to be trying that in this committee and seeing how it works. I hope it does not turn out to be the grand experiment that failed. I hope it turns out to be a model for a way we can have a Senate that is more agreeable and working towards solutions for the American people.

That is the approach we have taken on every issue that has been mentioned here today. We have already been working on action plans for those things to see if there is a way we can come up with an 80-percent package. If we can, we will move them along much faster than what people expect. But it will take a lot of work and a lot of concentration and, incidentally, quite a few hearings, too.

I have learned under Senator GRAHAM and Senator SARBANES and Senator SHELBY—those are all Banking Committee chairmen—that one of the ways to handle an issue is to try to get together everybody you can who is an expert on the particular area you are doing and draw on their knowledge—these are practitioners who have actually worked in the trenches on the idea—and gather the information from them and see if there is not, again, an 80-percent agreement.

There should not be a shortage of ideas in the United States. We are the idea country. If we can find some way to simmer those down and put them out as legislation, that helps people. That is what the HELP Committee is all about.

I look forward to working with my colleagues and seeing what sorts of things we can do to help health care in the United States so we can have more accessible, lower cost, higher quality health care. As you can tell from previous discussion, that covers a whole range of issues. The Presiding Officer at the moment, of course, is interested in the associated health plans, and so are a whole lot of other people in the Chamber.

We have talked about drug reimportation. We have a bill in that comes out of a task force, Senate file 4. It comes out of a task force last year that was led by Senator GREGG, who is my predecessor as chairman of this committee, a diligent, hard-working, knowledgeable task force leader who helped us put together about 15 bills that would do exactly what I talked about: increase access, reduce costs, help the quality. Those are included in a bill. It is not definitive, it is not the final answer, but it is a starting point for us to go on this great debate.

In education, we are going to do an education piece that makes sure people understand there are lifelong education