MEDICARE'S PRESCRIPTION DRUG BENEFIT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY. Mr. Speaker, I am proud to be here this evening doing this special hour of the Republican majority talking about a great success story, and that is the implementation, after a 40-year wait, literally, of a benefit under Medicare that our seniors have been promised by other administrations, by other Congresses. And finally this President, this administration and this Congress, this Republican majority, has delivered on the promise to bring a prescription drug benefit to our needy seniors.

I will be joined this evening during this hour by a few of my colleagues on this side of the aisle, the gentleman from Minnesota (Mr. KLINE) and the gentleman from the great State of Texas (Mr. BURGESS), a fellow OB/GYN.

But I want to start out talking a little bit about this program and why I think it is so beneficial. My colleagues know that in my prior life, as recently as 4 years ago, in fact, before getting elected to the Congress, I practiced medicine for 30 years. I was there really at the infancy of the Medicare program. I was a freshman medical student in 1965 when an amendment to the Social Security Act that is the original Medicare was signed into law by Lyndon Baines Johnson.

Something that many people do not know about Medicare part A and part B, part B being the optional part, just as part D is, seniors were going to have to pay a monthly premium. The very person, the very first senior to exercise his option to sign up for part B was none other than President Harry S. Truman. If you go to my Web site, you can actually see the film clip in black and white.

I like black and white, which says something about my age and television and movies. It is very interesting.

When you look back at that program today, and we are talking about a 40-year history, I think most people would say Medicare has been a great, great benefit. I think all of my colleagues would agree with that, part A and part B, even the optional part B. And over the years, of course, that monthly premium has increased to $88.50 a month today, and I think it was something like $15 a month in 1965, but it is still a deal. It is a good deal because the seniors taking that money probably out of their Social Security check are only actually paying 25 percent of the true cost of part B; 75 percent of it is paid by the general taxpayer.

Again, it is an optional program, but I think today I am right in these statistics, 98 percent of seniors when they turn 65, on that other voluntary part, part B, the doctor part, the surgery part, the outpatient testing part and physical exams, have opted in and certainly not opted out.

So here we are now finally with a great addition to the Medicare benefit for our seniors. We passed it, we all remember. We have some complaints still from the other side of the aisle that we passed it in the middle of the night. Doing things in the middle of the night in my profession as an obstetrician is quite routine. You either admit patients in labor in the middle of the night and deliver them in the daytime; or your admit them in labor in the daytime and deliver them at night. I would like to feel as a Member of Congress that I am not immune to a 24-hour schedule.

But back in November of 2003 we did pass this. We had the transitional program, the Medicare prescription drug discount card that was so beneficial to our neediest seniors because it gave them a $600 credit per year for 2 years. It was actually a year and a half. They got $1,200 worth of credit for purchasing prescription drugs if they were low income, and many were.

Now that program has gone away and we are into the insurance program and getting very close to the end of the 6-month sign-up period, May 15 of this year, just a little less than 6 weeks from now.

I think my colleagues, I wish on both sides of the aisle, but certainly those of us on the majority, even though some of us for what we felt they felt were legitimate reasons to be in opposition to this, yes, somewhat expensive additional program, they are encouraging our seniors to take advantage of it.

I am, as I say, wanting to talk about this program tonight, and we will do that as we continue this hour. But I want to, at this time, yield the floor to my colleague from Minnesota who has a lot of interesting stories to tell about folks in Minnesota, his constituents and how they are saving money and eventually how we are saving lives.

At this time I yield to the gentleman from Minnesota (Mr. KLINE).

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Mr. KLINE. I thank the gentleman for yielding and for his bringing this issue to the floor tonight and certainly his leadership over these months.

I just wanted to touch on a couple of points. I think it is important, as the gentleman from Georgia said, that we recognize there was a spirited debate on this bill, and not everyone in this House voted for it. There are still people today who think that it was a mistake when we added the prescription drug benefit to Medicare.

But I think the point to my colleagues, and I know that my good friend Dr. GINGREY would agree with me, and I hope that senior citizens across the country understand that we need to set that debate aside right now. We have a law in place that provides a tremendous benefit for our senior citizens, particularly our lower-income senior citizens.

I think that chart that Dr. GINGREY showed that says a total of 27 million seniors, 27 million seniors now have coverage under Medicare Part D, says an awful lot about the acceptance of this program, regardless of the heat and the debate that took place when this bill was passed.

I know that we now have registered for the Medicare prescription drug plan in Minnesota, in the Second District, 65,000 senior citizens, and that is a very, very good thing. We found early on, and I think my colleague probably did, that as we moved from the discount cards, which I thought were a tremendous benefit themselves, I know that my mother, who lives on Social Security and Medicare, has saved literally thousands of dollars with that interim program. When we moved from those cards to the sign up for Medicare Part D there was certainly confusion. Seniors were confused. Pharmacists were confused. Doctors were confused. It was not what we would call a smooth start.

Having said that, we have now moved past that rocky start, and seniors that have had the chance to look at this understand that it is really an important benefit for them.

We wanted to help, in my office, and I know many of my colleagues did this on both sides of the aisle. They held town hall meetings and workshops. We chose to have what we call sign-up workshops. We got some tremendous support from the Minnesota Board of Aging Senior Linkage Line provided volunteers to come and help us, help the senior citizens in Minnesota's Second District understand what their options were. We advertised the workshops. We had seniors call my office to make an appointment to come in for one-on-one counseling. And as these seniors came in and they sat down with experienced volunteers and members of my staff who have become quite expert on this, and they looked at the program that was offered in front of them and they looked at their list of medications that they are taking and that the options that were there, in case after case after case, they were able to make wise choices, and I don't know anyone who came to our workshops who didn't leave feeling that they had gotten the information they needed and were able to make a wise choice.

I have some quotes here that I just thought I would share with my colleagues here, and I know that Dr. GINGREY can empathize with this, and he experienced much of the same, I am sure, when he was working with the folks in Georgia. But just a couple of quotes. There is a man from Shakopee came to the workshop and he said, quote, ''I got an honest comparison and found out the plan I was leaning toward would cost twice what I could get. Now I can save $2,000 on a different plan.'' That is quite a bit.

Lady from Eagan said: It was wonderful. I wouldn't have known what to do or where to begin without that session. The woman that worked with me

was very knowledgeable and did all the computer work for me. She printed up the nine cheapest prescription drug coverages for me, and I can see already that I am going to save $100 a month. I was very, very pleased. And so forth.

Lady from Inver Grove Heights said: They were wonderful. They were extremely informative. In 45 minutes, they probably saved 8 hours of work and confusion.

These programs, if you just take the time to sit down with somebody who knows what they are doing, it is actually pretty easy to decide what plan is best for you. And we have seen that in case after case after case. And I very much regret that there are, in fact, some of our colleagues who are still perhaps upset over the bill itself and are not providing this kind of help and encouragement to the seniors in their district.

I know my mother, as I mentioned before, she was a beneficiary of the interim plan with the cards, and now we have got her signed up for this Medicare Part D and she is going to save thousands of dollars a year.

You can save a lot of money, and I hope that our colleagues will help the constituents in their districts, the senior citizens, understand the value of this program, set aside the bitterness of the debate that took place over the bill itself and recognize that this is a tremendous benefit, it can save their senior citizens hundreds and sometimes thousands of dollars, and help those seniors to sign up.

I don't know if the gentleman from Georgia is continuing with his workshops. I know we are. We have a couple more scheduled next month. We are looking at the schedule deadline. May 15 is the deadline for signing up for this prescription drug benefit, the Part D, without paying a penalty, suffering a penalty. So we are encouraging our seniors to sign up. We are scheduling some more of these workshops and encouraging them to come. The wonderful volunteers from Senior Linkage Line are going to be there to help us again. We hope that every senior will take a look at this option and decide whether it is for them or not. If they have any questions, we would love to help. I will yield back to the gentleman from Georgia here. I know that he has spent a lot of time helping seniors in his district in much the same way.

Mr. GINGREY. Well, if the gentleman would yield.

Mr. KLINE. I am happy to yield.

Mr. GINGREY. Actually, just for a question. And I wanted to ask the question, if he has had an experience really similar to what I have. We have been working on this program, like I say, for a year and half during the transitional phase, and Representative KLINE has held a lot of town hall meetings; I have certainly held a lot of town hall meetings. You sort of lose count after a while.

But what I wanted to ask Mr. KLINE, Colonel KLINE, is, in your experience, when you first started doing these programs, and there was so much angst and rhetoric and doom and gloom possibly from certain Members of the body, did you feel that what you heard then and what you are hearing now was a little bit different? Has that changed a little bit?

Mr. KLINE. If the gentleman would yield. I think it is fair to say so. We took a different approach in how we were going to reach out to the seniors. We sent them mail to alert them to what they were doing. We invited them to call our office and make appointments so they could get that one-on-one attention. But I am sure the gentleman will agree that back in January and early February, when there was a great deal of confusion, many seniors were afraid to get started. They didn't know where to start. And we found that by continually offering the opportunity for seniors to come in and get one-on-one help, that we moved through that. And I know that the gentleman from Georgia and most of my colleagues who have been working on this issue for some time have seen a change in the understanding and the attitude of not just seniors, but I think many of us who are at that stage in life where we are helping to take care of seniors.

You know, the gentleman from Georgia, I don't know if he has advertised what his age is. It is a matter of public record, as you know. But those of us that are in our 50s, many of us are in the position of having parents who are not as able to take care of themselves, and we are anxious to make sure that we are providing the best for them. And so I found that not just the seniors, but a lot of times, their children, I hesitate to think of myself as a child anymore, but those people who are responsible for the health care for their parents and elderly relatives have also come to understand that, with just a little bit of attention to this, it has proven to be a very good program that can save them hundreds and sometimes thousands of dollars. And I know that Dr. Gingrey knows that not only is it saving individuals money, but this whole process, the competition in this process, which was hotly debated and much discussed, has actually started to drive down the cost of those prescription drugs and the cost of the whole program to the taxpayer. So we are seeing competition work in the large scheme of things, a sort of macro economics. But we are also seeing a payoff in these examples that I read from constituents in my district of where it is helping the individual seniors, the elderly couple and those who are helping to take care of them. So a change in attitude, I think we are seeing everybody who has come to our workshop, whether they have signed up on the spot or just taken the information and gone home, has left very relieved that this is a program that can help them, and it is not nearly as scary as they thought a few months ago. And I will yield back to the gentleman.

Mr. GINGREY. I thank the gentleman. And that really is an experience, Mr. Speaker and my fellow colleagues, that I have had as well. Early on, we, almost every town hall meeting on the subject it seemed like there was someone there that was reading the talking points from the opposition in regard to oh, you know, you have done nothing but let the pharmaceutical industry write a bill, or this is just a giant giveaway to the drug companies. And you heard that kind of rhetoric almost every time. But what I am hearing, and I think Representative KLINE as well, that people now understand that in this process that we go through, nothing that we do, no bill, Mr. Speaker, is perfect. I wish that it were. But that the product that we delivered in November of 2003 is a very, very good product, and our seniors are beginning to understand that. They are seeing through a lot of this negative rhetoric, mostly from the other side of the aisle. And what is said is they are even in the last throes of the implementation of this program, we are down to the last 5 or 6 weeks, it is my understanding, and I know this because I have actually seen this, Members are holding town hall meetings and in some instances discouraging people, continuing to discourage them.

Mr. KLINE. If the gentleman would yield.

Mr. GINGREY. I will be happy to yield to the gentleman from Minnesota.

Mr. KLINE. I thank the gentleman for yielding. You know I find that absolutely remarkable. I was just thinking, I could not help but smile to myself when the gentleman was pointing out that there is no such thing as a perfect bill. And I would argue that many times there is a perfect bill. It is perfect to me, but it is not perfect to my colleagues on the other side of the aisle, or I dare say sometimes not even to the gentleman from Georgia and vice versa. So we work these things out. We try to do the very best we can. Every large bill is going to have a flaw in it from one of our perspectives. There are some flaws in this bill from my perspective and I am sure from the gentleman's and from our colleagues. But I think what is very important, that we all understand, that our constituents understand and that our colleagues here understand is that debate is for now behind us. What we have now is the opportunity, with a deadline of May 15, for our constituents to see what is available to them and see if it can't save them money. And we are seeing in case after case after case of the now hundreds of people in Minnesota's Second District that it can save them money. It is saving them money. And if you are discouraging one of your constituents from looking into this program because you are unhappy with the bill, I would argue that you are doing them a great disservice. And I would argue that you are not doing your job as their Member of Congress

because that debate may come again another day. There will no doubt be changes in Medicare legislation as we go down the road. But for now, it is very important that we set that acrimony aside and make sure that our constituents know that they have a program here that can save them an awful lot of money. And I will be happy to yield back.

Mr. GINGREY. If the gentleman would yield. And the gentleman said, you know, doing your job, and that is exactly what we should be doing. In fact, I think what we are hearing from the other side as they continue to oppose everything that this majority has tried to do in the 109th Congress, and of course the rhetoric gets worse and worse as we approach November, and we all know it is an election year. But it is not only, I think, not doing your job for your constituents, but it is kind of like one of my favorite Garth Brooks songs, it's shameless. It is absolutely shameless to think that someone would hold a town hall meeting and discourage, as the gentleman from Minnesota said, seniors from signing up for something that is going to save everybody some money, but it is an absolute Godsend to those of our seniors who are low income, low assets, the very neediest in our society. And I think most of the legislation that we try to pass, and I think the attitude should be the same whether we are Republicans or Democrats, is to try to help those in the greatest need who really can't help themselves through no fault of their own.

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We need to put some wind beneath their wings to kind of uplift them.

And I know there may be a few in the gentleman from Minnesota's district and I know there are some in the 11th of Georgia who still need to get the message, and maybe they do not know and they do not realize. They have not gone to the Social Security Web site and found out that they qualify because their income is only $14,450, or if they are married, $19,250 a year; and they do not have assets worth more than $11,500 if they are single, or $23,000 if they are married.

We need to get them signed up, and I know the gentleman would agree with me on that.

Mr. KLINE. If the gentleman would yield, I think that is an excellent point. We sometimes forget that when we passed that bill, the one we have been discussing which was debated with some spirit, it was designed, it was designed to help seniors who are low income first; and I think that the implementation of this part D is showing that to be true. When we have low-income seniors come to one of our workshops and they are taking sometimes a passel of prescription drugs, they are saving thousands of dollars. That is what the bill was designed to do.

I remember a lot of the debate and discussion, and we talked about seniors who were forced into the terrible position of choosing whether to take a prescription drug or having the next meal or paying rent or perhaps arbitrarily choosing to cut their tablets in half. This part D for low-income seniors removes that. There is no low-income senior who should not be getting their prescription drugs with tremendous savings, virtually free in some cases, but saving lots and lots of money.

What we are finding very interesting is that there are thousands of middle-income seniors who, when they come to our workshop and look at the choices and they sit in front of that computer terminal where you can very quickly rate the different choices, they are seeing that they can save an awful lot of money and it is to their benefit.

If it is not to their benefit, certainly they can choose some other form. Perhaps they have private insurance or they have VA benefits or something. It may not be for them. But many are finding out that they can save money.

And so it goes back to the point the gentleman was making earlier. It is incumbent upon all of us, certainly the administration; some organizations like the AARP are working very hard to get this word out, and Members of Congress, our colleagues, to make sure that the citizens know that this is something that they ought to investigate.

And I know that we found early on and even last year when we were looking at the interim discount card that there are seniors who are not comfortable, frankly, sitting in front of a computer and going on line. Many are and I am always very heartened to see that. Some of them, in fact, are much more computer literate than I am. But in many cases they are intimidated, and that is why it is important that this help be offered to them, either in one of our workshops or yours, or there are other ways that you can get help.

Medicare, CMS itself, will be happy to provide help. Seniors can call 1–800–Medicare. There are ways that they can get help without having a computer and without having to sit down by themselves and try to figure this out.

So I encourage all of my colleagues to do everything they can to make sure that their constituents, their senior citizens, know that even if they are not low income, this is a program they ought to investigate.

Mr. GINGREY. I appreciate the gentleman's being with me tonight describing this program in greater detail.

I wanted to point out a couple of slides based on the information that he just gave us, and hopefully he can continue to be with us for a little while longer in this time. But Representative KLINE was talking about the fact that it is certainly not just beneficial to the low-income seniors. We know that they get the greatest benefit. But certainly a lot of middle-income seniors have no coverage under Medicare. They have part A and part B, but they have no prescription drug coverage. They may even have a Medigap policy that fills in the deductibles and the copay for part A and part B, but does not have a prescription drug part.

And I wanted to point out in this slide to my colleagues, Medicare part D helps working Americans. In fact, half of women on Medicare without drug coverage are middle income. That is represented here on the right, and these people are above 150 percent of the Federal poverty level. They are not going to qualify for any low-income supplement.

But this program, my mom is in this category, and on average we are talking almost a 50 percent savings on the cost of their prescription drugs. And so that is why it is important for people to understand that while the benefit for the lowest-income seniors is the greatest, and Representative KLINE mentioned that, in many of those instances the only payment is a little copay for a prescription drug, maybe $1 if it is generic or possibly up to $5 if it is a brand name.

If their doctor feels that they, for some particular reason, need to be on that brand name, or if there is no generic equivalent available, Medicare, the insurance program, the part D covers the deductible. It covers the monthly premium. It covers the copay of the first $22,050. And guess what. There is no doughnut hole. There is no lack of coverage at any point for those neediest seniors.

But it is important that our colleagues understand this and also understand that even the seniors who get no supplement because maybe their income is a little bit higher, as I say, my mom, Mr. Speaker, Helen Gannon Gingrey, 88 years old, she is going to be mad at me, Mr. Speaker, for telling her age, but if you could see her, you would never guess. She is young at heart and very energetic and yet was spending $4,000 or $5,000 a year out of pocket to purchase about five prescription drugs. And I was able to work with her and, as Congressman KLINE says, together we were able to go through the www.medicare.gov Web site, and Mom today is saving about $1,100 a year, and that really means a lot to her.

I wanted to also point out, Mr. Speaker, in this slide, this kind of gives a breakdown of how our seniors paid for prescription drugs before part D. We are talking about 41 million, about 41 million, and maybe 6 million of those are people under 65 that are on Medicare because of a disability, but this is the population we are talking about, and I think this slide is so instructive to show, before this program, what was happening.

Now, my mom, Helen Gingrey, was in this group of something like 40 percent of these 41 million seniors who were paying for prescription drugs out of their own pocket, and that is really the population that we are trying to address. And I would say a third of this group, a third of this 40 percent, are

the low income, the ones for whom this program is an absolute Godsend.

Now, as we were talking earlier, some people in their Medigap policy also have prescription drug coverage, and that amounted to about 3 percent. Employment-based plans, 26 percent. Now, we are talking about retirees, people who have worked for a company, a big company, a small company, but a company that has not reneged on their promise, as a retirement benefit, to provide health care with prescription drug coverage. And as part of this program, we built in an incentive to those companies to encourage them to continue to provide health care for their retirees, in many cases who have worked for the company 30 or 40 years, who had earned this benefit, and to encourage them to continue it and continue the prescription drug coverage. So about 26 percent were in that category.

Medicaid, 12 percent; they will all now be covered under this Medicare part D.

State-based programs and other sources, 6 percent.

But this is pretty much how it breaks down. And as we get closer to that sign-up deadline without paying a penalty, Mr. Speaker, beyond May 15, we do not want that to happen, and I would hope our colleagues on the Democratic side would join us in the majority in the realization that to discourage is a dreadful thing, of course, for those who are going to literally get the benefit with minimal, if any, cost, but those who have to pay the monthly premium, which is quite a number, to discourage them and then have them get beyond that May 15 deadline, and then all of a sudden they realize that they have been fed a bill of goods and some bad information and then they hurriedly sign up, but they fall into that penalty phase. That is something that we do not want to happen. I do not think Members on either side of the aisle want that to happen, and I hope that we will work toward this goal.

I see, Mr. Speaker, that we have been joined by another of my colleagues. I mentioned him at the outset of the hour, and that is the gentleman from Texas, not only my colleague in this great body, the House of Representatives but also a fellow physician and a fellow OB/GYN specialist, Dr. MIKE BURGESS.

I would like to yield to him at this time.

Mr. BURGESS. Mr. Speaker, I thank the gentleman for yielding.

I am sure my colleagues have pointed out tonight we have less than 60 days left on the open enrollment period for the Medicare prescription drug enrollment plan, and we were informed this morning that they have currently signed up 28 million people on the Medicare prescription drug plans.

When this started last November 15, the target sign-up was 30 million. So, Mr. Speaker, it seems pretty likely that CMS is going to meet that target or likely exceed that target.

Just to carry on with numbers a little bit more, there are 42 million senior Americans enrolled in Medicare. Six million of those have coverage from other sources such as the VA or a private retiree plan. If 28 million are covered in the new Medicare prescription drug benefit, that leaves about 7 or 8 million left that is the target population that we really want to reach over the next 60 days. Half of those individuals are, in fact, low income who will receive a significant benefit from the Medicare prescription drug plan.

Well, a big question that has come up certainly on the floor of this House and in some of the newspaper articles you read is, is the benefit worthwhile? Well, the average Medicare recipient will see a 55 percent savings on their prescription drug bill or about $1,100 a year. That is the typical amount. For a senior who is low income, that savings may be more in line with $3,700 a year because of the extra help that someone who is low income will receive.

We have had a lot of negative publicity about the Medicare plan, but the fact of the matter is that as people investigate this plan and sign up for it, the number of problems markedly decrease. Those without coverage currently, the 7 to 8 million, are the target groups that we want to reach over the next 60 days.

There are going to be a number of events that I will be doing back in my district. In fact, I think the President is scheduled to do several events around the country over the next couple of weeks to help get people focused on this.

And one consideration for someone who has kind of been sitting on the sidelines and wondering whether or not to sign up, there was a lot of pressure on the sign-up right after the first of the year when a lot of people showed up to enroll in the Medicare prescription drug plan, and there was some confusion and there were some hurt feelings. But bear in mind there will be additional pressure as we get to that May 15 date.

So do yourself a favor. Do the work required to investigate what plan would be best for you and try to make that sign-up occur during the month of April and do not leave it until the last minute when there may be additional pressure on the system that will tax computer systems and tax phone lines. Do not put yourself in that position. Do not wait until the night before the test to start studying.

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Early this year in August through my district, Secretary Leavitt and Administrator McClellan came to town in the Medicare bus. We had a big event at one of my hospitals. Some people came out, but it was hard to generate much interest or enthusiasm. But people were a little bit curious about what was going on.

During the fall we heard about the fact that the people were confused because there was too much choice associated with the plan, and I think that has now evolved into genuine enthusiasm for what this plan may provide the seniors of America.

Pharmacists are of special consideration, particularly the community pharmacists. There have been some issues that the pharmacists have had to deal with that perhaps weren't anticipated at that time, front end of Medicare. I think it is incumbent upon us, as Members of Congress, and the pharmacists, community pharmacists who are constituents, to help the Medicare plans realize that the distributive network that the community pharmacist provides for the Medicare beneficiary is extremely valuable; and they do need to work together so that those community pharmacists are able to continue to provide the benefit for Medicare recipients and Medicare beneficiaries.

Clearly, the community pharmacist has value added, particularly in rural communities, and I know this to be true in many areas of west Texas, just west of where I am from.

Mr. GINGREY. If the gentleman would yield.

Mr. BURGESS. Yes, sir.

Mr. GINGREY. Because I wanted to ask the gentleman on that point about the independent pharmacists, what we call the corner druggists back in Georgia and maybe also in Texas. I would love for the gentleman maybe to elaborate a little bit on some of the concerns that I know a lot of the Members have heard from the community. Independent pharmacists, not the big chain, but the moms and pops, if you will, God bless them, have some concerns and have had some concerns, and we have been talking about that.

In fact, as the gentleman knows, Mr. Speaker, just this morning, we had conversations with Secretary Leavitt and Dr. Mark McClellan, the director of CMS. They are aware of these concerns, and we may want to discuss that for a moment or two and how we plan to continue to work really closely with those corner druggists that a lot of our patients call, they call them ''doctor''——

Mr. BURGESS. Yes.

Mr. GINGREY. Because of the work they do.

Mr. BURGESS. That is a good point. We had a hearing on the Energy and Commerce Committee about this issue just a couple of weeks ago. I asked the Secretary, I asked the Administrator to consider having a follow-up hearing in our community when we get to the first week of May. I hope there will be time to do that. This is an issue in which we need to be sensitive.

To be certain, no one person on this planet is irreplaceable. If the only place to get drugs turns out, the only place to get prescription drug benefit turns out to be the mail order, well, people will accommodate to that. We will lose value if we lose the corner pharmacist, we lose the corner druggist. They do provide so much in the

way of expertise and guidance, even to the point of being concerned whether or not the patients are actually taking the medicine, which has been dispensed, always being certain that they get the right medication dispensed in the right dosage.

It does become difficult for these small businessmen to maintain their businesses when the accounts receivable stream has been disrupted a bit, as it was when we made the switch to the Medicare prescription drug benefit.

But as these problems work out, as the accounts receivable stream accommodates to that change, I am hopeful that a good many of these pharmacists, in fact, I have had phone calls from some who explain the difficulties they are encountering, but also always will end up with the comment that I feel like this is a good plan. If you give it time to work, and if you work with us and help us, this is going to be a good deal for our patients and for your constituents.

I did want to point out some of the things that were happening in Texas. I know Texas is not unique, but it is a big State, and there are a good number of Medicare beneficiaries, about 2.5 million out of the 43 million Medicare beneficiaries do live in Texas.

The standard benefit that we are all aware of here, that is provided for by law, the law that we passed 12 years ago, includes a $250 deductible, 75 percent coverage up to $2,250 annually, and catastrophic coverage, 95 percent, paid above $3,600 per year for out-of-pocket drug costs. That is not the end of the story.

One of the things that we were criticized for 2 weeks ago, or 2 years ago when we passed the bill was, no drug company is going to come in and sign up to provide this prescription drug benefit. It will, by default, become a Federal system. But the reality is, we have got 47 plans in Texas.

In those 47 plans, when you look at how much drugs cost, those that are just stand-alone prescription drug plans, there are 47 of them in Texas, on average the monthly premium is $37, 12 plans, only one-quarter cost less than $30 per month.

Of those prescription drug plans that are associated with a Medicare Advantage or a Medicare Plus Choice account, those beneficiaries may choose among 64 Medicare Advantage plans with prescription drug coverage. On average, the drug, the monthly drug premium is $19.44. Nineteen plans could not charge any additional premium for drug coverage for people who are receiving their Medicare on one of those Medicare Advantage plans.

To sum up, the average premium is $37 a month, but drops to $19 a month for patients on Medicare Advantage and prescription drug plans. Of those patients that are just on a prescription drug plan, if they take a plan with no deductible, their monthly out-of-pocket expense is going to be $40. If they have a $250 deductible, their average monthly out-of-pocket expense is under $30.

One of the things that I have stressed when I have done these events in my district, when people tell me that they have trouble making choices because there are too many choices, try to separate the plans and look at it from the standpoint of cost, coverage and convenience. Know the drugs that you are taking.

This is very important. Before anyone calls any of the Medicare hotlines or goes online to try to decide what drug coverage they need, they need to know what drugs they are on and the dosage and the dosage schedule. It doesn't do any good to purchase a Medicare prescription drug plan that doesn't cover the medicines that you are taking.

My colleague and I heard this morning from another Member that for a husband and wife who are both on prescription drugs, but not necessarily on the same prescription drugs, what is a good plan for the one spouse may not be a good plan for the other spouse. Each spouse needs to look at that individually. In this situation, it is not necessary nor sometimes even desirable for both to buy the same plan.

Mr. GINGREY. If the gentleman would yield.

Mr. BURGESS. Yes, be happy to yield, my friend.

Mr. GINGREY. I would point out that although a couple, for the reasons that you just so clearly explained, might have signed up for different prescription drug plans, they can get their medication filled at the same pharmacy.

Mr. BURGESS. That brings up the convenience part of that formula that I was talking about. If you wish to get your drugs through the mail order house, by all means make that selection. But if you wish to get a prescription at your chain drugstore, that decision can be made at the time you sign up.

If you wish to receive it from the corner druggist, from the community pharmacist, you can cost compare what would be the best deal or what would be the best price for that individual consumer. Again, it may be different for a husband and wife, if they are, indeed, on different medicines.

Also, look at the coverage, look at the lists of what medicines are covered under that drug plan. In Texas, for example, our first-tier plans cover, on average, 730 drugs on the first tier and 399 drugs on the second tier. That means, on average, the plans in Texas cover over 1,100 different drugs in the plans.

But look at the plan to be certain that the medicines that you are on are, in fact, covered, because that is going to create difficulties if your particular medicine is not covered on the drug plan that you select.

Finally, I do want people to remember that this is a little bit different from standard Medicare in that this plan, this prescription drug program, is not an entitlement. It is insurance. It is insurance with premium support. This is exactly what was recommended by the commission that was set up under President Clinton in the 1990s, premium price support and insurance coverage, rather than a pure entitlement. I have heard from some of my constituents, who are concerned that the cost will go up if they miss the deadline.

Well, that is true, but that would happen with regular insurance as well. Please approach this as insurance coverage and price it as insurance coverage and recognize that what the Federal Government is bringing to the table is price support for that premium. The premium will not be as high as it otherwise would be if Medicare were not a participant.

Well, the gentleman from Georgia has been very generous with his time. I am not sure what time remains with the hour. I will be happy to stay and participate if he would like me to, but I have pretty much concluded the remarks that I had prepared to say this evening.

Mr. GINGREY. I thank the gentleman. I hope he can stay. We may be able to engage in a little bit of a colloquy on some of these points. But in any regard, I thank the gentleman so much for his tireless insight and his understanding, of course, as a physician in making sure that our seniors get the right information so that they do get signed up.

He was talking a few minutes ago about the couple where the husband and the wife may have signed up, need to sign up, really, for a different prescription drug plan because they are on different drugs. But the fact that they can go to that same, same pharmacist, maybe it is a corner druggist in their neighborhood, right down the street, I mean, it could be Corley's Pharmacy in La Grange, Georgia. It could be Kim Curl's drugstore up in Hiram in Paulding County, or Steve Wilson's Carter drugstore in Smyrna, Georgia. All of these wonderful independent pharmacists are in my district, and I know the gentleman, Dr. BURGESS from Texas, has a similar situation.

You know, I think it is so important, as we do approach this deadline for signing up without a penalty, that our colleagues understand that. There was a lot of effort, I think, almost as much effort on the side of resistance as has been on the side of encouragement. I think the encouragement has won out, is continuing to win out over resistance and negativity. But we need to work toward achieving a goal of a full implementation of this program.

But here are the encouraging statistics, while the program, as Dr. BURGESS said, may have started out a little slow, as people were confused by all of the political rhetoric that was going on, as of last week, Mr. Speaker, as of last week 27 million seniors now have prescription drug coverage under Medicare.

Now, when you think about the fact that we are talking about a population of about 41 million, and 27 million now have this coverage under Medicare, and probably 8 million or so, 8 or 12 million, even of those that are not signed up, they already have something. They already have, if they are veterans, TRICARE, TRICARE For Life; if they are retired Federal employees, if they have a prescription drug coverage under the Federal health benefit plan; same thing with State retired teachers.

We are getting pretty darn close to 100 percent implementation. In fact, signing up 380,000 new beneficiaries each week, and 1.9 million additional beneficiaries have signed up for prescription drug coverage since mid-February. This represents a 25 percent increase over last month and the number of people who have selected a plan.

A lot of our opposition has said over and over, well, new people are not signing up, this is just automatic enrollment for the dual eligibles, the low-income seniors who have both Medicare and Medicaid. Well, that is absolutely not true.

□ 2045

Of the 27 million who have signed up, 7.2 million are folks that are not low income, and they had no prescription drug coverage so we are getting there. And as I say, we are going to continue to work right up until the last day, May 15, 2006.

Now, our colleagues on the other side of the aisle, Mr. Speaker, are trying to make political hay in saying that we ought to extend that deadline. We ought to push it out another 6 months, but in a way, that is just a cruel hoax because the longer we delay, the longer our needy seniors delay, the more they are either not going to get that supplemental help that they are eligible for, for if they are not eligible for supplemental help because of their income, they are going to continue to pay sticker price for their prescription drugs, more than anybody else in our population.

These younger people that are covered under an HMO or possibly an insurance company that has negotiated a low price, they get the discount; and that has been part of the problem, Mr. Speaker, why it is so important that we do this program. It is so unfair for our seniors to have to pay more than anybody else. So we want to encourage them, and I hope my colleagues on both sides of the aisle will continue to do that.

Mr. BURGESS. Mr. Speaker, one of the things that I find really exciting about the Medicare Advantage Plus Prescription Drug Coverage those plans, many of them do away with the so-called gap in coverage that occurs above expenditures of $2,250 up until you get to that upper limit of $3,600 whatever it is.

Obviously, as a clinician, and the gentleman from Georgia knows this, you don't want your patient stopping and starting their medication as the coverage becomes available and then perhaps they move into the interim period or the gap period where the coverage would not be available, and they just decide to not buy their medicine again. But many of the plans in Texas I have noted will eliminate that gap in coverage so long as the patient is willing to accept the issuance of a generic medication. And I think that is one of the really exciting things about this. It gives the patient an incentive to consider or try a generic medication which is going to cost the government less and the health plan less. It provides them their medicine throughout the year with no break in their medication, and that is what this program is all about when you get down to it.

Gone are the days where we just want to treat things where the crisis happens. Timely treatment of disease, access to prescription drugs, access to preventative therapy, this is the Medicare of the 21st century. Not in the hospital for the pneumonia, in the hospital for the surgery, in the hospital for the pancreatitis or the uncorrected elevated blood lipids or any of these things that would have caused problems in the past. Prevent those. Maintain to that person's health throughout the year, and it is going to cost us less.

In fact, we found some cost savings just with the competition part on the prescription drug plan. We will begin to see the cost savings from the timely treatment of disease and providing prescription drugs to prevent the catastrophic events of untreated chronic disease will begin to reap those benefits 2 years, 3 years, 4 years, 5 years from now. And I for one will be anxiously awaiting hearing about those savings.

Mr. GINGREY. Mr. Speaker, I thank him for bringing that up because it is so important. A lot of the concern over this Medicare part D addition was the cost. And some Members on our side of the aisle, fiscal conservatives, and I understand that, voted against the prescription drug part D because they did not think we could afford it. Some of our friends on the other side of the aisle voted against it because they did not think we were doing enough. And, of course, if we had done more and there was no doughnut hole, then it would have cost, who knows, $3 trillion maybe instead of the estimated $750 billion over 10 years.

But Dr. BURGESS brought up an excellent point, Mr. Speaker, and I think we need to elaborate on it a bit. Even if it does cost $750 billion or $75 billion a year over the next ten, what Dr. BURGESS is saying, Mr. Speaker, you are going to shift costs from part A and part B onto part D. So what we are saying is, let's pay for the prescription drugs so that we can keep people out of the emergency rooms, off the operating table, off of renal dialysis, out of the nursing homes, maybe in some instances because they have had a stroke. They did not have the medicine to treat the high blood pressure. Now we are paying, either on Medicare or Medicaid, 20 years of skilled nursing home care. What a false economy that is. It is a compassionate thing to do to shift some of that cost from part A to part B.

I know, Mr. Speaker, we are getting close to the end of the hour and I thought that what would be good maybe is to quote some stories. In fact, I have one patient from Texas and while the gentleman is still here I wanted to give this to our colleagues, this Medicare D success story.

Barbara L. from Kemp, Texas, and Kemp, Texas, is possibly in the gentleman's district, but in any regard, it is Texas. In 2005, Barbara spent $2,100 on prescription drugs. She enrolled in an AARP Part D plan. I know that the support of the AARP, that great senior organization, its 35 million members, gives a little angst and heartburn to our colleagues on the other side of the aisle that they are used to having blanket support from the AARP and all of the sudden this great senior organization that is supporting this program and that causes them a little discomfort.

Barbara signed up for a plan that they offered, and in 2006, she expects to pay not $2,100 but $360, a total savings of $1,740.

Listen to what Barbara said: ''I found the drug plan confusing at first, but I called Medicare today.'' One of the organizations that is helping to explain on a contractual basis the plan. ''I called Medicare today, got the information I needed, then I signed up. It is glorifying,'' Barbara says. ''I'm beside myself with the drug cost savings.''

Mr. Speaker, Barbara W. from El Mirage, Arizona, I want to give these testimonials from across this great country because it is not just Texas. It is not just Georgia. It is not just Minnesota. Barbara W. from El Mirage, Arizona, had no prescription drug coverage, like my mom, spent more than $2,600 a year on medications, wanted an inexpensive plan with a low premium. She enrolled in a part D plan where the monthly premium was only $6.14 on a monthly basis. In 2006, she will save $1,800. Nearly $200 a month. And that is Barbara from the great State of Arizona.

Here is another, Mr. Speaker. Thomas P. from Providence, Rhode Island. Thomas is 77 years old, spending more than $3,000 a year on prescription drugs. He probably is not low income, didn't have a Medigap coverage or not a veteran, and out of his pocket spending $3,000 a year. He found out from Social Security that he did qualify for extra help with his monthly premium. He did not know it but realized that he qualified. Now he expects to spend not $3,000 a year, but $400 a year on prescriptions. Do the math. That is a total savings of $2,700 a year, and that is not peanuts as they say in Georgia.

Thomas says, ''It's worth the time to save all that money.'' Indeed.

I think we are getting close to the witching hour. I had one more that I wanted to point out, but, Mr. Speaker, we thank you for the opportunity to bring this hour from the majority to explain this program. I thank Dr. BURGESS. I thank Mr. KLINE. And I want to encourage my colleagues on both sides of the aisle. Let's support this program. Let's give our seniors what they really need. They deserve it, and they deserve our support.

REPORT ON RESOLUTION PROVIDING FOR FURTHER CONSIDERATION OF H.R. 609, COLLEGE ACCESS AND OPPORTUNITY ACT OF 2005

Mr. BISHOP of Utah (during the Special Order of Mr. GINGREY), from the Committee on Rules, submitted a privileged report (Rept. No. 109–401) on the resolution (H. Res. 742) providing for further consideration of the bill (H.R. 609) to amend and extend the Higher Education Act of 1965, which was referred to the House Calendar and ordered to be printed.

GENERAL LEAVE

Ms. SOLIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the subject of my special order today.

The SPEAKER pro tempore (Mr. POE). Is there objection to the request of the gentlewoman from California?

There was no objection.

BUDGET CUTS HARM WOMEN AND CHILDREN

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, the gentlewoman from California (Ms. SOLIS) is recognized for 60 minutes as the designee of the minority leader.

Ms. SOLIS. Mr. Speaker, I rise tonight to highlight how the President's fiscal year 2007 budget will harm millions of women and children around the country. Tonight you are going to hear from some of my colleagues about those specific programs that have proven to be successful for all women but are currently being cut and in some cases eliminated altogether.

The President is proposing to cut programs that disproportionately help women, children, the elderly, and the increasing population of Americans living in poverty.

Earlier this month, I was part of a recent delegation of Members of Congress who traveled to the gulf coast and New Orleans where most communities are still struggling to clean up their homes and get back to some sense of normalcy after Hurricane Katrina. We need to be doing more to help those, those that lost everything to regain their lives. These communities must have quality health care, emergency care, and safe environmental conditions. But we cannot accomplish these goals and help the millions of women and children around the country who are living in poverty with the reckless and immoral budget that President Bush has proposed.

Key domestic programs that provide food and housing and support to women are vulnerable under this administration. In fact, the Bush administration is determined to protect tax cuts for the very wealthiest of Americans and provide health care for those who already have health care coverage and not include the 50 million uninsured people in our country today. The President wants to eliminate educational support for women, food assistance for seniors living in poverty, and he wants to significantly slash funding from important safety net programs like Medicaid and food stamps. In just 4 years, the cost of making these tax cuts permanent will exceed the amount that the Federal Government spends on education beginning in preschool through college.

Where is the economic recovery that the administration promised? Real wages as we know are down. The number of people living in poverty has increased. Job growth has been stagnant. And tonight I am glad that so many of our colleagues in our Congress, the Women's Democratic Congress, who serve here are coming together to speak out against the President's budget and how it is going in the wrong direction for women and their families.

I would like to begin by talking about education. But first I would like to begin by addressing the President's failure to address rising college costs. With increased funding for student financial aid programs like the PELL Grant program and the Perkins loan program. Before my election to public office, I worked for the California Student Opportunity and Access Program and helped many young people in my community obtain the ideal of going to college and receiving financial aid because there was no other means to go to college.

The President's budget currently continues to shortchange America's students who rely on financial aid to pursue their college education. Just one month after Congressional Republicans cut college aid by $12 billion, $12 billion, the President proposed a budget that eliminates, decreases and freezes funding for much needed programs that are vital to helping students of color, people from my own community.

Low interest Perkins loans are crucial resources as we know for college students who have demonstrated need. Two-thirds of the Perkins loan recipients are from families with annual incomes less than $40,000 a year. Yet, the Perkins loan program took a hit in the President's 2007 budget and would recall $664 million from the federal Perkins loan fund for nearly 1,800 colleges in the year 2007. And as a result 463,000 college students would lose a key part of their financial aid.

Despite the record tuition increases that we all know are going through in our States, Bush's budget breaks his promise yet again of making college more affordable and he actually freezes the maximum PELL grant in scholarships. Six years ago President Bush promised to increase the maximum PELL scholarship for all college freshmen at $5,100.

□ 2100

This budget is now the fourth time that the President has frozen the Pell Grant. Access to financial aid, as we know, is a huge factor for many students, particularly from low-income areas like my own.

Three out of four young Latino adults who do not attend college cite the fact that without having financial aid they cannot continue to have the American dream. About 40 percent of African American students and 30 percent of Hispanic students depend on Pell Grants, compared to 23 percent of all students.

Young women, just trying to improve their earning potential and get a better job also disproportionately rely on the Pell Grant program, and I have to tell you, when I was a student, that was my means of going on to college.

My parents could not afford to send me to college. They could not afford to give me a substantial amount of money to go to a university. So thank God that we had Federal financial aid programs available, work study programs and the National Student Loan Program, where I was able to attend a 4-year institution to have my full tuition paid for, including expenses; and I thank God that our government at that time stepped up to the plate.

I cannot say that now, under this administration, but for the last 4 years now we have seen an increase of 57 percent in costs to attend college, by this President. We need to reject the President's freezes and cuts to financial aid and help those students who want to go to college, but the high cost of tuition is just way out of line.

When these students get to college, we need to do more to encourage them to pursue fields that will encourage innovation and increase America's competitiveness and increase the number of women that seek access into the technical fields like science and math. While women account for more than half of the number of bachelor's and master's degrees awarded, they make up a small number in the fields that are crucial to spurring innovation and job creation, for example, in areas like engineering, computer science, physical sciences and math. Only 21 percent of master's degrees in engineering were awarded to women. For computer science and physical science, women only earn about 35 percent of the master's degrees in the country.

The statistics are far worse for women of color, like Latinas and African American women and even Asian