

Mr. McCONNELL. The following Senators were necessarily absent: the Senator from Pennsylvania (Mr. SANTORUM) and the Senator from Oregon (Mr. SMITH).

Mr. DURBIN. I announce that the Senator from Indiana (Mr. BAYH), the Senator from Minnesota (Mr. DAYTON), the Senator from Hawaii (Mr. INOUE), the Senator from South Dakota (Mr. JOHNSON), the Senator from Louisiana (Ms. LANDRIEU), the Senator from New Jersey (Mr. MENENDEZ), the Senator from Maryland (Ms. MIKULSKI), the Senator from Florida (Mr. NELSON), and the Senator from West Virginia (Mr. ROCKEFELLER) are necessarily absent.

I further announce that if present and voting, the Senator from Minnesota (Mr. DAYTON) would vote "yea."

The PRESIDING OFFICER (Mr. CORNYN). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 82, nays 0, as follows:

[Rollcall Vote No. 37 Ex.]

YEAS—82

Akaka	Dole	McCain
Alexander	Domenici	McConnell
Allard	Dorgan	Murray
Allen	Durbin	Nelson (NE)
Baucus	Feingold	Obama
Bennett	Feinstein	Pryor
Biden	Frist	Reed
Bingaman	Graham	Reid
Bond	Grassley	Roberts
Boxer	Gregg	Salazar
Brownback	Hagel	Sarbanes
Bunning	Harkin	Schumer
Burns	Hatch	Sessions
Burr	Hutchison	Shelby
Byrd	Inhofe	Snowe
Cantwell	Jeffords	Specter
Carper	Kennedy	Stabenow
Chafee	Kerry	Stevens
Clinton	Kohl	Sununu
Coburn	Kyl	Talent
Cochran	Lautenberg	Thomas
Collins	Leahy	Thune
Conrad	Levin	Vitter
Cornyn	Lieberman	Voinovich
Crapo	Lincoln	Warner
DeMint	Lott	Wyden
DeWine	Lugar	
Dodd	Martinez	

NOT VOTING—18

Bayh	Enzi	Mikulski
Chambliss	Inouye	Murkowski
Coleman	Isakson	Nelson (FL)
Craig	Johnson	Rockefeller
Dayton	Landrieu	Santorum
Ensign	Menendez	Smith

The nomination was confirmed.

LEGISLATIVE SESSION

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

The Senator from North Dakota.

ORDER OF PROCEDURE

Mr. CONRAD. Mr. President, I ask unanimous consent that Senator AKAKA and Senator LAUTENBERG be authorized to speak on the death of Senator INOUE's wife, Maggie, and then that Senator WYDEN be recognized for 12 minutes, Senator MURRAY for 15 minutes, and Senator BAUCUS for 15 minutes.

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

SNOWE-WYDEN AMENDMENT TO LIFT NEGOTIATION RESTRICTIONS ON MEDICARE

Mr. WYDEN. Mr. President, on this difficult evening, I wish to take just a few minutes to talk about the budget.

Last Congress, Senator SNOWE and I, on a bipartisan basis, saw 51 Members of the Senate support our bipartisan legislation to lift the restriction on Medicare so that program could bargain to hold down the cost of medicine. That vote, where a majority of Senators went on record in supporting the effort to hold down the cost of medicine, took place before the program went into effect. It seems to me everything that has happened over the last few months, since a majority of the Senate voted for our bipartisan amendment, supports our case for passing that legislation now.

We will be offering our bipartisan proposal, the Snowe-Wyden amendment, later this week, and I wish to take just a few minutes to outline why it is so important.

The American Association of Retired Persons says it all in a letter endorsing our bipartisan Snowe-Wyden proposal. I ask unanimous consent that the AARP letter endorsing the Snowe-Wyden legislation be printed in the RECORD.

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

AARP,
March 13, 2006.

Hon. RON WYDEN,
U.S. Senate,
Washington, DC.

DEAR SENATOR WYDEN: AARP supports your amendment to the Senate fiscal year 2007 budget bill to provide for the ability of the Secretary of Health and Human Services to participate in negotiations with pharmaceutical manufacturers under the Medicare prescription drug program.

Prescription drug prices continue to rise much faster than the rate of inflation. AARP's latest Rx Watchdog report released in February 2006 found that prices for nearly 200 of the brand name medications most commonly used by older Americans rose 6.0 percent during the 12 month period from October 2004–September 2005. At the same time, the rate of general inflation was 3.3 percent. These drug price increases particularly hit older Americans, who use prescription drugs more than any other segment of the U.S. population.

Millions of older and disabled Americans now have the opportunity to choose prescription drug coverage as part of their 2006 Medicare benefit options. To date, millions of Medicare beneficiaries have enrolled in the program and as a result are realizing savings on their prescription drugs. However, improvements to the Medicare Modernization Act are necessary to strengthen the benefit and the Medicare program. We believe the first step is to keep the drug benefit affordable for beneficiaries as well as taxpayers.

While we have seen that the current competitive structure existing in the MMA has helped to bring prescription drug prices down, we believe that giving the Secretary the authority to participate in negotiations may also help to make prescription drugs more affordable for Medicare beneficiaries.

We look forward to working with you and your colleagues on both sides of the aisle to

ensure that the new Medicare Part D benefit remains affordable over time. If you have any further questions, please feel free to contact me, or have your staff contact Anna Schwamlein of our Federal Affairs staff at 202-434-3770.

Sincerely,

DAVID P. SLOANE,
Sr. Managing Director,
Government Relations and Advocacy.

Mr. WYDEN. Mr. President, as AARP notes—and they publish an Rx Watchdog report—they have noted that for the nearly 200 brand-name medications most commonly used by older people, the costs of those medicines have gone up twice the rate of inflation. So all Americans get hit by prescription drug costs. Particularly hard hit are older people, and low-income older people, and people with very big prescription drug bills. As noted by AARP, these seniors are hit more than any other segment of the U.S. population by prescription drug costs.

At a time when the costs of this program and the costs of Government have gone through the stratosphere, one would think the Government would be doing everything possible to hold down costs. Yet, unfortunately, in the original prescription drug legislation, a bizarre restriction was put in place that literally bars the Government from being a smart shopper. Everybody else in this country tries to use their clout in the marketplace to get the best possible deal, but not Medicare—not Medicare, which offers a benefit to more than 30 million older people. They are not using the opportunity to go into the marketplace and hold down the costs.

I compare the Government's approach to buying prescription drugs under Medicare to somebody going into Costco and buying toilet paper one roll at a time. Nobody would shop that way. No savvy shopper would ever give up, even before they walked into the store, the opportunity to hold down the costs. But that is what Medicare is doing, and that is what Senator SNOWE and I want to change.

Now, we have seen over the last couple of months older people and their families absolutely up in arms, up in arms about the frustrations of getting this prescription drug program out and usable in a commonsense kind of fashion. It is far too complicated. There are far too many alternatives. Some seniors say that even with a Ph.D. they can't sort it out. But what is especially troubling is at a time when the costs of the program continue to go up and up and up, the Government isn't even taking commonsense steps to hold down the cost of these medicines.

So what Senator SNOWE and I have tried to do in a bipartisan effort for going on 3 years now is to make sure that when necessary the Secretary of Health and Human Services can negotiate for the best possible prices of prescription drugs for older people.

Now, this isn't price control. Specifically, our bipartisan amendment stipulates that the authority granted here

cannot be used to set prices or to set a uniform formulary. Nowhere in this amendment is there a call for price controls or anything that can be interpreted as price controls. This is about using marketplace forces. This is about using the market just as millions of Americans do every day to hold down the cost of medicine.

Senator SNOWE and I believe one of the most flagrant mistakes in the Medicare law—and both of us voted for that legislation—was to write into law that the Secretary could not have bargaining power under any circumstances at all. We have seen drug prices increase, as AARP has noted, far higher than the rate of inflation. The Wall Street Journal has reported price spikes. The Congressional Budget Office has indicated there can be savings from negotiations in the area of single-source drugs that do not face competition, and suffice it to say, many of the single-source drugs are ones that are commonly used by Medicare patients, such as Lipitor and Zocor and Prevacid.

I will wrap up, Mr. President, with only a couple of additional points because I know my colleague from Washington has been very patient. The authority that Senator SNOWE and I seek to grant to the Department of Health and Human Services is the authority that Secretary Thompson at his last press conference as head of the Department of Health and Human Services, said he wished he had. So the last head of that agency, at a time when they were moving to implement the prescription drug law, said specifically he wished he had had this authority.

The last point I would make, Mr. President, is that some have said: Well, seniors are seeing some savings already. If that is the case, we are glad to see it, but it comes about because the basic benefit covers 75 percent of the cost of the drug after the \$250 deductible. So the question for the Senate is where are you going to look in order to hold down the cost of this program? Are you going to look at taxpayer subsidies? Are you going to look at marketplace forces? Senator SNOWE and I believe that at a time when the costs of Government are soaring and the costs of this prescription drug benefit are soaring, we ought to use commonsense marketplace principles to hold down the cost of medicine, not continue to rely on taxpayer subsidies, and that is what our amendment is all about.

Mr. President and colleagues, I do not know of a single private sector entity, whether it is a timber company in my home State of Oregon, or a big auto company in the Midwest, that when they are buying something in bulk, say: What about the possibility of some discounts? So why shouldn't Medicare ask that question, just to have that authority so as to make marketplace forces work? Why wouldn't we want to assure that there is every possible tool to help seniors hold down the costs of medicine?

We will debate this at greater length in the course of the week. As I noted, Senator SNOWE and I received 51 votes, a majority of the Senate, for this legislation before the program went into effect. I would just say to our colleagues tonight, everything that has happened in the last few months suggests that there is an even better case for the bipartisan Snowe-Wyden amendment to hold down the costs of medicine.

Mr. President, with that I yield the floor.

THE BUDGET

Mrs. MURRAY. Mr. President, I have risen tonight to express my deep concerns about the budget that is before us. I am concerned that the budget that this Senate is now considering does not pass the test of protecting our homeland. It does not pass the test of promoting fiscal responsibility. And it does not pass the test of fighting for our middle-class families.

Let me start by putting this discussion in the right context. The budget decisions that we make now will either empower us or tie our hands when we turn to write the appropriations bills this year. That means you cannot vote for an unrealistic budget now and then act surprised in the summer and fall when painful cuts are required. Just look at what happened last year. The logjam that we experienced at the end of last year was not a surprise. It was the logical outcome of decisions that were made regarding the budget.

Starting last March, many of us saw that there was no way we could meet our obligation to our veterans, honor our commitment to America's working families, enact huge cuts in entitlement programs such as Medicaid and Medicare, enact another round of tax cuts, and continue to cut our Nation's deficit. And when you added the growing cost of the war and Hurricane Katrina, the legislative train wreck was entirely predictable. I hope we do not repeat the same mistakes this year—starting with the wrong priorities and unrealistic assumptions here in the budget process which will lead to constrained appropriations bills that will end up hurting our American families.

Mr. President, a budget is more than just a bunch of numbers on a piece of paper. It is a statement of our values, and it reflects our priorities. The budget this Senate is now considering closely follows the President's budget, and it is based on the wrong priorities. It is clear to me that we need to invest here at home to make our country strong again. That means investing in education and in health care, in infrastructure and housing, in safety and security, and on each of those fronts the Bush priorities have been time and again misguided, adrift, and downright painful for millions of Americans.

You know, Mr. President, when I am at home in Washington State or here in the Nation's Capital I hear a lot of con-

cern from the business community, from local governments, and from families across the United States about us losing our global competitiveness. They talk to me about the challenges they face in keeping and growing good jobs right here at home, and they tell me that education is one of the elements for our success. But last year's budget, the fiscal year 2006 budget, set us on the path of undermining our competitiveness by weakening educational programs at all levels, and I fear that this budget, the fiscal year 2007 budget, will do the exact same thing.

Last year's budget, the 2006 budget so constrained education, the Labor, Health and Human Services and Education appropriations bill failed once in the House and almost did not pass at all. In the end, the programs faced one last hit, a 1-percent across-the-board cut that further hindered education at all levels.

At a time when our schools are facing the increasing requirements of No Child Left Behind, our families are facing rising college tuition costs, and employers are crying out for highly skilled, educated workers, this is no time for our Nation to be short-changing education.

Because of laws Congress has passed and President Bush has signed, school districts are facing increasingly rigorous academic standards and working very hard to meet the new requirements for highly qualified teachers.

How has Congress responded? Well, a majority in this Congress cut funding for the No Child Left Behind Act by 3 percent, or \$13.1 billion below what was promised when we passed that bill. The fiscal year 2006 budget from last year also led the Government to slide backwards on its commitment to students with disabilities for the first time in 10 years. The Federal share of educational costs dropped from 18.6 percent in 2005 to 18 percent in 2006. Funding for disadvantaged students eligible for title I was inadequate. The fiscal year 2006 funding from last year is \$9.9 billion less than what Congress and President Bush committed to spending in that law. That bill would leave behind 3.1 million students who could be fully served by title I if the program were funded at the level to which we committed.

The reason I feel the need to talk about last year's budget at length is to put this year's budget proposal in context because the budget we are considering, the 2007 proposal, continues that dangerous trend. The President proposed the largest cut to education in 26 years. Sadly, this budget resolution makes it impossible to restore those proposed cuts. It would eliminate vocational and technical training efforts and college prep programs that have been so successful, such as TRIO and GEAR UP.

This year, unless we change course, \$11.9 billion is going to be cut from student loans, loans that help our low-income and middle-income families pay