

There being no objection, the Senate proceeded to consider the resolution.

Mr. FRIST. I ask unanimous consent the resolution be agreed to, the preamble be agreed to, the motion to reconsider be laid upon the table, and any statements related thereto be printed in the RECORD.

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

The resolution (S. Res. 479) was agreed to.

The preamble was agreed to.

The resolution, with the preamble, reads as follows:

S. RES. 479

Whereas approximately 13,000,000 children are in nonparental care during part or all of the day while their parents work;

Whereas the early care and education industry employs more than 2,000,000 workers;

Whereas these workers indirectly add \$580,000,000,000 to the economy by enabling millions of parents to perform their own jobs;

Whereas the average salary of early care and education workers is \$18,060 per year, and only 1/3 have health insurance and even fewer have a pension plan;

Whereas the quality of early care and education programs is directly linked to the quality of early childhood educators;

Whereas the turnover rate of early childhood program staff is roughly 30 percent per year, and low wages and lack of benefits, among other factors, make it difficult to retain high quality educators who have the consistent, caring relationships with young children that are important to children's development;

Whereas the compensation of early childhood program staff should be commensurate with the importance of the job of helping the young children of the Nation develop their social, emotional, physical, and intellectual skills, and be ready for school;

Whereas providing adequate compensation to early childhood program staff should be a priority, and resources may be allocated to improve the compensation of early childhood educators to ensure that quality care and education are accessible to all families;

Whereas additional training and education for the child care workforce is critical to ensuring high-quality early learning environments, and whereas child care workers should receive compensation commensurate with such training and experience; and

Whereas the Center for the Child Care Workforce, A Project of the American Federation of Teachers Educational Foundation and other early childhood organizations recognized May 1 as National Child Care Worthy Wage Day; Now, therefore, be it

Resolved, That the Senate—

(1) designates May 1, 2006, as National Child Care Worthy Wage Day, and

(2) calls on the people of the United States to observe National Child Care Worthy Wage Day by honoring early childhood care and education staff and programs in their communities.

NATIONAL METHAMPHETAMINE PREVENTION WEEK

Mr. FRIST. I ask unanimous consent the Judiciary Committee be discharged from further consideration of S. Res. 313, and the Senate then proceed to its consideration.

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

The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 313) expressing the sense of the Senate that a National Methamphetamine Prevention Week should be established.

There being no objection, the Senate proceeded to consider the resolution.

Mr. FRIST. I ask unanimous consent the resolution be agreed to, the preamble be agreed to, the motion to reconsider be laid upon the table, and any statements related thereto be printed in the RECORD.

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

The resolution (S. Res. 313) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 313

Whereas methamphetamine is a highly addictive, man-made drug that can be injected, snorted, smoked, or ingested orally, the effects of which include feelings of euphoria that last for up to 24 hours and psychotic behavior such as auditory hallucinations, mood disturbances, delusions, and paranoia, potentially causing the user to experience homicidal or suicidal thoughts as well as violent behavior and brain damage;

Whereas the number of admissions to treatment in which methamphetamine was the primary substance of abuse increased exponentially from 20,776 in 1993 to 116,604 in 2003;

Whereas methamphetamine is easily produced in clandestine laboratories, known as "meth labs", using a variety of volatile and toxic ingredients available in stores, and presents a danger to the individual preparing the methamphetamine, the community surrounding the laboratory, and the law enforcement personnel who discover the laboratory;

Whereas the Drug Enforcement Administration reports that domestic meth lab seizures have increased from 7,438 in 1999 to 17,170 in 2004;

Whereas studies have found that methamphetamine use is strongly linked to identity theft, domestic violence, overall crime rates, child abuse, and child neglect;

Whereas the National Association of Counties has conducted surveys with law enforcement and child welfare officials in more than 500 counties, and found that 87 percent of all law enforcement agencies surveyed reported increases in methamphetamine-related arrests in recent years, and 40 percent of all the child welfare officials in the survey reported increased out-of-home placements of children due to methamphetamine use;

Whereas methamphetamine use and production is prevalent around the world;

Whereas approximately 65 percent of the methamphetamine supply in the United States is trafficked in the form of a finished product from other countries;

Whereas the United Nations Office on Drugs and Crime reports that more than 30,000,000 people around the world use amphetamine-type stimulants, a number that eclipses the combined global use of cocaine and heroin;

Whereas methamphetamine and narcotics task forces, judges, prosecutors, defense attorneys, substance abuse treatment and rehabilitation professionals, law enforcement officials, researchers, students and educators, community leaders, parents, and others dedicated to fighting methamphetamine have a profound influence within their communities; and

Whereas the establishment of a National Methamphetamine Prevention Week would

increase awareness of methamphetamine and educate the public on effective ways to help prevent methamphetamine use at the international, Federal, State, and local levels: Now, therefore, be it

Resolved, That it is the sense of the Senate that—

(1) a National Methamphetamine Prevention Week should be established to increase awareness of methamphetamine and educate the public on effective ways to help prevent methamphetamine use at the international, Federal, State, and local levels; and

(2) the people of the United States and interested groups should be encouraged to observe National Methamphetamine Prevention Week with appropriate ceremonies and activities.

Mr. FRIST. Mr. President, that is the Cantwell-Talent resolution expressing the sense of the Senate with regard to establishing a National Methamphetamine Prevention Week. I am delighted the resolution was adopted. It is an important issue. This is our No. 1 drug problem today. We made real progress earlier in the year addressing the methamphetamine epidemic that is occurring across the country. Much more needs to be done. I am delighted that resolution was adopted tonight.

ORDERS FOR TUESDAY, MAY 16, 2006

Mr. FRIST. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand in adjournment until 9:45 a.m. on Tuesday, May 16. I further ask consent that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved, and the Senate proceed to executive session for the consideration of the nomination of Milan D. Smith, Jr., as under the previous order; further, that following the vote on confirmation, the Senate resume consideration of S. 2611, the Comprehensive Immigration Reform Act; further that the Senate stand in recess from 12:30 until 2:15 p.m. to accommodate the weekly policy luncheons.

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

PROGRAM

Mr. FRIST. Mr. President, today, we did return to the immigration reform bill and have one amendment pending. We expected other additional amendments to be offered today, and had Senators prepared to offer and debate their amendments. I am disappointed the other side did not allow those amendments to come forward at this time. I hope we can get back on track tomorrow and start processing amendments.

The other side of the aisle will have an alternative to the Isakson amendment, and I hope it will be offered early. We have a number of Senators waiting to offer amendments, and I hope we can reach reasonable time agreements on each amendment.

At approximately 10 o'clock tomorrow morning, we will have a vote on a

circuit court nomination. Following that vote, we will return to the immigration reform legislation. And if we are unable to reach a short time agreement, then it will be necessary to table the pending amendment. Senators can therefore expect at least one additional vote prior to the policy meetings.

I remind everyone, once again, to not make plans to be far from the Chamber as we proceed on the immigration bill; that is, stay close to the Chamber. We will vote each day this week and into each evening.

ORDER FOR ADJOURNMENT

Mr. FRIST. If there is no further business to come before the Senate, I ask unanimous consent that the Senate stand in adjournment under the previous order, following the remarks of Senator DURBIN.

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

The Senator from Illinois.

IMMIGRATION REFORM

Mr. DURBIN. Mr. President, I am glad we are returning to the immigration bill, as Senator FRIST has alluded. I am concerned, as he is, there will be so many amendments offered we may not be able to bring it to a satisfactory conclusion soon.

We tried to get a limitation on amendments on the Democratic side and were unsuccessful and decided, finally, in desperation really, to go forward and to have amendments offered on the floor in the hopes that Members who offer them would accept reasonable limitations on their debate time.

It was unusual that when we debated health insurance for small businesses last week, the Republican majority used a procedure called "filling the tree," and then, of course, the cloture motion to cut off amendments, to limit amendments. When it comes to immigration, there has been no effort by the majority to do that. So we are going to face quite a few amendments, and I hope we can handle them in a reasonable and expeditious way.

This is an important bill. Comprehensive immigration reform is necessary in America. Our system is broken, badly broken. It does not protect America as it should, and it is not fair to people who have come to this country. We have to find a reasonable way to come up with comprehensive, tough but fair law when it comes to the issue of immigration.

MEDICARE PRESCRIPTION DRUG COVERAGE

Mr. DURBIN. Mr. President, there is another law that has an important milestone today and that is Medicare prescription Part D. I remember this bill when it was debated about 2½ years ago—2½ years ago on the floor of the Senate—and was passed and enacted by the President.

So the administration had 2 years to get ready, 2 years to be prepared for the millions of people under Medicare who would become eligible for a prescription drug benefit.

This is an important benefit, one that was not included in the original Medicare legislation. In those days, there were not that many prescription drugs, and they were not that good. Now we have quite a variety of very good drugs available to help the elderly and others stay healthy and strong and independent. So adding a prescription drug benefit to Medicare made sense.

Keeping people healthy and at home rather than sick and in the hospital or in the nursing home is not only morally right, it makes sense financially. So we passed a bill 2½ years ago. But it was not a very good one. It was extremely complicated.

Imagine, if you will, a bill written by the pharmaceutical industry and the insurance industry. And that is what we ended up with, a bill that allows those two industries to capitalize on opportunities for profit-taking, which they are going to do and already have done. Unfortunately, it is at the expense of senior citizens.

In my State of Illinois, seniors who are trying to figure out which might be the best approach for their prescription drugs have 45 different choices. Forty-five choices may sound like a holiday for some, akin to going to shop at a department store, but for many seniors it became overwhelming and confusing.

They tried to get help. They called the Medicare hotline. That was supposed to be the 1-800 number that would answer their questions. If you could get through—after waiting for a long period of time—surveys of people who tried to get through found that many times they were giving out bad information.

They also put out brochures. Medicare put out some written information for seniors, and people looked at it closely and said: Well, this is wrong. It is written poorly. It does not describe the law as it currently exists.

So what was a senior to do? Many of them turned to family friends. I have had friends of mine whose moms and dads had to make this call. They sat down with them, worked through the paperwork. They went online. They helped them make the choice. But that was not always the case. Some people don't have a family member who is available or one who can understand the complexities of this choice. So they went to other places.

They would go to their pharmacist. So many pharmacists—I want to salute them this evening—so many pharmacists gave up their time. Frankly, that is what they have to sell, their time and professional advice. And they gave it up for their customers to try to help them through this immensely complicated legislation.

Where are we today? Well, today, as the enrollment deadline is reached on May 15, 6 million Medicare recipients

have yet to sign up for prescription drug benefits. If you say: Well, being out of 40 million or so, then you have done pretty well. It ignores the fact that over 25 million already had coverage. They were already covered with prescription drug protection. So we were setting out to sign up some 15 or 16 million, and we did not get it done and fell short—fell short by about 40 percent or maybe more. The final figures will come in, in the next few days.

Of the 6 million who have not signed up as of today, 3.2 million are low-income elderly and disabled. They are eligible for extra help in paying for their medicine.

In my home State, approximately 478,000 eligible beneficiaries have yet to sign up. That is about one-third of the eligible people in my home State of Illinois.

Despite the best efforts of all the senior citizen groups, all of the traveling by the President, and all of the information that has been given, a third of the eligible people have not signed up for Medicare prescription Part D in my State.

That is an indication of the tough choice that many have to make. According to the latest numbers available from Social Security, only 21 percent of seniors in Illinois eligible for extra help have been enrolled. Millions of beneficiaries need more time. Many beneficiaries are simply overwhelmed by the unnecessary complexity and confusion of a program that could have been so simple and straightforward.

Even if they take appropriate steps, they don't always get good information, and many of these people will not sign up by the deadline. The Government Accountability Office completed a study last week that found that Medicare's written promotional materials used too much technical jargon, that the call waiting times lasted from a few minutes to close to an hour, and the Government Web site was so confusing that many people gave up before completing the process.

Someone wrote in the New York Times today that this is clearly a situation where a program was designed and written by people who don't view Government as a solution to a problem, they view Government as a problem. So they created a program that is entirely too complicated and confusing.

Investigators at GAO posed as seniors or individuals helping seniors and they placed 500 calls to 1-800-MEDICARE and found that about a third of them resulted in bad information being given to seniors. These mistakes just added to the confusion. So what happens? If somebody fails to sign up today, when they were supposed to, unfortunately, there are going to be some dire consequences. First, they will not be able to enroll in a prescription drug plan under Part D until November 15 for coverage that starts in January of 2007. So for the remainder of this year, they will not have the protection of a