

movement that embodied the values of academic achievement, social development and civic responsibility.

In Indiana, the Indianapolis Urban League was a part of (22) Urban League Affiliates chosen from (115) affiliates across the country to implement the Campaign for African-American Achievement. The League will receive a minimum of \$500,000 over a five-year period to draw attention to and support for the urgent achievement and developmental challenges facing students in Marion County.

Students selected were high school juniors and seniors of color who have a GPA of 3.0 or higher and plan to pursue higher education. The Indianapolis Urban League encouraged youth, parents and all community members to participate in activities that highlighted educational success and achievement, and placed their names on a national registry nominating them for scholarships up to \$10,000.

Today, the Indianapolis Urban League awarded \$222,000 in scholarships to (24) students. The highest number awarded to any Urban League Affiliate in the country.

Mr. Speaker, it is my distinct pleasure to ensure that the accomplishments of these students from my district are forever memorialized in the CONGRESSIONAL RECORD of the United States of America. Let all who read these pages know that a very special group of people in Indianapolis, and across the country are "Spreading the Gospel that Achievement Matters."

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#### THE MEDICARE RX DRUG BENEFIT AND DISCOUNT ACT

**HON. CHARLES B. RANGEL**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, June 26, 2002*

Mr. RANGEL. Mr. Speaker, today, I am proud to introduce the Medicare Rx Drug Benefit and Discount Act with JOHN DINGELL, the Dean of the House and Ranking Member of the Energy and Commerce Committee. Our Ranking Member on the Ways and Means Health Subcommittee, PETE STARK, has had a leadership role in the development of this legislation, as have so many other health care leaders in our caucus.

This legislation makes good on our promise to add affordable, comprehensive prescription drug coverage to Medicare.

The Democratic bill will look, smell, taste, and feel like any other Medicare benefit, because it is a Medicare benefit. Beneficiaries will not have to deal with an HMO or other private insurer.

Under this legislation, every beneficiary will be guaranteed a \$25 monthly premium, \$100 annual deductible, 20% co-insurance and \$2000 out-of-pocket limit, no matter where they live.

We provide additional assistance for low-income beneficiaries. Those with incomes up to 150% of the poverty level (\$13,290 for one person) will pay nothing. Those with incomes between 150–175% (\$13,290–\$15,505 for a single person) of poverty will pay premiums on a sliding scale.

The Medicare Rx Drug Benefit and Discount Act would: Lower prescription drug costs for all Americans, regardless of whether they participate in our plan; give all Medicare bene-

ficiaries the option of a reasonably-priced guaranteed prescription benefit under Medicare; and ensure that senior citizens and people with disabilities receive coverage for the drug their doctor prescribes and not some substitute that an insurance company deems "equivalent."

Unlike the competing Republican legislation, our plan would never force seniors into an HMO or similar private plan in order to get a prescription drug benefit.

Republicans claim they are giving seniors a "Medicare" prescription drug benefit, but their legislation really provides subsidies to insurance plans and HMOs, not to beneficiaries. Republicans claim they are offering beneficiaries a certain level of coverage, but their legislation really leaves virtually all of the important decisions to the private insurance companies.

Under the GOP plan, private insurers will decide which drugs are covered and which are not. If your drug is not on the list, too bad. Millions of seniors will not be able to afford their prescriptions under the GOP plan. Under the GOP plan, private insurers can pick and choose which pharmacies to include in their networks. If your neighborhood pharmacy is not on the preferred list, you are out of luck.

The bottom line is that those who can buy insurance under the GOP plan may find their choice of pharmacies severely limited or that they cannot get coverage for the drugs prescribed by their doctor.

Many HMOs have unfairly limited health care in the past. That's what the Patients' Bill of Rights debate has been about. They've been unreliable partners in Medicare to date; just look at the problems in the Medicare+Choice program. And now the Republicans want to put them in charge of this medication benefit under their "privatization" model.

Republican leaders have never liked Medicare. Former Speaker Gingrich once said Medicare would "wither on the vine because we think people are voluntarily going to leave it." In 1995, DICK ARMEY called Medicare: "a program I would have no part of in a free world."

Their legislation—the so-called Medicare Modernization and Prescription Drug Act—lays the ground work for them to make good on their desire to do away with the program. The Republican prescription drug plan is the first step towards privatizing Medicare.

It forces seniors to deal with private insurance companies instead of having the choice of getting prescriptions through Medicare. It includes a premium support demonstration program that could significantly raise the premiums of beneficiaries who wish to stay in traditional fee-for-service Medicare. And it creates a new agency to oversee the private plans that lacks authority to provide adequate oversight and disadvantages the agency currently responsible for administering Medicare.

In contrast, we base our plan—not on a flawed privatization model—but on the successful Medicare program. We offer a genuine Medicare plan, providing an affordable voluntary drug coverage to all American seniors through Medicare.

Under this legislation, no senior will ever have to choose between putting food on the table or paying the rent and the drugs they need.

This legislation also helps reduce the skyrocketing costs that seniors and other bene-

ficiaries currently pay for prescription drugs by utilizing the collective bargaining power of Medicare's 40 million beneficiaries to guarantee lower drug prices. By closing some loopholes in current law that prevent or delay generic drugs from coming to market, this legislation also reduces drug prices for all Americans.

While our colleagues on the other side of the aisle are engaged in a cynical political exercise designed to bring themselves political cover, ours is serious legislation. It would bring senior citizens Medicare prescription drug coverage.

When President Harry Truman first proposed Medicare in his second term, a wide array of Republican forces were against him saying he could not do it. Truman said: "We may not make it [now], but someday we will." Eventually, Truman and other Medicare advocates succeeded. Harry and Bess Truman became the first Medicare enrollees in 1965.

The Republican leadership may prevent us from passing a true Medicare prescription drug benefit now, but they cannot stop us in the long run because that is what seniors and all Americans have said they really want.

As PETE STARK points out, prescription drug coverage is as essential to seniors' good health in the 21st century as coverage of doctor visits and hospital stays was in the 20th century.

We have also included in this bill provider payment reforms and increases that match or, in some important areas, exceed those in the Republican-crafted Medicare Modernization and Prescription Drug Act.

If you want to see the real difference between Democrats and Republicans, look at prescription drug coverage. While Republicans protect the pharmaceutical industries' profits, the Democrats protect seniors from skyrocketing prescription drug costs. I urge my colleagues to look at the fine print, and to vote for this legislation when the opportunity arises.

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#### INTRODUCTION OF MEDICARE RX BENEFIT AND DISCOUNT ACT

**HON. JOHN D. DINGELL**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, June 26, 2002*

Mr. DINGELL. Mr. Speaker, I am pleased to join with my Democratic colleagues in introducing a real prescription drug benefit bill.

Unlike the bill introduced by our Republican colleagues, our bill can be simply explained, because it is built on a simple, known, and effective model—Medicare itself.

Just like seniors pay a voluntary premium for Part B medical costs such as doctor visits, our bill provides for a voluntary Part D drug premium of \$25 per month. For that, the Government will pay 80% of drug costs after a \$100 deductible. And no senior will have to pay more than \$2,000 in costs per year.

These are real numbers, not estimates. The benefits and the \$25 monthly premium are specified on page 1 of the bill. Unfortunately, there are no such guarantees in the Republican bill.

On top of that, we will be arming seniors with the most potent protection from soaring drug costs. Forty million seniors banded together under the buying power of Medicare,