

Appropriations Committee; and we are finished with those and will bring them to the floor. We have gotten permission to go to the conference committee on terrorism, which we have been trying to do for weeks. There was significant progress made today with passage of the bankruptcy conference report, and there were other things.

But finally, what I want to say, we will shortly approve in a matter of a few minutes, four members to the Securities and Exchange Commission. That goes hand and glove with the work we have done on corporate governance. We are going to approve Cynthia Glassman to be a member, Harvey Jerome Goldschmid to be a member, Roel C. Campos to be a member of the Securities and Exchange Commission, and Paul S. Atkins will also be approved. We have had a very successful day.

For those watching, whether it is staff or people around the country, sometimes during the downtimes a lot of progress is made. Even as we speak, there is work being done to see if we can come up with a bipartisan amendment to handle the prescription drug problems that senior citizens have in America today. All in all, it was a good day for the country.

I ask unanimous consent that immediately following the cloture vote tomorrow, Friday, the Senate proceed to executive session to consider Executive Calendar No. 826, Christopher C. Conner to be United States district judge; that the Senate vote immediately on confirmation of the nomination, the motion to reconsider be laid upon the table, and any statements be printed at the appropriate place; that the President be immediately notified of the Senate's action, the Senate return to legislative session, and that the proceeding all occur without any intervening action or debate.

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

#### MORNING BUSINESS

Mr. REED. I ask unanimous consent that we now proceed to a period of morning business with Senators allowed to speak for not to exceed 5 minutes each.

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

#### MEDICARE PRESCRIPTION DRUG COVERAGE

Mr. SARBANES. Madam President, I rise to express my disappointment about the outcome of the Senate's recent vote on Medicare prescription drug coverage. The Senate missed an opportunity to provide one of the most important expansions of Medicare benefits since the system was created in 1965. Senator GRAHAM's proposal, of which I was proud to be an original co-sponsor with a number of my Democratic colleagues, would have provided comprehensive, voluntary, and afford-

able prescription drug coverage for all Medicare beneficiaries. Though the majority of the Senate supported this proposal, it lacked the votes necessary to proceed.

We know that more than 1 in 3 Medicare beneficiaries lack prescription drug coverage. We know, too, many seniors struggle to pay for the medicine they need to keep them healthy and treat their diseases and illnesses. We know that doctors are now put in the unthinkable position of considering a patient's financial situation when developing a course of treatment. Doctors are conflicted by this, but know that it does not benefit the patient to prescribe a drug, even though it may be the best method of treating or curing an illness, if the patient cannot afford the medicine.

More importantly, I, like most of my colleagues, continually hear from constituents who face this dilemma directly. They are ill, they are frustrated, and too many times, they are embarrassed to have made it this far in life and have to ask for help after years of independence. I have heard from those who may not have a direct need, but who are desperately seeking assistance for a loved one who needs help. They are frustrated to learn that there is nowhere for them to turn because Medicare provides nothing for outpatient drugs, yet they have too much income or too many assets to qualify for state offered assistance.

The Graham proposal would provide drug coverage for all Medicare beneficiaries for a \$25 monthly premium, no deductible, a \$10 copayment for generic drugs, and a \$40 copayment for preferred brand name drugs. In addition, Medicare beneficiaries would have all of their prescription costs covered after they spend \$4,000 in out-of-pocket costs. Assistance would begin with the very first prescription, and there would be no gaps or limits on the coverage provided. Under Senator GRAHAM's proposal, low-income seniors would not be required to pay premiums or copayments for their coverage.

Regrettably, some of my colleagues did not support the Graham amendment. They voted instead for an alternative that required seniors to pay a \$250 deductible, while only covering 50 percent of their prescription costs up to \$3450. After a Medicare beneficiary's costs exceed \$3450, he or she would receive no assistance whatsoever until his or her costs reach \$3700. Above \$3700, the government would then only pay 90 percent of drug costs. Under this proposal, those who are the sickest, with the highest drug costs, would be forced to pay more when they require assistance the most.

Many of those who opposed the Graham proposal complained about the cost of this proposal. I find it perplexing that we can find money for other things, but not for the mothers, fathers, grandparents and other Americans that need our help in their older years. Opponents of the Graham bill

found money to fund a large tax cut costing \$1.35 trillion last year a tax cut that primarily benefit the very wealthiest Americans. Many of my fears about the decision to pass such a large and unreasonable tax cut have been realized raids on Social Security and Medicare, a return to budget deficits, instability in the financial markets. It has forced us unnecessarily to limit resources for those things that should be national priorities. I remain astonished that some believe tax cuts should be a priority over providing prescription drug coverage to everyday Americans who have worked hard and paid their taxes all their lives.

Yesterday, we had the chance to mark the 107th Congress with the greatest overhaul of Medicare benefits since its inception 37 years ago. I supported the Graham prescription drug plan along with 51 of my colleagues because I believe it is the only proposal that would provide Medicare beneficiaries with real comprehensive prescription drug coverage. I only hope that we can find a way to enact a meaningful Medicare prescription drug benefit this year. Our older Americans deserve no less.

#### IMMUNOSUPPRESSIVE DRUG COVERAGE AMENDMENT

Mr. DEWINE. Madam President, I wish to speak to an amendment of mine and my friend and colleague, Senator DURBIN, to help organ transplant patients maintain access to the life-saving drugs necessary to prevent their immune systems from rejecting their new organs.

Every year, nearly 6,000 people die waiting for an organ transplant. Currently, over 67,000 Americans are waiting for a donor organ. Those individuals who are blessed to receive an organ transplant must take immunosuppressive drugs every day for the life of their transplant. Failure to take these drugs significantly increases the risk of the transplanted organ being rejected.

We need this amendment, because Federal law is compromising the success of organ transplants. Let me explain. Right now, current Medicare policy denies certain transplant patients coverage for the drugs needed to prevent rejection.

Medicare does not pay for anti-rejection drugs for Medicare beneficiaries, who received their transplants prior to becoming a Medicare beneficiary. So, for instance, if a person received a transplant at age 64 through his or her health insurance plan, when that person retires and relies on Medicare for health care coverage, he or she would no longer have immunosuppressive drug coverage.

Medicare only pays for anti-rejection drugs for transplants performed in a Medicare-approved transplant facility. However, many beneficiaries are completely unaware of this fact and how it can jeopardize their future coverage of