

normal order of business, and that is to have a proposal that is developed and generated in a bipartisan way through the Finance Committee, bring that bill to the floor of the Senate for further debate and further amendment. The Finance Committee is progressing well. The action of the Finance Committee is on course to accomplish my goal.

Our leadership goal is bringing this to the floor on about June 16, 2 weeks from now. I am pleased with the progress to date. I understand we have a long way to go. It is a complex piece of legislation, but a very important piece of legislation that I am absolutely convinced we can bring to resolution for the benefit of seniors and individuals with disabilities.

We will have approximately 2 weeks on the floor of the Senate. I have made that very clear as well so that people, for the last several months, have been able to prepare and think through what is important to them, talk to their constituents, talk to their counselors to make sure we address this in a very thoughtful way.

I think we will be able to work together—both sides of the aisle—to cull the very best of our ideas and give America's seniors a Medicare system that will do what we want to do: provide our seniors and individuals with disabilities real health care security.

I believe we need to work to make sure that seniors do have the choice and the flexibility to be able to choose the type of coverage that best meets their individual needs. We need to make sure that coverage is available to every senior, everywhere. There has to be a special focus, as we all know, on the issues that pertain directly to the rural population. You can do that, for example, by requiring plans to bid in large geographic areas across the country, instead of just cherry-picking, whether it is urban, or suburban, or just a rural population. I think we can get rid of the cherry-picking that has emerged in the current system. If a health coverage plan wants to serve patients in a high-cost, densely populated suburban or urban area, they will also have to offer coverage in rural areas, whether it is Maine, Wisconsin, Montana, or in Iowa.

We can do all of this if we focus on the big picture for the future. Our fellow citizens are clearly relying on us and we need to focus on them. Now is the time for us not to just get by another year but to transform this system in a positive way.

Seniors deserve choice. They deserve having a system that is focused on the patient, one that is really patient centered. They deserve care that is flexible, with less paperwork and bureaucracy. They deserve care that focuses on prevention and not just in response to acute episodic injury, so that you can capture that early heart disease before it becomes what is called a cardiomyopathy or a chronic congestive heart failure. It ends up being less expensive, more valuable, and certainly

keeps patients healthier. They need to be protected from catastrophic out-of-pocket expenditures. Most seniors do not realize today that if they get very sick, there is no limit as to the out-of-pocket costs they have to pay. We need to protect them especially in those events surrounding catastrophe.

I think seniors should be in a system that allows them the opportunity to see the doctors they choose. Thus, it is my hope and intention that we will vote on final passage before leaving for the Independence Day recess. Once passed, I am very hopeful that the bill, whatever its final shape, will begin to help seniors as soon as possible.

Whenever we bring up to date or strengthen a system, it takes time to implement that plan in a careful and systematic way. I think as we develop that plan and begin to implement it, there are ways we can immediately begin to help those seniors who need help with prescription drugs.

In 1963, when leading the fight to enact Medicare, President John F. Kennedy said:

A proud and resourceful nation can no longer ask its people to live in constant fear of a serious illness for which adequate funds are not available. We owe the right of dignity in sickness as well as in health.

Medicare, as I mentioned yesterday in this Chamber, has served a generation of America's seniors very well. Our challenge now is to take a system which is out of date—if you look at the way state-of-the-art care is delivered—and bring it up to date so we can serve the current generation and next generations of seniors equally well.

We have an opportunity to do that now. We have an obligation, I would argue, to do that now so that we can provide real security for generations to come.

#### AFRICAN AMERICAN MUSEUM

Mr. FRIST. Mr. President, I close my opening remarks today by commenting on an issue that will be talked about later in morning business. It has to do with the development and launching of legislation on the National Museum of African American History. I thank, in particular, the Presiding Officer of the Senate now, Senator BROWNBACK, for his leadership on this issue. Also, I thank Senator DODD, Senator LOTT, Senator SANTORUM, Senator STEVENS, Representative JOHN LEWIS of Georgia, and Representative J. C. Watts for their outstanding efforts in launching the National Museum of African American History.

Currently, there is no national museum that honors the African-American story, and my colleagues seek to change that. They have introduced legislation to plan and construct a museum within the Smithsonian Institution dedicated to celebrating and preserving African-American history at a national level.

The legislation sets forth a joint Federal-private partnership for building

the museum and authorizes \$17 million for the first year to launch the museum council which will be comprised of leading African Americans from the museum, historical, and business communities.

The Museum of African American History will help educate all Americans and visitors alike on the rich history of African Americans and their essential role in transforming America's politics, its culture, its character, and its soul.

I take this opportunity to thank my colleagues for their commitment and for their leadership in this important endeavor.

Mr. President, I yield the floor.

#### RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

#### MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now will be a period for morning business not to extend beyond the hour of 11 a.m., with the first 30 minutes under the control of Senator BROWNBACK or his designee, and that the remaining time be equally divided between the two leaders or their designees, and that Senators be limited to 5 minutes each.

The Senator from Illinois.

#### PRESCRIPTION DRUG BENEFIT

Mr. DURBIN. Mr. President, there are many issues that will be before us this morning and during the course of this week, such as the Energy bill, which, of course, is of great importance to the security of the United States of America. We have had amendments on that bill over the last several days. But we will also be considering an important issue for millions of Americans, and that is the cost of prescription drugs. It is an issue which families face all the time, particularly if they have someone in the family with a serious illness. It is particularly difficult as well for senior citizens on a fixed income.

There are two different issues that are going to be tested in this Chamber. There is a Republican approach which suggests we need to basically privatize Medicare, that we need to basically abandon the system of health insurance protection for seniors which has been effective for over 40 years.

There are many on the Republican side of the aisle from a conservative political viewpoint who really do not care much for our Medicare system. They have been fairly outspoken about it. One of them is Senator SANTORUM of Pennsylvania, one of the leaders on the Republican side. This is what he said recently about Medicare:

The standard benefit, the traditional Medicare program, has to be phased out.

"Has to be phased out," he said. That was a statement by Senator SANTORUM, a Republican leader, in the New York Times on May 21.

What the Republicans will bring us in terms of prescription drugs is really the first and critical step toward phasing out Medicare. It is their belief that Medicare should be eliminated and replaced with private insurance coverage, but most American families know, if they have been at the mercy of a health insurance company, that, frankly, that is not a very wise tradeoff, nor a very fair one. That is why we come down to some fundamental differences between Democrats and Republicans when it comes to prescription drugs.

We on the Democratic side believe that a prescription drug benefit should be part of Medicare; that it should be a voluntary program; that there should not be any coverage gaps; that there should be reliable coverage all across America; and that we ought to lower the cost of medicine for everyone by ensuring access to generic drugs.

On the Republican side, they have serious gaps in coverage in prescription drugs. If you are paying for prescription drugs on a monthly basis for a serious illness and expect to pay for it throughout the course of the calendar year, there are periods in the beginning when Republicans would protect you for a short period of time and then long periods of months when there is no protection whatsoever before your bills get so huge you qualify for catastrophic coverage. That is not very much protection for a family or a sick person.

They also, on the Republican side, will force seniors out of Medicare and into unreliable HMOs where seniors will not be able to choose their own doctors. Do you remember the debate we had over 10 years ago about the future of health care in America? Wasn't one of the serious issues we talked about one's ability to choose one's own doctor? The Republican approach on prescription drugs, the suggestion we privatize Medicare, that we move people into HMOs, will take away the ability of seniors to choose their own doctors, their ability to choose the doctors they trust. That is pretty fundamental.

Also, the Republicans suggest spending billions to privatize Medicare and turning this over to big insurance companies. Have you spoken recently to someone who has had to deal with health insurance companies, the rates they charge, and the conditions on coverage? I have; I sat down with small business people in Illinois. I find it absolutely scandalous what is going on. These insurance companies are cherry-picking. They are deciding who they will insure and who they will not insure. They are deciding the length and duration of coverage and the type of coverage.

If you, during the course of the calendar year when you are covered, turn in any claim relative to any part of your body or any illness, you can vir-

tually bet that next year, when you go to sign up for health insurance, it will be excluded; you are on your own. Is that the kind of coverage which we want to see in America?

The Republicans say that is a choice; we are giving people a choice. Let me tell you, Mr. President, the seniors of America have chosen for over 40 years the right choice, and that choice is Medicare. Medicare is a system which protects all Americans. It is a system with low administrative costs. It is a system which has worked. It has worked because the life expectancy of seniors has increased. It has worked because hospitals across America provide benefits to seniors. That is what is at stake in this debate.

I say to my colleagues who argue this is just a question of choice, it is the wrong choice. The best choice is to stick with Medicare, to stick with protection.

In closing, I wish to speak about cost. There will be those who come to this Chamber and say: You Democrats and those who support a plan under Medicare have to understand how expensive it is.

They will say, you do not understand the expense of your proposal. I wish those same critics could remember the debate just 2 weeks ago on the Senate floor when the Bush administration came in and asked for us to provide over \$350 billion in tax breaks for some of the wealthiest people in America. Two years ago, that same administration asked for over \$1 trillion worth of tax breaks for the elite investors in America. The money was there for tax breaks for the wealthiest people in America but, sadly, when it comes to providing health insurance coverage, when it comes to prescription drug coverage, time and again the same people who voted so willingly for tax breaks for the wealthy will not come up with the dollars necessary for real prescription drug coverage that will cover our seniors across America.

That is what this debate is about, the future of Medicare, a fair program to protect all senior citizens and to provide for cost of prescription drugs.

I yield the floor.

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#### EXTENSION OF MORNING BUSINESS

Mr. REID. Mr. President, I have spoken to the majority leader and the Democratic leadership when they were both in the Chamber, and I ask unanimous consent that morning business be extended until 11:30 today, and that at that time we go to the Defense Bill.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The Senator from Connecticut.

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#### THE NATIONAL AFRICAN AMERICAN MUSEUM OF HISTORY AND CULTURE ACT

Mr. DODD. Mr. President, just before the Memorial Day recess, the distin-

guished Presiding Officer and I had the great honor of introducing bipartisan legislation, S. 1157, to create a National Museum of African American History and Culture within the Smithsonian Institution.

We were joined in that effort by 44 of our colleagues, and I might point out that another four have joined since that time, bringing the total number of cosponsors to this legislation to 48. I presume before the day is out we will have a clear majority of our colleagues who endorse the legislation introduced by the distinguished Senator from Kansas.

Senator BROWNBACK and I introduced similar legislation in the last Congress and I am pleased that we have such strong continuing interest from our colleagues, ensuring this important museum be created.

This long overdue legislation will guarantee that the compelling stories and invaluable contributions of African Americans to our Nation will finally be shared with all Americans, indeed all peoples of the world.

This legislation also allows us to publicly display the contributions of African Americans to the founding of our Nation and educate students of all ages about the importance of their experience. This museum is not intended to replace the numerous museums and institutions of African American culture and history that already exist in our country. Instead, it will bring a national focus and prominence to the contributions and experiences of African Americans.

In New Haven, CT, for example, we are fortunate to be the home port of the 19th century freedom schooner, Amistad. The recreated Amistad is a floating classroom and reminder of the devastating effects of the transatlantic slave trade. Amistad America is dedicated to promoting the legacies of the Amistad incident of 1839 and to celebrating and teaching the historic lessons of perseverance, leadership, justice, and freedom experienced by African Americans during that incident, and similar ones like it during the centuries before 1839.

It is my hope, of course, that organizations such as Amistad America and numerous others will be able to work with the Smithsonian to ensure that these important stories may be told. I am pleased that we have been able to provide support for these numerous organizations and associations, such as Amistad, in this bill as well.

During my tenure as chairman of the Senate Rules Committee, I was pleased to work with colleagues to pass legislation to establish the Presidential Commission on the National Museum of African American History and Culture action plan.

In April, the Presidential commission issued its report in which it documented the voices of African Americans across the Nation, calling for a national place to tell their individually collective stories. This long overdue