

Pena and Parker said some of their fondest memories were of Lakin bringing in books and reading them to the class. She is a good dramatic reader, they said.

Lakin and her husband, Nelson Lakin, own a farm in Ritta, and Patterson said she will always remember the roses that Lakin grew there and brought to the school office. Lakin said some of her favorite memories are of the years her students made trees for the Fantasy of Trees holiday celebration.

"Of course, they hated to give up the tree, once we finished," Lakin said. "We would usually have to make two of everything so the students would have ornaments to take home with them."

Then there were the occasional bizarre moments, like the time a boy brought a skunk to school for show-and-tell.

"It got loose and ran all over the school," she said. "Luckily, its scent gland had been removed." Eventually the skunk was apprehended.

Lakin remembers when Pena and Parker were in her class. They were both good students, Lakin said, although Pena sometimes talked when she wasn't supposed to. Lakin said that on at least one occasion she had to have a word with Parker.

"I think Lee Ann was the more mischievous," Lakin said. "She had a club, and she was charging everyone on the playground to belong to it."

Both women chuckled, and Parker rolled her eyes.

"It only cost a nickel," she said.

"It had to be disbanded," Lakin said.

Lakin said she will miss the classroom, but she looks forward to having more time for gardening and maybe doing a little traveling.

"I might do some volunteer work, too," she said.

#### TRIBUTE TO LAFAYETTE HIGH SCHOOL BOYS' LACROSSE TEAM

### HON. JAMES T. WALSH

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 8, 2003*

Mr. WALSH. Mr. Speaker, I rise today in recognition of the high achievements of the boys' lacrosse team from Lafayette High School. After a disappointing loss 3 years ago, the Lancers finally got another shot at the state title, and came home crowned the New York State Section III Champions.

The Lafayette lacrosse program has taken home many Sectional titles in the past, but according to Athletic Director Jerry Kelly, this year's team is one of the best he's seen in ten years. After an outstanding spring season with a final record of 23-1, it seemed only fitting that this well-trained group of young men should win this final game.

On behalf of the people of the entire 25th District of New York State, I would like to congratulate the following champions on their remarkable achievement: Haiwha Nanticoke, Brendan Storrier, Pat Shannahan, Lee Nanticoke, Josh Groth, James Pierce, Blake Gale, Andrew Spack, Andrew Thurston, Jeremy Thompson, Jerome Thompson, Tyler Gale, Wes Adam, Kevin Wilkerson, Brian Gormley, Nick Lavdas, Kevin Bucktooth Jr., Matt Noble, Jaimee Loughtin, Andy Gaffield, John Paige, Brion Salitino, Randy Hadzor, Ross Bucktooth, Spencer Lyons, Pat Dwyer, Head Coach Greg Scott, and Assistant Coaches Kevin Gale, Mike Riese, and Jerome Thompson.

#### MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

SPEECH OF

### HON. JAMES C. GREENWOOD

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 26, 2003*

Mr. GREENWOOD. Mr. Speaker, I support this new, innovative Medicare prescription drug benefit, and commend Energy and Commerce Committee Chairman TAUZIN and Health Subcommittee Chairman BILIRAKIS for developing a proposal that is fiscally responsible, modernizes the Medicare program, and delivers a sound prescription drug benefit.

A prescription drug benefit in Medicare is the most important social policy that Congress can deliver this Congress. Period.

My home state of Pennsylvania has the second highest number of seniors in the country, and these seniors are living longer, healthier lives, thanks in part to modern medications. Death rates from heart disease, cancer and stroke are going down, and hundreds of new medications are now being developed to combat diseases of aging, including Alzheimer's, Parkinson's, and arthritis.

Unfortunately, along with these new drug therapies comes a higher price to those that need them. Seniors without adequate access to these drugs will not be able to benefit from the stunning advances in health care resulting from the newest pharmaceutical products. Society will spend more money on their health care, because many new drugs actually serve as preventive measures and often prevent costly hospitalizations.

Medicare in its current form does not cover most prescription drugs. When it was created in 1965, it was a good program for its time. President Johnson, on signing Medicare into law on July 30, 1965, said, "No longer will older Americans be denied the healing miracle of modern medicine. No longer will illness crush and destroy the savings they have so carefully put away over a lifetime so that they might enjoy dignity in their later years."

But with advancements in drug treatment, modern medicine has grown increasingly expensive, as Medicare does not pay for these wonderful outpatient drugs. We need to modernize Medicare. As long as Medicare does not cover outpatient drug benefits, seniors will not be as healthy as they could be, and they will pay more out-of-pocket costs for preventive medications.

Nearly two-thirds of seniors have some insurance coverage that helps pay for prescription drugs through private employer plans or supplemental (Medigap) coverage; however, the remaining third has absolutely no coverage for prescription drugs.

This is not good enough. Seniors, living on limited income, should not be the last payers of retail prices for drugs in our great country. But we should not impose price controls so that seniors can afford their prescriptions. Instead, we need to use the tools that the private sector does, using leverage and bargaining for discounts. Medicare needs to take advantage of reduced prices that we can achieve using the tools that are used by private entities, operating in the employer-provided health care market.

We need to be careful about how we reform Medicare. Those two-thirds of seniors who

have drug coverage are pleased with what coverage they have and don't want a big government solution that could increase their costs. Congress passed the Medicare Catastrophic Coverage Act in 1988 with the intention of easing the cost of catastrophic events for Medicare recipients. However, instead of helping, it made things much worse for seniors who already had catastrophic coverage. They ended up paying more out-of-pocket for fewer health benefits. It was so devastating that Congress was forced to repeal the legislation the very next year.

Mr. Speaker, this bill finds the right mix. It establishes a generous prescription drug benefit, using the private sector tools that provide significant savings for seniors when they purchase prescription drugs. And, it reforms and strengthens the Medicare program in the right way.

This bill also provides significant relief to seniors in Pennsylvania by strengthening the Medicare+Choice program. Over the past few years, seniors who have enrolled in Medicare+Choice have seen programs increase their premiums, decrease their benefits, or leave the program altogether. For example, in the largest plan in my district, seniors have seen their premiums rise from \$0 to \$94 per month.

This bill stabilizes the Medicare+Choice program. And, it fundamentally reforms the program by creating the "MedicareAdvantage" program. This program provides for significantly more stability by allowing for competitive bidding by the plans. The MedicareAdvantage program will help these plans so that they remain a viable option for millions of seniors, and continue to provide a variety of health services, such as vision, hearing, and preventative care that are not offered through the traditional Fee for Service program.

Mr. Speaker, let me talk for a minute about the reforms in the bill. It provides for the creation of a new enhanced fee-for-service program that gives beneficiaries new options and choices for services. Finally, the Medicare program will incorporate the most popular option in private health insurance (and the health insurance offered in the federal employees health benefits program), preferred provider organizations (PPO). These new PPOs will create significant new options for services for seniors.

Furthermore, this bill will not only include improving access to prescription drugs, but will modernize the Medicare program by increasing the availability of wellness programs and streamlining the often cumbersome paperwork that seniors face in getting Medicare benefits.

Finally, I am pleased that H.R. 1 has included provisions to reform the payments for the drugs that Medicare does cover in part B. These reforms represent the culmination of a multi-year investigation by the Energy and Commerce Committee.

Presently, providers are reimbursed for the cost of these drugs at 95 percent of the average wholesale price (AWP). Congress and Medicare officials have wrestled for years with the difficult issue of how to set a fair and appropriate Medicare reimbursement rate for prescription drugs covered by Medicare part B. The reimbursement benchmark we have used since the early 1990s has been the AWP, which is reported by drug companies and price reporting services. prior to that, providers were reimbursed on a cost basis, which is cumbersome and inflationary.