

I hope we give the kind of support that is necessary.

#### MEDICARE PRESCRIPTION DRUGS

Mr. THOMAS. Madam President, we also have issues at home about which we ought to be talking. One of them is health care, of course. We have great health care in this country, the best in the world. We have some limited access, however, because of the costs, and we need to address that issue.

There are many reasons for the costs. One reason is liability and malpractice, which we do not seem to be able to deal with. Another reason, I suppose, is overutilization. There is a difference between health care and health. We have some responsibility to take care of ourselves as well. Modern equipment is the biggest cost increase. We all want the modern equipment. We have to find the system in which the costs can be reduced.

In any event, what we are talking about today is the opportunity to make it much better for Medicare folks through a Medicare drug discount card in which seniors will soon be able to enroll. All Medicare beneficiaries, except those who have medication paid for by Medicaid, will be eligible. While seniors may enroll in only one Medicare-approved discount card, they can keep the other discount cards if they have them, if they like. There are going to be 40 official discount cards available. It is surprising there has been that much involvement. It shows we are moving in the right direction and doing what needs to be done.

This is the first time in Medicare's history that seniors will have a discount for pharmaceutical drugs. Quite frankly, it is the first thing in about 30 years we have done to bring Medicare more into the modern world and give some options to seniors. I want to emphasize what is going to happen. In 2006, there are going to be options for seniors. They can stay with what they now have. It is also the first time that low-income seniors will receive additional assistance from the Federal Government for the cost of their medications. It is a great step forward for seniors to deal with the high cost of drugs.

This is more of a temporary program. When we put this together in the Finance Committee, of which I am a member, we knew changes were going to be difficult. We knew it would take some time to prepare for those changes, not only on the part of seniors but on the part of people who have a program. This program will be implemented and in place until 2006, when there will be a broad system put into place. We need to take advantage of this card system as quickly as possible so we get the benefits from it.

I commend the hard work of Secretary Tommy Thompson and CMS Administrator Mark McClellan. There has been an overwhelming response to this program. As I mentioned, 40 drug discount cards will be available from

which seniors can choose. I believe there are an additional 33 that will be available on a regional basis. So there is a lot of interest for doing something in this area.

Drug card sponsors are required to provide information to beneficiaries, the annual enrollment fee cannot be more than \$30 per year, and the people who are putting out the cards will have to show what their discount prices will be. The transparency will give an opportunity for people to choose what will work best for them.

We are trying to make this as simple as possible. Medicare's Web site will be the best opportunity for people to get an update on drug prices. The Web site is [www.medicare.gov](http://www.medicare.gov). The information will be there. In my home State of Wyoming, AARP is holding seminars to help people understand the benefits, what the options are, and how you can take advantage of them. It is very important for seniors in the next couple of weeks to take advantage of the informational efforts being put forth. The easiest one, of course, is for seniors to call 1-800-Medicare, and a live person in this country will answer and help them figure out the card that meets their needs the best.

CMS has already received a lot of calls. They received 112,000 calls on Monday, as a matter of fact—isn't that amazing?—and 94,000 on Tuesday from seniors seeking information. It is the right thing to do to call that 1-800-Medicare number.

The average wait is only a very short 22 seconds, I believe. This is a huge accomplishment for a Federal bureaucracy to be able to put this into place to deal with that many people in that short a time.

By mid-May, seniors should make a decision so they can receive a card, and the benefits are to begin on June 1. I think it is great to take advantage of this information. Our own offices in Wyoming will have the information as to where people can go to get the information and find out the choices that are available.

Contrary to what some people have said on the other side of the aisle, this discount card will provide for significant savings. There was a study that was done which shows there will be an approximate 17-, 18- to 25-percent reduction in the cost. The average beneficiary will probably spend \$1,500. This is a significant amount of saving over where we are today.

It is expected that the overall savings to seniors would be probably about a billion dollars over the next year, and that is very useful.

The card provides immediate help to the most needy Medicare beneficiaries. Low-income seniors who do not currently have prescription drug coverage or do not qualify for Medicaid will be given additional help. Low-income beneficiaries will be helped by receiving \$600 annually to help them buy the medicine right from the pharmaceutical companies.

To qualify for that additional assistance, they must have an income of 135 percent of the Federal poverty level. That is about \$12,000 per individual or \$16,000 for couples. If they qualify for Medicaid, of course, they get their assistance there and will not get it from the card.

Further, the Federal Government will pay the annual enrollment fees for low-income seniors. Major card companies have told HHS that they will continue to provide the drugs that are already given free or at a steeply discounted rate for those people who qualify for the \$600 use. So low-income people will reap a great benefit from this.

In Wyoming, of course, we know that our AARP chapter and the Senior Health Insurance Information Program have been working hard. I think that is the case in all States. So I guess the point we are trying to make today is, here is a program that has the potential to be beneficial to all Medicare recipients. It is a choice program. If they have other cards that are not in this official brand, they may keep those. They do not need to get into it if they choose not to, but it is beneficial, and they need to know what is required to get the information and then have an opportunity to make choices among several things that can indeed happen.

So we want to urge everyone to take advantage of this potential new change and the opportunities available to reap some savings and to make pharmaceuticals even a stronger part of their health care program by making them less expensive through this program.

I yield to my friend from Wyoming.

The PRESIDING OFFICER. The Senator from Wyoming.

#### FILING DEADLINE

Mr. ENZI. I ask unanimous consent that the filing deadline under cloture rules for second-degree amendments to the Daschle amendment occur at 11:30 a.m. today.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. ENZI. Madam President, I am a little disturbed at some of the words I heard on the Senate floor this morning. The minority is trying to take the President apart at the cost of our troops, and we cannot stand for that. We have people fighting in Iraq. Two weeks ago I was in Germany, and I met with some of the wounded troops. We thought we would have to pump them up, but they pumped us up. Their message to us was: How come everything sounds so bad back home when it is improving in Iraq? They said the people of Iraq appreciate what we are doing. We are making a difference. Let us do our job.

Then we hear this rhetoric which is just based on a Presidential election. It has nothing to do with the true feelings in Iraq or the protection of our troops. In much the same way, I hear people on that side of the aisle trying to scare seniors about Medicare.

Seniors are about to get the best advantage they have ever had since the founding of Medicare, and that is the new prescription drug program.

Next week, we will take the first step in the history of Medicare toward providing seniors with the help they need to pay for their prescription drugs. We made improvements to Medicare in a three-stage parcel so that it can be done right. What begins next week is that people begin to get information so they can select a prescription drug card where they will get 10- to 20-percent discounts on the drugs they are taking now. They can do it easily. They can go online and make a comparison, or they can call 1-800-MEDICARE and talk to live people, tell them what their drugs are, and get some help in gathering information. But they do not have to make the decision right now. That is just a telephone call to find out what the best possibility is right now.

So seniors can begin to run options through their minds and make the best selection for the drugs they take to get the biggest discount they possibly can.

This is an historic new benefit for seniors, and I am sorry there has been so much rhetoric surrounding the new law. There are some people who would prefer to have had an issue instead of a solution. But President Bush said we are going to have a prescription drug plan, and because he put the effort behind it, and because people here believed in it, we got a solution.

The solution comes in three parts: By June 1, seniors can get the drug card. That is the 2004 benefit. In 2005, for the first time seniors under Medicare will be able to get a physical, part of preventive medicine. We think that it is important that people find out what their medical problems are early and solve them. Preventive medicine is proven to be the most beneficial for the patient and absolutely the best from a pain standpoint, and it does prevent problems from happening, which is also a huge cost saver.

So get on the phone or get on the Internet. Seniors should call in, find out how the drug benefit works, and they will receive up to 10 to 20 percent off the prices they are paying now for their drugs. And if they happen to be a low-income senior who signs up for the card, they will receive an extra \$600 in credit in 2004 and 2005 to help pay for their prescriptions.

A number of the pharmaceutical companies also have agreed to provide their brands of drugs free of charge to seniors who exhaust their \$600 credit. That is going to cost the companies quite a bit of money.

Some people who say we didn't do anything, that there is a donut hole in the benefit. My response is, before we did the Medicare bill there was not even a donut. Now there is only a donut hole.

So in 2006, there will be more extensive and comprehensive coverage of prescription drugs, and a maximum

out-of-pocket spending of \$3,600 per person on drugs before catastrophic coverage kicks in.

There has been a tremendous benefit that has been delivered, but seniors have to participate if they are under Medicare. They have to do the research to find out what the best discount card for them would be.

There are two ways to do that. One is on the Internet at Medicare.gov. The other is by telephone at 1-800-MEDICARE. There will be live people on the phone to help seniors gather the information by June 1. Seniors do not have to sign up until June 1, but they should do the research and watch what happens to the price as competition kicks in. That is what this is, a number of companies vying for the business of seniors, all seniors, because all seniors will have help with their drug benefit—up to 10 to 20 percent, in some cases higher with the discount cards, but \$600 if they are low income, and some other benefits beyond that.

I hope we can end some of the rhetoric that is coming from the other side of the aisle about what this does and does not do, and we can get on board and help seniors to take advantage of what has been done. We talked about doing a benefit for years, and it did not get done. The President got behind it, pushed it, said we will have it done, and it is done. The reality is now that seniors have access to new benefits under Medicare, they can sign up for that with a drug discount card beginning next week. They do not have to sign up until June 1 with no penalty if they wait until then.

So let us do what is right by seniors and put politics aside for a moment. There will be plenty of time later for debating and campaigning. The great majority of seniors will benefit from the new Medicare discount cards.

Let me recap again what this bill does.

Next month, seniors can begin signing up for a Medicare-endorsed drug discount card that will save them 10 to 20 percent, at least, off retail drug prices. Seniors with low incomes will also get up to \$600 in credit to help them pay for their prescriptions.

Next year, Medicare will cover new preventive benefits, including a "Welcome to Medicare" physical exam for all Americans when they turn 65.

And in 2006, Medicare will offer voluntary, comprehensive drug coverage, with special benefits for seniors with low incomes and seniors with high drug bills.

The new drug benefit will be voluntary. It will offer the most help to those who need the help most. And it will provide much-needed security and peace of mind to seniors who worry about losing their life savings in the event of a devastating illness.

Despite all of these good things, there are still some who insist on "talking down" this new Medicare drug benefit. There are some who are trying to convince seniors and their families

that this is somehow a raw deal, a sham, or worse.

I hear that, and I know that other Members who voted for the Medicare bill from both sides of the aisle hear these things. And then I review again what the bill actually does, and I wonder what the problem is.

I think I have finally figured out the problem.

The problem is that this new Medicare drug benefit does not fit the tired old storyline about Republicans and healthcare.

We Republicans know the story all too well. I am surprised someone has not turned it into a children's book yet, so that kids can hear it when they are very young. Or maybe someone has.

The tired old story changes over time, but the main points are always the same.

The tired old story is that Republicans do not care about healthcare; they do not care if healthcare is affordable or available to everyone; they do not care if people with low incomes can get care when they need it; they do not care about seniors and their drug bills.

And the problem for the storytellers is that the facts on the Medicare drug benefit do not support their story.

Nevertheless, the storytellers persist in peddling this tale. It is so bad right now that some of the storytellers are trying to undo this important legislation before it even gets off the ground. In fact, some are completely reversing their longstanding positions on this issue, in an attempt to remove parts of the new Medicare law that are nearly identical to sections of their bills from recent years.

I understand why some in the minority are upset with the new Medicare law. They are upset because Republicans campaigned 2 years ago on a promise to pass a meaningful drug benefit for seniors, and we delivered on that promise.

But the reality is that now seniors have access to new benefits under Medicare, and they can sign up for the first new benefit—the drug discount card—beginning next week.

So let's do right by seniors and put politics aside for a moment. There will be plenty of time later for debating and campaigning.

The great majority of seniors will benefit from the new Medicare drug discount cards. Our job should be to work together to help seniors make the best decisions about their own healthcare and their own finances. Let's give them the right information so they can decide whether to sign up, and which card to choose. Let's do this now, because seniors deserve nothing less.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Missouri.

UNANIMOUS CONSENT REQUEST—  
S. 1072

Mr. BOND. Madam President, I thank my colleague from Wyoming for giving