

most of the rest of the world should automatically be done here.

Yet for most of this Nation's history, Americans were not afraid to be a little bit different, a little bit unique, a little bit special. I hope the Federal Government and all the State governments will be responsive to our own citizens for once and end this expensive and elitist effort to force an unnecessary metric system down on us.

Let me add, Mr. Speaker, one other thing, just because of the vote, the defeat, we had on this national day of prayer bill that we just had in this body. William Raspberry, the great columnist for *The Washington Post*, wrote several years ago, he said, is it not just possible that anti-religious bias masquerading as religious neutrality has cost this Nation far more than we have been willing to acknowledge?

A very good statement by William Raspberry, a very good question for all Americans to ask: Is it not just possible that anti-religious bias masquerading as religious neutrality has cost us far more than we have been willing to acknowledge?

#### PRESCRIPTION DRUGS FOR SENIORS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GREEN) is recognized for 5 minutes.

Mr. GREEN of Texas. Mr. Speaker, seniors are being forced to choose between buying food and their prescribed medications.

The high cost of prescription drugs is particularly difficult for seniors, who use one-third of all prescriptions. Medicare does not cover prescription drugs. So, many seniors, 37 percent, do not have prescription drug coverage and must incur these expenditures out of their own pocket.

Studies conducted by the Committee on Government Reform minority staff show that older Americans pay much higher costs than other groups. These studies show that in congressional districts across the Nation, seniors pay for prescription drugs, on average, nearly twice as much as the drug companies' favored customers, such as the Federal Government and large HMOs who have the economies of scale who can purchase it in large quantities.

So seniors are paying double what the Federal Government may be paying through the VA or through some other program.

This price differential is approximately five times greater than the average price differential for other consumer goods. So it is actually five times more than what the economies of scale and other consumer goods may cost for large purchasers.

H.R. 664, the Prescription Drug Fairness for Seniors Act, allows pharmacies to purchase drugs for Medicare bene-

ficiaries at the best price charged to the Federal Government through programs such as the VA or Medicaid. The legislation has been estimated to reduce prescription drug prices for seniors by more than 40 percent.

That is not price controls, Mr. Speaker. H.R. 664 just ends discrimination and allows seniors to buy just like a large customer would do, seniors on Medicare, fee for service.

Mr. Speaker, this is not a bunch of Democrats trying to play politics with this issue. What we are trying to do is bring up an issue that affects all Americans, because many seniors have no prescription drug benefits. It affects people in my district like Ms. Holec of Houston, Texas. Ms. Holec is 85-years-old and relies on Social Security as her primary source of income. She also has a medical condition that requires her to buy prescription drugs that cost \$260 every month. Ms. Holec already has had to sell her car and some of her furniture to pay for her prescription drugs.

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What is she supposed to do when she runs out of things to sell and can no longer afford her medicine that costs her now \$3,000 a year? What if she develops another condition or requires another prescription drug? The solution to the problem is the Medicare prescription benefit, one that recognizes today's health needs of senior citizens.

Today the President announced his Medicare modernization proposal. I expect many people will talk about or speak out against this proposal, but before they do, think of my constituent and maybe another constituent, someone like Mrs. Holec, who is forced to spend a significant portion of her income on prescription medication or prescription drugs.

The President's plan will establish a new voluntary Medicare part D prescription drug benefit that is both affordable and available to all beneficiaries in fee-for-service.

The Medicare task force that was made up of House Members, Senators, and public members failed for primarily two reasons: One, it forced low-income seniors into managed care, and it did not include a prescription drug benefit.

Mr. Speaker, seniors should not have to look to managed care for their health needs. They should be able to look to Medicare. Whether it is the Prescription Drug Fairness Act that I am a cosponsor of, or the proposal outlined by the President today, or maybe another proposal that some Members would come up with, we have the responsibility to provide for this critical benefit.

Simply relying on managed care to meet this need is both unrealistic and unfair to beneficiaries. HMO coverage

of prescription drugs varies widely between plans, and often has caps that do not fit the needs of the beneficiaries. Moreover, some beneficiaries do not have an HMO choice because they live in rural areas, Mr. Speaker.

I hope my Republican colleagues are as committed to solving this problem as the President is and my Democratic colleagues. If so, maybe they can join us in support of either one of these proposals or develop a new proposal, just so we can make sure that seniors have prescription medication without having to literally put themselves into poverty to do so.

However, to continue to do nothing it seems, like we do with so many issues important to hard-working Americans, is not the option. So I hope many Members will look at not only what the President proposed today, but also H.R. 664, to see if we cannot come up with a solution during this Congress, before the end of the year, to solve the problems of seniors who have to pay an inordinate amount, double in some cases what prescription medication would be for other Americans.

#### DAIRY LEGISLATION

The SPEAKER pro tempore (Mr. ISAKSON). Under the Speaker's announced policy of January 6, 1999, the gentleman from Missouri (Mr. BLUNT) is recognized for 60 minutes as the designee of the majority leader.

Mr. BLUNT. Mr. Speaker, I want to talk tonight with some of my friends who I see are already here on the floor about dairy legislation. June is National Dairy Month. We are coming to really a fateful decision on dairy policy.

The Secretary of Agriculture has proposed an option for dairy policy that really does not work for most of the country. In fact, I have a chart here, Mr. Speaker, that shows the impact of this policy if it had been in existence over the last 5 years. There would only have been 1 year where America's dairy farmers would have been above the line of break even. The average for those 5 years would have been a loss of \$196 million.

Dairy farming families certainly cannot continue to stay in business with those kinds of statistics and those kinds of odds. We are really in a process here where, after some time, I would have thought adequate time for study and lots of impact from Members of Congress, we came up with a very disappointing result.

Tomorrow in full committee markup H.R. 1402 will be marked up by the Committee on Agriculture that really follows a policy that a majority of the Members of the House and Senate have advocated. The bill, H.R. 1402, has 228 cosponsors.