CONGRESSIONAL RECORD—SENATE

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I do hope you can do something to help us seniors.

When she writes, “No way can I afford to pay for my medicine,” that essentially sums it up.

We can talk about people buying prescription drugs over the Internet; we can talk about the patent issue, both involving substantial overcharging. Whatever that person needs in Grants Pass—and the letter goes on to say she has no insurance coverage for her medicine—seniors need legislation that actually provides coverage through the insurance system to help pay for prescription drugs.

Another letter comes from Medford, OR. We can see the stack of bills going to a pharmacy in Medford, Southern Oregon Health Trust Pharmacy. This individual has spent $1,664 recently on prescription drugs in Medicare. She is sending bills to our office. Unfortunately, she doesn’t get any help through the various insurance coverages she has. This is reflective of what we have been hearing. She also goes on to point out that this large stack of bills she sent me does not even include some of the over-the-counter drugs she is taking such as ibuprofen.

These cases illustrate very well why our country cannot afford not to cover prescription medicine. All of these articles, including Time magazine, are always questioning whether the Nation can or afford to cover prescription medicine. I have contended for some time now we cannot afford not to cover prescription medicine. These bills I have been reading from on the floor of the Senate show seniors can’t afford drugs that help to lower cholesterol, help to lower their blood pressure. These are drugs that help older people to stay well.

Prescription drug coverage for seniors has been a priority ever since my days with the Gray Panthers before I was elected to Congress. Frankly, it is much more important today than ever because these drugs that so many seniors write that they cannot afford today help seniors to stay well. The variety of anticoagulant drugs that help to prevent strokes, as I have commented on the floor of the Senate in the past, might cost $1,000 a year for an older person to buy them to stay healthy. Compare that to the costs incurred if a senior suffers a stroke. If a senior cannot get an anticoagulant drug to help stay healthy and avoid a stroke, that senior might incur expenses of more than $100,000.

The question for the Senate is, are we going to help frail and vulnerable seniors with prescription drug coverage that will cost just a fraction of the expenses that will be incurred through Medicare Part A, the hospital portion, and Medicare Part B, the outpatient portion, if the senior cannot get help and ends up getting sick and, very often, incurring extraordinary expenses?
The third letter I read comes from a woman in O’Brien, OR. She has spent more than $2,000 through November of 1999 on her prescription drugs, and just in recent days she has taken on a job in hopes she will be able to pay for her prescriptions. She is 78 years old. At present, she has her Social Security and Medigap, but she now has taken a small job in hopes she will have the funds to pay for her prescription medicine. She writes that she hopes the Snowe-Wyden legislation becomes law.

Other colleagues have different approaches. We appreciate that. What is important is we move forward together. Let’s show the authors of all these recent articles in Time magazine, in the New York Times, and various other publications that are skeptical about this, that the Congress can tackle a big issue such as this; let’s prove them wrong. Let’s show, in spite of a fairly polarized political climate in America today, when there is an important program, this Congress can come together.

I will keep coming to the floor and urging seniors to send in copies of their prescription drug bills. The poster lays it out: Send their bills to their Senator in Washington, DC. The Snowe-Wyden legislation, SPICE, for the Senior Prescription Insurance Coverage Equity Act, is a bill that, on a bipartisan basis, can be supported in the Senate. If other colleagues have different ideas, let’s get them on the table. Let’s come up with a marketplace approach to holding down the costs of medicine.

These bills show access to coverage is very key, but holding down the costs of medicine is very key as well. There is a right way and a wrong way to hold down those costs. The right way is to use a model such as the health care system for Members of Congress. That is what is behind the Snowe-Wyden legislation that provides choice, competition, and marketplace forces for holding down medicine.

There is a wrong way—the various approaches that call for price controls. The real danger behind price controls is that the costs for anybody who is not in the price control group will be shifted on to other Americans who are having difficulty paying for medicines as well. It would not be a particularly useful thing for the Senate to come up with a price control regime for folks on Medicare and then have the costs shifted over to a divorced woman who is 27 years old with two children who is working her head off to try to help her family and help them pay for expenses and that would go up because costs would be shifted to her.

I intend to keep coming back to the floor of the Senate and reading from these bills. Today I have read accounts from Medford, from Grants Pass, and from O’Brien. Others cannot afford today to cover prescription drugs.

When public opinion polls are taken, coverage of prescription drugs for older people is now one of the two or three concerns in America—not just for seniors but for all Americans; certainly for the Sandwich Generation. Perhaps a young couple in their forties who have to try to provide some assistance to a parent who could not afford prescription medicine is following this issue. It is not just a seniors’ issue; it is an issue for families that is an issue for the quality of life of our country.

The Snowe-Wyden legislation is a bipartisan bill where more than 50 Senators have already indicated they will support the funding mechanism in prescription drug coverage as one way to proceed.

I am sure our colleagues have other ways to go. But what is important is to show the skeptics across this country who are writing in magazines and saying in news reports that nothing can be done that we can come together on a bipartisan basis and provide real relief for the Nation’s older people.

I hope seniors will, as this poster indicates, continue to send copies of their prescription drug bills. Our colleagues in each of the Senate, each of us in Washington, DC, because I intend to keep coming back to this floor again and again until we can secure passage of this legislation.

I do not want to see the attention of the Senate diverted to questions of the role of the Internet and patents and the variety of matters because, while they are important, they do not go to the heart of what is needed in this country. What is needed in America for the millions of seniors who are spending half of their income on prescription drugs—and that is what I have been describing on the floor of the Senate—is insurance coverage. They need coverage which will pick up that part of their income that goes for prescription drugs. That is what the Snowe-Wyden legislation does on a bipartisan basis.

We are going to keep coming back to the floor of this body to talk about the need for prescription drug coverage for the elderly. There are bipartisan proposals to do it.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, what is the parliamentary situation?

The PRESIDING OFFICER. The Senate is conducting morning business until 2 o’clock.

Mr. LEAHY. I thank the distinguished Presiding Officer.

The PRESIDING OFFICER. The minority controls 5 more minutes.

Mr. LEAHY. Mr. President, I ask unanimous consent I be allowed to continue for not over 10 minutes in defense of the distinguished majority leader following an editorial in one of our papers today.

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

RESPONDING TO CRITICS OF THE NORTHEAST DAIRY COMPACT

Mr. LEAHY. Mr. President, I read an editorial this morning in the Wall Street Journal that reflects statements about both the distinguished majority leader, Senator Lott, and the Northeast Dairy Compact. In fact, the editorial was totally, factually wrong. If the editorial writers would have checked their facts, they would have known that.

Basically, the writers used arguments of opponents of the Northeast Dairy Compact, and they used those arguments without any determination of whether they are accurate or not. This time they used the arguments to go after the distinguished majority leader and others who supported the compact. They have used the so-called facts other times, but, again, they have always used them in the same wrong arguments.

I have referred many times to the major GAO study that was issued on milk prices. I have referred to the detailed OMB study on the compact. Opponents never offer any proof for their arguments. I am fed up with the Compact being criticized as a back room deal because I remind everybody that we actually had a vote on it, albeit in the form of a cloture motion, but we backed and ran on it on the floor. The Senator and a majority of Senators, Republicans and Democrats alike, voted for it. The majority voted for it this year. Now those who oppose it are using filibusters and parliamentary dodges because they know that they lost the vote.

I am fed up with opponents attacking the compact as a special interest cartel, a compact which is made up of family farms, considering the largest opponent of the compact is Philip Morris, the tobacco giant which owns Kraft. The supporters are family farmers; the opponent, Philip Morris. It does not sound as if the supporters are really a cartel.

I am fed up when opponents of the compact say milk prices are higher in New England when typically milk prices are higher in Wisconsin and Minnesota than they are in New England. The places that do not have the compact and who are attacking it the most charge their consumers more for milk on average than the area that does have the compact.

GAO did a study of this and they looked at milk prices during the first six months after the Compact was implemented. GAO found that consumers in New England were able to buy milk considerably cheaper than in Wisconsin or Minnesota. The editorial writers and opponents of the compact do not point this out. Why do they not point this out? Because it points to the success of the compact and does not support the arguments made by the cartels that are opposed to it.