

HMO, on average, costs 13.2 percent more than if it were provided through traditional Medicare.

So I question, as we have precious few dollars to work with to be able to provide the services and the care for which our seniors are asking, the wisdom of moving to a model that is rising in cost faster than Medicare. I have not seen evidence where, in fact, it will provide the kind of competition to lower the prices, which we are all looking for from the private sector at this time. In fact, what I am hearing from the business community is they want us to partner more with them, the public sector and the private sector. Because we now have our global economy and businesses competing around the world and because we are the only employer-based health insurance system among the industrialized countries, they find themselves at a competitive disadvantage and are asking to partner with the private sector to both contain costs and be able to help them compete and continue to be able to provide insurance coverage.

So in light of all of these discussions that are going on, we look at Medicare, which is the one piece of a health system that Congress in its wisdom back in 1965, along with the President, said we are going to make sure is available, universal, once one is 65 or if they are disabled, regardless of where they live; if they are in the Upper Peninsula of Michigan, Detroit, or in Benton Harbor, they know they will be able to have insurance coverage, be able to choose their own doctor, be able to get the care they need. They know what it costs. They can count on it. That is the miracle. That is the reason so many seniors overwhelmingly choose traditional Medicare rather than other private sector options.

So we come to the difficult choice now of how to provide prescription drug coverage, and there is a difference of view certainly about whether we should strengthen traditional Medicare or provide incentives, encouragement, a carrot stick—whatever one wishes to call it—for those to go into managed care. I commend my colleagues for attempting to find that balance in the middle. I believe the balance really is not struck unless we make sure that traditional Medicare is part of that choice.

I also am very concerned that we hear constantly that, in fact, we have a situation where we can only afford to go a part of the way. It is my understanding, when all is said and done, we are talking about providing most seniors—certainly middle-income seniors—with 20 or 25 percent to help with their drug bill over time. I do commend the structure for low-income seniors, but overall we know we are not providing a comprehensive prescription drug benefit with the dollars involved. It is half of what it would take to provide the same coverage we have as Senators through Blue Cross and Blue Shield under the Federal employee

health system. So we certainly are not providing what we, other Federal employees, receive for a comprehensive benefit.

I have often heard, well, we cannot afford to do that. I feel it necessary to indicate for the record one more time why it is we are talking about a system that is not comprehensive, will end for several months of the year for seniors, will not provide them what they need, and is complicated and convoluted, I believe, and that is because of another set of policies that were debated in this Congress not long ago, coupled with what happened in 2001, and that is the question of making a determination, a value judgment, that it is a bigger priority to provide tax cuts for the wealthiest, the privileged few of our country, rather than helping the many of our seniors and the disabled to be able to put money in their pockets through prescription drug coverage.

It is astounding to look at what that decision has done. We are told that the 2001 tax cuts made permanent and the other proposals passed over the next 75 years will, in fact, cost \$14.2 trillion, where the projected Medicare and Social Security deficit combined—not just Medicare but Medicare and Social Security deficit—is \$10 trillion.

This has been a conscious choice to make a decision to spend dollars in one way to help a few people in our country rather than to keep the commitment of Social Security and Medicare that we have had for many decades in our country. The fact that we are talking about an inadequate benefit that ends, that leaves coverage gaps of 3 or 4 months a year for our seniors, the fact that we are talking about an approach that does not do what they have asked us to do, is because of decisions made to take revenue and instead of investing it in health care for older Americans, instead of investing it in strengthening Social Security for the next generation, the decision was made to eliminate that revenue.

By the way, that decision has resulted this year in the highest single-year deficit in the history of our country. Unfortunately, a hole has been dug. I fear it will continue to be dug deeper and deeper with the decisions that will be made.

It is not too late to decide in this debate we will do it right—real choice, a real benefit—that we make decisions that are best for the majority of the people we represent. They are counting on us to do this right.

RECESS

The PRESIDING OFFICER. Under the previous order, the hour of 12:30 p.m. having arrived, the Senate will stand in recess until the hour of 2:15 p.m.

Thereupon, the Senate, at 12:30 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding officer (Mr. VOINOVICH).

The PRESIDING OFFICER. The Senator from Utah.

PRESCRIPTION DRUG AND MEDICARE IMPROVEMENT ACT OF 2003—Continued

Mr. BENNETT. Mr. President, I ask unanimous consent that for the duration of today's session, S. 1 be available for debate only, with the time until 6 o'clock today equally divided as under the previous order.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Mr. President, it is clear from this unanimous consent request that we are waiting for CBO scoring on the Medicare bill. That, it is my understanding, will not be in until very late tonight. So as I understand this unanimous consent request, if we extend the time past 6 tonight, it still will be for debate only on this matter; is that right?

Mr. BENNETT. I say to the Senator, my understanding is the same as his, but I am not in any position to make a commitment.

Mr. REID. I would advise Members I don't think they can expect at 6 o'clock to start offering amendments. I don't think the bill will be ready at that time. So if we do go past 6 o'clock, I am confident it will be for debate only.

But I agree to the request at this time, that until 6 o'clock today the time be equally divided as requested by the Senator from Utah.

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

Mr. REID. Mr. President, if I could, through the Chair, ask the Senator from Utah if the Senator from Utah is going to speak on the bill at this time?

Mr. BENNETT. That is correct.

Mr. REID. I ask unanimous consent that following his statement the ranking member of the Budget Committee, Senator CONRAD, be recognized to speak on this legislation now before the Senate.

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

The Senator from Utah.

Mr. BENNETT. Mr. President, we are debating the substance of the bill that came from the Finance Committee with respect to a prescription drug benefit for Medicare. We all recognize that providing a prescription drug benefit for Medicare is long overdue, something that has been needed badly for a long period of time. I am heartened by the bipartisan nature of the vote that came out of the Finance Committee.

I am reminded of an occasion when I first came to the Senate and we began debating health care. I fell in step with the then-chairman of the Finance Committee, Senator Moynihan from New York. Senator Moynihan is one whom I met when I was first serving in the Nixon administration and he was serving as the domestic counselor to President Nixon. I felt close to him from then on.

As we walked through the door into the Chamber, I said to him: Pat, do you think we are finally going to get some health care reform this year?