

## PLEDGE OF ALLEGIANCE

The PRESIDENT pro tempore led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

The PRESIDENT pro tempore. Does the Senator from Iowa seek recognition?

Mr. GRASSLEY. Mr. President, I was told we should report the bill first, and then I will make my statement.

## RESERVATION OF LEADER TIME

The PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

## MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT OF 2003—CONFERENCE REPORT

The PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of the conference report to accompany H.R. 1, which the clerk will report.

The assistant legislative clerk read as follows:

Conference report to accompany H.R. 1, an act to amend Title XVIII of the Social Security Act to provide for a voluntary prescription drug benefit under the Medicare Program and to strengthen and improve the Medicare Program, and for other purposes.

The PRESIDENT pro tempore. Under the previous order, the time until 12:30 shall be equally divided between the chairman of the Finance Committee or his designee and the Democratic leader or his designee, with the last 10 minutes prior to the vote to be allocated between the Democratic leader for 5 minutes to be followed by the majority leader for the final 5 minutes.

The Senator from Iowa.

## SCHEDULE

Mr. GRASSLEY. Mr. President, I would like to state the plan for today. Under the previous order, the cloture vote will occur today at 12:30. The debate time until that vote is limited, and Members will only be allocated short debate times. The cloture vote on the conference report will be the first vote of the day. It is the leader's hope and expectation that cloture will be successful. Once cloture is invoked, the leader hopes we will be able to proceed to a vote on the passage of the Medicare prescription drug bill in very short order after that.

On our side, we are obviously going to start with the Senator from New Hampshire. But since the time is very tight, probably most Members would be limited to 5 minutes or less, beyond that of Senator GREGG. I would like to make sure people are very orderly as they come over here and ask me for time. I cannot speak for the Democratic side, but for the Republican side, it is very essential for people to be here and be ready to speak.

Does the Democratic whip wish to be recognized?

Mr. REID. Yes, if my distinguished friend will yield.

The PRESIDENT pro tempore. The Senator from Nevada.

Mr. REID. Mr. President, we have, on this side, a number of people who wish to speak. It is my understanding, to make this debate fair, that on this side the time will be given to those who are opposed to cloture being invoked. So the people who speak on this side will be opposed to cloture. I want all the people who have asked for time on this side to understand that. And we are—this is just for Democrats—we are going to give 9 minutes to the following Senators, and in no necessary order. Whoever is here can speak. They should all be alerted that if there are quorum calls, they are going to lose time. So, Mr. President, I would, on our side, grant 9 minutes to Senators AKAKA, LAUTENBERG, KERRY, LIEBERMAN, DODD, CLINTON, MIKULSKI, PRYOR, KENNEDY, with KENNEDY to have the last time before the Democratic leader speaks, closing the debate.

Now, again, I want to tell those listening, this side is for those who oppose cloture.

Mr. GRASSLEY. Mr. President, could I make an inquiry?

Mr. REID. Yes. And I think it would be better if we alternated back and forth until 12:30.

Mr. GRASSLEY. That is the point I wanted to make.

Mr. FRIST. Mr. President, today we stand on the threshold of a truly historic moment. Not for Republicans. Not for Democrats. Or for the House of Representatives. Or the United States Senate. But, for over 40 million American seniors and individuals with disabilities, who may finally be getting prescription drug coverage under Medicare.

Saturday morning, the House of Representatives passed H.R. 1, the "Medicare Prescription Drug, Improvement, and Modernization Act of 2003."

Also Saturday, President Bush called upon the Senate, once again, to finish the job. He urged us to send him legislation that will provide badly needed prescription drugs to seniors.

For years, Congress has debated whether, and how, to provide prescription drug coverage to seniors and to strengthen and improve the Medicare program. Now, it is time for us to Act.

Mr. President, this generation of seniors survived the depression, fought World War II, and helped make the United States into a prosperous and thriving Nation. Time and again, they stepped forward to serve. Now, is the time to fulfill our duty to that great generation. Now is the time to answer their call.

What President Lyndon Johnson said in 1965 still stands:

... No longer will this Nation refuse the hand of justice to those who have given a lifetime of service and wisdom and labor to the progress of this . . . country.

Let us not stay that hand of justice now. Let us not turn our back on America's seniors and individuals with disabilities.

There are nearly one quarter of a million seniors in my home State of Tennessee who have no prescription drug coverage. There are millions more across the Nation for whom this legislation, literally, means the difference between life and death. They cannot afford to wait any longer. I have treated thousands of Medicare patients. And I know firsthand that, without Medicare, millions of seniors would not have received needed medical services. Millions more would have faced financial ruin. Medicare has helped save and heal lives.

But this cherished program has failed to keep pace with medical and scientific progress. Prescription drugs are an integral part of modern medicine. They are as important as the surgeon's knife. Yet, they are not part of the Medicare program.

In the nearly four decades since the Medicare program was created, the American medical system has transformed from one focused on treating episodic illness in hospitals to one characterized by an increasing emphasis on managing and preventing chronic disease in outpatient settings with advanced medical technologies and prescription drugs. Life expectancy has increased by nearly ten years. Death rates associated with heart disease have been cut in half, and new treatments and diagnostic tools have improved survival rates for prostate, colon, and breast cancer. Our medical and scientific knowledge and, along with it, our ability to treat illness and disease has improved dramatically over the past four decades. Yet, Medicare itself has not kept pace with these dramatic changes. It has been too inflexible and bureaucratic. Designed for the 1960s health care system, it has been unable to adapt to changing medical practice. Medicare does not provide true preventive coverage, disease management, or protection against catastrophic health care costs.

As a result, we have today glaring and unacceptable gaps in the coverage that is available to seniors and individuals with disabilities—the most obvious of which is the lack of prescription drug coverage.

Over the past three decades, for example, the death rate from atherosclerosis has declined by over 70 percent and deaths from ischemic heart disease have declined more than 6 percent, largely due to the advent of beta blockers and ACE inhibitors. During the same period, death rates from emphysema have dropped nearly 60 percent due to new treatments involving anti-inflammatory medications and bronchodilators.