

each providing different savings on different medications, and all subject to change.”

Quoting Mrs. Fruhling:

“I personally feel I can do better on my own,” she said. But she added, “At this point, I don’t think anyone can make an evaluation.”

The article goes on to say:

Even before they go into effect on June 1, the cards—which are approved by Medicare but offered by various companies and organizations—have been the subject of heated political debate, an AARP advertising campaign about how confusing they are and anxious speculation from those they are supposed to help.

Among retirees of different income groups interviewed last week, the initial reaction was incomprehensible.

It goes on to quote Mrs. Florence Daniels, a retired engineer who gets less than \$1,000 a month from Social Security. She did not use the Government Web site that is currently available to compare drug cards, in part because she cannot afford a computer. She states:

I’m trying to absorb all the information, but it’s ridiculous. Not just ridiculous, it’s scary. If there was a single card and it was administered by Medicare, and it got the cost of drugs down, wonderful, marvelous. But with these cards, the only thing we know is that we’ll have to pay money to other people to administer what we can get and what we can’t get.

Sidney Bild is another retiree quoted in the article, a retired doctor in Chicago. He compared the drug discount cards with prices he paid ordering his drugs by mail from Canada. Dr. Bild pays \$4,000 to \$5,000 a year for five medications. When he checked the Government Web site, he said the best plans were about 50 to 60 percent higher than he was paying.

At the Leonard Covello Senior Center in East Harlem, the article quotes another senior, Ramon Velez, a 72-year-old taxi driver who is retired. He said:

I was laughing at the people in the ads [that I have seen on television] but it’s true. Everyone’s confused.

That summarizes what many of us have expressed now for some time. People are confused. They are terribly frustrated. They are anxious. They do not want to have to deal with 73 different options and there is chaos as a result. Unfortunately, the Congress had an opportunity to side with seniors or side with the drug companies, and clearly this is a drug company benefit, this is a drug company program. It has nothing to do with helping seniors.

#### COVER THE UNINSURED

Mr. DASCHLE. Mr. President, this week is “Cover the Uninsured Week.” Today, and for the rest of this week, in all 50 States and the District of Columbia, Americans will take part in nearly 1,500 public events to call attention to the growing number of Americans without health insurance and the growing price they, and all of us, pay for the gaping holes in America’s health care safety net.

The nonpartisan campaign is co-chaired by former Presidents Gerald Ford and Jimmy Carter and supported by a diverse coalition of organizations representing business owners, union members, educators, health consumers, hospitals, health insurers, physicians, nurses, religious leaders and others. It is also endorsed by several former Surgeons General and Health and Human Services Secretaries from both Republican and Democratic administrations.

This is the second “Cover the Uninsured Week.” Unfortunately, the problem has only gotten worse in the last year. Last year, nearly 44 million Americans, including 8.5 million children, had no health insurance. That is more than 15 percent of all Americans. Tens of millions more Americans were uninsured for at least part of the year. In my State, South Dakota, 12 percent of the people have no health insurance.

Most uninsured Americans go to work every day. In fact, many work two or three jobs. But their employers do not offer health coverage, or they cannot afford the premiums and other costs. And they cannot afford to buy private coverage on their own. So they, and their families, live with the daily dread that one serious illness or accident would wipe them out financially.

Last summer, I received an e-mail from a father who lives every day with that fear. He lives in South Dakota. He and his wife asked me not to use their names or the name of her employer because they do not want to risk losing her job and the very meager health benefits it provides.

This couple has two children, both in high school. When the father e-mailed me last summer, he had just spent hours in a hospital emergency room. He went to the hospital because he thought he might be having a heart attack. He ended up leaving without seeing a doctor because he was afraid he might end up with a medical bill he could not pay.

He said that his chest pains started around midnight on a Saturday night. He asked his son, the only other person at home at the time, to take him to the hospital. Before he left home, the father grabbed a file folder containing his last 5 years’ worth of tax returns. Why did he do this?

Two years earlier, his son had been hit by a car, and the family ended up with \$34,000 in medical bills. The father did not want anyone at the hospital to think he was trying to take advantage of them when he warned them that he would not be able to pay another huge medical bill. After they arrived at the hospital, the father sat in the waiting room for 3 hours waiting to talk to someone in the hospital’s business department. Before he accepted any treatment, he wanted to be sure it was not going to bankrupt his family.

But there was no one in the business office in the middle of the night on a weekend. So he sat there for 3 hours, clutching his tax returns, and praying that he was not having a heart attack.

Finally, a nurse came out, spoke to him for a few minutes, and told him he was probably just having a panic attack. So he went home. To this day, he does not know if what he suffered was a panic attack or a mild heart attack. He still has not seen a doctor.

This man and his family are not even counted among the nearly 44 million Americans without health insurance. They used to have family health coverage through his employer, but 3 years ago, that company moved out of State. He has been self-employed ever since. Now, they get their health insurance through his wife’s job.

I hear, as I heard on the floor yesterday, from some of our colleagues that in this country, thank goodness, we never have to ration health insurance. If this is not rationing health care, health insurance, I do not know what is. What does one call it when a person sits at midnight on a Saturday night with 5 years of tax records to prove they do not have the ability to pay and then walk out not knowing if they had a heart attack. Tell someone today that is not rationing health care. A family income for this particular family is about \$13,000.

Two years ago, this family paid \$2,800 in premiums for family coverage and another \$5,800 out of pocket for medical costs that weren’t covered—\$8,600 in all. Their family income that year was about \$13,000.

This is what that father wrote to me in his e-mail last summer:

Our family hasn’t seen a dentist for over 3 years. I haven’t seen a dentist in nearly 10 years. Simply cannot pay the cost. My son needs glasses. My wife has a broken tooth. I haven’t seen a doctor in 15 years.

We all work hard and play by the rules and cannot make ends meet. The last three years have been devastating to us. We will probably lose our house because we cannot afford to keep it up. We are a sad case and getting more depressed every day. I am embarrassed and ashamed to even talk about it. I just wanted you to know about the suffering many of us are enduring.

Recently, a woman wrote a long letter to a paper in my State, the Eagle Butte News, about her sister. As a Native American, her sister was theoretically guaranteed free health care from the United States Government, through the Indian Health Service.

Last June, the sister went to see an IHS doctor because of severe stomach pains. The doctor told her she had a bacterial infection and sent her home with an antibiotic. A month later, the pain was so intense she could no longer eat. When she went to IHS clinics, she was given a shot for pain and some antacids and told there was no money to send her to a specialist. By October, she had lost 70 pounds. Last November, she finally saw a different doctor and got an accurate diagnosis. By then, her stomach cancer was inoperable. She died on April 7.

In her letter to the editor, her sister wrote:

She was prepared to accept her fate, which she did bravely and with courage. But I am

not going to accept her death quietly because her life was cut short and I don't want to see others suffer the same fate that she did.

As terrible as these stories are, these people are technically among the lucky ones. The father who sent me that e-mail has what amounts to catastrophic health coverage through his wife's job. American Indians are promised health care by the Federal Government, even though that promise is routinely broken.

The nearly 44 million uninsured Americans have even less than that. None of us should accept this quietly.

The lack of health insurance has devastating consequences for uninsured individuals, for families, and for our Nation as a whole. According to the National Institute of Medicine:

Children and adults without health insurance are less likely to receive preventive care and early diagnosis of illness. They live sicker and die younger than those with insurance.

Eighteen thousand Americans a year die prematurely because of lack of health insurance.

Families suffer emotionally and financially when even one member is uninsured.

Communities suffer as the cost of uncompensated care is shifted onto doctors, hospitals and taxpayers.

The Nation suffers economically. The Institute of Medicine estimates that lack of health insurance costs America between \$65 billion and \$130 billion a year in lost productivity and other costs.

The National Institute of Medicine has called for universal health coverage for all Americans by 2010. Democrats have been leading the fight for universal health coverage in America for decades. We created Medicare.

We welcome Republicans' concern about the rising number of Americans without health insurance, and we want to work with them to find solutions. But the proposals offered by the President and congressional Republicans will not work.

A recent study concluded that the President's proposals would only reduce the number of uninsured Americans by between 2.1 and 2.4 million people out of the 44 million who have no health insurance. That is not even as many people as have lost their health coverage during his administration. We have to think bigger, for if we "cover the uninsured" at that rate, we will continue to lose ground.

Moreover, some of the President's ideas would actually make matters worse. According to CBO, the President's plan to create "association health plans" would decrease the number of uninsured Americans by only about 600,000 people—600,000 out of nearly 44 million. But it would increase premiums for 80 percent of employees of small businesses. It would also exempt "association health plans" from important State regulations, including solvency requirements and other protections.

The administration's proposed health care tax credit is far too low to help most people who need help. It also ignores two fundamental problems: Premiums for individual health care coverage are far too high for most Americans, and, if you are not young and in good health, you may not be able to purchase an individual health insurance policy at any price.

Health savings accounts are no solution, either. They are a tax shelter that primarily benefit the healthy and the wealthy—those who are least likely to be uninsured. A new study by an M.I.T. expert released just this week concludes that the President's health savings account proposal would actually increase the number of uninsured Americans by 350,000—and cost taxpayers \$25 billion. There are better ideas.

After that father sent me that e-mail, we told him about the CHIP program. Today, his two children have health insurance through that program.

In the words of that South Dakota father:

The CHIP program is a tremendous safety net for families. At least now, when my children are sick, I can take them to the doctor. It takes some of the fear away. And, when you walk in to the doctor's office or the hospital and show them that card, they treat you like a human being.

The CHIP program is working. We should continue it—and our other successful Federal health care programs—and ensure they are adequately funded.

We recently introduced a bill that could significantly reduce the number of uninsured Americans and help small business owners create new jobs at the same time. The Small Business Health Tax Credit—S. 2245—would provide small businesses with tax credits to cover up to 50 percent of the cost of their employees' health insurance. Businesses with 36 to 50 workers would get a tax credit worth 30 percent of their employee health care costs. Companies with 26 to 35 workers would get a 40-percent tax credit. And companies with 25 or fewer employees would get the full 50-percent tax credit. This is a far more generous tax credit than what small businesses can claim now.

Business owners and entrepreneurs are working hard to make a profit—but their profits are being eaten up by out-of-control health care costs.

Finally, later this morning, my colleagues and I are going to announce a bold new commitment that will enable the Federal Government to offer every American access to quality health care at an affordable price within 2 years. We look forward to working with our Republican colleagues to make that commitment a reality.

I recently received another letter from a woman in South Dakota. She wrote:

I have noticed that gas stations continue to place spare-change jars on counters for fundraisers, and small towns often hold pancake breakfasts for the same reason. However, rather than raising money for band

trips and sports, they are increasingly for a local uninsured person's health care.

There are better ways. Working together, we can tap the spirit of community and compassion those spare-change jars represent, and we can find ways to ensure that every American is able to see a doctor when he or she is sick.

We do not have to be the only major industrialized nation in the world that fails to guarantee health care for all its citizens. We can do better, and none of us should rest until we do.

I yield the floor.

#### MORNING BUSINESS

The PRESIDING OFFICER (Mr. GRAHAM of South Carolina.) Under the previous order, there will be a period for the transaction of morning business for up to 60 minutes, the first half of the time under the control of the majority leader or his designee, the second half of the time under the control of the Democratic leader or his designee.

The Senator from Wyoming.

#### HEALTH INSURANCE

Mr. THOMAS. Mr. President, I would like to take the first 10 minutes of our 30 minutes and talk a little bit about the uninsured and talk a little bit about insurance, of course. I am pleased this is uninsured week, that we are focusing on that problem of uninsured folks. I think it is a great thing that we ought to be doing. There are some alternatives that we can pursue.

I have been particularly involved in the rural health care aspect, being from Wyoming where, of course, almost all of our health care is rural health care. We have had good results in our Medicare bill that was passed last year. We have equity pay for the providers in that bill. We have assistance for those serving underserved areas. We have a number of things that are very necessary. I am pleased they are there.

We have been focusing on Medicare, of course, because that is the Government's responsibility directly. We have made some good progress on that. Among other things, we seek to help seniors with pharmaceutical costs. We have a program out there. I am a little disappointed the minority leader is nothing but critical of it. It is out there and we ought to be trying to make it work now rather than trying to oppose it for political reasons. I think that is a mistake.

There are opportunities out there for the elderly to enjoy a considerable amount of assistance, particularly low-income people, with the \$600 assistance in addition to a 20-percent reduction. The fact that there are 70 cards out there—all you have to do is call 1-800-Medicare and get the advice that is necessary to do it. I wish we could support something instead of totally always being critical.

In any event, we have worked on those, and I think it is time that we