

Mr. McCONNELL. The following Senators were necessarily absent: the Senator from Pennsylvania (Mr. SANTORUM) and the Senator from Oregon (Mr. SMITH).

Mr. DURBIN. I announce that the Senator from Indiana (Mr. BAYH), the Senator from Minnesota (Mr. DAYTON), the Senator from Hawaii (Mr. INOUE), the Senator from South Dakota (Mr. JOHNSON), the Senator from Louisiana (Ms. LANDRIEU), the Senator from New Jersey (Mr. MENENDEZ), the Senator from Maryland (Ms. MIKULSKI), the Senator from Florida (Mr. NELSON), and the Senator from West Virginia (Mr. ROCKEFELLER) are necessarily absent.

I further announce that if present and voting, the Senator from Minnesota (Mr. DAYTON) would vote "yea."

The PRESIDING OFFICER (Mr. CORNYN). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 82, nays 0, as follows:

[Rollcall Vote No. 37 Ex.]

YEAS—82

Akaka	Dole	McCain
Alexander	Domenici	McConnell
Allard	Dorgan	Murray
Allen	Durbin	Nelson (NE)
Baucus	Feingold	Obama
Bennett	Feinstein	Pryor
Biden	Frist	Reed
Bingaman	Graham	Reid
Bond	Grassley	Roberts
Boxer	Gregg	Salazar
Brownback	Hagel	Sarbanes
Bunning	Harkin	Schumer
Burns	Hatch	Sessions
Burr	Hutchison	Shelby
Byrd	Inhofe	Snowe
Cantwell	Jeffords	Specter
Carper	Kennedy	Stabenow
Chafee	Kerry	Stevens
Clinton	Kohl	Sununu
Coburn	Kyl	Talent
Cochran	Lautenberg	Thomas
Collins	Leahy	Thune
Conrad	Levin	Vitter
Cornyn	Lieberman	Voinovich
Crapo	Lincoln	Lott
DeMint	Lott	Warner
DeWine	Lugar	Wyden
Dodd	Martinez	

NOT VOTING—18

Bayh	Enzi	Mikulski
Chambliss	Inouye	Murkowski
Coleman	Isakson	Nelson (FL)
Craig	Johnson	Rockefeller
Dayton	Landrieu	Santorum
Ensign	Menendez	Smith

The nomination was confirmed.

#### LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will now return to legislative session.

The Senator from North Dakota.

#### ORDER OF PROCEDURE

Mr. CONRAD. Mr. President, I ask unanimous consent that Senator AKAKA and Senator LAUTENBERG be authorized to speak on the death of Senator INOUE's wife, Maggie, and then that Senator WYDEN be recognized for 12 minutes, Senator MURRAY for 15 minutes, and Senator BAUCUS for 15 minutes.

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

#### SNOWE-WYDEN AMENDMENT TO LIFT NEGOTIATION RESTRICTIONS ON MEDICARE

Mr. WYDEN. Mr. President, on this difficult evening, I wish to take just a few minutes to talk about the budget.

Last Congress, Senator SNOWE and I, on a bipartisan basis, saw 51 Members of the Senate support our bipartisan legislation to lift the restriction on Medicare so that program could bargain to hold down the cost of medicine. That vote, where a majority of Senators went on record in supporting the effort to hold down the cost of medicine, took place before the program went into effect. It seems to me everything that has happened over the last few months, since a majority of the Senate voted for our bipartisan amendment, supports our case for passing that legislation now.

We will be offering our bipartisan proposal, the Snowe-Wyden amendment, later this week, and I wish to take just a few minutes to outline why it is so important.

The American Association of Retired Persons says it all in a letter endorsing our bipartisan Snowe-Wyden proposal. I ask unanimous consent that the AARP letter endorsing the Snowe-Wyden legislation be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

AARP,  
March 13, 2006.

Hon. RON WYDEN,  
U.S. Senate,  
Washington, DC.

DEAR SENATOR WYDEN: AARP supports your amendment to the Senate fiscal year 2007 budget bill to provide for the ability of the Secretary of Health and Human Services to participate in negotiations with pharmaceutical manufacturers under the Medicare prescription drug program.

Prescription drug prices continue to rise much faster than the rate of inflation. AARP's latest Rx Watchdog report released in February 2006 found that prices for nearly 200 of the brand name medications most commonly used by older Americans rose 6.0 percent during the 12 month period from October 2004–September 2005. At the same time, the rate of general inflation was 3.3 percent. These drug price increases particularly hit older Americans, who use prescription drugs more than any other segment of the U.S. population.

Millions of older and disabled Americans now have the opportunity to choose prescription drug coverage as part of their 2006 Medicare benefit options. To date, millions of Medicare beneficiaries have enrolled in the program and as a result are realizing savings on their prescription drugs. However, improvements to the Medicare Modernization Act are necessary to strengthen the benefit and the Medicare program. We believe the first step is to keep the drug benefit affordable for beneficiaries as well as taxpayers.

While we have seen that the current competitive structure existing in the MMA has helped to bring prescription drug prices down, we believe that giving the Secretary the authority to participate in negotiations may also help to make prescription drugs more affordable for Medicare beneficiaries.

We look forward to working with you and your colleagues on both sides of the aisle to

ensure that the new Medicare Part D benefit remains affordable over time. If you have any further questions, please feel free to contact me, or have your staff contact Anna Schwamlein of our Federal Affairs staff at 202-434-3770.

Sincerely,

DAVID P. SLOANE,  
Sr. Managing Director,  
Government Relations and Advocacy.

Mr. WYDEN. Mr. President, as AARP notes—and they publish an Rx Watchdog report—they have noted that for the nearly 200 brand-name medications most commonly used by older people, the costs of those medicines have gone up twice the rate of inflation. So all Americans get hit by prescription drug costs. Particularly hard hit are older people, and low-income older people, and people with very big prescription drug bills. As noted by AARP, these seniors are hit more than any other segment of the U.S. population by prescription drug costs.

At a time when the costs of this program and the costs of Government have gone through the stratosphere, one would think the Government would be doing everything possible to hold down costs. Yet, unfortunately, in the original prescription drug legislation, a bizarre restriction was put in place that literally bars the Government from being a smart shopper. Everybody else in this country tries to use their clout in the marketplace to get the best possible deal, but not Medicare—not Medicare, which offers a benefit to more than 30 million older people. They are not using the opportunity to go into the marketplace and hold down the costs.

I compare the Government's approach to buying prescription drugs under Medicare to somebody going into Costco and buying toilet paper one roll at a time. Nobody would shop that way. No savvy shopper would ever give up, even before they walked into the store, the opportunity to hold down the costs. But that is what Medicare is doing, and that is what Senator SNOWE and I want to change.

Now, we have seen over the last couple of months older people and their families absolutely up in arms, up in arms about the frustrations of getting this prescription drug program out and usable in a commonsense kind of fashion. It is far too complicated. There are far too many alternatives. Some seniors say that even with a Ph.D. they can't sort it out. But what is especially troubling is at a time when the costs of the program continue to go up and up and up, the Government isn't even taking commonsense steps to hold down the cost of these medicines.

So what Senator SNOWE and I have tried to do in a bipartisan effort for going on 3 years now is to make sure that when necessary the Secretary of Health and Human Services can negotiate for the best possible prices of prescription drugs for older people.

Now, this isn't price control. Specifically, our bipartisan amendment stipulates that the authority granted here