

Let me explain why. Preventive services such as mammography and colonoscopy are important tools in the fight against serious disease. The earlier they are detected, the greater the chances of survival. For example, when caught in the first stages, the 5-year survival rate for breast cancer is 98 percent. But if the cancer has spread, that rate declines to 26 percent. Similarly, if colorectal cancer is detected in its early stages, the survival rate is 90 percent, but only 10 percent if found when it is most advanced.

Our seniors are at particular risk for cancer. The greatest single risk factor for colorectal cancer is being over the age of 50, when more than 90 percent of cases are diagnosed. In addition to increasing survival rates, identifying diseases early reduces Medicare costs. In the case of colorectal cancer, Medicare will pay \$207 for a screening colonoscopy in a medical facility, but if the patient is not diagnosed until the disease has metastasized, the cost of care can exceed \$60,000 over the patient's lifetime. Medicare pays \$98 for a mammogram, but if breast cancer is not detected early, treatment can cost tens of thousands of dollars more, depending on when the cancer is found and the course of treatment used. One drug used to treat late stage breast cancer can cost as much as \$40,000 a year. There can be no doubt that these services are both life saving and cost saving. But if seniors cannot afford the copayments for these services, they may delay getting them.

In addition to cancer, diabetes is another prevalent disease among seniors. The statistics associated with diabetes are staggering. Nearly 20 million Americans are estimated to have diabetes. Approximately half know they have diabetes and another half have diabetes but do not know it. But once diagnosed, the co-morbidities associated with diabetes can be avoided. It is estimated that 90 percent of diabetes-related blindness is preventable, 50 percent of kidney disease requiring dialysis is preventable, 50 percent of diabetic-related amputations are preventable and 50 percent of diabetic-related hospitalizations are preventable.

Diabetes and its complications are not only disabling, but costly to Medicare as well. The cost of medical care of people with diabetes is about \$150 billion a year, according to data from the Department of Health and Human Services. In its direct costs, diabetes was the most costly of the 39 diseases reported. Despite the fact that 9 percent of the Medicare population is diagnosed with diabetes, about 27 percent of the Medicare budget is used to treat their diabetes.

Most of the cost for medical care of people with diabetes is for the treatment of the complications, which are largely preventable with modern treatment including blood sugar control. Clearly, prevention of the complications of diabetes would reduce the costs of diabetes in lives and in dollars.

Numerous studies have found that once diabetes management training is provided, populations see a nearly 50 percent reduction in emergency room visits. In addition, the number of outpatient visits, doctor office visits, and other medical expenses all decline. Diabetes can lead to amputations, blindness, heart disease, and stroke, all of which can be prevented with training and management.

This bill also gives the Secretary of Health and Human Services the authority to add new preventive services based on the recommendations of the U.S. Preventive Services Task Force. As we have seen, it can take a very long time for Congress to change health policy in this country. In order to add new preventive services to Medicare, it now requires legislative action. Under current law, as our researchers discover new, more efficient, and more accurate screening methods to detect disease, Congress would have to pass new legislation authorizing coverage for each one. This provision would enable Medicare to provide coverage for new types of screenings based on up-to-date scientific evidence.

The Preventive Services Task Force has a long and distinguished record. It dates back to 1984, when the U.S. Public Health Service convened a panel of primary and preventive health care specialists to develop guidelines for preventive services. From this panel, the U.S. Preventive Services Task Force's Guide to Clinical Preventive Services was born. While many other respected professional and research organizations have issued their own recommendations, the Task Force's publication is regarded as the "gold standard" reference on preventive services. In December of 1995, a new Task Force released an updated and expanded second edition of the Guide which includes findings on 200 preventive interventions for more than 70 diseases and conditions. The Task Force employed a rigorous methodology to review the evidence for and against hundreds of preventive services, assessing more than 6,000 studies. The Task Force recommended specific screening tests, immunizations, or counseling interventions only when strong evidence demonstrated the effectiveness of preventive services. My bill will give the Secretary the authority to use this gold standard to expand Medicare's basic benefit package to include the tests that studies have shown to be effective.

The newest benefit is the Welcome to Medicare Visit, an initial physical examination for new beneficiaries. We know that large numbers of people in the 55 to 64 age group lack health insurance, so it is particularly important for them to get a baseline examination and screenings for diseases that affect elderly people. But as of July 2006, only 2 percent of all new beneficiaries, or about 8,000 people, have received this physical exam. Uptake has been slow for a number of reasons. You must get the exam within 6 months of enrolling

in Medicare Part B. But many seniors don't learn about the benefit until they have been enrolled for a while, and even then it can take several months to schedule a physical examination with a doctor. So the vast majority of our seniors are missing out on this important benefit. My bill extends eligibility from 6 months after enrolling in Part B to 1 year.

Finally, I want to address the matter of cost, and that is the appropriate thing to do under our budget scoring principles. The elimination of cost sharing for preventive services has been scored by the Congressional Budget Office at \$1.1 billion over 5 years. Based on CBO estimates from the 2003 Medicare law, extending the eligibility period for the Welcome to Medicare Visit from six months to one year will cost approximately \$1.2 billion over years. But I believe that the members of this body also understand that, although dynamic scoring is not used by CBO, preventive health care will save money. If we detect diseases earlier, the overall cost to our society will be less. Our seniors will save out of pocket costs and all taxpayers will save money.

This bill is supported by the American Cancer Society's Cancer Action Network, the American Federation of State, County and Municipal Employees, the Center for Medicare Advocacy, the Colorectal Cancer Coalition, C3, and the Society of Vascular Surgeons. I urge my colleagues to join me in this effort to get improve seniors' access to lifesaving preventive services.

#### SUBMITTED RESOLUTIONS

SENATE RESOLUTION 334—EXPRESSING THE SENSE OF THE SENATE REGARDING THE DEGRADATION OF THE JORDAN RIVER AND THE DEAD SEA AND WELCOMING COOPERATION BETWEEN THE PEOPLES OF ISRAEL, JORDAN, AND PALESTINE

Mr. LUGAR submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 334

Whereas the Dead Sea and the Jordan River are bodies of water of exceptional historic, religious, cultural, economic, and environmental importance for the Middle East and the world;

Whereas the world's 3 great monotheistic faiths—Christianity, Islam, and Judaism—consider the Jordan River a holy place;

Whereas local governments have diverted more than 90 percent of the Jordan's traditional 1,300,000,000 cubic meters of annual water flow in order to satisfy a growing demand for water in the arid region;

Whereas the Jordan River is the primary tributary of the Dead Sea and the dramatically reduced flow of the Jordan River has been the primary cause of a 20 meter fall in the Dead Sea's water level and a ½ decline in the Dead Sea's surface area in less than 50 years;

Whereas the Dead Sea's water level continues to fall about a meter a year;

Whereas the decline in water level of the Dead Sea has resulted in significant environmental damage, including loss of freshwater springs, river bed erosion, and over 1,000 sinkholes;

Whereas mismanagement has resulted in the dumping of sewage, fish pond runoff, and salt water into the Jordan River and has led to the pollution of the Jordan River with agricultural and industrial effluents;

Whereas the World Monuments Fund has listed the Jordan River as one of the world's 100 most endangered sites;

Whereas widespread consensus exists regarding the need to address the degradation of the Jordan River and the Dead Sea;

Whereas the Governments of Jordan and Israel, as well as the Palestinian Authority (the "Beneficiary Parties"), working together in an unusual and welcome spirit of cooperation, have attempted to address the Dead Sea water level crisis by articulating a shared vision of the Red Sea-Dead Sea Water Conveyance Concept;

Whereas Binyamin Ben Eliezar, the Minister of National Infrastructure of Israel, has said, "The Study is an excellent example for cooperation, peace, and conflict reduction. Hopefully it will become the first of many such cooperative endeavors";

Whereas Mohammed Mustafa, the Economic Advisor for the Palestinian Authority, has said, "This cooperation will bring wellbeing for the peoples of the region, particularly Palestine, Jordan, and Israel . . . We pray that this type of cooperation will be a positive experience to deepen the notion of dialogue to reach solutions on all other tracks";

Whereas Zafer al-Alem, the former Water Minister of Jordan, has said, "This project is a unique chance to deepen the meaning of peace in the region and work for the benefit of our peoples";

Whereas the Red Sea-Dead Sea Water Conveyance Concept envisions a 110-mile pipeline from the Red Sea to the Dead Sea that would descend approximately 1,300 feet creating an opportunity for hydroelectric power generation and desalination, as well as the restoration of the Dead Sea;

Whereas some have raised legitimate questions regarding the feasibility and environmental impact of the Red Sea-Dead Sea Water Conveyance Concept;

Whereas the Beneficiary Parties have asked the World Bank to oversee a feasibility study and an environmental and social assessment whose purpose is to conclusively answer these questions;

Whereas the Red Sea-Dead Sea Water Conveyance Concept would not address the degradation of the Jordan River;

Whereas the Beneficiary Parties could address the degradation of the Jordan River by designing a comprehensive strategy that includes tangible steps related to water conservation, desalination, and the management of sewage and agricultural and industrial effluents; and

Whereas Israel and the Palestinian Authority are expected to hold high-level meetings in Washington in November 2007 to seek an enduring solution to the Arab-Israeli crisis: Now, therefore, be it

*Resolved*, That the Senate—

(1) calls the world's attention to the serious and potentially irreversible degradation of the Jordan River and the Dead Sea;

(2) applauds the cooperative manner with which the Governments of Israel and Jordan, as well as the Palestinian Authority (the "Beneficiary Parties"), have worked to address the declining water level and quality of the Dead Sea and other water-related challenges in the region;

(3) supports the Beneficiary Parties' efforts to assess the environmental, social, health,

and economic impacts, costs, and feasibility of the Red Sea-Dead Sea Water Conveyance Concept in comparison to alternative proposals;

(4) encourages the Governments of Israel and Jordan, as well as the Palestinian Authority, to continue to work in a spirit of cooperation as they address the region's serious water challenges;

(5) urges Israel, Jordan, and the Palestinian Authority to develop a comprehensive strategy to rectify the degradation of the Jordan River; and

(6) hopes the spirit of cooperation manifested by the Beneficiary Parties in their search for a solution to the Dead Sea water crisis might serve as a model for addressing the degradation of the Jordan River, as well as a model of peace and cooperation for the upcoming meetings in Washington between Israel and the Palestinian Authority as they seek to resolve long-standing disagreements and to develop a durable solution to the Arab-Israeli crisis.

Mr. LUGAR. Mr. President, I rise to introduce a resolution expressing the sense of the Senate regarding the degradation of the Jordan River and the Dead Sea and welcoming cooperation between the peoples of Israel, Jordan and Palestine.

The Jordan River and the Dead Sea are bodies of water of exceptional historic, religious, cultural, economic, and environmental importance for the Middle East and the world. However, both the Jordan River and Dead Sea face serious problems. The governments of Israel and Jordan, as well as the Palestinian Authority, have worked together in an unusual and welcome spirit of cooperation to address many of the water challenges confronting the region. The Senate applauds this cooperation and urges Israel, Jordan and the Palestinian Authority to continue to work in a spirit of cooperation as they address the degradation of the Jordan River and Dead Sea.

Furthermore, the Senate hopes this cooperation might serve as a model for Israel and the Palestinian Authority as they prepare to meet in Washington this fall to seek a durable solution to the Arab-Israeli crisis.

SENATE RESOLUTION 335—RECOGNIZING THAT THE OCCURRENCE OF PROSTATE CANCER IN AFRICAN AMERICAN MEN HAS REACHED EPIDEMIC PROPORTIONS AND URGING FEDERAL AGENCIES TO ADDRESS THAT HEALTH CRISIS BY DESIGNATING FUNDS FOR EDUCATION, AWARENESS OUTREACH, AND RESEARCH SPECIFICALLY FOCUSED ON HOW THAT DISEASE AFFECTS AFRICAN AMERICAN MEN

Mr. KERRY (for himself, Mr. CARDIN, Mr. SCHUMER, and Mr. DURBIN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 335

Whereas the incidence of prostate cancer in African American men is 60 percent higher

than any other racial or ethnic group in the United States;

Whereas African American men have the highest mortality rate of any ethnic and racial group in the United States, dying at a rate that is 140 percent higher than other ethnic and racial groups;

Whereas that rate of mortality represents the largest disparity of mortality rates in any of the major cancers;

Whereas prostate cancer can be cured with early detection and the proper treatment, regardless of the ethnic or racial group of the cancer patient;

Whereas African Americans are more likely to be diagnosed earlier in age and at a later stage of cancer progression than for all other ethnic and racial groups, thereby leading to lower cure rates and lower chances of survival; and

Whereas, according to a paper published in the Proceedings of the National Academy of Sciences, researchers from the Dana Farber Cancer Institute and Harvard Medical School have discovered a variant of a small segment of the human genome that accounts for the higher risk of prostate cancer in African American men: Now, therefore, be it

*Resolved*, That the Senate—

(1) recognizes that prostate cancer has created a health crisis for African American men; and

(2) urges Federal agencies to designate additional funds for—

(A) research to address and attempt to end the health crisis created by prostate cancer; and

(B) efforts relating to education, awareness, and early detection at the grassroots levels to end that health crisis.

Mr. KERRY. Mr. President, today, I am reintroducing a Senate resolution to raise awareness of the prostate cancer crisis that exists among African-American men. This resolution challenges Congress to provide the funds necessary to increase research funding, prevent and fight the disease, and to encourage African-American men to get screened.

For me, this is personal. I am a prostate cancer survivor, and my experience opened my eyes to the horrific disparities in prevention, treatment, and long-term prognosis for prostate cancer in the African-American community. I learned a lot from my friend Tom Farrington. Tom and I are both lucky. We were diagnosed with prostate cancer—and we got cured. Our fathers weren't so lucky. Prostate cancer took them away from us. But once I got well, and once Tom got well, we started learning more and more, and a statistic that stays with me and with Tom, who is African American, speaks volumes. African-American men are 80 percent more likely to die of prostate cancer than White men. Prostate cancer is the second leading cause of cancer related death for African-American men, who have the highest incidence and mortality rate due to prostate cancer of any ethnic or racial group. African-American men are dying at a rate of 140 percent—almost 2½ times—higher than other groups. That is the largest disparity for any major cancer. I started digging more and discovered the unacceptable apartheid of health care in America—and I believe that just as the doctrine of "separate but