

S. 4024. A bill to reduce the costs of prescription drugs for Medicare beneficiaries and to guarantee access to comprehensive prescription drug coverage under part D of the Medicare program, and for other purposes; to the Committee on Finance.

By Mr. MENENDEZ (for himself, Mr. HARKIN, Mr. KERRY, Mr. LEVIN, Mr. LIEBERMAN, Ms. STABENOW, Ms. MIKULSKI, and Mr. DODD):

S.J. Res. 41. A joint resolution proposing an amendment to the Constitution of the United States relative to equal rights for men and women; to the Committee on the Judiciary.

#### SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. SCHUMER (for himself and Mr. BENNETT):

S. Res. 700. A resolution to provide for the approval of final regulations issued by the Office of Compliance to implement the Veterans Employment Opportunities Act of 1998 that apply to the Senate and employees of the Senate; considered and agreed to.

By Mr. SCHUMER (for himself and Mr. BENNETT):

S. Con. Res. 77. A concurrent resolution to provide for the approval of final regulations issued by the Office of Compliance to implement the Veterans Employment Opportunities Act of 1998 that apply to certain legislative branch employing offices and their covered employees; considered and agreed to.

#### ADDITIONAL COSPONSORS

S. 167

At the request of Mr. KOHL, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 167, a bill to amend the Omnibus Crime Control and Safe Streets Act of 1968 to enhance the COPS ON THE BEAT grant program, and for other purposes.

S. 3073

At the request of Mr. LEVIN, the name of the Senator from Illinois (Mr. KIRK) was added as a cosponsor of S. 3073, a bill to amend the Federal Water Pollution Control Act to protect and restore the Great Lakes.

S. 4020

At the request of Mr. WICKER, the name of the Senator from Oklahoma (Mr. COBURN) was added as a cosponsor of S. 4020, a bill to protect 10th Amendment rights by providing special standing for State government officials to challenge proposed regulations, and for other purposes.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. WYDEN (for himself and Ms. SNOWE):

S. 4024. A bill to reduce the costs of prescription drugs for Medicare beneficiaries and to guarantee access to comprehensive prescription drug coverage under part D of the Medicare program, and for other purposes; to the Committee on Finance.

Mr. WYDEN. Mr. President, today, I am pleased to reintroduce the Medicare

Enhancements for Needed Drugs Act, the MEND Act, with my colleague, Senator OLYMPIA SNOWE. One of the most important promises of the original Medicare Part D debate, and from the more recent health reform debate, is to drive cost containment in the field of prescription drugs. Allowing Medicare to negotiate for drug prices would be a groundbreaking cost containment measure for a senior who might otherwise be bankrupted by their prescription drug costs. The legislation introduced today clearly prohibits price setting or the creation of a uniform formulary. It simply allows the Medicare program to be a smart shopper by allowing Medicare to go into the market and use its clout just like any other big purchaser.

Certainly, there is a significant group of special interests in this town that do not want the Federal Government to be a smart shopper. The number of lobbyists that have worked against this legislation over the years has been just staggering. For example, the Center for Responsive Politics estimated that last year the pharmaceutical industry spent over \$250 million for lobbying to squash initiatives such as this. And make no mistake about what the special interests who oppose this legislation want to do. They would rather soak senior citizens and the taxpayers and add to the budget deficit than to have to negotiate with the Federal Government.

According to CMS actuaries, the Medicare Part D drug benefit is already funded with over \$50 billion a year in taxpayer dollars and will cost the country substantially more in the future. To be good stewards of taxpayer dollars, to be able to strengthen the program and to help seniors truly save, Congress must look toward using every logical tool to lower costs. The Congressional Budget Office has indicated that the type of targeted approach to negotiating drug pricing in the MEND Act could potentially generate cost savings for the Medicare program and for beneficiaries. It would be irresponsible for the Congress not to try and potentially achieve savings for a program that so many Americans rely on.

The legislation that Senator SNOWE and I put forward today is a common-sense proposal. Having the Secretary negotiate for more competitive drug pricing is an idea that has broad public support. An AARP poll reported that 87 percent of United States adult residents support government negotiation of prescription drug prices for the Medicare benefit. Young, old, rich, poor, Democrat, Republican—our citizens strongly support this approach and probably wonder why it has taken so long to implement it.

Under the MEND Act, the Secretary could negotiate in any circumstance, but must negotiate in several instances: for single source drugs for which there is no therapeutic equivalent; drugs for which taxpayer funding was substantial in its research and de-

velopment; and for any fallback prescription plan that Medicare must provide. In addition, this legislation requires the Secretary to provide a fallback plan if there is not comprehensive coverage, including coverage for the so-called “doughnut hole”, available in a region.

I have always believed that negotiating is not a one-size-fits-all proposition. That is why my good friend, Senator SNOWE, and I have repeatedly proposed language that includes no uniform formulary. This legislation emphasizes the concept of “bargaining power”—not price controls, not rules set in Washington, DC, not a one-size-fits-all approach, nothing that would discourage innovation among pharmaceutical companies, but simply “bargaining power.”

All Americans are affected by prescription drug costs. Particularly hard hit are older people, particularly low-income older people, and people with large prescription drug bills. AARP publishes an annual Rx Watchdog report. They note that for the nearly 200 brand-name medications most commonly used by older people, the costs of those medicines had gone up by 9.7 percent over a recent 12-month period, even though the general inflation rate was below 1 percent. This situation is unreasonable and unsustainable, and it is hurting our most vulnerable citizens. As noted by AARP, seniors are affected more than any other segment of the U.S. population by prescription drug cost. Every dollar we can save for a senior citizen is also a dollar saved for the taxpayers, and when you are talking about nearly 30 million seniors enrolled in Part D coverage, that starts to add up to real money for the Medicare program.

If we can save even a little bit we owe it to seniors to do just that. There are seniors who have to pay thousands of dollars for a cancer drug when there are no other options for treatment. Interestingly, some of these life-saving drugs have been developed with our tax dollars, through research sponsored by Federal agencies such as the NIH. Whenever I am in Oregon at a town hall meeting, I am always asked, “How many times do we have to pay for drugs? Our tax dollars go toward research and development, and then taxpayers have to pay again when the drug is patented and put on the open market.” In cases where substantial Federal research dollars went into creating the drug, I believe the Secretary ought to step in and see what kind of a better deal can be garnered on behalf of seniors.

I would like to acknowledge Senator SNOWE’s efforts on behalf of our Medicare beneficiaries and taxpayers. She and I have worked on this particular issue for a number of years. This bipartisan proposal is an effort to follow up on the promise she and I made to our citizens back home to improve the Part D drug benefit. I thank Senator SNOWE, who is always trying to find common,