

produce and use a substantial amount of energy, but we are far too dependent on OPEC countries.

If one looks at production of energy, it does not matter who is in the White House—a Republican or Democratic administration—we see that same line, and the line is not going up, it is marginally going down. We need an energy policy that is a Republican and Democratic energy policy, not one about which one side continues to wave and rail about the other side. We need a bipartisan energy strategy that recognizes this country should not be beholden to an OPEC cartel for its energy supplies. Not to do so means we put ourselves at risk, we put our economies at risk, and put the American people at risk when, in some cases, they cannot purchase the energy they need.

#### A PRESCRIPTION DRUG BENEFIT IN MEDICARE

Mr. DORGAN. Madam President, I want to talk about the subject that is going to be front and center in the Congress this week, the issue of a prescription drug benefit and Medicare. There are stories in today's papers—the Washington Post, the New York Times, and others—in which the chairman of the National Republican Congressional Committee is quoted as saying that there is a belief that his party, meaning Congressional Republicans, need to do something on the issue of prescription drugs. He says, "It's a great issue—no question it polls well."

Another member from the other side of the aisle said: "We're going to use the marketplace pressure to solve the problem, which is much better than the government program."

In other words, the majority party feels they have to bring a bill to the floor addressing the need for prescription drug coverage because the issue polls well. So they are going to bring an illusory bill to the floor of the House this week that requires private insurance companies to offer an insurance policy that helps people pay for their prescription drugs. The catch is that the insurance companies say they cannot offer such a policy. Officials from two companies have come to my office and told me that, to offer a policy with \$1,000 in benefits, it would cost \$1,200.

I come from a rural State. In rural States, a recent study shows that rural Medicare beneficiaries pay 25 percent more out-of-their own pockets for prescription drugs than do urban beneficiaries. Of course, rural areas are shrinking. Many have seen the movie "Four Weddings and a Funeral." In rural areas of my State, ministers tell me they have four funerals for every wedding because the population is getting older and the younger people are moving out.

And those senior citizens living in rural areas are the ones who are paying the highest prices for prescription drugs.

And many of them cannot afford the drugs they need. They have heart trouble, diabetes, and a range of other problems. Their doctors say: You need to take this miracle medicine, this life-saving drug, to help you live a better life. And they say to their doctors: I can't afford it.

We need to do two things. First, we need to add a prescription drug benefit to the Medicare program, and second, we need to put downward pressure on drug prices.

I thought I might, with my colleagues' consent, show on the floor of the Senate a couple of pill bottles that illustrate part of the problem. Here are two bottles for a prescription drug called Zocor used to lower cholesterol. This is the same tablet, in the same strength, made by the same company, probably made in the same manufacturing plant. If you buy Zocor in Canada, it costs \$1.82 per pill. But if you buy the same drug—the same pill, made by the same company—in the United States, it costs \$3.82 per pill.

Let me say that again. If you are a Canadian, you pay \$1.82 for Zocor; if you are an American, you pay \$3.82, more than twice as much. Why? Because the big drug manufacturers have decided they want to charge the American consumer more than twice as much.

One other example, if I might. Here are bottles of Zoloft. Zoloft is a common prescription drug used to fight depression. If you buy this medication in Canada—the same pill, in the same strength, by the same drug company—it costs \$1.28 per pill. But if you buy it in North Dakota, it costs \$2.34 per pill. The Canadian pays \$1.28; the American pays \$2.34, 83 percent more.

I have other examples, but I think you get the point: American consumers pay the highest prices in the world for their prescription drugs. These are the prices that our current marketplace have achieved. Why should an American citizen have to go to Canada to buy a drug that was produced in the United States in order to pay half the price that is charged in the United States? The answer is that they should not have to do that.

I think these examples illustrate why, when those on the other side of the aisle say "we're going to use the marketplace pressure to solve the problem," this marketplace approach just is not going to work. We need a real prescription drug benefit added to the Medicare program. What we do not need is an illusion of a benefit where we tell private insurance companies to sell a policy they say they can't underwrite and won't sell.

That is not good public policy. Maybe the polls show that Medicare prescription drug coverage is a popular issue, but you do not solve a problem, no matter how popular an issue, by coming up with a solution that does not work.

We need to add a prescription drug benefit to the Medicare program in a

way that is sensible and thoughtful and workable. And, second, as we do that, we need to put some downward pressure on prescription drug prices.

It is not fair, right, or reasonable that the American consumer ought to pay double the price for the same drug, put in the same bottle, manufactured by the same company. That is not fair. The common medications that senior citizens so often need—to treat their heart problems, diabetes, arthritis, and so many other difficulties—have been increasing in cost at a dramatic rate.

I am not talking about creating price controls, but we need to do something to put some downward pressure on prices. One thing we should do is pass legislation that I have introduced, along with Senator SNOWE, Senator WELLSTONE and others, that will allow American consumers to have access to these drugs from anywhere in the world, as long as they are FDA-approved with safe manufacturing standards. This legislation, the International Prescription Drug Parity Act, will allow Americans to access these drugs from anywhere in the world at a lower price.

If we eliminate the legal obstacles that currently exist and allow pharmacists to purchase these medications from other countries on behalf of their American customers, the pharmaceutical industry will be forced to reprice their drugs in this country.

In short, I wanted to come to the floor to make the point that we must put a prescription drug benefit in the Medicare program, but we must do it in a way that works. We should not do this just so some will be able to go home to their states and say: We passed prescription drug coverage, didn't we? That might provide some self-satisfaction but it does nothing for the millions of Medicare beneficiaries who need prescription drug coverage. And finally, as we develop this legislation, we need to acknowledge that drug pricing is unfair in this country and do something to put some downward pressure on prescription drug prices.

#### ANNIVERSARY OF THE U.N. CHARTER

Mr. GRAMS. Madam President, fifty-five years ago, the members of the United Nation's founding delegation met in San Francisco for the signing ceremony that created the U.N. There was great anticipation and a collective enthusiasm for this new, global institution. Delegates spoke of hope, of expectation, of the promise of peace. President Truman echoed the thoughts of those founding members when he told the delegates they had, "created a great instrument for peace and security and human progress in the world." Fifty-five years later, the United Nations is struggling to meet its potential.

As Chairman of the International Operations Subcommittee which has U.N. oversight responsibilities and having been appointed by the President to