

votes on amendments, they have made this final vote on this conference report the single vote that will allow the congressional pay raise to happen. A Member who wants to prevent a congressional pay raise before we have a raise in the minimum wage has this one opportunity to vote against it.

It is for these reasons that I will vote against this conference report.

MORNING BUSINESS

Mr. BENNETT. Mr. President, I ask unanimous consent there now be a period for the transaction of morning business with Senators permitted to speak for up to 10 minutes each.

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

PRESCRIPTION DRUGS: IN THE BIG TENT OR A SIDE SHOW

Mr. GRAHAM. Mr. President, this is the third in a series of five statements I am making on the issue of providing a prescription drug benefit for senior Americans. This continues the discussion I began last Thursday on the subject of how to modernize the Medicare program into one which will meet the needs of 21st century seniors in America.

Last week, we discussed the need to fundamentally reform the Medicare program by shifting its focus from treating acute illness to promoting and maintaining wellness, essentially converting the Medicare program from one which has an orientation towards dealing with the disease or the results of an accident after they have occurred—a sickness system—to one that attempts to maintain the highest quality of health—a wellness system.

We discussed the fact that access to affordable prescription medications is crucial to the success of a health care system based on keeping seniors healthy, well, and active. And virtually every modality that is established to maintain the highest state of good health for seniors involves access to prescription drugs.

Additionally, we discussed that, in the long run, providing seniors with access to those components of an effective wellness system, such as preventive screening, medical procedures, and appropriate prescription drug therapies, can yield significant savings for the Medicare program and thus for the American taxpayer as well as providing the enormous benefits to the senior of good health and the active lifestyle that that will allow.

Let's look at the case of osteoporosis. Osteoporosis is a disease characterized by low bone mass, deterioration of bone tissue, leading to bone fragility and increased susceptibility to fractures, particularly of the hip, spine, and wrist.

Osteoporosis is a major public health threat for 28 million Americans. Eighty percent of those 28 million Americans are women. Osteoporosis is responsible

for more than 1.5 million fractures annually in the United States. Included in this 1.5 million are 300,000 hip fractures, 700,000 vertebra fractures, 250,000 wrist fractures, and more than 300,000 fractures in other parts of the anatomy. Estimated national direct expenditures, including those for hospitals and nursing homes, for osteoporosis and related fractures is \$14 billion a year.

The National Academy of Sciences and the National Institutes of Health agree that osteoporosis is highly preventable. A combination of a healthy lifestyle, with no smoking or excessive alcohol use, and bone density testing and medication and hormone therapies can keep men and women prone to this disease well and free of the debilitating, sometimes fatal, effects of fractures. Seniors and near seniors must have access to screening, counseling, and appropriate medication to keep this "silent killer" at bay.

One of the most common prescriptions for osteoporosis prevention is a treatment referred to as Fosamax. The annual cost of Fosamax is approximately \$750. Contrast that with a hip replacement where the surgery and followup therapy will cost the Medicare program and taxpayers over \$8,000.

It makes both programmatic and economic sense that these preventive interventions be included under the big tent of Medicare. They should be treated as all of the other benefits that 98 percent of those eligible for Medicare enjoy today.

Let me restate the fact that Part B of Medicare—that is the part that, among other things, covers physicians and outpatient services—is a voluntary program that seniors must elect to get the benefits and to pay the monthly premiums for participation in Part B. How many seniors in America who are eligible for that component of Medicare in fact make that election and pay that monthly fee to get those benefits? The answer: 98 percent of eligible seniors voluntarily elect to participate in Part B of Medicare.

Seniors trust and rely on Medicare. As a result, virtually all who are eligible to join voluntarily elect to do so. When the Federal Government decides that it should participate in providing a prescription drug benefit for American seniors, that benefit is best placed under the same big tent of the Medicare program.

Now, this is not a unanimous opinion. Some of my Senate colleagues believe that a prescription drug benefit should be left outside the tent, left to a sideshow status, if you will. In order to determine which way is truly the best way, the main tent of Medicare or a sideshow, it is important to answer some key questions.

Question 1 is what do the customers, the seniors and the people who live with disabilities, what do they want? How would they prefer this program to be organized and administered? We all know the old saying that the customer

is always right. This will surely be true for the new drug benefit that we will offer to Medicare beneficiaries. Congress must learn to ask and to listen—in health care terminology, to first diagnose before we proceed to prescribe.

This should have been the lesson learned from Congress' ill-considered decision to add catastrophic coverage to Medicare in the late 1980s. We prescribed before we listened. When we listen, seniors tell us they like the Medicare program. Ninety-eight percent of them voluntarily elect to participate. In 1998, the Kaiser Family Foundation found that 74 percent of seniors surveyed believed that Medicare was doing a good job serving their interests.

Seniors tell us that while Medicare is not perfect, it is convenient, affordable, and dependable. They never worry that the benefits will suddenly disappear or become too expensive. They like the universality of the Medicare program. No matter where they are—in Kansas, in Utah, or in Florida—the benefits are available and affordable. They don't want to worry, as they would in some plans, that an income of \$16,000 a year would make them "too wealthy" to qualify for help.

Including the prescription drug benefit in Medicare would offer peace of mind. But don't take my word for it. Another recent poll conducted by the Kaiser Family Foundation and Harvard University showed that when seniors are given the choice of having the Federal Government administer a Medicare prescription drug benefit versus the alternative of having the Government help to pay for private insurance plans, 36 percent chose the private option; 57 percent of the respondents preferred to have the benefit as part of an expanded Medicare program.

We hear over and over in statements on the Senate floor and occasionally even in political ads that Americans will be better off if prescription drug benefits are not made part of the Medicare program. But when we listen to the people, not to just political rhetoric, what we find is that Medicare beneficiaries do not complain about Medicare. Rather, we hear a desire to expand Medicare to include real prescription drug benefits. We should listen to these voices of the customers.

Question 2: Will a true Medicare benefit or a program that relies on private and State insurers be the most reliable? Predictability, sustainability, reliability are important qualities for America's seniors. The bill I have introduced with Senators ROBB, BRYAN, CONRAD, CHAFEE, and JEFFORDS assures that all beneficiaries, including those in underserved and rural areas, would be guaranteed a defined, accessible, affordable, and stable benefit for the same monthly premium nationwide. Medicare would subsidize benefits directly and pay for prescription drug costs as any other Medicare benefit.

In contrast, the plan that is being proposed by Governor George W. Bush and by House Republicans and by some