

Seniors are paying too much for their prescription drugs.

According to Newsweek, the cost of prescription drugs is rising at an alarming rate, at least twice as fast as the rate of inflation. As a result of these increases, pharmaceutical companies are the most profitable in the nation, with an 18.6 percent profit margin in 1999.

The issue of Newsweek also clarifies that the most visible and loudest opponent of creating a Medical prescription drug benefit, the "Citizens for Better Medicare," a so-called grass-roots organization, is funded primarily by the pharmaceutical industry. In fact, the industry has spent an estimated \$65 million on television advertising to persuade senior citizens that a prescription drug benefit is not in their best interest.

Well, I disagree. I have met with too many seniors, read too many letters, visited with too many families in Michigan who are struggling to buy the prescriptions they need. Too many are forced to make a decision between their prescription medication or buying food or heating their homes. We cannot and should not wait one more day. Congress must enact a voluntary, defined Medicare prescription drug benefit plan.

Following is a letter from Virginia Langell.

DEAR CONGRESSWOMAN DEBBIE STABENOW: here are my receipts for 1998. Also, I would like to have you take a look at these two drugs that jumped up in the past few months:

Furosemide: [from] \$7.59 [to] \$8.79—a jump of \$1.20

Adalat: [from] \$73.99 [to] \$82.99—a jump of \$9.00

The prices are ridiculous. It's about time something is done for the seniors.

I live on Social Security. I get \$735.00 a month. I have 5 prescriptions filled every month, also eye drop prescriptions every two or three months.

It costs me \$135.00 to \$150.00 every month just for drug prescriptions. I would like to see the law makers in Washington live on this kind of income. I have no co-pay for drug prescriptions and also there are the "over-the-counter[s]" like aspirin, Ben Gay, etc.

I hope you can fight for us and see what can be done.

Yours truly,

VIRGINIA LANGELL.

Assuming that Ms. Langell pays \$135/mo for her medication, she pays a total of \$1,620.00 per year.

Under the Democratic plan, she would save: \$611.25.

Under the Republican plan, she would only save: \$385.00.

In other words, Virginia would save more with the Democratic plan: \$226.25.

That is the difference between eating two or three meals a day. That is the cost of heating a small home during the coldest winter months. That is the difference between being able to fill your car with gasoline for trips to and from the doctor's office. It is clear that we must enact a real prescription drug plan now.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mrs. MORELLA) is recognized for 5 minutes.

(Mrs. MORELLA addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

BALANCED BUDGET REFINEMENT BILL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Massachusetts (Mr. MCGOVERN) is recognized for 5 minutes.

Mr. MCGOVERN. Mr. Speaker, I rise today to talk about the Balanced Budget Act of 1997, or BBA, and the efforts in this body to provide some relief through another Balanced Budget Refinement Bill.

I voted against the Balanced Budget Act of 1997 because it was designed to cut \$116 billion from Medicare. I believed these cuts were too drastic and would severely harm our health care delivery system. Unfortunately, I was right. Three years later, the Congressional Budget Office has projected that Medicare will be cut by more than \$250 billion, more than double what was originally expected.

Our hospitals, medical device companies, nursing homes, health centers, and home health agencies all need relief from these drastic cuts. That is why I am here today advocating for a comprehensive and significant BBA relief package.

A BBA package will help the teaching hospitals throughout the country, like the University of Massachusetts Medical Center, located in my district. A BBA package will help HMOs stay in Medicare+Choice. We know that HMOs are pulling out of Medicare+Choice because they cannot afford to treat Medicare patients with the reimbursement levels currently set in the BBA.

While I support BBA relief for teaching hospitals and nursing homes, as well as efforts to keep HMOs participating in Medicare+Choice, I want to focus on three areas that are not receiving the attention they deserve in discussions on the Balanced Budget Act refinement package. Specifically, I want to talk about medical devices, health centers and rural clinics, and last, but not least, home health care.

First, I want to express my support for H.R. 4395, the Medicare Patient Access to Technology Act. This bill will help speed the delivery of new medical technologies to Medicare beneficiaries and health care providers.

Mr. Speaker, medical devices and other technologies must undergo a rigorous review at the Food and Drug Administration before that medical technology is made available. This process is followed by a review of the Health Care Financing Administration, or HCFA, before it is finally approved for reimbursement under the Medicare program. However, HCFA can take up to 4 years to approve coverage, assign the product a code, and establish a payment level. This lengthy process denies our seniors access to devices, therapies and products that effectively treat disease, improve the quality of life and, indeed, save lives.

H.R. 4395 provides reforms to make these technologies available safely and quickly so that Medicare recipients will have the access and the latest

medical technologies, and I urge their inclusion in any BBA relief package.

Second, I want to express my strong support for H.R. 2341, the Safety Net Preservation Act. This bill ensures that community health centers and rural health clinics can continue to provide health care services to uninsured Americans who have nowhere else to turn for the care they need.

There are more than 44 million people in this country who do not have health insurance and millions more are underinsured. Community health centers and rural health clinics are the safety net for these people; yet these centers cannot survive if they are forced to operate under fiscal deficits.

H.R. 2341 allows organizations like the Great Brook Valley Health Center and the Family Health Center in Worcester, Massachusetts, to continue doing the good work they are doing today.

Finally, I want to express my strong support for home health care and for H.R. 5163, the Home Health Care Refinement Amendments of 2000. I introduced this bill, along with the gentleman from Pennsylvania (Mr. PETERSON) and others because the home health industry has been decimated by the Balanced Budget Act. Instead of being cut by \$15 billion, as was intended in 1997, home health care has been cut by \$69 billion over 5 years. And next year home health care spending will be cut by another 15 percent. This has to stop.

My bill will eliminate this unnecessary and dangerous cut, as well as provide relief for the most costly patients and for rural providers. My bill also changes the billing procedure for non-routine medical supplies and opens the door for telemedicine.

Last week, I sat down with the chief White House health care policy advisor. We agreed that home health care deserves relief and that it is a priority in the upcoming BBA relief bill. I trust he will fight for home health care, and I urge my colleagues to join me in supporting this legislation as the comprehensive home health care BBA relief package.

Mr. Speaker, providing Medicare relief from the BBA is vital. The proposals currently advocated by the majority and the administration are inadequate. We must provide at the very least \$40 billion over 5 years to address the needs of medical devices, community health centers and home health care, as well as many other more well-known areas, like teaching hospitals, Medicare+Choice, and nursing homes.

I urge everyone to work to provide a comprehensive and significant relief that is absolutely necessary this year. We cannot adjourn from this Congress without addressing the issue of the Balanced Budget Act cuts in Medicare. We can do much better. Our constituents are counting on us. I hope that we are all up to the challenge.