

day; and there, as much as anything, they were fighting over this document. They were fighting over a vision of a Union that would be preserved.

Seventy-five years from that day it would be September 17, 1937, and war was gathering in Europe, a dictator unchecked expanding his borders, violating international convention, and 75 years would pass and those experiences resonate with our experiences today.

Three short lifetimes ago, our founders bequeathed to us a document that has been the inspiration of the world, written most assuredly, Mr. Speaker, by the hand of man, men with feet of clay, very human in every sense of the word, but as we embrace the realities of these 215 years and how this great Republic, this great representative democracy has inspired the world, we can be certain of this, that while it was written by the hand of men, they were most certainly guided by providence to offer this gift to their posterity and to the entire world.

So I thought it imperative today, Mr. Speaker, that we gather to remember the accomplishment of three short lifetimes ago, the Constitution of the United States of America, and may it be said as equally as it is today when four short lifetimes have passed that we will gather in this same place, that we will celebrate the liberties enshrined in the Constitution and in the Bill of Rights; and may it be our prayer in our lifetimes to pass along this great document and these great traditions as adequately and as ably as our forebears have passed it onto us on this Constitution Day, 2002.

PRESCRIPTION DRUGS

The SPEAKER pro tempore (Mr. KERNS). Pursuant to the order of the House of January 23, 2002, the gentlewoman from North Carolina (Mrs. CLAYTON) is recognized during morning hour debates for 5 minutes.

Mrs. CLAYTON. Mr. Speaker, there is a consensus among Members of Congress, in fact, I think there is a consensus among the American people, as well as the President also says, that Medicare beneficiaries should indeed receive prescription assistance. The Congressional Budget Office has projected that the cost of providing prescription drugs to seniors will certainly be high, and it is unpredictable as to how high it will go; but they have said to how the estimate has been made in the last year, that by the year 2010 we will be 23 percent higher than what we predicted it to be, and already it is too high. Already seniors cannot afford that.

This increases the sense of reality that we cannot make long-term predictions nor can we make short-term predictions with accuracy. With that reality, what we know with the combined fact that more baby boomers are retiring among them, are retiring now, more than ever before, they are going to live longer and need more health

care; and yet their reliance on Medicaid does not give them any assurance for that.

We must ensure that our seniors have the peace and security that they need to have access to affordable prescription drugs for maintenance of a quality of life.

We must also work to make sure that they do not deplete their savings and what low income they have from their retirement and their Social Security in order to provide prescription drugs. My colleagues have heard that seniors now have to make the awful election, whether they feed themselves or pay the rent or buy prescriptions that they just really need for their health; and some of them are making the decision, which is harmful to their health, of dividing their daily dosage and spreading it so it can go further.

Our seniors deserve better than that. They are the people who have worked to make our country as robust as it is. They have served our Nation in a variety of ways, have served on the military to make sure we are secure. Certainly, it is not because we do not have the technology. It is because we have not found the political will to do this.

In my district, the First Congressional District, our population of seniors continues to increase. Consider this: from 1980 through the eighties and through the nineties, from the ages of 65 to 84 increased by 31 percent. From the 1990s to 2000, there was an additional increase of some 16 percent added to that 31 percent. So we are living longer, those from the ages of 65 to 84, and also, the mean income is approximately \$26,800 in my district. That does not allow a lot of flexibility of maintaining a quality of life and increasing the cost for prescription drugs and other health care.

In 1996, the average out-of-pocket costs for prescription drugs for seniors living below the poverty line was \$368 for an average cost then; but now in 2000 that same index would be 2,000, \$386 from 1996 to 2,000. My colleagues say, well, that is not a lot of money. That is a lot of money when the income has not gone up; and when a person retires their income is going down, not up, and the increase we give for a Social Security benefit certainly does not go into the cost of senior citizens. So we need far more money because seniors indeed are not able to have the income security to protect them. \$463 is the equivalent of a mortgage payment that seniors would have to pay. They can no longer afford that.

We need to find ways in which we can help provide for them, and many adults are now having to reach back and provide for their senior parents as they are also providing for their children because their income, the retirement and the Social Security, is not sufficient.

The very least that Congress could do is to work towards bringing a prescription drug benefit that would be part of our Medicare benefit. Most elderly receive their primary health assistance

through Medicare, and I would gather today if we were doing Medicare all over again we would make sure there would be a prescription drug provision. Yet Medicare does not provide any coverage for any senior's outpatient prescription drugs. We almost have to go to the hospital to be there and most seniors now have conditions that can be maintained by not doing it.

Mr. Speaker, we have an opportunity, in fact, we have an obligation, Mr. Speaker, to make sure we have a prescription drug program that works for our seniors and not put up these artificial programs that we say that the companies are going to give some rebate. They need something they can rely on. To do less would be unworthy of us as a great Nation.

PAYING FOR PRESCRIPTION DRUGS

The SPEAKER pro tempore. Pursuant to the order of the House of January 23, 2002, the gentleman from New Jersey (Mr. PALLONE) is recognized during morning hour debates for 5 minutes.

Mr. PALLONE. Mr. Speaker, I would like to follow up on my two colleagues. The gentlewoman from North Carolina talked in great detail about why we need a prescription drug benefit for seniors and why it should be under Medicare as an expansion of Medicare, and my colleague from Ohio talked about the cost of prescription drugs and how the brand-name drug companies essentially have put on a program, a lobbying campaign, a very effective one to try to prevent any kind of changes in the law that would allow for generic drugs or other kinds of measures that would reduce costs, not only for seniors but for all Americans; and I think those two discussions by my colleagues really are at the heart of the issue.

When it comes to prescription drugs, we need a benefit program under Medicare for senior citizens and those eligible for Medicare; and at the same time, we need to address the issue of costs and bring down costs for all Americans because increasingly more and more people cannot afford to pay for prescription drugs and go without. And I also add, the real problem here is the brand-name drug companies. They are artificially keeping the price of prescription drugs high in order to make even more profit than they would normally make.

Let me say, the Democrats in the House of Representatives, my colleagues on the Democratic side, have proposed an answer to both of these problems, both to the benefit and to the costs. At the time when the Republicans and the Republican leadership were trying to move a prescription drug bill that would simply privatize the program and say, well, we will give people some money, senior citizens, and maybe they can go out and buy a prescription drug policy in the private sector.