

remittance of applicable smokeless tobacco excise taxes are satisfied.

I call upon my colleagues to support Senator KOHL's and my efforts to prevent the funding of global terrorist organizations and ensure the collection of all excise taxes from the sale of cigarettes and smokeless tobacco, including Internet sales, so States can utilize their rightful revenue.

THE MAMMOGRAPHY QUALITY STANDARDS ACT

Mr. KENNEDY. Madam President, I strongly support this important legislation. Women screened for breast cancer deserve mammograms of the highest possible quality. I commend Senator MIKULSKI and Senator ENSIGN for this bipartisan proposal to strengthen current standards and do more to reduce the tragic toll of breast cancer.

Breast cancer is the second leading cause of cancer death among women, exceeded only by lung cancer. It strikes more than 200,000 Americans a year. Over 39,000 will die from breast cancer this year.

Early screening is essential. More than 90 percent of breast cancers are now detected at an early stage of the disease, when treatment can be most effective. Because of early detection through regular mammograms, the death rate from breast cancer fell by 20 percent between 1990 and 2000, even though the overall incidence increased slightly.

All women deserve access to mammograms of the highest quality. It's a tragedy when tumors are missed and lives lost because a screening was conducted poorly or interpreted inadequately. The legislation that Senator MIKULSKI and Senator ENSIGN have proposed will improve the quality of mammograms and help reduce the unacceptable toll of breast cancer and I urge my colleagues to approve it. It is fitting that this important bill is one of the first actions taken by the Senate in this new session. It deserves to become law as soon as possible.

LOCAL LAW ENFORCEMENT ACT OF 2003

Mr. SMITH. Madam President, I rise to speak about the need for hate crimes legislation. On May 1, 2003, Senator KENNEDY and I introduced the Local Law Enforcement Enhancement Act, a bill that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society.

In May 2002, two young male assailants targeted a Washington, D.C. resident after he left a local gay bar. The victim suffered severe face wounds, including a broken nose. Later that night, and in the week that followed, several more gay men were attacked by an unidentified group of young men.

I believe that Government's first duty is to defend its citizens, to defend them against the harms that come out

of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. By passing this legislation and changing current law, we can change hearts and minds as well.

MEDICARE PRESCRIPTION DRUG PRICE REDUCTION ACT

Mrs. FEINSTEIN. Madam President, I rise today to cosponsor S. 1999, the Medicare Prescription Drug Price Reduction Act, which strikes language known as the "noninterference clause" included in the recently passed conference report accompanying the Medicare Prescription Drug and Modernization Act of 2003.

I believe that language preventing the Secretary from leveraging the enormous purchasing power of the Federal Government will mean our seniors may pay more for their drugs than they could be if that language was modified to allow the Secretary negotiating ability. America's seniors already pay the highest drug prices in the world, even though American taxpayers subsidize the research that produces many of those drugs.

So this legislation gives the Secretary of the Department of Health and Human Services, HHS, authority to negotiate contracts with manufacturers of covered Medicare Part D prescription drugs in order to ensure that enrollees in Medicare prescription drug plans, PDPs, pay the lowest possible price. The authority given to the HHS Secretary is similar to that given to other Federal entities that purchase prescription drugs in bulk.

I voted for the Medicare prescription drug conference report because it delivered voluntary prescription drug coverage to this Nation's 41 million Medicare beneficiaries. Too many Americans today face the terrible choice of paying for rent or groceries or paying for their prescription drugs. In fact, some of my constituents have resorted to skipping doses in an attempt to manage prescription drug prices.

One of the strongest features of the Medicare bill is the assistance it provides for low-income Medicare recipients through the elimination or reduction of premiums, deductibles and copays. For those low-income Medicare recipients whose prescription drug spending exceeds the catastrophic limit, or \$5,100 in total drug spending, Medicare will pay all of their drug costs. For seniors who do not qualify for the low-income assistance, they will pay no more than 5 percent of their prescription drug costs above the catastrophic limit.

The Medicare prescription drug bill includes essential increases in funding for California's health care providers. California's hospitals are facing financial crises across the State. In fact, over the past 7 years, more than 62 hospitals have been forced to close.

The bill will help hospitals meet the needs of California's communities by providing \$882 million in additional

Medicare and Medicaid payments over the next 10 years. Physicians will now receive an increase of 1.5 percent per year in Medicare payments in 2004 and 2005, rather than the 4.5 percent payment cut they were expected to incur.

However, one of the most troubling aspects of the bill was language intended to promote competition among prescription drug plans in order to lower prescription drug prices. Section 1860D-11(i) says:

The Secretary may not interfere with the negotiations between drug manufacturers and pharmacies and Prescription Drug sponsors.

I believe that this language actually takes away one of the best tools the Medicare program could use to bring down prescription drug prices by denying the Government the ability to negotiate price discounts on behalf of Medicare recipients.

The Veterans' Affairs, VA, system negotiates prescription drug prices. This negotiating authority has been a terrific success in bringing down the cost of drugs purchased by the VA. Why would we prevent the Secretary of HHS from doing the same on behalf of our 41 million Medicare recipients?

Some argue that this noninterference language will spur competing prescription drug plans to drive down the cost of prescription drugs in an effort to secure contracts with the Federal Government. However, since the Secretary may not require a particular formulary or institute a price structure for covered Part D drugs, seniors may be unprotected from escalating drug costs in regions without plan competition.

Here is the most recent picture of health care spending in the United States: Health care spending in the United States increased 9.3 percent to \$1.55 trillion in 2002, the largest increase in 11 years. It now accounts for 15 percent of the Nation's gross domestic product. Prescription drug spending rose 15.3 percent to \$162.4 billion in 2002, accounting for 16 percent of the overall health care spending increase.

Spending on prescription drugs is often cited as a key contributor to rising health care costs. Unfortunately, the Medicare bill missed a significant opportunity to reign in the escalating cost of prescription drugs in the U.S.

I believe the Medicare Prescription Drug Price Reduction Act will bring real prescription drug cost relief to seniors in California and across the country.

I urge my colleagues to join me in supporting this important legislation.

THE UNINSURED

Mr. SMITH. Madam President, I rise today on behalf of the almost 44 million Americans who have no health insurance. This number has continued to grow—last year alone, the number of people who lost their insurance grew more than any other year in the past decade. The number of uninsured Americans now exceeds the cumulative