

seniors and individuals with disabilities more choices. That is exactly what the bill is doing.

We said the bill would strengthen the program and increase flexibility and choice, and, indeed, that is exactly what is happening.

Dozens of Medicare, managed care companies just recently announced—about 10 days ago—that in 3 short weeks, they are going to increase benefits, enhance benefits; that they are going to reduce or even eliminate premiums altogether; and that they are going to expand their service areas. They tell us they are doing all of this as a direct result of this Medicare bill.

For example, Aetna plans to cut its Medicare+Choice premiums by up to 50 percent to seniors. The action by Aetna will reduce inpatient care fees and physician copayments.

In New York City, Oxford Health Plans is boosting its annual limit on brand-name drug coverage from \$250 and \$500 up to \$1,200. That is more coverage.

Colorado's three Medicare HMOs, meanwhile, will drop monthly insurance premiums by as much as 50 percent. That is less out-of-pocket costs for seniors.

Colorado's PacifiCare, for example, will offer prescription drug coverage to seniors who didn't have it before. That is new coverage, better health care, and then they will add brand-name coverage to many policies.

In Miami, FL, Blue Cross/Blue Shield plans to double its coverage for brand-name drugs. In Broward County, it will add brand-name coverage to its current generic-only plan, and it will drop its monthly premium altogether: Better coverage, lower out-of-pocket expenditures.

When it comes to more comprehensive coverage care, seniors in Tampa with private plans can expect to get new benefits, such as free dental care and reimbursement for transportation to the doctor.

I mention all this because it is only the beginning. Nationally, 5 million seniors with HMO coverage are expected to enjoy better benefits, lower out-of-pocket costs, and expanded options. And this will only grow with time. This is only the beginning.

Not only are these improvements on the way but also we have the prescription discount card that will be available in just a very few months, in June. This spring, seniors will be able to use these new discount cards to get discounts of 10 percent, 15 percent, 20 percent, or 25 percent off their prescription drugs.

For seniors living around the poverty level or up to 135 percent of the poverty level, they will get, in addition to the prescription drug card, an additional \$600 in coverage to help pay these drug bills. That is on top of the discount. This is immediate help. This is immediate help to those who need it the most.

Already, private companies have submitted more than 100 applications to be

able to participate in the discount drug card process. Immediate relief from high medication costs is only months away.

I mention this because we hear a lot of the opponents to the bill grumble. Even in the various elections and campaigns going on across the country, we look at what appear to be attempts of very partisan politics trying to gain political points in an election year. I wanted to mention this real progress that is already being made because it shows that at least the concept of the approach of a public/private partnership—which is what this Medicare law is all about—is beginning to work, where we take the very best of the public sector and marry it to the very best of the private sector.

Older Americans who are happy with their immediate care coverage do not need to do anything. They can keep exactly what they have today. In the bill, those who need it the most are going to get the most help. Lower income seniors, people at the lowest income brackets, and individuals with disabilities will pay almost nothing for their prescription drug coverage. Seniors who have very high catastrophic costs, costs that for the most part they did not expect, will no longer have to go bankrupt to get those prescription drugs, the most powerful tool in American medicine today.

Millions of seniors with no current coverage will see their prescription drug costs reduced, on average, by about 50 percent. So we see better health care and lower out-of-pocket costs for seniors who are listening to me at this juncture, and they will see more choices of coverage that better suit their individual needs.

Yes, the Medicare Modernization Act is expanding these choices and opportunities to obtain quality health care. This bill includes preventive care in a substantive way for the first time in the history of Medicare. For the first time ever in Medicare, we are offering disease management for chronic illnesses such as Parkinson's and Alzheimer's disease. It also takes a number of steps to improve the overall quality of care available to seniors.

We do need to continue to educate both ourselves and the American people about the progress that is being made to date. We will continue to work with organizations such as AARP and organizations of nurses, doctors, hospitals, and patients to really get the news out as this program unfolds. We will make sure that every senior who is entitled to these new drug discounts I mentioned, and who have the availability of that improved access, find out about it so that they indeed can take advantage of these improvements.

From time to time, I will come to the floor to comment on the progress that is being made as this program unfolds.

I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Democratic leader is recognized.

PROGRESS ON THE HIGHWAY BILL

Mr. DASCHLE. Mr. President, I will comment briefly on the current status of the highway bill and the related debate about the budgetary implications of it and the budget proposal made by the administration over the course of the last week.

This is our second week of debate on the highway bill. I find myself expressing the hope, as the majority leader just did, that we can finish our work on the bill this week. This bill is long overdue. Many of us hoped we could have passed it last fall. We are told that the result of not having passed it means a loss of over 90,000 jobs so far.

We are also told that if we pass this bill soon, we could create nearly a million new jobs. So the economic implications could not be more consequential.

We also understand the difficulties our country faces with regard to its own infrastructure. We are told we have an infrastructure deficit of hundreds of billions of dollars, which is causing more congestion, more pile-ups, more time en route, more commuting, than at any other time in our Nation's history.

So with the infrastructure deficit, and with the need to create jobs, I cannot think of a more important bill than this one. I hope we can continue to demonstrate some real movement as we work to complete this debate sometime soon.

The bill's managers are in the Chamber and we are prepared to entertain amendments. I hope we can get on with the substantive discussion and consideration of whatever amendments could be offered.

I am troubled by those who argue that this bill is too expensive. I did not hear that debate when we were discussing how much to commit to Iraq over the course of this fiscal year. This country has now spent \$167 billion in Iraq, with no offsets. I did not hear one comment from people on either side of the aisle about how expensive that bill was.

There are proposals in the President's budget to make the tax cuts for those at the top of our income scales permanent. CBO estimates that will double the size of our deficit over the course of the next 10 years. We now expect a deficit of \$600 billion and we are told we are going to be ringing up a debt of a million dollars a minute. According to the Budget Committee, the debt will increase at \$1 million a minute. So there is legitimate concern for how much we are spending and how much we are not taking in.

I find it amazing, this selective process of deciding which ought to be pared