

The PRESIDING OFFICER (Mr. SALAZAR). Without objection, it is so ordered.

Mr. ENZI. I yield back, with the consent of both sides, the 2 minutes that was to be available on both sides. I yield back that time.

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

Mr. ENZI. I request the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to amendment No. 106, as modified.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Delaware (Mr. BIDEN) and the Senator from South Dakota (Mr. JOHNSON) are necessarily absent.

I further announce that, if present and voting, the Senator from Delaware (Mr. BIDEN) would vote "yea."

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 98, nays 0, as follows:

[Rollcall Vote No. 21 Leg.]

YEAS—98

Akaka	Dorgan	Menendez
Alexander	Durbin	Mikulski
Allard	Ensign	Murkowski
Baucus	Enzi	Murray
Bayh	Feingold	Nelson (FL)
Bennett	Feinstein	Nelson (NE)
Bingaman	Graham	Obama
Bond	Grassley	Pryor
Boxer	Gregg	Reed
Brown	Hagel	Reid
Brownback	Harkin	Roberts
Bunning	Hatch	Rockefeller
Burr	Hutchison	Salazar
Byrd	Inhofe	Sanders
Cantwell	Inouye	Schumer
Cardin	Isakson	Sessions
Carper	Kennedy	Shelby
Casey	Kerry	Smith
Chambliss	Klobuchar	Snowe
Clinton	Kohl	Specter
Coburn	Kyl	Stabenow
Cochran	Landrieu	Stevens
Coleman	Lautenberg	Sununu
Collins	Leahy	Tester
Conrad	Levin	Thomas
Corker	Lieberman	Thune
Cornyn	Lincoln	Vitter
Craig	Lott	Voivovich
Crapo	Lugar	Warner
DeMint	Martinez	Webb
Dodd	McCain	Whitehouse
Dole	McCaskill	Wyden
Domenici	McConnell	

NOT VOTING—2

Biden Johnson

The amendment (No. 106), as modified, was agreed to

Mr. DURBIN. I move to reconsider the vote.

Mr. LEVIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

MORNING BUSINESS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business with Senators permitted to speak therein for up to 10 minutes each.

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

VA and Medicare Drug Price Negotiation

Mr. AKAKA. Mr. President, much has been said recently about the way in which VA purchases drugs and the manner in which medications are provided to beneficiaries. This discussion has been a part of the ongoing debate to allow Medicare to negotiate for drugs on behalf of its beneficiaries.

Concerns have been raised about veterans' access to drugs, the quality of the benefit, and VA's formulary and pricing. Veterans medication coverage has been misunderstood. I would like to take this opportunity to set the record straight about the process by which VA achieves drug cost savings and the level of care afforded to veterans.

VA is different than Medicare for a variety of reasons, there is no doubt, but I believe some lessons can be applied to address Medicare drug prices.

While there is no question that VA's formulary is an important component of VA pharmacy management, decisions about which drugs are on the formulary are not made by bureaucrats nor are they made by those solely concerned about the bottom line.

VA employs a scientific review process to select drugs to be available to beneficiaries and to ensure quality care. Physicians and clinical pharmacists from the VA's regional offices manage the formulary.

While some concern has been expressed that the VA formulary covers only 30 percent of the 4,300 drugs available on Medicare's market-priced formulary, this is not the case. Rather, it is my understanding that VA actually offers 11 percent more drugs than are available under Part D of Medicare.

VA offers 4,778 drugs by way of a "core" national formulary which requires that they must be made available at all VA medical care facilities. If a drug is needed which is not on the formulary, VA has a quick process to ensure that the drug will be prescribed. This off-formulary process is so robust, in fact, that last year, VA dispensed prescriptions for an additional 1,416 drugs. So, to put a finer point on this, when a non-formulary medication is clinically needed—it is provided.

To those who argue that VA's formulary is "among the most restrictive in the marketplace," I would only say that the Institute of Medicine took a good long look at VA and found that in many respects it is actually less restrictive than other public or private formularies.

The chairman of the IOM committee said that if VA did not have a formulary process like it has, they would have indeed urged that one be created just like it.

Some have suggested that veterans receive substandard care because of the VA drug benefit. The literature says

otherwise. Veterans get better pharmaceutical care than private or public hospitals, according to a study last year published in the Archives of Internal Medicine.

VA's mail order pharmacy has been criticized, as well. VA employs nearly 10,000 pharmacists and technicians and is regarded by many pharmacy organizations as excellent. VA also operates 230 outpatient pharmacies. VA also trains more doctors of pharmacy than any other single organization in the U.S. And most significantly, while the error rate for prescriptions in the U.S. is between 3 and 8 percent, the error rate in VA is less than one one-hundredth of one percent.

In VA, new drugs are reviewed on their merits and are made available quickly if they provide distinct benefits. Safety and how well a drug works are the most important considerations in the review process, followed by cost.

I could go on. We know that VA gets the best prices, but I think the essential question is: Do veterans get the necessary drugs to promote the best health care? The answer—based on peer-reviewed studies—is a resounding yes. The quality of medical care in VA is significantly higher for overall quality in chronic care and preventative care.

And if some believe that veterans aren't happy with their drug access and pricing, it is news to me, and to the administration. Just last week, VA announced results of a survey done by an independent reviewer of customer satisfaction. For the seventh straight year, the Department of Veterans Affairs has received significantly higher ratings than the private health care industry. VA's marks keep continuing to rise.

When veterans' groups testify before Congress about their needs and desires, the only thing they say about their drug coverage is that they want to keep it the way it is.

Peer-reviewed studies, veterans service organizations, polls, and consumer reports consistently testify to the superiority of VA health care over private sector care. The VA formulary has been repeatedly reviewed and approved by Congress, GAO and the Institute of Medicine. Consumer choice provides clear insight into the success of the VA pharmacy management system.

We can learn a number of lessons from the VA as we consider Medicare price negotiations. I support drug price negotiation by Medicare. As chairman of the Veterans Affairs Committee, I will closely monitor the evolution of this issue to ensure VA retains access to affordable drugs. The gains that can be made in Medicare—and the improvement of quality—are just too great to do nothing.

I ask unanimous consent that the VA's summary of the study to which I previously referred be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows: