

policies that will prepare students to begin their college career. I believe that education is the great equalizer in our society that gives every citizen of our Nation the same opportunity to succeed in the global economy of the 21st century. That's why I will continue to target access to higher education for America's students. The College Pathway Act will help to further this goal.

Mr. AKAKA. Mr. President, I would like to voice my strong support as an original cosponsor of The College Pathway Act, introduced by my colleagues from Connecticut and Maine, Senators LIEBERMAN and SNOWE. I greatly appreciate their foresight in creating legislation that will help Hawaii and other states bring greater links between education at all levels, as well as with business and industry.

I know the field of education well, having served as a teacher, vice principal, principal, and school administrator in Hawaii before holding public office. I taught at the elementary, middle, and secondary levels, and continue to hold great interest in developments in these areas, as well as in early childhood and higher education. From these experiences, I have advocated that education should be an interconnected pathway, from pre-kindergarten through postsecondary levels and beyond, into the workforce.

We need all stakeholders in education and the labor force to work together, seamlessly. The LIEBERMAN-SNOWE bill will help to further this very aim in Hawaii and other States with existing entities, and to assist other States in meeting similar, meaningful goals through the creation of similar entities. By encouraging States to establish P-16, or as in Hawaii's case, P-20 commissions, to align lower, middle, and high school curricular and assessment standards with what is expected in higher education, we will better assure college readiness and reach a fundamental goal: greater rates of college completion.

To describe the Hawaii P-20 initiative in more detail, the initiative brings together public and private educators at all levels, working in collaboration with representatives of state government, the business community, labor, and educational support agencies to focus on improving learner achievement. Its vision statement says, all Hawaii residents will be educated, caring, self-sufficient, and able to contribute to their families, to the economy, and to the common good, and will be encouraged to continue learning throughout their lives.

The initiative, which recently unveiled its strategic plan, is a joint commitment of the Hawaii Department of Education, the Good Beginnings Alliance, and the University of Hawaii, working with a statewide P-20 Council to develop a seamless system of educational delivery. I encourage anyone with interest in this effort to view the details of the plan at

www.p20hawaii.org. A main goal of the initiative is to prepare my State's learners to succeed in a society fast becoming more global, technological and complex. Ultimately, it seeks to improve the quality of life for all of Hawaii.

I am pleased to support this effort and work toward providing this and similar programs in other states with the resources to achieve their aims. The Lieberman-Snowe bill does this, and I look forward to working with my colleagues toward its enactment.

By Mr. SPECTER (for himself, Mr. COLEMAN, and Mr. ISAKSON):

S. 2340. A bill to amend title XVIII of the Social Security Act to preserve access to community cancer care by Medicare beneficiaries; to the Committee on Finance.

Mr. SPECTER. Mr. President, I have sought recognition today to introduce the Community Cancer Care Preservation Act, which will ensure Medicare beneficiaries' access to community-based cancer treatment and provide Medicare reimbursement assistance for oncologists providing vital cancer care services.

Cancer takes a great toll on our friends, families, and our Nation. In the United States, cancer causes one out of every four deaths and was responsible for 570,000 deaths last year. In 2005, over 2 million new cases of cancer were diagnosed, the most prevalent of which were breast, prostate, lung, and colorectal.

While these statistics are daunting, the rate of cancer deaths in the United States has decreased since 1993. This decrease is the result of earlier detection and diagnosis, more effective and targeted cancer therapies, and greater accessibility to quality care provided by oncologists. These vital services have allowed millions of individuals to lead healthy and productive lives after successfully battling cancer.

In 2004, 42.7 million individuals were enrolled in Medicare; of those beneficiaries over 29 percent have had cancer during their lives, 12.5 million beneficiaries. With such a large percentage of our seniors facing this horrible disease, the need for access to community cancer care is critical.

Community cancer clinics treat 84 percent of Americans with cancer. Community cancer centers are free-standing outpatient facilities that provide comprehensive cancer care in the physician's office setting located in patients' communities. These clinics are especially critical in rural areas where access to larger cancer clinics is not available. They provide patients with earlier diagnosis, more effective cancer therapies, and innovative supportive care that reduces fatigue, nausea/vomiting, and pain. The accessibility of treatment in the hands of skilled community oncologists has decreased the cancer mortality rate.

On December 8, 2003, the Medicare Prescription Drug Improvement and

Modernization Act was signed into law by President Bush. This legislation contained numerous provisions that were beneficial to America's seniors and medical facilities; however, it also provided a reduction to Medicare's reimbursement for oncology treatment. The provisions sought to bring a balance to the reimbursement for the cost of cancer drugs and services. Previous to the implementation of the law, CMS reimbursed the cost of cancer treatment drugs at a very high level. This level provided sufficient funding to supplement the costs of care, storage of the prescription drugs, and the costs of cancer care services, which were not being provided adequate funding. The law enacted reimbursement reductions for the cost of prescription drugs while increasing the funding provided for cancer care services; however, that increase did not sufficiently offset oncologists' losses from the reduction in cancer drug reimbursement.

The Congressional Budget Office estimated that Medicare reimbursements to oncologists would be reduced by \$4.2 billion from 2004-2013. PricewaterhouseCoopers estimates that reductions will reach \$15.7 billion over that time. This increased reduction will have a debilitating effect on oncologists' ability to provide cancer treatment to Medicare beneficiaries, especially those in the community setting.

For 2006, the Centers for Medicare and Medicaid Services (CMS) estimates that the beneficiary reimbursement for services provided by community cancer care will be cut by 6.6 percent, a \$200 to \$300 million reduction. However, this reimbursement reduction may be larger than estimated. CMS did not factor in the delay in drug manufacturer price increases for cancer therapies and the bad debt of beneficiaries who may not pay their Medicare 20 percent co-insurance payment. When accounting for these reductions, the overall cut to cancer care will likely exceed \$300 million.

The Medicare Prescription Drug and Modernization Act mandated a transitional increase of 32 percent in service fees in 2004, falling to 3 percent in 2005, and 0 percent in 2006. This was done to provide time for CMS to pay for essential unpaid medical services, such as pharmacy facilities and treatment planning. In 2005, CMS created a cancer care demonstration project as a quality enhancement initiative to examine the effects of oncology drugs on patients. This demonstration project also provided \$300 million in critical funding because CMS had not increased the reimbursement for essential unpaid medical services. On June 29, 2005, I sent a letter with 38 other Senators to President Bush requesting an extension to the demonstration project through 2006. CMS, however, announced a new oncology demonstration project for 2006 that examines the quality of cancer care in relation to treatment guidelines, but at \$180-\$210 million less than the previous funding level.

Accordingly, I am introducing legislation to provide community oncologists with the tools to withstand the CMS reforms brought forth under the Medicare Prescription Drug and Modernization Act. The bill's \$1.7 billion price tag, over the next 5 years, is a relatively small cost in the face of the vast reductions in CMS's reimbursement to oncologists. Let me briefly summarize the provisions of this legislation.

1. **Sales Price Updates:** Currently, CMS updates the prices for cancer treatment drugs quarterly. This delay in price updating forces community cancer clinics to often pay increased prices for prescription drugs for up to six months without increased reimbursement. This legislation requires the sales price for oncology drug reimbursement be updated as changes occur in the price to provide a more accurate reimbursement to oncologists for the cost of drugs. This will provide a reimbursement to oncologists that is fair and reflective of market costs.

2. **Removal of the Prompt Pay Discount:** The prompt pay discount is a discount from the wholesaler to the physician for prompt payment on prescription drugs. This is a benefit for physicians that operate an efficient and organized practice and allows them to gain extra revenue as an incentive for conducting business in that manner. The current average sales price for prescription drugs from CMS takes into account the prompt pay discount provided by wholesalers. The inclusion of these funds, which are not guaranteed unless the practice operates in a very efficient way, decreases the amount of reimbursement from CMS. My legislation would remove the discount from the CMS average sales price requiring CMS to reimburse oncologists at the price they pay for drugs without the inclusion of discounts.

3. **Quality Care Demonstration Project Extension:** The quality care demonstration project provided information to CMS that was gathered by oncologists about the effects of oncology drugs on patients. This project was altered and funds were reduced provided to conduct the informational interviews to oncologists. The bill would extend the 2005 quality cancer care demonstration project through 2006. The project collects information from cancer patients on the effects of cancer treatment including fatigue, nausea/vomiting, and the treatment of these symptoms.

4. **Increase in Payments for Oncological Drug Storage:** The CMS reimbursement for oncology prescription drugs does not provide adequate funding for storage and care needs. The prescription drugs for cancer care often require special provisions including refrigeration and handling as some drugs that are highly toxic. These special provisions result in an increased cost, which is why my legislation provides a two percent increase in payments to

account for the storage and care of oncology drugs.

5. **Reports Regarding Cancer Care:** The legislation would also require a report from the Secretary of Health and Human Services on a plan to increase the number of cancer patients in clinical trials and a Congressional Budget Office Report on the effects of the Medicare Prescription Drug Improvement and Modernization Act of 2003 on cancer care. These reports will assist Congress and the Administration in its future decisions impacting cancer care.

As Chairman of the Labor, Health and Human Services, and Education (LHHS) Appropriations Subcommittee, I have sought to increase funding for the National Institutes of Health (NIH) and the National Cancer Institute (NCI). Since becoming Chairman of the LHHS Subcommittee, the funding for NIH has increased from \$11.3 billion in fiscal year 1996 to \$29.4 billion in 2006, an increase of 147 percent, while funding for the NCI increased from \$2.3 billion in fiscal year 1996 to \$4.9 billion in 2006, an increase of 113 percent.

On February 16, 2005, I was diagnosed with stage IVB Hodgkin's lymphoma and had my first chemotherapy treatment two days later. I had a total of 12 treatments, my last on July 22, 2005, and tests following that final treatment concluded that I am cancer free. As a recipient of cancer treatment for Hodgkin's lymphoma cancer, I have an acute understanding of the problems that confront patients as well as physicians that administer their care.

This legislation provides Medicare reimbursement assistance for community oncologists and ensures Medicare beneficiaries' access to community-based cancer treatment. I encourage my colleagues to work with Senators COLEMAN, ISAKSON and me to move this legislation forward promptly.

By Mr. DORGAN:

S. 2341. A bill to prohibit the merger, acquisition, or takeover of Peninsular and Oriental Steam Navigation Company by Dubai Ports World; to the Committee on Banking, Housing, and Urban Affairs.

Mr. DORGAN. Mr. President, the Commerce Committee is having a hearing this afternoon—and I have been at a portion of that hearing—dealing with the question of Dubai Ports World, which is a company largely owned by the United Arab Emirates. This is a company that has been given the green light by this administration to manage six of America's largest seaports.

This has caused a substantial amount of controversy and discussion. In the last couple of days some of that controversy has been resolved, at least in the minds of some, because the company owned by the United Arab Emirates has asked the administration for a 45-day review of the circumstances of this deal, and they will not take control of the management of the American ports for these 45 days.

It is rather unusual for a company to be asking that the United States Gov-

ernment do a 45-day review of the circumstances of whether a United Arab Emirates company should be managing America's ports. Speaking for myself, I don't need 45 days to understand this. I don't need 45 minutes to understand it. I know a bad idea when I see one.

The President has made up his mind. President Bush has said he will veto any legislation that is offered here in the Congress that would upset this deal which would allow the company owned by the United Arab Emirates to manage America's ports. If the President feels he should veto a piece of legislation, that is his right. He has not vetoed any bill since he became President of the United States, but if his proposition is he wants to veto a piece of legislation and turn over America's seaports, six of America's large seaports, to management by the United Arab Emirates, so be it. But I think the President would be making a very serious mistake.

Our country is under a terrorist threat. We get regular briefings on that in the Senate, and the American people know that from watching the news. We understand the terrorist threats take the form of threat to air travel because the terrorists, as we know, last used commercial jet airplanes to fly into the World Trade Center towers in New York City. We understand the threats at our airports. That is why when you go to the airport and try to board a plane they have you take off your belt, take off your shoes, and run you through a metal detector. There is great concern about the threat of terrorism and security at our airports.

There is also great concern about security at our seaports.

I have spoken, I am guessing, about a dozen times on the floor of this Senate about the security at our seaports since the time of the 9/11 attacks.

I recall shortly after 9/11 when a fellow from a Middle East country decided to ship himself in a container on a container ship. He got inside a container, and he got loaded on a container ship. Here was this man with a container. He had a cot to sleep on, he had a GPS device, a radio, a supply of water, and he was shipping himself, I believe, to Canada, and there was concern that he was a terrorist and he was going to enter the country by shipping himself in a container on a container ship.

I have spoken here, I suppose, almost a dozen times talking about the danger of having anywhere from 5.7 to 5.9 million containers coming into this country every year, millions of containers on a container ship coming into this country every year, and somewhere around 4 percent of them and perhaps as much as 5 percent are inspected; the rest are not.

I went to a port facility once. We don't have ports in North Dakota. But I went to a port facility to visit and see what the security was. They were showing me a container they had taken off a ship. The container they opened