



U.S. SENATE COMMITTEE ON

# Finance

SENATOR CHUCK GRASSLEY, OF IOWA - CHAIRMAN

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For Immediate Release

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Grassley calls on Congress to eliminate federal payments for lifestyle drugs

Chairman's bill would end lifestyle coverage of Viagra, Cialis, Levitra by Medicare, Medicaid

WASHINGTON — Sen. Chuck Grassley today introduced legislation to eliminate all federal payments for certain lifestyle prescription drugs.

The Congressional Budget Office estimated that Medicare and Medicaid would spend \$2 billion on such drugs between 2006 and 2015. The new Medicare prescription drug benefit will begin in January 2006. "We live in a world of limited resources, and those dollars could be spent more wisely," Grassley said.

Grassley characterized his initiative as fundamental to providing good stewardship of the federal health care programs. "Year after year, the costs of these and other federal health care programs continue to rise," he said. "And year after year, we are forced to make difficult decisions to find ways to save money under these programs with the goal of sustaining them well into the future."

As Chairman of the Senate Committee on Finance, Grassley was one of the main architects of the Medicare prescription drug legislation enacted in 2003. Both Medicare and Medicaid fall within the legislative and oversight jurisdiction of the Finance Committee.

The lifestyle medicines that would no longer be covered under Grassley's legislation include Viagra, Cialis and Levitra. The legislation would not prevent coverage by the federal government of those drugs for treatments not related to sexual performance.

The text of Grassley's statement regarding introduction of the "Prescription Drug Coverage Stewardship Act of 2005" follows here.

Floor Statement of U.S. Sen. Chuck Grassley  
Chairman, Senate Committee on Finance  
Introduction of the Prescription Drug Coverage Stewardship Act of 2005  
Tuesday, May 24, 2005

Mr. President, over the past three decades, prescription medicines have assumed a central and critical role in treating health care conditions. Every year, researchers make new discoveries

that help patients cope with illnesses and improve their quality of life. Ensuring access to prescription drugs - to treatments that can help people maintain their health and avoid costly hospitalizations, for example - is a fundamental responsibility of our federal health programs. We would not have worked as hard as we did to establish the first-ever Medicare prescription drug benefit if we did not believe this to be true. At the same time, we have a tremendous responsibility to be good stewards of taxpayers' dollars. I, for one, take that responsibility very seriously.

In 2004, our nation spent \$1.8 trillion on health care. Medicare spending accounted for 17 percent of that amount. In 2005, Medicaid spending is expected to reach \$321 billion. The federal government offers me and other federal employees health coverage through the Federal Employees Health Benefits Program (FEHBP). The Department of Defense has TRICARE for military personnel, and the Veterans' Administration provides an important source of health care access to those who proudly served our country. Year after year, the costs of these and other federal health care programs continue to rise. Year after year, we are forced to make difficult decisions to find ways to save money under these programs with the goal of sustaining them well into the future.

In contrast to those decisions, the bill that I am introducing today was not difficult for me at all. By eliminating all federal payments for certain "lifestyle" drugs, the legislation restores the fundamental concept of stewardship to prescription drug coverage under federal programs. It is a pretty simple piece of legislation - no payment for drugs prescribed for sexual or erectile dysfunction under any federal program, period. The Congressional Budget Office (CBO) estimated that Medicare and Medicaid alone will spend \$2 billion on these drugs between 2006 and 2015. In my opinion, those dollars could be spent more wisely.

When we crafted the Medicare Modernization Act of 2003, our bipartisan agreement sought to strike the most reasonable balance for Medicare beneficiaries and hard working taxpayers. We wanted to make sure that beneficiaries had access to life-saving and life-improving medicines. Now some certainly may argue that these "lifestyle" drugs can improve your life. I appreciate that view. However, we live in a world of limited resources, and in that world of limited resources coverage of these "lifestyle" drugs under Medicare - or any other federal program, in my opinion - is inconsistent with that goal of balance. I am pleased to join with Senators Lott, Santorum, and Ensign in working to rectify that situation today and urge my colleagues to join us in cosponsoring this important legislation.