

MISS KANSAS

• Mr. ROBERTS. Mr. President, I rise to congratulate Ms. Lesley Moss of Hoxie, KS, who has been crowned Miss Kansas. Lesley began competing in the Miss Kansas pageant at the age of 17—the youngest allowable age for a Miss Kansas participant—and was a top 10 finalist.

Last year Lesley won first runner-up in the Miss Kansas pageant. When the 1996 Miss Kansas, Tara Holland, relinquished her crown after winning the title of Miss America, Moss passed up the chance to take Holland's place, because she wanted to compete for the title again.

Growing up on a farm 3 miles north of Hoxie, Lesley realized that there is a special sense of community throughout rural Kansas.

Lesley developed an original program called Project L.E.A.D. (Learning what leadership is, Exercising personal leadership skills, Acting in collaboration with others, Devoting time and energy into community service) which encourages leadership through volunteerism within schools and communities of all sizes. As Miss Kansas, Lesley will promote leadership to thousands of students at over 200 schools this year. Project L.E.A.D. will also be her platform when she represents Kansas at the Miss America pageant in September.

Mr. President, I am proud of Lesley's commitment to improve the lives of Kansans and commend her for the perseverance and dedication it took to win the title of Miss Kansas. I wish her the best as she travels our great State promoting community leadership in the 21st century. •

WHAT IS RIGHT FOR MEDICARE

• Mr. DORGAN. Mr. President, earlier this week, the Senate voted on a reconciliation bill that will make some of the most significant changes in the 30-year history of the Medicare Program, and I want to explain to my colleagues and constituents why I opposed the Senate's bill.

I opposed the bill with some regret, because, for the most part, it reflects the bipartisan budget agreement, which I have supported. For example, I voted for the bipartisan budget resolution earlier this month. That plan requires the Congress to pass legislation to cut the deficit by just over \$200 billion over the next 5 years, with about \$115 billion of that deficit reduction to come from slowing down the rate of growth of Medicare. So I am not unwilling to vote for restraining Medicare spending in order to reduce the deficit.

We must put this country on track toward a balanced budget while ensuring the health and stability of the Medicare Program. Doing so requires that we limit the rate of growth of the Medicare Program. The Medicare Program has been growing at a rate of about 10 percent a year, a rate of growth that the country cannot sustain, especially once the baby boomer

generation begins retiring and putting additional financial stress on the program.

I had hoped to support the Senate's bill. In fact, the bill includes many items I have supported for a long time, including expanding Medicare's coverage for preventive benefits, expanding the health plan options available to seniors in North Dakota and across the country, and other changes to improve access to health care in rural areas and strengthen our ability to fight fraud and abuse in the program. I voted for a substitute Medicare package offered by Senator REED that included these provisions but did not include the more controversial provisions found in the Senate bill. Most notably, the Reed substitute, like the Senate bill, would have extended the life of the Medicare trust fund for 10 more years, but would have done so without asking Medicare beneficiaries to pay significantly more for their health care and without knocking a number of seniors out of the Medicare Program.

Unfortunately, in several extremely important areas, this bill did not abide by the bipartisan budget agreement achieved during months of negotiations this spring. The Senate bill abandoned this approach by including several provisions that will result in significantly higher out-of-pocket health care expenses for our Nation's older Americans.

The Senate bill included two significant structural changes—an increase in the Medicare eligibility age from 65 to 67 and a means test for the Medicare part B premium paid by upper income older Americans. I voted to strike these provisions from the Senate bill because I think it is inappropriate to make these kinds of central changes to the Medicare Program on the spending side of the budget ledger in order to make room for larger tax cuts on the tax side of the ledger. It is my view that changes made to Medicare should be made for the purpose of strengthening the program—not to provide room for tax cuts, the bulk of which will go to upper income earners in this country. Let's keep Medicare healthy and our older Americans healthy as well.

Why in this bill was it proposed that we ask seniors who make more than \$50,000 to pay higher prices for their Medicare policies so that investors who make \$500,000 or more could be given tax cuts? There is no denying a direct connection when the Medicare changes were proposed in the context of reconciliation legislation that includes tax cuts. In this reconciliation process, the act of achieving Medicare savings was intertwined with the desire for tax cuts on the revenue side.

There are some signs of reasonableness in this bill. For example, I support this bill's creation of a national, bipartisan commission charged with making recommendations to Congress on the long-term changes necessary to ensuring the extended solvency of the Medicare program. On the advice of this Commission we should confront the de-

mographic changes facing our country over the next 30 to 40 years as the baby boomers retire and our Nation grays. The commission will have one year to study and report its recommendations to Congress. Let's hope that this process will ultimately result in a solid package of changes that the Congress will act on quickly.

With this package of recommendations on long-term solvency I am willing to consider basic structural changes to the program, including means testing and/or increasing the eligibility age if the following conditions are met.

First, if we consider increasing the eligibility age, we must be able to respond to the needs of the retirees between the ages of 65 and 67 who will still need affordable insurance coverage. The Senate bill does not consider this issue. It simply proposes to leave these folks uninsured. Already, the number of retirees with employer-provided health insurance has dropped 14 percent in the six years between 1988 to 1994, and every indication is that this trend would be exacerbated by raising the Medicare eligibility age. Most low- or even middle-income seniors in their mid-sixties will never be able to afford the premiums that will be assessed by the health insurance industry to cover people of that age.

Now, I voted in support of increasing the Social Security retirement age in 1983, as part of a plan to extend the solvency of the Social Security program well into the next century. But I do not agree with those who compare the increase in the eligibility age for Medicare to increasing the Social Security retirement age to 67. Under Social Security, seniors who need or choose to retire before age 67 will still have the option to do so, at a reduced benefit level. The ramifications are very different for increasing the Medicare eligibility age. Under the Senate bill, these seniors will not have an option for getting Medicare benefits before they turn 67 and many of them will become uninsured.

If we raise the Medicare eligibility age from 65 to 67, we must provide some means to guarantee the availability of affordable insurance coverage for the citizens in that age group. One of the issues the Medicare commission created by this bill is charged with studying is whether it is feasible to allow retirees who have not yet reached the eligibility age for Medicare to buy into the program. This idea deserves consideration before we act to increase the eligibility age.

With respect to means testing or income relating, as it is called in the Senate bill, I am willing to support means testing for Medicare, but again, only after careful consideration of the ramifications for the entire Medicare program and for the purpose of extending the solvency of Medicare, not as