

to make the right decisions for the future of our children by supporting this amendment. I thank the chair and I yield the floor.

MEDICARE COMMISSION PROVISION

Mr. FEINGOLD. Mr. President, I want to thank the Senator from Iowa [Mr. HARKIN], for his efforts to include language in this appropriations bill relating to the Bipartisan Commission on the Future of Medicare. I also want to thank his colleague, the senior Senator from Iowa [Mr. GRASSLEY], who chairs the Senate Special Committee on Aging, for joining me in advocating some additional direction to the Commission with respect to long-term care. I very much enjoy working with Senator GRASSLEY on the Aging Committee, where he has continued a long tradition of bipartisanship.

Mr. President, the language added to the bill at our request touches on one aspect of an enormously important segment of health care, namely long-term care. I have been deeply involved in long-term care issues for nearly 15 years, and have advocated significant reforms to our current system both at the State and Federal level.

Mr. President, many will recall that as part of the Balanced Budget Act of 1997, we created the so-called National Bipartisan Commission on the Future of Medicare. Established because of the need to reform and modernize the principal health care system of our Nation's seniors, that Commission will examine a host of issues relating to health care coverage and will make recommendations that we hope can lead to an improved Medicare system, one which will not only deliver better health care but also provide some relief from the growing pressure Medicare has been placing on our Federal budget.

One of the key issues to be examined by the Commission is the area of chronic disease and disability.

Mr. President, effective treatment of individuals with chronic health care needs requires a combination of acute and preventive care, disease management, health monitoring, and long-term care services and supports. However, as it is now structured, the Medicare fee-for-service program responds to specific and discrete episodes of care through separate providers, and often discourages timely, coordinated cost-effective chronic care.

Mr. President, more than 20 percent of Medicare beneficiaries today have chronic health care needs, and they are the fastest growing segment of the Medicare population. A major part of the health care for these beneficiaries with chronic needs are the long-term care services and supports which are separately financed by beneficiaries and their families, or, for those without personal resources, by Medicaid and the States.

This latter group of people with chronic care needs, those who are eligible for both Medicare and Medicaid, help make up a particularly important

group of beneficiaries. The so-called dually eligible make up about one-sixth of the population of these two programs, but account for nearly one-third of program expenditures and rightly have captured the attention of policy makers as one of the critical targets for policy reforms in the two programs. As a recent hearing of the Aging Committee revealed, the lack of coordination between these two programs, and more generally between Medicare and long-term care, creates perverse incentives for cost-shifting in the health care system, and often results in excess cost, inappropriate care, or no care at all.

Mr. President, while the National Bipartisan Commission on the Future of Medicare is already directed to examine this critical population, our proposal goes further by specifically calling on the Commission to examine the potential for coordinating Medicare with cost-effective long-term care services.

Mr. President, I want to underscore the language we had included in the bill does not limit or even specify what the Commission might consider in reviewing the potential for coordinating Medicare with long-term care services. But there are a number of matters deserving the Commission's attention that I want to highlight, including the success of a number of States, such as Wisconsin, in developing effective long-term care programs built on flexible delivery systems that deliver more cost-effective, individualized care. The Commission should also take a particularly close look at efforts which build upon the existing system of informal supports, often provided by family members and friends, that currently account for the vast majority of long-term care provided in this country.

More generally, while the primary focus of the Commission will be the future of Medicare, as the Commission calculates the future cost of the current Medicare program, I urge it take into consideration the total costs of care for individuals with chronic illnesses and disabilities, including the cost of long-term care services and supports, whether those costs accrue to Medicare, Medicaid, private insurers, or beneficiaries and their families. It is neither good budgeting policy nor good health care policy to partition off health care service planning, making changes to one program while ignoring the effect those changes will have in other areas.

Mr. President, unlike the near-term focus of the budget process, the recommendations that we expect the Commission will make regarding Medicare will be based on a much longer and broader view. Some of the defects of the current Medicare program are arguably the result of short-term budget considerations that have led to unintended, sometimes expensive consequences. By taking a broader view, the Commission can avoid some of these past errors, and possibly contrib-

ute to one of the highest health care priorities we have, the need for significant long-term care reform.

AMENDMENT NO. 1074

Mr. CAMPBELL. Mr. President, I strongly support the amendment offered by my distinguished colleague from Arizona, Senator MCCAIN. The amendment would dedicate an additional \$100 million to research on Parkinson's disease, an effort driven by my accomplished mentor and dear friend, Morris K. Udall.

The statistics are staggering. While over a million Americans battle Parkinson's at a cost of \$26 billion annually, the Federal commitment to Parkinson's research is only \$27 million. While it is not only impossible but unfair to try and determine what disease should get more funding for research while another gets less, these statistics say unequivocally that Parkinson's deserves more.

While I have many fond memories of Mo, his thirty years of unparalleled service to this country, his ever present wit and his statesmanship, one of my fondest memories is of a circumstance in which he exhibited rarely matched courage and integrity. While both in the House of Representatives, I had the honor of crusading with Mo to remove a painting from a wall in the Capitol that was both offensive and demeaning to Native Americans. That painting, that symbol of dominance, hung for years. Mo Udall took it down. He took down many such injustices during his tenure in Congress.

Parkinson's has robbed us of too many valuable people. I feel very strongly that the 64 Members of the Senate who cosponsored this bill should follow through on their initial—overwhelming—show of support and adopt the amendment.

MORNING BUSINESS

Mr. SESSIONS. Mr. President, I ask unanimous consent that there now be a period for the transaction of morning business, with Senators permitted to speak for up to 5 minutes each.

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

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Monday, September 8, 1997, the Federal debt stood at \$5,411,318,696,295.51. (Five trillion, four hundred eleven billion, three hundred eighteen million, six hundred ninety-six thousand, two hundred ninety-five dollars and fifty-one cents)

Ten years ago, September 8, 1987, the Federal debt stood at \$2,360,222,000,000. (Two trillion, three hundred sixty billion, two hundred twenty-two million)

Fifteen years ago, September 8, 1982, the Federal debt stood at \$1,107,230,000,000 (One trillion, one hundred seven billion, two hundred thirty million)