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Senate

The Senate met at 12 noon and was called to order by the President pro tempore [Mr. THURMOND].

PRAYER

The Chaplain, Dr. Lloyd John Ogilvie, offered the following prayer:

Dear Lord, who always has a next step in the adventure of living and leadership, we thank You for calling us to greater intentionality. Help us to put into action what we intend. Clarify Your goals for us as individuals and as a nation and then call us out from where we are to a new level of risk. What would we do if we trusted You completely? Give us the courage to do it! May this be a ''do-it-now'' action week. We have nothing to fear when we have no one else to please but You. Bless the Senators with intentionality that is willing to risk anything except their relationship with You. You are our Lord and Savior. Amen.

PLEDGE OF ALLEGIANCE

The Honorable CHUCK HAGEL, a Senator from the State of Nebraska, led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RECOGNITION OF THE ACTING MAJORITY LEADER

The PRESIDENT pro tempore. The Senator from Nebraska is recognized.

Mr. HAGEL. I thank the Chair.

SCHEDULE

Mr. HAGEL. On behalf of the leader, today the Senate will begin 2 hours of morning business and then resume consideration of the conference report to accompany the D.C./Labor-HHS appropriations bill. As announced on Friday, there will be no votes today. By a previous consent agreement, the vote on the conference report to accompany the D.C./Labor appropriations bill will occur at 10 o'clock Tuesday morning. Tomorrow morning there will be an additional 30 minutes of debate on the conference report prior to the 10 a.m. vote. Senators who have statements on that conference report should be prepared to come to the floor during today's session. As a reminder, two cloture motions were filed on Friday in relation to the African trade bill. Those votes will occur tomorrow as outlined by rule XXII or at a time to be determined by the two leaders.

I thank my colleagues for their attention.

MEASURE PLACED ON CALENDAR

Mr. HAGEL. Mr. President, I understand there is a bill at the desk due for its second reading.

The PRESIDENT pro tempore. The clerk will read the bill by title.

The legislative clerk read as follows:

A bill (S. 1832) to amend the Fair Labor Standards Act of 1938 to increase the Federal minimum wage.

Mr. HAGEL. Mr. President, I object to further proceedings on this bill at this time.

The PRESIDENT pro tempore. Under the rule, the bill will be placed on the calendar.

Mr. HAGEL. I thank the Chair.

Mr. President, I note the absence of a quorum.

The PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. WYDEN. I ask unanimous consent that the order for the quorum call be rescinded.

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

MEDICARE COVERAGE FOR PRESCRIPTION DRUGS

Mr. WYDEN. Mr. President, this is the ninth time I have come to the floor of the Senate to talk about the issue of Medicare coverage for prescription drugs. As the Senate can see, I am urging seniors to send in copies of their prescription drug bills, as this poster instructs, to your Senator, U.S. Senate, Washington, D.C. 20510.

I am doing this because it is critically important that Congress move on this issue and address it in a bipartisan way. With the counsel and input of Senator SNOWE of Maine, there is one bipartisan bill now before the Senate to cover the issue of prescription drugs for the Nation's elderly.

I am sure other Members of the Senate are getting the kind of mail I am. What I will do this morning, as I have done on eight previous occasions, is talk specifically about some of the bills I am getting from senior citizens in Oregon in an effort to pull together a bipartisan coalition for action in this session.

We have heard, again and again, experts on the health care issue say the prescription drug question is too complicated for the Senate to act on at this time. That is a view I do not share. It is not shared by Senator SNOWE. In fact, 54 Members of the Senate have already voted for the funding plan the two of us have developed. We have already laid the foundation for the Senate to move on this issue in a bipartisan way.

I will talk for a few minutes this afternoon about our legislation and about some copies of bills I have received from senior citizens. I have a whole sheaf of them to go through.

What our bill is all about is trying to give senior citizens who are on Medicare the same kind of bargaining power in the marketplace that a health maintenance organization has. The sad part about this issue is that the senior citizens get shellacked on their prescription bills twice. Medicare doesn't cover prescription drugs. When the program began in 1965, it didn't cover prescriptions. Maybe back then there was a

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

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feeling they weren't that important. If anybody thought that then, they certainly would not believe that now, because we have more than 20 percent of the Nation's senior citizens spending over $1,000 a year out of pocket for their prescription medicine. They can't afford these prescriptions. The doctors tell them to take three prescriptions. They start off taking two, and then they take one, and eventually they can't afford their medicine, and they get sicker and they need perhaps institutional care, which is far more expensive. What is so sad is that the seniors, of course, with Medicare not covering prescriptions, have to pay out of pocket. On top of that, they have to subsidize the big buyers, the health maintenance organizations, the health plans, and other big buyers that are in a position to get a discount on their prescription medicine.

So Senator SNOWE and I, in support of the bipartisan Snowe-Wyden bill, are urging seniors to send copies of their prescription drug bills to the Senate, to your Senators, in Washington, DC, in the hopes that we can deal with this in this session of the Senate.

I have been concerned about this issue since back in the days when I was codirector of the Oregon Gray Panthers. I ran the legal aid office for senior citizens then, and prescriptions were awfully important even then. But the fact is they are much more important to the Nation's older people today than they were then because, today, so many of these prescriptions can, in effect, help to keep seniors well and healthy and physically fit. So many of the drugs today can help to lower blood pressure, or deal with cholesterol problems, or a wide variety of conditions, and can keep our seniors healthy. The savings associated with these kinds of drugs are absolutely staggering.

I reported last week, when we talked about the question of prescriptions for seniors on the floor of the Senate, about one anticoagulant drug seniors often take today. It costs a little over $1,000 a year for a senior citizen to take that anticoagulant drug. By taking that drug, very often it is possible to prevent a debilitating stroke that can cost a senior more than $100,000, in terms of expenses. Just think of that. An anticoagulant drug helps our seniors stay healthy for about $1,000 a year. As a result of spending $1,000 a year on this particular medicine, we can keep that person from having a debilitating stroke, which could cost more than $100,000 a year.

So, very often, I am asked by colleagues and others in the Congress whether our Nation can afford to cover prescription drugs for the elderly. My answer is that our Nation cannot afford not to cover prescription drugs, when you look at the kind of savings that would be associated with this coverage.

Now, in the Snowe-Wyden bill, we seek to do a number of things beyond giving senior citizens the same kind of bargaining power that a health maintenance organization does. We focus on the principles of the private marketplace, trying to create choices and options and a wide variety of alternatives for the Nation's seniors, and we do it through a concept the President of the Senate and all of us understand very well, and that is, we use the model of the Federal Employees Health Benefits Plan. We don't go out and set up a whole new bureaucracy. We don't set up a lot of price controls and get the Government intervening in the marketplace.

I have great reservations about that kind of approach because, if you go with price controls, say, on Medicare, the only thing that will happen is you will shift all the costs onto the backs of other vulnerable people. I don't think there is a Member of the Senate who would like to see us take action with respect to prescription drugs for the Nation's senior citizens, and then have a lot of costs shifted onto, say, a 27-year-old woman who is divorced and has two kids and is working hard and playing by the rules and suddenly is seeing the prescription drug costs for her children go up very dramatically. So we ought to unleash the forces of the marketplace. That is what is in the bipartisan Snowe-Wyden prescription drug bill.

What I am going to do for a few moments is talk about some of the bills and documents that I have been sent by seniors since we came to the floor and began to urge them, as this poster says, to send in copies of their prescription drug bills to us in the Senate.

The first case I want to talk about this morning involves a senior citizen who is 73 years old and lives in my home State, in Hillsboro. She has a monthly income of $1,000, and she is spending 25 percent of it on her prescription drugs. She doesn't have any of these bills covered by her health insurance—not any of them. She has to take a wide variety of drugs, such as Relafen and Prilosec—a whole host of prescription drugs—primarily due to hypertension and a variety of problems. Her Prilosec alone is one she has to take on a regular basis; yet, as a result of the expenses associated with her prescription medicine, this senior citizen at home in Hillsboro, OR, is not able to take all of the medication she needs. She reports that when she does take her Prilosec as her doctor tells her, she has had to give up other kinds of necessities. She is eating cheaper foods and is particularly concerned that if something isn't done about prescription drugs in the Senate, she is going to have a whole host of other problems. She is not able to afford other essentials, such as being able to take care of expenses for her house.

This is a real case, not some government report from some think tank in Washington, DC, hypothesizing about what the senior citizens need. This is a real, live case from my home State, in Hillsboro, OR. She heard I am urging senior citizens, as this poster says, to send in copies of their prescription drug bills to their Senators.

She sent me her case. Very clearly, these are heartrending cases—to think people with a $1,000-a-month income trying to get by on that alone is hard enough. Having to spend 25 percent of her income on prescription drugs, having to be part of a drug regime where she can't even take all that her doctor is telling her to take—this is what is going on in the United States of America. A country as rich and powerful and as good as ours has not yet figured out a way to help people such as this. It is a tragedy that we cannot come together on a bipartisan basis, the way the Snowe-Wyden bill envisages. There are other approaches that certainly would be appealing as well. But we need to get this done. What everybody says is that this Congress is so polarized, they can't deal with big issues.

Well, I believe the bipartisan Snowe-Wyden bill, which has gotten 54 votes in terms of a funding plan and is based on models that every Member of the Senate knows about, is a very appealing kind of concept. But if our colleagues have different approaches—and certainly in this body we have strong views, and there are a variety of different ideas on this—have them come forward.

But let's not duck this issue. Let us not duck it and say, oh, this is a matter for the 2000 campaign, and we don't need to deal with it today. We need to deal with it now.

I am going to go through a couple of other cases.

Here is another one from a couple in Cornelius, OR, a home in my State. They have a monthly income of about $1,000. They are spending between $200 and $400 every month on their prescription drugs. They have to take drugs for arthritis, for cholesterol problems, and antibiotics on a fixed income.

Clearly, this kind of case where month after month they are seeing between 20 percent and 40 percent of their monthly income going for prescription drugs ought to make it clear to Members of this body that we have to move and move on a bipartisan basis.

There isn't anything that is important in Washington, DC, that isn't bipartisan. I don't know of a single issue that can be addressed in a significant way without Democrats and Republicans coming together. The Snowe-Wyden bipartisan approach is one way. There may be others. But the important thing is we ought to move and we ought to move in this session of Congress.

A third case I would like to go through involves an elderly woman in Forest Grove, OR. Recently, in effect, in the last few weeks, she spent $294 on her prescription medicine. She has had to take a variety of different medicines. That is one example of what we are getting now from the seniors across this country. This particular senior is in Forest Grove, OR, taking a whole host of medications.

A lot of our seniors average 15 prescriptions a year. The third case I have gone through this morning with seniors spending $294 in just a few weeks on her prescription medicines in Forest Grove is pretty representative of what we are hearing.

I hope that as a result of my coming to the floor over these last days before we wrap up for the year that we can see Democrats and Republicans in the Senate coming together to try to deal with this question.

I want to bring up one last case. It is a particularly poignant one. It is from an older person who is now taking 15 prescription drugs. She is on a fixed income with nothing but her Social Security. She is spending $600 a month—$600 a month—on her prescription medicine. None of it is covered by her health insurance. She writes to tell me that she is spending almost her entire monthly income on prescription drugs.

Think of that. A senior citizen, again, at home in Oregon spending almost her entire monthly income on prescription drugs. We asked: What happens when you can't afford the prescription drugs you need? She said borrow. That is what she tries to do. A senior citizen with only Social Security spending virtually all of her monthly income on prescription drugs is now having to borrow from friends and family.

I have a list of these prescriptions. Again, the list goes on and on.

This is an example of the kind of bills that senior citizens are now sending in as a result of our efforts to try to get bipartisan action on this issue.

I hope as a result of my remarks other seniors will, as this poster says, send in copies of their prescription drug bills. I hope they will be interested in the bipartisan Snowe-Wyden prescription drug bill. But, frankly, I would like to make sure they are in contact with all of us in the Senate because this is not an issue that should be allowed to be put off until after the 2000 election.

We are given an election certificate. Mr. President, I know you feel very strongly about important issues such as campaign finance reform where it is important to come together. We are giving election certificates to deal with these issues. I have not been given an election certificate to put this off until after another election. We are all sent here to deal with these important issues such as campaign finance reform and prescription drugs because these are important to the American people.

I am very proud to have been able to work with Senator OLYMPIA SNOWE on this issue.

I think when you are dealing with important questions such as prescription drugs and campaign finance reform it has to be bipartisan. My plan is to keep coming to the floor of the Senate day, after day, after day, bringing up these examples of what I am hearing from the Nation's senior citizens and hope that we can come together. Senator SNOWE and I got 54 votes on the floor of the Senate for the funding approach we are taking. More than $10 billion goes from the Medicare program each year to cover tobacco-related illnesses. We know we have to act. We have to act responsibly to address these concerns of seniors.

There is a marketplace-oriented approach to this problem. We don't need a lot of price controls. We don't need a ''one-size-fits-all'' run from a Washington, DC, program. The Snowe-Wyden bill will give seniors the same kind of bargaining power that a health maintenance organization has to negotiate prices, not through a government regime but through the power of marketplace forces.

I am going to keep coming back to the floor of the Senate until we get action on this issue. I will keep reading from these letters. I hope seniors will continue, as this poster says, to send in copies of their prescription drug bills. I know that seniors at home have made it clear they are going to keep sending them to me, and I am very hopeful that we can get action on this issue in this session.

I yield the floor.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative bill clerk proceeded to call the roll.

Mr. BAUCUS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. BAUCUS. Mr. President, I ask unanimous consent to speak as in morning business for 15 minutes.

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

(The remarks of Mr. BAUCUS pertaining to the introduction of S. 1837 are located in today's RECORD under ''Statements on Introduced Bills and Joint Resolutions.'')

Mr. BAUCUS. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. ROBERTS). The clerk will call the roll.

The legislative assistant proceeded to call the roll.

Mr. THOMAS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. THOMAS. What is the order of business, Mr. President?

The PRESIDING OFFICER. The order of business is, under the previous order, the time until 2 p.m. shall be under the control of the distinguished Senator from Wyoming, Mr. THOMAS, or his designee. The Senator is recognized.

BUSINESS OF THE SENATE

Mr. THOMAS. Mr. President, I will take a few minutes and talk about some of the things we are doing. Obviously, we are heading toward the end of this session. There is speculation as to when we will conclude our work. Of course, before that is done, clearly the most important thing before us is the appropriations process, funding the Government, and we will do that.

I had the opportunity this weekend to spend some time in my home State. I can always pick up things about which people feel strongly. They want to see the budget signed. There are differences of view as to what that budget should contain—legitimately, of course.

Most of the people in my State—and I certainly believe they are well informed because I agree with them—think we ought to hold down the size of the budget because that is how we really put some limits on Government. That does not mean we do not fund the things that are essential. Certainly we will not always have unanimity on what people perceive as being essential, and that is what it is all about.

People do want the budget signed. They do not want the Government to shut down, nor does anyone here, and I hope not the President. He has indicated he does not. We have about five bills to complete and get signed. I am optimistic about it. We will conclude our work without a shutdown. We will conclude our work without spending Social Security dollars, which was the commitment we made.

Out of the surplus this year—a surplus, frankly, for the second time in 25 years—we will only spend that money when it comes in the operational budget and not the budget of Social Security. More important, not only will we not spend Social Security money, but we also have a plan to strengthen Social Security for the future. To save Social Security is not enough. We must do that, of course.

The other thing I have heard—and I already mentioned it—is hold down the size of Government; we do not want the Federal Government to continue to grow and to be the dominating factor in people's lives. Indeed, there are essential elements of the Federal Government, but the strength lies in the communities, States, and counties of this country. The more decisionmaking that takes place there, it seems to me the stronger we will be and the closer we will be to the governed making the decisions, and the better off we will be.

We will do well. We will have to make some adjustments. One of them may well be an across-the-board cut of 1 percent. I happen to favor that idea. We are talking about a discretionary budget of about $595 billion. That is out of a total of about $1.7 trillion, the rest being mandatory. We are talking about actually below 1 percent, a .97-percent across-the-board cut, which is about $3.5 billion. That will bring us down to $592 billion. I cannot imagine that agencies with a budget of $15 billion or $260 billion are unable to find 1 percent that can be reduced. Generally, through things that are not terribly