I hope that in these times of economic growth for the Nation as a whole, my colleagues and the President will recognize that not everyone is experiencing the same prosperity. I hope that we can all work together on efforts to help these hard-working Americans in their time of need.

OPPOSE UNILATERAL CLOSURE OF PUBLIC LANDS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. RADANOVICH) is recognized for 5 minutes.

Mr. RADANOVICH. Mr. Speaker, yesterday President Bill Clinton announced plans to create a monument in the Sequoia National Forest. Not in Sequoia National Park, mind you, but Sequoia National Forest. It will be 400,000 acres, almost 625 square miles.

The 19th District of California is my home. It encompasses four counties, Mariposa, Madera, Fresno, and Tulare. The people of my district share their home with three national forests and two national parks. That makes my district over 85 percent federally owned, one of the highest ratios in the country.

Make no mistake, we are proud of our public lands. Yosemite and Sequoia National Parks are crown jewels. The old growth trees that are there inspire majestic awe. The people of my home love and respect the environment.

But, Mr. Speaker, this designation is not about protecting the environment and it is not about protecting giant sequoias. Nobody is logging these trees. The sequoia groves have been off limits for years. This designation is all about politics. It is a campaign looking for a press release.

It seems our President will say just about anything to prolong his rule. Today he will close down the Sequoia National Forest for some good press, and tomorrow it will be someplace else. What is next? When a government can close off public lands, on a whim, without asking for public comment, they are not really public lands any more.

Mr. Speaker, how can we allow a President to close access to public lands the size of Rhode Island without asking permission from the people who own them?

Today I am introducing a resolution. It requests that the President tell us what he plans to do with the rest of our public lands before election day. He has, so far, steadfastly refused to answer this question. It requests that the President include real public participation as he moves forward with the Sequoia Monument. He needs to talk to people who live there, not just people in Washington.

We should oppose this kind of unilateral closure of public lands, if not for the people in my district or in your district, but then for the sake of our democracy. It seems we need an administration that remembers that we do live in a democracy.

PRESCRIPTION DRUG BENEFITS AND THE MEDICARE PROGRAM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Pennsylvania (Mr. GREENWOOD) is recognized for 60 minutes as the designee of the majority leader.

Mr. GREENWOOD. Mr. Speaker, this evening the gentleman from North Carolina (Mr. BURR) and I are going to talk about prescription drug benefits and the Medicare program.

In 1965, when Medicare was created of course it was created without a prescription drug benefit. It seems unimaginable now in the year 2000 that the Congress would create a program to provide for the health care of the elderly without providing a prescription drug benefit, but those were different times. In 1965, a far smaller percentage of Americans in general and American seniors used prescription drug benefits on a regular basis, and so Congress did not include prescription drug benefits in the creation of Medicare.

But today, as we stand at the millennium in the year 2000, the world is a very different place, and today's seniors, as we all do, benefit from health care innovations that were inconceivable just 35 years ago, and particularly in the area of pharmaceutical products and biological products.

Today if you do not have access to the latest miracle drugs produced by the pharmaceutical industry and you do not have access to the latest biological products that are being produced, that are creating cures for diseases that could not have been imagined 35 years ago, if you do not have access to these products, you really do not have good health care in America. Yet 35 percent, over one-third of all of the seniors in the United States, as well as the disabled, who also receive their health care through the Medicare program, do not have access to these products.

This chart to my left here, the pie chart on the right, describes which Americans do and which Americans do not have access to prescription drugs through the Medicare program and other similar programs.

About 31 percent of American seniors receive a prescription drug benefit from their former employer. They worked long enough to receive a lifetime of benefits and their employer was in a position and perhaps the union negotiated for a benefit that would be a good prescription drug benefit that would last for the rest of the life of the retiree.

About 11 percent of today's elderly population purchase a prescription drug benefit when they purchase a Medigap policy, the Medigap policies that cover those costs of health care not covered by the regular Medicare program.

Then there are about 10 percent of America's senior citizens who are of such low income that they are eligible for the Medicaid program, health care for the poor, and they have through that program a pretty good prescription drug benefit.

Then there are about 8 percent of the elderly who choose to receive their Medicare in what is called Medicare Choice Plus plans, and that is that they have a managed care package, and that managed care package provides them with the benefit.

But the yellow piece of the pie there, the largest piece of the pie, represents the 31 percent, the chart says, and the estimates are between there and 35 percent, of America's seniors who do not in fact have any Medicare prescription at all.

Let me change charts for a moment.

This is a chart that demonstrates of those that do not have, the 35 percent of Americans's elderly who are without prescription drug benefit, who they are in terms of income levels. As this chart readily indicates, the likelihood that one is covered with a prescription drug benefit is in direct proportion to one's income at retirement. So those American retirees who have incomes in excess of $50,000 per year, 95 percent of them are able to in one way or another meet their prescription drug needs.

That figure climbs for those between $25,000 and $50,000 to 16 percent. Between $15,000 of income and $25,000 of annual income those uncovered by a prescription drug benefit is 22 percent. Between $10,000 and $15,000 the number is 20 percent. For those Americans below $10,000 and yet with enough income so they do not qualify for the Medicaid program or a State-operated Medical Assistance Program, 37 percent of those elderly do not have a prescription drug benefit.

As this chart indicates, this problem is going to be exacerbated by time. In 1999, 13 percent of the American population was older than 65, and of those over the age of 65, 33 percent were taking some form of medication on a regular basis.

Thirty years from now, when the baby-boom is fully retired, about 20 percent of Americans will be of retirement age, over 65 years, and more than half, 51 percent of them are expected to require daily medications. So clearly this problem will get worse in time unless the Congress acts to solve this problem.

As this chart indicates, the problem is being exacerbated because of the increasing costs of prescription drugs, the total prescription drug costs for any given elderly person.

In 1993, this is the price increase per year, these are year-over-year percentage changes, so in 1993 the price of pharmaceuticals increased by 8.2 percent, while the consumer price index was only 2.7 percent. As the chart shows, the annual increase in the total cost of all pharmaceuticals, this is not the per item cost, but the total cost of all pharmaceuticals, has risen to the extent that just the one year change between 1998 and 1999 was a whopping 18.5 percent, while the CPI was still down at 2.7 percent.