

talking about—each one of these approaches makes sure the dollars we earmark for this program are used to pay the prescription drug portion of an older person's private health insurance bill.

You hear a whole lot of talk these days about how the insurance companies would not possibly be interested in this. Of course they are going to be interested in this. I have talked to them from my area. They are anxious to see the Government in a responsible, prudent program, for which I believe there is now bipartisan support. They are anxious to see Medicare pick up the prescription drug portion of a senior's private health insurance bill.

With a lot of my colleagues on the Democratic side—and I know Senator SNOWE and others on the Republican side want to address this as well—I intend to keep coming to the floor of the Senate and keep reading these letters and describing the circumstances of older people who want to see this Congress enact meaningful relief for prescription drug costs before we adjourn.

Medicare did not cover prescription drugs when it began. Right now, the senior citizen who does not have prescription drug coverage is basically subsidizing other people in this country who do have coverage whose plans are able to negotiate discounts. That is not right. It is not fair.

We can enact meaningful prescription drug coverage under the Medicare program in this session of Congress. Until we do, I and other Democrats are going to keep coming to this floor, reading the accounts of seniors who are facing these staggering prescription drug costs they cannot afford.

I intend to keep working with Senator SNOWE and Senator KENNEDY, and my colleagues on both sides of the aisle, so the legacy of this session of the Congress can be that we stood up for a fair shake for the millions of vulnerable older Americans and their families.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk called the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

UNANIMOUS CONSENT AGREEMENT—H.R. 1883

Mr. HUTCHINSON. Mr. President, I ask unanimous consent that at 2:15 on Tuesday, February 22, the Senate proceed to the consideration of Calendar No. 375, H.R. 1883, the Iran Nonproliferation Act of 1999, and it be considered under the following limitations: debate until 4:30 on Tuesday be equally divided in the usual form; the only amendment in order will be a managers' amendment to be offered by Senator LOTT or his designee.

I further ask unanimous consent that following the use or yielding back of time, the managers' amendment be considered agreed to, the bill then be read the third time, and at 4:30 today the Senate proceed to vote on passage of the bill as amended.

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

Mr. HUTCHINSON. Mr. President, I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, at 12:42 p.m., the Senate recessed until 2:16 p.m.; whereupon, the Senate reassembled when called to order by the Presiding Officer (Mr. INHOFE).

IRAN NONPROLIFERATION ACT OF 1999

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of H.R. 1883, which the clerk will report by title.

The assistant legislative clerk read as follows:

A bill (H.R. 1883) to provide for the application of measures to foreign persons who transfer to Iran certain goods, services, or technology, and for other purposes.

Mr. REID. Mr. President, I ask unanimous consent I be allowed to proceed in morning business.

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

MEDICARE PRESCRIPTION DRUG COVERAGE

Mr. REID. Mr. President, my first elected job was as a member of the board of trustees of then the largest hospital district in the State of Nevada, Southern Nevada Memorial Hospital. During the time I was on the board, we were gratified to see Medicare come into being because 40 percent of the senior citizens coming to our hospital had no insurance. People arrived at the hospital with their husbands, their wife, their sons and daughters, and they had to sign papers agreeing to pay the bill. If patients did not pay the bill, a collection company pursued people to see that the bills were paid. We garnished wages and made sure the government institution received the money to which it was entitled.

Approximately 35 years later there are some problems, but of course it is a great medical program. Now instead of 40 percent of seniors having no health insurance when they come into a hospital, virtually all seniors have some type of health insurance when they come to the hospital. That is a result of Medicare.

In 1965, when I was a member of that hospital board, coverage was important to pay a hospital bill and to be able to

see a doctor. What we did not cover and was not necessary when Congress passed the act was prescription drug coverage. Now we need prescription drug coverage. It is a tremendous lacking in the Medicare program.

We have had breakthroughs in the interim years in the pharmaceutical industry that are among the greatest advances in medical history. Today, prescription drugs alone have the power to reduce heart attacks by lowering cholesterol and blood pressure, using all kinds of drugs, including aspirin. Drugs such as Zocor, Mevacor, Inderal, Corgard, and Calan are great in lowering cholesterol and blood pressure. These are lifesaving. Drugs can minimize death from cancer. These include Taxol and Tamoxifen. They slow the progress of AIDS with AZT and other protease inhibitors. They treat depression and mood disorders with Prozac and Zoloft. Bacterial infections can be cleared up, including ear and bladder infections, with a string of antibiotics called Cephalosporin. We can reduce the possibility of organ rejection. We could not have organ transplants until they came up with something called Cyclosporin. Now people can have kidney transplants almost routinely. Other transplants are becoming more common.

The Presiding Officer and I served in the House of Representatives with a Member of Congress who had a heart and lung transplant many years ago. He leads a very productive life. That is because of the pharmaceutical industry.

For migraine headaches, I am sure, Mr. President, you have, as I have, had family members who benefited tremendously from something called Imitrix. People would go to doctors and use all kind of special pillows and heat and cold and all kinds of things, but what has worked well is this thing called Imitrix. It really, basically, takes away headaches.

For enlarged prostate, there is something called Proscar. To treat arthritis pain, one wonder drug is called Imuran; for allergies, Caritan, Allegra, and other things. Allergies take tremendous amounts of time away from the workplace. At certain times of the year they can be debilitating.

To slow the progression and control the symptoms of Parkinson's disease—we have a long way to go; about 50 percent of the people in rest homes are there because of Parkinson's disease and Alzheimer's—but we have made some progress treating Parkinson's disease with drugs called Amatadine and Deprenyl. There are drugs to reduce muscle spasticity associated with multiple sclerosis.

There are things there we need to work on, but we are making progress. I had a hearing a number of years ago where a doctor said we are making great progress, and indeed progress has been made since then.

Mr. President, 75 percent of older Americans, 3 out of every 4 seniors,