

Mr. President, I repeat what he says: I will not be able to afford sanity. He takes pills to keep himself sane.

I have a communication from Gail Rattigan, who is a registered nurse. She lives in Henderson, NV.

Senator REID: I am a [registered nurse] who recently cared for an 82 year old woman who tried to commit suicide because she couldn't afford the medications her doctor had told her were necessary to prevent a stroke. It would be much more cost effective for the government to pay for medications that prevent these serious illnesses than expensive hospitalizations. These include but are not limited to blood pressure medications, anti-stroke anticoagulants, and cholesterol medications. The government's current policy of paying for medications only in the hospital is backward. Get into health promotion and disease promotion and save money. Please share this message with your republican colleagues. Thanks for your support. Sincerely, Gail Rattigan.

She is right. We need to move on and do something about giving senior citizens who are on Medicare prescription drug benefits. We need to do that at the earliest possible time.

The PRESIDING OFFICER. The distinguished Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, I ask unanimous consent to speak in morning business.

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

PERMANENT NORMAL TRADE RELATIONS FOR CHINA

Mr. BAUCUS. Mr. President, I would like to respond to comments made over the past week in the press and elsewhere questioning Vice President GORE's support of the superb agreement negotiated by Ambassador Barshefsky with China as part of the WTO accession process. I have spoken with the Vice President. I am totally confident that he fully supports the Administration's position. He believes that the bilateral agreement is an excellent one. He believes that it is vital that the Congress approve permanent normal trade relations status as early as possible this year.

The Vice President sent a letter outlining his position to Jerry Jasinowski, President of the National Association of Manufacturers, on February 18. I ask unanimous consent that this letter be printed in the RECORD.

There being no objection, the letter was ordered to be printed in the RECORD, as follows:

February 18, 2000.

Mr. JERRY JASINOWSKI,
President, National Association of Manufacturers,
Washington, DC.

DEAR JERRY: As our country turns its attention to the issue of trade, and whether Congress should approve permanent, normalized trade relations with China, I want to share my views.

As I have said publicly and privately, I support the agreement reached by our Administration on the terms under which China will be permitted to accede to the World Trade Organization. This agreement was negotiated in order to secure economic

and security benefits. Specifically, this agreement obtains meaningful benefits for American workers and companies by expanding and opening the Chinese market. Moreover, this agreement will advance our goal of opening up China to the world. I believe that Congress should enact legislation to secure these goals—in the form in which they have been negotiated—this year.

I want you to also understand that I firmly believe in fair and balanced trade agreements. And I agree with President Clinton that future trade negotiations ought to include in the fabric of the agreement both labor and environmental components. Moreover, as I have publicly said to both business and labor audiences, in the future I will insist on the authority to enforce workers' rights and environmental protections in those agreements.

Sincerely,

AL GORE.

In this letter, the Vice President made his position clear: "I believe the Congress should enact legislation to secure these goals—in the form in which they have been negotiated—this year." A simple, unambiguous, clear, and direct statement.

I don't understand what the ruckus is all about, and why this issue took on such undue proportions at the Senate Finance Committee hearing last Wednesday. The Vice President's remarks were clear. Ambassador Barshefsky's explanation of the Vice President's position was equally clear.

As far as I am concerned, this issue is closed. Those of us leading the effort in the Congress to secure passage of PNTR this year know that the Vice President will be fully engaged on this issue, along with the President, Ambassador Barshefsky, Secretary Daley, and other members of the Cabinet. We all need to devote our attention now to prompt passage of PNTR.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

PRESCRIPTION DRUGS AFFORDABILITY

Mr. JOHNSON. Mr. President, I come to the floor today to join my colleagues who have been talking over this past week or so about one of the most critical issues facing America today relative to health care, and that is the lack of affordability and lack of access to prescription drugs for all of our citizens, but particularly for seniors in America.

As I go home across my State of South Dakota, one of the issues I hear the most about in every community I go to—large and small—is the cost of prescription drugs.

Medicare was created by President Lyndon Johnson as one of the Great Society programs back in the 1960s. At

that time, the great unmet health care need for American seniors was the cost of hospitalization. Medicare is not a perfect program, but it has gone a long way toward solving the enormous problem seniors faced at that time—the cost of hospitalization. But no prescription drug benefit was added back then, and medicine has changed radically over the course of the last 35 years. There is a greater reliance on prescription drugs now. Drugs have become increasingly sophisticated. People are living longer. The quality of their lives have been enhanced by the availability—where they can afford it—of prescription drugs. But now the cost of prescription drugs is the highest expenditure and highest financial burden of all on seniors' health care needs next only to the cost of health insurance premiums themselves. Yet while there is a great deal of rhetoric around Washington, there has been too little action up until now on this profound issue.

I wind up talking to a great many seniors in particular on this issue. In my home State of South Dakota where we have a lot of people who are former farmers, ranchers, small business people, and employees of small business who had no deluxe pension plan or health plan to fall back on, for a great many of them Social Security is their lion's share if not their total retirement benefit. Medicare is their key health care benefit.

Thirty-five percent of seniors in America today have no Medigap coverage whatsoever. In South Dakota that rate would be even higher, and people wind up caught in a terrible predicament. It has put a tremendous financial burden on a great many people who very frequently have hundreds of dollars a month in prescription drug costs. But the problem is all the more challenging for the great many South Dakotans I talk to who have no Medigap policy, who cannot afford that, and then who wind up literally choosing between groceries and staying on their prescriptions. What happens then is all too often they either don't fill the prescription or they take half of the pills or they don't take the pill until they become ill again at which time again they show up at the emergency room with an acute illness. Then Medicare picks up the tab. Then the taxpayers pick up that cost at a much higher cost than would have been the instance if they had been able to stay on prescription drugs in the first place.

We wind up with a growing problem, which is the inflationary rate for the cost of prescription drugs. They are going up far higher than the rate of inflation for the rest of the economy. People are on relatively fixed incomes. They are on Social Security and do not have the means oftentimes to pay for any of these bills at all, or pay for enough of them. All too often what little COLA—cost-of-living adjustment—comes along with Social Security is either consumed entirely by the Medicare premium increase or other cost-of-