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Senate

The Senate met at 9:31 a.m. and was called to order by the President pro tempore (Mr. THURMOND).

PRAYER

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

As we pray today, we remember Booker T. Washington, born on this day. Once a slave, he became an outstanding American reformer, educator, and writer. His life emulated one of his most significant statements: ''I am determined to permit no man to narrow or degrade my soul by making me hate him.''

Let us pray.

Almighty God, Lord of history, You call great leaders and anoint them with supernatural power to lead in times of social distress when Your righteousness and justice must be reestablished. We praise You, O God, for the life and leadership of Booker T. Washington in the cause of racial justice. You gave him a dream of equality and opportunity for all people which You empowered him to declare as a clarion call to all America. As we honor the memory of this truly great man and courageous American, we ask You to cleanse any prejudice from our hearts and help us to press on in the battle to assure the equality of education, housing, job opportunities, advancement, and social status for all people regardless of race or creed. May this Senate be distinguished by its leadership in this ongoing challenge to assure the rights of all people in this free land. Amen.

PLEDGE OF ALLEGIANCE

The Honorable WAYNE ALLARD, a Senator from the State of Colorado, 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 acting majority leader is recognized.

SCHEDULE

Mr. ALLARD. Mr. President, today the Senate will resume consideration of Senate Concurrent Resolution 101, the budget resolution.

By previous order, there will be 90 minutes of debate on the Hutchison-Robb amendment equally divided between the two managers. Following the debate, there will be two back-to-back votes at 11 a.m. The Robb second-degree amendment regarding prescription drugs will be the first vote, to be followed by the vote on the Hutchison amendment regarding the marriage tax penalty.

Other amendments will be offered throughout the day, and therefore Senators may expect rollcall votes during today's session. There are approximately 20 hours of debate remaining on the resolution.

I thank my colleagues for their attention.

The PRESIDENT pro tempore. The Senator from Nevada.

Mr. REID. Mr. President, I want to make sure we have 45 minutes on each side. The vote will not occur right at 11 o'clock.

The PRESIDENT pro tempore. Without objection, it is so ordered.

FISCAL YEAR 2001 BUDGET—Resumed

Pending:

Hutchison/Ashcroft amendment No. 2914, to express the sense of the Senate to provide for relief from the marriage penalty tax.

Robb amendment No. 2915 (to amendment No. 2914), to condition Senate consideration of any tax cut reconciliation legislation on previous enactment of legislation to provide an outpatient prescription drug benefit under the Medicare program that is consistent with Medicare reform.

The PRESIDENT pro tempore. Who yields time?

Mr. LAUTENBERG. Mr. President, I yield 5 minutes to the Senator from Minnesota.

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

Mr. WELLSTONE. Mr. President, I thank my colleague from New Jersey.

Let me first of all commend Senator ROBB of Virginia. I think what he has done out here on the floor of the Senate is very important for our country, and not just for senior citizens. He submitted an amendment that would make it out of order for the Senate to consider a reconciliation bill that spends on-budget surplus on tax cuts unless Congress has already enacted legislation establishing an outpatient Medicare prescription drug benefit.

I come here to the floor of the Senate to congratulate Senator ROBB and to speak for senior citizens in Minnesota.

If we are about legislation that is important to people's lives, if we want to be here to represent the people in our States, there is no more important amendment for us to pass. This isn't where the rubber meets the road, but it is all about the general direction for the Senate, and the direction Senator ROBB's amendment calls is to make sure we make a commitment to funding prescription drug coverage for senior citizens in this country.

In the State of Minnesota, on the basis of hearings I have attended, on the basis of conversations and meetings—some of them incredibly heartfelt and incredibly painful—with elderly citizens in my State, there is no more important thing we can do than to pass this amendment and to once and for all cover prescription drug benefits for senior citizens.

First of all, in the State of Minnesota, because of a very unfair and, I argue, even discriminatory Medicare reimbursement to our managed-care plans and to our seniors, we have in our State only one-third of senior citizens

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

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receiving any kind of prescription drug coverage at all. Two-thirds of the senior citizens in Minnesota don't have any coverage whatsoever. I think in the country it is about one-third. But in our State it is an acute problem; it is a problem of crisis proportion.

Second of all, as a result of that, it is not uncommon to meet seniors who, even when the doctor gives them a prescription, can't fill the prescription because they don't have the money, or they cut the pills into thirds or into halves, all of which is dangerous. I have met all of those senior citizens. I have been in these conversations with senior citizens about this. It is not uncommon to meet people who spend $300 or $400 a month to meet their prescription drug costs and at the same time their total monthly income is $1,000—all the while, in the pharmaceutical industry, the costs have gone up 17 percent a year over the past couple of years, and they are projected to go up again. The pharmaceutical industry rakes in record—I argue exorbitant, I argue obscene—profits.

But for today, what is so important about the Robb amendment is that if we want to do something to really make a difference in the lives of people we represent, we must expand Medicare and provide this coverage.

My colleagues on the Republican side want to go forward with tax cuts, many of which go to higher income people least in need. They seem to believe it is not an appropriate role for Government or the Senate to provide prescription drug coverage as a part of what Medicare is all about.

I think the vast majority of people in the country believe that when it comes to certain pressing issues of their lives, there is a positive role Government can play. This is a perfect example to make sure people do not go without the very prescription drugs they need, which is so essential to their health. That is what is so important about this amendment.

When my Republican colleagues say they want to limit this to low-income senior citizens, I just want to say what has made Medicare and Social Security work is that it is a universal coverage program. It commands broad support. This is about building on Medicare. This isn't going back to means-tested programs which quite often become poor programs.

Just because a senior citizen in Minnesota or Virginia or Massachusetts has an income of $17,000 a year or $18,000 a year, it does not mean he or she or both of them are not in need of some help so they can purchase the prescription drugs that are so important to their health.

This is a very important amendment. I am tired of the Minnesotans having to go to Canada to purchase prescription drugs they can afford. I am tired of the Minnesota Senior Federation, which is a courageous, gutsy grassroots organization, having to raise Cain over and over and over again about the fact that so many senior citizens are not able to afford the prescription drugs they need for their health.

''All politics,'' Tip O'Neill said, ''is local.'' I argue all politics is also personal. Having been the child of parents, both of whom have passed away with Parkinson's disease, I know what drugs such as L-Dopa and Sinemet cost.

There is no more important thing we can do if we want to get real, if we want to respond to what our constituents need, than to pass this Robb amendment.

I thank the Senator from Virginia for his leadership. I yield the floor.

Mr. REID. The Senator from North Dakota is allotted 5 minutes.

Mr. DORGAN. Mr. President, this budget is brought to the floor as part of an annual ritual. The ritual in the Senate is to debate budget priorities. It is about making choices.

One hundred years from now we will all be gone. We will not be around, but historians can look back at this day, and by evaluating what we viewed to be important and what we wanted to spend money on, they can evaluate what our priorities were. Did we feel health care was a priority? Was education a priority? Were tax cuts a priority?

Let's look at the choices. This budget is brought to the floor suggesting that a significant priority is to provide tax cuts, the benefit of which go largely to upper-income folks in this country. The Senator from Virginia, Mr. ROBB, offers a different set of priorities. He says: Let's not have these tax cut proposals move forward until and unless there is a prescription drug benefit added to the Medicare program.

I happen to think we ought not have tax cuts until we have made a significant payment toward reducing the Federal debt. I also believe, with the Senator from Virginia, that we ought to have a benefit for prescription drugs in the Medicare program.

That is what this debate is about—it is about making choices. What are the right choices? I have held hearings in six States with the Democratic Policy Committee on the issue of prescription drugs and Medicare. Let me tell Members about choices senior citizens are making. The Senator from Virginia suggests we are about to make the wrong choice unless we adopt his amendment. I agree with him. Let's make the right choice.

Let me describe the choices senior citizens are making. At a hearing in Dickinson, ND, Dr. James Baumgartner told me of a patient of his on Medicare who had surgery for breast cancer. He told her about the prescription drug she would have to take to reduce the chances of recurrence of breast cancer. She said: Doctor, I can't do that. I don't have the money to buy those prescription drugs. I'm just going to have to take my chances.

That is a choice. Not a good choice, but a forced choice because there is no coverage for prescription drugs in Medicare.

How about the choice of buying food? At another hearing in Illinois, a woman told me that where she goes to the grocery store, the pharmacy counter is at the back end of the store. She must go to the rear of the store to buy her prescription drugs, first, because only then will this older woman know how much money she has left for food. She must buy her prescription drugs first because only then will she know what she can afford to pay for her food.

That is a choice she had to make.

At another hearing, a fellow told me that he pays $2,400 for medicine. He is living on a fixed income in retirement. He said: I eat spaghetti sometimes 8 and 9 days in a row because I can't afford anything else, and still be able to pay for my prescription medicine.

That is a choice. Not a good one but a choice.

Or transplant recipients at a hearing in Illinois. We had two people with heart transplants and one with a double lung transplant. One of them said her prescription drugs costs $24,000 a year.

That person could probably make a choice of having the rejection of her transplants, but that is not much of a choice either, is it?

Or the woman in New York at the hearing I held. Connie, from Rye Brook, NY, has no prescription drug coverage and is forced to pay out-of-pocket costs she cannot afford. She said: I cut the pill in half and take half the dosage so it lasts twice as long.

That, too, is a choice. Not a good choice.

All over the country, senior citizens are having to make these choices. They are not good choices because we don't have a prescription drug benefit in the Medicare program.

Senator ROBB from Virginia has said in his amendment that we ought to make it a priority to do the right thing. He is dead right. We have a responsibility to add a prescription drug benefit to this Medicare program. This is the time and the place to make that choice. This vote will determine what that choice is going to be.

I yield the floor.

Mr. REID. Mr. President, I yield 1 minute to the Senator from Virginia. Following his statement, I yield 5 minutes off of our 45 minutes, or whatever time is remaining, to Senator KENNEDY from Massachusetts, and then 5 minutes on the bill for a total of 10 minutes to Senator KENNEDY.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. ROBB. Mr. President, I first thank the Senator from Minnesota and the Senator from North Dakota for their statements.

The bottom line is this particular provision in the resolution before the Senate locks in as a matter of law a permanent tax cut that would gobble up all but 2 percent of the on-budget

surplus that is available. No matter how much we talk about the desire to do something in terms of prescription drugs for seniors, after the stories we hear about choosing between food and medicine, the bottom line is we lock in a tax cut and we take all the money that would otherwise be available. Notwithstanding the expressed good intentions, it just won't work.

This is a matter of priorities.

I am delighted to yield to the distinguished Senator from Massachusetts.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I express appreciation to Senator ROBB for his leadership in bringing the Senate to where we are this morning with an opportunity to vote at 11 o'clock on whether we will put the seniors in this country ahead of an unwise tax cut at this time.

A budget is about national priorities. This amendment says to the American people that prescription drug coverage under Medicare is as high a priority for the Senate as it is for the American people. This amendment says health care for the elderly is more important than tax cuts for the wealthy.

Without this amendment, this Republican budget resolution has its priorities backwards. It says the first priority is tax cuts.

Yesterday, my friend and colleague, the distinguished chairman of the Senate Budget Committee, and I engaged in a discussion of this point. I asked the chairman if there was any guarantee in the budget instructions that we will have prescription drugs on the floor by September 31, which is effectively the last week of Congress. This is what my honorable friend said: No, there is no guarantee.

He went on to say that under the resolution a prescription drug bill could be brought to the floor without a budget point of order being lodged against it after September 1.

That is an empty promise. Such a bill would still be subject to a filibuster. It would still require 60 votes to even get to the floor if any Senator objected to its consideration. It would still have to be called up by the majority leader or offered as an amendment if there was a suitable vehicle. If by some miracle it did get to the floor, an unlimited number of amendments could be offered, and it would still be subject to a number of restrictions that I will discuss in a moment.

Compare that to the tax bill. It is required to be reported by the Senate Finance Committee no later than September 22—not permitted, required. It cannot be filibustered under Senate rules. Debate is limited, in terms of the total hours, to 50 hours. It requires only 50 votes to pass.

Of course, we know the majority party is absolutely committed to pass a tax bill, but this budget resolution makes it abundantly clear there is no similar commitment to Medicare drug coverage. It is that plain and simple. There are two different standards, make no mistake about it—one standard for the tax, and an entirely different one for prescription drugs. I daresay the one on the prescription drugs is illustrated by the language of the resolution itself. It says that, in the Senate, the budgetary limits may be adjusted and allocated and may be revised by legislation reported by the Committee on Finance to provide a prescription drug benefit. ''May be'' is optional. That is different from where it says the Senate Finance Committee shall report to the Senate on the tax bill.

So we have not only the requirements that it ''may be'' rather than ''shall'' with regard to prescription drugs, but we have the whole procedure in the Senate that will permit filibusters in bringing it up, in debating it on the floor of the Senate. It will require 60 votes to be able to get to a final resolution as compared to 50 votes for the tax bill. That is dramatically different.

What we are saying with the Robb amendment is let us pass the prescription drug bill first and then consider the tax cut afterwards.

In the remaining time, I want to mention one additional item. This particular prescription drug proposal, as I mentioned, is a 3-year proposal, even if they are able to jump through the hoops that I have mentioned. Let's say we are able to consider the bill; let's say we are able to get the majority leader to call it up. It is very difficult to get any measure that we can amend, as we have seen over the course of this time, but let's say we get the majority leader to call it up. And let's say we have the 60 votes to get cloture. It is only for 3 years. Beyond that, you only get a continuation of that program if we find the solvency of the Medicare fund, and there is going to be a complete revamping of the Medicare program without using any general funds in order to stabilize the Medicare system. Here we find, again, the conditions that have to be realized before we are able to extend it.

The tax cut is permanent. Do we understand? The tax cut is permanent. It is virtually automatic. Once this bill passes, there will be a requirement that the tax bill be on the floor of the Senate in September. But this prescription drug proposal has to jump through all the hoops for the first 3 years, and even if we jump through the hoops for the first 3 years, we have to go back through the hoops over the remaining 2 years. It is not permanent as is the tax bill.

Finally, I want to once again review about whom we are talking and what the costs are in terms of the prescription drugs. Yesterday I tried to point out, as has been mentioned here, a third of American seniors do not have any coverage and another third are losing it dramatically. In the last 3 years, we have seen a 25-percent drop in coverage. If you take the drops in 1998 and 1999, it shows it is going right on down, and the costs of Medigap are going through the ceiling. The HMOs are setting limits that make it difficult if not virtually impossible for senior citizens to get the protections they earned.

Who are these senior citizens? Look at this chart here and we see what the income is for senior citizens, the retirees, the men and women who fought in the World Wars, brought this country out of the Depression, and have made it the great Nation it is. Mr. President, 57 percent of them have incomes below $15,000; 21 percent below $25,000. That is almost 80 percent of our senior citizens, those with incomes below $25,000. Then it continues on with only 7 percent at $50,000 or over. Many would say that is just middle income. Certainly, if you have some children at school, $50,000 is considered to be middle income. We are talking about individuals who are hard pressed. These are men and women who made the country and now are dependent upon these prescription drugs in order to be able to survive.

Finally, we see in this chart what it is costing these elderly citizens. For so many of the moderate-income beneficiaries, typical drug costs versus their income—when you look at about 150 percent of poverty, that is almost the median income for senior citizens in this country. Look at this chart of what it costs for these routine illnesses and sicknesses of our elderly people. Every elderly person either is in danger of, or fears, or has osteoporosis and heart trouble, high blood pressure, irregular heartbeat——

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. REID. Mr. President, I yield the Senator from Massachusetts 2 minutes off of the bill.

Mr. KENNEDY. High blood pressure, heart disease. This is the typical cost in 1 year. This is the percent of their income they are paying: 20 percent, 26 percent, 31 percent, 40 percent, 240 percent of their income.

This is just for prescription drugs. This is not for any other medical expenses. That is more than they are spending, in many instances, for their rent, their food, their clothing, and their other necessities.

As we see this issue, there is nothing more important—preserving our Social Security and preserving Medicare—than prescription drug protection for senior citizens. I believe we ought to be able to shape a program that will be universal, that will have the catastrophic as well as the basic, and that will be affordable for individuals as well as the Federal Government.

What we are saying is let's debate that issue. Let's have an opportunity for the Senate to take action on that issue prior to the time we go to these massive tax breaks. That is what this Robb amendment is all about, putting our seniors first. I hope our colleagues will join in supporting it.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Mr. President, I ask unanimous consent the time this morning that has been charged to the resolution, which I think is about 7 minutes, not be counted to the 45 minutes of time on the side of the minority.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. REID. Mr. President, I yield 7 minutes to the Senator from Massachusetts.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KERRY. Mr. President, I applaud my colleague from Massachusetts for his tremendous leadership on this subject and for having just pointed out the realities of the situation we find ourselves in on the floor of the Senate. It is hard for anybody, rationally, to think about the problems our seniors face in this country and then measure those problems against what the Republican majority is presenting the country in its budget resolution.

I do not understand the rationale. I do not understand how they can come to the floor prepared to guarantee the wealthiest Americans are going to get an extraordinary tax cut. That is absolutely cast in stone. That is going to happen. They saw to it in this budget resolution that there is a certainty as to the tax cut. But at the same time they saw to it that there is no certainty with respect to senior citizens having an opportunity that we take care of their needs for prescription drugs. Their budget pays lipservice to the critical issue of helping seniors afford medications that are prescribed by their doctors.

If you measure this, the budget resolution provides a tax cut of over $150 billion over 5 years. Those tax cuts will require we pay $18 billion more in interest payments. So when you add the interest payments to the tax cuts themselves, you have virtually the amount of the entire non-Social Security surplus that is going to be taken off the table and given back. But what is extraordinary is their focus. Here is a major problem. There is not one of us, as Senators, who does not go home to our States and find countless numbers of citizens come to us and say: I cannot afford to buy drugs. I have to choose between paying rent or food and buying the prescription drugs I need to be healthy.

We have citizens who are piling into buses going to Mexico and Canada to buy drugs, and yet ''our'' fixation, the fixation of the majority is to absolutely guarantee that the wealthiest people in America who have done the best over the last 15 to 20 years are absolutely going to get a tax cut, but the neediest people in America who need help with prescription drugs, who are paying thousands of dollars a year and are on a fixed income and cannot afford it, have no guarantee in this budget that they are going to have the Senate produce a prescription drug benefit.

There is some lipservice to $40 billion, but as my colleague from Massachusetts pointed out, there is no guarantee we are ever going to see legislation.

Why is it that there is an absolute certainty as to the tax cut, an absolute guarantee that people who have done the best are going to be helped but people who are the most needy are not going to be helped? The Senate ought to be committed to addressing the importance of working families receiving this kind of help.

Why is that so important? It ought to be obvious to every Member of the Senate. When Medicare was created in 1965, the biggest cost concern for patients was a long stay in the hospital. Today, particularly because of the wonders of modern medicine and the biotechnology revolution, patients who once needed surgery now can take drugs; patients who once needed extensive stays in hospitals are now able to take wonder drugs of the modern age to lower cholesterol, lower blood pressure, stabilize weak hearts, and do extraordinary things, but they cost a lot of money.

There has been a remarkable cost-shifting process. It used to be that if one went to the hospital to have an operation and stayed in the hospital, insurance took care of the stay. But now the hospital stay and the long period of convalescence has been supplanted by the miracle drug, and the cost has shifted from the insurance to the individual, and most of these individuals are not able to afford it.

Take, for instance, a highly effective drug for hypertension. Sixty percent of the people over the age of 65 have hypertension. The fact is, highly effective drugs to control this typically cost about $40 a month. They greatly reduce the potential of stroke. A stroke, obviously, requires rehab time in hospitals and a variety of in-house costs and services to the medical system. If we can prevent that from happening, we save the system money. But if that cost shifting is to the individual who is on a fixed income, they get stuck with the problem.

Prescription drug expenditures in the United States—and I ask my colleagues to focus on this—have grown at nearly double-digit rates almost every year since 1980, with seniors' drug prices growing at four times the rate of inflation.

In 1997, prescription drug expenditures had the highest growth rate of all health and human services and supplies. There was a 14.1-percent growth in those costs versus the overall health care expenditure cost that rose at only 4.8 percent—14.1 percent for prescription drugs; health care costs were generally 4 percent.

A lot of us will support the increase in the NIH funding because we want to continue this revolution, but the fact is, it does not do a lot of good to put on the shelf drugs from the laboratory that are completely inaccessible to the average American who needs them because they simply cannot afford them.

We are missing a historic opportunity in the Senate in terms of our legislating process. The fact is, we have an opportunity to provide 14 million senior citizens, who lack prescription drug coverage, with that coverage. That is, one-third of all Medicare beneficiaries have no prescription drug coverage at all.

Three-fifths of all Medicare beneficiaries lack dependable coverage, and one-quarter of all Medicare beneficiaries have retiree drug coverage from their former employer, but the number of firms offering that coverage has declined by 25 percent over the last 4 years.

In our state of Massachusetts, there are 982,934 Medicare beneficiaries. 45% of these seniors lack prescription drug coverage. 55% of these seniors have some form of coverage—but, the form that coverage takes is often capped, costly, inadequate or all of the above.

Prescription drugs are the largest out-of-pocket health care cost for seniors in Massachusetts and throughout the country. More than 85% of Medicare beneficiaries take at least one prescription medicine, and the average beneficiary fills 18 prescriptions per year. The average annual prescription drug cost for Medicare beneficiaries will reach $1,100 this year. Even beneficiaries with some drug coverage incur high out-of-pocket spending, an average of $700 per year. Increasing costs coupled with the lack of coverage force 1 out of 8 seniors in our country to choose between buying food and medicine.

Unless we act, we can only expect these numbers to increase. Americans aged 85 and older represent the fastest growing segment of the population, with expected growth from 4 million people today to 19 million people by 2050. We cannot afford to allow this problem to continue.

Medicare was enacted in 1965 as a promise to the American people that, in exchange for their years of hard work and service to our country, their health care would be protected in their golden years. Mr. President, it is past time we deliver on that promise.

My hope is that we will adopt the Robb amendment. I congratulate the Senator from Virginia for bringing this amendment to the floor. It requires that we find some methodology by which we will guarantee that Congress will pass a prescription drug program. It seems to me it is as imperative we do that as give a tax cut, considering the fact that the Federal tax burden is the lowest it has been in 20 years. Let's get our priorities straight and do what is correct.

I thank the Chair.

The PRESIDING OFFICER (Mr. L. CHAFEE). The Senator from Colorado.

Mr. ALLARD. Mr. President, I ask unanimous consent that the scheduled votes for 11 a.m. today now begin at 10:45 a.m., under the same terms as previously agreed to, and that at 10:45 a.m., the majority manager be recognized to make a point of order and then

yield an additional 4 minutes to the minority side from the majority's time.

Mr. REID. It is my understanding that will give the minority 25 minutes remaining.

The PRESIDING OFFICER. The Senator is correct.

Mr. REID. This has been checked with Senator LAUTENBERG, and we on the minority side agree to this unanimous consent request.

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

Mr. ALLARD. Mr. President, I yield 15 minutes to the Senator from Tennessee.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. FRIST. Mr. President, I rise to address the underlying amendment offered by the Senator from Virginia and his colleagues which links our efforts to provide affordable access to outpatient prescription drugs for seniors to the issue of tax relief. I believe this amendment is unnecessary.

One of the highest priorities in the Republican-sponsored budget is to provide outpatient prescription drug coverage for Medicare beneficiaries, something in which I, as a physician who has taken care of thousands of Medicare beneficiaries—individuals with disabilities and seniors—and my colleagues strongly believe is critical to the health care security of these beneficiaries. They need and deserve affordable access to prescription drugs, and that is an important part of our agenda.

We reduce the tax burden on hard-working Americans who today are being taxed more than at any time in the peacetime history of this country.

I simply cannot and will not support any amendment that pits these two goals, which are inherent and integral parts of this budget, against one another. It is unnecessary, and it is irresponsible. We can do both in our budget and we provide the means to do so.

It is a fascinating time in our history in terms of the evolution of health care. We are almost where we were in the early 1960s in our discussion of prescription drug coverage. Before Medicare, we did not have coverage for hospitals and physician services. In the early 1960s, we had the opportunity to shape health care security for seniors, and later for individuals with disabilities, in a way that has been very beneficial. I say that as a health care provider who has been on the frontline.

In large part as a product of the tremendous research and development and the discovery of new drugs, and the application of those drugs in recent years, it is time that we in this Congress address Medicare for seniors in a modernized way. ''In a modernized way'' means that we must bring prescription drugs into Medicare in an integrated fashion to deliver a full set of comprehensive benefits to beneficiaries. That is why in this budget we address modernizing Medicare and setting aside $40 billion to strengthen the program and include an outpatient prescription drug benefit.

But something we do that is critical, that is not being addressed by these freestanding drug bills that are being proposed—both in the House and in the Senate—is that we link that inclusion of prescription drug coverage to the overall modernization of the Medicare system.

Although this is a budget discussion, it is not just a matter of only dollars and cents. We are talking about health care security for our seniors. The physician, the hospital, the health care facility, and the prescription drugs all must be a part of one seamless health care delivery program.

As good as Medicare is today, it is not as good as most people think it is, for lots of different reasons.

No. 1, it is a fragmented system. We have a Part A trust fund and a Part B trust fund. We have outpatient care and we have inpatient care. It is incomplete. The benefit package is outdated. There is even very little in the way of preventive services as part of Medicare today, services that seniors desperately need.

Preventative care, which is in private health care plans, has proliferated. We all know how important it is. Yet there is almost none of that in Medicare today.

Many people think Medicare is going to take care of our seniors later in their lives. It is a fact, of every dollar that is spent for a senior's health care, if you put it all together, only 53 cents is paid for by Medicare. The other 47 cents, that is paid for by that senior or that individual with the disability who has to reach out, scrape around, get another insurance policy, pay out of pocket, or ask for free care in order to cover health care expenses. We can do better.

Thus, we are absolutely committed to the principle of, yes, including prescription drugs into the system, but doing it in such a way that we can improve and modernize Medicare as the whole, to be a seamless system in the provision of high-quality care for our seniors.

I believe it is irresponsible—when you have a Medicare program that is threatened in terms of long-term solvency, when you look at deficits in cash-flow, when you look at the huge demographic shift that will be occurring with the baby boomers coming through the system, with a doubling of the number of seniors over the next 30 years, and a lessening of the people who are paying into the system—it is irresponsible, unless you address the overall health care system, to take a benefit, a very expensive benefit, and simply set it on top of a system that cannot be sustained long term. It is deceptive. It is just not right. Our seniors deserve better.

Thus, instead of trying to link tax relief to improving health care for our seniors, what we Republicans believe—expressed in this budget—is that the appropriate linkage is providing prescription drugs in an affordable way, but linking it inextricably to the modernization of the overall Medicare system. That is the most prudent, short-term and long-term approach to guarantee health care security for our seniors.

The principles of prescription drug coverage are, in my mind, pretty simple. I think all of us must recognize that a new drug benefit should not be modeled on Medicare's traditional, out-of-date delivery model. We need a new model. The President's plan does not change the system at all, but instead places more financial burdens on an already fragile program, while at the same time placing Medicare beneficiaries' health at risk.

No. 2, such a benefit should be voluntary. Most would agree on both sides of the aisle including the President that it must be accessible to all. At the same time, we should not do anything that forces people into HMOs. We should not do anything that forces seniors today, who already have prescription drug coverage, to give up what they have. We should not force seniors today, who are already paying a certain amount for prescription drug coverage, to pay more than what they pay today.

The third principle is—this is important—something we have the responsibility to address in the short-term and the long-term; that is, that price controls in prescription drugs will not work. They will destroy the opportunity to develop that new drug, that new prescription, that new agent that can be lifesaving, that can treat illness and prevent disease. Price controls will wipe out drug innovation.

I believe those three principles must be a part of the drug package that we assimilate into a modernized Medicare system. Thus, the long-term goal—again, this linkage in this amendment of tax relief, or holding one hostage for the other—is not the right thing to do for our Medicare beneficiaries.

For the 35 million seniors and 5 million individuals with disabilities who are out there, why hold them hostage? Why not go to the underlying budget proposal, which I believe has the more responsible link; and that is, yes, prescription drug coverage—it has to be there—it is health care security but linking it to modernization, reform of our Medicare system. That should be our long-term goal.

Prescription drug coverage should be brought into the system alongside physician services, hospital services, facilities services, medical devices where you can consider them all, not as some freestanding plan saying drugs are over there. Those drugs are just as important as that surgical knife that I once wielded. We need a seamless system, a coordinated care approach.

On this issue, again, we are talking about the budget. But it is important for all of our colleagues to understand

this linkage that I believe is so important of bringing prescription drugs in, because it is this whole range of tools that physicians and health care providers need in order to guarantee affordable high-quality care.

Now is not the time to institutionalize freestanding plans which result in further fragmentation. If we pass a freestanding plan, it is likely to result in further fragmentation of the system when we need seamless, coordinated care.

We have moved today, in the year 2000, towards disease management and coordinated delivery of health care. We no longer operate under a model where a surgical procedure is performed and then the patient is sent to another doctor to treat the headache, and to another doctor to give a device or a pacemaker. We want that seamless management. That is why prescription drugs must be made a part of the overall, comprehensive reform of our Medicare system.

Less than 10 years ago, the Medicare trustees estimated that the Medicare Part A Trust Fund, otherwise known as the Hospital Insurance Trust Fund, would be insolvent in 1999. Since then, the Trustees' solvency estimates of the Part A Trust Fund have fluctuated tremendously. As little as five years ago the Part A Trust Fund was expected to be depleted by 2002. In 1996 and 1997, insolvency was estimated in the year 2001, in 1998, it was projected for 2008, in 1999 for 2015, and in the year 2000, Medicare bankruptcy is projected for 2023. It might seem strange that insolvency dates could fluctuate so dramatically—a 21-year range—over a 5-year period. The reason for this is simple. The Medicare Trustees' reports are estimates—estimates based on assumptions regarding growth in expenditures in the Medicare program, economy, life expectancy, and the like, which are continually changing. Therefore, any interpretation of these reports must be made with the understanding that as early as the following year, program insolvency estimates may look dramatically different. History has shown us as much.

Equally important, the definition of ''solvency'' itself calls for further examination. The historic concept of Medicare's solvency is one that has been partially and inappropriately borrowed from Social Security and has never fully reflected the fiscal integrity of the Medicare program. Solvency in Medicare is not the same as solvency in Social Security. The Social Security Trust Funds are funded exclusively through payroll taxes, so it is relatively easy to determine when Social Security expenditures are projected to exceed income.

Medicare, however, is funded by a combination of payroll taxes, general revenue, and beneficiary premiums, divided between two separate trust funds—Part A and Part B. Additionally, the ratio of these revenue streams has changed over time such that a greater portion of Medicare expenses is now paid by general revenues through the Part B Trust Fund, and a relatively smaller portion is paid by payroll taxes and beneficiary premiums—than was originally intended when the program was first enacted. The payroll tax supporting the Social Security Trust Funds is limited both by its rate and the wage base on which that rate is applied. Medicare's funding has an unlimited taxable wage base and therefore no limit on the maximum tax. The Part A Trust Fund is funded by a payroll tax of 1.45 percent on all earnings in covered employment and 2.9 percent for the self employed. In sum, the sources of funding for the Medicare program are numerous, unlimited and divided among trust funds, making the true test for program solvency much more complicated than Social Security.

Today, almost equal numbers of seniors and disabled, about 39 million total, are enrolled in both Parts A and B of the program. Part B spending represents nearly 40 percent of total program expenditures and that number will increase significantly, reaching 50 percent by 2020, as Part B spending continues to grow at twice the rate of Part A. So why is it that only 60 percent of program spending—the Part A Trust Fund only—is used to determine the financial health of Medicare as a whole?

Actually, the notion of Part A ''solvency'', or rather ''insolvency'', has been used as political leverage to shift more Medicare financing to Part B and draw on general revenues. This not only fundamentally alters the way the Part A Trust Fund is financed by moving away from payroll financing toward a formal commitment of future general fund revenues, but also sends a false sense of security to the American public regarding the true financial health of the program.

An example, in is the Balanced Budget Act of 1997, where Congress passed legislation that shifted a major portion of home health expenditures—approximately $80 billion—from Part A to Part B. By doing so, the fiction of Part A Trust Fund ''solvency'' was extended from 2002 to 2008. However, this shift increased the draw on general revenues tremendously. Worse, it continued to mask the financial instability of the program and made it easier to allow fiscal imbalances to go unnoticed.

In addition, although insolvency dates are often used to determine when the Part A Trust Fund can no longer sustain the program, there is another important element that must not be overlooked—that is trust fund assets. Long before the insolvency date is reached, the Part A Trust Fund must draw upon its assets to continue to fund the program. These assets are really a claim on the Treasury. When the trust fund runs a cash deficit, like the Part A Trust Fund has been doing since 1992, these securities are redeemed to pay for program costs. For instance, this year the Medicare Trustees Report indicates that the Part A Trust Fund will remain solvent until 2023. This only occurs, however, because securities are redeemed in order to pay for program costs, beginning in 2015. The reality is in 2015, the Part A Trust Fund will begin a deficit again where program expenditures will exceed income. To redeem the securities necessary to keep the program solvent until 2023, the government as a whole must come up with the cash by either increasing taxes, reducing spending or borrowing from the public. This is all in light of the fact that any small shift in the economy, program expenditures or health care costs could greatly affect not only the date in which the program falls into a cash deficit, but also when insolvency is reached.

The Congressional Budget Office reports that Medicare spending will grow at an annual average rate of 7.1 percent over the next 10 years. The Medicare Trustees report highlights the 38 percent growth in the Part B trust fund over the past 5 years, with these growth rates expected to continue and even increase. Clearly, addressing the financial health of the Medicare program by looking at approximately one-half of the total program expenditures is not only misleading, but also a misrepresentation of the programs financial viability—to our nation's Medicare beneficiaries and the public at large.

Even the Medicare Trustees acknowledge that future operations of the Part A Trust Fund will be very sensitive to future economic, demographic, and health cost trends and could differ substantially from 2023 insolvency projections estimated this year. Medicare has never had a trust fund balance at the beginning of any year that could cover much more than one year's worth of expenditures. In 1996, the program was able to fund a little more than one year's worth of expenditures, the highest ratio yet, but in 1983 the Part A Trust Fund would have only been able to fund one-fifth of Medicare program expenditures—and in 1999 only 92%.

You see, we can continue to kid ourselves into believing that Medicare is financially stable. We can address only a fraction of the program and shift numbers until the program looks solvent on paper. But the truth is the Medicare program is in great financial trouble and fast approaching a financial crisis. Without addressing Medicare's fundamental programmatic and financial problems, combined with the huge demographic shift of baby boomers in a decade, Medicare will go bankrupt at the expense of Americans who need and deserve quality, affordable health care. As we continue to discuss the addition of a new entitlement to Medicare—outpatient prescription drugs—I urge my colleagues to carefully consider the fragile financial condition the program is in.

I believe there is consensus among many of us here this morning—much of which has been heard over the last twenty four hours—to include an outpatient prescription drug benefit in the

Medicare program this year. I agree completely. More than ever, as a physician, I understand the need to ensure our nation's seniors and individuals with disabilities have access to life-saving drugs. But I also believe that we all have a responsibility to ensure that Medicare is viable and can be sustained with any new benefit that is added. I want to be able to guarantee my fellow Tennesseans and every Medicare beneficiary health care security. This is not an easy task—and it is tempting to avoid the difficult discussions and decisions that must be made to address the overall programmatic and financial health of Medicare. But we owe it to our grandmothers and grandfathers, our children and even ourselves to be responsible in developing an outpatient prescription drug benefit to ensure Medicare will be available now and well into the future.

I thank the chairman for bringing forth a budget that sets aside funding specifically for Medicare and outpatient prescription drugs. And again I reiterate that the amendment put forth by Senator ROBB and his Democratic colleagues is unnecessary. The Republican-supported budget resolution sets aside $40 billion over the next 5 years for Medicare and the inclusion of an outpatient prescription drug benefit. In addition, it also provides relief to hard-working Americans who are being taxed at the highest rate in the peacetime history of this country. Both are high priorities—they are not mutually exclusive. We should not be pitting the health of our nation's Medicare beneficiaries against tax relief. It is unfair and it is irresponsible to do so. Both are critical to this budget and can be done—and we will continue to work hard to reach these important goals.

Mr. President, how much time do I have remaining?

The PRESIDING OFFICER. All the majority's time has expired.

The Senator from Nevada has 25 minutes.

Mr. FRIST. May I yield myself 3 more minutes?

Mr. REID. As long as we vote at 10:48.

Mr. FRIST. I yield myself 3 more minutes.

The PRESIDING OFFICER. The Senator has no more time to yield.

The Senator from Nevada.

Mr. REID. I say to my friend from Tennessee, we have 5 speakers to take up our time. We have no more time. If he wants to extend the time to vote, that is fine with me. That would be 10:48.

Mr. DOMENICI. Mr. President, I have 10 minutes left on the bill?

The PRESIDING OFFICER. There is no time remaining on the majority side.

The vote is set for 10:45.

Mr. REID. I yield 5 minutes to the Senator from Louisiana.

Mr. BREAUX. I thank the Senator from Nevada for yielding me 5 minutes.

It is interesting to hear discussion and debate in the Congress on the question of prescription drugs for seniors and the Medicare program. There is no one in this Congress I know who is going to come to the floor of the Senate and say: I am opposed to giving seniors prescription drugs. That is not the issue. I think there is almost unanimous agreement by everyone in the Congress that prescription drugs today are as important as a hospital bed was in 1965 when the Medicare program was first established.

In that period of time, Members of Congress said: We have to pay for seniors' hospital stays, and we have to pay for their doctors' treatment. But at that time, prescription drugs was not that big of a deal in the sense of being something that helped people, in fact, stay out of hospitals and be cured of what ailed them in medical terms.

Today, it is quite different. Today, prescription drugs keep people out of hospitals as well as cure them from diseases that formerly were thought to be incurable. The question today is not whether Medicare, which serves almost 40 million seniors, should cover prescription drugs. The answer is, of course, it should. The question is, How do we go about doing it and when do we do it? That is what the subject of this debate is all about.

There are some on the Democratic side who make the point with the Robb amendment today that we should add prescription drugs to Medicare before we do tax cuts that are excessive. Excessive tax cuts? What is excessive? One hundred fifty billion over 10 years? How about $25 billion over 10 years? Is that excessive? The point made by many of my Democratic colleagues is, do prescription drugs before you do excessive tax cuts.

On the other hand, Republican colleagues take the approach, let's do prescription drugs but make sure we do reform of the program at the same time. In other words, don't put the cart before the horse, as so many of my Republican colleagues have said.

I share the concern that just adding prescription drugs to a program that last year spent $7 billion more than we took in is certainly not helping the solvency of the Medicare plan. Does it make people feel good about adding prescription drugs? Yes? But does it do anything to fix a program that spent $7 billion more than it took in? It doesn't do that at all. In fact, it makes it more difficult for the program to provide the benefits that are necessary for our seniors.

The latest analysis by the Medicare trustees says the program is OK until the year 2023. Tell that to the nursing homes. Tell them it is all right that they are being cut and put into bankruptcy and put out of business. Tell the rural hospitals of America the program is in great shape, when many of them, in fact, do not get enough money to stay open and treat the Medicare patients we are talking about. Tell the home nursing facilities that are going bankrupt and being put out of business: The program is fine; don't worry.

The truth is, the trustees looked only at Part A. They did not look at Part B, which is growing at almost 40 percent annually and is expected to increase even further.

It is absolutely clear that we make a serious mistake if we do one without the other. As Senator MOYNIHAN, ranking Democrat on the Finance Committee said:

> Medicare reform is the price you must pay for adding prescription drugs to the program.

That makes a lot of sense. If we do the dessert before we do the spinach, no one is going to be around to eat the spinach. We are all going to issue a press release and say: We added prescription drugs; isn't that a great thing?

It is the right thing to do, if we do it in the context of reforming the program and taking it out of the 1960s and bringing it into the 21st century.

Some say: Just add more money to the program and we will fix it. I have drawn the analogy that it is like adding more gasoline to a 1965 automobile. It is still going to run like an old car.

The fundamental problem we have is to reform the program, the delivery system. We cannot continue to micromanage Medicare with 133,000 pages of regulations, three times more than the IRS, where every time someone wants to do something differently, they have to come to Washington and get an act of Congress to add a treatment or to subtract a treatment.

I conclude by saying, yes, I am for prescription drugs. Yes, we agree on the amount that needs to be spent. But, yes, we should also do it in the context of reforming the program.

Mr. REID. Mr. President, I yield 10 minutes to the Senator from Montana.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I will make a few points about the budget resolution.

First of all, I am quite concerned that the budget fails to set the right priorities. At least when we listen to the American people as to what their priorities are, this budget resolution before us does not fit, does not manage.

Once again, this budget resolution emphasizes massive tax cuts at the expense of most everything else. I don't think that is where most Americans are. It might not be readily apparent that this budget resolution emphasizes massive tax cuts. For example, last year's budget provided for a tax cut of $792 billion. This year's provides for a tax cut of only $150 billion. So at first glance, one might say the tax cut this year is a lot less than one-fifth of the one proposed last year and the one that was rejected last year. But that is only at first glance. One has to compare not apples with oranges but apples with apples.

Last year's budget was based on 10-year projections; this year's is based on 5-year projections. So if you compare apples with apples, by looking at the 5-year projections, you see that last

year's budget resolution would have cut taxes by $156 billion, almost precisely the same as this year's budget resolution. In other words, it is the same big tax cut, when extended out 10 years as opposed to five. In fact, 98 percent of the projected on-budget surpluses in this budget resolution would be used for tax cuts. But the authors of the resolution fiddled with the accounting periods to make it look a little bit smaller.

I don't buy it. I think that is wrong. We should assume that a tax cut that has virtually the same effect over 5 years also would have virtually the same effect over 10 years. Therefore, it is the same old, excessive, unpopular, proposal in a new flashy suit, the one the American people rejected last year. Once they know what is in this budget resolution, I am sure they will have the same feeling; that is, not be in favor of it. It is the wrong priority. In other words, this is a tax cut of about $800 billion over 10 years which will make impossible other popular American priorities.

Don't get me wrong. I believe there is room for a reasonable tax cut. I think most Americans think there is room for a reasonable tax cut. But it should be targeted and it should be one that provides relief to working families, people who really need the help. The budget resolution must leave room for other national priorities.

In particular, we must take this wonderful opportunity we have to reduce the national debt. I don't know how many times we are going to have this opportunity again. We have it today with a very prosperous economy and with large projected budget surpluses. We should take advantage of this opportunity that we have during this year, and the next couple of years, to dramatically reduce our approximately $7 trillion national debt. That should be a higher priority. It is not a high priority in this budget resolution.

The budget resolution should also clearly provide for full prescription drug coverage, as the Robb amendment would do. Prescription drugs are more effective than ever before in maintaining health. They are also much more expensive, leaving many seniors with a choice of either buying groceries or paying for prescriptions.

I have seen it, Mr. President. I have worked at a drugstore, and I have seen seniors faced with this choice. It is a very unhappy sight. Our elderly need help now. We have heard comments from Senators who say, shouldn't prescription drug coverage be folded into general Medicare reform? Ideally, it should be, but we have to do the best we can with what we have. I say it is important because seniors need help now. We can't wait for an abstraction of help in the future. We need it now. Clearly, we should enact prescription drug benefits this year.

While seniors make up 12 percent of our Nation's population, they account for only about 30 percent of all prescription drug spending. Twelve percent of our population are seniors, but they account for 30 percent of all drug spending. And while about a third of seniors lack drug coverage overall, that number increases to nearly 50 percent in rural areas. Thirty percent of Americans do not have coverage for prescription drugs, overall, in America. In rural America, it is closer to 50 percent.

In Montana, there is very little employer-provided coverage. Medigap—the program which is insurance coverage to pay for the difference between Medicare and the cost—coverage is much too expensive in America, particularly in Montana, and there is no Medicare managed care in Montana. That is right. Until January of this year, my State of Montana had only one Medicare HMO, providing quality care and drug coverage to about 2,600 seniors in Billings, MT. But now that plan has pulled out, leaving those seniors without a drug benefit. So we have no managed care Medicare program in Montana because it is too expensive. We don't have the population to provide it. Our seniors are being left out in the cold. In my mind, providing seniors with a prescription drug benefit is a top priority, and it should be part of this budget resolution.

I also want to make a point about the so-called marriage penalty. I support the Hutchison amendment. I agree that, as that amendment says, we should pass legislation which begins to reduce the marriage penalty. But I would like to add a word of caution.

Listening to some of the debate here, it almost sounds as if the majority is for marriage and that anyone who questions their proposal is against marriage. Nothing could be further from the truth. Marriage is a great institution; I am all for it. It is one of the most wonderful institutions devised by the human race. But the proposal before us and the challenge before us is not quite as simple as some might like it to be. After all, the so-called marriage penalty is not something that was intentionally cooked up to penalize married people and reward sinners. Rather, it is an unintended offshoot of some very difficult, complex decisions that have to be made about our tax system, such as how to tax individuals compared with married couples, which is not an easy question to answer, and how to tax married couples who have a different distribution of income between spouses. Sometimes that is difficult to do.

We have wrestled with this problem since virtually the inception of the Tax Code. The current system, which sets the ''break points''—that is, 15 percent, 21 percent, 28 percent—and the various brackets for individuals at about 60 percent of those for couples filing joint returns, was established in 1969 in the tax reform bill signed by President Nixon. So the basic concept we have was enacted in 1969, again, and signed in by President Nixon.

It was set in response to a very legitimate concern at that time. That concern was that previous rates were unfair to individuals. So the current system, where we have to correct the mistake that was biased against individuals, now is the one we are dealing with to make sure marrieds are treated fairly as well.

There is no easy, pat solution to this problem that doesn't create additional problems. For example, it is mathematically impossible to have a neutral marriage tax—or it is neutral to all married couples if at the same time we want a progressive tax system—and we do—and if at the same time we want all married couples who have the same total married income to be taxed equally, as we do. It is mathematically impossible to accomplish those objectives altogether. I could insert proof of that into the RECORD. That is to say, when you try to adjust the rates, you are going to cause inequities elsewhere, as to what the taxes might be on marrieds versus individuals. It is not an easy thing to do.

In fact, the bill reported by the Finance Committee does not eliminate the marriage penalty; it merely reduces the penalty. At the same time, over half of the total relief the bill reported out by the Finance Committee goes to married couples who don't pay any marriage penalty today whatsoever.

This bill is somewhat a marriage penalty relief bill, but the Democratic alternative proposed by the Finance Committee, particularly by our ranking member, Senator MOYNIHAN, is a better approach. Why? First of all, it is less costly and much more targeted. It targets every dollar to the couples who actually are facing a marriage penalty. In other words, it is more targeted, in my judgment, and more responsible.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. BAUCUS. Might I have 1 more minute?

Mr. LAUTENBERG. The time is already allocated. I am sorry. We owe our friends on the other side a couple minutes.

Mr. BAUCUS. Apropos the discussion we just had about 15 minutes ago.

Mr. LAUTENBERG. We had a good advantage of time here, so if the Senator might wrap it up.

Mr. BAUCUS. How about 30 seconds?

Mr. LAUTENBERG. OK.

Mr. BAUCUS. To sum up, the budget resolution before us does not reflect the priorities of the American people. That is clear. The American people do not want 98 percent of the surplus to be allocated to tax cuts. I daresay the majority of Americans want a large part of it targeted to debt relief, paying off the national debt, something targeted for a marriage penalty, something targeted for prescription drugs, and just to do things right, not make a political statement.

I thank my colleagues and yield the floor.

Mr. LAUTENBERG. Mr. President, I yield 4½ minutes to the Senator from Oregon.

The PRESIDING OFFICER. The Senator from Oregon is recognized.

Mr. WYDEN. Mr. President, budgets aren't just about charts and graphs and cold figures on a sheet of paper. Budgets are about the hopes and aspirations of the American people and our core values. In my view, if the Senate passes the Robb amendment this morning, it will send a message to the millions of senior citizens and families across this country that their hope of prescription drug coverage under Medicare is a priority for the Senate.

If the Senate passes the Robb amendment, it will be a chance to build on the progress that was made on the prescription drug issue in the Budget Committee. I particularly thank my colleagues, Senator SNOWE and Senator SMITH. In the Budget Committee, we were able to lock in a hard figure of $40 billion to start this prescription drug program.

Just as important, in the Budget Committee, there is a stipulation that if the Finance Committee doesn't act on the prescription drug issue on or about September 1 of this year, it is possible for any Member of this Senate, without points of order, to come directly to the floor. So we have been able to register our commitment behind the urgency of prescription drug coverage for older people.

The Robb amendment recognizes that the revolution in modern health care has bypassed the Medicare program. Every major private sector player in the health care field understands that pharmaceuticals are essential because they help to keep people well. Medicare Part A, on the other hand, will pay thousands of dollars for senior citizens' hospital bills, but Medicare Part B will not pay for outpatient prescription drug coverage to help older people stay well.

So that is why this is so important to the American people, and the Robb amendment says to all of those senior citizens who are breaking their pills in half because they can't afford their medicine or taking two pills when they ought to be taking three, who ought to be taking a drug such as Lipitor to deal with cholesterol and blood pressure and can't afford it, we have heard that, we understand how important this coverage is to older people.

If we pass the Robb amendment, it will not be possible for Members of this body to get to the end of the session and then say, gee, there just wasn't time to deal with this issue that is so important to seniors and families.

This amendment is critical to the hopes and aspirations of the American people. They are asking that prescription drug coverage be added to this program.

I yield the floor.

Ms. MIKULSKI. Mr. President, I rise on an issue of critical importance to seniors in Maryland and across the United States. That issue is the need for Medicare coverage of prescription drugs.

''Honor your father and mother'' is not only a good commandment to live by, it is a good public policy to govern by. It should be a priority not only in the federal law books, but in the federal checkbook. And I believe that providing a Medicare drug benefit is a perfect way of honoring our fathers and mothers. That is why I'm proud to stand in support of Senator ROBB's amendment, which says that a Medicare drug benefit is more important than tax cuts.

The Medicare Program has been a tremendous success story. It has reduced poverty among the elderly by almost two-thirds since it was created in 1965. But the world has changed in the last 35 years. In 1965, people feared the costs of hospitalization. One major illness, which years ago often resulted in a hospital stay of several weeks or even months, could bankrupt many families. Today, people fear the costs of chronic care. They need help with the costs of prescription drugs that control chronic conditions and keep people out of the hospital. Many of these life-saving medicines are the result of American medical science and breakthroughs made in this country. I feel very strongly that all Americans should have access to those breakthroughs. We must act now to ensure that they do.

In my home state of Maryland, almost 560,000 seniors rely on Medicare. That number is likely to increase to more than 1 million people by the year 2025. Unfortunately, 3 in every 4 of those seniors does not have decent, dependable private sector drug coverage today. At least one-third don't have any drug coverage at all, and their options for getting coverage are limited. Joining a Medicare HMO is an option for some, but not for seniors in the 17 rural counties of my state. And the other alternative, which is buying a Medigap policy, is expensive. The monthly premium for a policy with drug benefits averages about $136 nationwide, which means that Medigap policies are out of reach for many.

One of the most important things I do as a United States Senator is listen to the people and the stories of their lives. And the problems people are having getting the drugs they need is something I've heard a lot about lately. In the last 6 months, I've gotten more than 200 letters and literally thousands of telephone calls from seniors and their families about the hardships that the high cost of prescription drugs and lack of insurance coverage are causing them. For example, an 84 year old woman from the Eastern Shore who is blind and has diabetes told me that she takes 11 medicines every day and is spending $275 of her $800 monthly income on prescription drugs. The son of a 91 year old woman wrote me to say that his mother spends one-third of her income on her medications, and often takes her daily medicine every other day to make it last longer. This is simply unacceptable. Prescription medicines are now an essential part of modern medicine, and are an essential thread that must be woven into the safety net for seniors.

Thanks to the leadership of Senator DASCHLE, Senate Democrats have come together to agree on basic principles that should serve as a blueprint for action. We have agreed that a Medicare drug benefit should be:

1. Voluntary: Medicare beneficiaries who now have dependable, affordable prescription drug coverage should be able to stick with what they've got.

2. Accessible: A hallmark of Medicare is that all beneficiaries have access to dependable health care. The same should hold true of a prescription drug benefit.

3. Meaningful: A Medicare drug benefit should make a difference in the lives of seniors by helping protect them from excessive out-of-pocket costs.

4. Affordable: The benefit should be affordable both for beneficiaries and for the Medicare program. Medicare should contribute enough toward the prescription drug premium to make it affordable and attractive for all beneficiaries and to ensure the viability of the benefit. Low-income beneficiaries should receive extra help with prescription drug premiums and cost sharing.

This amendment simply says that we must provide a Medicare prescription drug benefit before we provide tax cuts. And I think that shows that we've got our priorities in the right order. The constituents who have written and called me to ask why they or their parents can't get the medicines they need don't want to hear about a tax cut. They want to hear that Medicare covers prescription drugs. That's why I will continue to fight to make access to prescription medicines a reality for seniors in Maryland and across the nation, and why I urge my colleagues to join me in support of Senator ROBB's amendment. Thank you.

Mr. SARBANES. Mr. President, I rise in support of the pending Robb amendment to prevent the Majority from spending almost all of the non-Social Security surplus on tax breaks instead of prescription drug coverage for senior citizens.

Ensuring that older Americans have access to prescription drugs should be one of our top priorities, but the Majority is clearly more interested in enacting deep and unwarranted tax cuts. The Majority's FY 2001 Budget Resolution includes a deadline for consideration of their tax cut plan, but no date is set for establishing a prescription drug benefit. With this amendment, we would clarify that funding a prescription drug benefit for Medicare beneficiaries will be given a higher priority than tax cuts that primarily benefit the wealthy.

Prescription medication is now essential to quality medical care, but many senior citizens cannot afford the

medicine they need because Medicare does not cover the cost of prescription drugs. When Medicare was created, it was modeled after a health care delivery system focused on inpatient hospital care. Today, drugs are as important as a hospital bed was in 1965, but over 13 million seniors have absolutely no assistance covering the cost of prescription medication. Medicare must be updated to include a prescription drug benefit.

Seniors need prescription drug coverage more than the average citizen because they generally live on fixed incomes and suffer from chronic diseases requiring drug therapy. To make matters worse, the cost of prescription drugs has been rising dramatically over the past few years. In addition, older Americans without any prescription drug coverage pay significantly more than HMOs, insurance companies, Federal health programs, and other favored customers for the same pharmaceuticals.

Currently, seniors can obtain some coverage for drugs by joining Medicare HMOs. But, these HMOs are not available in many parts of the country, particularly in the rural areas. Moreover, Medicare HMOs are sharply cutting back on the drug benefits they offer.

Medicare beneficiaries may also purchase drug coverage through Medigap insurance policies. However, these plans are extremely expensive and generally provide inadequate coverage. In addition, for most Medigap plans, the premiums substantially increase with age. Thus, just as beneficiaries need drug coverage the most and are least able to afford it, this drug coverage is priced out of reach. This cost burden particularly affects women who make up 73 percent of people over age 85.

Employer-sponsored retiree health plans generally offer adequate drug coverage. However, only about one quarter of Medicare beneficiaries have access to such plans. In addition, health care coverage for retirees is declining dramatically. According to a recent study, only 23 percent of Maryland firms now offer retiree health insurance.

During the Budget Committee's mark-up of the Majority's budget resolution, I supported an amendment to make $40 billion available for a prescription drug benefit. This amendment, which was adopted, will hopefully inspire action on this issue during the remaining months of this Congress. But, in the meantime, we must ensure that there will be funds available for this benefit by preventing the Majority's unreasonable tax cut plan from consuming the entire on-budget surplus first.

I urge my colleagues to take this opportunity to address one of the most widespread problems facing older Americans today by guaranteeing our seniors access to prescription medications instead of squandering the on-budget surplus on excessive tax cuts.

Mr. ROCKEFELLER. Mr. President, I rise in strong support of Senator ROBB's amendment to insist that tax cuts do not take priority over ensuring that tens of millions of seniors receive affordable outpatient prescription drug coverage.

This is a commonsense amendment about priorities. If we have hundreds of billions of dollars in the next several years to spend on tax reductions that will primarily benefit the wealthiest Americans—and that's what my Republican colleagues are saying when they voted for $250 billion over 5 years in tax cuts for some married people just last week—then we should certainly enact a meaningful Medicare out-patient drug benefit first. It's important to note that when it comes to tax cuts for married people, the Republican proposal doesn't even focus on eliminating the marriage penalty, but rather, gives large bonuses to only certain upper-income married couples. The cost of the Senate Finance marriage bonus proposal explodes in the out years. And yet, when it comes to finding a way to offer Medicare beneficiaries a prescription drug benefit there are all kinds of ifs and conditions.

Senator ROBB is right to say let's do first things first. I urge my colleagues to vote for his amendment that makes a statement about our order of priority. I know too many West Virginia seniors who too frequently go without food, or heat, or other necessities because they are forced to make the terrible choice between the drugs they need and other necessities of life. This is just plain wrong. We should provide all Medicare beneficiaries with a health care benefit that meets their needs. It is ludicrous that the Medicare program doesn't currently offer this critical component of health care today. We should change that, and we have the resources to do it this year. We have the resources if we don't fritter them away by picking favored constituencies for special tax breaks.

Let's look at the facts about how the Republican budget treats tax cuts and how it treats the real hope of many Americans that we will find a way to provide a Medicare outpatient prescription drug benefit. The Republican budget's statement of purpose is to provide $150 billion in tax cuts over 5 years. It provides the money to the Senate Finance Committee to do it. It is a certainty. It will have the protection of reconciliation.

The Republican budget resolution on Medicare prescription drugs does nothing more than suspend existing budget rules to allow for a Medicare drug benefit should the Senate meet its moral responsibility to provide one. It doesn't say do it. It says you can do it. It includes only a $20 billion placeholder to finance a drug benefit. Most people agree that won't be sufficient to offer a decent drug benefit to all Medicare beneficiaries. Moreover, the Republican budget resolution puts a 3-year time limit on a possible Medicare drug benefit—with absolutely no guarantee that the benefit would be continued after 2005. The Republican budget resolution also conditions 2004 and 2005 funding of a possible Medicare drug benefit on Medicare reform. Congress clearly has not reached any consensus on how to approach Medicare reform.

Mr. President, we have a unique window of opportunity to do something good for millions of seniors and disabled Americans. I strongly urge my colleagues to do what is right and vote for the Robb amendment to provide prescription drug coverage to Medicare.

Mr. LAUTENBERG. Mr. President, I support the Robb second-degree amendment to help ensure that Congress acts this year to provide a real prescription drug benefit for seniors.

Mr. President, prescription drugs are a vital part of health care in this country. In fact, senior citizens spend more of their own money on prescription drugs than on any other health care item. If Medicare were enacted today, it would be unthinkable to create a benefit package that did not include prescription drugs.

The resolution before us claims to provide $40 billion for a drug benefit through a reserve fund for Medicare. But there are no reconciliation instructions to make sure that the Congress actually acts—unlike the tax breaks, which the Finance Committee is required to produce.

Mr. President, this amendment ensures that Congress really will act on prescription drugs, by requiring that such legislation be enacted before we take up any tax cut. This makes sure that we keep our priorities straight. And that we won't give tax breaks for the wealthy a higher priority than life-saving drugs for seniors.

Why is it so important that we move on prescription drug legislation this year? Unfortunately, three of every four Medicare beneficiaries lack decent, dependable coverage for prescription drugs. At least a third of those people have no drug coverage at all.

And we're not talking about wealthy people here. Fifty-four percent of the people on Medicare without drug coverage earn about $17,000 a year. Most of those people can't afford to pay the high premiums for Medigap coverage.

We just can't justify a health care system that forces elderly Americans to choose between paying for food and paying for medicine. And that's what's happening today.

Unfortunately, Congress thus far has failed to act to address the need for prescription drugs. And I'm afraid that if we don't force the issue forward, it will continue to languish.

Mr. President, let me be clear. I support targeted tax cuts focused on the real needs of middle class families. But I'm not for moving forward use drain projected surpluses until we've provided seniors with the drugs that could preserve their health, or even save their lives.

In my view, before we approve any of these tax cuts, we should do first

things first, and pass legislation to provide prescription drugs to seniors. It's simply a question of priorities.

So, Mr. President, I congratulate my colleague, Senator ROBB, for his leadership on this issue, and I urge support of his amendment.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. LAUTENBERG. Mr. President, parliamentary inquiry: How much time remains?

The PRESIDING OFFICER. Four and one-half minutes.

Mr. LAUTENBERG. I will take a minute and a half, and then yield to my colleague on the Republican side.

Very simply, I fully support this Robb second-degree amendment. We want to be sure that Congress acts this year to provide a real prescription drug benefit for seniors. Senator ROBB offered an amendment that very specifically does that. The only problem we have that I am concerned about is there are no reconciliation instructions. That doesn't ensure that Congress will act to put this very important benefit in place.

Having graduated to that status of senior citizen, I can tell you this: When I talk to people in that group, the most important and worrisome thing they have in front of them is whether or not they are going to be able to afford the drugs, not only to keep them healthy but also to provide a decent lifestyle.

I commend the Senator from Virginia for having developed this amendment because he knows this is the most critical issue right now affecting the senior citizens beyond having to preserve Social Security and Medicare.

I yield the time remaining to my friend from New Mexico.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. DOMENICI. I thank Senator LAUTENBERG. I yield myself 2 minutes and yield the remainder of the time to the Senator from Texas. We have 3½ minutes. Is that correct?

The PRESIDING OFFICER. The only time left is under the control of——

Mr. DOMENICI. He yielded his time. What is the ruling of the Chair? Do we have time or not?

The PRESIDING OFFICER. The Senator from New Jersey has yielded to the Senator from New Mexico.

Mr. DOMENICI. Mr. President, I will be very brief.

This amendment has very little to do with Medicare. The budget resolution takes care of Medicare, thanks to a bipartisan understanding.

I call to the attention of millions of newly married couples and all of the married couples who are filing tax returns this year that this amendment says you can't have the marriage tax penalty that Senator HUTCHISON recommends on the floor of the Senate, for the adoption of this amendment in the name of not having any tax cuts knocks out the marriage tax penalty provision. I don't think that is what Americans want.

Speaking about what Americans want, they want us to get rid of the marriage tax penalty and get rid of it quick. If you adopt this amendment, that is gone. All of Senator HUTCHISON's work in trying to get us to vote on this is out the window because we will have decided that is not in order. The Senator's amendment will not be in order. Reconciliation cannot include her marriage tax penalty. That is the issue.

I believe the Senate will overwhelmingly support Senator HUTCHISON and deny Senator ROBB because there is already Medicare in this budget resolution—$40 billion worth. Democrats crowed on how good it is and all of a sudden went to the White House and invented a new thing.

We have taken care of Medicare in this budget resolution.

I yield the remainder of my time to the Senator from Texas.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. Mr. President, the Senator from New Mexico is absolutely right. We are going to take care of Medicare. We are going to have reform that includes prescription drugs of some kind. But we are saying a good idea is in the wrong place, and it is going to absolutely eliminate the ability for us to correct a huge inequity in the Tax Code. This is not a tax cut. It is a tax correction. Twenty-one million American couples pay an average of $1,400 extra just because they got married. A policeman and a schoolteacher get married and owe $1,000 more in taxes. This is wrong.

We must go on record saying that we are not going to tolerate it for one more minute. The Robb amendment eliminates our ability to do that. We cannot allow the Robb amendment to vitiate all the efforts that we have made to correct the marriage penalty tax in this country. We will deal with prescription drugs. We will deal with Medicare. We are committed to doing that, and we are committed to doing it in this budget.

Thank you, Mr. President.

I urge rejection of the Robb amendment and the passage of the Hutchison-Ashcroft amendment.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. DOMENICI. Mr. President, the Robb amendment is not germane to the provisions of the budget resolution. I therefore raise a point of order against the amendment under section 305 (b)(2) of the Budget Act.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. ROBB. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive the applicable sections of that act for the pending amendment, and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the motion to waive the Congressional Budget Act in relation to amendment No. 2915 to amendment No. 2914. The clerk will call the roll.

The assistant legislative clerk called the roll.

The PRESIDING OFFICER (Mr. HUTCHINSON). Are there any other Senators in the Chamber who desire to vote?

The yeas and nays resulted—yeas 51, nays 49, as follows:

[Rollcall Vote No. 52 Leg.]

YEAS—51

Abraham	Dorgan	Leahy
Akaka	Durbin	Levin
Baucus	Edwards	Lieberman
Bayh	Feingold	Lincoln
Biden	Feinstein	Mikulski
Bingaman	Fitzgerald	Moynihan
Boxer	Graham	Murray
Breaux	Harkin	Reed
Bryan	Hollings	Reid
Burns	Inouye	Robb
Byrd	Johnson	Rockefeller
Chafee, L.	Kennedy	Sarbanes
Cleland	Kerrey	Schumer
Conrad	Kerry	Specter
Daschle	Kohl	Torricelli
DeWine	Landrieu	Wellstone
Dodd	Lautenberg	Wyden

NAYS—49

Allard	Grams	Nickles
Ashcroft	Grassley	Roberts
Bennett	Gregg	Roth
Bond	Hagel	Santorum
Brownback	Hatch	Sessions
Bunning	Helms	Shelby
Campbell	Hutchinson	Smith (NH)
Cochran	Hutchison	Smith (OR)
Collins	Inhofe	Snowe
Coverdell	Jeffords	Stevens
Craig	Kyl	Thomas
Crapo	Lott	Thompson
Domenici	Lugar	Thurmond
Enzi	Mack	Voinovich
Frist	McCain	Warner
Gorton	McConnell	
Gramm	Murkowski	

The PRESIDING OFFICER. On this vote, the yeas are 51, the nays are 49. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected. The point of order is sustained, and the amendment falls.

Mr. DOMENICI. Mr. President, I ask unanimous consent that the next vote in this series be limited to 10 minutes.

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

VOTE ON AMENDMENT NO. 2914

The PRESIDING OFFICER. The question is on agreeing to amendment No. 2914.

Mrs. HUTCHISON. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second. The clerk will call the roll.

The legislative clerk called the roll.

The result was announced—yeas 99, nays 1, as follows:

[Rollcall Vote No. 53 Leg.]

YEAS—99

Abraham	Boxer	Cochran
Akaka	Breaux	Collins
Allard	Brownback	Conrad
Ashcroft	Bryan	Coverdell
Baucus	Bunning	Craig
Bayh	Burns	Crapo
Bennett	Byrd	Daschle
Biden	Campbell	DeWine
Bingaman	Chafee, L.	Dodd
Bond	Cleland	Domenici

Dorgan	Jeffords	Reed
Durbin	Johnson	Reid
Edwards	Kennedy	Robb
Enzi	Kerrey	Roberts
Feingold	Kerry	Rockefeller
Feinstein	Kohl	Roth
Fitzgerald	Kyl	Santorum
Frist	Landrieu	Sarbanes
Gorton	Lautenberg	Schumer
Graham	Leahy	Sessions
Gramm	Levin	Shelby
Grams	Lieberman	Smith (NH)
Grassley	Lincoln	Smith (OR)
Gregg	Lott	Snowe
Hagel	Lugar	Specter
Harkin	Mack	Stevens
Hatch	McCain	Thomas
Helms	McConnell	Thompson
Hollings	Mikulski	Thurmond
Hutchinson	Moynihan	Torricelli
Hutchison	Murkowski	Warner
Inhofe	Murray	Wellstone
Inouye	Nickles	Wyden

NAYS—1

Voinovich

The amendment (No. 2914) was agreed to.

Mr. DOMENICI. Mr. President, I ask unanimous consent that Senators ABRAHAM and LEVIN be recognized as in morning business for up to 10 minutes to discuss a resolution relating to the NCAA tournament and that that time be counted towards the remaining time on the budget.

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

The Senator from Michigan.

Mr. DOMENICI. Before the Senator proceeds, on the next amendment, Senator BINGAMAN's amendment, I ask unanimous consent that the last 2 minutes we have on our hour be reserved out of our overall time on that amendment.

Mr. DASCHLE. Mr. President, I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Michigan.

CONGRATULATING MICHIGAN STATE UNIVERSITY MEN'S BASKETBALL TEAM

Mr. ABRAHAM. Mr. President, I ask unanimous consent that the Senate now proceed to the immediate consideration of S. Res. 281 submitted earlier by Senator LEVIN and myself.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 281) to congratulate the Michigan State University Men's Basketball Team on winning the 2000 National Collegiate Athletic Association Men's Basketball Championship.

There being no objection, the Senate proceeded to consider the resolution.

Mr. ABRAHAM. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motion to reconsider be laid upon the table, and that any statements relating to the resolution be printed in the RECORD.

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

The resolution (S. Res. 281) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 281

Whereas the Michigan State Spartans were Big Ten Conference regular season co-champions, and were winners of the Big Ten Conference Tournament, and, with a 26–7 record, earned a number one seed in the Midwest region of the 1999–2000 N.C.A.A. Tournament;

Whereas the Michigan State Spartans proved their dominance over the Midwest Region in reaching the Final Four, defeating Valparaiso 65–38, Utah 73–61, Syracuse 75–58, and Iowa State 75–64;

Whereas in winning the Midwest Region the Michigan State Spartans reached the Men's Final Four for the second year in a row, last year losing to the Duke University Blue Devils in the semifinals;

Whereas the Michigan State Spartans vowed after that loss to return to the Final Four in 1999–2000, and to settle for nothing less than the ultimate prize;

Whereas the Michigan State Spartans moved one step closer to their goal when they defeated the University of Wisconsin Badgers 53–41 for the fourth time of the 1999–2000 season to reach the championship game;

Whereas in that game, the Michigan State Spartans, with an entire team effort that demonstrated why college athletics are so special, defeated the University of Florida Gators 89–76 on April 3, 2000, and won the N.C.A.A. Men's Basketball Championship for the second time in the history of the program;

Whereas Coach Tom Izzo, who hails from Iron Mountain, Michigan, in only his fifth year coaching the team, has proven himself to be one of the finest coaches in Men's College Basketball, and he and his staff instilled into the Spartans a will to win second to none, exemplified by their cutthroat defense, which suffocated many potent offenses throughout the season, and particularly in the second half of N.C.A.A. Tournament games;

Whereas Mateen Cleaves, Morris Peterson, and A.J. Granger, three seniors who have been playing together for four years and who ended their collegiate careers with a win, spurred this team to victory throughout the year, Mr. Cleaves with his incredible leadership, Mr. Peterson with his clutch shooting, and Mr. Granger with his consistent long marksmanship;

Whereas Mateen Cleaves, Morris Peterson, and Charlie Bell, three individuals who hail from Flint, Michigan, and have thus been given the nickname ''The Flintstones,'' have been playing together since elementary school, and whose comradeship and loyalty to one another carried out onto the floor, and made the Spartans team a family off the floor as well;

Whereas Mateen Cleaves, the fearless captain of the team and the all-time assist leader in the Big Ten's history, who led not only with words but also with the example he set, who returned to the championship game after sustaining a high ankle sprain to his right leg, led his team to the title and, like a true champion, made good on his word;

Whereas Morris Peterson, named the Big Ten Conference Player of the Year, saved the Michigan State Spartans from the clutches of defeat many times this season, and particularly in the tournament, with his laser-like shooting and stingy defense;

Whereas Charlie Bell, perhaps the best rebounding guard in the nation, also led the team with his quickness, tireless defense effort, and athleticism, and who will be counted upon for his leadership next year;

Whereas A.J. Granger, displayed his awesome variety of offensive skills in both assisting on, and hitting, several big shots when the Spartans needed them most;

Whereas Andre Hutson, the man in the middle, who was often called on to shut down the opposing team's top player, particularly in the 1999–2000 tournament, handled his job with a workmanlike skill that defined professionalism, and in doing so provided the Spartans with the whole package the entire year;

Whereas Mike Chappell, Jason Richardson, and Aloysius Anagonye, provided the Spartans with quality minutes off the bench all year, and particularly in the championship game, where they held their own against the vaunted Florida bench;

Whereas David Thomas and Adam Ballinger, provided valuable contributions throughout the season and the tournament, both on and off the court, often providing the Spartans with the lift they needed; and

Whereas the contributions of Steve Cherry, Mat Ishbia and Brandon Smith, both on the court and in practice, demonstrated the total devotion of the Spartans players to the team concept that made the Spartans into the most dominating college basketball team of the new millennium: Now, therefore, be it

Resolved, That the United States Senate congratulates the Michigan State University Men's Basketball Team on winning the 1999–2000 National Collegiate Athletic Association Men's Basketball Championship.

Mr. ABRAHAM. Mr. President, I will speak briefly about the resolution. I know my colleague, Senator LEVIN, will as well.

We rise together today to offer this resolution and to congratulate the Michigan State University Spartans men's basketball team for their outstanding victory in the NCAA championships which took place Monday night.

As a graduate of Michigan State, I am proud of the skill and dedication shown by our Spartans as they defeated the Florida Gators by a score of 89–76.

This was a well-earned victory and the culmination of a splendid season. Their 32–7 record is a sign of hard practice, teamwork and an overwhelming desire to excel.

It also is the result of a long history of dedication to success on the court. Mateen Cleaves, Morris Peterson, and A.J. Granger, three seniors who have been playing together for four years, spurred this team to victory throughout the year. Mateen with his incredible leadership. Morris with his clutch shooting. And A.J. with his consistent long marksmanship.

Mateen Cleaves, Morris Peterson, and Charlie Bell, all hail from Flint, Michigan. As a result, thousands of fans known them by their nickname, ''The Flintstones.'' These three players have been playing basketball together since elementary school. Their comradeship and loyalty to one another carried out onto the floor throughout the season, and made the Spartans team a family off the floor as well.

Andre Hutson, the man in the middle, was often called on to shut down the teams top player, particularly in the 1999–2000 tournament. He handled his job with a workmanlike approach that defined professionalism.

Mike Chappell, Jason Richardson, and Aloysius Anagonye, each provided