

Mike was named Most Outstanding Player in his region for the tournament. That is a tremendous feat for any college player and was made possible only because Mike's last-second shot against Butler advanced Florida and kept his team's hopes of reaching the championship game alive. His clutch play continued in every game of the tournament, making it easy to see why Mike was named the best player in his region. Remarkably, Mike did all of this as just a sophomore.

Mike Miller is from Mitchell—a leader in South Dakota high school basketball—and as a Kernel he played under the legendary Gary Munsen. Mike started learning about the game of basketball long before he got to high school, however. His uncle, Dakota Wesleyan great Alan Miller, is the all-time leading college scorer in South Dakota. And Mike's older brother Ryan, who played for Northern State, currently plays professionally in Australia. The Millers are a big part of the reason that growing up in Mitchell means growing up around basketball.

In a time when too many athletes seem to be more concerned with individual statistics than playing as a team, when the bottom line seems to matter more to some professionals than the love of the game, it's refreshing to see someone like Mike Miller on the court. Through the course of the tournament and the championship game in Indianapolis, Mike showed his opponents and the country how basketball is played in South Dakota—and how it should be played everywhere else. His unselfish play makes the players around him better; he has an uncanny ability to step up his game during crunch time; and he never stops working to improve. That's what he learned in Mitchell—that's what he learned in South Dakota—and that's what he's showing the college basketball world.

Although the Gators fell a few points shy the other night in Indiana, Mike Miller made us proud in South Dakota. He proved to the country what those at the Corn Palace and at Mitchell High already know—that Mike Miller is a champion. We are very proud to call him one of our own.

Let me, of course, congratulate the Michigan State Spartans and the University of Connecticut Huskies women's team for their championship seasons. But, on behalf of everyone who cheered for him, I would also like to take this opportunity to congratulate Mike, his team and his parents—Tom and Sheryl Miller of Mitchell—for the incredible run the Florida Gators had this season. It was fun to watch, and I know we all look forward to seeing more of Mike Miller in the years to come.

HEALTH CARE FOR MILITARY RETIREES

Mr. GORTON. Over the past few weeks, I have had the opportunity to

sit down and listen to military retirees during their veterans service organizations' annual visit to Washington, DC. Without exception, access to health care was a priority for each and every group. As a retired officer in the Air Force Reserve, I understand the interest in and importance of this issue to those who dedicated a career to serving and defending our Nation—I speak not only of the service members themselves, but their spouses and dependent family members as well.

After listening to retirees' personal stories and policy presentations, as well as reading the numerous letters on health care legislation I receive each week from military retirees across Washington State, I am convinced that Congress, the President and the Department of Defense must address the issue of retirees' access to health care. In response to the requests of my military retiree constituents, I am cosponsoring Senate bills 915 and 2003, the "Keep Our Promise to America's Military Retirees Act."

In the past several years, I cosponsored and supported efforts to establish the Medicare subvention demonstration program, now known as Tricare Senior Prime, and the FEHBP demonstration program. The Tricare Senior Prime demonstration program allows Medicare-eligible retirees to receive care at military facilities with Medicare paying the Department of Defense for the costs of that care. Some retirees in my State of Washington have been able to participate in the Tricare Senior Prime demonstration program as Madigan Army Medical Center was one of the designated test sites. I have spoken with the Commanding Officer at Madigan, my staff has met at length with those overseeing the test at Madigan, as well as the participating retirees, and it appears the test is a significant success.

Two concerns I have heard about the Tricare Senior Prime program are that this is a demonstration and is scheduled to end in December of this year, and that Medicare's current reimbursement scheme to the Defense Department will not fiscally support a permanent program. Senate bill 915 will make the Tricare Senior Prime test program permanent and expand it nationwide to facilities not in the test. It is important for the Defense Department and Congress to act to ensure Tricare Senior Prime demonstration program does not expire at the end of this year and I will be working hard to ensure Tricare Senior Prime is maintained. I also intend to work to see that Medicare fairly reimburses the Defense Department so that the costs of the Tricare Senior Prime program do not impact the services' ability to care for active duty service members and their families.

Senate bill 2003, sponsored by Senators TIM JOHNSON, PAUL COVERDELL, and 24 other Senators, would entitle all retirees, and their widow or widower, access to the Federal Employee Health

Benefit Plan (FEHBP), to which all federal non-military retirees have access. As I stated previously, I supported establishing the current FEHBP demonstration program. My support for the demonstration and my decision to cosponsor this bill is driven, to a great degree, by the fact that there are many retirees who do not live in close proximity to a military treatment facility, some due to base closures that shut down facilities in their area of the country. This legislation would provide retirees access to health care regardless of where they choose to live. S. 2003 will also expand access to Tricare to allow Medicare-eligible retirees.

One other issue that I know is of considerable concern to military retirees is the cost of prescription drugs. This concern is heightened, in a border State like Washington, by the disparity in drug prices between the United States and Canada—an issue on which I am working for a commonsense, straight-forward solution. Of interest to Medicare-eligible retirees is access to prescription drugs from DoD facilities or a mail-order program. I believe that it is only fair and appropriate for Congress to consider military retirees when debating the creation of a Medicare prescription drug benefit, which I support.

My cosponsorship of Senate bill 2003 and 915 is driven by the firm belief that Congress must address the current health care situation of military retirees. The President and Defense Department must be active participants in this matter. Military retirees dedicated their lives to defending our Nation and protecting our interests around the world—they are due a serious legislative response.

NATIONAL ORGAN TRANSPLANTATION ACT

Mr. DURBIN. Mr. President, I ask unanimous consent that a letter dated April 5, 2000, addressed to Senators LOTT and DASCHLE, be printed in the RECORD.

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

We are writing to lodge our strong objection to consideration of H.R. 2418 by the Senate. This bill would reauthorize the National Organ Transplantation Act (NOTA) in a manner that would adversely affect patients in many states including our own, who are desperately in need of organ transplants.

Every year, over 4,000 people die waiting for an organ transplant. The organ allocation policy established by the Organ Procurement and Transplantation Network (OPTN) has been inequitable. Patients with similar severities of illness are treated differently, depending on where they live or at which transplant center they are listed. Patients in some parts of the country wait much longer than patients in other regions, who have the same level of illness. So for some, the chance of dying before they actually receive a transplant is much higher than for others. Over the last 3 years, 97 people died while waiting for an organ transplant at the University of Chicago, 187 died while