

just pure malarkey. This is just another smokescreen.

Circuit judges. They say: Well, it's a circuit court. There's an election coming up. We might win it, so we want to save that position so we can get one of our Republican friends in there.

Well, again, in 1992, circuit nominees, we had nine: six were acted on in July and August, two in September, and one in October. Yet in the year 2000, we had one acted on this summer, and we are in the closing days of October. No action.

So, again, it is not fair. It is not right. It is not becoming of the dignity and the constitutional role of the Senate to advise and consent on these judges.

Thirty-three women out of 148 circuit judges; 22 percent—I guess my friends on the other side think that is fine. I do not think it is fine.

Again, everything has been done. All of the paperwork has been in, and here she sits.

UNANIMOUS CONSENT REQUEST— NOMINATION OF BONNIE CAMPBELL

Mr. HARKIN. Mr. President, I will now—and I will every day—ask unanimous consent to discharge the Judiciary Committee on further consideration of the nomination of Bonnie Campbell, the nominee for the Eighth Circuit Court, and that her nomination be considered by the Senate immediately following the conclusion of action on the pending matter, and that the debate on the nomination be limited to 2 hours, equally divided, and that a vote on her nomination occur immediately following the use or yielding back of that time.

The PRESIDING OFFICER. Is there objection?

Mr. FRIST. Mr. President, I object on behalf of the leader.

The PRESIDING OFFICER. Objection is heard.

Mr. HARKIN. I wish I knew why people are objecting. Why are they objecting to Bonnie Campbell? Why are they objecting to a debate on the Senate floor? Why are they objecting to bringing her name out so that we can have a discussion and a vote on it?

I want to make clear for the Record, it is not anyone other than the Republican majority holding up this nominee. Every day we are here—I know there will be an objection—I am going to ask unanimous consent because I want the Record to show clearly what is happening here and who is holding up this nominee who is fully qualified to be on the circuit court for the Eighth Circuit.

Now I want to turn my comments to something the Senator from Minnesota was talking about; that is, the prescription drug program from the debate last night. Quite frankly, I was pretty surprised to hear Governor Bush talking about his prescription drug program. He calls it an "immediate help-

ing hand," and there is a TV ad being waged across the country to deceive and frighten seniors. He talks about "Mediscare"; that was Bush's comment last night. He accused the Vice President of engaging in "Mediscare," scaring the elderly.

If the Bush proposal for prescription drugs were to ever go into effect, seniors ought to be scared because what it would mean would be the unraveling of Medicare, letting Medicare wither on the vine.

Let's take a look at the Bush proposal. We know it is a two-stage proposal. First, it would be turned over to the States. It would require all 50 States to pass enabling or modifying legislation. Only 16 States have any kind of drug benefit for seniors. Each State would have a different approach.

The point is, many State legislatures don't meet but every 2 years. Even if we were to enact the program, there are some State legislatures that wouldn't get to it for a couple years.

Our most recent experience with something such as this is the CHIP program, the State Children's Health Insurance Program, which Congress passed in 1997. It took Governor Bush's home State of Texas over 2 years to implement the CHIP program. It is not immediate.

He calls it "immediate helping hand." It won't be immediate because States will have a hard time implementing it. In fact, the National Governors' Association says they don't want to do it. This is the National Governors' Association:

If Congress decides to expand prescription drug coverage to seniors, it should not shift that responsibility or its costs to the states.

That is exactly what Bush's 4-year program does. Beyond that, his plan only covers low-income seniors. Many of the seniors I have met and talked with wouldn't qualify for Bush's plan.

A recent analysis shows that the Bush plan would only cover 625,000 seniors, less than 5 percent of those who need help. His plan is not Medicare; it is welfare. What the seniors of this country want is Medicare, not welfare. Seniors would likely have to apply to a State welfare office. They would have to show what their income is. If they make over \$14,600 a year, they are out. They get nothing, zero.

After this 4-year State block grant, then what is his plan? Well, it gets worse. Then his long-term plan is tied to privatizing Medicare; again, something that would start the unraveling of Medicare. It would force seniors to join HMOs.

So under Governor Bush's program, after the 4-year State program, then we would go into a new program. It would be up to insurance companies to take it. So seniors who need drug coverage would have to go to their HMO. They would not get a guaranteed package. The premium would be chosen by the HMO, the copayment chosen by the HMO, the deductible chosen by the HMO. And the drugs you get? Again, chosen by the HMO.

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

Mr. HARKIN. Mr. President, I ask unanimous consent for at least a couple more minutes to finish up. I didn't realize I was under a time schedule.

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

Mr. HARKIN. Bush's plan would leave rural Americans out in the cold. Thirty percent of seniors live in areas with no HMOs. And contrary to what the Senator from Minnesota said, if I heard him correctly, under the Bush program, the Government would pay 25 percent of the premiums and Medicare recipients would have to pay 75 percent.

The Bush program basically is kind of scary. Seniors ought to be afraid of it, because if it comes into being, you will need more than your Medicare card. You will need your income tax returns to go down and show them how much income you have, how many assets you have. If you qualify, you are in; if you don't, you are out. That would be the end of Medicare.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. FRIST. Mr. President, I ask unanimous consent that I be given time as needed, yielded off the continuing resolution.

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

CHILDREN'S HEALTH ACT OF 2000

Mr. FRIST. Mr. President, I have come to the floor to discuss and share with my colleagues very good news, some news that is bipartisan, that reflects what is the very best of what the Senate is all about.

It has to do with a bill called the Children's Health Act of 2000, a bill that is bipartisan, that reflects the input of probably 20 to 30 individual Senators on issues that mean a great deal to them based on their experience, their legislative history, what they have done in the past, their personal experiences, and responding to their constituents. This bill passed the Senate last week and passed the House of Representatives last week and will be sent to the President of the United States sometime either later tonight or tomorrow.

The Children's Health Act of 2000, is a comprehensive bill, a bill that forms the backbone of efforts to improve the health and safety of young people today, of America's children today. But equally important, it gathers the investments to improve the health, the well-being of children of future generations.

It is fascinating to me because it was about a year or a year and a half ago that Senator JEFFORDS and I, after working on this particular piece of legislation for a couple of years, reached out directly across the Capitol to Chairman BLILEY and Representative BILIRAKIS to work together to address a