

the Senate, where it's an easier bill to pass. We've got way more votes than we need to pass it. But we couldn't get it through all the procedural and substantive business of the Senate before the Fourth of July and then before the August recess. That means that we have to pass it early in September, as soon as they come back, after both parties have their conventions and the August recess is over.

We had a very encouraging vote on procedure that got over 80 votes in the Senate, basically to take it up early. But it is absolutely imperative that this bill be voted in early September. The longer they take to vote on it, the more likely it could be caught up in procedural wrangling in the Senate. The people who are against the bill, and there are people in both parties that are against the bill, interestingly, though they tend to be, ironically, the most conservative members of the Republican caucus and the most liberal members of the Democratic caucus.

But the Senate is set up—the Senate is set up and was set up by the Founders to slow things down. And one Member can cause a world of trouble if there are a whole lot of other things going on at the same time. So this is not a done deal. We had 60 people who—I think there are probably 70 Senators for this. And I know that it may be hard for you to imagine that if that's the case that we would have some trouble bringing this up in early September. But in fact, it is true.

I am very grateful to Senator Lott, the Republican leader in the Senate, the majority leader, for his amendment to bring this up in early September. This is really an American issue. This should not be a partisan issue. It is a very

important economic and a national security issue.

But one of the things that I hope to come out at this meeting is that either as an organization or individually, you will make it clear both to your Senators, Senator Mack and Senator Graham, but also insofar as you can to the Senate hierarchy, that it is imperative that this be brought up early. The Senate—the Democratic leader, Senator Daschle, is also strongly in support of what we're doing.

But the only worry I have now is that with all the business they still have to do, with all the budgetary issues, and the controversy that inevitably attends the closing weeks of a congressional session in an election year, something procedural could happen that would delay this, and you just don't know what's going to happen. And I can tell you that it is profoundly important to our country.

So anything you can do to make your voices heard as ordinary Americans on behalf of voting this quickly in September, that's the key. If they vote it early in September, it will pass quick, and we will have a better future.

Thank you very much.

NOTE: The President spoke at 11:07 a.m. at the Airport Hilton. In his remarks, he referred to Bill Nelson, Democratic candidate for U.S. Senate in Florida; and former U.S. Trade Representative Michael (Mickey) Kantor. The President's remarks were part of the "China: Florida's New Market of Opportunity" program. A tape was not available for verification of the content of these remarks.

Remarks at the David Barksdale Senior Center in Tampa July 31, 2000

Thank you very much. Well, Sylvia made a better speech than I can for this program. [Laughter] Let's give her another hand. [Applause] Didn't she do a great job?

Paul Herrera, thank you and the Barksdale Senior Golden Age Club for welcoming me here. I'm delighted to be here. And thank all of you for coming out.

I want to thank Bill Nelson, your insurance commissioner, for joining me here and for the work he's done to protect Florida seniors from insurance fraud, and also the work he's done to help enroll children in the Children's Health Insurance Program. I thank him for that.

Mayor Greco, it's good to be back in your great city. I love it here. I'd also like to acknowledge the presence in the audience of your

former Lieutenant Governor, now our Special Envoy to Latin America, Buddy MacKay. Thank you for being here.

This center was founded in 1942. It was then a place where Army and Air Force personnel could enjoy it during off-duty hours. While the uses of the Barksdale Center have changed over the years, the purpose hasn't. It still serves those who served our Nation in uniform and in so many other ways. As Paul Herrera has said, the Barksdale Center has become a second home for many of Tampa's seniors and disabled citizens, a place to take music classes, to learn the two-step—maybe I'm not too old to learn that—to get a nutritious meal, and a bedrock of security, a place you can all rely on in good times and bad. I appreciate the work that is done here.

For our Nation, these are good times, remarkably good times, virtually without precedent in the history of America. Like the rest of America, Florida is on the move. When I came to Tampa as a candidate in 1992, the unemployment rate was over 7 percent; today, it's 2.7 percent. The Nation has created over 22 million jobs, with the lowest unemployment rate in 30 years, the longest economic expansion in history, with record deficits turned into record surpluses.

The question before the American people, as the Congress deliberates and as the voters deliberate, is, what are we going to do with this magic moment of prosperity? What is the best use of it? Will we think about short-term gains, or will we think about what we should do for our country over the long run for people of all ages, all races, and all backgrounds and all income groups. I believe one of the most important things we can do with our prosperity is to strengthen Medicare by adding a prescription drug benefit.

Thirty-five years ago, when President Johnson signed Medicare into law, he created a cornerstone upon which generations of Americans could safely rest. Since then, Medicare has been a remarkable success and a solid guarantee. Before Medicare, more than half of our seniors had no health care coverage at all. Serious illness often wiped away in an instant all the savings families had put away over a lifetime of hard work.

Today, nearly every senior has the security of basic health coverage. Poverty among elderly has fallen dramatically as a result, and Americans over 65 have the highest life expectancy

of all the world's seniors. Any American who lives to be 65 today has a life expectancy in excess of 82 years. People over 80 are the fastest growing group of people in America in percentage terms. I hope to be one of them one of these days. *[Laughter]* Yet, for all its success, as Bill Nelson made clear, Medicare simply has not kept pace with the growing miracles of modern medicine.

The Medicare law was created at a time when patients' lives were more often saved by a surgeon's scalpel than by pharmaceuticals, when many of the lifesaving drugs we now take for granted did not even exist, indeed, were not even thought of. Prescription drugs today can accomplish what once was done through expensive surgery, and no one—if we were creating the Medicare program today, starting from scratch, it would not even occur to anyone to create a Medicare program without a prescription drug benefit.

Adding a voluntary prescription drug benefit is the right thing to do, but it's also, medically, the smart thing to do. Today, fully half of Medicare beneficiaries don't have prescription drug coverage for part or all of the year. And the cost of prescription drugs is taking too big a bite out of the fixed incomes of too many seniors and people with disabilities. You heard that today in the remarks that were made before I came up here, in ways more eloquent than I could possibly express.

Sylvia's story, however, is not unique to her. I'll bet it's repeated among a lot of you in this audience, and I can promise you all across America, there are millions and millions and millions just like her. Too many people literally are forced to choose on a weekly basis between filling their prescriptions and filling their grocery carts.

A Family USA report released today shows that the cost of prescription drugs is continuing to increase. According to this report, older Americans now pay an average of more than \$1,200 a year for prescription drugs, up from \$559 in 1992. The amount is projected to increase to more than—listen to this—\$2,800 over the next decade. Here in Florida, hundreds of thousands of seniors lack the benefits of dependable prescription drug coverage. Thousands of others try to get coverage through private Medigap insurance plans and managed care. Some have succeeded only to be dropped later

by their private care plans and left with nothing more than an empty medicine chest.

In fact, just this year, nearly a million Medicare beneficiaries around America, more than 85,000 in Florida alone, were dropped by their managed care plans. For most seniors, that leaves only one alternative to drug coverage: They can buy into a private Medigap plan, which can cost hundreds of dollars a month for a benefit with a \$250 deductible and no protections against catastrophic drug costs.

Now, most of us tend to think of Medicare beneficiaries as seniors, but in fact, 5 million of them are people with disabilities under the age of 65. A quarter million of them live right here in Florida, too. As difficult as it is for seniors to get affordable and dependable prescription drugs, it's an even greater challenge for Americans with disabilities.

Today I'm releasing another report that documents how Medicare beneficiaries with disabilities are in poor health, require more prescriptions, and are less likely to have private prescription drug coverage. The report also shows that people with disabilities purchased 40 percent more drugs than the typical Medicare beneficiary. And like seniors who lack drug coverage, they, too, pay more for the drugs they do get.

On average, Medicare beneficiaries with disabilities who lack coverage spend 50 percent more out of pocket for 50 percent fewer prescriptions than those who have coverage. Let me say that again. People without coverage spend 50 percent more out of pocket for 50 percent fewer prescriptions than those who have coverage. These drugs aren't only lifesaving; they can help people with disabilities return to work and make even greater contributions to their communities, people like Patricia Fell, over here to my right who came up with me on the stage, from Clearwater. She suffers every day from a very painful hip condition. She has been a foster mother—listen to this—to 87 children. And her daughter is here with us today, and we welcome her.

She uses her disability check to pay her \$4,300 annual prescription drug bill. She would work full-time, but if she did, she'd lose her disability check. That's what pays for the prescription drugs she desperately needs. She told me that this is continuing to be an agonizing choice for her.

Now, people like her, who have done their part for our country and done way more than

most people have to help children in need, shouldn't have to make a choice between health and work. A Medicare drug benefit would give Pat the chance to be as healthy, active, and productive as she could possibly be.

That's why I have proposed a plan to provide a Medicare prescription drug benefit that is voluntary and accessible to all seniors and all Americans with disabilities; a plan that ensures that all older Americans and other eligible Americans with disabilities, no matter where they live or how sick they are, will pay the same affordable \$25 a month premium; a plan that uses price competition, not price controls, to give seniors and people with disabilities the best price as possible; a plan that would cover catastrophic drug costs; a plan that provides beneficiaries the prescriptions they need at the pharmacies they trust; a plan that is part of an overall effort to strengthen and modernize Medicare and lengthen its life so that we will not have to ask our children to shoulder the burden of the baby boom generation when we retire.

Now, in response, the Republican majority in Congress has passed a private insurance plan that many seniors and people with disabilities simply will not be able to afford. You see that already with the Medigap plan. It won't offer affordable and accessible coverage to all seniors. It relies on a trickle-down scheme that provides a subsidy for insurers but not a single dollar for middle class seniors and people with disabilities. And let me say this: Over half the seniors and people with disabilities who lack affordable insurance coverage today have incomes above 150 percent of the poverty line, which is about \$12,600 for an individual senior, about \$16,600 for a couple.

Now, I'm President; I'm not supposed to say it's a bunch of baloney, like Sylvia did. [*Laughter*] But you might be surprised to know who agrees with her—the insurance companies, themselves. Even the insurance companies concede that a Medigap insurance model will not work for prescription drug coverage. This is very, very important.

Here's what one insurance company had to say, and I quote, "Private, stand-alone prescription drug coverage will not work. Such coverage would constitute an empty promise to Medicare beneficiaries." Insurance companies are refusing to participate in such a program. The State of Nevada tried to implement a private insurance model quite similar to the Republican plan

which passed through Congress. They could not find one single qualified insurance company even willing to offer the coverage, because they knew it couldn't be done at an affordable rate, and they didn't want to be accused of perpetrating a fraud on the seniors in the State.

It's clear that this plan that passed with the votes of the Republican majority is basically designed for the pharmaceutical companies who make the drugs, not the seniors who take them. Now, why would they do that? Because they believe that if we have a Medicare program, we will be able to buy these pharmaceuticals in bulk and get you a better price and because charging higher prices for Americans recovers all the research costs of these drugs, and that enables them to sell the drugs for a profit at much lower prices in other countries, which is why I'm sure you've seen all these stories about people taking buses to Canada to buy their drugs. Unfortunately, Florida is nowhere near North Dakota, so that's not an option for most of you. *[Laughter]* But that's what's going on here. And it's unbelievable to me.

What are we going to do with our prosperity? This week—and you may hear if you turn on the television, the Republicans when they meet in Philadelphia in convention talking about all their tax cut bills and how wonderful they'd be for you. But what they don't say is that if you take all their tax cut proposals in total, it spends the entire projected surplus of the country for the next 10 years. Congressman Davis just came in, your Congressman—he was nodding his head. So I want to acknowledge you. Thank you for being here, sir.

They spent—you know, they're trying to put the heat on him. They're trying to say, "Well, people in Tampa ought to be mad at him. He's not voting for all these tax cuts. Aren't they good?" It kind of reminds me of going to a cafeteria. When I go to a cafeteria, everything I see looks good. *[Laughter]* But if I eat it all, I'll get sick. *[Laughter]*

Now, that's what's going on here. So they talk about all these wonderful tax cuts. If they become the law, there will be nothing left from the projected surplus for a Medicare prescription drug benefit, nothing left to lengthen the life of Social Security and Medicare, so when the baby boomers retire we don't break our kids and our grandkids, nothing left to invest in the education of our children.

There's something else I'd like to say that all of you can probably identify with. This is a projected surplus. This is what we think we'll get over the next 10 years. Did you ever get one of those letters from Ed McMahon? *[Laughter]* You know, it probably said, "You may have won \$10 million." Did you ever get one? "You may have won \$10 million." Now, if you went out and spent the \$10 million the next day, you should support their plan. *[Laughter]* But, if not, you ought to think again there.

When you cut these taxes, the money's gone. And I think it's wrong to spend it all. Just this week we released a report that showed that one of their spending proposals, the total repeal of the estate tax, would benefit only 4,300 families in Florida, with an average tax cut of \$434,000. Now, I think there ought to be some changes in the estate tax. I think the rate's too high. I think too many family businesses are burdened by it. And I'm all for changing it. I've offered to change it. But to completely repeal it without taking account of the need here for prescription drugs is a big mistake.

While 4,300 families in Florida would benefit from the estate tax repeal, the Medicare prescription drug benefit would provide affordable coverage to more than 2.7 million seniors and people with disabilities in Florida. Their average income is \$18,600.

Even by Congress's own optimistic efforts, I will say again, these tax bills leave nothing for Medicare, for lengthening the life of Social Security, and for the drug program, or for education for our children, plus which, they'd make it impossible for us to pay this country out of debt by 2012. One of the things I've been trying to do is get us out of debt. We quadrupled the debt of the country in the 12 years before I took office, and we're trying to get rid of it. If we get rid of it, interest rates will be lower; incomes will be higher; people will pay less for home mortgages—\$250 billion over 10 years, by our estimates—less for car loans, less for college loans. That's the equivalent of a big tax cut, lower interest rates. So I think this is very, very important.

Now, there is a better way. The budget that I gave the Congress continues our fiscal discipline. It would get us out of debt by 2012, for the first time since 1835, and it would put us in great shape for the 21st century. It would extend the life of the Social Security Trust Fund by more than 50 years. It would extend the

life of Medicare by over 30 years. Medicare was supposed to go broke last year when I took office.

It provides, believe it or not, tax cuts—affordable tax cuts—to help people send their kids to college, pay for long-term care for the elderly and disabled—a big deal—pay for child care, pay for retirement savings, allow people between the ages of 55 and 65 to buy into Medicare and give them a tax benefit to do so, because so many of them have lost their insurance, and provide marriage penalty tax relief. And believe it or not, our plan only costs one-fourth as much as theirs does, but it would provide more benefits to 80 percent of the people.

So there is a way to have a tax cut here and have the money to pay for the Medicare prescription drug program, to lengthen the life of Medicare and Social Security, to invest in the education of our children. And believe it or not, I still leave a lot of this projected surplus alone, in my budget, in case it doesn't materialize, or in case it does materialize, the next President and the next Congress can make a judgment about what to do with it. I just don't believe in spending all this money before it comes in. We've tried it before, and it didn't work out too well.

So I hope that all of you will raise your voices. This is not a partisan political issue in America. When you go to the pharmacist to fill a prescription, nobody asks you whether you voted Republican or Democrat for the last 40 years. Nobody asks whether you vote at all. You're just a person, and you need the medicine. It should not be a partisan political issue in Washington. We have the money. We can do it, provide a tax cut, invest in our children, and still get the country out of debt. All we have to do is decide what our priorities are, how much we care about it, how much people like the people on this

stage and in this room matter to us, and what kind of America we want to live in.

So I ask you all, because it's not a partisan issue out here, do what you can with your Senators and your Representatives. Raise your voices. Tell them it shouldn't be a partisan issue in Washington. You've got a lot of lives depending on it. And it's only going to become more and more important.

You know, we're on the verge of breakthroughs for Parkinson's, for various kinds of cancers, with the human genome project, which I'm sure you read about. We've now sequenced the human gene in its entirety. It won't be long; in the next 10 years, it's going to take your breath away what we learn how to correct in terms of human health problems.

I believe that these young children here will, themselves, have children that will have a life expectancy at birth in excess of 90 years. But if we want to do this—this is a high-class problem—I believe people with disabilities will find ways to remedy a lot of the disabilities, and they will be able to live longer and better lives and have more options. But all of that will require us to rely more heavily on medicine—not less, more.

We have put this off long enough. We finally have the money to do it. And I think, as a country, we're morally obligated to do it. So I ask you to raise your voices. Stick with us. Let's keep working on it until we get it done.

Thank you, and God bless you.

NOTE: The President spoke at noon in the activity room. In his remarks, he referred to Paul Herrera, president, Barksdale Center Golden Age Club; Bill Nelson, Democratic candidate for U.S. Senate in Florida; Mayor Dick A. Greco of Tampa; senior citizen Sylvia Kessler, who introduced the President; and Ed McMahon, Publishers Clearing House Sweepstakes spokesperson.

Remarks at a Democratic Senatorial Campaign Committee Luncheon in Tampa

July 31, 2000

Thank you very much. Ladies and gentlemen, thank you for your warm welcome, and I want to thank Bill Nelson for his introduction. It's

amazing how, if you've sort of got one leg in the political grave, people think you're doing