

change that and address that. It is funny that we do not discuss success much. Success is not very sexy, not very interesting. Nobody writes about it.

There is an old saying that bad news travels halfway around the world before good news gets its shoes on. That is the way life is. You are not going to turn on a television program today and hear somebody say: Do you know what that Government did? That Government did this: In the last 20 years, this country, the United States of America, uses twice as much energy as it used 20 years ago and it has cleaner air. Do you know what that Government did? That Government put in place regulations that said polluters cannot keep polluting. We are going to require the air in America to be cleaned up. And 20 years later we have cleaner air and less smog. Things are not perfect yet, but 25 years ago people were talking about where we were headed and it was doom and gloom, an awful scenario, with degraded air and degraded water, a desperate situation. We have cleaner rivers, cleaner streams, less acid rain, and cleaner air, 20 years later.

That is a success. Nobody is going to celebrate much success, but we have done a lot of the right things. One of the things that we have done that is an enormous success in this country, in my judgment, is create a Medicare system for America's elderly. We have decided that if you get old, if you reach that age of retirement, we will give you some assurance that you are not going to suffer for lack of health care when you are sick.

This health care system has worked for the elderly in this country in a remarkable way, in a wonderful way. The fact is, a lot of people did not like it. A substantial part of one party voted against it when it was initiated. Some would say they are against everything for the first time. Then later on they support it when they find it works.

But now we are in a situation where some say, "Let us threaten the underpinnings of Medicare because we do not like it, we never did like it, and we would like to privatize it." The fact is, the Medicare system works. We have folks here who bring priorities to the floor of the Senate, who say, we do not have enough money for Medicare. We want to take Medicare apart and dismantle it. We are going to threaten the very existence of Medicare. And we also, by the way, want to give a tax cut, the bulk of which goes to the richest Americans.

I brought charts to the floor to talk about the tax cut that has been proposed over in the House. We do not have numbers over in the Senate yet, but in the House it says if you are earning \$30,000 or less, your tax cut is \$112 a year. But if you have \$200,000 or more in income, you get \$11,000 a year in tax cuts. That is quite a deal, I suppose. If you are somebody who makes over a couple of hundred thousand dollars a year, especially if you are some-

body who does not get your money from wages—if you get your money from interest and dividends—you are really doing well out of that plan.

But my point is, we say, at this point in our life as a country, that we have an enormous Federal budget deficit and the way to address that is to give a big tax cut to the wealthiest Americans and then turn around, after we have given the tax cut to the wealthiest Americans, and say, by the way, we do not have enough money for Medicare. We do not have enough money for what I think is an enormous, successful program in this country?

It does not make any sense to me. We have to be smart enough, it seems to me, to distinguish between what works and what does not, and keep what works and strengthen and improve it, and get rid of what does not. And we ought to take a look. We have been delaying clean air and clean water regulations and safe food regulations. Let us keep those that work. And let us keep the Medicare system, and, yes, let us improve it.

But let us not cut out the foundation from a program as important as the Medicare Program has been to this country. Let us especially not do that so we can give a big tax cut to the wealthiest Americans.

I live in North Dakota, in the northern Great Plains, the Old West. And we know about the wagon trains, because they crossed North Dakota not so long ago. Wagon trains did not move unless all the wagons moved. They did not make progress by leaving some behind.

The point with respect to the economic issues I have mentioned, including Medicare, is that at a time when corporations have record profits, the highest in history, the stock market is reaching record highs, and we see lower wages for American families. And then we hear the suggestion that the rich need a tax cut and that we ought to undercut the pinnings of Medicare. It just does not make any sense.

We ought to try to get all of these wagons moving along. We ought to try to get the standard of living for the average American family increasing—not decreasing. We have to support the things that work. Yes. Let us celebrate a little bit of success. And that is what I hope this debate will be about in the coming days and months. There is no debate about whether we should have regulatory reform. We have silly, foolish regulations that in my judgment hinder the work of small businesses and others. Let us get rid of them. But let us not roll back important regulations with respect to safe food and clean air and clean water.

Let us celebrate the success of programs that work and decide that these programs are going to strengthen—not undercut. That is what I hope this debate will be about between Democrats and Republicans. There ought not be such a great divide between the two parties in this Chamber. We want the same things. We have different ap-

proaches for getting there perhaps. But let us have a healthy, aggressive, robust debate and decide to celebrate things that work and change those that do not. Let us decide that we want a country whose economic system provides opportunity for all, which lifts all Americans, so that when they roll up their sleeves and want to improve their lives, they are able to do so.

Mr. President, I yield the floor.

THE LOBBYING DISCLOSURE AND GIFT BAN BILL

Mr. WELLSTONE. Mr. President, I just want to provide a very brief analysis to people in our country about a very important reform bill that is going to be coming to the floor on Monday, the lobbying disclosure and gift ban legislation, S. 101.

Mr. President, we will start the debate, and actually each section of lobbying disclosure and gift ban will be taken up separately. There is no question in my mind, Mr. President, that people in our country yearn for a political process that they believe in, and there is no question in my mind that people in our country—in Minnesota, Idaho, Massachusetts, all across the Nation—really want to see an open, honest, accountable political process. There are several critical ingredients to this, and two are certainly lobbying disclosure—Senator LEVIN has been an extremely capable legislator in taking the lead in this area, with Senator COHEN—and also the gift ban. Senator FEINGOLD, Senator LEVIN, Senator LAUTENBERG, and myself have all been very active.

The reason I come to the floor is that there is a development people ought to know about—an attempted substitute bill. This will be a McConnell-Dole initiative. Mr. President, I think people need to know about this initiative because I think it represents not a step forward but a huge leap backward.

Mr. President, this substitute bill is full of enough loopholes for many huge trucks to drive through. To give but just a few examples, lobbyists would be able to take you or me out to dinner one night, as long as it is anything under \$100; the next time, maybe we could be taken to a Bullets game; the next time, we could go to an Orioles game; the next time, we would just be given a gift. It goes on and on and on, and there is no aggregation limit.

Actually, it is not per day but per occasion. Lobbyists, three times a day, breakfast, lunch, and dinner, but take us out as long as it is under \$100 or give us some other gift, as many times as this lobbyist wanted to. It never would be counted and never would be disclosed. This is not comprehensive, sweeping gift ban legislation.

Second, to give but another example, the whole issue of charitable travel. I think it is important that Senators and Representatives, when they care about a charity, travel to an event. We should be there to support it. But to

have lobbyists pay for Members to be there with our spouses and with our families—and, by the way, playing golf and tennis at the same time—is inappropriate.

We ought to be letting go of this. I do not understand why Senators, regardless of their party, do not understand that if we want people to believe in the political process, and we do not want to see bashing of public service, we all believe in public service, we ought to let go of this.

This Dole-McConnell initiative, again, has a huge loophole. Likewise, Senators can set up legal defense funds and lobbyists can make contributions to those defense funds. That was prohibited in the original bill that we passed. Likewise, Senators can ask lobbyists to make contributions to different foundations. That was prohibited. Likewise, Senators can set up contributions and have lobbyists contribute money.

Mr. President, this is not reform. This is not a step forward. This is a step backward. This is an attempt to make an end run around reform. I just want people in the country to know about it. I do not understand what happened between last year and this year.

Last year, before the November election, the Senate voted 95-4 for the gift ban legislation, virtually identical to S. 101. Mr. President, 85 of those who voted for the measure have returned to the Senate. Three new Senators voted for a similar gift ban in the House. Now we see this effort to essentially eviscerate—if that is the right word—reform through this, through this measure to be introduced as a substitute by Senator MCCONNELL and Senator DOLE which, quite frankly, is unconscionable. It passes no credibility test.

Mr. President, last October 5, the majority leader said, "I support gift ban provisions. No lobbyist lunches, no entertainment, no travel, no contributions to legal defense funds, no fruit baskets, no nothing."

What has happened? Mr. President, I just come to the floor because I want people in the country to know about this. The debate starts Monday. I think, given this substitute that I gather is going to be laid out sometime on the floor—no question but it will—there is going to be, I think, really a historic, very intense debate, because 99.9999 percent of the people want comprehensive gift ban reform. That is what I think many are determined to make happen.

I yield the floor.

Mrs. KASSEBAUM. Mr. President, in response to the Senator from Minnesota, I say I am sure there will be a thorough debate once the facts of the legislation are down and before the Senate. I think we all share some similar goals.

RYAN WHITE CARE REAUTHORIZATION ACT

The PRESIDING OFFICER. Under the previous order, the Senate will pro-

ceed to the consideration of S. 641, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (S. 641) to reauthorize the Ryan White CARE Act of 1990, and for other purposes.

The Senate proceeded to consider the bill.

Mrs. KASSEBAUM addressed the Chair.

The PRESIDING OFFICER. The Senator from Kansas.

Mrs. KASSEBAUM. Mr. President, I rise today to offer to the Senate for its consideration S. 641, the Ryan White CARE Reauthorization Act. This bipartisan legislation, which cleared the Labor and Human Resources Committee on a voice vote, is cosponsored by the ranking member of the Labor and Human and Resources Committee, Senator KENNEDY, and 63 other colleagues. The act reauthorizes critical health care programs which provide services for individuals living with HIV and AIDS. Accordingly, I urge the Senate to move expeditiously to pass this reauthorization legislation.

Mr. President, if I will just describe what this legislation is all about. The Ryan White CARE Act plays a critical role in improving the quality and availability of medical and support services for individuals living with HIV disease and AIDS. As the HIV epidemic continues, the need for this important legislation remains.

Title I provides emergency relief grants to eligible metropolitan areas [EMA's] disproportionately affected by the HIV epidemic. Just over one-half of the title I funds are distributed by formula; the remaining amount is distributed competitively.

Title II provides grants to States and territories to improve the quality, availability, and organization of health care and support services for individuals with HIV disease and their families.

Sometimes I think we do not think, when we are doing legislation such as this, about the stress that the families are under with such a tragic disease. This is why this initially came about, Mr. President, and this is why I think it does fill an enormously important niche.

The funds are used: to provide medical support services; to continue insurance payments; to provide home care services; and to purchase medications necessary for the care of these individuals. Funding for title II is distributed by formula.

Title III(b) supports early intervention services on an out-patient basis—including counseling, testing, referrals, and clinical, diagnostic, and other therapeutic services. This funding is distributed by competitive grants.

Finally, title IV provides grants for health care services and the coordination of access to research for children and families.

This legislation also includes many important changes to take into ac-

count the changing face of the HIV epidemic. When the CARE Act was first authorized in 1990, the epidemic was primarily a coastal urban area problem. Now it reaches the smallest and most rural areas of this country. In addition, minorities, women, and children are increasingly affected.

Chief among these improvements are changes in the funding formulas which are based on General Accounting Office [GAO] recommendations. The purpose of these changes is to assure a more equitable allocation of funding. These formula changes would better allocate funding based on where people currently live with this illness, rather than where people with AIDS lived in highest proportion in the past. In addition, the funds are better targeted based on differences in health care delivery costs in different areas of our country.

Based on a request from Senator BROWN and myself, the GAO has identified large disparities and inequities in the current distribution of CARE Act funding. This is due to: a caseload measure which is cumulative, the absence of any measure of differences in services costs, and the counting of EMA cases by both the titles I and II formulas.

To correct these problems, the new equity formulas will include an estimate of living cases of AIDS and a cost-of-service component. The AIDS case estimate is calculated by applying a different weight to each year of cases reported to the Centers for Disease Control and Prevention over the most recent 10 year period. The cost index uses the average Medicare hospital wage index for the 3 year period immediately preceding the grant award.

In addition, the new title II formula includes an adjustment to offset the double-counting of individuals by states, when such States also include title I cities.

Mr. President, with any formula change, there is always the concern about the potential for disruption of services to individuals now receiving them.

There is also a concern that someone will be getting more or someone will be getting less than they had before.

To address this concern, the bill maintains hold-harmless floors designed to assure that no entity receives less than 92.5 percent of its 1995 allocation over the next 5 years.

This reauthorization legislation also establishes a single appropriation for title I and title II. The appropriation is divided between the two titles based on the ratio of fiscal year 1995 appropriations for each title. Sixty-four percent is designated for title I in fiscal year 1996. This is a significant change which should help unify the interests of grantees in assuring funding for all individuals living with AIDS—regardless of whether these persons live in title I cities or in States.