He has been involved in a constructive way. I appreciate that type of work across the aisle. That is how we get things done in the best interests of our country.

I yield the floor.

AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES APPROPRIATIONS ACT FOR FISCAL YEAR 1997

The Senate continued with the consideration of the bill.

Mr. BROWN addressed the Chair.

The PRESIDING OFFICER. The Senator from Colorado.

AMENDMENT NO. 5002, AS MODIFIED

Mr. BROWN. Mr. President, in discussing the Brown amendment on the Agriculture appropriations bill, the junior Senator from Nebraska had recommended that we go with the modified version instead of the 5-year moratorium I suggested. He suggested a 2-month moratorium with an allowance for an additional time period in the event that there were delays in the process. So I have incorporated that aspect into my amendment and go from 5 years down to the 2 months, plus the additional time.

In addition, the senior Senator from Nebraska has suggested that we modify the provision regarding funding by the Secretary of Agriculture so that the funding relates to an amount which he feels is appropriate. That is very open-ended language and not very tight. But I must say that I have a great deal of confidence and faith in the Secretary of Agriculture and in his sense of fairness.

So I ask unanimous consent that my amendment be modified to incorporate those changes which I filed at the desk.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The amendment (No. 5002), as modified, is as follows:

At the appropriate place in the bill, insert the following new section:

"SEC. . INTERIM MORATORIUM ON BYPASS FLOWS.

''(a) MORATORIUM.—Section 389(a) of P.L. 104–127 is amended by striking ''an 18-month'' after the word ''be'' and inserting ''a 20-month''.

''(b) REPORT.—Section 389(d)(4) of P.L. 104–127 is amended by striking ''1 year'' after the word ''than'' and inserting ''14 months''.

''(c) EXTENSION FOR DELAY.—Section 389 of P.L. 104–127 is amended by adding at the end the following new subsection:

'''(e) EXTENSION FOR DELAY.—There shall be a day-for-day extension to the 20-month moratorium required by subsection (a) and a day-for-day extension to the report required by subsection (d)(4)—

'''(1) for every day of delay in implementing or establishing the Water Rights Task Force caused by a failure to nominate Task Force members by the Administration or by the Congress; or

'''(2) for every day of delay caused by a failure by the Secretary of Agriculture to identify adequate resources as determined by the Secretary of Agriculture to carry out the purposes of the Task Force.'''

Mr. BROWN. Mr. President, it is my understanding that, while neither Nebraska Senators now have concerns about the amendment—or perhaps I should say will not object to the amendment—the senior Senator from Vermont does not want it passed prior to an amendment which he will offer.

So I ask unanimous consent that the yeas and nays be ordered and that the timing of the amendment be set at such time as the ranking Member and the chairman of the subcommittee would recommend to the body.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

Mr. BROWN. Mr. President, I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. KENNEDY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. KENNEDY. Mr. President, I ask unanimous consent that Pearl O'Rourk and Osvaldo Percira, legislative fellows, be permitted access to the floor during the consideration of H.R. 3603, the agriculture appropriations bill.

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

Mr. KENNEDY. I suggest the absence of a quroum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. KENNEDY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. KENNEDY. Mr. President, I would like to speak to an issue that is included in the agricultural appropriations bill that deals with public health, and address the Senate for a short time this afternoon. I would then like to introduce the amendment that deals with that particular issue and then to move on from there.

The legislation before us includes a proposal to cripple the FDA's ability to protect the public against one of the most costly and deadly tragedies suffered by Americans. Every year millions—millions—of our fellow citizens are injured or killed by this silent epidemic. It results in over 2 million Americans being hospitalized each and every year. It results in 3 million Americans having to visit their doctor each and every year for problems that could be avoided. It costs the American economy an estimated $100 billion—$100 billion—a year in additional health costs and lost productivity.

What is this epidemic? It is a wave of illnesses, injuries, and even deaths caused by prescription drugs. Millions of Americans are affected and billions of dollars are spent on medical problems caused by prescription drugs. The Nation spends as much to cure the illnesses caused by prescription drugs as we spend on the drugs themselves.

The vast majority of these adverse drug reactions can be avoided if patients have basic information about the prescription drugs they are taking. That information will allow patients to understand the proper use of the drugs their doctors prescribe. It will alert them to the symptoms of adverse reactions that can occur with their medication. This basic information would be a written reminder of what doctors tell their patients when the drug is prescribed. That information is often hard to remember, often not followed, and often misunderstood.

We should do all we can to end these tragic, costly, and unnecessary illnesses, injuries, and deaths. Who can be against providing patients with basic information about the prescription drugs they take? Unfortunately, a powerful group of special interests has been fighting for two decades to prevent patients from getting this basic information. They have been fighting for almost 20 years to prevent patients from getting the information that could prevent needless injuries, illnesses, and deaths.

The latest battle in this long war by the special interests is this appropriations bill. Buried on page 58 of this 81-page bill is a provision that prohibits the FDA from assuring that drugstores and pharmaceutical companies provide their customers with the simple, basic information they need to protect themselves against drug-induced illnesses.

This provision would forbid FDA from going forward with a proposed regulation, called the medication guidance regulation, which would require that patients receive adequate information when they fill a prescription. The Food and Drug Administration is America's premier consumer protection agency. It has been working with private industry for many years to implement a program to achieve this objective. Time and time again, for more than 17 years, private industry has promised to get that information to patients. It has promised to stop these millions of needless injuries, illness, and deaths. It has promised to prevent these unnecessary hospitalizations and doctors' visits.

But, year after year, as millions of individuals are injured and billions of dollars are wasted, these tragedies continue. Why? Because all of these promises have been broken.

So, these tragedies continue, even though it costs only a few cents per prescription to add this basic information. Rather than spend a few cents per prescription, these special interests cause billions of dollars in tragedies year-in and year-out. Time and again, they put profit and self-interest ahead of public health.

As the result of these efforts the FDA is being muzzled by an unholy alliance

of drugstores and pharmaceutical companies. And, the patients are the losers. This provision is nothing more than a gag order preventing the FDA from making sure that patients get basic, minimal information about the prescription drugs they are taking. We are no longer in the dark ages when people mistakenly believed that patients needed to be protected from basic medical information.

It is almost inconceivable, Mr. President, but going back to the ethical statute of the Royal College of Physicians in 1555:

> Let no physician teach the people about medicines or even tell them the names of the medicines, particularly the more potent ones such as purgatives, opiates, narcotics, abortifacients, emetics or any other which are particularly dangerous: For the people may be harmed by their improper use. This under the penalty of 40 shillings.

That used to be the old method, deny individuals and consumers information about the types of treatment they were receiving.

Then as recently as 1934 a statement published in the Federal Register, stated that drug labeling should be written ''* * * only in such medical terms as are not likely to be understood by the ordinary individual.'' I repeat, that was in 1934.

We have transitioned a long way. The American consumer wants to know what they are ingesting, what is going into their bodies. They want to know about the food they eat. They want to know about the air they breathe and the water they drink. They want to know about prescription drugs. They want to know about over-the-counter drugs. It is a bygone day when we should deny the American consumer the best information that we have available. That is really what this issue is all about. Are we going to make sure that, for each and every prescription drug, the individual is going to get the best information that is available. They need this information in order to know how take their prescription drugs safely and to know if they are going to interact with any other types of prescription or over-the-counter drugs that they may be taking?

As billions of dollars are wasted each year, as millions of Americans are needlessly hospitalized each year, as millions of patients suffer adverse reactions each year, these special interests claim that their voluntary efforts are adequate to protect consumers. The body count goes up, but they claim that they have been doing all that is necessary.

But, their claims are false, and they know it. The clear facts show that Americans do not get enough information about the prescriptions they are taking. We know that because the hospitalizations, the doctors' visits, the injuries, the illnesses, and the deaths continue. Those are facts that the special interests do not want to talk about.

But the problem is even worse than that. American consumers get more information from a box of cereal than they do from the prescription drugs they buy. In fact, almost half of all consumers get no written information at all of the kind they need to use their prescriptions properly. And when the information is provided, it is too often inadequate or incomplete.

Approximately half of all consumers get some form of information. Half of them do not. But of the 50 percent that do, much of the information is incomplete. We have waited for industry to present their plans for providing this important information to the consumer: this is exactly what the Food and Drug Administration had requested. Industry was to voluntarily create a system and be able to show that 75 percent of prescription drug consumers received reliable information by the year 2000 and, hopefully 95 percent by the year 2006.

The Food and Drug Administration was going to make an assessment of the progress in the year 2000 and decide if additional steps were needed or if the industry should just continue with their efforts. The hope was that industry would provide this program voluntarily. But as you can see by the information presented here, the needed information is not forthcoming. This bill allows industry to continue as is and would not allow the Food and Drug Administration to meaningfully evaluate the process of information flow to consumers.

The Food and Drug Administration looked at the information that was provided to drug stores by eight commercial vendors. Drug stores that want to provide information to their customers can buy information systems from such commercial vendors. The FDA examined the information that these eight vendors provided on three commonly prescribed drugs: a sedative, an antibiotic, and a drug used to treat high blood pressure.

While there are a number of vendors, for this study, the FDA selected eight of the better ones.

Remember, we are talking about common medications that can result in life-threatening complications. We are talking about providing people with basic information and warnings that the drug that they are about to take could result in serious birth defects or could cause a fatal allergic reaction.

Mr. President, these drugs each have potentially dangerous side effects. One of these drugs can cause severe birth defects, but only four of the eight vendors even warned about use in pregnancy. And only one vendor commented on birth defects when that was the real danger.

One drug, the antibiotic, has the potential of causing a fatal allergic reaction. While six of the eight vendors provided information on the possibility of an allergic reaction, only one told ''What to do if an allergic reaction occurs.''

There were eight sources. This scorecard on this chart should have read ''8,8,8,8,8'' all the way down. That is the only score that should be acceptable. For each one of these three commonly used medications, they ought to provide the appropriate warnings about side effects, contraindications, the possibility of serious drug reactions. Anything less is unacceptable.

This is one of the more recent studies done by the FDA on the adequacy or inadequacy of information provided on important, commonly used prescription drugs. I remind you, for half of the prescription drugs no information is provided; while information is provided for the other half, this is an example of what that information may be.

Let me show you a specific example. This is a prescription for a drug called Macrobid, which is an antibiotic used for chronic therapy.

On the left is an enlargement of the information that one patient received when she had this prescription filled. It sounds pretty simple and certainly safe. It says, ''Take one capsule twice a day with food for 30 days. Then decrease dose to one capsule once a day. Take with food to lessen stomach upset. Must use for full length of treatment. May interfere with urine glucose test in diabetics.''

But is something missing? Is there information that is generally available and scientifically sound that would be of value to any consumer? What is missing is the fact that this drug is contraindicated in term pregnancies and during labor and delivery. If a baby is exposed to this drug during such time, there is the possibility of precipitating a rapid destruction of red blood cells that could be fatal for the baby.

So if a pregnant woman were taking this drug, she should know that if she takes it in the last stages of pregnancy or during labor and delivery she is risking the health of her child.

It is contraindicated in mothers who are breastfeeding infants less than 1 month of age. The drug gets into the breast milk and causes the same destruction of red blood cells.

Here you see it is also contraindicated in people with G6PD deficiency. G6PD deficiency is a type of blood disorder, reasonably rare, but nonetheless noteworthy. If you take this medicine and you have this kind of blood disorder, you may experience a fatal hemolytic anemia which is the breakdown of red blood cells. So this would obviously be valuable information for a patient who knows they have G6PD deficiency.

This drug can also cause lung disease. ''Should consult your physician in the event of pulmonary symptoms.'' Physicians suggest that patients who take this drug for more than 6 months should have routine lung examinations.

This is the kind of information that should be available. This is the kind of information that could easily be available. We are not talking about overly extensive pages of data. We are talking

about the kind of information that is readily available and accessible to both the company and to the FDA. This is the kind of information that is not being routinely provided today on these prescription drugs.

What is it that the FDA thinks is necessary? Here is a prototype designed by the FDA which includes the information they believe the consumer should be told. This one uses Cardizem, as an example. This provides all the information. We have it blown up here. ''What is the most important information that I should know about Cardizem?''

''Used to treat angina pectoris—chest pain. May lower blood pressure. If you get dizzy while using, call your doctor. Can interact with certain medications. Check with your doctor if using beta blocker, digitalis. If you notice very low heart rate, palpitations or feel very weak, call your doctor.''

Then there is a description of what Cardizem is. It is a relaxant that dilates blood vessels in the body, increases blood flow to the heart and helps reduce chest plain. A drug known as calcium channel blockers.

It has, ''Who should not take it?'' It indicates if you have heart problems, your doctor needs to know. If you have low blood pressure or heart block, a pacemaker, heart failure or any other heart problem; if you have liver or kidney problems, your doctor needs to know. If you are pregnant—the use of Cardizem in pregnant women has not been studied. Studies with animals suggest, however, that Cardizem may cause miscarriages.

So it points out if you have a heart problem, if you have liver or kidney problems or if you are expecting you should not take this medication. And it also says, ''If you are nursing, Cardizem is passed on through the breast milk. If you take, use some form of infant feeding.'' Change from breast to infant feeding.

Then it talks about how I should take Cardizem. ''Take before meal, if possible. If you miss a dose, take it as soon as possible. However, if it is almost time for your next dose, skip the missed dose and take your medicine as scheduled. Do not take double your prescribed dose.''

This is very important. Many people, when they are on prescription drugs, will fail to take it at the time prescribed, and they wonder whether they ought to double up. Maybe they forget for a day, maybe they forget to take a morning, noon or evening dose, and they wonder, ''Should I take it double tomorrow because I forgot to take today.'' Say I forget this morning's dose? Do I take two this afternoon? And this tells what to do if you do miss a dose.

''What should I avoid taking with Cardizem?'' It interacts with other medications. Your doctor may need to change the dosage for the medicine. Check with your doctor before taking the beta blocker drugs, ulcer drugs, and digitalis for heart failure.

So it mentions the types of health challenges that you might face, the sort of chronic problems that you might face, it gives you a warning and a heads up. And then it talks about other types of medicines that would have an adverse reaction.

''What are the side effects?'' It gets into the side effects. The swelling of the legs, headache, rash, weakness, a small number, less than a half-percent get heart palpitations. So it says, ask your doctor if you have difficulty breathing or have dizziness. This goes on. This is the type of information that we are talking about. This is scientific information presented to consumers in readable, understandable form that responds, by and large, to the everyday kind of questions that a consumer would have with regard to this particular medication.

I think all of us have seen the information for over-the-counter drugs. You know, the insert for Tylenol, Excedrin. Very few people, unless you are a chemist, can really understand it. That is not what we are talking about here. We are talking about valuable, readable information that could be of such great importance to consumers.

It is readable. It is understandable. And it is enormously valuable for patients. And yet, 50 percent of the American people do not get this kind of information. And the other 50 percent, in too many instances, get information that is inadequate.

This is the type of thing that we want to encourage. We want the industry to do this in a voluntary way. As I say, they are doing 50 percent now. We were hopeful to get them to 75 percent, working with the industry, working with the FDA to permit them to move through that process by the year 2000.

So this provision of the pending bill tells patients—the provision I mentioned earlier—that they do not need these warnings. All they need is to trust the industry to take care of them. But the industry is not providing the warnings, is not telling the patients the drug they are about to take will cause a serious birth defect or fatal allergic reaction.

The industry promised for years to provide the patients with the information. There are many, many examples of why industry cannot be trusted to do what is right.

In 1992 the FDA required a box warning—those are the warnings that are printed on the various boxes, the most serious kinds of warnings—on the labeling provided doctors and pharmacies for Seldane and Hismanal, two of the most popular prescription antihistamines for allergies. When taken in association with certain antibiotics or antifungals, which are two other classes of frequently prescribed drugs, there were deaths and serious cardiovascular reactions.

Let me tell you about one 29-year-old woman who was taking Seldane for allergies. She went to her podiatrist for athlete's foot and was given a prescription for Ketoconazole. Two days later she went to an emergency room complaining of a blackout. They could find nothing wrong with her, told her to return if it happened again. The next morning she was found dead in bed. Apparently, the cause of death was cardiac arrhythmia and death. The blackout episodes were most likely caused by arrhythmias.

If she was given patient labeling, she could have easily identified the warning against using the two drugs together. Her death was preventable.

The needed warnings even appeared in FDA-approved consumer advertising in magazines, such as People, Newsweek and Time.

Here in the Washington Post, on April 16, 1996 it talks about a warning: ''Seldane and Popular Antibiotics Equals Trouble.'' And the point of this chart, Mr. President, is this:

American pharmacists fill about 2 billion prescriptions a year, and the market is more complex than ever, with more diseases treated by multiple drugs. Retail pharmacists have more financial incentive to sell prescriptions than to spend time talking to customers about possible drug interactions,'' Shulke said.

They rely increasingly on computer programs to catch potentially dangerous drug interactions. Unfortunately, ''these software programs are lagging behind the state of the art'' and fail to keep up with [the] latest Food and Drug Administration and pharmaceutical [company] warnings.

* * * * *

Much of the information that doctors and patients receive about drugs comes from the companies themselves. Such information, while useful, tends to present ''one side of the story''—emphasizing the benefits of medications more than the risks.

So, Mr. President, this is something that was pointed out. This is by the pharmacists themselves, the American Pharmaceutical Association. The Director of Policy and Regulatory Affairs made those observations.

All of us would believe that when a prescription drug is given, that the patient has the best protection because he or she has the doctor. I think all of us understand that. We have come to rely on that doctor. The doctor is not going to obviously put this person at risk. But what we are finding out, what every indication is, particularly with elderly people, is that people either forget after a few days, a week, a month, several months, they get easily confused between various different kinds of information that they may have been told or that they have forgotten, all against a background where that kind of information is easily available, accessible, and understandable and should be provided to the consumer.

The warnings against taking these drugs in combination did not appear on the information sheets that pharmacists gave to consumers. Consumers were given better information in magazine ads than they were given by the pharmacists who dispensed their prescriptions.

Even today, after concerted efforts to educate physicians and pharmacists

about the dangers of prescribing Seldane with certain antibiotics, tens of thousands of patients are still given coprescriptions written in conjunction with one of those antibiotics.

We have been promised that the pharmaceutical industry and retail pharmacies will take care of keeping the public informed. What is happening in the Washington, DC, area? Well, Dr. Woolsey from Georgetown recently completed a study. Fifty pharmacies were selected out of the yellow pages. An investigator was sent to each of these stores with a prescription of Seldane and Erythromycin. Thirty-four of the pharmacies either refused to fill them or warned that the two drugs should not be taken together. But 16, or nearly a third, filled both prescriptions without any comment or warning, the very kind of situation we are talking about here.

A third of the pharmacies issued both of these drugs even though there are these extraordinary dangers. And 14 of those were asked if there were any problems taking the two drugs together. Nine said they could be taken together—that there was no problem.

Only nine of the prescriptions were accompanied by a written note suggesting a patient check with a doctor if these two drugs were taken together or to ''report any other drugs you take or disease you have.''

These are the warnings we have for a fatal reaction. Think of the information we would get for reactions that merely cause disease or discomfort.

Yet the current underlying legislation will allow industry to independently provide this information. This is the same industry that has so overtly failed in just this one situation of the fatal reaction of Seldane and Erythromycin. I ask you, how often have you been on an antihistamine and an antibiotic at the same time? What about your children?

So the rollcall of patients harmed or injured because they did not receive adequate warnings is a long one, and includes children and adults from every walk of life. Senior citizens, as I mentioned, are particularly victimized. The best estimate is 17 percent of all hospital admissions for senior citizens is as a result of an adverse drug reaction, about 5 percent for children. But no American can be confident that a member of their family will not be the next to suffer.

Let me give you several examples.

A 69-year-old man was prescribed an antibiotic called Cipro to treat a kidney infection. He took the pills for 10 days and failed to notice any improvement. When he returned to his physician, a repeat urine culture showed that the infection was still present. The physician changed it to another antibiotic.

The problem was not the antibiotic. This man was also taking Maalox for indigestion, which he had not been told that Maalox or other antacids prevent the antibiotic Cipro from being absorbed. Even though he was swallowing the right dose, not enough entered the bloodstream.

This should have been included on a drug information sheet.

A 48-year-old man was diagnosed as having a mild form of diabetes which can be treated by taking pills that will lower the amount of sugar in the blood. He had been taking these pills for 4 months. During that time his physician had changed the dose in order to maintain a good blood sugar level. He had been stable without any change in dosage for 2 months.

Then one day he twisted his ankle. To treat the pain he started taking Advil every 4 to 6 hours. The next morning he awoke feeling sweaty and light-headed and fainted as he got out of bed. He was rushed to the hospital where his blood sugar was measured at an extremely low level.

This man should have been warned that Advil and other related drugs increase the effect of the diabetes medication he was taking. What had been a good dose of medication in the past now lowered his blood sugar level to a dangerous level.

This should have been included on a drug information sheet.

A 58-year-old man who was otherwise very healthy developed diarrhea and abdominal cramping. He was diagnosed as having irritable bowel syndrome and was placed on a strong tranquilizer medication to calm down his intestines. Six months after being on this medication, he developed the symptoms of Parkinson's disease. His doctor started him on a medication for Parkinson's disease.

For 7 years, he took both drugs. Then a neurologist specializing in Parkinson's disease evaluated him and recognized that the real problem was the tranquilizer. Both drugs were discontinued.

Four months after seeing the neurologist, this man was on no medication and all of the Parkinson's symptoms had disappeared.

This man suffered from a side effect of the tranquilizer. The neurologist who made the correct diagnosis says that in 3 years he had seen 38 other patients who had drug-induced Parkinson's disease.

A 60-year-old woman was started on a drug called propranolol to treat her high blood pressure. The physician had prescribed a large dose considering her age and her size.

Two days after starting the drug she began feeling very weak. This got worse and on the third day she went to the emergency room where on arrival her pulse rate was only 36 beats per minute. This low heart rate was a result of the propranolol.

If she had received an adequate drug information guide, she would have recognized that her symptoms were likely a response to the medication, and she could have called her physician rather than going to an emergency room. She was lucky. If she had any heart disease, lowering her heart rate to such a level could have produced severe heart failure.

Mr. President, the list goes on. Leaving out critical warnings is unacceptable. In these types of life-and-death cases, FDA oversight is clearly warranted. The health and lives of too many patients is at stake.

FDA has rightly decided consumers deserve more protection than the status quo. The medguide regulation is intended to correct this gross deficiency in our consumer protection laws.

Today, we go into a supermarket to buy a loaf of bread, a carton of milk, or a box of cereal. Complete nutritional information is provided on the package. Here we have the package label for Wheaties, ''Breakfast of Champions.'' We see that, under the Food and Labeling Act we passed just a few years ago, we have the calories, total fat, cholesterol, sodium, potassium, all of the vitamins that are listed, the carbohydrates. All of this is printed in an easily and understandable form that is welcomed by every mother, every parent, every child.

When we buy over-the-counter drugs like aspirin or Tylenol, the FDA regulations require the drugs to have complete information, so those who take the pills understand what they are taking, how to take them, what side effects to watch out for, and what food or drugs it interacts with. Anyone who goes to the drugstore this afternoon will find that information available.

But, if we buy a prescription drug in the pharmacy of one of these same grocery stores, there is no guarantee that we will get the same kind of information when the prescription is filled. Current laws require more information about breakfast cereals than about dangerous prescription drugs, even though the necessary information can be provided simply and cheaply.

The results of this neglect are predictable and shocking. Mr. President, 30 to 50 percent of adult patients do not use their medications properly. In children, improper use exceeds 50 percent. Just look at this dog food label, Alpo puppy food. Friskies Alpo puppy food has all the information—protein, fat, fiber, moisture, calcium, phosphorous. It lists the various ingredients and how the minerals and vitamins have been added, talks about the weight and age of the dog, talks about recommended amounts and how many different feedings ought to be included. We provide it on dog food, cat foot, pet food. We provide it at the grocery store on the box of cereal and just about every other item in the grocery store under the food labeling provisions. We provide it for over-the-counter drugs. But the one area where we do not provide assurance is in the prescription drugs.

The FDA is attempting to provide and encourage the industry to get to 75 percent information by the year 2000—not by requiring—by working with them. We have seen the attempt in the

House of Representatives and the Senate of the United States to bar that type of action. That is not acceptable.

Mr. President, in the elderly, who rely most heavily on medication, noncompliance is often higher. They do not often understand the problems of missing doses or changing doses. This is more dramatic in low-income elderly. There are economically induced compliance problems, and patients sometimes attempt to stretch their medication by cutting back on their required daily dose. They have not been warned such action endangers their health.

You cannot have a meeting with senior citizens in any part of this country without, when you ask them how many spend $25 or more per month on prescription drugs, 80 percent of their hands going up. Ask who spends $50 or $75 a month, and a third of the hands go up that are taking prescription drugs. In many instances, there are a number of seniors who are dividing those prescription drugs to make them last over a longer period of time and who have no understanding or awareness of what that is doing in terms of endangering their health.

The patients taking medications are not the only losers. Public health is put at risk if uncured infections are transmitted and resistant infections develop.

The economic and human costs are staggering: 2 million avoidable hospitalizations, 3 million avoidable doctor visits, $20 billion in additional health care costs, and $100 billion in total costs to society. The need for action is clear, yet this legislation will stop the FDA from doing what is needed. Here it is, $20 billion, effectively, for avoidable hospital admissions because of adverse drug use—$20 billion a year. The best estimate is that it is $100 billion in terms of either direct or indirect costs. It has health implications and cost implications in terms of individuals and the community.

The medication guidelines this legislation would block would establish concrete goals for industry to meet. By the end of the year 2000, FDA seeks to ensure that at least 75 percent of patients with new prescriptions would obtain adequate, useful, easily understood written information. By the year 2006, 95 percent of patients with new prescriptions would receive this information. There is nothing radical about these targets. They are the same commonsense objectives established in the landmark ''Healthy People 2000'' goals developed under the Reagan-Bush administrations.

Working with drug companies, pharmacists, physicians, and consumers, FDA was planning to establish nonbinding guidelines on such information. These guidelines will help pharmacies ensure that the written information they provide is adequate.

If the goals in the proposed regulation are not met, FDA would have a choice—either institute a mandatory program or seek public comment on what steps to take next.

This approach is reasonable. It gives the private sector the opportunity to achieve compliance without regulatory requirements over the next 4 years. Yet the industry still objects. It claims that neither the medguide regulation nor binding requirements are necessary.

Inadvertent misuse of prescription drugs is not a new problem. FDA first starting tackling the problem on a broad scale in the mid-1970's.

In 1975, after examining the issue in-depth by studying existing labels, interviewing consumers, conferring with experts in the different health care fields, FDA published a notice in the Federal Register asking for public comments to help formulate a policy on patient labeling for prescription drugs.

In 1979, the FDA issued a proposed regulation to require drug manufacturers to write patient labeling for their drugs and provide it to pharmacists for dispensing with the drug. In comments on this proposal, consumers favored the proposal, while manufacturing pharmacists and the medical professions opposed it.

In 1980, after considering the comments, FDA issued a final rule. It decided that the evidence in the rulemaking record amply demonstrated that labeling would improve the benefits that consumers receive from prescription drugs in a number of ways. The information would increase compliance, which would in turn decrease injuries from misuse. The regulation required manufacturers to provide labeling to pharmacists, but it also allows pharmacists to write their own labeling.

In 1981, the incoming Reagan administration delayed the implementation of the FDA regulation. This is an issue that has been around for a long period of time. But the regulation was revoked altogether. Its justification was that the private sector had promised to implement a voluntary program to do the job. So here we are—15 years later—and industry is saying, once again, ''We don't need Federal regulation. Give us a few more years and we'll do the job.''

But the results of the industry's past 15 years of nonaction are crystal clear—too many deaths, too many injuries, and not enough patient information. Almost half of all patients receive no written information of the kind they need to monitor their use of medications. Too often, the information they receive is shockingly inadequate.

FDA rightly concluded that consumers are not being served. They developed a proposal and took it to industry, before even beginning a rulemaking proceeding. In a letter to Senator COCHRAN, FDA explains:

> We originally envisioned mandating that drug manufacturers develop patient leaflets which would be distributed with most prescription drugs, informing patients of such things as how to take the drug, what it was used for, what side effects to watch for, and what to do if problems were experienced with the drug.
>
> However, before issuing such a proposal, we met with the medical and pharmacy professions, representative of the nation's drug stores, drug manufacturers, consumers groups, and others. Many told us that new patient information systems, most using computer technology, had been developed and were being implemented that could accomplish our goal at little cost to pharmacies and consumers, and that by the end of the decade, most patients would be getting such information through these private sector mechanisms.
>
> We accepted their argument, and our subsequent proposal of August 1995 announced that we would defer consideration of a mandatory comprehensive Federal program until at least the year 2000, to give the private sector time to fulfill that commitment. We believe the proposed rule is very consistent with the concept stated in your letter of giving the marketplace a chance to meet our mutual objective. We are currently reviewing the comments submitted in response to the proposed rule, and recognize that revisions may be necessary to respond to some of the specific concerns raised by those who manufacture, prescribe, dispense prescription drugs.

So FDA's regulation, developed after consultation with the affected industries, is entirely reasonable. It sets a performance standard and goal of 75 percent of consumers receiving accurate, complete, helpful, and legibly written information by the year 2000. The 75 percent goal takes into account the existence of the small corner drug store that may not be able to meet the target as readily as large firms. The underlying mandatory regulation will not go into effect if this goal is met by the year 2000. In addition, it does not apply to drugs dispensed in doctors' offices, or hospitals, or in an emergency. In addition, there is special consideration for small retail pharmacies.

The FDA has gone the extra mile. Consumers deserve the protection. Fifteen years of inaction under so-called voluntary guidelines established by the industry is already too long. Now the industry will have another 5 years to show it can do the job voluntarily. But even that is not enough for the majority of Congress. They want to prohibit the FDA from implementing even this modest approach.

The provision in the bill states that if the private sector develops a plan within 120 days of enactment, FDA's rulemaking is suspended. However, the Secretary of HHS and the Commissioner of FDA cannot review the voluntary program to determine if it is, in fact, adequate. The only action that HHS or FDA is allowed to take is to audit the program to see if it meets the goals set by the industry—not the goals set by FDA or Healthy People 2000. The bill further hamstrings FDA by precluding any activity, such as guidelines, that might assist the private sector or assure that its program is adequate.

This provision is an abdication of Congress's responsibility to protect the

public health. Instead of responsible action by FDA, an industry with an unsatisfactory track record is permitted to regulate itself—without any FDA oversight to make sure that the industry program is adequate.

How many more people must be injured or killed before Congress does the right thing? How many more billions of dollars in health care costs must be squandered before we decide that the public interest should take precedence over these special interests.

The offensive provision in this bill is also part of the overall FDA reform bill reported by the Labor Committee. That legislation is the subject of continuing negotiations between Congress and the administration. The administration has identified modifying this provision as one of its highest priorities. We have been negotiating in good faith in the hope of reaching bipartisan agreement on a responsible FDA reform bill. Yet in the middle of these negotiations, this particular proposal is suddenly being rushed through Congress on this appropriations bill.

This FDA gag order does not belong on the agriculture appropriations bill. We all know what is going on here.

Special interests have brought and paid for this provision with political campaign contributions. Anti-FDA companies have contributed $1.3 million to the sponsors of several so-called FDA reform bills in the 3 years ending December 31, 1995. Of that sum, $888,000 were contributed by political action committees of FDA-regulated companies to the sponsors of these anti-FDA bills.

And those are only the campaign contributions made through last December. The money hasn't stopped flowing. In fact, in 1996 the money has continued to pour into the Republicans: Eli Lilly & Co., gave $305,000 to the Republican National Committee in the first 4 months of 1996. Bristol Myers-Squibb contributed $275,000 to the Republican National Committee in the first 4 months of 1996. And now they have their payoff.

The American people deserve a strong and independent FDA—an FDA that has the authority and ability to assure that the food we eat is nutritious and healthy, that the medicines we take will cure, not kill, and that the medical devices we rely on will sustain and improve life, not harm it.

By rejecting the proposal in the bill before us today, the Senate can send a message of reassurance to the American people. Public health is not negotiable. The FDA is not for sale to the highest bidder, and neither is Congress. No amount of campaign contributions can possibly justify selling out the FDA and jeopardizing the lives and health of the American people. The people have the right to useful and necessary information about the drugs they take—and FDA should have the chance to make sure they get it.

I yield the floor.

Mr. SIMON addressed the Chair.

The PRESIDING OFFICER (Mr. THOMAS). The Senator from Illinois is recognized.

Mr. SIMON. Mr. President, first, I want to commend Senator KENNEDY for all his work with the Food and Drug Administration. He has been a bulldog in fighting to protect the public interest.

I stopped at the little store over in the Dirksen Building on the way over here. In the Dirksen Building, I saw pretzels, and I looked on the back of the pretzels and I saw how much sodium and everything else was there. A bag of pretzels gives us that information. When you pick up a candy bar, you have the information. But unless there is an agreement—and I understand some negotiations are taking place, and we may have an agreement here shortly, and I hope we do—what is going to happen is we are going to continue to not give people information on prescriptions.

Some companies do it voluntarily, but a great many do not. What the FDA has worked out is that, by the year 2000, 75 percent of prescriptions will have to provide that information. Frankly, I think the FDA, instead of being undermined, as this bill would do, ought to be criticized for not moving further than 75 percent. I cannot believe we would accept that 75 percent of pretzel bags is adequate. We insist that 100 percent of pretzels or dog food or breakfast food have this information. Why shouldn't people who buy prescriptions have this information? It just boggles the mind.

When you take a look at the reactions that come, which Senator KENNEDY was talking about, to people—and I can remember one of our colleagues just yesterday in the Democratic Caucus talking about a reaction that he got to drugs that were prescribed to him. Fortunately, he had information there, and he found out by reading the information that it was a reaction to the drug. By all means, we ought to protect the American public. What the Kennedy amendment does, and what the FDA is proposing, is that 75 percent of prescriptions should be covered by the year 2000, which is 4 years from now, and that 95 percent be covered by the year 2006, which is 10 years from now. If there is something wrong with this, it is that we are not covering everybody by the year 2000, all prescriptions, and, much less, by the year 2006, 10 years from now, still having 1 out of 20 prescriptions not covered.

I have to ask the question, Mr. President: Why do we have this here? Why would a pharmaceutical company want to prevent the American public from having this information? I assume it is that they may want to make a few more dollars and not have a liability here. I don't know. But, frankly, it seems to me that it protects them from the liability to have that information provided. What we do not need is an FDA gag order. That is what this bill is without an amendment. I am hopeful, from a report I just received from a staff member, that some kind of a compromise is being worked out. I do not know. But to say that the industry can set its own standards, I do not know how many prescriptions there are out here for various medicines. Let us say there are a thousand different kinds of things that could be out there. According to this bill right now, if each year they add one more where they would give the information, then it would take 1,000 years in order to meet that industry standard. And that would comply with this bill as it now is.

Mr. President, clearly we have to protect the public. This bill without an amendment does just the opposite. It protects pharmaceutical companies and not the public. Our aim ought to be to protect the public. I want good pharmaceutical companies. I want companies that invest in research and do other things. But we cannot do that and jeopardize the public. We can both protect the public and encourage a healthy pharmaceutical industry.

Mr. KENNEDY. Will the Senator yield for a question?

Mr. SIMON. I am pleased to yield to my colleague.

Mr. KENNEDY. My good friend serves with me on our Human Resources Committee. We had been considering an FDA reform legislation, had we not, over the period of recent weeks? And the House of Representatives Commerce Committee also had been in the process of marking up over there even as we meet here this afternoon. As a matter of fact, I understood they are going to try to work out in a bipartisan way a number of the areas in that FDA bill. And the Senator understands I believe that this whole question of the Medguide has been included in the alleged FDA reform. So it was a matter that was going to come on up here on the floor of the Senate under the FDA reform both in the House and in the Senate.

I am just wondering whether the Senator was as surprised as I was to find out that this provision was taken out of the FDA reform. It had been a matter of some considerable discussion and difference in the Human Resources Committee. We had good debate on it for some of the reasons that have been outlined here this afternoon. Then to find out that it is tacked onto an agriculture appropriations bill, I do not know whether the Senator was as surprised as I was to find that out. The Senator might remember that we used to have the understanding that there was not going to be legislation on appropriations. That was ruled out, and now we permit it evidently under the various precedents on legislation on appropriations.

I am just wondering whether the Senator was as surprised as I was to see this measure on this bill. I would think the Senator, representing the great State of Illinois which is industrial in the north and agricultural in the south, is eager to see this legislation go forward.

I do think that it is important to note that this would be a matter that was going to be considered in a timely fashion we had hoped with the FDA reform. Now it is on an agriculture appropriations bill that is some distance from both committees of jurisdiction and subject matter. And I am just wondering if the Senator is somewhat surprised to see this emerge in this form.

Mr. SIMON. The Senator from Massachusetts knows that we were all surprised—most of us were surprised—that it emerged here. We had been working, as he indicated, in a bipartisan way in our committee to try to deal with some of these problems, and they are very complex. But to say I was surprised is factual. I have to say I am also puzzled. Why does this happen to hit on an agriculture appropriations bill? To my knowledge no one on that agriculture appropriations bill has been called in any of these negotiations. Does the senior Senator from Massachusetts have any idea how it happened to come on this agriculture bill?

Mr. KENNEDY. No; I do not. And I think this is an issue that deserves a full debate and discussion. I would be hopeful that we could work out some measure that would defer at least full debate so we would be able to permit the agriculture appropriations bill to move ahead without interfering with the current status. That was certainly our hope earlier in the day because I think that is really the best way to make sure that we are going to get the agriculture appropriations. None of us are interested in seeing this delayed at all, because of the importance of it. But I must say having this legislation which is of such enormous importance I think is a matter of importance, and we want to make sure that the Senate is fully apprised of it.

So it is my hope that we can still work something out. We have been in contact with a number of Senators who are interested in it, and we will have a chance to see if we cannot resolve this so that we can get back to considering some of the agriculture amendments.

Mr. SIMON. Mr. President, I simply want to again commend my colleague from Massachusetts for his leadership in this whole area, not just on this amendment but he has made a huge contribution in protecting the American public as we look at the FDA.

Mr. President, if no one else seeks the floor, I question the presence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. GREGG. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. THOMAS). Without objection, it is so ordered.

Mr. GREGG. Mr. President, I ask to proceed as if in morning business for a period of approximately 10 minutes.

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

Mr. GREGG. I appreciate the courtesy of the managers of the bill in allowing me to proceed in morning business.

RETIREMENT SECURITY

Mr. GREGG. Mr. President, I rise to talk a little bit about an issue that is absolutely critical, obviously, to the future of America. It is on the minds of many. And that is the issue of retirement of Americans and how we are going to pay for it.

This has become increasingly an issue that is receiving some visibility in a substantive way verses in a political and demagogic way as a number of proposals have been discussed over the last few months regarding the issue of how we are going to pay for retirement for our senior citizens who are presently receiving funds from the Social Security fund or from private pensions and also for those who are headed toward some sort of retirement benefit.

The reason that the visibility of the issue has increased is probably because the largest generation in America, in American history, I guess—the postwar baby boom generation—is starting to see the whites of the eyes of retirement coming over the hill and it is necessary for the postwar baby boom generation to focus on how its retirement years are going to be paid for. It is a very big issue, and it is one that needs to be addressed.

This Republican Congress has actually passed a series of major proposals in the area of retirement security. Most of these major proposals were included in last year's Balanced Budget Act, and they were aimed at making pensions more available and at making personal savings more attractive and at improving the Medicare system.

The President, regrettably, vetoed that proposal, which would have gone a long way toward assuring solvency specifically of the Medicare system. Perhaps as a result of that veto, the White House has become concerned about their culpability in not addressing the important issue of how we protect the retirement systems of this country, especially Medicare, which, we have heard from the trustees, is going to go bankrupt in the year 2001, potentially 2000.

And so, as a result of that, the President has now put forward a proposal. Of course, he puts forward a proposal on something almost every day, recognizing that most of it is not going to become law or enacted. Although it is really political in nature, it is still at least of some value in that he has put forward a proposal called the Retirement Security and Savings Act. The congressional leadership on the Democratic side of the aisle has also decided to put forward some proposals in this area called pension security bills—well, they were pension security bills. In May of this year, they put them forward and they were part of their families first agenda.

My concern is that many of these ideas which are being initiated on the other side of the aisle not only miss the mark, but they actually aggravate the problem because, for the most part, most of these ideas come out of the position of big government resolves problems and it is to the big-government approach that we should turn in order to address the problems. They are ideas born in the 1930's, which should have died with the passage of the Berlin Wall but, unfortunately, continue to engender themselves on the other side of the aisle.

However, at the same time that those ideas have been put forward, during the past year myself and Senator SIMPSON have been holding a series of coordinated hearings on the Nation's retirement policy, both in the Finance Committee and in the Labor Committee, where we chair the various subcommittees that are charged with this responsibility, I being responsible for the Committee on Aging, and he is responsible for Social Security.

So we have examined the current status of the Nation's public and private retirement system and the nature and magnitude of the challenge that system confronts as the baby boom generation moves towards retirement.

We have learned some important facts that provide a message of perspective on the current retirement security debate. These facts tell us that the scope of the problem we confront is enormous and, if anything, the American public is underestimating the problem and is underanxious about the problem.

Fact No. 1 is that the Social Security system presents a major problem in its present structure. Within 35 years, our country as a whole will have more senior citizens than Florida does today. Think about that. In 35 years, the average age of the American population generally will exceed today's average age of Florida's population. This wave of senior citizens will have a life expectancy 8 years longer than current seniors, which is good, obviously, but it also creates issues.

Social Security is terribly unprepared to cope with this change in demographics. The program operates on a pay-as-you-go basis, which works all right today when about 4.5 workers support each retiree, but by the year 2030 the ratio will have fallen to 2 workers supporting each retiree, and the program will simply collapse. Absent reform, nearly $8 trillion of unfunded liability exists today—$8 trillion. That is more than the national debt. That is what the unfunded liability is. Tomorrow's workers and the economy will never be able to withstand the taxes necessary to sustain an unreformed program once the baby boom generation begins to draw its retirement.

Fact No. 2: Our private pension regime presents a major problem. Keeping in mind Social Security's future, it should be considered a national crisis that just half of today's full-time workers participate in employer-sponsored pension plans or that 45 million

Americans have no access to a private pension plan or that over the past decade corporate contributions to pension plans have declined by 50 percent.

These sad facts are driven by the even sadder state of the pension access in smaller businesses and for lower income workers.

We passed a law just a few weeks ago which will correct some of this problem, but it does not solve all the problem, and it has not been signed by the President so we do not know that it will be agreed to. Today only 15 percent of the firms with less than 25 workers offer pensions to their employees. Whereas almost 80 percent of today's work force earning over $50,000 have pension plans, only 44 percent of the workers earning between $10,000 and $25,000 have pensions, and only 9 percent of those earning less than $10,000 have a pension. While many likely theories underlie our Federal pension system regime, the fact remains that the marketplace's reaction to it is failing our workers. Proposals that we did pass just in the last few weeks will help alleviate this to some degree, but it will not correct the fundamental problem.

Fact No. 3, personal savings presents a major problem. The typical working American retires with less than $10,000 of personal savings. Baby boomers now earning $75,000 a year, those doing well under the current pension statistics and expected to receive a typical employer-provided pension, would have to triple their current savings rate to maintain their current standard of living upon retirement. It is just logic that tells you this. The fact is, people today work for about 30 years. But because life expectancy has been extended, they also retire for about 30 years. So you cannot save just a few dollars while you are working and expect to have enough to cover you during your retirement when your retirement years are actually almost equaling your working years.

The majority of Americans are very unprepared in the area of pensions. Americans do not save anywhere near the rate required to sustain themselves. The reasons for this likely vary—the triumph of consumerism over thrift, the increase in family tax burdens, the welfare state's culture of dependency, the burdens of repaying student or other loans which now exist at levels unheard of for prior generations—but the effects are all too real. We simply are not saving enough as a culture.

These three basic facts concerning the three legs of the retirement stool—Social Security, private pensions, and savings—when viewed in combination, present a startling and disheartening picture. They also lead to some important lessons for judging the adequacy of any retirement security proposals the Congress may address over the next year.

Lesson No. 1: We can no longer ignore the Social Security problems. We have a lot of faith in the common sense of the American people, at least we do in New Hampshire, and believe that the true root of their retirement anxiety is the fear that Social Security will not be there for them. They are right to be scared. Continuing to ignore Social Security reform because the program is now running a surplus is inexcusable. Retirement policy is long-term policy. We must allow the public adequate time to adjust their pension and savings activities to any Social Security changes we may enact. Every additional year of delay makes any change not only more Draconian but also less fair and less likely to succeed.

Further, any reforms to Social Security should complement and reinforce the changes that must also be made to address today's savings and pension inadequacies. Those who champion ''retirement security'' but steadfastly ignore the Social Security problems not only mislead the American public but also now present a real danger to the retirement security of today's workers.

Lesson No. 2: We must act to buttress the private pension and personal savings activity of Americans. While the need for Social Security reform has gained some national attention and numerous reform proposals have been made, Social Security is just one portion of our national retirement policy. We must also reform the other components with similar zeal and creativity. Just as the debate on Medicare was taken to a new level last year, with a general consensus developing that more individual choices should be offered, and just as the debate on Social Security is moving toward a new level with the discussion gravitating toward personalized savings options, the debate on employer-provided pension reform must move to another level as well.

Our current pension structure does nothing for roughly half of our working population and neglects mainly the poorer workers at that. We do not need further tinkering, but we need new ways of thinking. We must also move with similar urgency and innovation to address the significant inadequacies in personal savings. While new tax incentives for savings seem to be the standard for the solution, increasing education on the need to save and changing the cultural attitude toward thrift may be even more effective and at a lower price in some regards.

Lesson No. 3: We do not have time for political silliness. Our most basic lesson is that we must consider and deal with the totality of the problem. Any retirement reform proposal must be looked at through a comprehensive, long-term lens. The fundamental test for each private pension or personal savings proposal must be: Will it really expand pension coverage or savings? And a key test for Social Security reforms must be: Will they complement, not undermine, our pension and savings goals?

Based on the facts I have just discussed, we do not have time to pass feel-good proposals that will end up making a bad situation even worse. We believe that many of the Democratic proposals would fail this test. While in theory they may work to give workers more pension security, in practice we know increased mandates, administrative expenses, and regulation causes businesses—and particularly small businesses—to opt out of pension activities. We have seen that in the defined benefit area especially.

Some Republican proposals should be reexamined as well. If tax incentives like IRA's only cause shifting of savings and not new savings, a tax cut that offers working folks new money to save may be a better approach.

It is important to keep in mind that the problems we confront result from an excess of good news. Americans are living ever longer, the Nation is prosperous, and we have come to expect a relatively comfortable retirement lifestyle. Our senior population is, as a whole, a generation that is in better financial shape than the other generations within the country.

These expectations, however, are running head-on into unavoidable demographic facts. Thus, we believe the Nation's retirement structure, a public program designed in the 1930's and which has become a Rube Goldberg hodge-podge of tax and regulatory provisions built up over time, must be overhauled and restructured in light of the population pressures the Nation confronts. Continuing a process of incremental changes will continue failure. Outdated structures offer little hope for achieving what must be achieved.

During the next few weeks, it is my intention to offer specific options which will lead to a comprehensive response to the problems which we have in the Social Security accounts, the pension accounts, and the savings area. I do not expect these proposals to be the end of the discussion but rather to be an effort to energize and promote the discussion. What is critical, however, is that we dedicate ourselves to the fact that we have to take action and we have to take it within the context of the next Congress. During this election year, when many politicians are putting their heads in the sand on this issue, we cannot afford that type of action.

As we go into this election cycle, there should be a significant national debate and discussion of just what we are going to do in the area of retirement security.

Mr. President, I yield the remainder of my time and I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. KEMPTHORNE). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mrs. FEINSTEIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mrs. FEINSTEIN. Mr. President, I ask unanimous consent to speak as in morning business.

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

Mrs. FEINSTEIN. I thank the Chair.

(The remarks of Mrs. FEINSTEIN and Mrs. HUTCHISON pertaining to the introduction of S. 1985 are located in today's RECORD under ''Statements on Introduced Bills and Joint Resolutions.'')

Mr. BRADLEY addressed the Chair.

The PRESIDING OFFICER (Mr. THOMPSON). The Senator from New Jersey is recognized.

Mr. BRADLEY. Mr. President, I ask unanimous consent to proceed as in morning business.

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

(The remarks of Mr. BRADLEY and Mr. WELLSTONE pertaining to the submission of Senate Resolution 282 are located in today's RECORD under ''Submission of Concurrent and Senate Resolutions.'')

Mr. BRADLEY. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. EXON. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES APPROPRIATIONS ACT FOR FISCAL YEAR 1997

The Senate continued with the consideration of the bill.

Mr. EXON. Mr. President, I wonder if the Senator from Nebraska might inquire from the managers of the bill as to the status of the Ag appropriations bill.

I had the false impression earlier that there were not many matters to be resolved. I would simply observe the obvious, that not a great deal has taken place since noon when we had some votes. I would just like to know, for the schedule of the Senator from Nebraska, if the managers could advise as to the status of negotiations going on, whatever they are. What are the remaining matters of controversy on the Ag appropriations bill, which I thought had been so ably managed out of the committee by the managers of the bill, that we probably were down to not a great many contentious issues.

We have not had a vote since noon, and since I have been around here a long time, I know I get the signal when you do not vote from noon until 5 o'clock in the afternoon, that means we might not vote by 8 or 9 o'clock tonight. I know that my friend from Mississippi has been struggling with this bill. The Senator from Nebraska has had some interest in some side issues that have basically been resolved. I inquire of the managers of the bill if they could enlighten this Senator as to what likely might happen the rest of the waking hours today or in the evening.

Mr. COCHRAN. Mr. President, if the Senator will yield, my impression is that we are making progress in negotiating some proposed amendments with various Senators. There is a likelihood that we can resolve most of these issues without rollcall votes. There probably will be a vote on final passage, a rollcall vote on final passage. Senators can be assured of that. Depending upon how the negotiations go over the next several minutes, we should know soon about how many votes are likely to be required before we finally dispose of the bill.

I think we have made good progress and I am encouraged we will be able to complete this bill today sometime. I hope we do not have to go into the evening tonight. I see no justification for that. We cannot control that. If some Senator wants to talk about an amendment, he or she can start talking and, unless we have 60 votes to cut off debate, we cannot stop them. But I do not see that as happening. I think things are progressing in a way that will lead us to conclude this bill sometime this afternoon.

Mr. EXON. I certainly appreciate that optimistic report from my friend. That would mean the Senator from Mississippi holds out the hope we maybe would have final passage by 6 o'clock? Is that a fair assumption on the part of the Senator from Nebraska?

Mr. COCHRAN. Mr. President, if the Senator will yield further, I do not predict any particular time. I am hopeful we will be able to complete action sometime this afternoon, certainly before evening.

Mr. BUMPERS. Senator, I suggest if you have plans after 6 o'clock, cancel them. We have been here since 12 clock without one single amendment being offered, without anything happening. As the Senator from Mississippi said, a lot of negotiations are going on. I assume some progress is being made. But we have about four pretty contentious amendments and I do not know whether they are resolvable or not. If they are not, obviously each one of them is going to require a rollcall.

We have a number of other amendments that we could offer right now that have been cleared but, as I say, we have four or five that are pretty contentious. I do not know whether any progress is being made. But, if it is not, we are obviously going to be here for a while.

Mr. EXON. I thank both of my friends. I find myself in a similar position they are from time to time. It is very frustrating to manage bills on the floor of the Senate: Nobody offers any amendments; nothing is accomplished.

I wondered about this earlier, since we have not voted since noon. As far as I know, no amendments have been offered since noon. I would simply say, we get into these ruts from time to time. I am certainly not blaming either of the managers of the bill. They are the ones who have been here. It is most frustrating on their part. I was simply making inquiry to maybe jar things along, to help the managers of the bill. I know they are trying to break the deadlock.

I hope it takes place, and I appreciate their frankness with regard to what I think is a rather dark prospect for early resolution of these matters this afternoon. I hope we can dispose of them sometime during the daylight hours.

I thank the managers of the bill.

Mr. FEINGOLD. Mr. President, yesterday, the Senate approved by unanimous consent an amendment to reauthorize USDA's authority to allow seasonal base plans under Federal milk marketing orders. Producers in Wisconsin have no quarrels with seasonal base plans but they want assurances that they will not exacerbate what they believe to be an already discriminatory pricing structure within Federal orders. Farmers in Wisconsin seek assurances that seasonal base plans for milk marketing orders are neither intended to nor will have the effect of increasing milk prices or production on an average annual basis. Mr. President, I ask the managers of H.R. 3603, Is it their understanding that seasonal base plans under milk marketing orders will increase neither overall prices levels nor milk production in orders in which they are implemented?

Mr. BUMPERS. Mr. President, the Senator from Wisconsin is correct. The seasonal base plans reauthorized by this bill are merely intended to level production and prices over the year to stabilize the market and are not intended to provide any price enhancement or production incentives, measured on a yearly basis, to dairy farmers in those orders. The Secretary of Agriculture should administer any seasonal base plans consistent with that understanding.

Mr. COCHRAN. Mr. President, that is my understanding as well. Seasonal base plans are merely a stabilization tool, not a price enhancement mechanism, and should be administered as such.

Mr. FEINGOLD. I thank my colleagues.

NORTHERN PLAINS POLICY RESEARCH CENTER

Mr. CONRAD. Mr. President, I would like to discuss a matter of some importance to the Northern Great Plains and my State of North Dakota with the chairman and ranking member of the Appropriations Subcommittee. I note their presence on the floor, and ask if they would be willing to engage in a colloquy at this time.

Mr. DORGAN. I too would appreciate the ability to discuss the bill before us with the distinguished Senators from Mississippi and Arkansas.

Mr. COCHRAN. I would be pleased to discuss this bill with the Senators from North Dakota.