

The Senator from Alabama.

(The remarks of Mr. SESSIONS pertaining to the introduction of S. 1873 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. I ask unanimous consent at this point to speak for up to 15 minutes as in morning business.

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

MEDICARE COVERAGE OF PRESCRIPTION DRUGS

Mr. WYDEN. Mr. President, I have been coming to the floor now on a number of occasions, as we move toward the end of our work for this year, in an effort to try to build bipartisan support for ensuring that senior citizens can get prescription drugs under their Medicare.

There is one bipartisan bill now before the Senate. It is the legislation that Senator SNOWE and I have introduced together. Fifty-four Members of the Senate have voted for this bill. It seems so sad that the Senate cannot come together on an issue such as this and provide some real relief for the Nation's older people.

So as part of this effort to get bipartisan support for legislation to cover seniors for their prescription drug bills, I have come to the floor and urged seniors to send in copies of their prescription drug bills, to send in copies of their bills to all of us here in the Senate in Washington, DC. I hope that in doing that, it will help generate some awareness about how serious a problem this really is for the Nation's older people.

As I have done on previous occasions, I come to the floor to discuss some of these letters. This afternoon, I want to take a couple of minutes to talk about a handful of the letters I have received from senior citizens in my hometown of Portland. We have read from letters from seniors across the State of Oregon in the past. Today, I thought I would look to my hometown and describe a little bit about what the seniors are faced with in terms of trying to pay these prescription bills.

One elderly widow wrote me in the last couple of days from Portland to describe her situation as one where she has a monthly income of \$806. She spends about \$150 of that monthly income on her prescriptions. She indicates she is having problems paying for these very large prescription drug bills. When asked by our staff what she does in a situation such as this, she just said: I do without and pray. That was her response to the question of making sure she could get help with her prescriptions. She goes on to say, when we asked her about choosing between food and fuel and health care—we have literally millions of our Nation's seniors today walking on an economic tight-

rope, balancing these costs, medical bills against their fuel bills. When we asked her how she handled the situation with respect to her medicine, she said: I just wait. I always pay the utilities first.

Now, this isn't some kind of statistic or abstract kind of matter that the think tanks are debating here in the beltway. This is a senior citizen back home in Portland, my hometown. She has a monthly income of \$806. She spends \$150 of it on her prescription medicines. When she can't afford her prescriptions, she writes me: I just do without and pray.

How is it that a country as rich and strong and powerful as ours can't provide some relief to an elderly widow with an income of \$806 a month, spending more than \$150 of it on her prescriptions and literally having to pray she will get some help with her medical bills? How is it that our country, so strong and so good, can't come up with a plan to help an elderly widow such as this?

Senator SNOWE and I are part of a bipartisan team trying to address it. The Snowe-Wyden legislation has garnered 54 votes on the floor of the Senate in terms of its funding plan. Already a majority of the Senate is on record as saying this is an appropriate way to try to fund a prescription drug benefit for older people. I am concerned—this is right at the heart of the philosophy behind the Snowe-Wyden legislation—that if we don't act, and act in a bipartisan way, in this session of the Congress before we wrap up our business next year, it will be years before older people get some help with their prescription drugs.

I am very often asked at town hall meetings and other gatherings whether our Nation can afford to cover prescription drugs. My view is, we cannot afford not to cover these prescription drugs. Not only are we hearing about the suffering in these letters I keep bringing to the floor of the Senate, but we are seeing in so many instances that if older people could get just a little bit of help with their prescription drug costs, that would help our country save much more expensive medical bills down the road.

I have repeatedly cited on this floor the anticoagulant drugs. That seems to me a particularly good example. The evidence shows that if older people can get help with some of these anticoagulant medicines—the cost might be \$1,000 a year for help with anticoagulant medicines—they could save the cost they might incur if they suffer a stroke as a result of not getting their medicines. Those costs can be upwards of \$100,000 a year. That is, in effect, the kind of challenge with which we are faced. Either we address this issue on a bipartisan basis—that is what the Snowe-Wyden legislation is all about—or we continue to have our senior citizens suffering, whether it is in Alabama, Oregon, or any other State. This is an area where we can work in a bipartisan way.

In the Snowe-Wyden legislation, we reject price controls. This isn't a run from Washington, one-size-fits-all Federal approach. We try to use marketplace forces, the ingenuity of the marketplace to give senior citizens some clout. It is a model we all know something about. Federal employees in Alabama and Oregon use the Federal Employees Health Benefits Plan. It is marketplace oriented. It gives folks choices and options and alternatives. That is the model behind the Snowe-Wyden legislation.

Our bill is called SPICE, the Senior Prescription Insurance Coverage Equity Act. With a majority of the Senate already having voted for a funding plan for the program, we think that is the way to proceed.

As seniors hear us on the floor of the Senate talking about this issue and urging that folks send us copies of their prescription drug bills to the Senate in Washington, DC, they may have other ideas than the Snowe-Wyden legislation. The important thing is, there is no reason this Senate cannot come together in a bipartisan fashion and act in a way to provide real and meaningful relief to the Nation's older people.

I will cite another couple of examples of older people who have been writing us in recent days. An elderly gentleman from Portland, again, describes taking five drugs, a lot of them very familiar—Minocin, nitroglycerin for blood pressure, for heart ailments connected with diabetes. This gentleman has a monthly income of about \$900. He is spending about \$170 from his monthly income on prescriptions.

We talked to him about what it means for him to be in this kind of financial crunch where, out of a monthly income of \$900, \$170 of it goes for prescriptions. He reports that if he could have a little bit of help with his prescriptions, he would have money for other things he describes as clothing.

So we are not talking about seniors getting help with their prescriptions and then suddenly using it for some sort of luxury or something that might be considered nonessential. These seniors are talking about not having enough money to pay for essentials. When they can't get help for their prescription drugs, such as this elderly gentleman in Portland, this gentleman said, in effect, he can't afford his clothing. He cannot afford clothing.

Of course, that, to some extent, is a health-related kind of matter because older people are susceptible to illness. This is getting to be the colder part of the year. These are folks who, if they can't get adequate clothing, may pick up illnesses as a result of not being able to afford warm clothes.

What we are talking about may not be of great importance to some of these think tanks in Washington. I have seen they are putting out all kinds of reports that this is not all that important to seniors. I talk to senior citizens at home in Oregon. The seniors we are

talking to know these are real problems. What they want to see is the Senate deal with them in a bipartisan kind of fashion. They want to see us get beyond some of the bickering and the finger pointing.

The Snowe-Wyden legislation is built on that principle. We don't want to see the U.S. Senate duck this issue, have it go out on the campaign trail where Democrats will attack the Republicans and Republicans will attack back. That is really easy. It is easy to take issues like this, using the campaign fodder for advertisements. What is tough is crafting bipartisan legislation.

So I am very hopeful that seniors, as this poster says, will send in copies of their prescription drug bills to us here in the Senate in Washington, DC. Instead of having to come to the floor of the Senate day after day, as I have, I can come to the floor of the Senate and talk about being proud of working with my colleagues on a bipartisan basis to address this issue.

Before I wrap this up for this afternoon, I wanted to mention one other account that came to Tualatin just outside Portland at home in Oregon. This was an elderly couple, they spend about \$300 a month on their prescription drugs. They are taking 11 prescriptions. They report that they are retired but are trying to work to pay for prescriptions. The husband is over 65 and he is trying to work now in order to pay their prescription drug bills of \$300 a month. This is an elderly couple in Tualatin, OR. None of it is covered by health insurance. They report to us that they are cutting down on other essentials that are important to them, but they are going to keep working. The husband is going to keep working simply to pay the couple's prescription drug bills.

Think about that for a moment, the three cases I have read from today: An elderly widow who can't pay her prescription drug bills without great hardship with an income of \$806 a month, with \$150 for prescriptions. She says, "I just do without and pray." Next is an elderly gentlemen from Portland, with a monthly income of \$900 a month, and he is spending about \$170 of it on prescription drugs. He says he hopes to be able to get some coverage so he would be able to afford some clothing—an essential, especially as we move into the cold weather season. And then, finally, is the couple I just mentioned with \$300 a month in prescription drug bills, with the husband not in good health but continuing to work solely to pay for their prescriptions.

I think it is so sad that when we have had a majority in the Senate go on record as voting for a plan to fund this important benefit for the elderly, when I know there are Senators of good will on both sides of the aisle who would like to work on a marketplace solution to covering prescription drugs for seniors, the Senate can't come together and deal with it. The fact is, our senior citizens are getting creamed with re-

spect to their prescription drug bills, and it happens two ways. First, Medicare never covered prescriptions when the program began in 1965. I guess the architects didn't think it would be all that important.

As I have said on the floor of the Senate, it is more important today than it used to be because many of these drugs help to lower bills because they are preventive in nature. In addition to Medicare not covering prescriptions, what is happening today is if you are a senior citizen in Alabama, or in Oregon, and you walk into a drugstore in a small town in Oregon or in the State of the Presiding Officer, that senior citizen who walks into the drugstore, in effect, subsidizes the big buyers of medicine. If you are a health maintenance organization in Oregon, or in any other State, you can go out and negotiate a discount. You can go out and negotiate a good price on your medicine. You have clout in the marketplace. But if you are a senior citizen who just walks into a drugstore, you don't have any bargaining power, you don't have any clout. So, in effect, that senior citizen who walks into a pharmacy is subsidizing the big buyers in the community, the health maintenance organizations that can negotiate a discount. Those seniors are getting creamed twice. Medicare doesn't cover it, and then they have to subsidize the big buyers.

So I intend to keep coming to the floor of the Senate, continuing to bring to light these various kinds of real-life examples from home in Oregon. I hope seniors, as this poster indicates, will send us copies of their prescription drug bills. I want to hear from them. I want folks who are listening to the work of the Senate and are following this to send me and my colleagues copies of your prescription drug bills. Send it to us, each of us here, as the poster says, in Washington, DC.

I want you to do it for just one reason: I think this is the kind of problem that we are sent here to deal with. This is not some trifling, inconsequential matter. This is a question of whether we are going to respond to the more than 20 percent of the Nation's senior citizens who are walking on an economic tightrope every year, spending more than \$1,000 a year out-of-pocket on prescriptions, balancing food costs against fuel costs, and fuel costs against their medical costs. As I have said again and again, they are giving up medicines that are essential to their health.

I mentioned yesterday older people with diabetes who can't afford the Glucophage, an essential diabetes drug. This is not something that is inconsequential; this is something that, for older people, can literally mean the difference between decent health or incurring a very, very serious illness and, often, even death.

Let us not be indifferent to the plight of those older people. They are asking the Senate for action. The bipartisan

Snowe-Wyden legislation is one approach that I happen to favor. But I am sure our colleagues have other ideas. What is unacceptable to me, though, is to just say that this Senate won't take it up, we will save it for the campaign trail of 2000, we will tackle it another day. We ought to tackle it now. This has been an issue and a concern of the Nation's older people since back in the days when I was director of the Gray Panthers at home in Oregon. But it is getting to be an even bigger concern because more and more older people can't afford their medicine, and with more seniors interested in wellness and trying to stay healthy, this is the time for the United States Senate to act.

So I intend to keep coming back again and again to the floor of the Senate, and I hope seniors will send in copies of their prescription drug bills. I am proud there is a bipartisan bill now before the Senate to deal with this issue, the Snowe-Wyden legislation. I hope that seniors will be in contact with us, give us their ideas on whether they think our bill is the way to go, or if they prefer another route. What is unacceptable to me is for the Senate to duck this issue. We have an opportunity to work in a bipartisan fashion on it. I intend to keep coming back to the floor of the Senate again and again until we get that action.

With that, I yield the floor.

ADJOURNMENT UNTIL MONDAY, NOVEMBER 8, 1999

THE PRESIDING OFFICER. Under the previous order, the Senate stands adjourned.

Thereupon, the Senate, at 3:48 p.m., adjourned until Monday, November 8, 1999, at 12 noon.

CONFIRMATIONS

Executive nominations confirmed by the Senate November 5, 1999:

DEPARTMENT OF DEFENSE

CORNELIUS P. O'LEARY, OF CONNECTICUT, TO BE A MEMBER OF THE NATIONAL SECURITY EDUCATION BOARD FOR A TERM OF FOUR YEARS.

ALPHONSO MALDON, JR., OF VIRGINIA, TO BE AN ASSISTANT SECRETARY OF DEFENSE.

JOHN K. VERONEAU, OF VIRGINIA, TO BE AN ASSISTANT SECRETARY OF DEFENSE.

THE ABOVE NOMINATIONS WERE APPROVED SUBJECT TO THE NOMINEES' COMMITMENT TO RESPOND TO REQUESTS TO APPEAR AND TESTIFY BEFORE ANY DULY CONSTITUTED COMMITTEE OF THE SENATE.

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be general

GEN. JOHN P. JUMPER, 0000.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be general

LT. GEN. GREGORY S. MARTIN, 0000.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. BRUCE A. CARLSON, 0000.