

same amount of money but not make the decisions in Washington but send that money to the school districts. The school board in Tulsa, OK, is much better equipped to know what their education needs are in Oklahoma than we are in this August body of the Senate. The Democrats say the answer is not school buses, not computers, not the physical facilities that are available; it is 100,000 teachers. I think the more we can send these decisions back to the local level, the better the people of America will be served.

I believe we have had a good session. I am not pleased with the way it is turning out right now. The old saying we have heard so many times in the past that there are two things you never want to watch while they are being made—one is sausage and the other is laws—becomes very true during the last few days of legislative sessions.

I think we have done a very good job. I think we did the right thing in defeating the unverifiable test ban treaty. I think we have passed legislation of which America will be very proud. I am anxious to end all this fun we are having and go home and tell the people in Oklahoma about it.

I yield the floor and suggest the absence of a quorum.

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

The legislative assistant proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

EXTENSION OF MORNING BUSINESS

Mr. INHOFE. Mr. President, I ask unanimous consent that the period for morning business be extended to the hour of 2 p.m. and that the time be equally divided in the usual form.

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

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative assistant proceeded to call the roll.

Mr. HATCH. 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 President, I ask unanimous consent that the order for the quorum call be rescinded.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. HATCH. Mr. President, I ask unanimous consent that for the next quorum call the time be divided for each side equally.

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

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative assistant proceeded to call the roll.

Mr. WYDEN. 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. WYDEN. Mr. President, I ask unanimous consent to speak for up to 15 minutes in morning business.

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

Mr. WYDEN. Thank you, Mr. President.

PRESCRIPTION DRUGS FOR THE ELDERLY

Mr. WYDEN. Mr. President, I have come to the floor of the Senate on a number of occasions recently to talk about the issue of prescription drugs for the elderly.

I think there is a particularly relevant point to make this afternoon given the very extensive press coverage we have seen on this issue in recent days.

Over the weekend, David Rosenbaum in the New York Times had an excellent article on the issue. In the last couple of days, Time magazine had another very lengthy piece on the question of prescription drugs for seniors. And both of these articles ultimately make the point that Congress probably is not going to be able to agree on legislation during this session. The authors offer considerable skepticism about the ability of Congress to come together on a very difficult issue. Both of them, to some extent, go off into what I think are secondary questions—the questions of the role of the Internet, and the question of patents on drugs. Those are important matters.

But what is central and what the Congress needs to do on a bipartisan basis is pass legislation that would make it possible for frail and vulnerable older people to get insurance coverage that would provide for their medicine.

For example, if you are an elderly widow who is 78, maybe having early signs of Alzheimer's, and you spend more than half of your combined monthly income of Social Security and pension on prescription medicine—those are the kinds of letters that seniors are sending to me—it is not going to help you a whole lot to get a 10- or 15-percent discount because you shop over the Internet. Certainly, the role of the Internet in prescription drugs is going to be important. There will be a lot of issues. But to provide relief for the Nation's older people, what Congress needs to do on a bipartisan basis is pass legislation that provides insurance coverage making it possible for older people to pay these big bills. Patient issues and the question of the Internet are matters that are important, but what is needed is legislation that provides real relief.

Part of the effort to win bipartisan support for prescription drug legislation is coming to this floor and, as the poster says, urging seniors to send in copies of their prescription drug bills. Send them to each of us here in the Senate in Washington, DC.

I intend to keep coming to the floor of the Senate and actually reading from these letters. I have three today that I think tell an important story.

One is from a senior citizen in Medford, OR, in my home State. Another is from a senior citizen from Grants Pass, OR, and a third is from a senior citizen in O'Brien, OR, all of which reflect the kind of concerns I know are out there. Hopefully, as seniors learn about our campaign and see that we are urging them to send us copies of their prescription drug bills, it can help bring about bipartisan support for legislation in the Senate.

I am very proud that I have been able to team up in recent months with Senator OLYMPIA SNOWE on bipartisan legislation. I have been of the view that nothing more can happen in Washington, DC, unless it is bipartisan. The Snowe-Wyden legislation is a bill that uses marketplace forces and unleashes the forces of the private sector in an effort to make medicine more affordable for the Nation's older people.

What is sad is that our elderly are in effect hit by a double whammy. Millions of them can't afford their prescriptions. Medicare doesn't cover medicine. It hasn't since the program began in 1965.

On top of the fact that seniors don't have Medicare coverage, when they walk into a pharmacy—I see our friend from New Hampshire, our colleague who has a great interest in health care. As he knows, when a senior walks into a drugstore in New Hampshire, Oregon, or Kentucky, and can't pay for their prescription medicine, in addition they are subsidizing the big buyers of prescription drugs. The HMOs and the health care plans are in a position to negotiate a discount. They get a break on their prices. The seniors, people who are spending half their monthly income on prescriptions, are, in effect, subsidizing those big buyers.

The bipartisan Snowe-Wyden legislation, fortunately, has been able to generate a lot of interest in the Senate. Senator SNOWE and I are proud to have the support.

For example, more than 54 Members of the Senate—more than half the Senate—are now on record saying they would support a tobacco tax to pay for prescription drug benefits for older people. That strikes me as appropriate.

Medicare spent more than \$12 billion last year picking up the costs of tobacco-related illnesses, and more than 50 Members of the Senate are now on record as saying they would be willing to support additional funding to help the vulnerable seniors from whom we are hearing.

Let me read a little bit from some of these letters because I think they sum it up. One I received in the last couple of days from Grants Pass says:

No way can I afford to pay for my medicine. I did get a refill on Pepcid.

That is an important medication this elderly woman is taking now in Grants Pass, OR.

I do hope you can do something to help us seniors.

When she writes, "No way can I afford to pay for my medicine," that essentially sums it up.

We can talk about people buying prescription drugs over the Internet; we can talk about the patent issue, both involving substantial sums of money. Whatever that person needs in Grants Pass—and the letter goes on to say she has no insurance coverage for her medicine—seniors need legislation that actually provides coverage through the insurance system to help pay for prescription drugs.

Another letter comes from Medford, OR. We can see the stack of bills going to a pharmacy in Medford, Southern Oregon Health Trust Pharmacy. This individual has spent \$1,664 recently on prescription drugs in Medicare. She is sending bills to our office. Unfortunately, she doesn't get any help through the various insurance coverages she has. This is representative of what we have been hearing. She also goes on to point out that this large stack of bills she sent me does not even include some of the over-the-counter drugs she is taking such as ibuprofen.

These cases illustrate very well why our country cannot afford not to cover prescription medicine. All of these articles, including *Time* magazine, are always questioning whether the Nation can afford to cover prescription medicine. I have contended for some time now we cannot afford not to cover prescription medicine. These bills I have been reading from on the floor of the Senate show seniors can't afford drugs that help to lower cholesterol, help to lower their blood pressure. These are drugs that help older people to stay well.

Prescription drug coverage for seniors has been a priority ever since my days with the Gray Panthers before I was elected to Congress. Frankly, it is much more important today than ever because these drugs that so many seniors write that they cannot afford today help seniors to stay well. The variety of anticoagulant drugs that help to prevent strokes, as I have commented on the floor of the Senate in the past, might cost \$1,000 a year for an older person to buy them to stay healthy. Compare that to the costs incurred if a senior suffers a stroke. If a senior cannot get an anticoagulant drug to help stay healthy and avoid a stroke, that senior might incur expenses of more than \$100,000.

The question for the Senate is, Are we going to help frail and vulnerable seniors with prescription drug coverage that will cost just a fraction of the expenses that will be incurred through Medicare Part A, the hospital portion, and Medicare Part B, the outpatient portion, if the senior cannot get help and ends up getting sick and, very often, incurring extraordinary expenses?

The third letter I read comes from a woman in O'Brien, OR. She has spent

more than \$2,000 through November of 1999 on her prescription drugs, and just in recent days she has taken on a job in hopes she will be able to pay for her prescriptions. She is 78 years old. At present, she has her Social Security and Medicare. She now has taken on a small job in hopes she will have the funds to pay for her prescription medicine. She writes that she hopes the Snowe-Wyden legislation becomes law.

Other colleagues have different approaches. We appreciate that. What is important is we move forward together. Let's show the authors of all these recent articles in *Time* magazine, in the *New York Times*, and various other publications that are skeptical about whether the Congress can tackle a big issue such as this; let's prove them wrong. Let's show, in spite of a fairly polarized political climate in America today, when there is an important program, this Congress can come together.

I will keep coming to the floor and urging seniors to send in copies of their prescription drug bills. The poster lays it out: Send their bills to their Senator in Washington, DC. The Snowe-Wyden legislation, SPICE, for the Senior Prescription Insurance Coverage Equity Act, is a bill that, on a bipartisan basis, can be supported in the Senate. If other colleagues have different ideas, let's get them out on the table. Let's come up with a marketplace approach to holding down the costs of medicine.

These bills show access to coverage is very key, but holding down the costs of medicine is very key as well. There is a right way and a wrong way to hold down those costs. The right way is to use a model such as the health care system for Members of Congress. That is what is behind the Snowe-Wyden legislation that provides choice, competition, and marketplace forces for holding down medicine.

There is a wrong way—the various approaches that call for price controls. The real danger behind price controls is that the costs for anybody who is not in the price control group will be shifted on to other Americans who are having difficulty paying for medicines as well. It would not be a particularly useful thing for the Senate to come up with a price control regime for folks on Medicare and then have the costs shifted over to a divorced woman who is 27 years old with two children who is working her head off to try to help her family and help them pay for expenses and then her bills would go up because costs would be shifted to her.

I intend to keep coming back to the floor of the Senate and reading from these bills. Today I have read accounts from Medford, from Grants Pass, and from O'Brien. Seniors cannot afford today to cover prescription drugs.

When public opinion polls are taken, coverage of prescription drugs for older people is now one of the top two or three concerns in America—not just for seniors but for all Americans; certainly for the sandwich generation. Perhaps a

young couple in their forties who have to try to provide some assistance to a parent who could not afford prescription medicine is following this issue. It is not just a seniors' issue; it is an issue for families; it is an issue for the quality of life of our country.

The Snowe-Wyden legislation is a bipartisan bill where more than 50 Senators have already indicated they will support the funding mechanism in prescription drug coverage as one way to proceed.

I am sure our colleagues have other ways to go. But what is important is to show the skeptics across this country who are writing in magazines and saying in news reports that nothing can be done that we can come together on a bipartisan basis and provide real relief for the Nation's older people.

I hope seniors will, as this poster indicates, continue to send copies of their prescription drug bills to us in the Senate, each of us in Washington, DC, because I intend to keep coming back to this floor again and again until we can secure passage of this legislation.

I do not want to see the attention of the Senate diverted to questions of the role of the Internet and patents and the variety of matters because, while they are important, they do not go to the heart of what is needed in this country. What is needed in America for the millions of seniors who are spending half of their income on prescription drugs—and that is what I have been describing on the floor of the Senate—is insurance coverage. They need coverage which will pick up that part of their insurance bill that goes for prescription drugs. That is what the Snowe-Wyden legislation does on a bipartisan basis.

We are going to keep coming back to the floor of this body to talk about the need for prescription drug coverage for the elderly. There are bipartisan proposals to do it.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, what is the parliamentary situation?

The PRESIDING OFFICER. The Senate is conducting morning business until 2 o'clock.

Mr. LEAHY. I thank the distinguished Presiding Officer.

The PRESIDING OFFICER. The minority controls 5 more minutes.

Mr. LEAHY. Mr. President, I ask unanimous consent I be allowed to continue for not over 10 minutes in defense of the distinguished majority leader following an editorial in one of our papers today.

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

RESPONDING TO CRITICS OF THE NORTHEAST DAIRY COMPACT

Mr. LEAHY. Mr. President, I read an editorial this morning in the *Wall Street Journal* that made incorrect