

who has been involved in immigration issues over some 38 years in the Senate, and someone who has worked with colleagues in a bipartisan way. I wanted to let my friend from Michigan know something which I hope he already does know. I wanted to share the great respect I have for him and his leadership on immigration issues, as the chairman of the Subcommittee on Immigration.

Immigration issues bring out, really, the best and the worst in our colleagues. These are emotional issues for many of us. We have a Senate and House of Representatives that have strong views on these issues. His hand has been a steady, guiding one of leadership over this period of time, and one I thought showed enormous sensitivity in helping to guide immigration policy in a way that respects the strong tradition of people in this Nation to acknowledge and continually work to remedy the very significant inequities that are still a part of our policy.

I also point out what I think all of us in this body remember, his strong leadership in helping us work through the skill shortage in our high-tech industries. He led the Judiciary Committee and the Senate in the development of that program. What certainly impressed me during that period of time was his constant willingness to look at different ideas, different approaches, and differing views, and to always try to reach out to find some common understanding in these areas in order to move the process forward—a real legislator.

I know he is proud of many different aspects of his service in the Senate, but I wanted to express from this side of the aisle the affection and friendship of those of us who have worked with him in some very important areas of public policy, and the high regard and respect we have for him. We are hopeful that we'll have a chance to work with him on public policy in the future.

Mr. ABRAHAM. Mr. President, if I might, I thank the Senator from Massachusetts for his kind remarks. I had occasion a couple of days ago to speak to the Senate. At that time I expressed publicly my thanks to him. He was not in the Chamber at the time, so I reiterate it here. We worked, I think, in a very constructive way on a number of issues as members of the Subcommittee on Immigration and on a variety of other issues he has mentioned here as well. I thank him for his remarks today.

The PRESIDING OFFICER. The Senator from Massachusetts.

OMNIBUS APPROPRIATIONS BILL

Mr. KENNEDY. Mr. President, I expect to support the omnibus legislation that will implement the final appropriations agreement for this Congress because it makes the kinds of investments in education, health, and work opportunities that are needed by all American families. In the long run,

only through these basic investments can we preserve our capacity to keep our nation strong. I commend my colleagues for their diligence in crafting legislation that respects the highest priorities of the American people. Senator HARKIN and Senator SPECTER have shown the power of bipartisan cooperation throughout their work on this legislation. We have all benefitted from the example and leadership of Senator STEVENS and Senator BYRD as well.

While this legislation is not perfect and certainly is no substitute for the unfinished work of the 106th Congress, it is good for the American people, and it shows what is possible when we resolve to work together. In this sense, it offers considerable hope for the 107th Congress.

EDUCATION

In the critical area of education and the nation's schools, this appropriations agreement is a resounding victory for parents and communities across the country. Congress has lived up to its commitment to increase education funding. We are taking a giant step forward to ensure that children across the country receive the support they need to succeed in school and to make college more affordable for every qualified student. I'm proud to highlight a few of the key education accomplishments.

For the first time, communities across the country will qualify for over \$1.2 billion in federal aid to address their most urgent school building repair needs, such as fixing roofs, plumbing and electrical systems, and meeting fire and safety codes.

Schools across the country will receive \$1.623 billion, a 25 percent increase over last year, to continue hiring and training new teachers to reduce class sizes in the early grades. This year's funding increase will place 8,000 more teachers in classrooms, placing the goal of 100,000 new teachers well within reach.

Teacher quality will improve as well this year. Schools will receive \$485 million, a 45 percent increase over last year, to help teachers improve their skills through professional development activities, reducing the number of uncertified and out-of-field teachers.

Title I of the Elementary and Secondary Education Act, which helps disadvantaged students master the basics and achieve to high standards, is increased by \$506 million, for a total of \$8.4 billion.

We know that children are most likely to engage in risky behavior in the hours just after school. Congress has responded by increasing support for after-school programs by 87 percent this year, to \$851 million. This increase will help more children stay out of trouble after school and get extra help with their schoolwork.

The bill also provides an additional \$91 million, for a total of \$225 million, to support state and local efforts to turn around low-performing schools.

Vocational and technical education programs received \$1.240 billion, a \$48

million increase, to improve programs that give students skills they need in order to meet the demands of the new high tech workforce.

College students will also receive much needed support under this bill. The GEAR UP programs will receive \$295 million, an increase of \$95 million, and TRIO programs will receive \$730 million, a \$85 million increase, to help more low-income and minority middle and high school students prepare for college and succeed in college.

Of all high school students in Boston, 80 percent of them now are tied into colleges. We have 12 different colleges that are tied into the high schools, where they are not just taking the individuals who show promise, which the TRIO Program does and does with extraordinary success, but to try to take the whole class together and move the whole class up. It is a relatively new concept and one which has worked very successfully in the several pilot areas where it has been tried. We are finding extraordinary response, positive response from colleges that engage in this undertaking, and extraordinary response from the schools. I think it will be one of the more important programs to enhance academic achievement for high school students.

This legislation will also enable more undergraduate and graduate students to pay for college through part-time work assistance because the Federal Work Study program received a \$77 million increase.

This bill also strengthens Pell Grants, enabling many more students to take advantage of them. The maximum grant is increasing by \$450—from \$3,300 to \$3,750. Because there are so many young people who, even though they are eligible for the maximum Pell Grant, just couldn't make it with the lower maximum, this is perhaps the most important educational enhancement we have. It recognizes that many children are advantaged in their academic achievement and accomplishment but disadvantaged in the amount of resources they have.

EARLY LEARNING

As we strengthen our commitment to quality education at the elementary, secondary, and college levels, a strong body of research challenges us to broaden our commitment to education as well. Education is a continuum that begins at birth and continues long after graduation. On the birth-to-kindergarten side, we have much work to do. For the sake of each child, the nation, and our education system itself, all children must have access to the early learning opportunities that will enable them to enter school ready to learn.

Today, 12 million children under age five have mothers who work outside the home. Yet many of these children are assigned to waiting lists instead of quality early learning programs because federal funding isn't adequate to meet existing needs, and more and more parents are accepting the responsibility of work under welfare reform.

In Massachusetts, 14,000 children are wait-listed, as are 200,000 children in California. Today's minimum wage for a full-time worker is \$10,720 per year. This doesn't begin to cover the cost of quality early learning opportunities, which can be as high as ten thousand dollars a year.

All of us remember a number of years ago when the Governors, Republicans and Democrats, met in Charlottesville and announced goals for the Nation in education. Their first goal is to have children ready to learn when they enter kindergarten and first grade, to build the skills they bring to school. The skills that little children need to develop as infants and toddlers self-confidence, self-awareness, some degree of self-esteem, inquisitiveness in academics, and, interestingly enough, a sense of humor.

Eleven years ago, Senator MCCAIN and I introduced the Military Child Care Act, which turned military child care into an early learning model for the nation. Today's legislation takes three important steps toward building on that success in civilian America.

First, it increases federal child care subsidies by 69 percent, enabling states to remove 150,000 children from waiting lists next year. This increase was very much patterned upon the child care initiatives of our colleague, Senator DODD, and I am deeply grateful for his leadership on this issue.

Next, this legislation enables 70,000 of the nation's most at-risk children to participate in Head Start, which is highly regarded because it delivers the promise of early learning so effectively. The legislation also begins implementing the Early Learning Opportunities Act, which Senator STEVENS, Senator JEFFORDS, and Senator DODD and I supported over the past two years. This new law provides for parental education and support services, increased collaboration among early leaning providers, and incentives to improve the quality of early learning services. Its goal is to help the nation build an effective infrastructure of local councils to help each community evaluate how best to put the research on infant and toddler brain development into practice.

The Head Start Program, the Early Head Start Program, and the new Early Learning Opportunities Act included in this appropriations bill will improve early learning in important ways. The Carnegie Commission and other experts who have studied the development of a child's brain in the early years, and made a series of recommendations. With this legislation we are beginning now to follow up on these recommendations by investing in children at early ages. That is extremely important.

These steps show important momentum toward turning the research on children's brain development into sensible national policy, and we should build on this momentum in the next Congress. We can learn much more

from the military's experience with early learning. We can build these lessons into the Child Care and Development Block Grant when it is reauthorized in the next Congress. We can pass additional legislation to turn the current patchwork of federal child care and early learning programs into a seamless structure directed at one goal—quality services to ensure that children enter school ready to learn. We also must continue expanding Head Start until it is available to all children who need it.

The health funding in this bill is also a win for the American people.

GRADUATE MEDICAL EDUCATION

I will now address the excellent work that has been done under the balanced budget act, or BBA, programs, in particular the funding level for pediatric graduate medical education. This is not an area that has a history of proper federal attention. Last year, it received \$40 million and virtually no funding prior to that time.

The Medicare Program has provided the funding for the training of much of the American medical personnel who, without question, are the best trained medical personnel in the country. It was funded through the Medicare system. The area of pediatrics never made it, so these children's hospitals, which train the majority of pediatricians, had to provide the additional training services and educational services without the support available to every other physician training program.

That has been significantly corrected with this legislation. There are over 50 major children's hospitals across this country that will benefit from this program. We can be sure that as a result of today's work, the part of the medical profession that is focused upon caring for children will be significantly advanced, and I commend the appropriators for this.

I am particularly pleased with the funding level for pediatric graduate medical education. The legislation allocates \$235 million to support medical education costs incurred by free-standing children's hospitals. This figure is nearly a 500 percent increase over last year's appropriation of \$40 million, and puts us much closer to fully funding the program.

This program was created last year to address the historical inequities in federal support for graduate medical education activities occurring at independent children's hospitals. Until last year, the federal government has paid for hospital costs related to physician training from Medicare. However, because children's hospitals generally treat very few Medicare patients, they were historically and dramatically underpaid for teaching activities. Prior to enactment of this program, children's hospitals were given just $\frac{1}{200}$ th of the federal support for teaching activities that other teaching hospitals received.

Children's hospitals, which represent less than one percent of all hospitals in the country, train approximately 30

percent of the nation's pediatricians and the majority of many pediatric specialists. It is long past time for the federal government to support these activities. Next year, it is my hope that we will achieve permanent, full funding for this essential program.

Children's hospitals around the country will benefit from the increased funds in this legislation. It will enable these important institutions to continue to be regional and national referral centers for children around the country. It will support new and continuing research activities that benefit children and adults alike. And, most importantly, it will help assure a steady supply of pediatricians and pediatric specialists to treat the nation's children now and in the future.

With approximately 200 full-time employees in training at any one time, Boston Children's Hospital has the largest teaching program among independent children's hospitals. It has a top-notch faculty, and provides excellent teaching, research and patient care. These funds will assure its continued contribution to health of children in Massachusetts, the nation, and the world.

NATIONAL INSTITUTES OF HEALTH

This bill also includes an increase of 13 percent for the National Institutes of Health, raising the NIH budget to more than \$20 billion. These new resources will enable NIH to increase its support for the medical research that is urgently needed to develop new cures for the diseases that afflict millions of Americans.

Massachusetts is a leader in medical science. It receives more than one out of every ten dollars that NIH spends on research grants—more than any other state except California—and Boston receives more NIH grant money than any other city in the nation.

Last year alone, doctors and scientists in Massachusetts were awarded more than \$1.5 billion in research grants from NIH. The new appropriations bill will increase this already impressive total by more than \$180 million, so that Massachusetts will receive an estimated \$1.7 billion in NIH research grants in the coming year.

NIH supports essential research across the state. In Boston, research supported by NIH very recently discovered an important relationship between the immune system and the brain that may lead to better treatments for diseases like multiple sclerosis. In Worcester, NIH funds are helping to build a new center for cancer research that will become a leader in this important field. In Cambridge, NIH will help support a major new center to study the nervous system, so that we can better understand brain diseases like Alzheimer's, schizophrenia and depression. NIH grants are essential for funding the basic research that is often considered too risky to be funded by private companies, and ensure that the results of this work are available to all researchers.

The investment that NIH makes in medical research is the foundation on which the nation's thriving biotechnology industry is built. More than 250 biotech companies in Massachusetts provide good jobs for thousands of professionals across the state, and contribute millions of dollars every year to the state's economy. New partnerships between universities and biotechnology companies form almost every day, embarking research ideas from the academic world to be developed rapidly into new medical breakthroughs that will improve the health of patients across the nation.

By helping develop new cures for deadly diseases and by fostering the important new industry of biotechnology, the renewed commitment to the NIH that we make here today is an investment that will pay dividends now and for many years to come.

BALANCED BUDGET REFORM ACT

This legislation provides "financial CPR" for hospitals, home health agencies, nursing homes, and other important Medicare providers around the country. It also takes important steps to improve access to health care through CHIP and Medicaid, though more is needed.

Nearly one million senior citizens and persons with disabilities depend on Medicare to provide high-quality care in Massachusetts. The health care industry is a critical component of the state economy. Today, we are saying that help is on the way.

The Medicare, Medicaid and CHIP Beneficiary Improvement and Protection Act is the most significant relief package since passage of the Balanced Budget Act in 1997. Medicare spending will total \$30 billion over five years, and spending for Medicaid and the Children's Health Insurance Program will total \$6 billion. In fact, the net cost of the entire package is likely to be closer to \$15 billion over five years, because of the offsetting effect of savings achieved by a forthcoming regulation limiting the ability of states to obtain union funded Medicaid payments.

The savings from the Medicaid regulation should be used to expand coverage to low-income populations. I strongly support the provider relief in this package, but I am disappointed that the Republican leadership opposed bipartisan efforts to enable states to extend health benefits to low-income pregnant women and children who are legal immigrants, but who would otherwise be eligible for CHIP and Medicaid. In addition, the Republican leadership refused to include the bipartisan Grassley-Kennedy Family Opportunity Act, which would have enabled children with disabilities to obtain or maintain health coverage through Medicaid.

Massachusetts providers have estimated that they will receive approximately \$450 million—close to half a billion dollars—over the next five years as a result of this legislation. While it is the most significant step Congress has

taken to date to restore the unintended cuts made by the Balanced Budget Act of 1997, this Congress failed to finish the job, and we will be back at it again in the 107th Congress.

The record budget surpluses now and projected for the years ahead are largely due to the savings achieved by cutting Medicare payments in the Balanced Budget Act of 1997. Those cuts were expected to total \$116 billion over five years, and nearly \$400 billion over ten years—more than double the amount ever enacted in any previous legislation.

In reality, these cuts are now estimated to total \$200 billion over five years and more than \$600 billion over 10 years. These excessive cuts, combined with low payments from private payors and Medicaid programs, have placed many outstanding health care institutions at risk, and threaten quality of care for millions of elderly, disabled and low-income Americans.

In Massachusetts, two out of every three hospitals are losing money on patient care. Community hospitals across the state are struggling to survive. Key providers are questioning whether to participate in HMOs, and HMOs are deciding to cut benefits and trim service areas.

Twenty-five percent of home health agencies in the state no longer serve Medicare patients, and 20 agencies have closed their doors since the BBA was enacted. The remainder see fewer patients, and see them less often.

Forty-three nursing homes have closed in Massachusetts since 1998. One in four are in bankruptcy. One in seven nursing positions are unfilled, because Massachusetts nursing homes are unable to compete for staff.

Congress has been slowly restoring these Medicare cuts year-by-year. In 1998, we included \$1.65 billion in the FY99 Omnibus Appropriations bill for Medicare home health agencies as a stop-gap measure. The Balanced Budget Refinement Act of 1999 restored \$16 billion over five years. And the legislation we are voting on today takes an even more significant step toward fixing the problems created by the BBA. But it does not finish the job. In fact, it contains new cuts for hospitals and nursing homes. Clearly, we will need to revisit this issue in the 107th Congress. There is no need to turn funding for entitlement programs into an annual appropriations process, but that is precisely what this annual exercise has unfortunately become.

In addition to the much-needed provider relief contained in this legislation, it also includes two other important improvements in Medicare benefits. First, it requires Medicare coverage of drugs that are not usually self-administered by a patient. This change restores and preserves coverage for certain drugs that are vital for senior citizens and persons with debilitating chronic illnesses. This provision will ensure that in determining whether a drug is usually self-administered,

HCFA should only consider whether a majority of Medicare patients with the disease or condition actually administer the drug to themselves, reversing a contrary 1997 policy. This improvement will help assure that millions of elderly and disabled Americans have continued access to life-saving and life-improving drugs.

Second, the bill improves coverage for immunosuppressive drugs for Medicare patients who have had an organ transplant. These drugs are needed to prevent rejection of the transplanted organ. Assuring permanent coverage will improve the quality of life for transplant patients, and assure a wiser use of scarce resources and scarce organs by helping patients to remain healthy after transplantation.

CHIP AND MEDICAID

This legislation also includes several provisions that are important to working families whose children are eligible for CHIP or Medicaid.

First, the legislation includes a redistribution mechanism to assure use of the funds allocated to insure low-income children through CHIP and Medicaid. The formula is fair, and it allows all states to benefit from unspent FY98 dollars in a manner that will assure continued enrollment of eligible children. Those states that have been slow to spend their initial CHIP allocation will now have additional time to spend their FY98 funds by reaching out and enrolling more children in these programs. Those states that spent all of their FY98 dollars because they were able to get their programs up and running early will obtain additional funds to continue their momentum. The result is a win-win for America's children.

The legislation also enables states to immediately enroll uninsured children who are potentially eligible for CHIP or Medicaid in the proper program, while awaiting confirmation of actual eligibility. This step is important for improving enrollment rates. Unfortunately, the bill limits its applicability to children found only through outreach in primary and secondary schools. There is bipartisan support for a broader proposal that would have extended presumptive eligibility to a variety of other programs where uninsured eligible children or their parents are likely to be identified, including child care resource centers, child support agencies, housing agencies, and homeless shelters. We will pursue this and other CHIP and Medicaid outreach and enrollment improvements next year.

Finally, the legislation extends for one additional year the Transitional Medical Assistance program, which allows families who are leaving welfare for work to maintain Medicaid coverage during the transition. Most post-welfare jobs do not offer health insurance. We must do all we can to see that "ending welfare as we knew it" does not contribute to America's already shameful uninsured rate.

LOW INCOME HOME ENERGY ASSISTANCE

I'm pleased that this year's final budget agreement includes \$1.4 billion to help families heat their homes this winter under the Low Income Home Energy Assistance Program. Massachusetts needs this 28 percent increase in its block grant to help more families cope with higher heating costs this winter. Combined with LIHEAP emergency funds that the Clinton Administration has already made available in anticipation of this winter's needs, I am hopeful that the regular and emergency LIHEAP funding contained in this budget deal should enable low-income families to heat their homes throughout the winter that is already upon us. I regret that this year's budget agreement does not contain expected advance funding for the winter of 2002, so that families can plan ahead for heating assistance next year. I intend to do all I can to see that Congress corrects this omission as part of a supplemental spending bill early next year or as part of the broader national energy policy reevaluation likely to begin in the new Congress. For this winter, though, today's budget agreement remains a significant step forward for LIHEAP and the families who depend on it.

NEW MARKETS INITIATIVE

The New Markets Initiative is another key bipartisan agreement included in this legislation. I am pleased that the Congress has joined President Clinton in his efforts to revitalize those communities that have been left behind at this time of record prosperity, and I commend Speaker HASTERT for his leadership in reaching this agreement.

This initiative increases the low-income housing tax credit, which is long overdue in light of its strong bipartisan support. With the growing regional and national economy, housing prices are rising faster in Massachusetts than in any other state. We must increase production in new affordable housing units to meet the overwhelming demand, and an increase in the credit is critical. The agreement also accelerates the private activity bond cap, which will also support increased development of affordable housing, as well as industrial development.

The initiative also creates 40 Renewal Communities and 9 new Empowerment Zones—all of which provide tax incentives for development in those parts of the country that have struggled while others have prospered.

Overall, this final budget agreement includes so many major achievements—from Class Size reduction to Pediatric Graduate Medical Education to dislocated worker assistance to New Markets development—that the value of each part will only become apparent over time. Yet even as we celebrate the progress made by this legislation, we must also recognize that it is only a small part of the work that the public expects us to complete. I share the concern of many of my colleagues that the

unfinished agenda of the 106th Congress is so long.

We still lack a Patients' Bill of Rights, leaving HMO's free to sacrifice families' health needs in favor of their own economic interests.

We still lack a prescription drug benefit for seniors, leaving our parents and grandparents vulnerable to drug-company extortion for drugs they need to stay alive.

We still lack a plan to reduce medical errors, leaving thousands of hospital patients to die needlessly each year.

We still lack a fair minimum wage, leaving people who work full time all year in difficult jobs to raise their children in poverty.

We still lack common-sense gun laws, leaving school children vulnerable to ambush.

We still lack strong laws against hate crimes, leaving the most vulnerable people in our society open to the most brutal acts imaginable.

We still lack basic fairness in many of our immigration laws, leaving our proud heritage and noble ideals out in the cold with so many huddled masses.

We still lack the most basic protection for women's work, leaving more women to raise their children in poverty because they consistently earn less than their male colleagues.

We still lack a plan to protect people's privacy in the digital age, leaving our medical, consumer, and other personal information exposed to market demands.

Also left unresolved are major Medicare and Social Security reforms that must be enacted now if we are to avoid a crisis for the seniors of 2025 and beyond. I also believe that we should still address how to provide some tax relief for many families who bear a particular financial burden because they need to provide long term care for their loved ones.

Every item on this list remains of vital importance to the nation. I must elaborate on a several of them.

Unfortunately, the leadership of the 106th Congress turned its back on America's families who are raising children with disabilities. The Family Opportunity Act has sweeping bipartisan support in both chambers, including more than three-fourths of the Senate. There is no reason that this legislation should not have become law this year. Although Congress let American families down this year, I look forward to working with Senator GRASSLEY again next year to ensure that no family in this nation has to turn down jobs, turn down raises, or give up custody of their disabled child to get the health care each child deserves.

Few issues touch Americans more deeply than quality health care for themselves and their loved ones. This Congress failed to fulfill its responsibility to act on three great health issues. It did not pass a strong, effective patients' bill of rights to end the abuses of managed care and other in-

surance programs. It did not provide coverage of prescription drugs under Medicare. And it did not significantly expand insurance coverage for the uninsured. Now it is up to the new Congress that will assemble in January to do better. These three issues should be top priorities.

Prompt passage of a patients' bill of rights is critical for every one of the 161 million Americans with private health insurance coverage. Every day that Congress fails to act more patients suffer.

A survey by the School of Public Health at the University of California found that every day—each and every day—50,000 patients endure added pain and suffering because of their actions of their health plan. For 35,000 patients, needed care is delayed, or even denied all together. Thirty-five thousand patients have a specialty referral delayed or denied. Thirty-one thousand patients are forced to change doctors. Eighteen thousand patients are forced to change medications because of HMO abuses.

A survey of physicians by the Kaiser Family Foundation and the Harvard School of Public Health found similar results. Every day, tens of thousands of patients suffer serious declines in the their health as the result of the action—or inaction—of their health plan.

Whether the issue is diagnostic tests, specialty care, emergency room care, access to clinical trials, availability of needed drugs, protection of doctors who give patients their best possible advice, or women's ability to obtain gynecological services—too often, in all these cases, HMOs and managed care plans make the company's bottom line more important than the patient's vital signs. These abuses should have no place in American medicine. Every doctor knows it. Every patient knows it. And in their hearts, every member of Congress knows it.

The House passed a Patient Bill of Rights—the Norwood-Dingell bill—that effectively addressed these abuses. A solid bi-partisan majority of Congress supported the legislation. It is endorsed by 300 groups representing doctors, nurses, patients and advocates for women, children, and families. But in the Senate, it has been blocked by the insurance industry and the Republican leadership. The new Senate, the new Congress, and the new President have an obligation to pass this legislation into law.

This is an issue which hopefully, given the strong voting and interests of our colleagues and their constituents, we will be able to resolve in a bipartisan way during the next Congress.

The Congress' failure to provide prescription drug coverage to our nation's senior citizens is also unacceptable. Senior citizens need a strong drug benefit under Medicare. They earned it by a lifetime of hard work. They deserve it. And Congress and the new President owe it to them to act.

Too many elderly Americans today must choose between food on the table

and the medicine they need to stay healthy or to treat their illnesses. Too many senior citizens take half the pills their doctor prescribes, or don't even fill needed prescriptions—because they can't afford the high cost of prescription drugs.

Too many seniors are paying twice as much as they should for the drugs they need, because they are forced to pay full price, while almost everyone with a private insurance policy benefits from negotiated discounts. Too many seniors are ending up hospitalized—at immense cost to Medicare—because they aren't receiving the drugs they need at all, or can't afford to take them correctly. Pharmaceutical products are increasingly the source of miracle cures for a host of dread diseases, but millions of senior citizens are being left out and left behind because Congress fails to act.

The crisis that senior citizens face today will only worsen if we refuse to act, because insurance coverage continues to go down, and drug costs continue to go up.

Twelve million senior citizens—one third of the total—have no prescription drug coverage at all. Surveys indicate that only half of all senior citizens have prescription drug coverage throughout the year. Coverage through employer retirement plans is plummeting. Medicare HMOs are drastically cutting back. Medigap plans are priced out of reach of most seniors. The sad fact is that the only senior citizens who have stable, reliable, affordable drug coverage are the very poor on Medicaid.

Prescription drug costs themselves are out of control. Since 1996, costs have grown at double-digit rates every year. Last year, the increase was an unacceptable 16 percent, while the increase in the CPI was only 2.7 percent. No wonder access to affordable prescription drugs has become a crisis for so many elderly Americans.

In the face of this declining coverage and soaring cost, more and more senior citizens are being left out and left behind. The vast majority of the elderly are of moderate means. They cannot possibly afford to purchase the prescription drugs they need if serious illness strikes.

Fifty-seven percent of seniors have incomes below \$15,000 a year, and 78 percent have incomes below \$25,000. Only 7 percent have incomes above \$50,000 a year. The older they are, the more likely they are to be in poor health—and the more likely they are to have very limited income to meet their health needs.

Few if any issues facing the next Congress are more important than giving the nation's senior citizens the health security they have been promised. The promise of Medicare will not be fulfilled until Medicare protects senior citizens against the high cost of prescription drugs, in the same way that it protects them against the high cost of hospital and doctor care.

Despite the gaps in Medicare and the abuses of many private insurance plans, those who have insurance coverage from these sources are still more fortunate than the 43 million of their fellow citizens who have no health insurance at all.

It's a national disgrace that so many Americans find the quality of their health determined by the quantity of their wealth. In this age of the life sciences, the importance of good medical care in curing disease and improving and extending life is more significant than ever. Denying any family the health care they need is unacceptable.

Every other industrialized society in the world except South Africa achieved that goal in the 20th century—and under Nelson Mandela and Thabo Mbeki, South Africa has taken giant steps toward universal health care today. But in our country, the law of the jungle still too often prevails. Forty-three million of our fellow citizens are left out and left behind when it comes to health insurance.

The dishonor roll of suffering created by this national problem is a long one.

Children fail to get a healthy start in life because their parents cannot afford the eyeglasses or hearing aids or doctor's visits they need.

A young family loses its chance to participate in the American dream, when a breadwinner is crippled or dies because of lack of timely access to medical care.

A teenager is condemned to go without a college education, because the family's income and energy are sucked away by the high financial and emotional cost of uninsured illness.

An older couple sees its hope for a dignified retirement dashed, when the savings of a lifetime are washed away by a tidal wave of medical debt.

Even in this time of unprecedented prosperity, more than 200,000 Americans annually file for bankruptcy because of uninsured medical costs. And the human costs of being uninsured are often just as devastating.

In any given year, one third of the uninsured go without needed medical care.

Eight million uninsured Americans fail to take the medication that their doctor prescribes, because they cannot afford to fill the prescription.

Four hundred thousand children suffer from asthma but never see a doctor. Five hundred thousand children with recurrent earaches never see a doctor. Another five hundred thousand children with severe sore throats never see a doctor.

Thirty-two thousand Americans with heart disease go without life-saving and life-enhancing bypass surgery or angioplasty—because they are uninsured.

Twenty-seven thousand uninsured women are diagnosed with breast cancer each year. They are twice as likely as insured women not to receive medical treatment before their cancer has already spread to other parts of their

bodies. As a result, they are 50 percent more likely to die of the disease.

Overall, eighty-three thousand Americans die each year because they have no insurance. The lack of insurance is the seventh leading cause of death in America today. Our failure to provide health insurance for every citizen kills more people than kidney disease, liver disease, and AIDS combined.

Passage of the CHIP program in 1997 opened the door of health insurance to a large majority of the 10 million uninsured children—but too many children eligible for CHIP and Medicaid have still not been enrolled. Legislation I sponsored with Congressman John Dingell would have substantially increased enrollment of eligible children in CHIP. It would have encouraged states to make more children eligible, and would have provided assistance to the low and moderate income uninsured parents of these uninsured children. This legislation received a vote of the majority of the members of the Senate, but it was defeated on a procedural motion.

Today, our opportunity to end these millions of American tragedies is greater than ever before. Our prosperous economy gives us large new resources to invest in meeting this critical need. Recently, some Republicans in Congress have finally joined Democrats in urging our country to meet the challenge of providing health coverage to the 43 million Americans who are left out and left behind. President-elect George Bush and Vice President AL GORE both campaigned on a pledge to expand health insurance coverage for the uninsured. I regret that this Congress did not take substantial steps to end this American tragedy, but it should be at the top of the agenda of the new Congress and the new Administration.

The minimum wage ranks at the top of the list as well. Our leader, in a meeting of our Democratic caucus, indicated this afternoon that one of his great disappointments in this session is failing to provide an increase in the minimum wage for the 13 million Americans who need and deserve an increase. The last time we increased it was 1997. We have had unparalleled economic prosperity before and since. We have had record low unemployment. We have had stability in inflation. It is inexcusable that we have not increased the minimum wage for these workers. I am strongly committed to working with our colleagues to address that situation in the new Congress.

I join our Democratic leader in expressing my deep disappointment in the failure of this Congress to increase the minimum wage. A fair increase is long overdue. It is urgently needed to improve the lives of over ten million hard-working, low-wage earners in this country. It is shameful that Congress is holding the increase hostage to tax cuts for the wealthy. It is even more shameful that Congress recently acted to raise its own pay for the third time

in four years—yet they have not found time in the past three years to give any pay increase at all to the lowest paid workers.

The long period of inaction comes at a time when the country as a whole is enjoying unprecedented prosperity—the longest period of economic growth in the nation's history and the lowest unemployment rate in three decades. In these strong economic times, Congress should not be acting like Scrooge.

Millions of low income workers have dedicated their lives to building this strong economy. Yet, in many cases they have been forced to labor for increasingly longer and longer hours, with less and less time to spend with their families, and without sharing fairly in the nation's prosperity. Poverty has almost doubled among full-time, year-round workers since the late 1970s—from about 1.5 million then to almost 3 million in 1998—and an unacceptably low minimum wage is part of the problem.

Minimum wage employees working 40 hours a week, 52 weeks a year, earn only \$10,700 a year—\$3,400 below the poverty line for a family of three. At that rate, minimum wage workers now fail to earn enough to afford adequate housing in any area of this country. Waitresses, teacher's aides, child care workers, elder care workers and all other employees deserve to be paid fairly for the work they do. No one who works for a living should have to live in poverty.

By failing to increase the minimum wage, Congress has broken its promise to American workers. We are denying them just compensation for their many contributions to building a strong nation and a strong economy.

We have broken our promise to women, since 60 percent of minimum wage earners are women.

We have broken our promise to people of color, because 16 percent of those who would benefit from a minimum wage increase are African American and 20 percent of those who would be helped are Hispanic.

We have broken our promise to children, because 33 percent of minimum wage earners are parents with children. In America today, 4.3 million children live in poverty, despite living in a family where someone works full-time, year-round.

And we have broken our promise to the American family, because too many parents are required to spend more and more time away from their families to make ends meet. On average, Americans are working 416 more hours in 1999 than they were in 1979.

Each year we fail to act on the minimum wage, families across the country fall farther behind. As the result of not implementing the dollar increase we first proposed three years ago, when the clock strikes midnight on the December 31st, minimum wage workers will have lost over \$3000 because of the inaction by Congress. Today, the real

value of the minimum wage is now \$2.90 below what it was in 1968. To have the purchasing power it had in 1968, the minimum wage would have to be at least \$8.05 an hour today, not \$5.15.

We will never give up or give in on this issue, because it is an issue of fundamental fairness. We will be back next year with a new bill to raise the minimum wage. I hope that the new Congress will act as quickly as possible to pass a fair increase that reflects the losses suffered as the result of our shameful inaction this year.

President-Elect Bush has emphasized many of these priorities, and I look forward to working with him. The lesson of the legislation before us today is that when we fail to consider each other's ideas, only gridlock results—but when we work together for the nation's good, the result is the kind of progress that makes us all proud to serve the American people.

The PRESIDING OFFICER (Mr. ABRAHAM). The Senator from Nevada.

ORDER FOR RECESS

Mr. REID. Mr. President, due to the delay in consideration of the final appropriations bill, I ask unanimous consent that the Senate stand in recess until the hour of 4 p.m., following the remarks of Senator TORRICELLI from New Jersey.

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

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

ASSISTANCE FOR ALS PATIENTS

Mr. TORRICELLI. Mr. President, 3 years ago, during a visit by a constituent, I met a young man from southern New Jersey named Kevin O'Donnell. I have shared his story with the Senate before. But on this day, having met with some success, I share it with you again.

Five years ago, Kevin was 31 years old. He was a young father, a husband of a lovely woman, and in perfect health. He took his daughter skiing one day and upon returning home felt a pain in his leg. It continued over a period of time, bothering him, so he went to visit the doctor. You can only imagine the shock when this perfectly healthy young man—father of this little girl—discovered he had been stricken with ALS, known to most of us as Lou Gehrig's disease.

Since that day, Kevin O'Donnell's wife and daughter have watched the life flow out of his body. Going from a healthy young man, they watched him lose control of his legs and arms, the

ability to speak, and even the ability to breathe. Life simply evaporated from Kevin O'Donnell's body.

When he came in to see me those years ago, he had a very simple request—so logical I could not conceive of an argument against it. While he was waiting to die, not only was his life leaving him but the financial security of his family. Nursing care, medical assistance, things to ease the pain, to maintain some dignity in life, to provide relief for his wife and his family, were costing thousands of dollars.

But under the rules of Medicare, he could not begin to receive any assistance for 2 years. The life expectancy for 90 percent of ALS sufferers is only 3 years, 4 years. Most of the people who have ALS do not live beyond the waiting period in Medicare to get help. This never could have been anticipated. It never could have been even imagined by people in Medicare when these regulations were written. And because there is no other disease quite like it, the regulations have never been changed.

A person can have heart disease or cancer, and they may be at great risk, but they can live 2 years. With the right treatment, they can live 5, 10, 20 years; at least the chances are always good. With ALS, the outcome of the disease is nearly certain that the life expectancy is not long and most will not live to ever see their first dollar of Government help.

I brought this cause to many of my colleagues in the Congress. There are 28 Members in the Senate—16 Democrats and 12 Republicans—and over 280 Democrats and Republicans in the House of Representatives who have joined in this effort to help those people around the country who are stricken with Lou Gehrig's disease.

Today, I rise to thank Senator LOTT and Speaker HASTERT for their generous help, and Congressman GEPHARDT, Senator DASCHLE, Senator BYRD, Senator REID—the bipartisan leadership—for offering some help to those who suffer from this disease in this country.

But most importantly, I am also very indebted to President Clinton, who made this a critical priority in budget negotiations. Specifically, I thank members of the White House staff, Chris Jennings and Rich Tarplin, who, under the President's direction, fought to give some help to these Lou Gehrig's disease patients.

I have spoken on this floor many times about this cause. For me, this was a victory that was going to be won before this session of Congress ended—no matter what.

When I began this effort some years ago, I stood outside the Senate Chamber with people in wheelchairs, stricken with ALS, in a variety of conditions. As I stand here today to declare victory, I am mindful of the fact that most of those who stood with me when this effort began are now deceased. With their own lives, they proved the