

aviation system to prevent these things from happening, to have safe skies, is absolutely overwhelming. It is something which is not recognized sufficiently by the American people and which we are, happily, recognizing in this bill.

The Secretary of the Department of Transportation is happy with this bill and will recommend to the President that he sign it. Jane Garvey, the FAA Administrator—somebody in whom I have an enormous amount of confidence, who has run Boston's airport by herself and knows the situation cold—is very much in support of this.

After all, we have not taken anything off budget. The aviation trust fund is still on budget. We have not built any firewalls. We have acted in a responsible fashion. However, we have applied more money because this is a particularly special crisis which, thank heavens, after a number of years, Congress has finally recognized.

In my earlier remarks, I failed to mention BUD SHUSTER in the House, the chairman of their committee, and JIM OBERSTAR, dear friends of many years. What they and their colleagues have done is extraordinary. I think we have a superb bill. It is not a perfect bill, but it is, as in all things, the result of compromise. I think, generally speaking, we have a bill of which to be extremely proud. I know the Senator from West Virginia believes that very strongly.

Unless there are others who wish to speak, I hope our colleagues will vote to pass this conference report when the time comes this afternoon.

I yield back the remainder of my time.

Mr. GORTON. Mr. President, I believe that uses the time of all the people who wish to speak on the conference report. I ask unanimous consent debate, other than the 2 minutes at 5 p.m., be concluded.

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

The PRESIDING OFFICER (Mr. HUTCHINSON). The Senator from Alaska.

Mr. MURKOWSKI. Mr. President, I ask unanimous consent I may speak in morning business for 12 minutes or thereabouts.

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

MEASURE PLACED ON THE CALENDAR—S. 2184

Mr. MURKOWSKI. Mr. President, I understand there is a bill at the desk due for its second reading.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant bill clerk read as follows:

A bill (S. 2184) to amend chapter 3 of title 28, United States Code, to divide the ninth judicial circuit of the United States into two circuits.

Mr. MURKOWSKI. I object to further proceedings on this bill at this time.

The PRESIDING OFFICER. Objection having been heard, under the rule, the bill will be placed on the calendar.

Mr. MURKOWSKI. I thank the Chair.

The PRESIDING OFFICER. The Senator from Alaska is recognized.

Mr. MURKOWSKI. I thank the Chair.

(The remarks of Mr. MURKOWSKI pertaining to the introduction of S. 2214 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, I ask unanimous consent to speak for up to 10 minutes on the time allocated to Senator DURBIN.

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

PRESCRIPTION DRUG AFFORDABILITY

Mr. WYDEN. Mr. President, I have come to the floor repeatedly over the last few months to talk about the importance of prescription drug coverage under Medicare for the Nation's senior citizens. Today I want to focus on how the absence of this coverage essentially undermines our entire health care system.

What we are seeing is that every day, in the United States, senior citizens who are ailing from a variety of health problems end up getting sicker because they are not able to afford their prescription medicine. Very often these seniors end up being hospitalized and needing vastly more expensive medical services that are made available under what is called Part A of the Medicare program.

Today, I want to describe a case I recently learned about in Hillsboro, OR, because it illustrates just how irrational, how extraordinarily illogical, it is to have a health care system for the Nation's senior citizens that does not cover prescription drugs.

An orthopedist from Hillsboro, OR, recently wrote me that he actually had to hospitalize a patient for over 6 weeks because the patient needed antibiotics that they were not covered on an outpatient basis.

Here you had a frail, vulnerable older person. The physician, and all the medical specialists involved, believed that person could be treated on an outpatient basis with antibiotics, but because there was not Medicare coverage available on an outpatient basis—because there was not the kind of coverage Senator DASCHLE has been talking about and Senator SNOWE and I have made available in the Snowe-Wyden bipartisan legislation—because that coverage was not available to the senior citizen in Hillsboro, OR, that older person had to be hospitalized for over 6 weeks.

Here is what the doctor said to me:

This method of treatment [the preferred outpatient method of treatment] is cost effective and is preferred by patients and doctors. In this case, the patient is condemned

to spend 6 weeks in the hospital solely to receive intravenous antibiotics. To me, this seems like a tremendous waste of money and resources. The patient would be better at home.

What this case illustrates is exactly why we need, on a bipartisan basis—the Snowe-Wyden legislation is one approach; our colleagues may have other ideas on how to do it—but this is a case study on why it is so important to cover prescription drugs for older people under Medicare.

We are not talking about some abstract academic kind of analysis that comes from one of the think tanks here in Washington, DC. This is a physician in Hillsboro, OR, who had to put a patient, an older person, in a hospital for 6 weeks because they could not afford to get their medicine on an outpatient basis.

A lot of our colleagues are here on the floor who are on the Commerce Committee. We look at technology issues at that Committee. The irony is, we can save money, again, through the use of new technology in health care.

The kind of treatment that would have been best for this older person in Oregon would have been through an electronic delivery system the older person could have used on their belt for a relatively short period of time had Medicare covered that prescription the older person needed. But because that person could not get coverage for the antibiotics and use that electronic delivery system on an outpatient basis, which they could wear on their belt, they had to go into a hospital for 6 weeks.

Colleagues, we are going to hear a lot over this break from senior citizens and families about the importance of this issue. I intend tomorrow, again, to come to the floor and discuss this matter. Senator DASCHLE has made it very clear to me, and talks about it virtually every day, that he wants to have the Senate find the common ground. He wants Senators to come together and deal with this on a bipartisan basis. The Snowe-Wyden legislation is one approach. Our colleagues have other bills.

The point is, let us make sure, in this session of Congress, that in Arkansas, in Washington, and in the State of Nevada, we do not have older people hospitalized unnecessarily for 6 weeks because we have not come together as a Senate to make sure they can get those medicines on an outpatient basis.

Science has given us cost-effective, practical remedies for these people in need, remedies that will reduce suffering and will reduce costs to taxpayers.

Let us come together, on a bipartisan basis, to make sure we do not adjourn without adding this important benefit to the Medicare program.

As I have made clear, I intend to keep coming back to the floor of the Senate until we, on a bipartisan basis, as Senator DASCHLE has suggested, come together and get this important job done.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

ORDER OF PROCEDURE

Mr. GORTON. I ask unanimous consent that I be permitted to speak in morning business for not to exceed 10 minutes.

Mr. BRYAN. Reserving my right to object, and I assure my colleague I will not, I wonder if my colleague would be amenable to a unanimous consent request that following the 10 minutes the Senator is requesting, I be permitted 10 minutes as well. I make that request because unless I do so, at 11:30 I might be precluded.

Mr. GORTON. I am delighted to. I amend my unanimous consent request to include the request of the Senator from Nevada.

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

Mr. GORTON. Mr. President, I ask unanimous consent that I be added as a cosponsor of S. 2004, the Pipeline Safety Act of 2000 introduced earlier this year by my colleague from Washington State, Senator MURRAY.

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

PIPELINE SAFETY

Mr. GORTON. I am here to address the issue of pipeline safety, an issue that people in most communities, cities, and towns do not concern themselves with unless, regrettably, a tragedy occurs, such as the one that took place in Bellingham, WA, last June.

The devastating liquid pipeline explosion that rocked the city of Bellingham and took the lives of three young boys rightfully served as a wakeup call and focused our attention on the need for pipeline safety reform. While pipelines continue to be the safest means of transporting liquid fuels and gas, and though accidents may be infrequent on the more than 2 million miles of mostly invisible pipelines in the United States, Bellingham has shown us that pipelines do pose potential dangers that we ignore at our peril.

In testifying on the Bellingham incident before a House committee last fall, I commented that while Congress had an obligation substantively to revise the Pipeline Safety Act in response to the clarion call for Bellingham, proposals for specific changes to the law seemed premature at that time. State and local officials in Washington State, as well as citizens groups, environmentalists, and various Federal oversight bodies, were just beginning to examine the accident and its causes.

The Commerce Committee, of which I am a member, has primary jurisdiction over this bill in the Senate, and last year I implored the chairman, Senator MCCAIN, and other committee members to make the reauthorization

a top priority. Last week, at my request, the Commerce Committee scheduled the first Senate hearing on the topic of pipelines.

The field hearing to address the Bellingham incident and the State's response to it will be held in Bellingham, WA, next Monday, March 13.

I encourage my colleagues from the Senate Commerce Committee to come to Bellingham next Monday to hear firsthand testimony from the families of the victims and from local officials whose lives have been transformed by this tragedy. Theirs is a story which compels us to action. The families and the community will never forget what happened last June 10, nor should we in Congress. It is our duty to take the lessons learned in Bellingham and adopt tougher safety measures that will allow us to prevent future tragedies.

This hearing will, I hope, serve as guide as we debate the reauthorization of the Pipeline Safety Act. And while a number of the studies and operational reviews commissioned after the accident are still incomplete, including those of the National Transportation Safety Board, on the cause of the accident in Bellingham and the report of the General Accounting Office as to the performance of the Office of Pipeline Safety, other reviews are complete.

Primary among these is the report of the Fuel Accident Prevention and Response Team, a task force convened by Governor Gary Locke and charged with reviewing Federal, State and local laws and practices affecting pipeline accident prevention and response. A significant contributor to this report was Mayor Mark Asmundson of Bellingham, whose efforts to learn from, educate others about, and rationally apply the lessons of that tragedy have been commendable.

The Fuel Accident Team recommended changes in law and practice at the Federal, State, and local levels. It revealed that there is a lot that can be done by State and local officials that is not being done, particularly in the area of emergency preparedness, public education, and adoption of appropriate set-back requirements to keep development away from lines. The Fuel Accident Team also found, however, that at least with respect to interstate pipelines, State and local officials are limited by Federal law from regulating many of the safety aspects of these lines, and that only the Federal Government can adopt or enforce requirements for inspection, emergency flow restriction devices, operator training, leak detection, corrosion prevention, maximum pressure, and other safety measures relevant to the safe construction, maintenance, and operation of pipelines.

While there may be good arguments that pipelines should be managed systematically and why inconsistent State standards could erode rather than promote safety, these arguments are fatally undermined by the absence of meaningful Federal standards. To tell

State and local governments, as the Pipeline Safety Act effectively does, that they cannot require internal inspections of pipelines passing through their communities, under their schools and homes and senior centers, when a Federal requirement for internal inspections is years overdue, strikes me as the worst kind of Federal conceit.

Amending the Pipeline Safety Act to relax Federal preemption and allow States to exceed minimum Federal safety standards was the first recommendation of Washington's Fuel Accident Team. Despite this recommendation, I understand that the administration's proposal for the reauthorization of the Pipeline Safety Act will move in exactly the opposite direction, that is, it will propose to eliminate even the vague authority under which the Office of Pipeline Safety has appointed four States as its agents for purposes of inspecting interstate liquid pipelines.

The purported reason for further disempowering States is, I understand, OPS's perception that a system of inconsistent standards is unsafe, OPS's perception that a system of inconsistent standards is unsafe, and that States already have their hands full with regulating intrastate pipelines, which are far more extensive than interstate lines. But what if the States disagree with this attitude, which, in the absence of meaningful Federal standards is tantamount to saying that "no standards are better than anything States can come up with"?

Yes, the interstate nature of some pipelines gives the Federal Government the option of regulating them and preempting States from doing so. If the Federal Government is not going to do its job, however, why should we prevent States from assuming responsibility for something as important as pipeline safety?

To its credit, in response to the Bellingham incident the Office of Pipeline Safety has proposed to complete a rulemaking on "pipeline integrity" by the end of this year. This rulemaking, years overdue, is not only supposed to address requirements for internal inspection and the use of emergency flow restriction devices in highly populated and environmentally sensitive areas, but to adopt a systemic approach to pipeline safety that focuses not just on specific tests but on making sure that pipeline operators are accurately assessing risks, collecting and properly analyzing relevant data, and exercising sound judgment. Following the June 10 accident last year, the city of Bellingham conditioned the resumption of operations of a portion of the pipeline on the Olympic Pipe Line Company's adherence to certain process management standards borrowed from OSHA regulations applicable to oil refineries. This emphasis on a process management approach is, I believe, sound and should, I believe, be incorporated into any new Federal safety standards.

Once meaningful Federal standards for pipelines are in place, debate about