

year putting together a Federal budget, 1 year explaining that Federal budget before Congress, and 1 year implementing the budget eventually passed by Congress.

Even the most diligent Cabinet Secretary cannot keep track of all the oversight he or she is supposed to accomplish if they are trapped in this endless budget cycle.

A biennial budget will help Congress and the executive branch avoid this lengthy process. Since each particular Congress lasts only 2 years, a biennial budget would allow us to consider a 2-year funding proposal during 1 year, while reserving the second year for the Government oversight portion of our job.

As chairman of the Subcommittee on Oversight of Government Management and Restructuring in the Governmental Affairs Committee, I have noted that even though the General Accounting Office conducts numerous reports documenting Government inefficiencies that need to be corrected, most GAO reports sit on the shelf because there is no time to conduct detailed hearings.

When oversight hearings are held, nearly everyone in the executive branch knows—from career bureaucrats to Cabinet Secretaries—that they need only weather the immediate storm when they are asked to come to the Hill to testify.

That is because once they answer the criticisms that have been leveled in these GAO reports, and explain how they are going to improve the situation, it is over; the worst has passed. Rarely do they have to worry about followup hearings to make sure they have implemented the proper remedies because they know Congress just will not have the time to conduct future hearings.

Unfortunately, that reality can lead to problems later on that impact public safety or national security.

Last year, the Governmental Affairs Committee held hearings regarding Dr. Wen Ho Lee and the security situation at the Los Alamos National Lab. I was shocked to learn that for 20 years we have had a problem with security at the Department of Energy, and no one did anything about it. But GAO knew: they had released 31 major reports on nuclear-security problems at the Department since 1980.

Congress needs the time to conduct proper oversight—including followup investigations—in order to make sure that situations like this do not repeat. Without having to devote the majority of its time and energy to annual budget bills, Congress will be able to make sure that the Federal Government operates harder and smarter and does more with less. I am confident that the Senate will pass S. 92—biennial budget legislation—during this session of Congress.

Regardless of the Senate's actions on passing this bill, I believe the House of Representatives needs to be more en-

gaged in this process. Unfortunately, the news reports that I have seen indicate that there is not much support at the leadership level in the House for such a bill.

I urge my colleagues in the House to reconsider their views on biennial budget legislation, or in the alternative, pass a better legislative proposal. Congress should not continue to come up with reasons why budget reform can't pass, but find ways to make sure that it can.

It should be plainly obvious to my colleagues in both Houses—including those on the Appropriations Committees—that the annual appropriations process is not working. As I stated earlier, each year Congress ends up negotiating a spending deal that is higher than Congress wants in order to avoid the Presidential veto pen. If we are ever going to get a handle on our debt, we have to end this bad public policy. It would definitely be in the best interest of our Nation.

I believe this biennial budget legislation, S. 92, is one of the most important pieces of legislation we could consider this year. I will continue to press for its passage.

For my colleagues who are tired of the seemingly endless budget and appropriations cycles and are frustrated at the inability to devote enough time to the oversight duties of their committees, I urge them to join in cosponsoring this legislation. I also urge my House colleagues to review the merits of the biennial budget process and act upon legislation as expeditiously as possible for the good of America.

The point I am making is this. It is time for this Congress to adopt a 2-year budget cycle instead of the one we have had for too many years. It will help us do a better job in terms of budgeting and certainly get us to do the oversight that is so badly needed by this Congress.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. WYDEN addressed the Chair.

The PRESIDING OFFICER. The Chair recognizes the Senator from Oregon.

#### PRESCRIPTION DRUG AFFORDABILITY

Mr. WYDEN. Mr. President, similar to many of our colleagues, I have been back home in my State at townhall meetings. One of the very consistent themes I heard is that folks want to see us address some of the key issues of our time, particularly the economic issues.

I have heard again and again—and it is clear—that millions of senior citizens cannot afford their prescription medicine. I heard again and again that millions of married couples are being shackled by this marriage tax penalty. It seems to me Congress can fashion a prudent, well-crafted bill that addresses this marriage tax penalty and also responds to the concerns of seniors—

without blowing up the budget, without violating the principles of fiscal responsibility, and by prudent use of the surplus.

Democrats want to see—and Democrats are anxious to work with Republicans on this—an effort to help the many seniors and families who are walking on an economic tightrope trying to afford their prescription drug bills. We want to see meaningful tax relief for married couples. What we have to do is work together, in a bipartisan way, to fashion that.

I will spend just a minute talking about how serious this prescription drug problem is for the Nation's older people.

When I was home recently, I heard from an elderly woman in Yoncalla, OR. She lives by herself. She lives in southern Oregon. She has an income of about \$500 a month. When she is done paying her prescription drug bill, she has just a little bit over \$200 to live on for the rest of the month. She lives a long way from pharmacies, so she cannot very well comparison shop.

She wants to know, why isn't it possible for this Congress to enact a prescription drug benefit for her and for others similarly situated? My view is, if we do not enact a prescription drug benefit for this person, she is going to end up a lot sicker and with a lot more health problems than she has today. That will be much more expensive to the taxpayers.

In addition, I recently heard from an elderly couple from Baker, OR, who have to take a great many prescription drugs. After their monthly medication, together they have less than \$200 on which to get by. They said in their letter: "That is not living. That is existing."

Colleagues, it is very clear that in a country as rich and as strong as ours, we clearly are capable of doing justice to the vulnerable older people, such as the elderly folks I described from rural Oregon who are struggling to make ends meet and cannot afford their prescription drugs.

People ask us all the time: Can we afford prescription drug coverage? My message is: We cannot afford not to cover prescription drugs.

One of these anticoagulant medicines that helps prevent strokes in older people might cost \$1,000 or \$1,500 a year—certainly pricey—but you prevent that stroke with the medication and you save upwards of \$100,000 that an older person might incur in expenses for problems associated with the stroke.

What we need to do—and the President has one approach; Senator KENNEDY has another approach; Senator SNOWE and I have worked together on a bipartisan basis—is bring these bills together and make sure we use marketplace forces to hold down the costs of prescription drugs for older people. Each one of these bills—the kind of approach the President is talking about, as well as the approaches Senator KENNEDY and Senator SNOWE and I are

talking about—each one of these approaches makes sure the dollars we earmark for this program are used to pay the prescription drug portion of an older person's private health insurance bill.

You hear a whole lot of talk these days about how the insurance companies would not possibly be interested in this. Of course they are going to be interested in this. I have talked to them from my area. They are anxious to see the Government in a responsible, prudent program, for which I believe there is now bipartisan support. They are anxious to see Medicare pick up the prescription drug portion of a senior's private health insurance bill.

With a lot of my colleagues on the Democratic side—and I know Senator SNOWE and others on the Republican side want to address this as well—I intend to keep coming to the floor of the Senate and keep reading these letters and describing the circumstances of older people who want to see this Congress enact meaningful relief for prescription drug costs before we adjourn.

Medicare did not cover prescription drugs when it began. Right now, the senior citizen who does not have prescription drug coverage is basically subsidizing other people in this country who do have coverage whose plans are able to negotiate discounts. That is not right. It is not fair.

We can enact meaningful prescription drug coverage under the Medicare program in this session of Congress. Until we do, I and other Democrats are going to keep coming to this floor, reading the accounts of seniors who are facing these staggering prescription drug costs they cannot afford.

I intend to keep working with Senator SNOWE and Senator KENNEDY, and my colleagues on both sides of the aisle, so the legacy of this session of the Congress can be that we stood up for a fair shake for the millions of vulnerable older Americans and their families.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk called the roll.

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

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

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UNANIMOUS CONSENT  
AGREEMENT—H.R. 1883

Mr. HUTCHINSON. Mr. President, I ask unanimous consent that at 2:15 on Tuesday, February 22, the Senate proceed to the consideration of Calendar No. 375, H.R. 1883, the Iran Non-proliferation Act of 1999, and it be considered under the following limitations: debate until 4:30 on Tuesday be equally divided in the usual form; the only amendment in order will be a managers' amendment to be offered by Senator LOTT or his designee.

I further ask unanimous consent that following the use or yielding back of time, the managers' amendment be considered agreed to, the bill then be read the third time, and at 4:30 today the Senate proceed to vote on passage of the bill as amended.

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

Mr. HUTCHINSON. Mr. President, I yield the floor.

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RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, at 12:42 p.m., the Senate recessed until 2:16 p.m.; whereupon, the Senate reassembled when called to order by the Presiding Officer (Mr. INHOFE).

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IRAN NONPROLIFERATION ACT OF  
1999

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of H.R. 1883, which the clerk will report by title.

The assistant legislative clerk read as follows:

A bill (H.R. 1883) to provide for the application of measures to foreign persons who transfer to Iran certain goods, services, or technology, and for other purposes.

Mr. REID. Mr. President, I ask unanimous consent I be allowed to proceed in morning business.

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

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MEDICARE PRESCRIPTION DRUG  
COVERAGE

Mr. REID. Mr. President, my first elected job was as a member of the board of trustees of then the largest hospital district in the State of Nevada, Southern Nevada Memorial Hospital. During the time I was on the board, we were gratified to see Medicare come into being because 40 percent of the senior citizens coming to our hospital had no insurance. People arrived at the hospital with their husband, their wife, their sons and daughters, and they had to sign papers agreeing to pay the bill. If patients did not pay the bill, a collection company pursued people to see that the bills were paid. We garnished wages and made sure the government institution received the money to which it was entitled.

Approximately 35 years later there are some problems, but of course it is a great medical program. Now instead of 40 percent of seniors having no health insurance when they come into a hospital, virtually all seniors have some type of health insurance when they come to the hospital. That is a result of Medicare.

In 1965, when I was a member of that hospital board, coverage was important to pay a hospital bill and to be able to

see a doctor. What we did not cover and was not necessary when Congress passed the act was prescription drug coverage. Now we need prescription drug coverage. It is a tremendous lacking in the Medicare program.

We have had breakthroughs in the interim years in the pharmaceutical industry that are among the greatest advances in medical history. Today, prescription drugs alone have the power to reduce heart attacks by lowering cholesterol and blood pressure, using all kinds of drugs, including aspirin. Drugs such as Zocor, Mevacor, Inderal, Corgard, and Calan are great in lowering cholesterol and blood pressure. These are lifesaving. Drugs can minimize death from cancer. These include Taxol and Tamoxifen. They slow the progress of AIDS with AZT and other protease inhibitors. They treat depression and mood disorders with Prozac and Zoloft. Bacterial infections can be cleared up, including ear and bladder infections, with a string of antibiotics called Cephalosporin. We can reduce the possibility of organ rejection. We could not have organ transplants until they came up with something called Cyclosporin. Now people can have kidney transplants almost routinely. Other transplants are becoming more common.

The Presiding Officer and I served in the House of Representatives with a Member of Congress who had a heart and lung transplant many years ago. He leads a very productive life. That is because of the pharmaceutical industry.

For migraine headaches, I am sure, Mr. President, you have, as I have, had family members who benefited tremendously from something called Imitrix. People would go to doctors and use all kind of special pillows and heat and cold and all kinds of things, but what has worked well is this thing called Imitrix. It really, basically, takes away headaches.

For enlarged prostate, there is something called Proscar. To treat arthritis pain, one wonder drug is called Imuran; for allergies, Caritan, Allegra, and other things. Allergies take tremendous amounts of time away from the workplace. At certain times of the year they can be debilitating.

To slow the progression and control the symptoms of Parkinson's disease—we have a long way to go; about 50 percent of the people in rest homes are there because of Parkinson's disease and Alzheimer's—but we have made some progress treating Parkinson's disease with drugs called Amatadine and Deprenyl. There are drugs to reduce muscle spasticity associated with multiple sclerosis.

There are things there we need to work on, but we are making progress. I had a hearing a number of years ago where a doctor said we are making great progress, and indeed progress has been made since then.

Mr. President, 75 percent of older Americans, 3 out of every 4 seniors,