over the last twenty-five years, the minimum wage would have to be $8.79 today.

We heard a great deal about opposition to the increase in minimum wage because we are not getting increases in productivity. No economy has ever had the dramatic increases in productivity as we have had, Mr. President. If we tied those increases in productivity to where the minimum wage should be, it would be at $8.79 instead of $5.15.

These disgraceful disparities show how far we have fallen short in guaranteeing that low-income workers receive their fair share of the nation's prosperity. No one—no one—who works for a living should have to live in poverty.

We are not going to go away or back down. We have bipartisan support for this increase. It is long past time for this Congress to pass a fair minimum wage bill.

PROTECTING AGAINST HMO ABUSES AND PRESCRIPTION DRUGS BENEFIT

Mr. KENNEDY. Mr. President, as we enter the final weeks of the 106th Congress and the home stretch of the Presidential campaign, two health issues demand immediate action—protecting patients against the abuses of HMOs and other health insurance plans and providing coverage of prescription drugs under Medicare for senior citizens. The American people deserve action on each of these issues from this Congress. The position of the two Presidential candidates on these issues has become a key factor in determining whether they are truly committed to serving the needs of the American people, and the position of every member of Congress on these issues is important for the same reason.

With regard to the Patients' Bill of Rights, last week, ABC began to air a documentary series—''Hopkins 24/7''—that vividly illustrates once again the need for prompt action to end HMO abuses. Hopkins 24/7 is a documentary on life at one of the nation's finest hospitals—Johns Hopkins. The documentary is the result of three months of intensive filming. The first segment, shown on August 30, showed American medicine at its best, and the abuses by managed care at their worst.

A 14-year-old girl, Tiffanie Salvadia, sought care from Johns Hopkins for her cancer of the uterus. The diagnosis had been delayed for six critical weeks because crucial tests were not ordered by her HMO physicians. When Tiffanie finally reached Johns Hopkins, the cancer had spread from her uterus, raising the risk of this serious illness even further. When Tiffany finally reached an institution capable of giving her the quality care she needed, the problems with her HMO were not over: Authorization for a vital test was needed, but the hospital was unable to contact the HMO for the authorization. Fortunately, Hopkins simply went ahead and performed the test, and hoped that the hospital might be able to obtain payment later.

Tiffanie ultimately received fine care from Hopkins, and her chances of recovery from the cancer now seem good. But her favorable prognosis is no thanks to her HMO. Here is what Dr. Paul Colombani, the oncologist at Hopkins, had to say about Tiffanie's case and about his experience with managed care generally.

On the difficulty in getting the test authorized, he said, ''I have to do the diagnosis codes and the procedure codes. And we have to submit them to the insurance company ahead of time. And they have to say yea or nay. We're not going to do this. You have to do that. I think it is ridiculous that a high school clerk should be telling me that I can or cannot do an operation on a patient.''

On the delay in getting Tiffanie an accurate diagnosis and treatment, the doctor said, ''We see delays in diagnosis because of the inadequacies of the managed care system all the time. And for . . . the .1 percent of patients where it turns out to be a life and death situation, they just look at that as the price of doing business. It's pathetic. In October or September, or whatever, that was the time to do that surgery. Now we're playing catch up.''

Perhaps the most heart-rending comment came from Tiffanie's mother. It is a comment that any parent who has ever had a child with a serious illness can understand. She said, ''My daughter has cancer. I want to concentrate on her, and getting her better and not have to worry about if I have a referral for this or a referral for that.''

''I want to concentrate on her.'' That should be the right of any parent whose child is seriously ill. But today, because of the abuses of the insurance industry, it is not a right—it is a privilege of the fortunate few.

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.

Almost 11 months ago, the House of Representatives passed the bipartisan Norwood-Dingell bill to end these abuses. It is endorsed by 300 groups of doctors, nurses, patients, and advocates for women, children, and families. It is supported by virtually every medical group in this country. It passed by an overwhelming bipartisan majority. It should have sailed through the Senate of the United States. But it continues to languish because the Republican leadership continues to put a higher priority on protecting industry profits than on protecting patients.

We have come close to successful passage. On June 8th, the Norwood-Dingell bill fell just one vote short of passage in the full Senate. It was supported by every Democratic Senator—and only four Republican Senators.

The American people deserve action before this Congress ends. Every day we delay, more patients suffer. The Patients' Bill of Rights is one of the most important issues facing this Congress—facing every family, too. There is no question where Vice-President AL GORE stands. If Governor Bush supported patients' rights and were willing to show the leadership that the American people have the right to expect in a Presidential candidate, this legislation would clearly pass the Senate. But on this issue, Governor Bush has failed to show the leadership we need.

I still believe that enactment of strong, effective legislation is possible this year. I am here to serve notice to the Senate today, that there will be new votes on this issue before we adjourn. I am hopeful that we will be successful. The American people are waiting for relief—and we owe it to them to act.

On Medicare prescription drugs, the second major issue of health reform facing us is insurance coverage of prescription drugs under Medicare.

After a year of full-time campaigning, Governor Bush today has finally offered a specific prescription drug plan for the consideration of the American people. Unfortunately, that plan is an empty promise for senior citizens. It is not Medicare—and it is not adequate. It is part of a broad plan to make regressive changes in Medicare that will raise premiums, force senior citizens to join HMOs, and further a radical right-wing program of privatization. And drug benefits would not even be available to most senior citizens for four years.

Senior citizens need a drug benefit under Medicare. They earned it by a lifetime of hard work. They deserve it, and it is time for Congress to enact it. The clock is running out on this Congress, but it is not too late for the House and Senate to act. The Administration and Vice President GORE have proposed one. So have Democrats in Congress. And we intend to assure that the Congress will vote on a real prescription drug program this month. The American people deserve action, and we intend to see that they get it.

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.

In the face of declining coverage and soaring costs, 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.

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 this 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 care and doctor care.

Vice President GORE has been fighting for prescription drug coverage under Medicare since 1993. President Bill Clinton has called for immediate action in his last two State of the Union Addresses.

The Administration has put a solid program on the table for the consideration of Congress—and their program is affordable for senior citizens and also for the federal budget—because they do not use the surplus for hundreds of billions of dollars in tax breaks for the wealthy.

The Bush plan is not adequate and it is not Medicare. In fact, he has also endorsed a regressive plan to change Medicare in a way that will raise premiums and force senior citizens to join HMOs.

That is not the kind of Medicare the American people want, and it's not the kind of prescription drug benefit they want either.

Under Bush's version of Medicare reform, the premiums paid by senior citizens for conventional Medicare could increase by as much as 47% in the first year and continue to grow over time, according to the nonpartisan Medicare actuaries. The elderly would face an unacceptable choice between premiums they can afford and giving up their family doctor by joining an HMO.

Senior citizens already have the right to choose between conventional Medicare and private insurance options that may offer additional benefits. The difference between what senior citizens have today and what George Bush is proposing is not the difference between choice and bureaucracy—it's the difference between choice and coercion—driven by a right-wing agenda of privatization. On this ground alone, it deserves rejection, regardless of its provisions for covering prescription drugs.

But the program to cover prescription drugs is equally flawed—so flawed that it is an empty promise for millions of senior citizens. To begin with, the value of the Bush program to senior citizens is only one-half of what Vice President GORE has proposed. The reason is obvious—after massive tax breaks for the wealthy, there is not room in the Bush budget for adequate prescription drug coverage for senior citizens.

The Bush plan provides little help to the vast majority of senior citizens who are not poor, but are of modest means and cannot afford large drug expenses or large increases in Medicare premiums. Under the Bush plan, these seniors have to pay three-quarters of the cost of their prescription drug coverage—and the coverage is not even adequate.

In the entire history of Medicare, senior citizens have never been asked to pay such a high share of the cost of the premiums for any benefit.

The defects in the Bush plan go far beyond the inadequacy of the benefits. It is a program that only a drug company executive could love. For the first four years, there is no Medicare benefit at all, just a program of block grants to the states for providing coverage for low income senior citizens. Senior citizens want Medicare, not welfare, and they deserve Medicare, not welfare.

When the Bush plan finally becomes available to all seniors, it does not provide a real Medicare benefit—or any other adequate benefit. Instead, it gives senior citizens what is, in effect, a voucher—and it tells them to go out and buy their own coverage from a private insurance company. If the price is too high in the area in which they live, they are out of luck. If the drug company's list of approved drugs does not include the medicine they need, their only recourse is a time-consuming appeal. There is no defined benefit—senior citizens are not even guaranteed the same coverage in Missouri that they would get in Mississippi. It is all up to the insurance company.

The nonpartisan Congressional Budget Office has estimated that under the similar Republican plan passed by the House of Representatives, benefits would be so inadequate and costs so high that less than half of the senior citizens who need help the most—those who have no prescription drug coverage today—will even participate.

A prescription drug benefit that leaves out half of the senior citizens who need protection the most is not a serious plan to help senior citizens.

It is ironic that in offering this inadequate plan, Mr. Bush has criticized Vice President GORE for a ''big-government, one-size-fits-all'' solution. The Gore plan covers prescription drugs under Medicare in exactly the same way that Medicare covers doctor and hospital costs. Mr. Bush obviously feels this is a one-size-fits all solution. That is why he has endorsed an extreme restructuring of the Medicare program. He may favor forcing the elderly into HMOs, but that is not what Democrats in Congress support. That's not what Vice President GORE supports. Most important, that's not what the American people support.

There is still time for Congress to enact a genuine prescription drug benefit under Medicare. The Administration has presented a strong proposal. Let's work together to enact it this year. It is not too late. The American people are waiting for an answer.

I am hopeful we will pass that legislation. Again, I am strongly committed, as I believe my colleagues, Senator DASCHLE and others are, to ensure we will have an opportunity to vote on that measure before we adjourn.

I thank the Chair, and I yield the floor.

TO AUTHORIZE EXTENSION OF NONDISCRIMINATORY TREATMENT TO THE PEOPLE'S REPUBLIC OF CHINA—MOTION TO PROCEED—Continued

The PRESIDING OFFICER. The distinguished Senator from Iowa is recognized.

Mr. GRASSLEY. Mr. President, we started earlier today the initial discussion of what I call the China trade bill, the Senate by law ratifying the agreement that has been worked out by this administration and the Government of China to level the playing field for trade between the United States and China.

In a simple form, the bill before us will give access for U.S. exporters—meaning manufacturing, services and agriculture—to China on the same basis that China has had access to our markets for the last 15 to 20 years.

When you have an opportunity for our people to export to China, to sell to China, on the same basis that China has been able to do with the United States, it is a win-win situation. My Midwestern common sense tells me this is a good situation for America. So that debate has started today.

We are on the question of the motion to proceed. I support this motion. I hope we get to a final vote on the bill, because I think it will pass by an overwhelming margin, not the very narrow margin that it passed in the House of Representatives. This will give us an enhanced opportunity to do business with 20 percent of the world's population.

There are many reasons I support this bill, which is probably one of the most important matters to come before the Senate this session. But today, I would like to address just two reasons. The first is the issue of jobs, a very positive aspect to this legislation. The second is human rights, which some people view as a reason for being against this legislation. I suggest to you that even though the human rights situation in China is not good, trade gives us an opportunity to improve that human rights situation.

In each case, I want to address concerns of real people in a commonsense way. Too often, when we talk about major policy changes, we do so in lofty terms, not connected to the people's concerns and their interests, and what is important to everyday working Americans.