

includes screening, early intervention, and the management of the conditions which are detected through those early interventions.

The Medicare program should treat illness before it happens. New preventive screening and counseling benefits of the Medicare program give us that opportunity. The U.S. Preventive Services Task Force and the Institute of Medicine have recommended to the Congress that we add new preventive screening and benefits to the Medicare program. These benefits will address some of the most prominent underlying risk factors for illness that face all Medicare beneficiaries. These include coverage for medical nutrition therapy for seniors with diabetes, cardiovascular disease or renal disease, screening for hypertension, counseling for tobacco cessation, screening for glaucoma, counseling for hormone replacement therapy, screening for vision and hearing, expanded screening and counseling for osteoporosis, and screening for cholesterol.

In addition to adding to our current relatively short list of preventive efforts within Medicare, we need to change the basic structure of how Medicare goes about determining when a new preventive methodology is both medically appropriate and cost effective. Today we rely upon the conventional congressional process to add new prevention methodologies. What I believe we should do is to establish a scientific nonpartisan basis to arrive at these determinations. I suggest we assign this responsibility to the Institute of Medicine and direct that institute conduct ongoing studies of prevention methodologies to assess their scientific validity and economic cost effectiveness. When they make such a determination, they should submit it to Congress, and Congress, using a fast-track process, as we typically do in trade matters, would make a determination either to accept or reject but not to modify those recommendations made by a scientific panel. I believe that approach would assure us that we would be providing to our older citizens the most modern scientifically tested means of maintaining a high standard of living.

It is critical that we assure Medicare beneficiaries, both present and future, those most appropriate health care possibilities. By making preventive care the cornerstone of Medicare reform, we can do just that.

This discussion of a new Medicare, a Medicare focused on wellness, reminds me of an anecdote. A man walks into the doctor's office and the doctor says: I have both good news and bad news. The good news is that because we have done a screening process we have detected your disease early and we have the opportunity to prescribe the medicines and other medical treatments to stop its spread and reverse its adverse effect on your health. The bad news is you cannot afford the medicine to do this.

Sadly, this is not a joke. The list of diseases that were once fatal and are now preventable is long and growing. Years ago, people with high cholesterol could almost count on developing heart disease. Today, cholesterol levels can be kept in check with a number of drugs. One of those is Lipitor, a widely prescribed drug for high cholesterol. This drug has an average yearly cost of nearly \$700. As with many other near-miracle drugs, Lipitor is too expensive for many seniors. Yet Medicare, the Nation's commitment to take care of its elderly and disabled, does not cover Lipitor or most other outpatient drugs. Medicare will, however, pay for the surgery after the heart attack which that man is likely to have because he was unable to treat his condition while it was still subject to management.

That policy may have made sense in 1965 when the man would only live a few years after retirement. Are we prepared in the year 2000 to tell an American who reaches 65 and has an average of almost 20 years of life expectancy that we are going to treat them only after they have a heart attack; that is the point when we are going to provide access to the means of managing a health condition?

I will soon address the critical link between prescription medications and preventive medicine. Prevention and prescription drugs are a key to a modern health care system for our Nation's seniors. This Senate should contribute to delivering that key, and do it now.

SENATE AGENDA

Mr. KENNEDY. Mr. President, I yield myself 8 minutes.

First of all, I commend my friend and colleague from Florida on an excellent presentation and one that commends itself to the common sense of all of us in the Senate.

The fact is the Medicare program was built upon the existing programs in 1965. Since that time, we have discovered the importance of preventive health care—how important it is in keeping people healthy and how important it is for actually saving Medicare funds over a long period of time. The Senator from Florida has indicated a pathway we might follow to deal seriously with these issues. We should not have to explain to this body that for every \$1 we spend for immunizations, we save \$8 to \$9 by preventing disease.

I admire and am a strong supporter of the administration's series of recommendations for preventive care. The Senator from Florida has outlined a process and system where we can finally take action on these recommendations.

The bottom line is the Budget Committee doesn't take into consideration the savings from preventive care so this body has been extremely slow in enacting these programs. But these preventive measures make a great deal of sense. They make sense for ensuring good quality health care for the fami-

lies of this country, and they make sound economic sense. I certainly agree with the Senator that along with preventive care, we ought to understand the importance of prescription drugs. I think what he has outlined today is enormously important for us to consider.

I will take a few moments to move beyond this very excellent presentation into what the challenge is for all of us in the Congress over these next 5 weeks. There is time, I believe, to take action on a good prescription drug program. We have, now, two different systems which have been offered to the American people. The first is the proposal that was advanced initially by President Clinton and is now enhanced by Vice President GORE. The proposal has been changed—not really dramatically—but I think it has been more carefully attuned to the needs of Medicare enrollees than the alternative which has been presented by Governor Bush.

I hope even in the short time that remains—when we conclude the action on trade issues we still have more than 3 weeks of Senate time—I hope we can still take action on a minimum wage. Every Member of this body knows that issue well. We know what is before us. We ought to take action on the Patients' Bill of Rights. We have a bipartisan effort to try to do that. There have been some suggestions and recommendations in order to accommodate some of those who voted against this previously. We now, hopefully, will gain support for those proposals.

Finally, and very importantly, the other remaining issue which is of vital importance to seniors is a prescription drug program. Let me mention quickly some of the concerns I have about this program and some of the advantages that I believe are in the Vice President's program.

The Vice President's program is built upon Medicare. We have heard on the floor of the Senate the Medicare system is a one-size-fits-all program. The fact is that seniors understand Medicare. They support Medicare. They understand there have to be some changes in the Medicare program but, nonetheless, it is a tried, tested process and it is one which offers the necessary flexibility.

What has been proposed by the Vice President is a prescription drug program that goes into effect a year from now, and is gradually phased in over a period of time. The seniors of this country would have a benefit for prescription drugs a year from now. I think that is very important and one of the most compelling parts of the Vice President's program.

The alternative is the proposal offered by Governor Bush. I read here from the Governor's own proposal. It says in his proposal that effectively it will be a block grant program that will in effect ensure low-income seniors do not have to wait for overall reform.

Our seniors ought to have some pause, because he is talking about

overall reform of the Medicare system. That ought to bring some pause. We do not really know what overall reform is. I think most seniors would say: We have confidence in the Medicare system. We want a program that will get the benefits to us quickly.

He says that low-income people will not have to wait for the overall reform. We are not sure what that really means. To have your prescription drugs covered, Governor Bush will establish the immediate helping hand which will provide \$48 billion to States for 4 years to deal with low income seniors. So it will be 4 years before 27 million seniors will be able to participate because there are 27 million seniors who do not fall within Governor Bush's definition of those who need an immediate helping hand. Those 27 million seniors will wait 4 years—and then wait for the overall Medicare reform. The Vice President's plan goes into effect 1 year from now.

Second—and I think enormously important—is what we call the guaranteed benefit. This is very simple. A guaranteed benefit means the doctor will make the decision on your prescription drug needs. When seniors go in—whatever their condition, whatever their disease, whatever their problem—the doctor makes the recommendation as to what prescription drug is needed. That is fundamental. That is the guaranteed benefit.

That is not true with regard to the Governor's proposal. It will be the HMO that the individual is enrolled in that will decide. We will find that the HMO will make the decision about what prescription drugs are covered—whether it will be the only drug on the HMO's formulary, or whether other kinds of prescription drugs will be permitted to be used.

That is interesting, is it not, Mr. President? Most seniors want the doctor to make the recommendation. This underlies the basic difference between our two parties on the prescription drug issue.

We are for the Patients' Bill of Rights so doctors are allowed to make health care decisions. We want to make sure that doctors are going to make decisions about prescription drugs rather than turning this right over to the HMO.

Finally, what is being established under the Gore proposal is very clear. The government and the Medicare beneficiary will have a shared responsibility in paying for prescription drugs. There will not be any deductibles. There will be a premium, and half of the premium will be paid for by the Federal Government.

Under the Bush proposal, we do not know what the HMO is going to charge. There is no prohibition against a deductible and we do not know what the copayments will be. We have no idea what the premium will be. The Governor says the government will pay 25 percent of whatever the premium is, but there is no assurance to seniors

that there is not going to be a sizable deductible in that program. The size of the deductible is a mystery.

Under the Vice President's program, we can give assurance today that when the program goes into effect, as part of the Medicare program, whatever that senior citizen needs, if the doctor prescribes it, that senior citizen will get it.

Those who are opposed to Vice President GORE's program, who support the Governor's proposal, cannot make that claim. They cannot tell us what the premiums are going to be over a period of time because they are not spelled out, at least in the papers that have been made available.

The only thing that we know—which causes many of us a great deal of concern—is that after 4 years, after overall reform of the Medicare system, then there will be a program for prescription drugs. That is a long time to wait. That is a very long time to wait. What I have found in my State is that people want a prescription drug program and they need it now.

The PRESIDING OFFICER. The Senator's 8 minutes have expired.

Mr. KENNEDY. Mr. President, the final points I want to make are that 70 percent of Medicare beneficiaries, more than 27 million seniors, will not even be eligible for Governor Bush's immediate helping hand program.

Finally, the nation's Governors have already rejected the block grant approach. Republican and Democratic Governors have said: This will be a massive administrative nightmare for our States; we do not want the responsibility even if it is going to be funded. We can understand that.

We have an important opportunity to make a difference for our seniors with a good prescription drug program. Let's reach across the aisle. Let's join forces. Let's try to get the job done before we recess. The opportunity is there. We are willing to do that, but we need to have a response from the other side and a willingness of the Republican leadership to try to get the job done.

I yield the floor.

The PRESIDING OFFICER. The Senator's time has expired. The Senator from Idaho has 10 minutes.

Mr. CRAIG. Mr. President, while I came to the floor to speak on another issue, before I do that, I want to respond to the remarks of the Senator from Massachusetts.

There is a very real difference between what Vice President GORE is talking about and Gov. George Bush is talking about. Senator KENNEDY has effectively outlined it today. Senator KENNEDY said let the Government run your health care; let the Government make your choices; let the Government control the process.

The seniors of America do want choice. They want the same kind of health program Senator KENNEDY has and this Senator has. They want choice, and they want flexibility in the

marketplace. That is the kind of program we are talking about offering them.

I cannot imagine we would want another federalized health care program where the Government tells the senior community of our country what kind of prescription drug they will get and where they will get it.

Those are very real differences that I am afraid were avoided in the comments this morning.

FALN CLEMENCY

Mr. CRAIG. Mr. President, I came to the floor to talk about a significant date in this Nation's fight against terrorism. This week marks the Clinton-Gore administration's decision to jeopardize American lives by surrendering to one of the most violent terrorist groups ever to operate on this country's soil.

One year ago this week, President Clinton opened the jailhouse doors for 11 members of a terrorist group known as the FALN, which is dedicated to the violent pursuit of Puerto Rican independence. The FALN has claimed responsibility for some 130 bombings at civilian, political, and military sites in the United States. In all, the group murdered six Americans and maimed, often permanently, 84 others, including law enforcement officers.

On one occasion, members attacked a Navy bus in Puerto Rico killing two sailors and wounding nine others. As a result, 16 members of this violent terrorist group were convicted of dozens of felonies against the United States, and as soon as these 16 were in prison, the bombings stopped.

I note that these violent terrorists were convicted of at least 36 counts of violating Federal firearms control laws. So at the same time the Clinton-Gore administration was demanding more gun control—and we have heard it for hours and hours on end on the floor of the Senate and certainly the White House has spoken openly for gun control over the last number of years—not only were they failing to enforce current gun laws already on the books, but when those laws are enforced, they brush aside felony convictions as a political favor to their friends.

Mr. INHOFE. Mr. President, will the Senator yield?

Mr. CRAIG. Mr. President, I yield to the Senator from Oklahoma for a moment to speak specifically about how this administration has mishandled the gun control laws of our Nation.

Mr. INHOFE. Mr. President, I will add to my friend's thoughtful analysis. This is yet another example of the President's apparent lack of concern for the rule of law. All year long, the administration has berated the Republican majority for not doing enough on controlling gun violence. Yet at the same time, by releasing these terrorists, he has set aside 36 specific Federal firearms convictions pertaining to:

Possessing an unregistered firearm;