

Ellis Island that show a series of buildings which have been renovated to their 19th century style with brilliance and beauty. Unfortunately, what you do not see are the other 35 buildings in back of those that have been rehabilitated. When you walk through those buildings, what you see is some of the history of America crumbling literally before your eyes and feet.

The reason for this crumbling is that there has not been an adequate, reliable source of funds to maintain this and many others of our national heritage. The superintendent of the park told me that if she had a reliable source of funds, she could organize a rational plan for the rehabilitation of these historic buildings and, at considerable savings to the taxpayers, commence the process of saving these buildings.

What we have before us is not a bill that gives us the opportunity of salvation. Rather, it is a program that virtually assures the disintegration of Ellis Island and other invaluable parts of our Nation's history and culture. Today, protection of our natural resources and our historic and cultural resources has fallen further and further behind.

Suffering takes many forms. Wildlife is suffering. In the park I know the best, America's Everglades and the great Everglades National Park, the number of nesting wading birds has declined 93 percent since the 1930s. One study of 14 national parks found that 29 carnivores and large herbivores had disappeared since these parks were established and placed under our trusteeship and protection. Only half the islands in the Park Service's historic collections are cataloged.

Often it takes an act of individual intervention in order to save an important national treasure. I have had the good fortune to have my daughter marry the son of a great American historian, David McCullough. David McCullough has sounded the national alarm at the disintegration of much of our historical and cultural treasures. One of those for which he sounded the alarm was the Longfellow house in Cambridge, MA. Not only was it the home of a great American family, it happened to be the home where George Washington lived when he was establishing the first components of the American Colonial Army that would eventually be victorious in the American Revolution—an extremely important site in American history, a site which, lamentably, was collapsing.

David McCullough, a sophisticated person with considerable ability to energize action on behalf of a worthy project, went to one of our colleagues, Senator KENNEDY, and brought to Senator KENNEDY's attention what was happening at the Longfellow house in his State of Massachusetts. Senator KENNEDY came to the Congress not too many years ago and got specific funding for the Longfellow house. Now it is on the road back to recovery.

But do we have to depend upon the convergence of a historian and an influential Senator to save our national heritage? Are we going to say it is important enough that we do this on a predictable, sustained, professional basis? We have that opportunity with the CARA Act. We are about to lose that opportunity with this conference report.

Only 62 percent of conditions needed to preserve and protect the museum collections within our National Park System meet professional standards for their protection. Considering only the park's portion of the CARA compromise—words which I find objectionable—but of only the park's portion of this alleged CARA compromise, we have nearly 290 million reasons to oppose it. Those 290 million reasons are the 290 million persons who last year visited our Nation's parks. That number grows each year as our children and our grandchildren take our place among the mountains, the forests, and the historic sites which comprise America's National Park System. The parks are more than just popular destinations. They are havens for more than 120 threatened and endangered species.

The National Park Service also oversees a trove of historic artifacts that represent the story of human experience in North America, some 75 million items of our history.

We owe to future generations, we owe to our children and our grandchildren, and their grandchildren, the chance to learn this story. We owe them the same opportunity to appreciate the majestic beauty of this land as we ourselves have been lucky enough to experience.

In the words of President Lyndon Johnson:

If future generations are to remember us with gratitude rather than contempt, we must leave them more than the miracles of technology. We must leave them a glimpse of the world as it was in the beginning, not just after we got through with it.

We are seeing that opportunity to leave to those future generations a glimpse of the world as it was in the beginning, we are seeing that opportunity unnecessarily and tragically slipping away.

A steady diet of green will keep our natural treasures healthy well into the next century. We have the opportunity to do this. When the legislation establishing our Outer Continental Shelf drilling program and the royalties that would be derived was established, the theory was we would take the resources that we gathered as we depleted one natural resource, the petroleum and natural gas under our Outer Continental Shelf, and we would use it precisely as a means of investment in the future of our country by investing it in the protection of our most valuable natural historic and cultural resources.

That is the opportunity that the legislation which was introduced, passed overwhelmingly in the House, passed

by the Senate Committee on Energy and Natural Resources—and I am proud to say with the support of our Presiding Officer—gave us. It is an opportunity we are about to fritter away.

The CARA compromise does not achieve any of these significant goals. This Senate will diminish itself in terms of its appreciation of our American experience. We will diminish ourselves in terms of our political will. We will diminish ourselves as viewed by the history of our own grandchildren if we are to accept this compromise as being an adequate statement, the beginning of the 21st century of what we think our responsibilities to the future are.

I urge we defeat this conference report, that we defeat this feeble compromise, and that we start again by bringing to the Senate floor the legislation which has passed out of the Committee on Energy and Natural Resources and give us an opportunity to debate it. Those who have some objections should offer amendments. That is the democratic way. I am confident it will pass and that it will be accepted by the House of Representatives, and signed with enthusiasm by the President, and then we will be worthy of the offices we hold and worthy of our responsibility to the American past and to the American future.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. GRAMS. What business is before the Senate?

The PRESIDING OFFICER. The pending resolution, H.J. Res. 110, is under a time limit.

Mr. GRAMS. I ask unanimous consent I be allowed to speak in morning business for up to 10 minutes.

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

PRESCRIPTION DRUGS

Mr. GRAMS. Mr. President, I come to the floor this evening to talk about an issue which has commanded a lot of attention lately in this body, an issue which has been a major concern of mine for a long time. That is, prescription drug coverage under our Medicare program.

Prescription drugs, as we all know, are becoming an increasingly important, in fact, an essential component of our health care delivery system in the United States. Because of their increasing role in the improvement of health outcomes, I believe a newly designed Medicare would unquestionably include a prescription drug benefit. Unfortunately, Medicare is still operating under a 1965 model. Our seniors continue to lack this very essential coverage.

Over a year ago I introduced the Medical Ensuring Prescription Drugs for Seniors Act, or MEDS, and this role would provide a prescription drug benefit for all Medicare-eligible beneficiaries, and on a volunteer basis. My plan would ensure that our neediest

seniors would get the assistance they need, when they need it, for as long as they need it. And MEDS, as most other plans that have been introduced in the Senate, is a comprehensive, Medicare-based approach and will take a few years to fully implement.

Though I fully support MEDS and will fight for its passage, I believe our seniors need some relief now. To that end, I am supporting Senator ROTH's bill, which would send Federal funds back to the States today in order to establish or improve our prescription drug coverage immediately for our seniors and those seniors who need that help and coverage now.

I want to be clear, the only way that Congress will be able to address the prescription drug needs of our seniors this year is to pass the Roth proposal. We need to do it. Unfortunately, our friends on the other side of the aisle disagree with that view. They would rather work to push a massive Medicare-based plan which only seems to increase the burden on the majority of seniors through increased premiums, reduced benefits, and more bureaucracy; in other words, create a bigger and bigger government bureaucracy to handle this.

I believe it is a backdoor tax increase on our seniors, which is both irresponsible, and it would be totally unacceptable, especially to those who really need the help in the coverage to afford prescriptions.

The Democratic proposal, which Vice President AL GORE and others advocate, is fraught with a lot of problems. First, his plan would take 8 years to be fully implemented—8 years. The Roth bill would go into effect today. The Vice President's plan would take 8 years to phase in.

You don't hear that when they talk about it, do you? But we all know that our seniors cannot afford to wait 8 years, especially the neediest of our seniors' population, to start realizing a prescription drug benefit under our Medicare program.

This is a part of the plan that often goes unmentioned and one that needs to be highlighted. Either have a plan now that is immediate and provides help to our seniors today, or pass a plan that costs more, reduces benefits, and asks our seniors to wait 8 years to have it fully implemented under Medicare.

The second problem with the proposal is that when it is fully phased in, it will put a new tax on our seniors because it asks for premiums of \$600 a year in new additional premiums over and above what they are paying. Above and beyond the fact that many seniors would find that \$600 to be cost prohibitive, statistics suggest that the average senior uses only about \$675 in prescription drugs in a year. I am not a mathematician by profession, but I can tell you when the proposal only covers 50 percent of the costs of the prescription drugs to begin with—so, in other words, after paying your \$600-a-year

premium, you have to pay a 50-percent copay on all the drugs you consume, and I believe there is also a cap with it—it means that for the additional \$600 premium, again a new tax on our seniors, the average senior would receive at best \$37.50 in benefits.

Considering the enormous financial burden this is going to place on an already ailing Medicare system, I am not sure the American people are going to want to assume what will inevitably be a new tax liability and at the same time risk the collapse of Medicare in order to prop up a plan that delivers only pennies a year in prescription drug benefits.

Because it is a bit politically distasteful, supporters of this plan and similar measures fail to mention the cost of these proposals. They make it sound as if this is going to provide Medicare prescription drug coverage to all seniors at no cost. That is the way they always like to present a lot of these plans, that somehow it is free. I don't know of many seniors out there who believe they are going to get something for nothing. When was the last time they had a free lunch? They know that. Our seniors are smarter than that, but yet they are being told these are things we can provide free.

The bill supported by the Vice President and a number of my colleagues will cost nearly \$250 billion over the next 10 years. Aside from having to raid either the Social Security or Medicare trust funds to pay for it—and that is how they pay for it. They are going to take money from an ailing trust fund and try to shift it into expanding new benefits and saying nobody has to pay for it but they are basically robbing from Peter to pay Paul and weakening an already weak system.

An equally troubling fact is that it does nothing to modernize the Medicare program at all. It is basically just putting a Band-Aid over an old system that has problems; again, trying to bring in a 1965 model and adapt it to the year 2000. When the Medicare Commission actually made these proposals, President Clinton pulled the plug. He did not even consider what this panel was recommending. But thanks to Senators FRIST and BREAU, they are introducing this plan which makes sense, and that is to overhaul, to reform Medicare, and to make sure prescription drugs are an important part of that. But the Roth bill would be that stopgap in order to provide coverage today for our seniors until we can have a real Medicare reform package.

In the absence of these important reforms, this plan offered by the Vice President is nothing more than a prescription for disaster. The funding comes out of the Social Security surplus, which, by the way, the Vice President claims to wall off for only Social Security and only Medicare, but while they are doing that they are trying to expand these services and say it is going to cost nothing. It is a free

lunch, a free ride. Nobody believes that can happen. Especially our seniors know that there is no free lunch. Adding new demands on Medicare through the Social Security surplus without reforming the program, again, will only put Medicare further at risk than what it is today.

Finally, their proposal provides no flexibility in terms of being able to opt in or opt out of their program. Again, our proposal is voluntary. If it benefits you, you can get into it. If it doesn't benefit you, don't; keep your own coverage as you have it today. But you have a choice.

Again, these big government programs, the first thing they want to eliminate is choice for the consumer, and in this case for our seniors. You only have one shot under the Vice President's plan to get in and that is it. Seniors, as they age into Medicare, need to make a determination whether they want to get in and save a few dollars a year at best, into a system that is going to cost them at least \$600 a year in more taxes. If they take it and change their mind, it is simply too late; they are stuck. They are either in or they are out.

I am happy and proud to have been one of the first to introduce a prescription drug plan in the Senate, and I am hopeful that by having done so, my commitment to this issue and our Nation's seniors is underscored. But, most importantly, I want to ensure that any effort we undertake in Congress will actually help to provide assistance to those who truly need it and provide it sooner rather than later; not with a plan where we are going to try to solve the problems for 6 or 10 percent of the population, but the way they try to solve it is to mandate 100 percent of Americans get involved in their big new bureaucracy for prescription drugs. Importantly, too, my plan does not use the Social Security surplus which I have also secured in a lockbox.

I reiterate, I believe our seniors deserve a prescription drug plan that is truly voluntary, one that will not jeopardize the future of Medicare, and one which will not place on the backs of taxpayers any additional burdens or liabilities. Instead, I am hopeful the Senate can pass legislation immediately returning the money to the States to provide relief while strengthening Medicare and implementing the long-term comprehensive benefit that does not result in a new tax on our seniors. We have an historic opportunity to help our Nation's seniors. I believe we should act now, this year.

Mr. President, I yield the floor.

Mr. GRAHAM. Mr. President, will the Senator yield for a question?

Mr. GRAMS. Yes.

Mr. GRAHAM. I say to my colleague, I am concerned that several of your criticisms sound to me as if they are really criticisms against Medicare, as opposed to the idea of prescription drugs being offered through Medicare. For instance, did you just say that you

felt it was inappropriate that there be a premium charged for the prescription medication benefit?

Mr. GRAMS. To answer the Senator from Florida, I am not opposed to a surcharge or a prescription charge but a charge that is going to assume a new \$600-per-year additional tax or cost on our seniors while providing very little in benefit that would overcome that cost.

Mr. GRAHAM. So you are opposed to the principle of a shared cost program between beneficiaries and the Federal Government in delivering Medicare; is that correct?

Mr. GRAMS. That is not true. The Senator from Florida is inaccurate because in my own plan, my MEDS program is a copay and also has deductibles built in depending on wages or income. It is worked through Medicare and through the HCFA program.

So, no, I do not oppose a shared responsibility or liability but one that is a benefit to seniors, and not one that drains their pocketbooks for little or no benefit.

Mr. GRAHAM. No. 1, you understand, of course, that Part B of Medicare requires, first, a voluntary election to participate and then, second, a monthly premium which today is approximately \$45?

Mr. GRAMS. Correct.

Mr. GRAHAM. You also understand the Vice President's plan would require a second voluntary election to participate in prescription drugs, and the monthly fee would be \$25, or \$300 a year, not \$600 a year? Is that correct?

Mr. GRAMS. But his plan is not voluntary. You can voluntarily get in, but when you do not get in, you can't re-apply. That is my understanding.

Mr. GRAHAM. No. 2, do you understand Part B of Medicare—I am talking about Medicare as it existed for 35 years—requires the exact same election process as the Vice President's plan would require for prescription drugs? He is doing nothing beyond what we have done for 35 years in Part B of Medicare; that is, the physicians and outpatient services. Do you agree with that?

Mr. GRAMS. My understanding is that in order to be a part of the Vice President's plan of receiving prescription drug coverage, one must pay a \$50 premium per month, or new tax, in order to be involved in the system. You have one choice, one chance to get in or you are left out. So you are putting pressure on seniors at whatever age. Then, when you average in what an average senior consumes today in prescription drugs, it is very little if any benefit at all.

Mr. GRAHAM. No. 1, it is \$25 a month or \$300 a year. No. 2, it is a voluntary election, exactly the same way that you had a voluntary election for Part B for 35 years.

No. 3, you understand that the plan of the Vice President is a universal plan like all the rest of Medicare; over 39 million Americans who are eligible

for Medicare are eligible to make the voluntary election to participate in the prescription drug benefit?

Mr. GRAMS. So you are saying the President's plan, when fully phased in, will be only \$25 per month or are you talking about the initial plan with the coverage available with the caps and coverage?

Mr. GRAHAM. I am talking about the plan that will be in effect in the year 2002 when we adopt this plan. It will be a voluntary plan. It will be a plan which will be affordable. It will not only give you the benefit of access to 50-percent coverage of your immediate prescription medication cost, but it will also give you, after you pay \$4,000, a stop loss, a catastrophic intercept which says, beyond that point, the Federal Government will pay all of your prescription drug bills.

That is, in my opinion, the most important part of this plan because the fear of many seniors, and the thing they see as the potential threat to not only their health but their economic security, is that they are going to fall into a serious illness where suddenly their prescription drug costs are not \$20 or \$30 a month but are \$800 or \$1,000 a month.

The Vice President's plan assures that after you have paid \$4,000, then you will have a stop loss against any further payments. Don't you think that is a pretty significant security for America's seniors?

Mr. GRAMS. I disagree with the Vice President—if I may reclaim my time—and I will tell you why. Because, as you said, when it goes into effect in 2002, it is not fully implemented for 6 to 8 years. You might start off with a low payment, but it escalates to \$50-a-month premiums fully implemented, and it does provide you have to pay 50 percent, up to \$4,000.

To compare that with my MEDS plan, we have a \$25 copay per month, \$300 per year. We do not have a cap for people below 135 percent of poverty. So they will get any amount of drugs for \$300 a year compared to the President's \$4,000. For some who are on the edge of poverty, they do not have the \$4,000, I say to the Senator, to pay for this.

Mr. GRAHAM. As you understand, all of the plans provide for no payment for persons who are above the Medicaid eligibility limit but generally below 175 percent of poverty, which means approximately \$14,000 or \$15,000. They would pay no premium. They would pay no copayments. They would have no deductibles. For those people, the Vice President's plan would be fully available without any charges.

What we are talking about in both plans is the people who are above 175 percent of poverty. What percentage subsidization would you provide for persons over 175 percent of poverty?

Mr. GRAMS. Not to belabor this debate, and it is good we are talking about it because the American people need to hear it, but over that amount of money you are talking about, we

would still have a \$25 copay, the \$150 deductible, and then no cap at all on coverage. If you were at that income level, you would probably pay, at most, \$175 per month for the whole year or \$175 per month per year.

Mr. GRAHAM. So you pay \$175 a month, is your premium.

Mr. GRAMS. If you are going to have the \$25 copay and \$125 a month deductible.

Mr. GRAHAM. If I had been there last night—and I know the rules of the first debate precluded having a chart—I would have loved to have had a chart and asked Governor Bush to fill in the blanks. Since we do not have Governor Bush here but you are advocating the first phase of his plan, let me ask you about a few of the blanks on his chart.

What would be your coverage for persons over 175 percent of poverty? What percentage of their prescription drug costs would you cover?

Mr. GRAMS. I am not here to try to defend or put words in—

Mr. GRAHAM. I am trying to get the facts.

Mr. GRAMS. I am trying to defend the plan I have offered, and that is my MEDS program.

Mr. GRAHAM. Let me ask about your plan. For persons over 175 percent of poverty, what percentage of the prescription drug expenses would you have the plan cover as opposed to that for which the individual would be responsible?

Mr. GRAMS. It would cover 100 percent of everything over a \$25 copay and a \$150-a-month deductible for those who are in that income level or above.

Mr. GRAHAM. So it would be a \$150 monthly deductible and a \$25 copay?

Mr. GRAMS. Yes—

Mr. GRAHAM. Is that copay per prescription filled?

Mr. GRAMS. For the month, yes.

Mr. GRAHAM. I thought \$150 a month was the deductible. There is a copay beyond that?

Mr. GRAMS. Yes.

Mr. GRAHAM. How is that calculated?

Mr. GRAMS. Twenty-five dollars of the prescription.

Mr. GRAHAM. The plan would pay 25 percent—

Mr. GRAMS. That is the deductible. The individual would pay 25 percent of the cost of the prescription, and then if they were at an income level you are talking about, it would be a \$150 deductible with no caps or limits for the year; not the \$4,000 you are talking about.

Mr. GRAHAM. What do you estimate to be the cost of that plan that has a \$150 deductible and \$25 copay?

Mr. GRAMS. We have tried, but we have not had it scored yet and have not been able to get the numbers, but some of the projections we have say it will be under \$40 billion a year, not the 258 or 253 the Vice President is talking about.

Mr. GRAHAM. How can you offer a more generous plan by having the beneficiary pay only 25 percent as opposed

to the Vice President's 50 percent and yet have such a lower cost?

Mr. GRAMS. Because what we are trying to do is target those who need the help, and that is about 6 or maybe 10 percent of the population. What the Vice President is doing and what you are talking about is bringing 100 percent of Americans under a new national program where the Government is going to be the purchaser and the dispenser of these prescriptions. I reject that type of a plan.

Mr. GRAHAM. Mr. President, I will conclude these questions by going back to my first assertion. We are not talking about prescription drugs through Medicare; we are talking about an assault against the basic principles of Medicare itself. That is a universal program, not a program limited by class to only the poor and near poor of America: That is a voluntary program. That is a shared cost program between the beneficiary and the Federal Government. That is a comprehensive program that covers all of the necessary health care for older Americans. And, as I believe the Senator stated in his introductory comments, nobody would develop Medicare today, in 2000, without having a prescription drug benefit.

When you attack all those principles that are the foundation of Medicare, what you are really doing is attacking one of the programs which has made the greatest contribution to lifting 39 million Americans into levels of respect and security and well-being of any program that the Federal Government has ever developed. The American people need to hear that this debate is not just about prescription drugs; it is about a frontal assault against Medicare. If this philosophy prevails, that is where the battleground will be.

I thank the Chair.

Mr. GRAMS. Reclaiming my time, not to leave the impression that by any means this is an assault on Medicare, because the plan I have proposed and outlined is handled and complemented through Medicare. I know they like to always say the Republicans are making an assault against Medicare and somehow we want to end the program of providing this help and assistance to millions of seniors across the country. That is simply not true.

This plan does nothing to make an assault on Medicare or the benefits it provides today, but it also does not turn a prescription drug program into a national prescription drug program run and handled by the Government, and that is basically my belief of what is outlined here.

We will work to preserve and strengthen Medicare, and that includes adding an affordable prescription drug plan that will take care of the neediest of the seniors in our society today.

Thank you very much, Mr. President. I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. I want to get engaged in that discussion. I guess we will have

time for that later. But the fact is, I think the Senator from Florida is correct. What we are seeing here, really, is a continuation of Newt Gingrich's philosophy that Medicare should wither on the vine. We all remember that. That was this "Contract on America." That was Newt Gingrich's philosophy. I think we see it further taking place here today.

The Senator from Minnesota, I think, is basically going down that same path that Governor Bush is. Basically, what they have envisioned is a prescription drug program where, basically, if you are poor, you are on welfare, and you get it. If you are rich, you don't need it, and you pay for your own or you can belong to your own insurance plan and pay for it, or maybe you have an employer-sponsored program. But if you are the middle class, and you are in that middle group, you are paying the bill for both of them. You are paying for the tax breaks for the wealthy, and you are paying for the welfare benefits for the poor so they can get their prescription drugs. But you, in the middle class, don't get anything. If you do, in fact, get in this program, you will be paying and paying and paying and paying.

The Republicans have never liked Medicare. They did not like it when it came in, and they have never liked it since. So they just keep coming up with these kinds of programs that sound nice, but basically it is designed to unravel Medicare and let it wither on the vine.

Mr. President, I want to take to the floor today again to speak about the lack of due process in the Senate regarding judgeships, and especially the nomination of Bonnie Campbell for a position on the Eighth Circuit Court of Appeals.

Her nomination has now been pending for 216 days. Yesterday, the Senate voted through four judges. Three of them were nominated and acted on in July; one was nominated in May. Bonnie Campbell was nominated in March. Yet those got through, but they are holding up Bonnie Campbell. Why?

Maybe it is because she has been the Director of the Violence Against Women Office in the Justice Department for the last 5 years; that office which has implemented the Violence Against Women Act, which, by all accounts, has done an outstanding job.

Maybe my colleagues on the other side of the aisle do not want any woman that is qualified to be an appeals court judge. Maybe that is why they are holding it up. Maybe it is because she has done such a good job of implementing the Violence Against Women Act.

Maybe they are holding her up because they think there are enough women on the circuit court. Of 148 circuit judges, only 33 are women; 22 percent. But maybe my colleagues on the Republican side think that is enough women to have on the circuit court.

I have said time and time again—and I will say it every day that we are in

session—that Bonnie Campbell is not being treated fairly, not being accorded, I think, the courtesy the Senate ought to afford someone who is well qualified.

All the paperwork is done. All the background checks are done. She is supported by Senator GRASSLEY, a Republican, and by me, a Democrat from her home State. That may rarely happen around here. So Bonnie Campbell is not being treated fairly.

Senator HATCH, the other day, said, well, the President made some recess appointments in August, and that didn't set too well with some Senators. But what has that got to do with Bonnie Campbell? Maybe they don't like the way President Clinton combs his hair, but that has nothing to do with Bonnie Campbell being a judge on the circuit court.

Is Senator HATCH really making the argument that because President Clinton made some recess appointments that he didn't like, so that gives him an adequate excuse and reason to hold up Bonnie Campbell? I find that an interesting argument and an interesting position to take.

I have heard that there was a news report that came out today that some of the Senators on the other side had some problems with her views. Now, this is sort of general. I don't know what those problems are. But that is why we vote. If some Senator on the other side does not believe Bonnie Campbell is qualified or should not be a Federal judge in a circuit court, bring her name out, let's debate it. These are debatable positions. Let's talk about it. And then let's have the vote.

If someone feels they can't vote for her, that is their right and their obligation. But we did not even have that. We do not even have her name on the floor so we can debate it because the Judiciary Committee has bottled it up.

Then I was told her name came in too late. It came in just this year. I heard that again. That is also in the news reports today, that somehow this vacancy occurred a year ago, but her name did not come down until March.

So I did a little research.

In 1992, when President Bush—that is the father of Governor Bush—was President in 1992, and the Senate was in Democratic hands, we had 13, 14 judges nominated; 9 had hearings; 9 were referred; and 9 were confirmed—all in 1992. Every judge who had a hearing got referred, got acted on, and got confirmed.

Now, that was OK in 1992, I guess, when there was a Republican President and a Democratic Senate. But I guess it is not OK when we have a Democratic President and a Republican Senate.

Here we are. This chart shows this year, we have had seven nominees, including Bonnie Campbell. We have had two hearings; we have had one referred; one confirmed—one out of seven. So this kind of story I am hearing, that her nomination came in too late, is

just pure malarkey. This is just another smokescreen.

Circuit judges. They say: Well, it's a circuit court. There's an election coming up. We might win it, so we want to save that position so we can get one of our Republican friends in there.

Well, again, in 1992, circuit nominees, we had nine: six were acted on in July and August, two in September, and one in October. Yet in the year 2000, we had one acted on this summer, and we are in the closing days of October. No action.

So, again, it is not fair. It is not right. It is not becoming of the dignity and the constitutional role of the Senate to advise and consent on these judges.

Thirty-three women out of 148 circuit judges; 22 percent—I guess my friends on the other side think that is fine. I do not think it is fine.

Again, everything has been done. All of the paperwork has been in, and here she sits.

UNANIMOUS CONSENT REQUEST— NOMINATION OF BONNIE CAMPBELL

Mr. HARKIN. Mr. President, I will now—and I will every day—ask unanimous consent to discharge the Judiciary Committee on further consideration of the nomination of Bonnie Campbell, the nominee for the Eighth Circuit Court, and that her nomination be considered by the Senate immediately following the conclusion of action on the pending matter, and that the debate on the nomination be limited to 2 hours, equally divided, and that a vote on her nomination occur immediately following the use or yielding back of that time.

The PRESIDING OFFICER. Is there objection?

Mr. FRIST. Mr. President, I object on behalf of the leader.

The PRESIDING OFFICER. Objection is heard.

Mr. HARKIN. I wish I knew why people are objecting. Why are they objecting to Bonnie Campbell? Why are they objecting to a debate on the Senate floor? Why are they objecting to bringing her name out so that we can have a discussion and a vote on it?

I want to make clear for the Record, it is not anyone other than the Republican majority holding up this nominee. Every day we are here—I know there will be an objection—I am going to ask unanimous consent because I want the Record to show clearly what is happening here and who is holding up this nominee who is fully qualified to be on the circuit court for the Eighth Circuit.

Now I want to turn my comments to something the Senator from Minnesota was talking about; that is, the prescription drug program from the debate last night. Quite frankly, I was pretty surprised to hear Governor Bush talking about his prescription drug program. He calls it an "immediate help-

ing hand," and there is a TV ad being waged across the country to deceive and frighten seniors. He talks about "Mediscare"; that was Bush's comment last night. He accused the Vice President of engaging in "Mediscare," scaring the elderly.

If the Bush proposal for prescription drugs were to ever go into effect, seniors ought to be scared because what it would mean would be the unraveling of Medicare, letting Medicare wither on the vine.

Let's take a look at the Bush proposal. We know it is a two-stage proposal. First, it would be turned over to the States. It would require all 50 States to pass enabling or modifying legislation. Only 16 States have any kind of drug benefit for seniors. Each State would have a different approach.

The point is, many State legislatures don't meet but every 2 years. Even if we were to enact the program, there are some State legislatures that wouldn't get to it for a couple years.

Our most recent experience with something such as this is the CHIP program, the State Children's Health Insurance Program, which Congress passed in 1997. It took Governor Bush's home State of Texas over 2 years to implement the CHIP program. It is not immediate.

He calls it "immediate helping hand." It won't be immediate because States will have a hard time implementing it. In fact, the National Governors' Association says they don't want to do it. This is the National Governors' Association:

If Congress decides to expand prescription drug coverage to seniors, it should not shift that responsibility or its costs to the states.

That is exactly what Bush's 4-year program does. Beyond that, his plan only covers low-income seniors. Many of the seniors I have met and talked with wouldn't qualify for Bush's plan.

A recent analysis shows that the Bush plan would only cover 625,000 seniors, less than 5 percent of those who need help. His plan is not Medicare; it is welfare. What the seniors of this country want is Medicare, not welfare. Seniors would likely have to apply to a State welfare office. They would have to show what their income is. If they make over \$14,600 a year, they are out. They get nothing, zero.

After this 4-year State block grant, then what is his plan? Well, it gets worse. Then his long-term plan is tied to privatizing Medicare; again, something that would start the unraveling of Medicare. It would force seniors to join HMOs.

So under Governor Bush's program, after the 4-year State program, then we would go into a new program. It would be up to insurance companies to take it. So seniors who need drug coverage would have to go to their HMO. They would not get a guaranteed package. The premium would be chosen by the HMO, the copayment chosen by the HMO, the deductible chosen by the HMO. And the drugs you get? Again, chosen by the HMO.

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

Mr. HARKIN. Mr. President, I ask unanimous consent for at least a couple more minutes to finish up. I didn't realize I was under a time schedule.

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

Mr. HARKIN. Bush's plan would leave rural Americans out in the cold. Thirty percent of seniors live in areas with no HMOs. And contrary to what the Senator from Minnesota said, if I heard him correctly, under the Bush program, the Government would pay 25 percent of the premiums and Medicare recipients would have to pay 75 percent.

The Bush program basically is kind of scary. Seniors ought to be afraid of it, because if it comes into being, you will need more than your Medicare card. You will need your income tax returns to go down and show them how much income you have, how many assets you have. If you qualify, you are in; if you don't, you are out. That would be the end of Medicare.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. FRIST. Mr. President, I ask unanimous consent that I be given time as needed, yielded off the continuing resolution.

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

CHILDREN'S HEALTH ACT OF 2000

Mr. FRIST. Mr. President, I have come to the floor to discuss and share with my colleagues very good news, some news that is bipartisan, that reflects what is the very best of what the Senate is all about.

It has to do with a bill called the Children's Health Act of 2000, a bill that is bipartisan, that reflects the input of probably 20 to 30 individual Senators on issues that mean a great deal to them based on their experience, their legislative history, what they have done in the past, their personal experiences, and responding to their constituents. This bill passed the Senate last week and passed the House of Representatives last week and will be sent to the President of the United States sometime either later tonight or tomorrow.

The Children's Health Act of 2000, is a comprehensive bill, a bill that forms the backbone of efforts to improve the health and safety of young people today, of America's children today. But equally important, it gathers the investments to improve the health, the well-being of children of future generations.

It is fascinating to me because it was about a year or a year and a half ago that Senator JEFFORDS and I, after working on this particular piece of legislation for a couple of years, reached out directly across the Capitol to Chairman BLILEY and Representative BILIRAKIS to work together to address a