All seniors under Governor Bush's proposal have a limit, a cap on how much is spent out of pocket, not only for prescription drugs but for all health care—visits to the physician, visits to the hospital, prescription drug coverage. Once your out-of-pocket expenditures get above $6,000, it is covered by the Government

Fourth, this proposal is based on the Federal Employees Health Benefits Plan. I think that is very important because seniors understand if that care is really good enough for President Clinton or Senator FRIST, health care will be good enough for me.

No. 5, Governor Bush has said yes, this is going to take more money. It is going to take about $110 billion in more money. Why? Because that modernization in bringing things up to date, that better coordination of services, is going to require an investment. That is in real contrast to the Clinton-Gore proposal which, when we first heard about it, was going to cost $167 billion; that is when it was introduced last year. Right now, the figure touted by the Gore campaign is $250 billion. The Congressional Budget Office says no, it is not $167, it is not $250 billion, but in truth it is about a $337 billion plan.

So, taxpayers, watch out. Seniors, watch out. This plan has already doubled in size, in how much it costs, in the last 12 months, the plan of the Clinton-Gore team. No. 6, and most important, I think, in the short term, is seniors deserve this coverage now, not 2 years from now, not under the Clinton-Gore plan which phases in over another 8 years—actually they don't fully implement it until the year 2010. Our seniors need health care now.

I would like to briefly turn at this point to S. 3016 and S. 3017, introduced by Senator ROTH. What this bill says—which complements, supplements, and parallels very much what Governor Bush has said, and Governor Bush did it through his helping hand—since we have a problem now, let's reach out right now and get the money to the neediest people, the low- and moderate-income people who need it right now; not to be phased in later.

What this Roth bill does is it makes grants immediately available to those people who need it the most. It will extend prescription drug coverage immediately, recognizing it is a transition program, until we modernize Medicare through the Breaux-Frist or Governor Bush approach. It immediately extends prescription drug coverage to about 85 percent of Medicare beneficiaries.

It serves as a bridge to overall Medicare modernization, overall reform.

This is not the answer. This is the short-term answer to plug that hole that everybody agrees is there, whether Democrat or Republican. That hole is created because true modernization is going to take 12 months or 24 months or 36 months. So let's start that modernization program now, but, in the meantime, let's get help to the people who need it, who are out there making that choice between putting food on the table, buying those groceries, or buying prescription drugs. Let's help them in 6 months, not 10 years from now, not 5 years from now. That is where the Roth bill moves right in.

Let me point out that 22 States already have taken action. Remember, all 50 States right now are administering prescription drug programs. That mechanism is there right now. It is not in HCFA, it is not in the Federal Government now, and that is why, under Chairman ROTH's leadership, we can get that aid to the people who need it most.

I will talk more about the Clinton-Gore plan later, but let me just close by saying all I said sharply contrasts it.

No. 1, the Gore plan forces seniors to wait 10 years before it is fully implemented. It doesn't even start offering any drugs or drug coverage for at least 2 years.

No. 2, it doesn't give seniors any choice. They can choose one time, at 64½ years. They choose one time, and that is it. Contrast that with the Breaux-Frist plan or Governor Bush's plan, which allows choice at any point in time.

No. 3, the Clinton-Gore plan does nothing to strengthen Medicare. It is a 50-percent copayments for drugs. It does nothing to modernize or strengthen Medicare long term.

No. 4, it does nothing to benefit, to improve that underlying benefit package in terms of preventive drugs, preventive care, in terms of vision care, in terms of dental care. The flexibility is simply not there in the Gore plan.

I close by saying our debate about the various plans is an exciting one for me. Our goal must be health care security for seniors. Governor Bush and our plans, through Breaux-Frist and the Roth proposal, do just that.

I reserve the remainder of my time.

VICTIMS OF GUN VIOLENCE

Ms. MIKULSKI. Mr. President, it has been more than a year since the Columbine tragedy, but still this Republican Congress refuses to act on sensible gun legislation.

Since Columbine, thousands of Americans have been killed by gunfire. Until we act, Democrats in the Senate will read the names of some of those who have lost their lives to gun violence in the past year, and we will continue to do so every day that the Senate is in session.

In the name of those who died, we will continue this fight. Following are the names of some of the people who were killed by gunfire one year ago today.

SEPTEMBER 14, 1999

Charles Caldwell, 18, Minneapolis, MN; Penny Calhoun, 32, Salt Lake City, UT; Henry J. Calhoun, 32, Salt Lake City, UT; Jovan Coleman, 19, Chicago, IL; Orlando Cortezq, 24, Dallas, TX; Israel Cuervas, 26, Dallas, TX; Charlie D. Duff, 18, Chicago, IL; Alfredo Fernandez, 50, Houston, TX; Toi Goodnight, 41, Pittsburgh, PA; Stevie Gray, 33, Washington, DC; Jessie Harper, 39, Houston, TX; Michael L. Harris, 41, Chicago, IL; Lee Sun Heung, 43, Baltimore, MD; John Homilton, 82, Oakland, CA; Stephen Hornbaker, 35, Pittsburgh, PA; Kerne Lerouge, 43, Boston, MA; Nigel D. Reese, 17, Chicago, IL; Herman Ridley, 24, Baltimore, MD; Frank Rizzo, Houston, TX; Charles Waldon, 62, Houston, TX.

One of the victims of gun violence I mentioned, 41-year-old Toi Goodnight of Pittsburgh, was shot and killed one year ago today in a carjacking incident. The man who killed Toi shot her in the mouth and left her on the highway as he drove away in her car.

We cannot sit back and allow such senseless gun violence to continue. The deaths of Toi Goodnight and the others I named are a reminder to all of us that we need to enact sensible gun legislation now.

OLYMPIC AMBUSH MARKETING

Mr. STEVENS. Mr. President, at the end of this week the men and women of the United States Olympic Team will march into the Olympic Stadium in Sydney, Australia for the XXVII Olympic games. These athletes who inspire all of us to set high goals and reach those goals deserve our congratulations and support. The American people also deserve praise and thanks for their individual contributions to our athletes and to the United States Olympic Committee. Without those contributions, most of our athletes would never have the chance to compete.

American companies have also financially supported the United States Olympic Committee and the Olympic games through official sponsorships. Unfortunately, Mr. President, that Olympic sponsorship is being eroded by an insidious practice known as ''ambush marketing''—advertising that falsely implies an official association with a particular event or organization. In no context is ambush marketing more prevalent or more damaging than with the Olympic games which, because of the reliance on private and corporate funding, are increasingly threatened by a decline in sponsorship interest.

Internationally, it is fair to say that corporate sponsorship saved the Olympic movement. In 1976, Montreal was left with a debt of nearly one billion dollars following the summer Olympic games in that city. Los Angeles, however, managed to capitalize on corporate sponsorship, turning a profit and revitalizing international interest in the games.

American companies have long been proud to be official sponsors of the Olympic games because of the humanitarian and inspirational values the games present. These companies also recognize the valuable marketing potential of the Olympics, enhancing