

from Kentucky, Mr. MCCONNELL, for bringing that bill both to our attention and shepherding it through the floor.

Last week, we also passed the Women Business Centers Preservation Act, sponsored by Senator OLYMPIA SNOWE, and we were able to complete a number of executive nominations. We have a whole range of other nominations pending, and we will work to clear these nominations on the Executive Calendar and to schedule rollcall votes as necessary.

As we enter the Medicare debate and the amendment process, I am very hopeful it will follow the same pattern we showed last week in working together. We will see robust debate. The end product is something for which I think we will have strong bipartisan support. I think the amendment process will reflect a lot of the differing approaches on both sides of the aisle within each of the caucuses as we go forward with the shared goal of strengthening Medicare, improving Medicare and, at the same time, providing America's seniors with the benefit that we have been denied in the past because traditional Medicare simply hasn't kept up to the times, and that is prescription drug coverage.

I look forward to 2 weeks from now when we will, on this floor, hopefully—I optimistically say this—pass a bill that America's seniors and future retirees will be able to look at and say, yes, that is health care security and that does include the benefits that are so important to health care delivery today, namely, prescription drugs.

We have talked a lot about modernization of the Medicare Program over the last 45 years. We had a bipartisan commission that generated a plan that was bipartisan, which Senator BREAUX and I put together based on the findings of the Medicare Commission. The Senate Finance Committee, over the last several years, has had 30 hearings, with 7 devoted just to this issue of prescription drug coverage. Earlier in the month, we held an additional committee meeting to focus specifically on the framework that has been put forth by the managers of the bill, Senator GRASSLEY and Senator BAUCUS.

That hearing constituted the third committee hearing on Medicare this year. Indeed, last Thursday night, the Finance Committee voted to send this historic legislation to the floor of the Senate with a bipartisan vote of 16 to 5. I thank Chairman GRASSLEY and Senator BAUCUS for getting us to that pivotal point. This Grassley-Baucus agreement provides a strong base, a strong framework upon which we can achieve that mutually shared goal of strengthening and improving Medicare with a meaningful prescription drug benefit added. There are so many others who should be recognized who participated in the debate, but it is almost futile to do it because so many have participated in this body and in the House of Representatives, indeed, with the ad-

ministration and the bold leadership of President Bush. I think because of all of this activity and the foundation that we have of working on this for years and years, we do have an opportunity—and indeed I argue that it is an obligation—to bring this debate to a point in which we take action and actually pass a framework to give this appropriate strengthening of Medicare.

Yesterday, Members did have the opportunity to deliver opening statements. As I mentioned, they will continue through this morning and likely into the early afternoon. Later today, if appropriate, we can go to amendments and tomorrow have a very active day on amendments.

Again, I hope we will be able to turn to final passage of this bill before we adjourn for the Independence Day recess.

I yield the floor.

#### RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

#### MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will begin a period for morning business until the hour of 10 a.m., with the time equally divided between the two leaders or their designees.

The minority leader.

#### PRESCRIPTION DRUG BENEFIT

Mr. DASCHLE. Madam President, I commend the distinguished majority leader for his statement and for the effort he has made to bring the debate on prescription drugs to the floor over the course of the next 2 weeks.

I share his hope and his goal that by the end of this period, we can have achieved what I think all Senators want—a good, vigorous debate about what is the best approach to take with regard to a prescription drug benefit under Medicare—and complete that debate prior to the July 4 recess. I have indicated to him personally that it would be my intention to work with him to accommodate that goal. I do hope we can move to the amendment phase of the debate sooner rather than later, preferably this afternoon.

I also commend Senators GRASSLEY and BAUCUS for their effort in the Finance Committee. The vote of 16 to 5 was an indication of their success in accommodating the concerns and the ideas of many of our colleagues. They have worked on this for a long period of time and I think deserve our commendation for the effort they have made on a bipartisan basis. During the committee process, I indicated it would be my hope that I could work as vigorously as they did in achieving the bipartisan tone that was accomplished during the markup last week.

I must say, I do not share the enthusiasm for the legislation that some of my colleagues do, and I wish to talk about that this morning. We may have a different perspective on how close this may be, but I also recognize that we have made the perfect enemy of the good at times, and I do not want to do that in this case.

I hope we can make a good down payment. I hope we can achieve a start. I have been concerned about how shaky a start this may be, but it is a start. If we are going to commit \$400 billion over the next 10 years to provide meaningful drug benefits, I hope we can do so maximizing the use of those resources, providing the most efficient utilization, and a mechanism, an infrastructure, for prescription drugs that will accommodate many of the goals and hopes we have for at long last modernizing Medicare in a way we know must be done.

I hope we do not overpromise. It is so easy to make proclamations about how good this accomplishment is, and I think we may create false expectations, high expectations, for this legislation that just will not be realized once the full impact of the bill is felt in the countryside.

Some have said, for example, that this is just like FEHBP, the Federal Employees Health Benefits Plan, for Senators. It is not. There is about a \$1,000-a-year difference in the value of benefits between what Senators get and what seniors are going to get.

To do what Senators get, we are told by economic analysts, it would take about \$800 billion over a 10-year period, not \$400 billion. So this is not FEHBP. This is something substantially below FEHBP.

We also must acknowledge that a senior who has \$5,000 of drug costs will get a benefit of about \$1,700; \$3,300 will still come out of pocket out of that \$5,000. So people need to be aware this is not FEHBP; that this is not going to address all of the concerns and needs that seniors have with regard to their drug costs.

Having said that, I believe we put down a marker, we set a foundation, and we should work with the administration and with especially the Department of Health and Human Services to address some of these concerns, and over time I believe we can make this an even better bill. Whether it is in the next 2 weeks, the next 2 months, 2 years, or 2 decades, we are going to make this a better bill, a better program.

There are a number of concerns I have with regard to how we can make it better that I hope we can address through amendments. The first amendment Democrats will offer is simply to give seniors more choice; to say to them: You can pick a private sector plan if you wish, but we also think you ought to be able to pick a plan that is strictly a Medicare plan; that you can simply extend your current Medicare benefits for doctors and hospitals to