

Mr. DOMENICI. OK.

#### ORDER FOR ADJOURNMENT

Mr. DOMENICI. Mr. President, if there is no further business to come before the Senate, I now ask unanimous consent that the Senate stand in adjournment under the previous order, except that there be time remaining for the distinguished Senator from Alabama, Mr. SESSIONS, and 10 minutes for Senator WYDEN.

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

The Senator from Alabama.

(The remarks of Mr. SESSIONS pertaining to the introduction of S. 1873 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. I ask unanimous consent at this point to speak for up to 15 minutes as in morning business.

The PRESIDING OFFICER. (Mr. SESSIONS). Without objection, it is so ordered.

#### MEDICARE COVERAGE OF PRESCRIPTION DRUGS

Mr. WYDEN. Mr. President, I have been coming to the floor now on a number of occasions, as we move toward the end of our work for this year, in an effort to try to build bipartisan support for ensuring that senior citizens can get prescription drugs under their Medicare.

There is one bipartisan bill now before the Senate. It is the legislation that Senator SNOWE and I have introduced together. Fifty-four Members of the Senate have voted for this bill. It seems so sad that the Senate cannot come together on an issue such as this and provide some real relief for the Nation's older people.

So as part of this effort to get bipartisan support for legislation to cover seniors for their prescription drug bills, I have come to the floor and urged seniors to send in copies of their prescription drug bills, to send in copies of their bills to all of us here in the Senate in Washington, DC. I hope that in doing that, it will help generate some awareness about how serious a problem this really is for the Nation's older people.

As I have done on previous occasions, I come to the floor to discuss some of these letters. This afternoon, I want to take a couple of minutes to talk about a handful of the letters I have received from senior citizens in my hometown of Portland. We have read from letters from seniors across the State of Oregon in the past. Today, I thought I would look to my hometown and describe a little bit about what the seniors are faced with in terms of trying to pay these prescription bills.

One elderly widow wrote me in the last couple of days from Portland to describe her situation as one where she has a monthly income of \$806. She spends about \$150 of that monthly income on her prescriptions. She indicates she is having problems paying for these very large prescription drug bills. When asked by our staff what she does in a situation such as this, she just said: I do without and pray. That was her response to the question of making sure she could get help with her prescriptions. She goes on to say, when we asked her about choosing between food and fuel and health care—we have literally millions of our Nation's seniors today walking on an economic tightrope, balancing these costs, medical bills against their fuel bills. When we asked her how she handled the situation with respect to her medicine, she said: I just wait. I always pay the utilities first.

Now, this isn't some kind of statistic or abstract kind of matter that the think tanks are debating here in the beltway. This is a senior citizen back home in Portland, my hometown. She has a monthly income of \$806. She spends \$150 of it on her prescription medicines. When she can't afford her prescriptions, she writes me: I just do without and pray.

How is it that a country as rich and strong and powerful as ours can't provide some relief to an elderly widow with an income of \$806 a month, spending more than \$150 of it on her prescriptions and literally having to pray she will get some help with her medical bills? How is it that our country, so strong and so good, can't come up with a plan to help an elderly widow such as this?

Senator SNOWE and I are part of a bipartisan team trying to address it. The Snowe-Wyden legislation has garnered 54 votes on the floor of the Senate in terms of its funding plan. Already a majority of the Senate is on record as saying this is an appropriate way to try to fund a prescription drug benefit for older people. I am concerned—this is right at the heart of the philosophy behind the Snowe-Wyden legislation—that if we don't act, and act in a bipartisan way, in this session of the Congress before we wrap up our business next year, it will be years before older people get some help with their prescription drugs.

I am very often asked at town hall meetings and other gatherings whether our Nation can afford to cover prescription drugs. My view is, we cannot afford not to cover these prescription drugs. Not only are we hearing about the suffering in these letters I keep bringing to the floor of the Senate, but we are seeing in so many instances that if older people could get just a little bit of help with their prescription drug costs, that would help our country save much more expensive medical bills down the road.

I have repeatedly cited on this floor the anticoagulant drugs. That seems to me a particularly good example. The evidence shows that if older people can get help with some of these anticoagulant medicines—the cost might be \$1,000 a year for help with anticoagulant medicines—they could save the cost they might incur if they suffer a stroke as a result of not getting their medicines. Those costs can be upwards of \$100,000 a year. That is, in effect, the kind of challenge with which we are faced. Either we address this issue on a bipartisan basis—that is what the Snowe-Wyden legislation is all about—or we continue to have our senior citizens suffering, whether it is in Alabama, Oregon, or any other State. This is an area where we can work in a bipartisan way.

In the Snowe-Wyden legislation, we reject price controls. This isn't a run from Washington, one-size-fits-all Federal approach. We try to use marketplace forces, the ingenuity of the marketplace to give senior citizens some clout. It is a model we all know something about. Federal employees in Alabama and Oregon use the Federal Employees Health Benefits Plan. It is marketplace oriented. It gives folks choices and options and alternatives. That is the model behind the Snowe-Wyden legislation.

Our bill is called SPICE, the Senior Prescription Insurance Coverage Equity Act. With a majority of the Senate already having voted for a funding plan for the program, we think that is the way to proceed.

As seniors hear us on the floor of the Senate talking about this issue and urging that folks send us copies of their prescription drug bills to the Senate in Washington, DC, they may have other ideas than the Snowe-Wyden legislation. The important thing is, there is no reason this Senate cannot come together in a bipartisan fashion and act in a way to provide real and meaningful relief to the Nation's older people.

I will cite another couple of examples of older people who have been writing us in recent days. An elderly gentleman from Portland, again, describes taking five drugs, a lot of them very familiar—Minocin, nitroglycerin for blood pressure, for heart ailments connected with diabetes. This gentleman has a monthly income of about \$900. He is spending about \$170 from his monthly income on prescriptions.

We talked to him about what it means for him to be in this kind of financial crunch where, out of a monthly income of \$900, \$170 of it goes for prescriptions. He reports that if he could have a little bit of help with his prescriptions, he would have money for other things he describes as clothing.

So we are not talking about seniors getting help with their prescriptions and then suddenly using it for some