

Mr. JOHNSON, Mr. KENNEDY, Mr. KERREY, Mr. KERRY, Mr. KOHL, Mr. KYL, Ms. LANDRIEU, Mr. LAUTENBERG, Mr. LEAHY, Mr. LEVIN, Mr. LIEBERMAN, Mrs. LINCOLN, Mr. LUGAR, Mr. MACK, Mr. MCCAIN, Mr. MCCONNELL, Ms. MIKULSKI, Mr. MOYNIHAN, Mr. MURKOWSKI, Mrs. MURRAY, Mr. NICKLES, Mr. REED, Mr. REID, Mr. ROBB, Mr. ROBERTS, Mr. ROCKEFELLER, Mr. ROTH, Mr. SANTORUM, Mr. SARBANES, Mr. SCHUMER, Mr. SESSIONS, Mr. SHELBY, Mr. SMITH of New Hampshire, Mr. SMITH of Oregon, Ms. SNOWE, Mr. SPECTER, Mr. STEVENS, Mr. THOMAS, Mr. THOMPSON, Mr. THURMOND, Mr. TORRICELLI, Mr. VOINOVICH, Mr. WARNER, Mr. WELLSTONE, and Mr. WYDEN):

S. Res. 74. A resolution expressing the support of the Senate for the members of the United States Armed Forces who are engaged in military operations against the Federal Republic of Yugoslavia; considered and agreed to.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. HELMS (for himself and Mr. TORRICELLI):

S. 693. A bill to assist in the enhancement of the security of Taiwan, and for other purposes; to the Committee on Foreign Relations

TAIWAN SECURITY ENHANCEMENT ACT

Mr. HELMS. Mr. President, today on behalf of the distinguished Senator from New Jersey, Mr. TORRICELLI, and myself, I am sending to the desk a bill entitled "The Taiwan Security Enhancement Act."

The PRESIDING OFFICER. The bill will be received.

Mr. HELMS. I thank the Chair.

This bill is to do the best we can to ensure that the United States is fulfilling its obligations to the Republic of China as specified by the Taiwan Relations Act.

Mr. President, this has been done reasonably well for about 20 years, but recent trends disclose the need for efforts by the United States to be stepped up, hence the introduction of this bill by Senator TORRICELLI and me. There will undoubtedly be further additions to the sponsorship of this bill. In any case, as you know, the Pentagon, last month, delivered to the Congress a report entitled "The Security Situation in the Taiwan Straits." Frankly, I found this report exceedingly disturbing.

For openers, the report stated that Red China has been and will continue to deploy a large number of missiles directly across the strait from Taiwan. In fact, according to media reports, China already has more than 150 such missiles aimed at Taiwan and plans to increase the number to 650 during the next few years.

Taiwan has virtually no defenses against such missiles. In 1995 and 1996, Red China proved beyond a shadow of a doubt a willingness to use these mis-

siles, at a minimum to intimidate Taiwan.

I think Americans should also be concerned about Chinese missiles. In late November, the Chinese People's Liberation Army conducted exercises consisting of mock missile attacks on United States forces in South Korea and in Japan. The Pentagon report, to which I just referred, also makes clear that mainland China's vast quantitative edge over Taiwan in naval and air power, coupled with China's ongoing modernization drive, will prove overwhelming in any sort of military confrontation. The Pentagon report concluded that Taiwan's future success in deterring Chinese aggression will be—and I quote from the report—"dependent on its continued acquisition of modern arms, technology and equipment and its ability to deal with a number of systemic problems" such as logistics.

This is precisely where the United States had better step in, Mr. President, because the United States is the only power in the world that can assure that Taiwan can continue to acquire the weapons it needs and deal with its systemic problems.

The question is, Will we do it? Communist China has coupled its military buildup and threats against Taiwan with increased pressure on the United States to limit or to cease our arms sales to Taiwan. This is reminiscent of 1982 when the Reagan administration yielded to Chinese pressure and mistakenly agreed to limit and gradually reduce our arms sales to Taiwan in the regrettable August communique.

President Clinton, similarly, last summer caved in to Beijing's three noes—no, no, no. Will arms sales to Taiwan be sacrificed next? I put a question mark after it because I hope the administration will recover from its lack of foresight of last summer.

In any event, if one listens to administration officials, who somehow seem incapable of commenting on arms sales to Taiwan without mentioning the 1982 communique, or the administration's refusal to sell submarines to Taiwan on the flimsy pretext that those submarines are offensive, I think one will get some idea of where the United States arms sales to Taiwan will be if we do not now stand steadfast.

Let me explain. Sections 3(a) and 3(b) of the Taiwan Relations Act compel us, oblige us, to provide defensive arms to Taiwan based solely upon the judgment of the United States regarding Taiwan's needs, meaning that Beijing's opinion doesn't count. Given China's threatening military buildup, it is unlikely that Taiwan's legitimate needs are going to go down soon. Nor should U.S. arms sales go down, Mr. President.

Moreover, it is high time to begin a discussion of whether the United States ought to be doing more in the way of exchanges in training and plan-

ning with Taiwan's military. The Taiwan military has operated in virtual isolation for 20 years, and this has certainly contributed to some of the systemic problems alluded to in the Pentagon report, to which I referred just a moment ago.

Taiwan's military does not exercise with us. They do not plan with us. When the Red Chinese missiles were flying over Taiwan in 1996 and our carriers went to the strait, the Taiwan military had no direct or secure way of communicating with the United States fleet, none whatsoever. The question is, Do we want to be stuck in that situation again? While the Secretary of Defense and other top officials can rub elbows in Beijing and possibly have champagne, the State Department prevents any other officer above the rank of colonel setting foot on Taiwan.

In addition to being outrageous, this cannot help having a corrosive effect on our joint ability to deter conflict in the Taiwan Strait over time.

All of this is why I have introduced, with Senator TORRICELLI, the Taiwan Security Enhancement Act, which has three main thrusts. Let me briefly identify each of them.

One, the Taiwan Security Enhancement Act seeks to ensure that our friends in Taiwan will have the necessary equipment to maintain their self-defense capabilities as required by the Taiwan Relations Act. It does this by prohibiting any politically motivated reductions in arms sales to Taiwan pursuant to the 1982 communique and by authorizing the sale to Taiwan of a broad array of defense systems, including missile defense systems, satellite early warning data, diesel submarines, and advanced air-to-air missiles.

Secondly, the Taiwan Security Enhancement Act, which I have just introduced, seeks to bolster the process for defense sales to Taiwan. The bill does this in several ways. It requires an increase in staffing at the currently overworked technical section at the American Institute in Taiwan. It also requires the President to report to Congress annually on Taiwan's defense requests and to justify any rejection or postponement of arms sales to Taiwan.

These actions are not currently taken and the President and the Congress need to get more involved in the process, precisely as the Taiwan Security Enhancement Act, which I just introduced, will require.

Third, the Taiwan Security Enhancement Act will redress some of the deficiencies in readiness resulting in part from the 20-year isolation of Taiwan's military. This will be achieved by supporting Taiwan's increased participation at United States defense colleges, requiring the enhancement of our military exchanges and joint training, and establishing direct communication between our respective militaries.

All of this will merely implement section 2(b)(6) of what? It will implement the Taiwan Relations Act, which calls for the United States—not Taiwan, but the United States—to maintain a capacity to resist any resort to force or coercion that would jeopardize Taiwan.

How can we maintain that capacity over the long run if we can't even communicate with Taiwan's military—obviously, we can't—or if we do not do joint planning and training with Taiwan's military?

I can hear it now. Some are going to say this is provocative. They will claim that doing these things will upset the United States relationship with China. This is true. The Red Chinese won't like this bill. But I think we all know, Mr. President, that many of the things called for in this legislation must be done at the earliest possible time.

China's behavior—let me be clear—mainland China's behavior is a clear warning that it is time for the United States to be much more serious about maintaining a posture of deterrence in the western Pacific and in protecting our loyal, long-time friends in the Republic of China on Taiwan.

By Mr. GRAMM (for himself and Mrs. HUTCHISON):

S. 694. A bill to authorize the conveyance of the Naval Weapons Industrial Reserve Plant No. 387, Dallas, Texas; to the Committee on Armed Services.

CONVEYANCE OF THE NAVAL WEAPONS INDUSTRIAL RESERVE PLANT NO. 387, DALLAS, TEXAS

• Mr. GRAMM. Mr. President, along with Senator KAY BAILEY HUTCHISON, I am introducing legislation today which will authorize the Secretary of the Navy to transfer ownership of the property known as the Naval Weapons Industrial Reserve Plant #387, located in Dallas, Texas, to the City of Dallas. This legislation allows the Navy to divest itself of property no longer needed to accomplish the Navy's mission, while enabling the City of Dallas to maintain and develop the facilities in the best interests of the citizens of the Metroplex.

The Navy Weapons Plant in Dallas is adjacent to Naval Air Station Dallas, which was closed by the Base Closure and Realignment Commission of 1993. Years ago, the work performed at the plant directly supported the Navy and its missions, but today, the Navy no longer needs the facility. With all of our military services struggling to meet today's unprecedented number of peacekeeping, humanitarian assistance, and sanctions enforcement operations, the Navy and the taxpayer cannot afford to maintain a facility that is no longer needed. The legislation I introduce today relieves the Navy of the costs of ownership while ensuring that the citizens of North Texas are allowed to use the facilities for public benefit.

The bill will permit the City of Dallas to continue its special relationship with Northrop Grumman Corporation, the current contract tenant. Northrop Grumman utilizes the facility primarily to manufacture commercial aircraft components and systems. As one of America's premier aerospace and defense companies, Northrop Grumman's operations in Dallas are vital to our national economy and security, as evidenced by their annual economic impact of \$840 million. Northrop Grumman's current operations at the plant provide direct employment for 5,600 Texas workers, while another 16,800 indirect jobs are created in the metropolitan area. This bill gives the City of Dallas the opportunity to assure the continuation of jobs, growth, and opportunity at the plant when the Navy leaves the area. This is precisely the kind of public-private partnership that will be the foundation for prosperity in the future. I ask my colleagues to support this important legislation.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 694

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. LAND CONVEYANCE, NAVAL WEAPONS INDUSTRIAL RESERVE PLANT NO. 387, DALLAS, TEXAS.

(a) CONVEYANCE AUTHORIZED.—(1) The Secretary of the Navy may convey to the City of Dallas, Texas (in this section referred to as the "City"), all right, title, and interest of the United States in and to parcels of real property consisting of approximately 314 acres and comprising the Naval Weapons Industrial Reserve Plant No. 387, Dallas, Texas.

(2)(A) As part of the conveyance authorized by paragraph (1), the Secretary may convey to the City such improvements, equipment, fixtures, and other personal property located on the parcels referred to in that paragraph as the Secretary determines to be not required by the Navy for other purposes.

(B) The Secretary may permit the City to review and inspect the improvements, equipment, fixtures, and other personal property located on the parcels referred to in paragraph (1) for purposes of the conveyance authorized by this paragraph.

(b) AUTHORITY TO CONVEY WITHOUT CONSIDERATION.—The conveyance authorized by subsection (a) may be made without consideration if the Secretary determines that the conveyance on that basis would be in the best interests of the United States.

(c) EXCEPTION FROM SCREENING REQUIREMENT.—The conveyance authorized by subsection (a) shall be made without regard to the requirement under section 2696 of title 10, United States Code, that the property be screened for further Federal use in accordance with the Federal Property and Administrative Services Act of 1949 (40 U.S.C. 471 et seq.).

(d) CONDITION OF CONVEYANCE.—The conveyance authorized by subsection (a) shall be subject to the condition that the City—

(1) use the parcels, directly or through an agreement with a public or private entity,

for economic purposes or such other public purposes as the City determines appropriate; or

(2) convey the parcels to an appropriate public or private entity for use for such purposes.

(e) REVERSION.—If, during the 5-year period beginning on the date the Secretary makes the conveyance authorized by subsection (a), the Secretary determines that the conveyed real property is not being used for a purpose specified in subsection (d), all right, title, and interest in and to the property, including any improvements thereon, shall revert to the United States, and the United States shall have the right of immediate entry onto the property.

(f) INTERIM LEASE.—(1) Until such time as the real property described in subsection (a) is conveyed by deed under this section, the Secretary may continue to lease the property, together with improvements thereon, to the current tenant under the existing terms and conditions of the lease for the property.

(2) If good faith negotiations for the conveyance of the property continue under this section beyond the end of the third year of the term of the existing lease for the property, the Secretary shall continue to lease the property under the terms and conditions applicable to the first three years of the lease of the property pursuant to the existing lease for the property.

(g) MAINTENANCE OF PROPERTY.—(1) Subject to paragraph (2), the Secretary shall be responsible for maintaining the real property to be conveyed under this section in its condition as of the date of the enactment of this Act until such time as the property is conveyed by deed under this section.

(2) The current tenant of the property shall be responsible for any maintenance required under paragraph (1) to the extent of the activities of that tenant at the property during the period covered by that paragraph.

(h) ENVIRONMENTAL REMEDIATION.—Notwithstanding any other provision of law, the City shall not be responsible for any environmental restoration or remediation that is required with respect to the real property to be conveyed under subsection (a) as a result of activities of parties other than the City at the property before its conveyance under this section.

(i) DESCRIPTION OF PROPERTY.—The exact acreage and legal description of the real property to be conveyed under subsection (a) shall be determined by a survey satisfactory to the Secretary. The cost of the survey shall be borne by the City.

(j) ADDITIONAL TERMS AND CONDITIONS.—The Secretary may require such additional terms and conditions in connection with the conveyance under subsection (a) as the Secretary considers appropriate to protect the interests of the United States.●

By Mr. CLELAND (for himself and Mr. COVERDELL):

S. 695. A bill to direct the Secretary of Veterans Affairs to establish a national cemetery for Veterans in the Atlanta, Georgia, metropolitan area; to the Committee on Veterans' Affairs.

LEGISLATION TO ESTABLISH A NATIONAL CEMETERY FOR VETERANS IN ATLANTA, GEORGIA

• Mr. CLELAND. Mr. President, today I am pleased to offer an important piece of legislation designed to address a critical need of Georgia's veterans and their families.

One of the greatest honors our country provides for a veteran's service is the opportunity to be buried in a national cemetery. It is logical that a veteran's family would want to have the grave site of their loved one close by. They want to be able to place flowers or a folded American flag by the headstone of their father, mother, sister or brother. Georgia veterans' families deserve such consideration. The establishment of a new veterans national cemetery in the Atlanta metropolitan area is one of my highest legislative priorities.

The current veterans population in Georgia is estimated to be nearly 700,000, with over 400,000 residing in the Metro Atlanta area. One state currently has two cemeteries designated specifically for veterans, in Marietta and Andersonville. Marietta National Cemetery has been full since 1970, and Andersonville National Historic Cemetery is located in southwest Georgia, at a considerable distance from most of the states veterans population.

The large population of veterans' families in Metro Atlanta and North Georgia is not being served, and we need to change that. Abraham Lincoln once said: 'All that a man hath will he give for his life; and while all contribute of their substance the soldier puts his life at stake, and often yields it up in his country's cause. The highest merit, then, is due to the soldier.'

We owe it to our veterans to provide a national veterans cemetery close to their home.

I have been pursuing this matter for over 20 years, since I was head of the Veterans' Administration, now called the Department of Veterans' Affairs. Nationally, there are over 300,000 vacancies in national cemeteries for veterans, but in Georgia, there are no such vacancies. The only option these veterans have in Andersonville, a national historic cemetery which is operated by the National Parks Service, not the VA, and is more than 100 miles away from the Metro Atlanta area. This deeply concerns me, especially when one considers that Georgia has the highest rate of growth in terms of military retirees in the Nation, and that the majority of these veterans reside in Metro Atlanta. We really must do better for our veterans.

In 1979, when I was head of the VA, our studies documented that the Atlanta metropolitan area was the area having the largest veterans population in the country without a national cemetery. Later that same year, I announced that Metro Atlanta had been chosen as the site for a new VA cemetery, which was to be opened in late 1983. The Atlanta location was chosen after an exhaustive review of many sites, including consideration of environmental, access, and land use factors, and most importantly, the density of veterans population. Unfortu-

nately, the Reagan Administration later withdrew approved of the Atlanta site. Over the years since then, Atlanta has repeatedly been one of the top areas in the United States most in need of an additional national cemetery.

Mr. President, the bill I am introducing today is simple. It requires the Department of Veterans Affairs to establish a national cemetery in the Atlanta metropolitan area. It also requires the VA to consult with appropriate federal, state, and local officials to determine the most suitable site.

I believe this bill is a necessary first step toward the eventual establishment of a national cemetery to meet the needs of Atlanta's veterans and their families. Admittedly, several factors must be resolved before the cemetery can be established. A site must be found and funding must be made available. However, we must move swiftly to resolve this problem so that a critical element of our commitment to the Nation's veterans can be met.

I am hopeful that the Senate will take favorable action on my bill during this Congress. I want to thank my colleague from Georgia, Senator COVERDELL, for joining me in this important effort, and Representative BARR for sponsoring the companion bill in the House of Representatives.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 695

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. ESTABLISHMENT.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall establish, in accordance with chapter 24 of title 38, United States Code, a national cemetery in the Atlanta, Georgia, metropolitan area to serve the needs of veterans and their families.

(b) CONSULTATION IN SELECTION OF SITE.—Before selecting the site for the national cemetery established under subsection (a), the Secretary shall consult with—

(1) appropriate officials of the State of Georgia and local officials of the Atlanta, Georgia, metropolitan area; and

(2) appropriate officials of the United States, including the Administrator of General Services, with respect to land belonging to the United States in that area that would be suitable to establish the national cemetery under subsection (a).

(c) REPORT.—As soon as practicable after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the establishment of the national cemetery under subsection (a). The report shall set forth a schedule for such establishment and an estimate of the costs associated with such establishment.●

Mr. COVERDELL. Mr. President, today I am proud to join my esteemed colleague from Georgia, Senator CLELAND, to introduce once again a very important piece of legislation authorizing a new National Cemetery in

the Atlanta, Georgia, metropolitan area. For many years Georgia has had a pressing need for a new national cemetery for veterans. With the leadership of my friend from Georgia who, I might add, has been working to make this a reality for about twenty years, we hope to pass this bill this year for our nation's veterans.

Mr. President, Georgia has one of the fastest growing veterans populations in the country. Currently, about 700,000 veterans call Georgia home with well over half, about 440,000, living in the Metro-Atlanta region; the area where this new cemetery would be built. However, the only national cemetery in the area has been full since 1970. Furthermore, the only other veterans cemetery in the state is operated by the National Parks Service, not the Department of Veterans' Affairs, and is in Andersonville, a town in southwest Georgia far from the concentration of Georgia veterans.

Mr. President, I believe we clearly demonstrate the need for a new national cemetery in Georgia. VA studies have concurred the need for this cemetery and, in fact, Atlanta was chosen as a site for a new cemetery in 1983. It is now time to build this needed tribute.

Burial in a national cemetery is a deserving honor for our nation's veterans, but it is becoming increasingly difficult to bestow upon them, especially in Georgia. This bipartisan legislation seeks to remedy this situation. Mr. President, by focusing on areas across the country with pressing needs for more burial slots, Congress can increase access to the honor of burial in a national cemetery. Georgia is such an area. By passing this measure, Congress would help veterans, and their families, find a burial place befitting their patriotic service to this great land.

By Mr. WELLSTONE:

S. 696. A bill to require the Secretary of Health and Human Services to submit to Congress a plan to include as a benefit under the medicare program coverage of outpatient prescription drugs, and to provide for the funding of such benefit; to the Committee on Finance.

MEDICARE PRESCRIPTION DRUG COVERAGE ACT
OF 1999

Mr. WELLSTONE. Mr. President, I rise to introduce the Medicare Prescription Drug Coverage Act of 1999, a bill that calls for a full prescription drug benefit for all of America's senior citizens within the Medicare program.

This bill is the Senate companion to H.R. 886, which was introduced by Congressman BARNEY FRANK of Massachusetts earlier this month and which already has 22 House cosponsors.

One of the beauties of the Medicare Prescription Drug Coverage Act of 1999 is its simplicity. The Act does four things. First, it directs the Secretary

of Health and Human Services to study the establishment of an outpatient prescription drug benefit under Medicare that provides for full coverage of outpatient prescription drugs. Second, the Secretary will determine the sufficiency of the estate tax to fund the costs of that outpatient drug benefit. Third, the Secretary must submit a report to Congress within six months that includes a legislative proposal to provide for full coverage of outpatient prescription drugs. Finally, the bill transfers Federal estate tax revenues to the Medicare Hospital Insurance Trust Fund where those monies will be placed in a separate Outpatient Prescription Drug Account to pay for this coverage.

Mr. President, now more than ever, a Medicare prescription drug benefit is needed. When Medicare was first adopted the program was designed to reflect typical private health insurance which often did not include outpatient prescription drugs. Then and since, the pharmaceutical industry has opposed a prescription drug benefit in order to protect its profits without regard to America's senior citizens. Even today, the industry is unwilling to shed some of its profits to allow all senior citizens access to needed prescription drugs. But the time has come for Congress to say "no" to the undue influence of drug companies in Washington and "yes" to Medicare prescription drug coverage.

Why has the need for the Medicare Prescription Drug Coverage Act of 1999 become so acute? The reasons are well known. First, the cost of prescription drugs has skyrocketed in recent years. Last year alone, prices increased an estimated 17%. This increase in drug costs hits seniors disproportionately.

A 1998 study by the minority staff of the House Government Reform Committee found that older Americans without prescription drug insurance pay on average twice as much as the discounted prices drug companies offer large scale purchasers like HMOs, pharmaceutical benefit managers and government agencies. Even more astounding are comparisons that show the price of some drugs are up to 15 times higher for seniors. Recalcitrance on the part of the pharmaceutical industry and the Congress has not only forced seniors to the pay for drugs out of their own pockets, but the price seniors pay is a national disgrace.

The burden on seniors is hard for them to avoid. More than ¾ of Americans aged 65 and over are taking prescription drugs. The average senior citizen takes more than four prescription drugs daily and fills an average of 18 prescriptions a year. Older Americans take significantly more drugs on average than the under-65 population. One-third of all drugs are prescribed for senior citizens even though seniors account for only 12% of the population.

Not only do older Americans spend almost three times as much of their income (21%) on health care as do those under the age of 65 (8%), but prescription drugs are the largest single source of out-of-pocket expenses for health services paid for by the elderly—more than doctor visits or hospital admissions. The primary reason for this is that Medicare does not cover outpatient prescription drugs.

It is totally unacceptable that 37% of seniors, nationally, have no prescription drug coverage and another 15–20% have totally inadequate coverage. In my state of Minnesota, where Medicare HMO drug coverage without additional cost is virtually nonexistent, close to 65% of seniors have no outpatient drug coverage at all.

The result of this drug pricing inequity and excessive cost burden frequently leads seniors to discontinue their medications against medical advice, to lower the dose they take to make their prescriptions last longer, or to take their medicines as prescribed but then skimp on food and other necessities. Whichever path is taken results in a decrease in health and an increased likelihood of an expensive hospital intervention. That is why we need the Medicare Prescription Drug Coverage Act of 1999. Not to provide this benefit is being penny-wise and pound foolish.

Minnesota seniors and others who live in states adjacent to Canada and Mexico often travel hundreds of miles and cross international borders to obtain drugs at prices only available in this country when negotiated by volume purchasers. Mildred Miller, a 78 year old constituent of mine from Minneapolis, found it necessary to travel to Canada and to send a friend to Mexico in order to afford the Tamoxifen her doctor in Minnesota had prescribed. And she is not alone.

For some seniors the high price of outpatient prescription drugs has not yet been a burden. They are the lucky ones who are members of Medicare HMOs in counties where the Medicare reimbursement rate to HMOs has been high enough to allow a prescription drug benefit, or are fortunate to be wealthy and healthy enough to be able to purchase one of the three Medigap policies that include a prescription drug benefit, or have drug coverage under health insurance benefits provided by former employers.

But for those for whom the high price of drugs has not yet been a burden, the future isn't particularly bright. Medicare HMO reimbursement rates are being reduced and many HMOs have cut back or completely cut out their drug benefit. Medigap policies that cover prescription drugs are expensive, have high \$250 deductibles, 50% copays, and caps on benefits of \$1250 or \$300 per year. Health care benefits offered by former employers are becoming less and less common and less generous.

The good alternatives today are out of reach of most senior citizens. For example, in Minnesota, a Medicare-Choice prescription drug coverage option with 20% copay, no deductible, and no cap costs \$130 per month. It is no wonder that from Maine to Minnesota to the state of Washington and down to Texas, America's senior citizens are forced to leave the country so they can afford to take the medicines they need. What they find are essentially the same prescription drugs at half of price. With the Medicare Prescription Drug Coverage Act of 1999, they won't have to flee their own country.

What is needed is a comprehensive prescription drug benefit that includes outpatient drugs—the same sort of prescription drug benefit available to members of Congress—with no cap, reasonable deductibles and reasonable copays. That is what this legislation calls for.

An important aspect of the Medicare Prescription Drug Coverage Act of 1999 is that it calls for a full prescription drug benefit—not one capped at a certain limit. Medicare today doesn't limit the number of necessary doctor visits or the number of needed operations—and it shouldn't. Prescription drugs now are as critical as those doctor visits or operations and it is unconscionable for necessary drugs not to be covered just as fully. If we limit the maximum benefit, we penalize the sickest and most frail elderly who have the greatest need and require the greatest number of prescription medications.

I expect that other Medicare prescription drug bills will be offered in this Congress, but I fear they will not provide the full protection seniors really need. If you have a major life threatening illness or multiple chronic diseases (something that is hard to predict before it happens), your monthly drug bill will quickly exceed the oft cited figure of a \$1500 annual maximum. With such coverage, the sickest and most needy seniors will quickly find themselves out of the benefit. As I travel about the state of Minnesota, I frequently hear stories of elderly citizens saddled with prescription drug costs in excess of \$300 per month who are trying to make ends meet on a monthly income of \$1,000. That is why full drug coverage is so important.

What is also important to know is that the cost of providing a full prescription drug benefit is affordable and not that much more than the cost of a limited benefit. In 1998, the Lewin Group estimated that a Medicare prescription drug benefit in 1999 with a \$250 deductible, a 20% copay and a \$1500 annual cap would cost \$13 billion. The same plan with no annual cap, providing full protection, would cost \$17 billion. Revenues from the estate tax, which will fund the benefit, are estimated to be in the \$19 billion to \$23 billion range. That is more than enough

to provide full coverage the full benefit.

Finally, Mr. President, let me say a few words about why using the estate tax to pay for a Medicare prescription drug benefit makes a lot of sense. Many members of Congress have argued that the estate tax is no longer needed for general revenue. If so, there is a great deal of logic in using it for a prescription drug benefit under Medicare. The estate tax today applies only to individual estates that are worth more than \$650,000 and to estates of married couples worth more than \$1 million. Over the next seven years the amount exempt from the estate tax will rise to \$1 million for individuals and \$2 million for couples. Well over 90% of the estate tax comes from wealthy individuals who were 65 or older at the time of their death. Most of these people were receiving medical care and benefiting from Medicare coverage. Thus, this bill recycles back into the Medicare program—for badly needed prescription drug coverage for all—money from people who benefited from their Medicare entitlement but were not in financial need of it. That only makes sense. For it is more important to preserve and expand the Medicare program than it is to provide tax cuts for the richest Americans.

Mr. President, it is unconscionable that America's senior citizens have such difficulty obtaining the fruits of the scientific advances made by America's pharmaceutical industry. Every day we delay, millions of senior citizens struggle to determine how they will be able to afford their next prescription refill. The time to end that struggle is now. That is why I am introducing the Medicare Prescription Drug Coverage Act of 1999 today.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 696

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Medicare Prescription Drug Coverage Act of 1999".

SEC. 2. STUDY AND LEGISLATIVE PROPOSAL TO CONGRESS.

(a) STUDY.—The Secretary of Health and Human Services shall conduct a study with respect to the establishment of an outpatient prescription drug benefit under the Medicare program that provides for full coverage of outpatient prescription drugs for Medicare beneficiaries.

(b) ADDITIONAL MATTERS STUDIED.—In conducting the study under subsection (a), the Secretary of Health and Human Services shall include a determination of whether Federal estate tax revenues, transferred to the Federal Hospital Insurance Trust Fund by reason of the amendments made by section 3 of this Act, are sufficient, in excess of the amount required, or insufficient to de-

fray the costs of such outpatient prescription drug benefit.

(c) REPORT TO CONGRESS.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report containing a detailed description of the results of the study conducted pursuant to this section, and include in such report a legislative proposal to provide for such outpatient prescription drug benefit.

SEC. 3. TRANSFER OF FEDERAL ESTATE TAX REVENUES TO MEDICARE PROGRAM TO OFFSET COSTS OF PRESCRIPTION DRUG BENEFIT.

(a) TRANSFER TO FEDERAL HOSPITAL INSURANCE TRUST FUND.—Section 1817(a) of the Social Security Act (42 U.S.C. 1395i(a)) is amended—

(1) by striking "and" at the end of paragraph (1),

(2) by striking the period at the end of paragraph (2) and inserting "and", and

(3) by inserting after paragraph (2) the following new paragraph:

"(3) The taxes imposed by chapter 11 of the Internal Revenue Code of 1986 with respect to estates of citizens or residents reported to the Secretary of the Treasury or his delegate on tax returns under subtitle F of such Code, as determined by the Secretary of the Treasury by applying the applicable rate of tax under such chapter to such estate."

(b) ESTABLISHMENT OF SEPARATE ACCOUNT FOR OUTPATIENT PRESCRIPTION DRUG BENEFIT.—Section 1817 of such Act (42 U.S.C. 1395i) is amended by adding at the end the following new subsection:

"(1) OUTPATIENT PRESCRIPTION DRUG ACCOUNT.—

"(1) ESTABLISHMENT.—There is hereby established in the Trust Fund an expenditure account to be known as the 'Outpatient Prescription Drug Account'.

"(2) CREDITING OF FUNDS.—The Managing Trustee shall credit to the Outpatient Prescription Drug Account such amounts as may be deposited in the Trust Fund pursuant to subsection (a)(3).

"(3) USE OF FUNDS.—Funds credited to the Outpatient Prescription Drug Account may only be used to pay for outpatient prescription drugs furnished under this title."

(c) EFFECTIVE DATE.—The amendments made by this section apply to payments received by the Secretary of the Treasury on or after the date of the enactment of this Act for taxes imposed by chapter 11 of the Internal Revenue Code of 1986.

By Mrs. BOXER (for herself and Ms. SNOWE):

S. 697. A bill to ensure that a woman can designate an obstetrician or gynecologist as her primary care provider; to the Committee on Health, Education, Labor, and Pensions.

THE WOMEN'S ACCESS TO CARE ACT

• Mrs. BOXER. Mr. President, last week, the Senate Health, Education, Labor and Pensions Committee marked up managed care reform legislation. Unfortunately, this markup was characterized by the partisan politics that have plagued this issue for over a year now.

I fear that this squabbling shows no signs of letting up, and I expect it to carry over onto the floor of the Senate.

The result may be no action at all. And that, Mr. President, would be a tragedy. There are many individuals who need to be protected from some of the outrageous practices of managed care networks, and as long as we argue, they are not being helped.

It is time to move beyond the squabbling and get something done. Do not get me wrong. I strongly support and am a cosponsor of the Patients' Bill of Rights Act, introduced by Senator DASHCLE. I have no intention of renouncing my support for this excellent bill. Many of its provisions are based on a bill I introduced in 1997.

But, I do believe that we need to start reaching across the aisle to find common ground in those areas where this is agreement. So, today, I am introducing, along with Senator SNOWE, the Women's Access to Care Act—to guarantee that women in managed care plans can designate their ob/gyn as their primary care physician.

Let me tell you, Mr. President, why this bill is so important, and I will start with this basic fact: Many women consider their ob/gyn their principal doctor. According to a 1993 Gallup Poll, 72 percent of women had a regular physical examination in the previous two years from an ob/gyn. And, three-fourths of all women object to restricted access to their ob/gyn.

But, managed care companies are not paying attention.

Sometimes, a managed care company requires a woman to get a referral in order to see her ob/gyn. Or, a managed care plan allows a woman to see an ob/gyn without a referral only under limited circumstances—such as for only a few visits each year or for only certain medical conditions. Or, a managed care network does not allow a woman's ob/gyn to refer her to a specialist.

All of these hurdles placed between a woman and her doctor mean that a woman has to get a referral from another doctor just to see her doctor, and that she must, for all practical purposes, have two doctors.

Let me give you an example that will illustrate how absurd this is.

A 39-year-old woman—who considers her ob/gyn as her doctor—is in the office for a routine check-up. The ob/gyn discovers a lump in the woman's breast and tells her that she needs to get a mammogram. But, because the woman is under the age for automatic coverage of mammograms, she can only get one if her doctor says it is medically necessary. But, the managed care plan does not consider the ob/gyn as the woman's doctor—even though she does. So, this woman has to go find a primary care doctor just to get that doctor to okay a mammogram. And, the ob/gyn certainly cannot refer her to a specialist about the lump in her breast.

That, Mr. President, is silly. It makes no sense. And, it is not even