

**SENATE—Friday, September 8, 2000**

The Senate met at 10 a.m. and was called to order by the President pro tempore [Mr. THURMOND].

**PRAYER**

The Chaplain, Dr. Lloyd John Ogilvie, offered the following prayer:

Gracious Father, in whose presence the dark night of the soul of worry is dispelled by the dawn of Your love, we thank You for helping us overcome our worries. You have taught us that worry is like interest paid on difficulties before it comes due. It's rust on the blade that dulls our capacity to cut through trouble and lance the infection of anxiety. Your Word is true: Worry changes nothing but the worrier and that change is never positive. Worry is impotent to change tomorrow or redo the past. All it does is tap our strength. We confess that we fear the problems and perplexities that we may have to face alone. Our worry is really loneliness for You, Dear God. In this moment of prayer we surrender all our worries to You and thank You for Your triumphant promise: "Do not be afraid—I will help you. I have called you by name—you are Mine. When you pass through the deep waters, I will be with you; your troubles will not overwhelm you."—Isaiah 43:1-2 Contemporary translation. Amen.

**PLEDGE OF ALLEGIANCE**

The Honorable JUDD GREGG, a Senator from the State of New Hampshire, led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

**RECOGNITION OF THE ACTING MAJORITY LEADER**

The PRESIDENT pro tempore. The able Senator from New Hampshire is recognized.

**SCHEDULE**

Mr. GREGG. Mr. President, today the Senate will resume debate on the China PNTR legislation. Amendments are expected to be offered throughout the day. Any votes ordered with respect to those amendments will be scheduled to occur on Monday or Tuesday of next week.

If significant progress can be made during today's session, votes will be postponed to occur on Tuesday morning. Therefore, those Senators who have amendments are encouraged to come to the floor during today's ses-

sion. It is hoped the Senate can complete action on this important trade bill as early as Wednesday of next week.

On behalf of the leader, I thank my colleagues for their attention.

The PRESIDING OFFICER (Mr. GORTON). The Senator from Massachusetts is recognized.

**RESERVATION OF LEADER TIME**

The PRESIDING OFFICER. Under the previous order, leadership time is reserved.

**MEDICARE PRESCRIPTION DRUG COVERAGE**

Mr. KENNEDY. Mr. President, senior citizens need a drug benefit under Medicare. They've earned it by a lifetime of hard work, and they deserve it. It is time for Congress to enact it. The clock is running out on this Congress, but it is not too late for the House and Senate to act.

AL GORE and George Bush have proposed vastly different responses to this challenge. The Gore plan provides a solid benefit under existing Medicare. The Bush plan, by contrast, cannot pass the truth in labeling test. His plan is not Medicare—and it is not adequate. It is too little, too late. It puts senior citizens needing prescription drug coverage at the mercy of unreliable HMOs.

And it is part of a proposal to privatize Medicare that will raise premiums and force the most vulnerable elderly to give up their family physician and join HMOs.

Senior citizens need help now. AL GORE'S PLAN PROVIDES PRESCRIPTION DRUG COVERAGE UNDER MEDICARE FOR EVERY SENIOR CITIZEN IN 2002—THE EARLIEST DATE SUCH A PROGRAM COULD REALISTICALLY BE IMPLEMENTED.

Under the Bush plan, there is no Medicare coverage of prescription drugs for four years. Instead, Governor Bush proposes a block grant to states for low-income seniors only. Less than one-third of seniors would even be eligible. Only a minority of those who are eligible would participate. Senior citizens want Medicare, not welfare. AL GORE's plan recognizes that. George Bush's plan does not.

On this chart, we see the differences between the two programs. This effectively, in under Vice President GORE, would go to the year 2002—a little over a year from where we are now. Under the Bush program, effectively it will go in 4 years after enactment. It would be a block grant that would go to the

States to deal with those neediest among our poor. But it would effectively leave out 29 million Medicare recipients.

Under the Gore program, you have guaranteed benefits. What does "guaranteed benefits" mean? That means a senior goes into a doctor's office. The doctor says that you need XYZ drug. They could prescribe it, and the individual patient is going to be assured of it.

Under the Bush program, under the HMO, which particular prescription drugs are going to be included? Just like it is under the HMO, to make a decision on what the premium is going to be, what the copayment is going to be, and what the deductible is going to be. There isn't a person today, including Governor Bush, who can tell what the benefit package would be for a senior under his program. They couldn't tell what the deductible, what the premium or what the copay would be. Under the Gore program, they could; and it is basically under the Medicare system.

When Governor Bush says it is an "immediate helping hand," that really can't pass the truth-in-labeling test. The claim is that it would help. The truth is, it is too little for too few.

Seventy percent of the Medicare beneficiaries—more than 27 million—would not be eligible for the block grant program.

Effectively what we are saying is that under the program, 27 million will not be eligible under the block grant program. Even fewer would participate. Less than 20 percent of the eligible low-income seniors currently participate in the State-run Medicare premium assistance program, which is known as SLMB. That is where the States are basically helping and assisting through Medicare to offset the premiums for the lowest income. The States have shown a remarkable lack of interest in protecting the low-income seniors, and it is very little too late. They will do much better with regard to this program. This is a matter of very considerable concern.

Again, the challenge is this "immediate helping hand." We also say this can't pass the truth-in-labeling test. All 50 States must pass enabling or modifying legislation. We are going to have a different benefit package in each of the States under this particular program. Only 16 States currently have any drug insurance program at the existing time.

If you look at the CHIP experience, which was enacted in August of 1997, when the funding was already available to any of the States that went ahead