

important. Importantly, it implements stringent eligibility and accountability tests for all grant applicants. Administrative and program costs are now defined in statute and capped so that resources are directed into employment services for the elderly.

The bill includes new cost controls that will prevent the misuse of funds by grantees. It also would require at least 75 percent of a grantee's funds be used for enrollee wages and benefits, and the bill explicitly states that the funds a grantee receives must be used solely for the employment program.

Moreover, the bill expressly requires each grantee to comply with OMB circulars and rules and requires the grantees to maintain records sufficient to permit tracing of funds to ensure that funds have not been spent unlawfully.

The bill institutes and requires performance outcome measures, annual grantee evaluations, grantee accountability, and it creates a new grant competition for those not meeting performance measures.

It provides Governors and States greater resources and influence over job slot allocations, but also requires broad stakeholder participation in a State Senior Employment Services Plan coordinated through the Governors' offices.

This bill marks a landmark agreement between the States and the grantee providers of jobs. The bill allocates new funding above the current level of effort such that any increases up to \$35 million will be divided 75 percent to States and 25 percent to other grantees; amounts above \$35 million would be divided 50/50. This was very important to the States and a good compromise.

Finally, grantees will be required to serve seniors or they will lose their grant. Our bill introduces performance measures and competition into the senior employment program for the first time. The bill would establish a "three strikes and you're out" policy to ensure performance goals are met.

Failure to meet performance measures will first result in technical assistance and will require the grantee to come up with a plan on how it will meet performance measures in the future.

Failure to meet performance standards a second consecutive year will result in a loss of 25 percent of the grant, which will be competitively bid in an open competition.

Failure to meet performance standards a third consecutive year will cut off the grantee from the program, and the grant will be competitively bid in an open competition.

Failure of a public and private non-profit agency grantee to meet performance measures in an individual state will also lead to the loss of the grant, which will then be competitively bid in an open competition.

These reforms significantly improve the Older Americans Act, protect the taxpayers and, and provide seniors with a jobs program that works. Failure to pass these reforms this year will maintain the status quo. It will only continue a system that does not serve the job placement needs of seniors in many states, and will not correct the deficiencies in the administration and planning of the program. The only way these improvements will be realized is to pass the Older Americans Act Amendments of 2000, a bipartisan, bicameral initiative.

The bill will bring agreement for the first time in almost 10 years. It is supported by the National Governors Association, the Southern Governors Association, the Administration, and over 40 national aging groups. Yesterday, the House passed this measure on a vote of 405-2. This measure has 73 co-sponsors in the Senate.

This is a delicate compromise, and any further amendments to this measure will surely prevent it from being enacted this year. I urge all of my colleagues to vote against any amendments and join in the bipartisan and bicameral effort to pass the Older Americans Act.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

THE CREDIBILITY GAP IN HEALTH CARE

Mr. KENNEDY. Mr. President, few, if any, issues are of greater concern to American families than quality, affordable health care. Americans want an end to HMO abuses. They want good health insurance coverage. They want a prescription drug benefit for senior citizens under Medicare. They want to preserve and strengthen Medicare, so that it will be there for both today's and tomorrow's senior citizens. And they want these priorities not only for themselves and their loved ones but for every American, because they know that good health care should be a basic right for all.

The choice in this election is clear, and it is not just a choice between different programs. It is also a choice based on who can be trusted to do the right thing for the American people. AL GORE's record and his program are clear. He has been deeply involved in health care throughout his career.

The current administration has made significant progress in improving health care in a variety of ways—from expanding health insurance to protecting Medicare. He has consistently stood for patients and against powerful special interests.

AL GORE lays out a constructive, solid program that is consistent with his solid record. He is for expanding insurance coverage to all Americans, starting with children and their par-

ents. He is for a strong Patients' Bill of Rights. He has a sensible plan for adding prescription drug coverage to Medicare. He will fight to preserve Medicare, without unacceptable changes designed to undermine Medicare and force senior citizens into HMOs and private insurance plans.

George W. Bush's approach is very different. His proposals are deeply flawed. But even worse than the specifics of his proposals is his failure to come clean with the American people about his record in Texas or about his own proposals.

On health care, George Bush doesn't just have a credibility gap. He has a credibility chasm. He has consistently stood with the powerful against the people. He refuses to take on the drug companies, the insurance companies, or the HMOs. His budget plan puts tax cuts for the wealthy ahead of every other priority, and leaves no room for needed investments in American families. On health care, his values are not the values of the American people.

On the issue of the Patients' Bill of Rights, George Bush said in the third debate that he did support a national Patients' Bill of Rights. He said he wanted all people covered. He said that he was in favor of a patients' right to sue, as provided under Texas law. He said he brought Republicans and Democrats together in the State of Texas to pass a Patients' Bill of Rights.

That's what he said. But the reality is very different. Governor Bush vetoed the first Patients' Bill of Rights passed in Texas. He fought to make the second bill as narrow and limited as possible. He was so opposed to the provision allowing patients to sue their HMOs that he refused to sign the final bill, allowing it to become law without his signature. That's not the record of a person who is candid about where he stands and what he has done. And it's not a record that recommends him for national office for any citizen concerned about a strong, effective Patients' Bill of Rights. It's the record of a candidate who stands with powerful insurance companies and HMOs, not with American families. And it isn't a record that shows leadership, either. In Congress, the House of Representatives passed a good Patients' Bill of Rights by an overwhelming bipartisan margin. That bill is supported by all the organizations of doctors, nurses, and patients. No other proposal enjoys support from any of those groups. Yet it remains mired in the Senate because of the adamant opposition of the Senate Republican leadership.

On the most recent vote on this bill, we were one vote shy of having a majority. Governor Bush is now the leader of his party. One phone call from Governor Bush to TRENT LOTT and that bill would be law today. But Governor Bush has declined to make that call, just as he has declined to support the Patients' Bill of Rights itself.

Yesterday, my good friend from Texas stated that the only reason Governor Bush vetoed that first bill and let the right to sue under the second program become law without his signature was that there was a disagreement on how much the caps on pain and suffering would be. I regret that my colleague has been misled. The fact is there was no provision for lawsuits in the first Patients' Bill of Rights bill vetoed by the Governor. To reiterate, there was no provision for lawsuits at all in the first bill, yet the Governor vetoed it.

In the second bill, there also was no issue about the caps on pain and suffering. Texas already had caps on pain and suffering under their existing general tort law, and everybody assumed those caps would apply to lawsuits against HMOs. There was never any discussion of this issue. The fact is that Mr. Bush, despite what he may say today, simply doesn't believe health plans should be held accountable. That is why he refused to sign the law allowing suits against HMOs. Once again, he distorted his record in Texas, and both the record and distortions call into serious questions where he would stand as President.

In the course of the debate yesterday, my colleagues from Texas said they were tired of hearing Texas "trashed". They implied that I had said offensive things about their State. Let me be clear. I think Texas is a wonderful State. I have many good friends in Texas. Texas has produced statesmen who have made our country a better place—from Sam Houston to Lyndon Johnson. It produces much of the oil that keeps our country running. I have no quarrel with the State of Texas. My quarrel is with George W. Bush's distortion of his record in Texas. My quarrel is with the priorities that the Bush record in Texas demonstrates. My quarrel is with the idea that the interests of powerful special interests are more important than the interests of patients. My quarrel is with the idea that tax cuts for the wealthy are more important than health care for children.

On health insurance, the record is equally clear and equally bleak. Governor Bush claims he wants insurance for all Americans. He blames Vice President GORE for the growth in the number of uninsured. Governor Bush's record in Texas is one of the worst in the country. Texas has the second highest proportion of uninsured Americans in the country. It has the second highest proportion of uninsured children in the country. Yet Governor Bush has not only done nothing to address this problem, he has actually fought against solutions. In Texas, he placed a higher priority on large, new tax breaks for the oil industry instead of good health care for children and their families.

When Congress passed the Child Health Insurance Program in 1997, we put affordable health insurance for children within the reach of every moderate- and low-income working family. Yet George Bush's Texas was one of the last States in the country to fully implement the law. Despite the serious health problems faced by children in Texas, Governor Bush actually fought to keep eligibility as narrow as possible.

In fact, the Bush campaign's defense of this unacceptable record is almost as telling as the record itself. According to the New York Times, the Bush campaign acknowledges that Governor Bush had fought to keep eligibility narrow, but that he did so because he was concerned about costs and the spillover effect on Medicaid. This so-called spillover effect is the increase in enrollment of Medicaid-eligible children that occurs when the Children's Health Insurance Program is put into effect. Vigorous outreach efforts by State governments would identify children who qualify for the new program, and many other children would also be identified who qualify for Medicaid.

In other words, Governor Bush not only opposed expanding eligibility for the new program, he was worried that uninsured children eligible for Medicaid might actually receive the coverage to which they were already entitled. It is no wonder his Texas administration was cited by a Federal judge for its failure to live up to a consent order to let families of poor children know about their eligibility to enroll their children in Medicaid and about the health services to which they were entitled.

An article in Time magazine says it all. It is titled "Tax Cuts Before Tots. Candidate Bush is pushing his compassion, but poor kids in Texas have not seen much of it." Under a box entitled "Lost Opportunity? Bush and Poor Kids," the author makes the following points:

Bush helped to secure tax cuts by underfunding Medicaid, causing a \$400 million shortfall in the program. He delayed on State law to expand Medicaid coverage for 303,000 new kids. They went five years without health insurance. He fought efforts to require automatic coverage for families forced off welfare rolls.

There it is, Mr. President. That isn't the Senator from Massachusetts talking, that is Time magazine and their conclusion based upon the facts in Texas.

Yesterday, my colleague from Texas offered all sorts of explanations for Governor Bush's miserable record with regard to covering children. She said the court case I referred to was begun before Governor Bush took office. That is true, but the consent decree settling the case was agreed to by Governor Bush's administration in February 1996. And the recent action by the Federal judge was based on the Bush ad-

ministration's failure to live up to the consent decree to which it agreed. The Bush administration did not keep its word. Children were simply not its priority.

She said Texas could not implement the CHIP program promptly because its legislature only meets every 2 years. But other States have legislatures that meet every 2 years and they were able to get their programs going more promptly. In fact, Texas was the next to last State in the whole country to approve the CHIP program.

Now my colleagues yesterday and my friend from New Mexico today raised a red herring in trying to defend the indefensible. They claimed that I criticized Governor Bush for failing to spend all his CHIP money and said that 40 other states had not spent their full allotment. I did nothing of the kind. Many states had difficulty in implementing the program promptly and fully enough to spend all their allotted funds. But they did not delay for almost three years in passing their programs. They do not set up barriers that make it difficult for children that enroll. They do not put a higher priority on tax cuts than children's health. Their Governors, by and large, did not fight to keep eligibility narrow instead of broad. But Governor Bush has done all these things, and then he tries to mislead the American people about his record.

The fact is that Bush's shoddy record on children goes well beyond CHIP. Far more uninsured children are eligible for Medicaid than CHIP, and Bush fought efforts to get them enrolled. He fought a bill to provide for automatic re-enrollment in Medicaid of children whose parents lose cash welfare payments. Texas remains one of only ten states that impose an assets requirement on children seeking Medicaid eligibility, and it is one of just a handful of states that require parents to go in person to the welfare office to apply for their children. In fact, Governor Bush's record is so bad that, although Texas has more than one million children who are uninsured, Texas is one of the few states where the number of children enrolled in CHIP or Medicaid actually declined in 1999.

When it comes to health care for children, George W. Bush gives new meaning to the term "compassionate conservative." Based on his record, he is compassionate because he claims to understand the pain of uninsured children and their families, and he is conservative because he won't do anything about it.

Governor Bush's misstatement of his Texas record does not end with uninsured children. In the debates, Vice-President GORE pressed Governor Bush on the Texas record on the uninsured. Governor Bush said that Texas was spending \$4.7 billion a year for uninsured people. But it turns out that actually only one-quarter of that amount

was being spent by the State of Texas. The vast majority of the spending was by hospitals, doctors, and county governments.

On the Texas record on the uninsured, Governor Bush stated that the percentage of the uninsured in Texas had gone down, while the percentage of the uninsured in America has gone up. In fact, in 1994, when Governor Bush took office, the percent of the uninsured in Texas was 24.2. By 1998, that percentage had increased—not decreased—to 24.5. The number of the uninsured had grown by 300,000. In 1998, the overall percentage of the uninsured dropped by identical amounts both nationally and in Texas—4.9 percent in Texas and 4.9 percent nationally.

But, because of Governor Bush's inaction on children, the percentage of children who were uninsured dropped almost twice as much nationally as in Texas—10 percent nationally and only 5.2 percent in Texas. When Governor Bush took office, Texas ranked second from the bottom of all 50 states in covering children and citizens of all ages. Today, after six years under his watch, Texas still ranks second from the bottom.

Perhaps the most ominous revelation about Governor Bush's true attitude to this issue came in the third debate, when he said, "It's one thing about insurance, that's a Washington term."

Insurance a Washington term?

Governor Bush should try telling that to hard-working families in Texas and across the country who don't take their children to the doctor when they have a sore throat or fever because they can't afford the medical bill.

He should try telling that to the young family whose hopes for the future are wrecked when a breadwinner dies or is disabled because an illness was not diagnosed and treated in time. He should try telling that to the elderly couple whose hopes for a dignified retirement are swept away on a tidal-wave of medical debt.

He should tell that to the 200,000 families who are forced into bankruptcy every year because of medical bills they cannot pay. He should tell that to the nine million families who spend more than one-fifth of their income on medical costs. He should tell that to the parents of the four hundred thousand children suffering from asthma who never see a doctor—to the parents of the five hundred thousand children with recurrent earaches who never see a doctor—and to the parents of the more than five hundred thousand children with severe sore throats who never see a doctor. Mr. President, he should tell that to the 27,000 uninsured women who are diagnosed with breast cancer every year—and are 50 percent more likely to die of the illness, because they are uninsured. He should tell that to the 83,000 Americans who die every year because they are unin-

sured and, as a result, do not receive timely or adequate medical use.

Insurance is far more than just a Washington term. It's a Main Street term in every community in America, and its lack of availability is a crisis for millions of families across the country.

Prescription drug coverage under Medicare is another major aspect of the health care challenges facing America. Few issues are more important to senior citizens and their families. They deserve a prescription drug benefit under Medicare—and we should provide it in a way that strengthens the promise of Medicare, not in a way that breaks that promise and breaks faith with the elderly.

The differences between Vice-President GORE and Governor Bush on this issue are fundamental. Governor Bush stands with the big drug companies, and Vice-President AL GORE stands with senior citizens. But Governor Bush has sought at every turn to blur the differences between their two plans in a way that is so misleading as to make a mockery of his own attacks on the Vice-President's credibility.

Vice-President GORE laid out his vision for Medicare in clear terms. He wants a guarantee—a lock-box—to assure that the current Medicare surplus will be used only for Medicare—and not diverted to other purposes. He wants to use some of the surplus to strengthen Medicare and keep it solvent for the future. He wants an immediate prescription drug benefit under Medicare that will benefit all senior citizens, not just very low income seniors. He wants to assure that senior citizens who prefer to stay with the current Medicare program and retain the right to choose their own doctors are not penalized for that choice or coerced into joining an HMO.

In spite of direct challenges from Vice-President GORE, Governor Bush refused to endorse a lock-box. It's not part of his priorities, and the reason is clear. He needs to use some of Medicare's surplus to finance his massive tax cuts for the rich.

Vice-President GORE has clearly pointed out the many flaws in Governor Bush's prescription drug plan for senior citizens. But Governor Bush has no response on the merits. Instead, he hides behind phrases like "fuzzy numbers" and "scare tactics."

But the numbers aren't fuzzy, and senior citizens should be concerned. Let's look at the facts.

Prescription drug coverage under the Bush plan is not immediate, and most senior citizens would be left out. As Vice-President GORE has pointed out, for the first four years, the Bush plan would cover low income seniors only. AL GORE cited the example of a senior named George McKinney. He said, "George McKinney is 70 years old, has high blood pressure. His wife has heart

trouble. They have income of \$25,000 a year. They cannot pay for their prescription drugs. And so they're some of the ones that go to Canada regularly in order to get their prescription drugs."

Governor Bush responded, "Under my plan, the man gets immediate help with prescription drugs. It's called immediate helping hand. Instead of squabbling and finger-pointing, he gets immediate help." He kept accusing Vice-President GORE of using "fuzzy math" and "scare tactics."

But Governor Bush's own announcement of his Medicare plan proves AL GORE's point. This is what Governor Bush said:

For four years, during the transition to better Medicare coverage, we will provide \$12 billion a year in direct aid to low income seniors . . . Every senior with an income less than \$11,300—\$15,200 for a couple—will have the entire cost of their prescription drug covered. For seniors with incomes less than \$14,600—\$19,700 for couples—there will be a partial subsidy.

George McKinney has an income of \$25,000. He would clearly be ineligible for help under Governor Bush's plan. If Governor Bush thinks that's fuzzy math, then education reform is even more urgent than any of us realized. And in the third debate, Governor Bush finally admitted that the first phase of his program is only for "poor seniors."

George McKinney is not alone. The vast majority of senior citizens would not qualify for Governor Bush's prescription drug program—and many of those who did qualify would not participate.

Even this limited program for low income seniors would not be immediate, because every state in the country would have to pass new laws and put the program in place—a process that could take years in many states.

The low priority that Governor Bush places on this problem is also demonstrated by the fact that sixteen states have enacted programs to help low income senior citizens with their prescription drug costs, and Texas is not one of them.

George Bush's prescription for middle-income senior citizens is clear—take an aspirin and call your HMO in four years.

Governor Bush's prescription drug plan would also require senior citizens to go to an HMO or an insurance company to obtain their coverage. In the first debate, Vice-President GORE pointed out that most senior citizens "would not get one penny for four to five years, and then they would be forced to go into an HMO or an insurance company and ask them for coverage. But there would be no limit on the premiums or the deductibles or any of the terms or conditions."

Again, Governor Bush did not respond to the Vice-President's specific points. Instead, he claimed that the Vice-President was trying to "scare" voters.

The facts are clear. Governor Bush's policy paper states that, "Each health insurer, including HCFA-sponsored plans that wish to participate . . . will have to offer an "expanded" benefit package, including out-patient prescription drugs . . . This will give seniors the opportunity to select the plan that best fits their health needs."

In other words, to get prescription drug coverage under the Bush plan, you have to get it through a private insurance plan. How high will the co-payments be? How high will the premiums be? How high will the deductible be? Governor Bush has no answer. Those important points are all left up to the private insurance companies.

Governor Bush says senior citizens will have the opportunity to select the plan that best meets their health needs. But what they will really have is the opportunity to select whatever plan private insurers choose to offer. If it costs too much, senior citizens are out of luck. If it doesn't cover the drugs their doctor prescribes, they're out of luck. The Bush plan is an insurance industry's dream, and a senior citizen's nightmare.

Governor Bush believes that private insurance companies and HMOs are the best way to provide prescription drug coverage to seniors. I don't question his sincerity. But I do question his unwillingness to defend his position in an open debate in front of the American people. When Vice-President GORE points out the facts, it isn't enough to evade the issue by calling the facts "fuzzy math" or a "scare tactic".

The ads that the Republican National Committee is running for the Bush campaign against the Gore plan reach new lows in disinformation. Under the Bush plan, senior citizens would have to get their prescription drugs through an HMO or private insurance company, but the GOP ads stand reality on its head by stating that under the Vice-President's proposal, senior citizens would have to obtain their coverage from a "government-run HMO."

In fact, under the Vice President's plan senior citizens would obtain their drug coverage through Medicare, in essentially the same way they obtain physician and hospital coverage today. The Gore plan specifically guarantees that it will cover any drug that a senior citizen's doctor prescribes. That's not true under the Bush plan—and it is a glaring omission.

Another issue in the debate over prescription drug coverage has not received sufficient attention—the linkage in Governor Bush's proposal between prescription drug coverage and other cutbacks in Medicare. When the American people and senior citizens understand what Governor Bush is proposing, they will reject it resoundingly.

Governor Bush has been very clear. His drug benefit won't be available to senior citizens unless they are willing

to accept severe changes in Medicare's coverage of their doctor's bills and hospital bills. He reiterated that point in the second debate. He said, "I think step one to make sure prescription drugs are more affordable for seniors . . . is to reform the Medicare system." Prescription drug coverage that senior citizens need should not be held hostage to changes in Medicare that senior citizens don't want—and it won't be held hostage under AL GORE's plan.

Governor Bush thinks that Medicare is obsolete and should be sent to the scrap heap. He favors a new model—in which senior citizens have to join HMOs or other private insurance plans or pay exorbitant premiums. But Medicare is still far and away one of the most successful social programs ever enacted. Senior citizens don't think that Medicare is ready for the scrap heap. They don't want to have to give up their family doctor and join an HMO in order to obtain coverage. But under the Bush plan, the price of staying in current Medicare and keeping your own doctor could be a premium increase of as much as 47 percent in the very first year, according to the Medicare actuary. For the vast majority of senior citizens, this heavy financial pressure could force them to give up their current Medicare coverage and their own doctor, and join an HMO.

Under the leadership of the Clinton-Gore administration, Medicare has gone from a condition of imminent bankruptcy to one in which Medicare will be solvent for the next quarter century—the longest period of projected Medicare solvency in the program's entire history. The independent Medicare Commission recently considered a proposal similar to the Bush plan, and the Commission said it could cause Medicare to become insolvent as early as 2005—just five years from now. If so, Congress would be faced with the stark choice of raising taxes, cutting benefits, or raising premiums. That's the Bush plan—and it's not a plan to protect senior citizens. It's a plan to privatize Medicare, and turn it over to the tender mercy of HMOs and the private insurance industry.

On prescription drugs and every other aspect of Medicare, the choice between the two presidential candidates is very clear—and it is clear on every other aspect of health care. The Bush record in Texas is one of indifference and ineptitude—of putting powerful interests ahead of ordinary families.

The Bush record in the campaign is one of consistent deception and distortion. The Bush proposals are at best inadequate and at worst harmful. Tax cuts for the wealthy are not as important as health care for children and prescription drugs for seniors. The American people understand that—but Governor Bush does not.

AL GORE has a career-long record of fighting for good health care for fami-

lies, for children, and for senior citizens. The current administration has a solid record of bipartisan accomplishment, ranging from protecting the solvency of Medicare to improving health insurance coverage through enactment of the Kassebaum-Kennedy bill and the Child Health Insurance Program. AL GORE's program responds to the real needs of the American people with real resources and a detailed action plan.

I am hopeful that every American will examine the records of the two candidates carefully. On health care, there should be no question as to which candidate stands with powerful special interests and which candidate stands with the American people. The choice is clear. Governor Bush stands with the powerful, and AL GORE stands with the people.

ORDER OF PROCEDURE

Mr. JEFFORDS. Mr. President, will the Senator yield? The Senator's words have kind of strayed a little bit from the Older Americans Act. Perhaps I could put in a unanimous consent request so that the Senator from Massachusetts is aware and so that we perhaps can do something else.

Mr. REID. Mr. President, parliamentary inquiry. It is my understanding the Senator from Massachusetts is speaking under a unanimous consent agreement. He can speak for as long he wants.

Mr. JEFFORDS. On the Older Americans Act, I believe.

Mr. REID. No. There is no subject.

The PRESIDING OFFICER. The time is under the control of Senator JEFFORDS.

Mr. REID. I thought that under the unanimous consent agreement he could speak for as long as he needs.

Mr. KENNEDY. Parliamentary inquiry? I believe when I started to speak there was still time.

Mr. JEFFORDS. I am just asking what happens at the end. I would like to put a unanimous consent request in to make sure that we have time available before we vote.

Mr. KENNEDY. Mr. President, I yield for that purpose, if he wants to make that request at this time with the understanding that I be recognized.

The PRESIDING OFFICER. If the Senator from Vermont would state his unanimous consent request?

Mr. JEFFORDS. Following the remarks of Senator KENNEDY, I ask unanimous consent all time be yielded back on the bill and that there be 30 minutes equally divided for closing remarks prior to the vote on the bill with Senator GREGG to be recognized for the last 15 minutes.

Mr. REID. Mr. President, reserving the right to object, I understand that at 4:30 we would go to general debate on this bill with Senator GREGG getting the last 15 minutes.