

these private policies—Medigap policies, HMO policies, a variety of private policies today.

I am absolutely convinced that when we go forward to enact this program on a bipartisan basis, as we heard in the Democratic policy session this morning, private insurance companies all over this country will tear up their existing contracts with older people and add the prescription drug program that we enact this year to their coverage. By the way, they would not be required to do it. Under our legislation and other bills, this would be voluntary for both private insurance companies and for older people.

The reason why I believe private insurance companies are going to be very eager to participate is that they will not be able to be competitive with the various other companies in an area unless they offer the benefit.

If you took a Salt Lake City, UT, or a Portland, OR, or a Denver, CO, where there are a variety of insurers, once we enact this program, seniors are going to go to private insurers and ask: Are you offering this particular benefit? Because we see the Congress has passed a law making available funds to pick up the prescription drug portion of a senior citizen's private health insurance bill.

I think all this talk about how private insurance companies are not going to be interested in offering this benefit is incredibly farfetched. While our proposal and the other good proposals that are offered are voluntary, we are already hearing from insurance companies that they are going to be very interested in offering this benefit. In fact, many of them are going to believe they have to do it in order to be competitive in their community.

I hope—I did want to be brief tonight—we can go forward in the days ahead and act on this matter as priority business before the Senate. I intend to keep coming to the floor to bring to the attention of this body cases from home and from across this country of older people who, when they are done paying their prescription drug bills, literally have only a few hundred

dollars a month to pay for their food and their rent and their utilities. It is outrageous, in a country as good and strong as ours, that we have not updated our health care system to provide this coverage.

Because I have come to the floor now 25 times in 3 months to talk about this issue, and Senator DASCHLE's effort to bring the Senate together, to reach out to colleagues on the other side of the aisle, I am asked all the time: Can America afford to cover prescription drugs for older people? My response is: We can't afford not to cover prescription drugs.

What the gerontologists told us today is that if you want, for the long-term, to promote wellness and to keep seniors healthy, make these drugs—the drugs that lower blood pressure and cholesterol—available to seniors because with them seniors will be able to stay healthy and not rack up these much larger medical bills that are incurred when they are ill.

One of the most striking examples I have seen in this discussion involves the anticoagulant drugs, the drugs that prevent strokes. It might cost \$1,000 or \$1,500 for a senior to get those drugs for a year—certainly that is expensive—but if, through drugs such as that, you can prevent stroke—which will cost upwards of \$100,000—it seems to me it makes a very clear case that we ought to be offering this benefit.

I recognize that colleagues have different views as to how to go about doing it. Several of my Democratic colleagues have bills. I do not expect to have the last word on this subject. I know colleagues on the other side of the aisle have legislation, as well. I am very honored to have been able to team up with Senator SNOWE for 15 months now in an effort to pass this prescription drug benefit on a bipartisan basis.

But let us make sure this issue does get addressed, and addressed in this Congress. Because to let this become fodder for another political season, and to have the back and forth that would go on in a political campaign, where one side blames the other side, is not productive. That is not what Senator

DASCHLE wants to have, as he tries to bring together the various approaches that have been offered by Members of the Senate. I know there are a number of Republicans who want to avoid that kind of train-wreck scenario where you do not act on this issue; instead, it just becomes the fodder for another political campaign.

What the Democratic Policy Committee heard this morning from seniors, from pharmacists, from gerontologists, ought to be compelling to every Member of this body—Democrats, Republicans, liberals, and conservatives.

Let us debate the specifics about how to go about offering this benefit, but let us make sure this issue gets done because I do not think it is right for the country to wait any longer to move forward on an issue that is so vital to health care reform.

I intend to keep coming back to the floor to address this issue. The session held by the Democratic Policy Committee was so compelling this morning that I wanted to take a couple minutes to bring it to the attention of the Senate.

I wish to make it clear that I look forward to working with all of my colleagues on a bipartisan basis. The Presiding Officer—the Senator from Utah—and I have talked about health care on a number of occasions since I have been in the Senate. He has great expertise. We are going to involve him in this cause and get it done in a bipartisan way.

I think this morning's program by the Democratic Policy Committee was another step in the right direction.

With that, Mr. President, I yield the floor.

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ADJOURNMENT UNTIL 9:30 A.M.  
TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until tomorrow at 9:30 a.m.

Thereupon, the Senate, at 6:27 p.m., adjourned until Thursday, March 2, 2000, at 9:30 a.m.