

Most of those States have more population, but that is still lot of money.

We know presently there is a controversy in the election that is going to be held in New York tomorrow. Why? In the Republican primary, there has been an independent expenditure of \$2.5 million berating JOHN MCCAIN for his environmental record and for not being supportive of breast cancer research.

Every candidate who is running for President of the United States is for breast cancer research. I have already given one example of how much it costs in the State of Nevada and why we need to do something about campaign finance reform. Certainly, in New York, because of independent expenditures, we need to do something. They are gross; they are absurd; they are obscene—\$2.5 million to distort the record of a fine person, JOHN MCCAIN, indicating that he is opposed to breast cancer research. I am not going to belabor the point and talk about his environmental record, but if one compares it to whom he is running against, it is not that bad. These independent expenditures are wrong, and we should do something about them.

I repeat, our current system is broken and it needs to be fixed.

I have spoken many times in this chamber, going back more than 12 years, about the need to reform the system. I have sponsored and cosponsored many bills for reforming the system, including variations of the McCain-Feingold bill. These bills have never even had a decent debate in this body, let alone passed. We have never been able to invoke cloture.

Those of us who represent our States and want to accomplish good and meaningful things, who want to make this country work better, have to work within the system the way it is, not the way we wish it were.

As the example shows that I just gave, that is difficult. I follow the law; someone comes to me and says: I want to give you some money. Do you have to disclose it? I say: No. The answer is accurate legally, but I later have to go to that person and say: Well, is it OK if I disclose this?

This is a bad system and it should be changed.

The criticism that has occurred as a result of campaign finance generally should cause us to do a better job. We at least should debate the issues, and ultimately change the law. Should we have campaign ceilings? Do you only spend so much money? Shouldn't we shorten the election cycle somewhat? Can't we do better than what we have? Can't we make it easier for people to register to vote?

I repeat, for the fourth time, the system is broken. It is up to us to save it before people are totally turned off by American politics.

I yield the floor and apologize to my friends for taking so much time.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Before he leaves, I commend the distinguished minority whip for speaking out on some of these excesses in campaign finance. He mentions his small State spending more than \$20 million.

Mr. REID. If I can interrupt and ask the Senator to yield, in my State we only have two media markets, only two places to spend the money.

Mr. WYDEN. I think the Senator makes an extremely important point. I recall in the campaign with my friend and colleague, Senator GORDON SMITH, to succeed former Senator Packwood—we are from a small State as well, a little bigger than Nevada—Senator SMITH and I, between us, went through pretty close to \$10 million in about 5 months.

Before the minority whip leaves the floor, I want to tell him I so appreciate him speaking out on this issue.

Certainly in Europe, for example, they are doing some of the things the distinguished minority whip is talking about: shortening the election cycle trying to generate interest in the elections because the campaign is over a short period of time. I think we can do that in this country and require, for example, that the campaign funds be disclosed online, which many of our colleagues have proposed on both sides of the aisle.

I want the Senator to know, before he leaves the floor, I very much appreciate his leadership in speaking out on this campaign finance issue, because we saw in Oregon much of what the Senator saw in Nevada.

Mr. REID. I say to my friend from Oregon, I think one of the things that is happening in Oregon is exemplary; that is, people can vote at home. That was an experiment in the Senator's election. We were all worried it would not work out right, but it worked out fine. But that is something we need to do: Make it easier for people to vote.

We have a Presidential election that is heating up now. But you know, people are talking about getting ready to run in the next election already. This is not good for the system. As the Senator has said, we have to do something to shorten the election cycle so people have more condensed elections.

There are many different ways to communicate now. We have all this cable, and we have to look for a better way of doing it, and making it so money is not the predominant factor in the political race.

Mr. WYDEN. What the minority whip has essentially said is: We have what amounts to a permanent campaign. You have the election the first Tuesday in November; people sleep in on Wednesday; and then the whole thing starts all over again on Thursday.

It is time, in effect, to turn off this treadmill and, heaven forbid, come to the floor and talk about issues, such as

prescription drugs, which I have tried to focus on for a number of months now. Many of our colleagues, on both sides of the aisle, want to talk about that, and the Patients' Bill of Rights, and education. To the extent that campaign finance dominates so much of the American political focus, it detracts from those issues.

I commend the minority whip. I thank him for his excellent presentation.

#### CONGRATULATING SENATOR BYRD

Mr. WYDEN. Mr. President, before I go on to touch on the issue of prescription drugs for a few moments, I, too, join with the majority leader, Senator LOTT, and the minority whip, Senator REID, in congratulating Senator BYRD on the anniversary of his Senate service.

I think what is especially striking about Senator BYRD's contributions is that when so many get tired, and so many get frustrated and exasperated with public service—we all know there is plenty in which you can be frustrated about—Senator BYRD does not give up. He does not flinch from the kinds of travails of public service. He seems to get stronger and stronger.

Those of us who watch him and seek him out for his counsel very much appreciate his contributions to the Senate. But this Senator especially appreciates one of his traits, which I think is the hallmark of being successful in any field, and that is his persistence. He is persistent about public service. He is persistent about upholding the standards of the Senate.

I join with the majority leader, Senator LOTT, and the minority whip in congratulating our friend and colleague, Senator BYRD.

#### PRESCRIPTION DRUG AFFORDABILITY

Mr. WYDEN. Mr. President, since the fall, I, and other Members of the Senate, have come to the floor of this body to talk about the need for prescription drug coverage for older people under Medicare.

As we look at this issue, I am especially pleased that Senator DASCHLE has been trying to reconcile the various legislative proposals that have been introduced on this issue. I know colleagues on the other side of the aisle have good ideas, as well.

I particularly commend my colleague, Senator SNOWE of Maine. She and I have teamed up, on a bipartisan basis, for more than a year now. Senator DASCHLE is trying to bring these bills together and make it possible for us to go forward and address this vital issue for seniors in a bipartisan way.

What I am struck by, and what I want to touch on for a moment or two this morning, is how significant the

ramifications are with respect to this prescription drug issue.

For example, one issue I have not talked about in connection with this prescription drug matter is how it is directly and integrally tied to the matter of medical errors. Many of our colleagues were astounded at the end of last year when the Institute of Medicine produced a landmark study—a truly landmark study—documenting the problem of medical errors today in American health care.

These medical errors end up injuring many of our citizens, of course. They cost vast amounts of money. What is striking is how many of them are tied to problems connected with prescriptions. For example, we know when a senior cannot afford to take their prescription or ends up only taking two pills, when three of them are essentially recommended by their physician, that can constitute a breakdown in our health system or, in fact, what amounts to a medical error.

I think I have been coming to the floor of the Senate and talked on the issue of prescription drugs something like 26 times in the last few months, for example, talking about instances where folks at home in Oregon are actually breaking up their pills, their cholesterol-lowering pills, because they cannot afford to take the entire pill. They believe if they break up the pill they can stretch it.

These are the kinds of medical tragedies we are seeing across this country. They are errors that we can correct if we go forward and address this issue—prescription drug coverage—in a bipartisan way.

It seems unconscionable to think that, in a Nation as rich and good and powerful as ours, with all of these older people walking on an economic tightrope, balancing their food costs against their fuel costs, fuel costs against their medical bills, we can't go forward, as Senator DASCHLE has suggested, and reconcile these various bills that have been introduced on this issue and enact a comprehensive program to help older people with their prescription drug bills, reduce the kinds of errors the Institute of Medicine found, and help a lot of families in our country.

I think there really are three principles we ought to zero in on in terms of trying to address this issue. First, I think there is general agreement now that this program be voluntary. I think many Members of Congress remember the ill-fated catastrophic care legislation, with a lot of older people believing at that time that they were being forced to pay for catastrophic benefits they were already receiving under their existing private health coverage.

Now I believe there already is a bipartisan consensus—Senator DASCHLE has touched on this a couple of times recently—that a prescription drug program ought to be voluntary for older

people and voluntary for the various providers, insurers, and pharmaceutical benefit managers who might decide to participate in the program. I think that minimizes the possibility that older people and families will believe they are being coerced by Government to pay for something they are already receiving. That voluntary aspect of such a program is one area where there already is bipartisan agreement.

Second, I think there is a general belief that rather than inventing an entirely new structure for this program, it must be integrally tied to the existing Medicare program and, in particular, fit with an agenda for Medicare reform.

What the legislation I have worked on—the Snowe-Wyden legislation—does is allow the administrative body—called the SPICE board, because our bill stands for Senior Prescription Insurance Coverage Equity or SPICE—to contract with a variety of entities, insurance companies or pharmaceutical benefit managers or nonprofit agencies—anybody who was authorized under State law to administer a program. That way, we are not creating a whole new structure for dealing with this program; we are building on Medicare as it exists today. At the same time, we are doing something else which is critical; that is, adding more choice to the Medicare program.

I personally think the effort to make this program voluntary, to build on existing Medicare coverage, which makes the benefits available to all seniors—universal coverage for those eligible for the program—and then, in addition to those principles, add new choices to the Medicare program. The reason that is so important is, providing choices is what is going to generate the competition that can help hold down the prices of medicines for our older people.

We see so many seniors who can't afford their medicine. There is a great debate going on in the country now about whether it is the research costs of these drugs that have contributed to it. There are a variety of reasons being offered for why older people cannot afford their prescription drugs. I am interested in debating those.

What I am most interested in is making sure older people have the kind of bargaining power necessary to drive down the costs of their medicine. It seems to me they can get that bargaining power through an approach based on choice, such as we have, as Members of Congress, through the Federal Employees Health Benefits system. I am very hopeful that that expanded array of choices will be a key invisible part of a bipartisan effort to go forward and address this issue in the Senate.

As we head to a period of town meetings and discussions with folks at home, I know my colleagues are going to hear accounts from older people and

families about horrible, tragic instances where older people cannot afford medicine and often end up getting sicker and needing much more expensive care when they cannot get those essential prescriptions. I think we have made a lot of progress in the last 2 or 3 months, with Senator DASCHLE having taken the lead, many colleagues on the other side of the aisle trying to bring the Senate together to find the common ground. I think we made a lot of progress.

I am hopeful that when the Senate reconvenes after this break to visit with folks at home, when the Budget Committee goes forward—and Senator SNOWE and I both sit on the Budget Committee—that with the bipartisan leadership of Senator DOMENICI and Senator LAUTENBERG, we can get a generous earmark in the budget to cover prescription drugs and, in effect, continue the progress we have made towards getting a bipartisan prescription drug program enacted in this session of the Senate.

I have talked with Senator LAUTENBERG, ranking Democrat, Senator CONRAD, others who have been involved in this issue on our side, and with Senator DOMENICI on the other side of the aisle. I think there is a real openness to making sure there is a generous earmark in that budget for a prescription drug program we would enact this year. After we get over that hurdle, the challenge will be, as Senator DASCHLE has outlined, to reconcile the various approaches that have been offered. As I mentioned, Senator SNOWE and I have one we think makes sense, but we do not believe we have the last word.

We think the last word ought to belong to the American people. The American people are saying: We want you to deliver on this prescription drug issue. We want it done this session. We do not want it to go through yet another campaign season as campaign fodder through the fall. We want you to get it done this year. Take the steps necessary to provide older people the relief they need and deserve.

I look forward to being part of that effort in a bipartisan fashion.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Mexico.

(The remarks of Mr. BINGAMAN pertaining to the introduction of S. 2181 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. BINGAMAN. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. MURKOWSKI. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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