

Before we broke for the work period at home, I talked about a case, for example, from Hillsboro, OR, of a senior citizen who had to be placed in a hospital for more than 6 weeks because he could not afford his medicine on an outpatient basis. Just think about that wasted money. The older person could not get help on an outpatient basis for his medicine, and the doctor said we have no choice but to put that person with a leg infection in the hospital so he can get prescription drug coverage under Part A of the Medicare program.

Today, I brought with me a letter from an elderly woman in Phoenix, OR. She receives \$1,100 per month in Social Security. Her prescription drug bills run \$1,000 a month. She is 74 years old, and she wrote me: What can you do to help?

I think it would be a tragedy for this Congress to not go forward on a bipartisan basis and enact meaningful relief for the Nation's older people who are getting clobbered with these prescription drug bills. Again and again, we are hearing from seniors in these instances where they have been hospitalized because they could not afford their medicine on an outpatient basis, where when they are done paying for their prescription drugs for the month, they have only a couple hundred dollars left to pay for food, heat, and housing. In a country as strong and prosperous as ours, we can't allow this kind of tragedy to continue. I think it is absolutely critical that this be addressed on a bipartisan basis.

For many months now, I have teamed up with the Senator from Maine, Ms. SNOWE, on a bipartisan bill. We use marketplace forces to ensure that older people have bargaining power in the private sector to be in a better position to afford their medicine. Right now, these HMOs get big discounts; they have lots of clout in the marketplace—HMOs and the private sector plans. If you are an older person who walks into a local pharmacy, you in effect have to subsidize those big buyers. You get shellacked twice. Medicare doesn't cover prescription medicine and, in effect, in the marketplace you subsidize the people with clout.

The Snowe-Wyden legislation uses private sector bargaining power, along the lines of what we have in the Congress with the Federal Employees Health Benefits system, so that the dollars seniors use for private health insurance are pooled, and they have real negotiating power so they are in a position to get more reasonable prices for their medicine.

Some have said we ought to just put the Government in charge of this, sort of have rate regulation. Well, I think that would be a big mistake. The biggest concern I have about that approach is it would cause a lot of cost shifting. You could have the Govern-

ment be the big kid on the block and drive the system through the Health Care Financing Administration, but you would put all the costs onto somebody who is 27 or 28 and is working hard trying to get ahead, and their prescription drug bill would have gone up because the Congress didn't address this Medicare issue in the right way.

Fortunately—and I think he deserves enormous credit—Senator DASCHLE has been working to try to reconcile the various approaches. He has talked with me about this issue, almost on a daily basis, in an effort to try to have the Senate come together and enact meaningful relief. He stakes out principles that I think can be supported on both sides of the aisle—principles such as making sure the program is voluntary, that no senior citizen be required to do anything; if they wanted to keep their current coverage, they would be allowed to do that. We want to make sure the action we take on prescription drugs is consistent with long-term Medicare reform. I think the approach I have advocated, in terms of creating more choices and more options in the marketplace, is consistent with responsible Medicare reform.

We have talked about bargaining power in the private sector, the way the responsible private insurance companies have acted. I think that is something that will attract Members on both sides of the aisle. I think Senator DASCHLE is absolutely right in terms of trying to bring the Senate together to find the common ground and pass meaningful legislation.

We will have a chance this week to make the first significant step in the Senate toward passing this legislation. As the Budget Committee meets—and I sit on the Budget Committee, and Senator SNOWE sits on the Budget Committee—we will have a chance to ensure that in this budget, which is not just facts and figures but, really, the hopes and aspirations of the American people—we, in effect, set aside the funds needed to go forward and enact a meaningful prescription drug program for the Nation's older people.

I don't want to see this Congress adjourn without making this important addition to the Medicare program. There is not a single expert in the health field—Democrat or Republican—who doesn't believe that if you designed the Medicare program from scratch today, you would not cover prescription drugs. They all think it is something that is essential to meaningful Medicare reform. I intend to keep coming back to this floor again and again and again throughout this session of the Congress to talk about prescription medicine.

For about 7 years, before I had the honor of being elected to the other body, I was director of the Gray Panthers at home. We believed that prescription drug coverage in Medicare

was important then. But, frankly, it is vastly more important now because the drugs of this century essentially aren't just drugs that, as we saw back then, are primarily to help people when they are sick; the new drugs are absolutely key to helping folks to stay well. They help folks to lower blood pressure and cholesterol. It is a way to hold down Medicare costs. Because of the result of folks being able to stay healthy, they don't land in the hospital and incur enormous costs that are engendered by Part A of the Medicare program.

I am going to keep coming to the floor of this body to talk about the need for bipartisan action on prescription drugs, to urge the Senate to follow the counsel of Senator DASCHLE. I know Senator SNOWE and others on the other side of the aisle are interested in finding common ground. I am going to keep urging that we work on this issue and not adjourn this session of Congress until we have provided this relief to the Nation's older people. I come again with a whole sheaf of cases of older people who are writing and asking what we can do to help. They are asking Congress to act this year, not put this off until after the election and use it as a political football again.

I think we owe it to the Nation's older people and their families to address this issue, as Senator DASCHLE suggests, in this Congress; that we come together as Members of the Senate to make this improvement to the Medicare program that is long overdue. I intend to keep coming back to the floor of this body again and again and again reading these direct and very poignant accounts about why this coverage is so important until we get this legislation enacted.

I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until the hour of 2:15 p.m.

Thereupon, at 12:31 p.m., the Senate recessed until 2:15 p.m.; whereupon, the Senate reassembled when called to order by the Presiding Officer (Mr. INHOFE).

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

SENIOR CITIZENS' FREEDOM TO WORK ACT OF 2000

The PRESIDING OFFICER. Under the previous order, the Senate will now proceed to the consideration of H.R. 5, which the clerk will report.

The assistant legislative clerk read the title as follows:

A bill (H.R. 5) to amend title II of the Social Security Act to eliminate the earnings