

of the Chinese behavior and rhetoric I have discussed.

There is no doubt that China will play a larger role on the world stage in the coming years. Our goal must be to ensure that China's leaders do not assume that this heightened stature grants them the right to attack Taiwan or be a force for belligerency and instability in the world.

Dealing with China will be a challenge, but America does not fear challenge. Our greatest hope for change remains, as it has always been, to stand firmly as a force for peace and progress, and to champion no less for the people of other countries what we guarantee for our own citizens. I am confident that, if we make clear our friendly intentions to China and follow through with actions that reinforce our words, Beijing will, in time, respond positively, Taiwan will continue to flourish, and China can be welcomed as a peaceful and productive member to the community of nations.

I express the hope that by holding those games in Beijing, the media, human rights organizations, and others will work to hold the Chinese leadership accountable for what goes on in that nation.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Madam President, before he leaves the floor, I want to express my thanks to the Senator from Arizona. Because of his thoughtfulness, I am able to speak now. I want him to know I very much appreciate that.

PRESCRIPTION DRUGS

Mr. WYDEN. Madam President, tomorrow I intend to introduce bipartisan prescription drug legislation with the senior Republican on the Senate Finance Committee's Subcommittee on Health, Ms. OLYMPIA SNOWE of Maine. For more than 3 years, Senator SNOWE and I have teamed up in an effort to address this prescription drug issue, of which the Presiding Officer is acutely aware. It is one of the most vexing and contentious of all issues. We have been trying to address it in a bipartisan fashion. Perhaps no issue in the last political campaign generated more controversy, more attack ads on both sides, and more bitterness rather than thoughtful discussion than the question of prescription drugs for seniors.

The reason Senator SNOWE and I are moving now with the introduction of our bipartisan legislation tomorrow is that we are hopeful that when the Senate Finance Committee takes up the prescription drug legislation issue at this month, the legislation we have put together can serve as a template, a beginning, for a bipartisan effort to address this issue.

Our legislation marries what I think are the core principles that Democratic Members of this body have advocated

with certain key principles that Republicans have felt very strongly about as well. I want to discuss briefly tonight how our legislation does that.

The legislation that I drafted with Senator SNOWE, for example, has a defined benefit, which is absolutely key for the Nation's senior citizens. The alternative is what is known as a defined contribution—a sort of a voucher which you hand an older person, or a family with sort of a wish and a hope that maybe they will get meaningful benefits.

What Senator SNOWE and I have done—which has been extraordinarily important to Senator DASCHLE, and correctly so, in my view—is to make sure that under our legislation every senior would get these defined benefits.

Second, our legislation ensures that the program is inside the Medicare Program. It is a part of the Medicare Program because, as the Presiding Officer of the Senate knows, the alternative is to in effect begin the privatization of Medicare and the prescription drug benefit. It is essential that this program be an integral part of Medicare. That is something that Senator SNOWE and I have felt very strongly about.

The third part of the legislation ensures that older people will have bargaining power to help make prescription drugs in this country more affordable. Older people today are in effect hit by a double whammy. Prescription drugs are not covered by the Medicare Program, of course, and they haven't been since the program began in 1965.

When an older person isn't able to afford prescription drugs and has no private coverage, when they go to a pharmacy—in effect that senior citizen is subsidizing the person who gets their prescription drugs through a group plan. An individual who is fortunate enough to have bargaining power because they have insurance coverage, in effect is subsidized by the older person who has no coverage at all.

Our legislation ensures that older people would have an opportunity to have real bargaining power. This is key for the millions of older people who spend well over a third of their income on prescription drugs.

Finally, our legislation is voluntary. We want to make sure that the message goes out far and wide that any older person who is comfortable with their prescription drug coverage today can just keep it and in no way would be required or coerced to alter the prescription drug coverage with which they are comfortable. If they have a retirement package, or in some way get this assistance, our legislation would not in any way alter what they are receiving.

Having had the privilege of working with the Presiding Officer on health care legislation over the years, I am pleased that I have a chance tonight to

describe our bipartisan bill with you in the Chair.

I think we all understand that there is no one who has studied the health care system today—not a Democrat or a Republican—if they were redesigning Medicare, who wouldn't include a prescription drug benefit.

A physician in Washington County in my home State of Oregon wrote me not long ago saying that he put a senior citizen in the hospital for 6 weeks because that person couldn't afford their medicine on an outpatient basis. Medicare Part A, of course—the hospital portion of the Medicare Program—covers prescription drugs. If the older person goes into the hospital, Medicare Part A will write out that check, no questions asked. Medicare Part B, of course, has no outpatient prescription drug benefit.

What happened in Washington County, in my home State of Oregon, recently is that the Medicare Program probably paid out \$50,000 or \$60,000 for the costs associated with hospitalizing a patient to get prescription drug coverage rather than making this benefit available on an outpatient basis the way I and Senator SNOWE and the Presiding Officer have sought to do for so many years.

Very often, when I am out around the country, people come up to me. They say: RON, can this country afford prescription drug coverage? We are going to have this demographic sunami. Are we going to be able to afford to cover all of these older people?

I think what we have learned here is that very clearly this country can't afford not to cover prescription drugs. We can't afford to allow the repetition of what happened in Washington County in Oregon and across this country where so many older people could have, with modest prescription drug assistance, prevented much more serious illnesses. And I could cite one drug after another tonight.

Strokes are a very important health concern for older people. The cost of caring for a person who has had a stroke can be \$125,000 or \$150,000. But we have many drugs available that help prevent strokes that cost \$800 or \$1,000 a year.

So the hour is late, and I am not going to go through one example after another. But I would say, what Senator SNOWE and I are trying to do is break the gridlock on this issue. I have been at it for more than 3 years now with Senator SNOWE. We got a majority of the Senate, in the last Congress, to vote for funding a prescription drug program that, frankly, is much broader than what we are talking about now. Senator SNOWE and I were able to get over 50 Members of the Senate to vote for a tobacco tax to cover a prescription drug program.

We are not talking about that at all here. In the budget resolution we have

\$300 billion to start a prescription drug program. I believe a properly designed prescription drug program would cause future Congresses to make available additional funds to meet this pressing need. The challenge today is to look at some of the sensible ideas that Senator DASCHLE, the majority leader, has advocated, such as a defined benefit, ensuring that the program is inside Medicare, providing bargaining power for older people, and marrying the sensible ideas Senator DASCHLE has talked about with some of the Republican ideas that promote choice and competition.

As I have said to my colleagues on other occasions, we have a precedent for doing that. One of the accomplishments of which I am proudest is to have been the sponsor, when I was in the House of Representatives, of the Medigap legislation which really drained the swamp of so many questionable private insurers selling senior citizens policies that really were not worth the paper on which they were written.

I remember back in the days when I was Co-director of the Oregon Gray Panthers, we would visit seniors and they would have a shoe box full of these policies. They would have seven or eight private policies. They, in effect, were wasting money on junk that could have been used to meet their heating bills or their other health needs. We drained that swamp, and we did it through a Medigap law, by ensuring that seniors had meaningful choices and strong consumer protections.

So we have an example of how you can create choice and alternatives and promote competition, and do it in the context of the Medicare Program. You do not have to go out and privatize this program that has been a lifeline for millions of older people in order to create choice and competition. You can do it within the Medicare Program, which is what I am seeking to do with the senior Senator from Maine, the ranking Republican on the Finance Subcommittee on Health Care, Ms. OLYMPIA SNOWE.

Our hope is that when the Senate Finance Committee gets together this month, on a bipartisan basis, they will look at our legislation, along with the other very good bills that have been introduced. The senior Senator from Florida, Mr. GRAHAM, for example, has talked at length with me about this issue and has a fine bill. I think there are a variety of ways the Senate Finance Committee, under the leadership of Senator BAUCUS, can take these bills and bring the Finance Committee Democrats and Republicans together and break this gridlock on a vital issue.

I know of few issues that are more important at this point to American families than prescription drugs. I think we all understand that with a well crafted prescription drug program, this country can take a significant step forward towards meaningful Medicare reform.

I say to the Presiding Officer, the hour is late, and you have been gracious to allow me, along with the Democratic leader, this extra time. I

intend to keep coming back to this Chamber again and again and again throughout this Congress to, in effect, proselytize—I use that word deliberately—with my colleague from Maine, Senator SNOWE, for a bipartisan effort on this issue. It has dragged on too long. There has been too much partisan bickering and squabbling surrounding this issue.

I would like to see just a tiny fraction of the millions of dollars that were spent on attack ads during the last political campaign on this issue spent on trying to bring Democrats and Republicans—Members of Congress across the political spectrum—together on this issue. That is what older people deserve.

Every month that this issue drags on is a month where older people—who are walking an economic tightrope, having to balance their fuel needs against their medical needs—have to worry about how they are going to pay for their essentials. The Presiding Officer understands that very well. I look forward to working with her and all of our colleagues on a bipartisan basis.

With that, Madam President, I yield the floor.

ADJOURNMENT UNTIL 9 A.M.
TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands in adjournment until 9 a.m. tomorrow.

Thereupon, the Senate, at 5:45 p.m., adjourned until Tuesday, July 17, 2001, at 9 a.m.