

and we will do everything we can to make sure we not only keep the economy moving but also handle some of the more difficult issues that face us in this society.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

#### PRESCRIPTION DRUG COVERAGE FOR SENIOR CITIZENS

Mr. WYDEN. Mr. President, I intend to take a few minutes this afternoon to talk about the prescription drug issue for senior citizens. As many of our colleagues know, I have made it clear that I am going to come to the floor repeatedly between now and the end of the session in the hope we will get a bipartisan piece of legislation through this body that will meet the needs of so many vulnerable older people.

In the past, I have come to the floor and have read two or three of the cases I have been getting from seniors across the country. A lot of these older people, when they are finished paying their prescription drug bills, have only a few hundred dollars a month on which to live. Picture that: After you have paid your prescription drug bill, you pay for your food, your rent and utilities, and you have virtually nothing left over.

I think it is extremely important this Congress pass legislation to meet those needs. I have teamed up for more than a year with Senator OLYMPIA SNOWE from Maine. We have a bill that is market oriented. It would avoid some of the cost-shifting problems that we might see with other approaches. We want to make sure that as we help senior citizens, we do not have to cost shift it over to somebody who is, say, 27 or 28 and just getting started with a family and having trouble with their own medical bills. The Snowe-Wyden legislation avoids that kind of approach.

The reason I am taking a moment to speak this afternoon is because the comments made by the President last week at the State of the Union Address opened up a very wide berth for the Congress to address this issue in a bipartisan way. Prior to the President's comments, I know there was widespread concern by a variety of groups as to what he would say about the issue and how he would say it.

What the President of the United States said in the State of the Union Address on this issue of prescription drugs seems to me to capture our challenge.

First and foremost, the President made it very clear he is aware that in every nook and cranny of this country there are scores of senior citizens who

cannot afford their medicine. They simply cannot afford it. His remarks spoke to the millions of older people in this country who walk on an economic tightrope; every month they balance their food bill against their fuel bill and their fuel bill against their medical costs.

After the President described this great need, he did not get into any of the particulars of writing a bill. He made it clear he wanted to work with the Congress to get a bipartisan piece of legislation that will meet the needs of older people.

Yes, he has his approach. His approach—and I am not going to get into all of the fairly complicated details—involves a role for what are called pharmacy benefit managers, PBMs.

The Snowe-Wyden legislation that has been proposed takes a slightly different approach. We use private entities which, in effect, will have to compete for the senior citizens' business.

We think that makes sense as a way to hold down the costs of medicine for older people because it has worked for Members of Congress. The Snowe-Wyden legislation is modeled after the health care system to which Members of Congress belong.

I have been asked again and again whether you could reconcile the President's approach, in terms of using pharmacy benefit managers, and the kind of approach that is taken in the Snowe-Wyden legislation, with these private entities that would have to compete for senior citizens' businesses. I think it is possible to reconcile these two approaches. I think we are making a lot of headway now in terms of addressing this issue, in terms of the parties saying the need is urgent.

We have to come together, in a bipartisan way, to do it. The President opened up a real opportunity for the Congress to come together on this matter.

The reason it is so important, of course, is that we cannot afford, as a nation, not to cover prescription medicine. I repeat that. People ask if we can afford to cover prescription drugs for older people. The reality is, our country cannot afford not to cover prescription drugs.

A lot of these drugs today are preventive in nature. They reduce problems related to blood pressure and cholesterol. I have talked a number of times on the floor about the anticoagulant drugs which prevent strokes. Perhaps it would cost \$1,000 a year to meet the needs of an older person's prescriptions for these anticoagulant drugs. Sure, \$1,000 or \$1,500 is a lot of money, but if you have a legislative opportunity to help an older person in that way, and you save \$100,000, which you can do because those drugs help to prevent strokes—and strokes can be very expensive, even upwards of \$100,000—that is something our country should not pass up.

The elderly in this country get hit with a double whammy when it comes to pharmaceuticals.

First, Medicare does not cover prescription drugs. It has been that way since the program began in 1965. I do not know a soul who studied the Medicare program, who, if they were designing it today, would not cover prescription drugs simply for the reasons I have given, that they are preventive in nature.

The other part of the double whammy for older people is that the big buyers—the health maintenance organizations, the health plans, a variety of these big organizations—are able to get discounts; and then when an old person, a low-income older person, walks into a pharmacy, in effect, they have to pay a premium because the big buyers get the discounts.

So this is an important issue for the Congress to address.

As I have done in the past, I want to put into perspective exactly what so many of these vulnerable people are facing in our country.

I see our friend from Michigan. I want to make sure he has time as well. Democrats have a few more minutes. I want to make sure my colleague can be heard, as well.

But one of the cases I want to touch on this afternoon follows a 65-year-old senior from West Linn, OR. He wrote me recently as part of the campaign I have organized to have older people send in their bills. He wrote me that he used to have prescription drug coverage when he was working. Now he has no coverage at all. He is taking medication for high blood pressure, for high cholesterol, for heart-related problems. He had triple bypass surgery in 1991 and anticipates he is going to be taking medications for the rest of his life.

He found that, as he tried to shop for medicines, the cost was 18 percent higher than when he had insurance coverage, which illustrates the double whammy that I described.

When he was in the workforce—and the Senator from Michigan knows a lot about this as a result of the company-retiree packages that autoworkers and others have—the workers were in a position to get a bargain. But then that senior retired and lost the opportunity to have some leverage in the marketplace. That senior in West Linn found that his prescription prices were 18 percent higher.

This person from West Linn has written, saying he hopes the bipartisan Snowe-Wyden legislation is successful.

We have received scores and scores of other letters. Because my friend from Michigan is here, and I want to allow him time to talk, I am going to wrap up only by way of saying that the last case I was going to go into in more detail is an older woman in eastern Oregon, just outside Pendleton, OR, who told me during the last recess that when she is done paying her prescription drug bill, she has only \$200 a month on which to live for the rest of the month.

Perhaps other people can figure out some sort of financial sleight of hand

so they can get by on a couple hundred dollars a month for their food and utilities and housing, and the like, but that is not math that I think adds up.

We need to address this issue in a bipartisan way. The Snowe-Wyden legislation does that. I was particularly encouraged by the President's remarks last week on prescription drugs because I think, through the conciliatory approach that he took, making it clear that he wants to work with all parties to get this addressed, we now have a window to climb through to get the job done and provide a real lifeline to millions of older people. That is some good news for our country.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. BURNS). The Senator from Michigan.

Mr. LEVIN. First, I congratulate, again, the good Senator from Oregon for his leadership in the area of prescription drugs. His effort to achieve a bipartisan move in this direction is very critical to the Nation. I commend him for it.

I thank him for truncating his remarks a few minutes so I might have a few minutes. I hope I can complete this in 2 or 3 minutes. But if I do not, perhaps I could ask my good friend on the other side of the aisle to be able to extend it a minute or two beyond the appointed hour of 1 o'clock.

#### SECRET EVIDENCE SUSPENSION

Mr. LEVIN. Mr. President, our Nation's commitment to due process has been placed in doubt by the use of secret evidence in immigration proceedings.

Until recently, the Department of Justice's use of secret evidence was not well known to the general public. Secret evidence was known only to some immigrants who have been held for months, sometimes years, without any opportunity to confront their accusers or examine the evidence against them.

As the Washington Post of October 19, 1997, put it, the process is authorized by:

[A] little-known provision of immigration law in effect since the 1950s allows secret evidence to be introduced in certain immigration proceedings. The classified information, usually from the FBI, is shared with judges, but withheld from the accused and their lawyers.

The use of secret evidence in immigration proceedings threatens to violate basic principles of fundamental fairness. The only three Federal courts to review its use in the last decade have all found it unconstitutional. Yet the Immigration and Naturalization Service, the INS, continues to use it and to do so virtually without any limiting regulations. Under current law, the INS takes the position that it can present evidence in camera and ex parte whenever it is classified evidence relevant to an immigrant's application for admission, an application for an immigration benefit, a custody determination, or a removal proceeding.

The Attorney General herself has expressed concern over the use of secret evidence—and for good reason.

In October 1999, a district court declared the INS' use of secret evidence to detain aliens unconstitutional. Five days later, the INS dropped its efforts to deport a man it had held for over a year and a half on the basis of secret evidence.

In November 1999, the Board of Immigration Appeals ruled that an Egyptian man detained on secret evidence for 3 and-a-half years should be released, and the Attorney General declined to intervene to continue his detention.

Earlier in 1999, the Board of Immigration Appeals, the BIA, granted permanent resident status to a Palestinian against whom the INS had used secret evidence and alleged national security concerns. In all of these cases the government claimed that national security was at risk, yet in none of them were the individuals even charged with committing any criminal acts.

The Attorney General has promised to promulgate regulations to govern the INS's use of secret evidence, but has not yet done so. In May of 1999, the Attorney General came to my state of Michigan to meet with Arab-American leaders and members of the Michigan Congressional delegation to discuss concerns about the use of secret evidence. At that meeting, she said she would implement a new policy, one in which the Department would implement a higher level of review, and take extra precautions before using secret evidence. She said she would have those regulations relative to the use of secret evidence within a reasonable time.

In December, the Attorney General visited Michigan again. She had still not promulgated the promised regulations. She told us that she was dedicated to resolving this issue, and she was actively reviewing draft regulations, but that she was uncomfortable issuing those regulations in the form they had been presented to her by her staff.

Mr. President, the Attorney General may eventually offer the promised regulations. But at the current time, she is not capable of putting a process in writing that is satisfactory even to her. It has been almost nine months now since the Attorney General agreed to look in to this matter, and promulgate regulations that will govern the use of this process. Under these circumstances, when the Attorney General cannot even satisfy herself that a fair process is in place, the use of this secret process should be suspended until she can, and I urge the Attorney General to do exactly that: suspend the use of secret evidence in immigration proceedings immediately until she can promulgate regulations relative to its use.

I thank the Chair and yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. THOMAS. What section are we in now, Mr. President?

The PRESIDING OFFICER. The Chair advises the Senate is in morning business until 2 p.m.

#### THE LEGISLATIVE AGENDA

Mr. THOMAS. Mr. President, I will take a little time to talk a bit about our agenda and the things I think most of us hope we will accomplish during this coming legislature.

There are some who believe we won't accomplish much. It seems to me that is not a good prognosis. The fact is, we should put some priorities on the many issues that are there and, indeed, make a special effort to accomplish a good deal. I think we can. Many of the issues have been talked about a great deal already. We know what the backgrounds are.

I think now our commitment is to decide what the priorities are for this country, what the priorities are for this Congress, and to set out to accomplish them.

We heard the President last Thursday make a very long speech, including a very long list of ideas and things he is suggesting we consider. I don't believe he is suggesting certainly that they all be done. He knows very well that will not be the case. I think it is up to us, particularly the majority party, to establish an agenda of those things we believe are most important.

I read in the paper that some Democrats in the House are saying we aren't going to accomplish anything unless we set the agenda, and we will talk our way through that. I am very disappointed in that kind of an idea. Of course, it is possible to continue to raise all these issues that one knows are not going anywhere. I suspect that is not a new idea even in this body. But we need to have a set of priorities.

The President had 100-plus ideas that, I suppose, were set forth to lay out a political agenda, maybe largely for this election. That is fine. It is not a brand new idea. I am surprised the agenda pointed in a different direction than that with which the President has sought to characterize himself over the last several years. He talked about the leadership council and starting towards the center, saying, I think some time ago, that the era of big government is over. One would not have suspected that, as they listened last Thursday night to his view, that the era of big government is over.

It was a very liberal agenda laid out, I am sure, for conduct of this session of Congress. I suggest that is not the direction we ought to take. Expenditures of some \$400 billion in additional programs, \$400 billion in spending, some \$4 billion a minute during that process, with very little detail, of course, as to how it is done but, rather, here are the things we ought to do, sort of in a broad sense.

We need to ensure that the description of what we are going to do does not interfere with us doing something. We have an agenda. Much of it I am