

if it is the board, give them incentives to provide financing and guarantee financing for satellite companies. It could be perhaps a cable company. It might even be a telephone company that would provide local-to-local cable service. But also they would be in a position to more quickly provide broad bandwidth to the same area.

That is the sum and substance of what I hope we do. I think it makes a lot of sense.

For those Senators who have some questions about some of these points, I am more than willing to sit down and try to work out some of the details. Some of the details can be worked out in conference as well. But let us not let perfection be the enemy of good.

I think these are pretty good ideas. They are not perfect, but they are good. I urge my colleagues to work together to try to incorporate these provisions.

I thank the Chair.

The PRESIDING OFFICER. The distinguished Senator from California is recognized.

Mrs. FEINSTEIN. Mr. President, I would like to speak in morning business for a time not to exceed 10 minutes.

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

Mrs. FEINSTEIN. Thank you very much, Mr. President.

The PRESIDING OFFICER. The Senator from California is recognized.

Mrs. FEINSTEIN. I thank the Chair. (The remarks of Mrs. FEINSTEIN pertaining to the introduction of S. 2328 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mrs. FEINSTEIN. Mr. President, I yield the floor and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative assistant 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 President, I ask unanimous consent that the order for the quorum call be rescinded.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.

Mr. WYDEN. I ask consent to speak for up to 15 minutes as in morning business.

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

MEDICARE REFORM

Mr. WYDEN. Mr. President, over the last 3 months I have come to the floor of the Senate on more than 20 occasions to talk about the need to assist the Nation's senior citizens and families under Medicare with help with the extraordinary costs so many of them are experiencing for prescription medicine. I am very pleased to report some very exciting, positive developments that have taken place in the last few hours on this issue as a result of the bipartisan effort in the Budget Committee.

I particularly want to commend my colleagues Senators SNOWE and SMITH. Senators SNOWE and SMITH have teamed up with me on a bipartisan basis for more than 15 months to address this enormous need of the Nation's older people.

Today in the Budget Committee we took a concrete, tangible step to set in place the kind of program that really will provide meaningful relief for the Nation's older people. We did it in a way that will be consistent with long-term Medicare reform, a view that is a view shared by Members on both sides of the aisle. It allows for universal coverage and a program that is voluntary. That is to ensure that older people can make the choices that are good for them.

Specifically, what the Budget Committee did is provide legislation that would allocate \$20 billion during the next 3 years to put in place a prescription drug program, and then make it possible to add another \$20 billion in the next fiscal year, which would be fiscal year 2004-2005, as part of an effort to ensure solvency, long-term Medicare reform, and to do it in a way that would not cause an on-budget deficit in those later years.

I have believed for a long time that at a time when more than 20 percent of our Nation's older people are spending over \$1,000 a year out of pocket on their prescription medicine, when we have millions of seniors with an average of 18 prescriptions a year, that it is important we put in place, on a bipartisan basis, meaningful relief for the Nation's older people.

Today, on a bipartisan basis, the Budget Committee said the Finance Committee should report a plan on or before September 1 of this year to help older people with their prescription drug medicine to ensure that \$20 billion would be available for fiscal years 2001, 2002, and 2003, and, accompanied by real reform of the Medicare Program, there could be \$20 billion for fiscal years 2004 and 2005.

This required, frankly, compromise on both sides. For example, one of the stipulations in what was done by the Budget Committee today was a stipulation that there could not be transfers of new subsidies from the general fund to extend solvency. Frankly, some of my colleagues on the Democratic side of the aisle had supported those kinds of transfers in the past.

I think after many months of debate, and certainly a lot of prognosticators saying it was not possible in this session of Congress to make real headway on the prescription drug issue, and, in fact, to get the job done, what the Senate Budget Committee showed this morning in a very significant breakthrough is that we are now on our way to address the needs of older people. In fact, this language would be binding. The language adopted by the Budget Committee, setting out the parameters for the adoption of a prescription drug program for the Nation's elderly under Medicare, would be binding.

In addition to my two colleagues Senators SNOWE and SMITH, I would like to single out a number of others on a bipartisan basis who helped us. Chairman DOMENICI, for example, was one who, in many conversations with me on this issue, talked about the need to make this program consistent with long-term Medicare reform and to make Medicare more solvent in the future. That is an issue that has been highlighted by Senators DASCHLE, LAUTENBERG, and CONRAD as well. But the fact that Senator DOMENICI emphasized that in the last couple of days helped us find common ground this morning.

This is a vast improvement on what the House has thus far been able to accomplish on this issue of prescription drugs. Specifically, the Senate made it clear we could launch a prescription drug program that would offer \$40 billion of assistance to the Nation's older people, a program that would assist all senior citizens. So the Senate was able, this morning, in the Budget Committee, on a bipartisan basis, to add a significant amount of additional relief. That was important.

The House did not address the solvency issue and that is what, in fact, the Senate did. In that sense it is a dramatic improvement. What we did, in terms of the dollars on a bipartisan basis, is today we raised the amount the Senate would make available for the program to \$40 billion. Originally that amount was \$20 billion.

The fundamental point remains. We addressed this issue by adding more money than was originally envisaged in the mark that came out from the Senate. We were able to do it in a way that addressed the Medicare solvency question. The House did not really touch the Medicare solvency question, and we think, on a bipartisan basis in the Senate this morning, that was important.

Finally, we know the revolution in American health care has essentially bypassed the Medicare Program. A lot of these medicines today help older people to stay well. They help to lower blood pressure. They help to lower cholesterol. They are medicines that promote wellness. They do not just take care of folks when they are sick. As a result of the work done today, we made a major step forward in modernizing this program and bringing it in line with the rest of the American health care system.

I reported on the floor of the Senate recently a case of an older person in Hillsboro, OR, who had to be hospitalized for 6 weeks because Part A of Medicare would pay his prescription drug bill and he could not afford his medicine on an outpatient basis. Today, as a result of what the Senate Budget Committee did, that person will be in a position to get his medicine on an outpatient basis.

They will be able to get help because the Senate improved on what the House has been talking about by putting more of a focus on solvency, and

we were able to take the amount of the program up to \$40 billion beyond what the original discussion had been in the Senate, just \$20 billion.

Finally, we need to understand there is a long way to go from here. We are going to have to defend what was done by the Senate Budget Committee this morning on the floor of the Senate. Then we will have a conference with the House. I hope we will come out of that discussion with the House ensuring there is \$40 billion for the prescription drug program, that it is possible to have universal coverage, that it is voluntary, that it is consistent with Medicare reform, and that it gives older people bargaining power in the private sector to get more affordable medicine.

There is a long way to go in the process. This morning's breakthrough was just one step in the process. It was a chance to go forward in a way that is fiscally responsible—\$20 billion for the first 3 years to as the first downpayment, as Senator SNOWE has characterized it, on prescription drug relief, but then also to say there will be another \$20 billion available in 2004 and 2005 when it is accompanied by reform.

We also work to ensure solvency, and for the first time, we put real time constraints on getting a prescription drug benefit done.

As was pointed out yesterday in the Senate Finance Committee by Senator BREAUX, there have been 14 hearings on the issue of Medicare reform and prescription drug coverage for older people. Senator BREAUX, along with Senator FRIST, has a bipartisan bill supported by a number of Members of the Senate.

What we said this morning in the Budget Committee is that we want the Finance Committee, on or before September 1 of this year, to bring us legislation in line with the binding language offered in the Senate Budget Committee under the Snowe-Wyden-Smith amendment.

Having come to the floor of the Senate on more than 20 occasions, as I related those stories about older people who had been put in hospitals because they could not afford their medicine on an outpatient basis, older people who were taking two pills a day when they should have been taking three, or breaking their Lipitor capsules—which deals with cholesterol and heart problems—in half, I often thought as I left the floor that we might not be able to make the kind of progress we made today in the Budget Committee.

Today, the Budget Committee came together on a bipartisan basis to ensure there would be sufficient funds to jump-start Medicare reform, provide meaningful relief for the Nation's older people and their families, while addressing the solvency question and the need for an approach to be consistent with long-term Medicare reform.

We have improved on what is being discussed in the House because they do not have the same focus on solvency. I

am very much looking forward—as we bring that legislation to the floor of the Senate and it goes to conference and the work in the Finance Committee—to continue the progress we saw this morning.

Suffice it to say, there were a number of moments today when it was likely that it was all going to break down. Had the Budget Committee reported a significantly smaller sum than was finally agreed on, had we not made the kind of changes in the Snowe-Wyden-Smith amendment, we might not have been able to reach a bipartisan agreement on prescription drugs this year in the Congress. As a result of what happened today in the Budget Committee and the important work that was done on a bipartisan basis, we have laid the foundation for making sure that before this Congress adjourns and goes home for the year, we have acted to help the Nation's older people.

For all of those seniors and for all the families who are walking an economic tightrope, balancing their food costs against their fuel bills and their fuel bills against their medical bills, my admonition this afternoon is that we have a long way to go, but today we really made progress.

Today, as a result of bipartisan work, we have an opportunity to ensure that by fall, on or before September 1, as the amendment adopted in the Budget Committee requires, we have a proposal that is bipartisan, that is one which provides meaningful relief for older people, that is voluntary, offers universal coverage, and is consistent with long-term Medicare reform. We can have that kind of proposal on the floor of the Senate this fall.

For the millions of seniors and families who are watching the Congress and looking to see if we can deliver on this issue, progress was made today. I particularly commend Senator SNOWE and Senator SMITH. Senator SMITH made a very constructive suggestion towards the end of the markup when we had a debate about when the Budget Committee was seeking a product from the Finance Committee. Senator SMITH offered a very constructive suggestion. If we can continue to build on that bipartisan progress, we can get this job done.

I believe—and I will wrap up with this—this country can no longer afford to deny coverage for senior citizens' prescription needs under Medicare. I use those words deliberately. People ask if we can afford to offer the coverage. I am of the view that we cannot afford not to offer this coverage because the revolution in American health care is about these new medicines that help people stay well.

I have pointed out repeatedly that one can spend \$1,000 or \$1,500 on anti-coagulant medicines that help prevent strokes and can stop a stroke that costs more than \$100,000.

Today, we made very significant progress in ensuring that no longer does the revolution in American health

care bypass the Medicare program. I look forward to defending what was done in the Budget Committee on prescription drugs on the floor of the Senate when we get to the budget and working with the Finance Committee. Senators MOYNIHAN and ROTH have been very gracious in assuring there will be an opportunity for colleagues in both parties to contribute and offer their ideas and suggestions.

If we can continue to build on the progress that was made today in the Budget Committee, we will get this done, and we will get it done before the end of this session. In my view, this will revolutionize American health care and provide meaningful relief to older people and their families.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BENNETT). The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

LAUNCHING OUR COMMUNITIES' ACCESS TO LOCAL TELEVISION ACT OF 2000—Continued

Mr. STEVENS. Mr. President, many of us worked very hard last year to reauthorize and update the Satellite Home Viewer Act.

Our principle accomplishment was to authorize satellite carriers to provide local television stations to their subscribers. This change has already spurred enormous growth in the satellite industry and is providing growing competition to the cable industry.

Unfortunately, the satellite providers—Echostar and DirecTV—made it very clear that their business plans did not contemplate serving rural areas. They were very busy, and they were very upfront in telling us that they were focusing their energies on the top 40 television markets.

So it was clear to Senators like myself who represent rural States that local-into-local was not going to be a reality unless we took additional action to encourage coverage for the 50 percent of the population that could watch the service being offered in television ads, but couldn't pick up the phone and order it.

We still see a lot of "not available in Alaska and Hawaii" fine print on advertisements.

They plagued us during telephone days, and now they are plaguing us in this period of rapid extension of new technology.

That is where the idea was born to provide loan guarantees to help make this service more available to more Americans.

All of us owe Senator CONRAD BURNS a debt of gratitude for pushing this issue so hard and for drafting the measure that was included in last year's