

the case of *Nixon v. Shrink Missouri Government PAC*, upheld contribution limits in the campaign finance system of the United States.

This was a victory for our democracy. It was a victory for the voters because, essentially, what the Court said is that elections in the United States are about votes, not about money. They affirmed the core holding of *Buckley v. Valeo* that reasonable contribution limits in Federal campaigns—and today, by extension, in State elections—are constitutionally permissible. I was very pleased with this decision.

Several months ago, I organized an amicus curiae brief, which was submitted to the Supreme Court in this case, and advocated the position the Court adopted today—that contribution limits are, in fact, permissible under the Constitution of the United States.

Again, this is a victory for those who would like to see elections be contests of ideas rather than clashes of special interests, amplified by huge amounts of money. Today is a victory for voters who, by their decreasing numbers, show their disenchantment with the political system. They feel the system is not about ideas or candidates' positions, but really about the candidates' treasure chests. This feeling is a corrosive force that undermines democracy in this country. Well, today, the Supreme Court held the line and declared that we can impose reasonable limits on campaign contributions.

As Justice Souter said in his opinion, this is a situation in which the perception of corruption is as powerful as the reality of corruption. If voters perceive that the system is not benefiting them, but benefitting a special few who contribute, they will lose faith in the system. That loss of faith will ultimately disrupt our ability to conduct a democratic government here in the United States.

The decision today also indicates that we have both the opportunity and, I argue, the obligation to move forward on broader campaign finance reform. Today, the court said that, in fact, we can limit direct contributions of hard dollars to campaigns. By extension, they give us, I hope, the impetus to go ahead and extend these limits to soft money, because we all recognize that soft money is dominating the political scene today. As we speak, an avalanche of soft money is entering into our political system as part of the Presidential campaign and various federal and state campaigns for office. Soft money contributions were 75 percent higher in 1999 than in the same period in 1997. We can do something about this. The Supreme Court has confirmed our ability to legislate, and we should move very quickly and very forcefully to adopt, I believe, a total ban on soft money—but at the minimum to impose limits on soft money.

If we don't do that, again we will undermine the faith and the trust of the

people of this country in our electoral system. They trust and have faith that we are a nation ruled by votes and not by the size of political contributions.

We have lots of work to do, and we should begin immediately. I sense, as many do, that one of the reasons we have been stalling on campaign finance reform in this body is because some people were able to offer up an easy excuse, that we should wait to see if contribution limits are going to be upheld by the Court as constitutional.

The Supreme Court has now decided. They have spoken in a very strong voice today, by a vote of 6 to 3, and declared that reasonable limits on contributions are constitutionally appropriate. As a result, I believe we should take their decision *Nixon v. Shrink Missouri Government PAC* case and build on it by limiting soft money and other forms of indirect contributions.

Let me quote from Justice Souter:

... there is little reason to doubt that sometimes large contributions will work actual corruption of our political system, and no reason to question the existence of a corresponding suspicion among voters.

Today's decision is an anecdote to that suspicion, but the real cure will come when we adopt comprehensive campaign finance reform by outlawing soft money and placing other reasonable restrictions on the electoral process.

Today the Court discharged their responsibility. Now it is time to take up ours. The Supreme Court declared that we can act. We should act. I hope this decision will be a source of energy for us this Congress, so that we can work together on a bipartisan basis for adoption of reasonable and sensible campaign finance reform.

I thank the President. I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon is recognized.

Mr. WYDEN. Mr. President, before Senator REED leaves the floor, I wish to commend my colleague from Rhode Island for all of his leadership on this issue. I was proud to join him as one Member of this body on the brief. He has consistently talked about the need to drain the swamp that has become America's system of financing campaigns. I share his view.

I note also Senator HOLLINGS is here as well. Senator HOLLINGS I think is absolutely right as well in saying that we probably ought to have a constitutional amendment to ensure we have comprehensive campaign finance reform. But the good news is that the Supreme Court today opened a window for meaningful reform opportunities and meaningful reform legislation.

I commend my colleague from Rhode Island for all of his leadership.

PRESCRIPTION DRUG COVERAGE FOR SENIOR CITIZENS

Mr. WYDEN. Mr. President, I will be brief this afternoon. I note Senator HOLLINGS is here and also Senator GRAMS.

I come to the floor because last fall I indicated that I would come to the floor of the Senate again and again until this body passed bipartisan legislation to make sure the Nation's older people secure prescription drug coverage under Medicare. We have had some very exciting developments on this issue in recent days. I think all the work that has been put in by so many parties is beginning to pay off.

I think the reason there is such intense interest in this issue is that while Medicare provides important health insurance coverage for older people, its coverage still today has many gaps. In particular, it doesn't cover prescription medicine.

There is not anyone I know today—Democrat or Republican—who would argue that if we are going to redesign Medicare now, we would leave prescription drugs out. Quite the contrary. Virtually everyone who has studied this issue believes prescription drug coverage is absolutely critical because today's medicines are key to keeping older people well. The drugs of the future are going to help lower blood pressure and cholesterol.

I cited on the floor of the Senate the important anticoagulant medicines. If you spend perhaps \$1,000 or \$1,500 in a year, you can prevent stroke. If an older person suffers a stroke as a result of not having access to those medicines, they could incur expenses of \$100,000 or more. So the need is intense.

This is an issue that must be addressed in a bipartisan way. For many months now, there has been a bipartisan effort in the Senate. Senator SNOWE and I have teamed up on legislation which we believe, using marketplace principles, addresses many of the concerns Senators on both sides of the aisle have had. It doesn't contain price controls or a sort of one-size-fits-all approach.

We would allow for a tobacco tax to finance the program. We don't require one. We say that it would be possible to finance the program using the general fund. But 54 Members of the Senate, a majority of the Senate, voted for the SNOWE-WYDEN funding plan for prescription drug coverage for older people. We now have a majority of the Senate in a recorded vote saying they would be willing to pay the dollars needed for a good prescription drug benefit for older people.

Our approach in the Snowe-Wyden legislation focuses on making these drugs accessible and affordable. Right now Medicare, of course, doesn't cover prescriptions. But just as importantly, older people, when they can afford their medicine, and go to a drugstore are, in effect, having to subsidize the big buyers—the HMOs and the health plans that can negotiate discounts.

In effect, the older people are getting shellacked twice when it comes to this issue of prescription drugs. They get no coverage. They have to subsidize the benefits, in effect, of those who have real bargaining power—those who are on the health plans.

I would like to wrap up with a couple of minutes on an issue that I know is important to South Carolina and in Minnesota, as well as my home State of Oregon. That is the plight of rural older people. There has been some discussion of this prescription drug issue, of course, on the floor of the Senate, but never before has there been a focus on the special needs of older people in rural communities.

In my State—and I know in the States of Senator HOLLINGS and Senator GRAMS as well—if you live in a rural community, you have fewer physicians available to write medications. You have fewer pharmacies so that medication is not accessible. You have to drive longer distances in order to get your medicine.

We found, according to the Oregon Health Sciences University's Office of Rural Health, that a conservative number of seniors in rural Oregon who live in poverty is 16,500. I can tell you, having gone through many of those rural communities during the break, that there is a special need for coverage for prescription drugs for older people in rural communities.

I will wrap up by reading a few of the accounts older people from rural Oregon have sent me about the problems they are having in affording their medicine. An elderly couple, for example, in Baker City depending solely on Social Security takes prescription drugs for chronic back ailments. After they purchase their monthly medication, they have only \$200 for that month left over to pay for their necessities.

They wrote me, and I am going to quote: "... that is not living, that is existing."

I think all of us know you cannot live on \$200 a month. Yet that is what an older couple in Baker City, OR, are faced with after they finish paying for their prescription medicine.

In Clatsop County, after an older couple paid for their supplemental coverage, they had to spend \$450 a month on their prescription medicine. They fear their supplemental insurance premium is going to go up again this year. That is always the case. They are then going to have to stop taking their medication altogether.

In Coos County, a 75-year-old female resident is getting by on a fixed income of about \$800 a month. Every single month she is spending more than 25 percent of her monthly income on prescription medicine.

One older woman in that county lives on Social Security and doesn't have any prescription drug coverage at all. She is now at the point where she cannot afford spending the necessary \$200 a month for her medications.

Before I came to Congress, I tried to specialize in the gerontology field. As sure as night follows day, when we have a vulnerable older woman who cannot, in a cold Oregon winter, afford to take her medications, she is going to get much sicker. Very often she will end up in the hospital needing exten-

sive medical services that are available under what is called Part A of the Medicare program, the institutional program.

We ask: Can we afford to cover prescription drug medicine? That example I just gave of the older woman in Coos County makes it very clear this country cannot afford not to cover prescription drugs for older people under Medicare. If older folks do not get these medications, they are going to get sick and the medical bills will be far higher.

I ask unanimous consent to have printed in the RECORD many other cases from rural Oregon.

There being no objection, the material ordered to be printed in the RECORD, as follows:

RURAL CASE STUDIES

A 75-year-old hearing impaired woman from Coquille living on Social Security does not have any prescription drug coverage. She cannot afford spending the necessary \$200 a month for her medications.

Deschutes County: An 83-year-old woman from Sisters and her 79-year-old husband are currently taking 12 prescription drugs to treat diabetes, osteoarthritis and hypertension. Their sole source of income is Social Security, and they incur a cost of \$400 a month for these medications, which represents 25% of their income.

Lincoln County: An 81-year-old widow from Toledo currently takes eight prescription drugs daily for glaucoma, angina and high blood pressure. Social Security is her only income, and her Medicare supplemental insurance policy does not cover the medication. If she doesn't use her eye drops she will go blind, and if she cuts down the dosage on her other medication, due to expense, she is in danger of having a stroke or a heart attack.

Linn County: A 78-year-old woman living in Lebanon suffers from hypertension. She is presently taking six prescription drugs: Atenolol, Ziac, Zestril, Cimetidine, Quinidine and Xanax. She spends an average of \$236.92 a month on these drugs. This figure does not count her considerable expense on over-the-counter medication and vitamins.

A retired couple from Lebanon live on a combined Social Security income of \$990 a month. They suffer from arthritis, high blood pressure and osteoporosis. Because of the increasing financial strain, they can no longer afford their medications.

Umatilla County: An elderly couple from Pendleton lives on a combined fixed income of \$1,269 a month from Social Security and relies solely on Medicare for their health insurance. The 76-year-old husband has Parkinson's disease and glaucoma, while his 73-year-old wife, who suffers from heart problems, has skipped her medication at times when she couldn't afford it. Without any drug coverage, they collectively spend \$800 a month—63% of their income—on their 14 prescriptions.

A 74-year-old man who takes six prescription drugs a month cannot survive on his Social Security and Medicare benefits. His niece must help him pay the \$500 month for his prescriptions.

A retired teacher from Pendleton is taking eight medications for chronic back pain. She spends \$200 a month on her prescription drugs.

Wasco County: An elderly couple from The Dalles depends on their combined monthly Social Security income of \$1,263 and profits from the sale of their family farm to survive. Even though they have supplemental insurance, health care costs are still high. In addi-

tion to considerable medical expenses for eyeglasses, hearing aids and other health care needs, they spend over \$250 a month on prescription drugs to treat asthma and high blood pressure.

Mr. WYDEN. Mr. President, I will come to the floor of this Senate again and again and again these next few months to urge bipartisan action on this issue. The Snowe-Wyden legislation is one approach. Certainly, our colleagues will have other good ideas. There are a variety of ways this issue can be addressed in a bipartisan way. I am pleased our approach garnered 54 votes when it came to actually paying for it.

I intend, with Senator SNOWE, to continue to urge older people to send in copies of their prescription drug bills to each Member in the Senate in Washington, DC, so we can read their personal accounts into the RECORD.

The PRESIDING OFFICER (Mr. FITZGERALD). The Senator from South Carolina.

SEATTLE

Mr. HOLLINGS. Mr. President, the World Trade Conference in Seattle was violence run amok. But it was a good reminder of the trauma that brought about our nation's high standard of living. Labor rights were obtained only after the murder of workers at Hay Market Square in Chicago. Environmental protection was obtained only after poisoned deaths at Love Canal. Safety laws were obtained only after poisoned food, poisoned drugs, and babies burned in their cribs. It took the trauma of class actions to make America aware of tobacco's injury, and it took President Teddy Roosevelt to hem in the robber barons with antitrust laws. The excesses of the free market—of free trade—can only be controlled by government. The peaceful demonstrators in Seattle were demonstrating against government's failure to control.

The threat of "free trade" was America's first lesson. The fledgling colony had just won its freedom when the mother country counselled "free trade". It was Riccardo's famous doctrine of "comparative advantage". Britain would trade with us what it produced best—the United States would trade back what it produced best. Alexander Hamilton, in his famous booklet "Reports on Manufacturers," told the Brits to "bug off." "We are not going to remain your colony, exporting our timber, iron, and agriculture—and importing the finished products from England." The second bill (the first was for the U.S. Seal) to pass the national Congress on July 4, 1789 was "protectionist"—a tariff bill of 50 percent over sixty-some articles. Later, when it was suggested that we import the steel for the transcontinental railroad, Abraham Lincoln said, "No", and a high tariff was imposed on steel. In the Depression, Roosevelt saved the family farm with subsidies and protective quotas. And it