

But we clearly have time to enact this rural satellite bill. My staff provided draft language to many of the Republican and Democratic offices months ago in order to help resolve this matter. I urge the majority leader and the Democratic leader to call a meeting so we can resolve this important issue and send a clean bill over to the House without wasting time. I suspect it would be passed very quickly, with very strong support from the rural areas of our country.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. SESSIONS). Without objection, it is so ordered.

MEDICARE

Mr. FRIST. Mr. President, I want to very briefly continue a discussion that was held earlier on the floor today addressing an issue that means not only a great deal to me but also to about 35 million seniors in this country as well as 5 million individuals with disabilities. That is the issue of Medicare.

Our obligation, I believe, is to modernize Medicare and give those seniors and those individuals with disabilities what they deserve; that is, health care security as we know it is or should be in the year 2000, not the sort of health care security that was appropriate for 1956, back when Medicare began.

The challenge before us today as a body and the challenge before the American people is really pretty clear; that is, how to best implement a real plan for real people, those seniors and those individuals with disabilities—not just a piece of legislation but a real plan that will modernize Medicare in a way that will give them real health care security.

A lot of individuals with disabilities and a lot of seniors out there don't really realize how antiquated and out of date the current Medicare system is. I would like to make several points.

First of all, I believe modernization of Medicare today where it can truly offer health care security is really a moral obligation that we have to our seniors.

Second, under the leadership of Clinton/Gore, we have had really 8 years where a lot of opportunities have been squandered, and they simply have not led, if we look at this field of Medicare modernization.

Third, we have to ask ourselves in terms of how best to modernize. If we have an old jalopy that still is running along and still gets us from point to point, do we just want to put new gas in that car—we know it is going to eventually fail—or do we want to go ahead and modernize that car so that it

will still get us from point to point but it will do so more efficiently and effectively in a way that will give us security and not just get us there but get us there with the very best quality?

First of all, modernization of health care is a moral obligation. Why do I say that?

If we look back to 1965 when Medicare began, Medicare was constructed to give health care security—inpatient care and some outpatient care—in a very effective way. For acute-care models, if you had a heart attack, you were taken care of essentially in the hospital. Prescription drugs were important but not nearly so important as they are today. We simply didn't know very much about preventive medicine in 1965 and 1970. But all of that has changed. Now we know prescription drugs are critically important to health care security. We know issues such as preventive health care can not only save money but, most importantly, improve the quality of life—not just longer lives but a higher quality of life.

The sad thing is that people don't know Medicare today has very little preventive care in it. I talk to seniors all over the State of Tennessee in town meeting after town meeting. I say it has a little preventive care. They say: We didn't know that. When I talk about prescription drugs, it is surprising to many people today; not only seniors but others do not know that Medicare does not include prescription drugs.

I ask an audience of seniors or individuals with disabilities: How much do you think the Federal Government is helping you with your health care in terms of costs? If you are paying several thousand dollars a year for your health care, how much does the Government actually pay? They say 80 percent, initially, or they say 70 percent, or 60 percent. But in truth, on average, for seniors' health care costs, only about 53 cents on the dollar is paid for by the money they have paid in—by the Government and by the taxpayer. They are responsible and end up paying about 47 cents on the dollar in spite of the fact they paid into this Medicare trust fund over their lives.

Thus, I think we have a moral obligation if we are committed to health care security and to modernization of a system that we know will be modern, that will include preventive care and prescription drugs.

That leads me to the second point. If that is the case and the facts—and it is—where has our leadership been? Where has Vice President GORE been? Where has President Clinton been? They squandered an opportunity over the 6 years I have been in this body, and over the last 8 years, to modernize that system; that is, that Medicare is built on a 1965 model, 35 years ago. It is outdated; it is antiquated; it is a car that is still moving and getting the care but not nearly as efficiently or as comprehensively as our seniors deserve.

The squandering of the opportunity is a pretty tough term to use, saying that our leadership, through President Clinton and Vice President GORE, squandered this opportunity. Run down the list. We had a National Bipartisan Medicare Commission that I had the opportunity to serve on with JOHN BREAU, a Democrat, BILL FRIST, Republican. We were pretty evenly split between Democrats and Republicans. We had the private sector and public sector involved. In essence, the administration, under President Clinton and Vice President GORE, walked away from the Commission's recommendations that were built on over 40 open hearings with access to the very best experts in the United States of America. At the last minute, they walked away from the proposals which had bipartisan support. A majority of the Members supported it. An opportunity squandered. The purpose of that Commission was to modernize Medicare, to bring it up to date, to give our seniors the health care they deserve.

As to the Balanced Budget Act of 2 years ago, the Budget Committee in this body, the U.S. Congress, said: Yes, we need to slow Medicare down, make it fiscally responsible, make sure it is around 20 and 30 years from now. The way it was implemented under President Clinton and Vice President GORE, \$37 billion less than we budgeted was spent—\$37 billion less.

What has that resulted in? It has resulted in facilities closing down, over 200 hospitals—some urban hospitals serving the poor, some rural hospitals in Tennessee, and around the country—have closed.

As many as 20 percent of all Medicare-providing nursing homes are either at risk for bankruptcy or already have gone bankrupt because of this excessive cut in spending—not intended by the U.S. Congress—carried out by this administration.

We hear today there are hundreds of thousands of seniors who are losing access today to prescription drug coverage because they were in a plan called Medicare+Choice plans. Why are they leaving? Why are the plans not able to stay in business today? Because this administration, through the bureaucratic administrative load burden that sits on the shoulders of these plans—when placing the burden on the plans, it falls down to the doctors. Basically, they cannot participate any longer. Those are plans that are giving prescription drugs, making them available. Another squandered opportunity by this administration.

On top of all of that, we had this demographic shift because of the baby boom that we talk about. Yet because of a lack of leadership at the Presidential level and the Vice Presidential level, we squandered another opportunity. The demographic shift is the following: Over the next 30 years, the number of seniors will double compared to what it is today. The number of people paying into this trust fund

will continue to go down. That demographic shift results in catastrophe if we don't make the system more efficient.

Modernization is a moral obligation, No. 1.

No. 2, our leadership in the executive branch has squandered the opportunity over the last 8 years to do something about it.

No. 3—and this is the fundamental question—do we want new gas poured into an old car, an old jalopy percolating along, or do we want to have a modern car that can operate efficiently, in a way that guarantees that health care security, that would have different options, and the option might be preventive health care; it might be prescription drug coverage.

That is what we are faced with today. That is what we talked about a little bit on the floor today, and that is what the Presidential election is all about.

With a little more gas, a broken down jalopy is going to fail. Everybody agrees because of the demographic shift there is no way to continue.

We have the various options out there that we know our seniors deserve, thus the moral obligations that our individuals with disabilities deserve.

Having blocked fundamental reform on this jalopy out there, Vice President GORE and President Clinton now, in terms of prescription drugs, simply want to take off benefits and add them on to the system, without changing the system whatever. Using the old bureaucracy, the old broken down car, the Gore plan wants to take 8 years to pour the gas into that car. It will take 8 years before that prescription drug plan that the Vice President wants to add on to this antiquated, out-of-date Medicare system, to be fully implemented. Or do we want the new car, want Medicare modernized to include prescription drug coverage, to include a modern choice of plans.

I think we have a unique opportunity. Today, workers really can say, under a modern program, that every senior will be able to keep exactly the same benefits they have today. Under a modern program, every senior will be offered a choice of benefits that includes prescription drugs for the first time, that will include preventive care for the first time, and that every senior will be covered for catastrophic Medicare costs.

I do urge my colleagues in this body and all Americans to recognize and to call for real health care security, a real plan for real people.

Mr. LOTT. Mr. President, I ask Senator FRIST if he would yield to me before he yields the floor.

Mr. FRIST. I yield.

Mr. LOTT. Mr. President, I thank Senator FRIST for the good work that he does on behalf of his constituents but also the entire Senate. He is the only doctor we have in the Senate, a very outstanding heart surgeon. He did quite an outstanding number of things

before he ran for the Senate, the first time he had ever run for office, and he has become a very valuable Member of this body. When he talks about health care, health care delivery, he has seen it as a doctor; he has seen it from the standpoint of the patients with whom he has had to deal. He has seen it from the standpoint of what hospitals do or can't do. He has seen unbelievably magnificent technological medical advances that have allowed our people to live longer and have a better quality of life. He knows about heart, lung, and liver transplants. It is a miracle.

We want to continue to improve health care in America. I think we have to recognize that it is changing so fast, we have so many people living so much longer with different kinds of needs, we have to be flexible and we have to make changes. He also understands that we could kill the goose that laid the golden egg. We still are blessed in this country to have the best health care, the most sophisticated, technologically advanced health care the minds of men have ever conceived in the history of the world. And we want to make sure that we protect that, preserve it, and make it better.

A good way to begin to kill it is to turn it over to the Federal Government. The Government can kill the goose that laid the golden egg; it can take it down. That is why the American people and the Congress didn't go along with the Government takeover of health care that was advocated in 1993.

Senator FRIST, as a doctor, has come in and has gotten involved. He is working on these issues. He has been involved in our debate on health issues. That is why I asked him to serve also on our Medicare Bipartisan Commission. We had five or six Senators on that Commission: Senator GRAMM of Texas, Senator FRIST, Senator ROCKEFELLER, Senator KERREY, and Senator BREAUX of Louisiana was the chairman, the Democrat chairman of this Bipartisan Commission. I also was very pleased to have a lady in her seventies from my State of Mississippi as one of the commissioners. She was the only one with gray hair on the whole Commission. She was the only one not only eligible for Medicare, she was the one person who dealt every day with Medicare, where the rubber hits the road, dealing with Medicare cases in my State office in Jackson, MI—Eileen Gordon. Dr. FRIST will tell you she was an outstanding member of the Commission, but she used to say during the meeting: Let me tell you how this really works. Among all these experts, all those theoreticians, there was one person dealing with it on an individual basis who did a magnificent job.

That Commission did a good job. They came up with Medicare reforms which would preserve and improve the system, and it included a prescription drug component, with choice, with the private sector involved but prescription drug benefits for those with incomes up to 135 percent of poverty. It was a good plan and a bipartisan plan.

I thought we should have moved it forward. I called and talked to President Clinton on Monday, I believe it was, of the week that they were supposed to report, pleaded with him to take another look at it; not shoot it down, in effect. He said he had a problem with this or that.

I said: Mr. President, that has been changed. Please talk to JOHN BREAUX, the chairman of the Commission. Get the latest proposal. Let's keep the process going. Let's let it come on up to the Finance Committee. The Finance Committee can have hearings and look at it. Let's get this thing going. We can get some reforms; we can get prescription drug benefits.

As a matter of fact, he did call Chairman BREAUX and he did take a look at it. But he did walk out into the Rose Garden a day or two after that and said: This is no good. We are not going to do it.

That was a magic moment missed. That was in the spring of 1999.

But they got it started in the right direction. Really, that is still where we should go. We should have prescription drug benefits available to those, the low-income elderly, who really need help who can't afford it, can't get it now, but not subsidize it for everybody. We don't need prescription drug benefit assistance for Donald Trump or Bill Gates or BILL FRIST. We need it for low-income elderly people such as my mother, who has to live on \$859 a month and pay her bills in an assisted care facility, and pay her drug bills. She needs help. A lot of people like her need help. But they don't need it 15 months from now or 8 years from now. They need it now.

That is why I am pleased that Chairman ROTH has come up with a package that will do that. It doesn't have the Medicare reforms we ought to have.

Senator FRIST is right; if we just put more passengers on this ship that is sinking, it is going to sink even faster. So we need to preserve Medicare. We need some improvements and reforms. We need to make sure none of this money is used for anything but Medicare. Then we need to have a very sensible prescription drug component aimed at the elderly poor who really need it.

I appreciate the time he spent in the Medicare commission. I think we ought to reconstitute the Medicare commission. I hope the next President will reconstitute that group and say: You have 120 days. I want to hear from you then. We are going to act on what you recommend; up or down, but we are going to act on it.

I hope Senator FRIST will be willing to serve. But have I given an accurate assessment of what happened with the Medicare commission? Is that a correct description of the prescription drug component of that bill?

Mr. FRIST. Mr. President, in response, the description is very accurate. When I say that opportunities have been squandered, I put that first

and foremost because it very much demonstrates the bipartisanship, working together, not having roadblock after roadblock after roadblock placed in front of good ideas; working together. That serves real people, those seniors who are out there today.

Let me close and say the one other thing the leader mentioned, which is critically important—there can be all sorts of solutions proposed, whether for prescription drugs or to save Medicare long term. The one answer that was clear after a year of work on this bipartisan Medicare commission, one idea that repeatedly came forward from the experts all over the United States of America, and even people coming in from other countries, was that a one-size-fits-all system, dictated by Washington, DC, the beltway mentality, is the one thing that will be destructive to me delivering health care; whether it is BILL FRIST as a heart transplant surgeon or my father who practiced for 55 years, initially down in Mississippi and then back up in Tennessee. The one thing that will destroy quality is one-size-fits-all, which inevitably results in price controls, which destroy creativity, research, innovation, the hope for cures for Alzheimer's, for stroke, for heart disease.

One last component. There are things we can do now, now in the next 6 months, on prescription drugs. We don't have to wait forever. We don't have to wait for 8 years to have a program. The Gore proposal or Clinton proposal takes 8 years to phase in. We can act now and get prescription drugs to the people who need it most within 6 months, 8 months, or 9 months.

Mr. LOTT. I thank the Senator for his work. He is right. What we need is reform that provides results now, prescription drugs now for those who really need it. We don't need more roadblocks. We are going to work together to see if we can make that happen.

I thank him for yielding.

Now, I believe, Mr. President, I ask for the floor on my own time.

The PRESIDING OFFICER. The majority leader.

MORNING BUSINESS

Mr. LOTT. Mr. President, I ask consent that there now be a period for the transaction of routine morning business with Senators permitted to speak for up to 10 minutes each.

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

GENE C. "PETE" O'BRIEN RETIRES

Mr. LOTT. Mr. President, Pete O'Brien, who has served the Senate community for 32 years, plans to retire. This loss will be felt by all offices of the Senate and the Sergeant at Arms as he completes his final day as Manager of Parking, I.D., and Fleet Operations on September 11, 2000.

Pete started his career with the U.S. Capitol Police in 1968 and worked his

way up to Sergeant in the Patrol Division. During his training at the Federal Law Enforcement Training Center he was nicknamed "100%" after earning the first perfect score in the class on an examination.

In 1980 he moved to the Senate Sergeant at Arms office as Supervisor of Administrative Operations. In 1985 he became Manager of Senate Parking. The challenge of managing limited parking with ever increasing needs has been skillfully maintained during the years under his watch. His institutional knowledge of the Senate's history and operations will be surely missed in this great institution.

Both Pete and his wife Jeanie are native Washingtonians. Pete attended P.G. Community College and the University of Maryland where he studied Political Science. Pete and Jeanie recently moved to Springfield, Virginia, after 20 years in Clinton, Maryland. He plans to spend his retirement enjoying his hobbies of photography, downhill skiing and electronics. His elder daughter Kelly and her husband Colman Andrews have brought something new to Pete's life, grandson Connor Shawn Andrews, born in April. Pete is also looking forward to the upcoming marriage of his younger daughter Erin.

So on behalf of the Senate, I want to thank Pete for his dedicated, selfless service and wish him many years of happiness with the new joy of his life, Connor, and with all of his family.

INDEPENDENT COUNSEL ROBERT RAY'S INTENTION TO RELEASE HIS CONCLUSIONS IN THE WHITEWATER MATTER

Mr. LEVIN. Mr. President, I come to the floor today to express my shock at the recent statement of independent counsel Robert Ray in last week's New York Times that he will shortly be releasing findings and conclusions in the Whitewater matter. Only the special court has the authority to release the final report of an independent counsel or any portion of a final report, and the only authority the law gives an independent counsel is to prepare a final report and file it with the special court. Mr. Ray has no legal authority to unilaterally release results of his investigation, and if he does so, he is defying the law.

Section 594 of the independent counsel law lists the authority and duties of an independent counsel. And, although this law has expired with respect to the appointment of new independent counsels, it is still the applicable law with respect to already existing independent counsels like Mr. Ray. And here's what the law says with respect to reports by independent counsels.

(h)(1) An independent counsel shall—

(A) [file 6 month expense reports with the special court] and

(B) before the termination of the independent counsel's office under section 596(b), file a final report with the division of the court, setting forth fully and completely a

description of the work of the independent counsel, including the disposition of all cases brought.

That section of the law then goes on to prescribe the process for disclosing information in the final report, and here's what it says:

(h)(2) The division of the court may release to the Congress, the public, or any appropriate person, such portions of a report made under this subsection as the division of the court considers appropriate. The division of the court shall make such orders as are appropriate to protect the rights of any individual named in such report and to prevent undue interference with any pending prosecution. The division of the court may make any portion of a final report filed under paragraph (1)(B) available to any individual named in such report for the purposes of receiving within a time limit set by the division of the court any comments or factual information that such individual may submit. Such comments and factual information, in whole or in part, may, in the discretion of the division of the court, be included as an appendix to such final report.

As anyone can see from the plain language of the statute, we placed the full responsibility for disclosure of the final report—or any portion of a final report—exclusively in the hands of the special court. We did this, in significant part, out of the concerns we had that individuals named in the report be given an opportunity, out of a sense of fairness, to provide their comments to the public at the time the report is released. That's why we gave the special court the authority to make "any portion of the final report . . . available to any individual named in" the report prior to any release to the public—so such individual could file comments or factual information for the court to consider in deciding whether to make such report or portion of the report public and if so, to append such comments or factual information to the report for distribution. Any public release of findings and conclusions would deny individuals named in the report the opportunity to comment on the report prior to release as expressly intended by Congress.

Mr. Ray's statement that he intends to release findings and conclusions of his investigation into the Whitewater matter when he sends his final report to the special court is contrary to the requirements of the law. Mr. Ray should reverse his stated course and comply with the law. I have written to Mr. Ray to urge him to withhold releasing findings and conclusions about the Whitewater matter until permitted to do so by the special court. I have also notified the Attorney General of my concerns and urged her, as the only one with supervisory authority over independent counsels, to take the appropriate action to keep Mr. Ray's conduct within the parameters of the independent counsel law. And finally, I have written to the special court to bring this to the court's attention and to urge the special court to enforce the law and their exclusive prerogative under the law to control any public release of the independent counsel's findings and conclusions.