the non-Federal funding source in direct proportion to the contribution of funds to the overall cost of the project.

SEC. 209. TERMINATION OF AUTHORITY.

The authority to initiate projects under this title shall terminate on September 30, 2006. Any project funds not obligated by September 30, 2007, shall be deposited in the Treasury of the United States.

TITLE III—COUNTY PROJECTS

SEC. 301. DEFINITIONS.

In this title:

(1) PARTICIPATING COUNTY.—The term ''participating county'' means an eligible county that—

(A) receives Federal funds pursuant to section 102(b)(1) or 103(b)(1); and

(B) elects under section 102(d)(1)(B)(ii) or 103(c)(1)(B)(ii) to expend a portion of those funds in accordance with this title.

(2) COUNTY FUNDS.—The term ''county funds'' means all funds an eligible county elects under sections 102(d)(1)(B)(ii) and 103(c)(1)(B)(ii) to reserve for expenditure in accordance with this title.

SEC. 302. USE OF COUNTY FUNDS.

(a) LIMITATION OF COUNTY FUND USE.—County funds shall be expended solely on projects that meet the requirements of this title and section 205 of this Act; except that: The projects shall be approved by the participating county rather than the Secretary concerned.

(b) AUTHORIZED USES.—

(1) SEARCH, RESCUE, AND EMERGENCY SERVICES.—An eligible county or applicable sheriff's department may use these funds as reimbursement for search and rescue and other emergency services, including fire fighting, performed on Federal lands and paid for by the county.

(2) COMMUNITY SERVICE WORK CAMPS.—An eligible county may use these funds as reimbursement for all or part of the costs incurred by the county to pay the salaries and benefits of county employees who supervise adults or juveniles performing mandatory community service on Federal lands.

(3) EASEMENT PURCHASES.—An eligible county may use these funds to acquire—

(A) easements, on a willing seller basis, to provide for nonmotorized access to public lands for hunting, fishing, and other recreational purposes;

(B) conservation easements; or

(C) both.

(4) FOREST RELATED EDUCATIONAL OPPORTUNITIES.—A county may use these funds to establish and conduct forest-related after school programs.

(5) FIRE PREVENTION AND COUNTY PLANNING.—A county may use these funds for—

(A) efforts to educate homeowners in fire-sensitive ecosystems about the consequences of wildfires and techniques in home siting, home construction, and home landscaping that can increase the protection of people and property from wildfires; and

(B) planning efforts to reduce or mitigate the impact of development on adjacent Federal lands and to increase the protection of people and property from wildfires.

(6) COMMUNITY FORESTRY.—A county may use these funds towards non-Federal cost-share provisions of section 9 of the Cooperative Forestry Assistance Act (Public Law 95–313).

SEC. 303. TERMINATION OF AUTHORITY.

The authority to initiate projects under this title shall terminate on September 30, 2006. Any county funds not obligated by September 30, 2007 shall be available to be expended by the county for the uses identified in section 302(b).

TITLE IV—MISCELLANEOUS PROVISIONS

SEC. 401. AUTHORIZATION OF APPROPRIATIONS.

There are hereby authorized to be appropriated such sums as may be necessary to carry out this Act for fiscal years 2001 through 2006.

SEC. 402. TREATMENT OF FUNDS AND REVENUES.

(a) Funds appropriated pursuant to the authorization of appropriations in section 401 and funds made available to a Secretary concerned under section 206 shall be in addition to any other annual appropriations for the Forest Service and the Bureau of Land Management.

(b) All revenues generated from projects pursuant to title II, any funds remitted by counties pursuant to section 102(d)(1)(B) or section 103(c)(1)(B), and any interest accrued from such funds shall be deposited in the Treasury of the United States.

SEC. 403. REGULATIONS.

The Secretaries concerned may jointly issue regulations to carry out the purposes of this Act.

SEC. 404. CONFORMING AMENDMENTS.

Sections 13982 and 13983 of the Omnibus Budget Reconciliation Act of 1993 (Public Law 103–66; 16 U.S.C. 500 note; 43 U.S.C. 1181f note) are repealed.

TITLE V—THE MINERAL REVENUE PAYMENTS CLARIFICATION ACT OF 2000

SEC. 501. SHORT TITLE.

This title may be cited as the ''Mineral Revenue Payments Clarification Act of 2000''.

SEC. 502. FINDINGS.

The Congress finds the following:

(1) Subtitle C of title X of the Omnibus Budget Reconciliation Act of 1993 (Public Law 103–66) changed the sharing of onshore mineral revenues and revenues from geothermal steam from a 50:50 split between the Federal Government and the States to a complicated formula that entailed deducting from the State share of leasing revenues ''50 percent of the portion of the enacted appropriations of the Department of the Interior and any other agency during the preceding fiscal year allocable to the administration of all laws providing for the leasing of any onshore lands or interest in land owned by the United States for the production of the same types of minerals leasable under this Act or of geothermal steam, and to enforcement of such laws . . .''.

(2) There is no legislative record to suggest a sound public policy rationale for deducting prior-year administrative expenses from the sharing of current-year receipts, indicating that this change was made primarily for budget scoring reasons.

(3) The system put in place by this change in law has proved difficult to administer and has given rise to disputes between the Federal Government and the States as to the nature of allocable expenses. Federal accounting systems have proven to be poorly suited to breaking down administrative costs in the manner required by the law. Different Federal agencies implementing this law have used varying methodologies to identify allocable costs, resulting in an inequitable distribution of costs during fiscal years 1994 through 1996. In November 1997, the Inspector General of the Department of the Interior found that ''the congressionally approved method for cost sharing deductions effective in fiscal year 1997 may not accurately compute the deductions''.

(4) Given the lack of a substantive rationale for the 1993 change in law and the complexity and administrative burden involved, a return to the sharing formula prior to the enactment of the Omnibus Budget Reconciliation Act of 1993 is justified.

SEC. 503. AMENDMENT OF THE MINERAL LEASING ACT.

Section 35(b) of the Mineral Leasing Act (30 U.S.C. sec. 191(b)) is amended to read as follows: ''(b) In determining the amount of payments to the States under this section, the amount of such payments shall not be reduced by any administrative or other costs incurred by the United States.''.

Mr. DORGAN. Mr. President, I ask unanimous consent to speak in morning business for as much time as I consume.

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

PRESCRIPTION DRUG BENEFIT

Mr. DORGAN. Mr. President, my colleague from Nevada, Senator REID, and I were discussing some dialog that had taken place on the floor of the Senate earlier today, and we wanted to visit a bit about the issue of a prescription drug benefit for the Medicare program.

We are in session in this 106th Congress perhaps only another 4 or 5 weeks at the outset, and much is left to be done prior to the adjournment of this Congress.

One of the issues that most people think is very important to the American people is for this Congress to add a prescription drug benefit to the Medicare program. Almost everyone in this country now understands that the price of prescription drugs is moving up very quickly. Last year, the price of prescription drugs increased very rapidly. In fact, the cost of prescription drugs last year alone, because of increased utilization, price inflation and other things, increased 16 percent.

The senior citizens in this country are 12 percent of our country's population but consume one-third of all the prescription drugs in America. Senior citizens are at a point in their lives where they have reached declining and diminished income years and they are least able, in many cases, to be able to afford to pay increasing prescription drug prices.

There are a range of issues with prescription drugs. I talked about some of these in this Chamber before. There are wild price variations. The same drug in the same bottle made by the same company is being sold in Canada for a tenth of the price that it is sold to a consumer in the United States.

The other day I held up two pill bottles of medicine on the floor of the Senate—exact same medicine, made by the same company, put in the same bottle, shipped to two different pharmacies, one in the U.S. and one in Canada. One was priced three times higher than the other. Guess which. The U.S. consumer was asked to pay three times more than the Canadian consumer for the same prescription drug. That is one issue.

There is a second issue changing or altering the Medicare program to add a prescription drug benefit to the Medicare program. There is no question that if the Medicare program were being written today instead of the

early 1960s it would include a benefit for prescription drugs. Many of the lifesaving prescription drugs that are now available were not available then.

We clearly should add a prescription drug benefit to the Medicare program. We have proposed, the President has proposed, and the Vice President has proposed a plan that would provide an optional and an affordable prescription drug benefit available to senior citizens to try to help them cover the cost of their needed prescription drugs.

Earlier today we had Members of the Senate talk about this being a big Government scheme. It is no more a scheme than the Medicare program. The Medicare program is not a scheme at all. It is something this Congress did over the objections of those who always object to anything that is new. We have a few in this Chamber. It has been done for two centuries. No matter what it is, they say: We object.

The Medicare program was developed in the early 1960s at a time when one-half of the senior citizens in America had no health care coverage at all. We proposed a Medicare program. Now 99 percent of the senior citizens have health care coverage.

Do you know of any insurance companies that are going around America saying: You know what we would like to do is provide unlimited health care insurance to people who have reached the retirement years? We think it is going to be a good business proposition to find those who are in their 60s, 70s, and 80s and provide health insurance because we think that is really going to be profitable. It is not the case.

That is why 40 years ago half the senior citizens couldn't afford to buy health insurance. That is why there was a need for the Medicare program. We not only have a Medicare program, and one that works, but we now need to improve it by offering a prescription drug benefit. When we do, the same tired, hollow voices of the past emerge in this Chamber to say: You know what they are proposing is some sort of Government scheme.

It is not a scheme. It is not a scheme at all. It is an attempt to strengthen a program that every senior citizen in this country knows is valuable to them and their neighbors. That is what this is.

Most Members of the Senate understand that we ought to do this. Some who understand it ought to be done, don't want to do it through the Medicare program and are proposing we provide some stimulus for the private insurance companies to offer some sort of prescription drug benefit. But the private insurance companies come to our office and say: We won't be able to offer this benefit; we would be required to charge senior citizens $1,100 for $1,000 worth of benefit for prescription drugs. They say: We are not going to offer it; it doesn't add up; we won't do it. That is what the U.S. executives say.

I am happy to bring out a chart, as I did the other day, to quote the head of the Health Insurance Association and others who say it won't work—I am talking about the plan proposed by the majority party—it doesn't work at all. But to have them come to the floor of the Senate calling our desire to add an optional prescription drug benefit to the Medicare program some sort of Government scheme doesn't wash. We are trying to do something that we think is thoughtful, we think is necessary, and we think most senior citizens will take advantage of on an optional basis because they understand the price of prescription drugs continues its relentless increase year after year after year.

We have people who have never supported the Medicare program. They don't talk about it, but they have never supported it, never liked it. It is the same people who don't like to add a prescription drug benefit to the program. They say: Gee, we have financial problems with Medicare.

Do you know what our problems are with Medicare and Social Security? Our problems are success. People are living longer. In the year 1900, people in this country were expected to live to be 48 years of age; a century later, people are expected to live to almost 78 years of age. In one century, we have increased the life expectancy nearly 30 years. That is success.

Does that put some strains on the Medicare program and Social Security program because people are living longer? Yes. But of course that strain is born of success. This isn't something to be concerned about; it is something to be proud of. People are living longer and better lives, and part of that is because of the Medicare program. We ought to improve that program by adding the prescription drug benefit to that program now, in this Congress, in the remaining 4 weeks.

I am happy to yield to my colleague from the State of Nevada.

Mr. REID. I say to my friend from North Dakota that I, along with my constituents from the State of Nevada, appreciate the Senator being able to articulate the problems with the cost of prescription drugs. The Senator has been on this floor with visual aids showing how much a drug costs, the cost of a prescription being filled in Canada and the cost in America. There is a 300- to 400-percent difference in some of those medications. These are lifesaving drugs, drugs that make lives more comfortable. It makes people's live bearable.

No one in the Congress has done a better job of suggesting and showing the American people how unfair it is that the United States—the inventor, the manufacturer, the developer of these prescription drugs—why in the world do we, the country that developed the drugs, why do the people from Nevada and North Dakota and every place in between, why do we pay more than the people in Canada, Mexico, and other places in the world?

We don't have an answer to that, do we?

Mr. DORGAN. I say to my colleague from Nevada, we do not have an answer, except I presume it is probably fairly simple: It is about profits. The companies that manufacture prescription drugs have a manufacturing plant, and they produce those drugs in the plant, and they put them in a bottle and put a piece of cotton on top, and they seal it up, and they ship it off. They will ship a bottle to Grand Forks, ND; they will ship a bottle to Reno, NV; and they will ship a bottle to Pittsburgh, PA. Then they will ship a bottle to Winnipeg, Canada, and into Brussels or Paris, and they price it.

They say the U.S. consumers will pay the highest prices of anybody in the world for the same pill in the same bottle; we will charge the American consumer triple, in some cases 10 times, what we charge others. Why? Because they can. Why? Because they want to.

The pharmaceutical industry has profits the Wall Street Journal says are the ''envy of the world.'' I want them to succeed. I appreciate the work in developing new drugs. But a lot of work in the development of new drugs is publicly funded by us, through the National Institutes of Health and other scientific research.

I want them to be successful. I don't, however, want a pricing policy that says to the U.S. consumer, you pay the highest prices for drugs of anybody in the world. It is not fair. And too many of our consumers—especially senior citizens—have reached that stage in life where, with a diminished income, they cannot afford it.

One of the results of the unfairness of all of this and one of the results of not having a prescription drug benefit in the Medicare program is this: Three women who suffer from breast cancer are all seeing the same doctor and the doctor prescribes tamoxifen. Two of the women say: I can't possibly afford it; I have no money. The third, who can, says: I will purchase my dose of tamoxifen, and we will divide it into three, and we will each take a third of a dose.

Or the woman, a senior citizen in Dickinson, the doctor testified before a hearing, suffered breast cancer, had a mastectomy. The doctor said: Here's the prescription drug you must take in order to reduce your chances of a recurrence of breast cancer. The woman said: Doctor, I can't possibly do that; I can't possibly afford that prescription drug. I will just take my chances with the recurrence of breast cancer.

The point is that senior citizens across this country understand, because their doctor has told them the drugs they need to try to deal with their disease and try to improve their lives, all too often they cannot afford it.

In hearing after hearing I have held, I have heard from senior citizens who say: My druggist is in my grocery store. The pharmacy is in the back of the store. When I go to the grocery store, I must go to the back of the

store first because that is where I buy my prescription drug. Only then do I know how much I have left for food.

In State after State, I heard that message. It is not unusual.

That is why this is such an important issue, both with respect to international pricing and the unfairness of asking the American consumer to pay the highest prices in the world for these prescription drugs, but also in terms of whether we add a prescription drug benefit to the Medicare program.

We have proposed that. What has happened is we have people dragging their feet here in the Congress. While they don't want to be against it, they understand we should do it; neither do they really want to do it in the Medicare program, because they have never believed that was a very good program and it was a program pretty much resisted by those would resist everything, as I said.

Mr. REID. Will the Senator yield?

Mr. DORGAN. I yield.

Mr. REID. I carry in my wallet, and I have pulled it out on occasion—it is pretty worn and tattered—some quotes just confirming what my friend from North Dakota said about how people on the majority feel about Medicare.

Let me read some direct quotes: ''I was there fighting the fight, 1 of 12, voting against Medicare because we knew it wouldn't work in 1965.'' Senator Robert Dole. He, as one of the leaders of the Republican Party, opposed it in 1965. I am sure he still opposes it.

We don't have to look at Senator Dole, even though I think he is one of the patriarchs of the Republican Party. Let's look at one of the present leaders, DICK ARMEY: ''Medicare has no place in a free world. Social Security is a rotten trick, and I think we are going to have to bite the bullet on Social Security and phase it out over time.'' This is the House majority leader, DICK ARMEY.

What my friend from North Dakota has said is right: The majority has never felt good about Medicare.

As my friend has said, in 1965 when Medicare came into being, there really wasn't a need for prescription drugs because prescription drugs were in their infancy and it didn't matter the vast majority of the time whether someone was going to live or die, be comfortable or not.

Now, how can we, the only superpower in the world, a nation that is leading the world in research and medical products, how can we have a Medicare program, a program for health care for senior citizens, that does not include the prescription drug benefit? We can't do that.

I also say to my friend, the reason we are here is this morning a Senator came over and gave this presentation and said what my friend from North Dakota said: Sure, we want to do something about Medicare, but I have gotten letters from my constituents saying ''I'm against the big government plan.''

This is exactly what we hear on the radio advertisements and the television advertisements that are paid for by the health care industry. They want the American people to think that the program the Democrats are propounding is a big government plan. There could be nothing further from the truth.

What does this have to do with big government? A woman by the name of Gail Rattigan, from Henderson, NV writes:

> I am a registered nurse who recently cared for an 82-year-old woman who tried to commit suicide because she couldn't afford the medications her doctor told her were necessary to prevent a stroke. It would be much more cost effective for the Government to pay for medications that prevent more serious illnesses and expensive hospitalizations. These include but are not limited to blood pressure medications, anti-stroke anticoagulants, and cholesterol medications. The government's current policy of paying for medications only in the hospital is backward. Get into health promotion and disease promotion and save money.

This is a registered nurse from Henderson, NV.

I want everyone on the majority side to know they are not going to be able to come over and make these statements as if there is no opposition to it. What my friend from Tennessee says is wrong. He states he has gotten all of these letters saying: I am against the big government plan.

That is because of the radio and TV advertisements from the powerful health insurance industry. But the real people are like the 82-year-old woman who wanted to commit suicide because she couldn't get medication.

Also, I want to spread across this record that my friend from Tennessee, who came and said, ''We need the Republican plan,'' makes the statement that he wants to involve Senator BREAUX in this.

The majority can't have it both ways. They either support the Bush plan, the plan of the person running for the President of the United States on the Republican ticket, or they don't support the nominee. It appears what my friend from Tennessee is doing is trying to have it both ways because the Senator from Louisiana does not support Governor Bush's plan.

The majority realizes that their medicare plan simply can not work because of their nominee's $1.6 trillion tax cut proposal. Senator BREAUX pointed this out quite clearly today.

My point is, I say to my friend from North Dakota, people who come here and make statements on the floor need to have substantiation. I say the Senator from Louisiana does not support the Bush Medicare plan.

I also say the majority has introduced a proposal—so we understand it, but it is a Medicare prescription drug benefit in name only. A New York Times writer states:

> . . . all indications are that this plan is a non-starter. Insurance companies themselves are very skeptical; there haven't been many cases in which an industry's own lobbyists tell Congress that they don't want a subsidy, but this is one of them.

I take just another minute or two of my friend's time.

> The GOP plan subsidizes insurance companies, not Medicare beneficiaries. Health insurance companies continue to say the Republican plan is unworkable.

The majority tries to give this to the insurance industry, but the insurance industry doesn't want it because it won't work.

Charles Kahn, President of the Health Insurance Association of America, has stated:

> . . . we continue to believe the concept of the so-called drug-only private insurance simply would not work in practice.
>
> I don't know of an insurance company that would offer a drug-only policy like that or even consider it.

Mr. President, I say to my friend from North Dakota, we know there needs to be something done about the high cost of prescription drugs.

No. 2, we know there has to be something done with Medicare to help senior citizens of this country be able to afford prescription drugs. That is all we are saying. And we want everyone to know the program put forth by the minority is a program that helps senior citizens. It is not something that is means tested, but a program that helps all senior citizens, not people who make less than $12,000 a year. It is a program that is essential. It is essential because people, as we speak, such as Gail Rattigan, who is a registered nurse, who wrote to me, write that people are considering suicide. If they are to take one pill a day, they are splitting them in two; they are asking if they can get half a prescription filled because they simply can't afford it. We need to change that.

Mr. DORGAN. Mr. President, some weeks ago I was attending a meeting in North Dakota dealing with farm issues. An elderly woman came to the meeting. She sat quietly, said nothing. At the end of the meeting, after everyone else had pretty much left, we had shaken hands with a number of them, she came over to me. She was very quiet. She grabbed my arm and she said:

> I just want to talk to you for a moment about prescription drug prices.

I am guessing she was in her mid to late seventies. She said she had serious health problems and she just couldn't afford to buy the prescription drugs her doctor said she needed.

As she began talking about this, her eyes began brimming with tears and then tears began running down her cheeks and her chin began to quiver and this woman began to cry about this issue, saying:

> I just can't afford to buy the prescription drugs my doctor says I need.

This repeats itself all over this country. If it is no longer a question of whether we ought to do this—and perhaps that is the case because we hear almost everyone saying we ought to do this—then the question remaining is: How do we do it?

We say we have a program that works. The Medicare program works. It has worked for nearly four decades. We know nearly 99 percent of America's senior citizens are covered by that Medicare program. And we say let's provide an optional prescription drug benefit that senior citizens, with a small copayment, can access.

Others say let's not do that. That is big government. Medicare is big government, they say. They say what we want to do is have the private insurance companies somehow write policies that would provide prescription drug coverage.

Is that big insurance? If one is big government, are they saying we don't want big government, we want big insurance to do this?

But if it is big insurance—and it is—let's hear what the insurance folks have to say about it. My colleague just mentioned it. Here is a chart.

Mr. Charles Kahn, President of the Health Insurance Association of America, says:

We continue to believe the concept of the so-called drug-only private insurance simply would not work in practice.

It simply would not work in practice.

I have had two CEOs of health insurance companies come to my office and say to me: Senator, those who are proposing a prescription drug benefit by private insurance company policy, I want to tell you as a President of a company, it will not work. We will not offer such a policy. And if we did, we would have to charge $1,100 for a policy that pays $1,000 worth of benefits.

That is Charles Kahn, again, from the Health Insurance Association of America.

Private drug-insurance policies are doomed from the start. The idea sounds good, but it cannot succeed in the real world.

I don't know of an insurance company that would offer a drug-only policy like that or even consider it.

That is from the insurance industry itself. Let me just for a moment ask this question.

If the insurance industry would have been able to offer a policy for prescription drugs that was affordable and practical and usable, would they not already have done so? Ask yourself: If in 1960 it would have been profitable for health insurance companies to say, Our marketing strategy is to try to find the oldest Americans, those who are nearest the time when they will have a maximum call for needs in the health care industry, to find those people and see if we can insure them—if that were the case, would there have been a need for the Medicare program? No, there would not have.

Of course, that is not the case. In the private sector, these companies are after profits. How do you find profits in health insurance? Find some young, strapping man or woman who is 20 years old, healthy as a horse, is not going to get sick for 40 years, and sell them a health insurance policy and not have them see a doctor in 40 years, and all the premium is profit. Good for them, good for the company, and good for the healthy person.

But they do not make money by seeking out someone who is 70 years old and probably 5 or 10 years away from the serious illness that is going to have a claim on that health insurance policy, and that is why, in 1960, senior citizens could not afford to buy health insurance. Half of American senior citizens did not have it. The Federal Government said, we have to do something about it. Even when there were those who were pulling the rope uphill, trying to do the positive things, we had people here with their foot stuck in the ground saying: No, we will not go; no, it will not work; it is big government; no, it is a scheme.

We have such people on every single issue in this Chamber. There is a story about the old codger, 85 years old, who was interviewed by a radio announcer. The radio announcer said to him: You must have seen a lot of changes in your life, old timer. The guy said: Yep, and I've been against every one.

We know people like that. There are a lot of them in politics. I can tell you about people who are against everything new. Then, of course, we do it because it is important to do it; it makes life in this country better.

About 10 years later, guess what. They said: Yes, I started that; I was for that. Of course, they were not.

This is not about Republicans or Democrats at this moment. There is no Republican way or Democratic way to get sick; you just get sick. There is no Democratic or Republican way to put together a program like that.

My point is there are some, Governor Bush and others, who have a proposition with respect to prescription drugs that will not work because those on whom they rely to offer a policy say they cannot offer it; it will not work; it cannot be done.

If that is the case, and if they believe, as we do, that we ought to put a prescription drug plan in the Medicare program, then I say join us and help us and work with us over the next 4 weeks and get this done.

The question is not whether, it is how, and the answer to the how is here. You cannot do it the way you say you want to do it. You cannot pretend to the American people you have a plan that will work when the industry you say will do it says it is unworkable.

I did not come here to cast aspersions on anybody or any group. This is one of those issues of perhaps three or four at the end of this 106th Congress that we owe to the American people to do, and the only way we are going to get this done is if those who say they favor a prescription drug benefit in the Medicare program will stop coming to the floor and calling the Medicare program some giant Government scheme. Those who do that understand they are calling a program that has worked for 40 years, that has made life better for a lot of folks in this country, a scheme.

Let's work together. Let's decide we will embrace those things we know will work and help people. That is why I am pleased the Senator from Nevada has joined me today.

I will not go on at length, but the other issue—and at some point I want to visit with the Senator from Nevada about the other issue—is a Patients' Bill of Rights. We held a hearing in his State on that issue. Sometime I want to talk on the floor of the Senate about that hearing. That is another health issue we ought to do in this 4-week period. We owe it to the American people to do it. It is so important.

Mr. REID. Will the Senator yield?

Mr. DORGAN. I will be happy to yield.

Mr. REID. We do need to talk about that hearing in Las Vegas. There is not anyone who could watch that and listen to that and not shed a tear.

I want to take off on something my friend from North Dakota said. During that hearing—those sick people and the mother who lost her son—there was not a question about whether or not they were Democrat or Republican. There was not a single word about that. Democrats get sick, and Republicans get sick. That is why I underscore what the Senator from North Dakota has stated today: That we need to come up with a plan that will work. We know the private insurance plan will not work. We do not have to have politicians tell us. The people the majority is trying to help tell us it will not work.

Mr. DORGAN. Mr. President, the Senator is right. I end by saying this is not about politics; it is about solutions to real problems. We understand this is a problem. Prescription drug prices are too high. They are going up too rapidly. Senior citizens cannot afford them.

We have a serious problem in this country in this area. We understand we have a responsibility to do something about it. What? There are two choices. One does not work, and one we know will. This is not rocket science. We know what works. All we need to do is get enough votes in this Congress to decide we will do what works to put a prescription drug benefit in the Medicare program which is available to senior citizens across this country. Six or eight weeks from now, it can be done. We will have it in the Medicare program, and there will be a lot of senior citizens advantaged because of it.

We will have more to say about this, but because others wanted to come to the floor today and talk about schemes and other things, I thought it was important—and the Senator from Nevada did as well—to provide the perspective about what this issue is.

A lot of people speak with a lot of authority. Some are not always right but never in doubt. Some old codger said to me one day: There are a lot of smart people in Washington and some ain't so smart; it's hard to tell the difference.

He is right about that. The currency in Congress is a good idea to address a

real problem that needs addressing. We have a real problem that needs addressing now, and a good idea to address this problem of prescription drugs is to put in the Medicare program an optional program which is affordable, with a small copay that will give senior citizens who need it an opportunity to get the prescription drugs they need to improve their lives.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

PERMANENT NORMAL TRADE RELATIONS WITH CHINA

Mr. VOINOVICH. Mr. President, I rise today to express my support for H.R. 4444, legislation that will extend permanent normal trade relations status to China.

In the past few days, the Senate has held a number of votes on amendments that address issues about which I care deeply. We have debated amendments that deal with such issues as ensuring religious freedom in China; organ harvesting; Tibet; and Senator THOMPSON's amendment dealing with Chinese nuclear proliferation—an issue that needs definite action.

However, I have reluctantly voted against including these, and other amendments, to H.R. 4444. I am committed to passing PNTR, and I believe we must pass a clean bill and present it to the President for his signature as soon as possible. It is long overdue.

Fortunately, as we approach a final vote on PNTR, the Senate is poised to pass a clean bill, which, in my view, will help continue the growth of our economy, and help bring us closer to realizing many of the reforms in China that my colleagues wish to see implemented.

For the past several years, the United States has enjoyed one of its longest periods of economic expansion in our history. International trade has been a vital component of this remarkable economic boom. In fact, the growth in U.S. exports over the last ten years has been responsible for about one-third of our total economic growth. That means jobs for Americans and of particular concern to this Senator, jobs for Ohioans.

As my colleagues know, America's trade barriers are among the lowest in the world, and as a result, American workers face stiff competition from overseas. Nevertheless, it is this competition that has made American workers the best and the most productive anywhere, and the U.S. economy the strongest and most vibrant in the world.

In my state of Ohio, tearing down trade barriers has helped us become the 8th largest exporter in the United States, and part of Ohio's export-related success can be linked to passage of NAFTA.

Thanks to NAFTA, historic trade barriers that once kept American goods and services out of Canadian and Mexican markets either have been eliminated or are being phased out. The positive economic effects have been astounding, including a growth in U.S. exports to Canada of 54 percent and a growth of U.S. exports to Mexico of 90 percent since 1993—the year before NAFTA took effect.

My State of Ohio has outperformed the nation during that time period in the growth of exports to America's two NAFTA trading partners. Ohio exports to Canada have grown 64 percent and Ohio exports to Mexico have grown 101 percent. In the last several years, Mexico has moved from our seventh largest trading partner to fourth.

Since 1994—the same year NAFTA went into effect—nearly 600,000 net new jobs were created in Ohio. Although NAFTA did not create all of these jobs, the boom in export growth triggered by NAFTA, as well as the overwhelming success of the ''New Economy'' have contributed significantly to this job growth.

As in many States in America, unemployment in Ohio today is at a 25 year low; and some areas of the State are even facing worker shortages—in fact, too many. The claims that ''countless numbers of workers'' would lose their jobs due to NAFTA and become ''unemployable'' have rung hollow.

According to the most recent data from the United States Department of Labor, the number of workers who have been certified by the DOL as eligible for NAFTA trade adjustment assistance benefits between January 1, 1994, and September 28, 1999, is 6,074.

However, not all workers who have been certified for NAFTA trade adjustment assistance have actually collected benefits. Additional data from the Department of Labor suggests that only 20 to 30 percent of all certified workers have collected benefits. This means that most workers have moved on to other employment. It also means that NAFTA works.

Building on the success of NAFTA, we have an opportunity to watch lightning strike twice.

In November of last year, the U.S. signed an historic bilateral trade agreement with China, a crucial first step in China's effort to gain entry into the World Trade Organization. This agreement—a product of 13 years of negotiation—contains unprecedented, unilateral trade concessions on the part of China, including significant reductions in tariffs and other barriers to trade.

In return, China would receive no increased access to U.S. markets, no cuts in U.S. tariffs and no special removal of U.S. import protections. This is because our market is already open to Chinese exports, and by signing the bilateral agreement, China has agreed to open its market unilaterally to the United States in exchange for U.S. support for Chinese membership in the World Trade Organization.

If implemented, this agreement would present unprecedented opportunities for American farmers, workers and businesses. In fact, according to the Institute for International Economics, China's entry into the WTO would result in an immediate increase in U.S. exports of $3.1 billion.

An analysis produced by Goldman Sachs, which took into account investment flows, estimates that China's entry into the WTO could translate into $13 billion in additional U.S. exports by the year 2005.

As good as this may sound, the United States risks losing the substantial economic benefits of this agreement unless permanent normal trade relations status is extended to China. Currently, China's PNTR status is annually reviewed by the President and is conditioned on the fulfillment of specific freedom-of-emigration requirements established in 1974 by the Jackson-Vanik law.

However, WTO rules require all members to grant PNTR status to all fellow members without condition. If the U.S. fails to extend PNTR status to China, then both this trade agreement and WTO rules may not apply to our trade with China.

I understand that many Americans oppose PNTR for China because of China's record on a number of important issues, including trade fairness, human rights, labor standards, the environment, and China's emergence as a regional and global military power. I share those concerns, but I believe that rather than unilaterally locking the United States out of the Chinese market, the best way to address these issues is by opening China up.

For years, American businesses have been repeatedly frustrated in their attempts to penetrate the Chinese market and get through numerous trade barriers used by China to protect its uncompetitive state-owned enterprises. In signing the November agreement, China has agreed to remove and significantly reduce these trade barriers. This would open up one of the world's fastest growing and potentially largest markets to American goods and services in a wide range of sectors, from agriculture to automobiles and banking to telecommunications. It would eventually allow U.S. exporters to freely distribute their products to any part of China without interference from government middlemen.

This agreement also maintains and strengthens safeguards against unfair Chinese imports. It preserves a tougher standard in identifying illegal dumping. What's more, with this agreement, we will have better protections from import surges than under current U.S. law. Most importantly, this agreement sets the stage for China to join the WTO and, hence, become subject to both its trade rules and its binding punishments for breaking these rules.

The United States has worked for more than a decade to secure freer access to the Chinese market. If the U.S. does not capitalize on this agreement