

individual reports shall be filed by the chairman with the Committee on House Administration and shall be open to public inspection.

XII. AMENDMENT OF RULES

These rules may be amended by a majority vote of the committee. A proposed change in these rules shall not be considered by the committee as provided in clause 2 of House rule XI, unless written notice of the proposed change has been provided to each committee Member 2 legislative days in advance of the date on which the matter is to be considered. Any such change in the rules of the committee shall be published in the Congressional Record within 30 calendar days after its approval.

IN SUPPORT OF THE MANDATES INFORMATION ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Colorado (Mr. TANCREDO) is recognized for 5 minutes.

Mr. TANCREDO. Mr. Speaker, I rise today with encouragement that this House just passed the Mandates Information Act, which will help to safeguard us from making unfunded mandates to the private sector.

Well, I am here today to do just that, to address an unfunded mandate that our constituents pay for every month in their phone bills, the E-rate program, sometimes known as the "Gore Tax," because it has garnered the Vice President's support.

As you know, Mr. Speaker, the intent of the "Gore Tax" is to ensure that every school and library is connected to the Internet. But the FCC pays for this program by getting mandatory contributions from phone companies and others. If you look at your phone bill, you will see that mandatory contribution passed on to you, the consumer, as part of the Universal Service Charge.

Mandatory contributions. Mr. Speaker, let us be honest. If it looks like a tax, it quacks like a tax, it is a tax. We can say that our annual "mandatory contributions" to the government are due on April 15th, but we know different.

I have a chart here that shows how it works. First the FCC forces this mandatory contribution on long distance phone companies and others; second, those companies make their massive contributions to the Universal Service Corporation here. That is currently capped at \$2.25 billion each year, this mandatory contribution.

Only here, only in government, only at the Federal Government, could we actually come up with these oxymoronic statements, that this is a mandatory contribution.

But what the Vice President and other E-rate supporters do not want you to know is that this is a hidden tax. Consumers are forced to pay this charge through their monthly phone bills. This is where the hidden tax is found, and I would like to eliminate it.

Mr. Speaker, Americans today are taxed at the highest levels in history.

In fact, the Congressional Budget Office recently reported that Federal tax revenues have reached a peacetime record level of 20.5 percent of the Gross Domestic Product.

But, Mr. Speaker, this is not just a hidden tax, it is also an unnecessary tax. I have some statistics here from the Congressional Research Service that came before the "Gore Tax" was created.

Now, remember this tax was put on, it was snuck through essentially in order to provide technological support and technology support for schools, in order to encourage them to get on to the Internet and to put computers in classrooms.

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But before this tax was ever passed, according to the Congressional Research Service, the 1997 student-to-computer ratio in this country was 8-to-1. Also in 1997, 78 percent of all schools were connected to the Internet, remember, before this tax ever came into existence.

Mr. Speaker, the President has just asked for another \$766 million in his Department of Education's budget for education technology alone. That is three-quarters of \$1 billion, and I quote his own budget summary, "as a part of the President's proposal to connect all schools to the Internet and put a computer in every classroom." Mr. Speaker, this is the "Gore Tax," and what is this "Gore Tax" program? Is there not some duplication in a multibillion-dollar effort to put Internet in the schools?

In fact, there are over 20 Federal programs aimed toward this effort, not to mention hundreds of State and local private initiatives.

Last year, the Committee on Appropriations reported that the Department of Education cannot account for the money it now spends in education technology. They cannot explain where this money goes. In fact, the Committee on Appropriations said that it fears millions of dollars might go unspent each year.

Today, I am introducing the E-Rate Termination Act, and I would like to thank the 13 original cosponsors of this bill for recognizing the dire need for change. By eliminating this hidden tax, we can focus on honest and realistic ways to address our schools' and libraries' technological needs, and I ask for my colleagues' support.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. MCINTOSH) is recognized for 5 minutes.

(Mr. MCINTOSH addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. BLUMENAUER) is recognized for 5 minutes.

(Mr. BLUMENAUER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Missouri (Mrs. EMERSON) is recognized for 5 minutes.

(Mrs. EMERSON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. FILNER) is recognized for 5 minutes.

(Mr. FILNER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

PROTECTING AND PRESERVING MEDICARE FOR THE NEXT GENERATION

The SPEAKER pro tempore (Mr. BURR of North Carolina). Under a previous order of the House, the gentleman from Georgia (Mr. KINGSTON) is recognized for 5 minutes.

Mr. KINGSTON. Mr. Speaker, I wanted to talk a little bit about what the Republican agenda is this year. We have been saying BEST military. B for balancing in the budget, paying down the debt, responsible spending; E for excellence in education; S for saving Social Security; T for lowering taxes and having a strong military presence that we need in the world today.

I have with me a distinguished member of the Committee on Ways and Means, the gentleman from California (Mr. THOMAS) who has worked so long on protecting Medicare and working for lowering taxes, and also the gentleman from California (Mr. OSE), one of our distinguished freshman Members, and we were just going to talk about some of the things we hope to accomplish.

Mr. Speaker, I yield to the gentleman from California (Mr. THOMAS).

Mr. THOMAS. Mr. Speaker, I thank the gentleman for yielding.

One of the focal points obviously at the beginning of this, the 106th Congress, is the Medicare Commission which is scheduled to make its report, if we can get 11 of the 17 members to agree on a plan, in early March. I would tell the gentleman that the things that have taken place recently, primarily on the executive side of Washington, have made it immensely more difficult for us to try to come together.

In the context of trying to get 11 of 17 people who are very knowledgeable,

who have been experienced, four of whom were appointed by the President, four by the Speaker of the House, the majority leader of the Senate, two by the minority leader of the Senate and minority leader of the House, to come to agreement is difficult in the best of times. But when the President, in his State of the Union message, pulled like a genie out of the bottle, I am willing to put \$700 billion on the table, and by the way, I will bring the drugs in, throwing a party, the difficulty of coming to agreement in the Medicare Commission was blurred. It sounded as though there was more money available than anyone thought, and that it is relatively simple to move prescription drugs into a Medicare solution.

The folks who are the participants in Medicare, the providers, the taxpayers, and the beneficiaries, all had a sigh of relief that the problem has been solved, when in fact, as we are now discovering, as Samuelson's excellent guest editorial in the Washington Post today spelled it out, that there was a lot more smoke and mirrors in the President's budget than anyone anticipated.

Just a couple of examples of the difficulty. When the President said that he was going to put \$700 billion on the table, that is not the case. When the President said we should have a prescription drug benefit in Medicare, everyone nods their head yes, and we are in agreement that that should occur. But what is not explained, and what most people do not realize, I would say to the gentleman from Georgia, is that 65 percent of the seniors on Medicare have some sort of prescription drug program. What we need to do is examine the 35 percent who do not and create a program that brings them into a protective structure to shelter them from the full cost of prescription drugs, without driving out those other 65 percent who do have a drug support program in some way.

It just seems to me that for the President to make the statements that he did in January and February, when we are on the verge of having to make an agreement in March, that advertently or inadvertently he has created a far more difficult problem for us than we had prior to what he considered helping statements. That is exactly the wrong kind of approach to solving a very difficult problem in terms of the kind of help the President could give. If the President showed leadership, if he brought ideas to the table, if he empowered his appointees to sit down and work with the Senator from Louisiana, the chairman of the committee, Senator BREAU, all of those would be positive.

Our hope is that in the remaining weeks of February, the President will engage, he will lead and assist us in reaching a solution that all of us want: a better Medicare for our seniors.

Mr. KINGSTON. Mr. Speaker, I thank the gentleman.

Mr. Speaker, I yield to the other gentleman from California (Mr. OSE).

Mr. OSE. Mr. Speaker, I realize my time is short. I just would like to emphasize, following the comments from my distinguished colleague from California, the importance of this issue for me personally. I can recall on numerous occasions being visited by residents of the Third District talking about their need for adequate medical care. We are going to work on this, this year. The gentleman from California (Mr. THOMAS) is leading us forward, together with the gentleman from Louisiana. I think we are going to make progress.

Mr. KINGSTON. Mr. Speaker, I just want to say, what we are trying to do is find the balance to protect and preserve Medicare, not for the next election, but on a bipartisan basis for the next generation.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. TIAHRT) is recognized for 5 minutes.

(Mr. TIAHRT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE BREAST AND CERVICAL CANCER TREATMENT ACT OF 1999

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, this afternoon I would like to highlight an issue that is of great importance to the future of our wonderful country. I want to talk about a rapidly-growing, pervasive disease that is affecting the stability of many families and many homes throughout our land.

Mr. Speaker, I would like to talk about breast and cervical cancer and how it is up to each and every one of us to eradicate this disease, and how each one of us could be faced with the opportunity to help eradicate these diseases by cosponsoring the bill sponsored by the gentleman from New York (Mr. LAZIO), The Breast and Cervical Cancer Treatment Act of 1999.

Breast and cervical cancer do not discriminate. These diseases can affect every mother, daughter, sister, including ours. And although these diseases are not as of yet preventable, they can be stopped in their tracks with treatment if they are detected early in their development.

Congress has gone as far as passing the Centers for Disease Control and Prevention's Breast and Cervical Cancer Early Detection Program, and this provides screening for women who do not have health insurance coverage and who do not qualify for either Medicaid nor Medicare. While this was a great advancement, it became evident that it was only an initial step and that a more viable yet long-term solution was needed. What is needed is funding for treatment services once a woman is diagnosed with breast or cervical cancer.

What happens to the woman who is diagnosed with this through the Federal CDC program and is not able, not financially able to afford treatment? Should she be left to die? Should she be forced to spend her days holding bake sales and car washes to get the funds needed to treat her potentially fatal disease? Should she be forced to let time elapse as she scrambles for money from various health care agencies and dwindling State funds?

Unfortunately, this is the scenario that is occurring in the lives of many women who are diagnosed positively through the CDC program. In my congressional district of Miami, for example, Mr. Speaker, a lady named Yolanda qualified for a free mammogram screening, and after suspicious results, was recommended for a surgical biopsy. This recommendation took place a year ago, yet Yolanda has yet to undergo a biopsy for fear of placing an even bigger financial burden on her husband, who holds only a low-paying job.

Another constituent of my congressional district named Maria was recommended to undergo diagnostic procedures after an abnormal screening in 1996. Although she qualified for free diagnostic procedures, she was told that treatment would not be covered. As a result, Maria has yet to undergo these necessary procedures for fear that she would not be able to pay for treatment if, in fact, the treatment is needed.

The bill of the gentleman from New York (Mr. LAZIO), The Breast and Cervical Cancer Treatment Act, will put an end to the cruel and heartbreaking irony of providing screenings, yet no treatment. His bill will provide States an optional Medicaid benefit to provide coverage for treatment to low-income women screened and diagnosed with breast and cervical cancer through the CDC early detection program.

Fortunately, the number of women who need actual treatment for these cancers are not many. In fact, through the CDC program less than 4,000 women have been diagnosed with breast cancer and less than 350 women have been diagnosed with cervical cancer over a period of 9 years. With little cost to the taxpayer, the legislation of the gentleman from New York (Mr. LAZIO) would positively impact the lives of thousands of women and their families by providing guaranteed access to treatment.

I salute the National Breast Cancer Coalition and especially my constituent, Jane Torres, who is the President of the Florida Breast Cancer Coalition, for bringing this important issue to the forefront of our agenda. Through their many years of hard work and dedication to advocate sufficient funding for research and education, and for ensuring quality in health care for all without fear of discrimination, many of these women have been helped.

Before my colleagues prepare to go back to their districts, I hope that all of us in the Congress will remember the Yolandas and the Marias in their