

I would just like to reiterate that Secretary Evans very strongly supports this legislation. We expect the President to sign it should we get it through the other body.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. UPTON) that the House suspend the rules and pass the bill, H.R. 4560, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

□ 1715

SENSE OF CONGRESS REGARDING PUBLIC AWARENESS OF THE IMPORTANCE OF HEALTH CARE EDUCATION AND HEALTH CARE COVERAGE MONTH

Mrs. WILSON of New Mexico. Madam Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 271) expressing the sense of the Congress that public awareness and education about the importance of health care coverage is of the utmost priority and that a National Importance of Health Care Coverage Month should be established to promote these goals.

The Clerk read as follows:

H. CON. RES. 271

Whereas census estimates indicate that some 42 million Americans are without health insurance coverage, many of whom are among the most vulnerable of American citizens who can be financially devastated by serious illness, disease, or accident;

Whereas studies have shown that people with health insurance are healthier than those who are uninsured and receive care through emergency rooms or safety net health care services, because the insured are entitled to, and receive, more preventive care, follow-up care, and care for chronic conditions such as diabetes and high blood pressure;

Whereas over 17.3 million of the uninsured are employed, but are not offered health insurance through their employers;

Whereas such employers are small business owners who are often unaware of the benefits of offering insurance, including the fact that it is tax deductible, that it helps to reduce employee turnover, and that it helps to reduce employee sick days;

Whereas over 16 million people, more than one-third of the uninsured, are in families where at least one member of the family has been offered employer based health care coverage but has turned it down;

Whereas many citizens are eligible for public assistance programs such as the State Children's Health Insurance Program, known as SCHIP, and the Medicaid program, but are not currently enrolled due primarily to lack of outreach, education, and accessible enrollment processes;

Whereas studies have shown that many citizens and small businesses are unaware of

the various options they have for obtaining affordable health care coverage;

Whereas surveys have shown that many individuals who cite expense as the reason for not purchasing insurance find it to be affordable once they are informed of the true cost of various options; and

Whereas education about health care coverage helps uninsured citizens and employers to understand the critical value of health insurance as a preventive measure, as well as the ways to keep their health insurance premiums manageable once they have health care coverage: Now, therefore, be it

*Resolved by the House of Representatives (the Senate concurring), That it is the sense of the Congress that—*

(1) a National Importance of Health Care Coverage Month should be established to promote a multifaceted educational effort about the importance of health care coverage, and to increase awareness of the many available health care coverage options, and should include efforts to inform those eligible for public insurance programs of how to access those programs; and

(2) the President should issue a proclamation calling on the Federal Government, States, localities, citizens, and businesses of the United States to conduct appropriate programs, fairs, ceremonies, and activities to promote this educational effort.

The SPEAKER pro tempore (Mrs. BIGGERT). Pursuant to the rule, the gentlewoman from New Mexico (Mrs. WILSON) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentlewoman from New Mexico (Mrs. WILSON).

GENERAL LEAVE

Mrs. WILSON of New Mexico. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on the legislation now under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New Mexico?

There was no objection.

Mrs. WILSON of New Mexico. Madam Speaker, I yield myself such time as I may consume.

There are more than 40 million people in America who do not have health insurance who are part of the workforce, despite widespread private insurance plans, as well as public availability of different kinds of programs in health insurance. These are the same people who are very likely to forego services like periodic checkups and preventive services and immunizations for their kids. They delay going to get health care. And, later, these same people show up in our health care systems with very acute conditions requiring costly medical attention and conditions that may have been entirely preventable with early detection.

Uninsured people are hospitalized at least 50 percent more often than the insured are for what are called avoidable hospital conditions, like pneumonia. They wait until the pneumonia gets so

bad and they are so sick that they have to go to the emergency room when, if they went earlier, they could have been put on a course of antibiotics and there could have been treatment without hospitalization. They are also much more likely to be diagnosed with late-stage cancer than those with insurance are. People who are uninsured delay going to the doctor until it is too late.

Uninsured adults are four times more likely and children five times more likely to use the emergency room compared with the insured. People who have insurance have a primary care doctor. When they get sick, they make an appointment, or they go to the walk-in care clinic where their doctor has told them to go. Those who are uninsured wait and show up in our Nation's emergency rooms.

The costs for the uninsured are absorbed by the community as a whole, either through public programs, through our disproportionate share hospital program, or through increases in health insurance costs for those who do have insurance. So we do bear the cost as a community. Care is not denied to people, but it is not offered in the most efficient way and it is certainly not offered in the best way for those who lack health insurance.

Now, I am not really big on just hortatory resolutions. That is not my thing. At the same time, I saw some evidence recently that really shocked me and that caused me to bring forward this resolution today. I do not like things that are just symbolic, but I do believe America needs an education campaign to inform small businesses, even some medium- and large-sized businesses, employees, and parents about how to get health insurance.

There was a recent study by the Employees Benefit Research Institute that said that 57 percent of small businesses did not know that health insurance is tax-deductible. In other words, if a small business owner, and these businesses employ most of the people in this country, if they do not know that they can provide health insurance to their employees and the cost of that is an expense, a legitimate business expense, they are going to be less likely to look for a plan to be able to offer to their employees. So it told me that education is necessary, and that maybe the Congress could do something about it and make insurance more affordable and more available to employees in this country.

Over one-third of the uninsured are in families where coverage is offered by an employer and they declined the insurance. Sometimes it is because the premiums or the co-pays are too high,

but sometimes education can overcome that reluctance to sign up for health insurance because it mitigates the risks and makes health coverage or health care more available for people.

There are many parents who are eligible, whose children are eligible, for what is called the State Children's Health Insurance Program that was passed by the Congress in 1997, but they do not know that they are eligible. As a result, we have 8 million children in this country who are eligible for health insurance who are not enrolled in that program, and that program is low-cost or no cost to the parents. We need to get the word out to parents that health insurance is available to them through a publicly supported program for their children so that their children can get the preventive care that they need.

We need to educate small business leaders. We need to educate the workforce. We need to educate parents so that we can increase the access to health care and increase the number of people who are insured in this country. I believe that Congress can play a role in educating our constituents.

We need to ensure that small businesses understand that there is a way to provide health insurance and deduct the cost from the cost of doing business. We need to educate them on how to set up cafeteria plans, which can be a nightmare for small businesses, but there are easy programs to do that. We need to get the information out there so that employees can set up plans to be able to use pretax dollars to pay for health costs, which is entirely allowable under the Federal Tax Code.

Children and the uninsured individuals need to find out about the importance of health care coverage and the existing tax benefits and public and private programs that are available for parents that they are eligible for and should go ahead and register for.

This resolution that we are discussing, and I hope will pass today, will call on the President to designate October as National Importance of Health Care Coverage Month, and increase awareness about the importance of health coverage and the ways to obtain it.

Madam Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I share the view of the gentlewoman from New Mexico (Mrs. WILSON) that health insurance is important, that education and outreach are also important. But if I poll people in my district who are uninsured, I am pretty sure they would say it is actually Members of Congress who need education. The uninsured in my district know that going without health insurance is a bad idea. Most of them did not choose that; it is either not available or it is too expensive. Small business knows that sponsoring health insurance for their employees is a good idea. They still cannot afford it.

The resolution of the gentlewoman from New Mexico says that public awareness and education about the importance of health insurance coverage is of the utmost importance. Our utmost priority should be to make sure Americans actually have access to health coverage. Instead, we sit idle in this body as existing health coverage erodes in the United States.

State Medicaid programs throughout the country are in the red. Several States seriously are considering scaling back Medicaid programs. Congress has looked at legislation to provide temporary assistance to States so they can maintain their Medicaid programs. Congress has looked at proposals to help unemployed workers weather the economic downturn without losing their health coverage. Congress has looked at plans to prevent a dip in funding for the Children's Health Insurance Program that will leave 300,000 children without coverage. But have we taken action on any of these fronts? No.

It is a math question: If you drain the budget surplus into tax cuts for the wealthiest people in the country and tax cuts for Enron and IBM and General Motors, the dollars simply are not there to help sustain existing health coverage, much less expand access. So we pass resolutions and do nothing because we do not have the money to do it.

Promoting outreach to inform people about Medicare and the Children's Health Insurance Program, but looking the other way as Medicaid and SCHIP programs throughout this country are put on the chopping block, rings a bit hollow under these circumstances. And by the way, Medicaid and SCHIP insure 1 out of 5 children in this country. If we care about health insurance, we should care less about resolutions like this but more about these programs.

When we consider that this Congress has done nothing, nothing to expand or even to preserve access to health insurance, nothing unless you count these empty resolutions, these resolutions say this to the public: Congress cares deeply about your situation. We really do. We are not going to lift a finger to help you, but drop us a line and let us know how things turn out, because we are really interested.

The House Republican prescription drug and Medicare privatization plan sends the same message. It says to seniors: We really do care. We really do. But, unfortunately, it is not you whom we care about. We are offering up a prescription drug plan, Republicans tell us, that will not protect you from high drug cost; the truth is it is not even workable, because we prioritized tax cuts for the richest Americans and the largest corporations ahead of you and now we cannot afford to add even a decent drug benefit to Medicare.

That is why we saw the histrionics last week from Republican leaders proposing some phony kind of prescription drug benefit. I am sure many of the

same Members of Congress who recently eliminated another \$374 billion from the Federal budget by making permanent the tax cuts that go overwhelmingly to the richest Americans, dollars that could have been used to find a real solution to prescription drug needs, dollars that could have been used to expand or at least preserve access to health insurance, I am sure many of those same Members who voted to make the tax cut permanent, who made a tax cut permanent so we cannot afford prescription drug coverage, we cannot afford access for children to health care, those same Members that voted to make that tax cut permanent will also vote today to promote National Importance of Health Care Month. They might send out a news release, they might go home and brag about how they are interested in expanding health care to children and taking care of a prescription drug benefit. But on behalf of the millions of uninsured, the millions of underinsured, the millions who do not have prescription drug benefits, and the millions of Americans that the House Republican leadership leaves in the dust when you voted for tax cuts, I would like to say, thanks for nothing.

Madam Speaker, I reserve the balance of my time.

Mrs. WILSON of New Mexico. Madam Speaker, I yield myself such time as I may consume.

I thank the gentleman from Ohio for his remarks. We have worked together on a variety of things related to health care, and on this one we may agree on the resolution but we disagree on some facts, and I think they are important facts.

The gentleman from Ohio and I serve on the same committee that extended the SCHIP program last year and allowed States to retain the funds in the SCHIP program longer than they were authorized without returning them to the Federal Government and having them redistributed. I think that was the right thing to do. It certainly was right for my State of New Mexico.

This House passed three times the extension of health care benefits to the unemployed who are out of work through no fault of their own and the extension of unemployment benefits to cover those people.

This House has passed and now we are in conference with the Senate on a patient's bill of rights. And in that patient's bill of rights we did some other things for health care, including making self-employed health care coverage fully deductible. If you work for IBM, IBM can take the full cost of that premium and write it off as an expense for a business. But if you are self-employed, under the current tax system you cannot. That is not right. This country thrives on small business. And people who start up their own companies and who are self-employed should be able to fully deduct their health care costs.

That bill also included the association health plans provision, to extend

health care coverage and get more people insurance.

The gentleman and I also work on the committee that is getting down to brass tacks now to implement the budget resolution that this House passed that sets aside \$350 billion over the next 10 years to add a prescription drug benefit to Medicare. If we were starting out today with a clean sheet of paper for health care for senior citizens, no one in their right mind would exclude prescription drugs. But back in 1965, medicine was only 1 percent of the cost of health care. Now it is up to 15 percent of the cost of health care. People should not have to be forced to choose between buying medicine and buying groceries, but that is the situation a lot of the seniors in my district are in today. And that is why we are going to pass a bill through this House that adds a prescription drug benefit to Medicare.

My colleague and I disagree also about the importance of tax relief last summer. And I think the big thing for me is this: The Council on Economic Advisers about 3 months ago came out with a report on the impact of that tax relief. Now, Congress does not always do things at the right time. We usually end up taking action long after the problem is over.

□ 1730

But on the tax bill we got it right. It was just in the nick of time, and there are 800,000 Americans today who have jobs because we passed tax relief at the right time to get this economy back to growing jobs and back to solid economic growth. That is what the tax relief bill did. It got our economy back and growing.

The gentleman from Ohio (Mr. BROWN) and I share a concern about the uninsured. I think education is a piece of it. It is not a cure-all. We have a lot of other work to do, but I am proud of this House that we have done so much work in this session of Congress.

Madam Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Madam Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. PALLONE), who understands, unlike the Republican leadership, that we must do something about prescription drug prices.

Mr. PALLONE. Madam Speaker, the biggest problem with lack of coverage today is prescription drugs. As the gentleman from Ohio mentioned, the Republican leadership is not doing anything about the cost. The biggest concern that my constituents tell me is that they cannot afford the price of drugs. What is the Republican leadership doing about it? Absolutely nothing. Their proposal to address the prescription drug issue is simply a sham.

First of all, it is not under Medicare. Medicare needs to be expanded so that everyone who is eligible for Medicare gets a prescription drug benefit guaranteed, and they know what the benefit is. What the Republican leadership

is saying is we are going to send some money out to private insurance companies or to the States, and we hope that Americans can take this voucher, and if they are low income, they can find some insurance company to give a drugs-only policy to cover prescription drugs. They are assuming that the only people that are going to be able to take advantage of it are very low-income people, about 6 percent of the senior population. And even those will not be able to take advantage because the insurance companies have said they will not sell these prescription drug medicine-only policies.

Madam Speaker, what we need is to expand Medicare for all seniors so they all get a prescription drug benefit, and it has to be a generous benefit. It has to say if someone pays so much per month as a premium, like one does with their doctor bills, they get a guarantee from the Federal Government that it is going to bring their cost down so they can pay for their drugs. That is not what the Republicans are offering.

They are doing another sham, like they did 2 years ago, where they are trying to throw some money out there and give the impression that somebody is going to get a prescription drug benefit. It is a joke on the American people. But going back to the main thing is cost. Everyone tells me they cannot afford to pay for the drugs.

What the Democrats are saying is not only are we going to give a generous benefit guaranteed under Medicare, but we are going to have the Secretary make sure that the costs come down.

Mrs. WILSON of New Mexico. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, this a resolution that we are debating about the importance of health care coverage for the uninsured.

The gentleman from New Jersey (Mr. PALLONE) mentioned where we are going on prescription drug coverage, and it is amazing to me. I serve on the Leadership Task Force on Prescription Drugs, and the gentleman from Ohio (Mr. BROWN) and I serve on the Subcommittee on Health that is working on the bill. We have set aside \$350 billion over the next 10 years to add a prescription drug benefit to Medicare. We are trying to work out the details of that plan and that option.

First of all, it has to be part of Medicare. Everyone agrees on that. It has to be part of the Medicare program. And everyone who is eligible for Medicare has to have some access to that coverage.

I think it has to be voluntary so Americans who have coverage from an employer, or veterans and get it through the VA, they should not be forced to participate. It has to be affordable. That means we have to make sure that those who are low income or those with high drug costs get the most help from the Federal Government. A

\$350 billion commitment over 10 years is a significant contribution by the Federal Government to provide that coverage.

I think it also needs to provide choices. What the gentleman from New Jersey (Mr. PALLONE) needs for his constituents in New Jersey may not be the same thing that my constituents need, or that we need in rural places in New Mexico. I like to get my medicine downstairs at the pharmacy in the building where I see my doctor. Rural Americans may want a mail order plan. Americans should have options, and those are some of the principles we are working from.

We are determined to bring to the floor a prescription drug benefit plan added to Medicare before the Memorial Day recess. In the last Congress, the House passed a bill to do so. The Senate did not. We are determined to be persistent and keep going because the people in my district need it, just as the constituents of the gentleman from New Jersey (Mr. PALLONE) do. On that, we can agree.

Madam Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Madam Speaker, I yield 2 minutes to the gentleman from California (Mr. GEORGE MILLER).

(Mr. GEORGE MILLER of California asked and was given permission to revise and extend his remarks.)

Mr. GEORGE MILLER of California. Madam Speaker, I appreciate the opening statement of the gentleman from Ohio (Mr. BROWN). The American people appreciate the importance of health care. Families struggle every day with whether or not coverage is accessible to them. There was no great glee in the land when they killed the Clinton health care plan. We had 38 million uninsured people, and we now have 42 million uninsured people. In spite of the recitation that the gentlewoman from New Mexico (Mrs. WILSON) cites, we still have 42 million people who are uninsured.

Why? Because we have created a hodgepodge of programs where they have to be a detective to figure out whether or not they are eligible. They move and lose programs, their children move and lose programs, whether they are employed, not employed, whether in school, out of school, whether on or off of Medicaid, all of these programs. They spend all of their time worrying about eligibility, and they are covered for very little period of time.

The gentlewoman has also suggested that this is part of a grander plan to bring a \$350 billion prescription drug program to the floor. That is not it at all. \$350 billion is for everything they say that they want to do in Medicare. The program is less than half that amount, which has been proven to be inadequate to provide a prescription drug benefit that is useful without the people on Medicare paying out thousands and thousands of dollars before they get any real advantage to the program.

So the question here is not whether or not people think health care coverage is important or not. The question is, What is the Congress going to do about it? What is Congress going to do about these 42 million Americans? What is Congress going to do about the children who are growing up in families where at least one person is employed, and in many cases both are employed, and they do not have access to health care? The programs that we have put in place so far, while commendable, still leave millions of America's children and working people without insurance.

Yes, we have made it more deductible for small businesses and individuals; but the fact is that even small businesses and individuals cannot afford to provide the insurance that Americans need so desperately.

Mr. BROWN of Ohio. Madam Speaker, I yield 2 minutes to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. Madam Speaker, I rise to speak on H. Con. Res. 271. Approximately 42 million people in this country are without health insurance. Those with no coverage are more likely to be young adults, poor, Hispanic, African American, rural or small business employees. As chairperson of the Congressional Black Caucus Health Braintrust, but even more so as a family physician who practiced for 21 years before coming to Congress, I know what not having insurance coverage does to families and individuals. They delay or avoid care, most likely seeking care through emergency rooms which cannot provide for need continuity or safety net services which are often underfunded, understaffed, and underequipped. Not being insured is the seventh leading cause of death in this country, resulting in 83,000 deaths annually.

Although tonight we are focusing on insurance coverage, it is important to recognize that providing access to health care is more than providing insurance, but also insuring an adequate infrastructure for the uninsured or the newly insured to receive proper health care.

Madam Speaker, we must all support educating the public on all of the health care coverage options available, and make an extra effort to link those, but education is only half the battle. We as lawmakers must continue to work on passing legislation that will leave no individual without access to quality health care.

This includes lifting the cap on Medicaid for the offshore territories, providing a Medicare drug benefit, paying the doctors and other providers a fee that will allow us to keep our doors open, and passing a strong Patients' Bill of Rights. Most of all, it means committing to universal health care by 2004 to everybody in this country.

Mr. BROWN of Ohio. Madam Speaker, I yield 2 minutes to the gentleman from Arizona (Mr. PASTOR).

(Mr. PASTOR asked and was given permission to revise and extend his remarks.)

Mr. PASTOR. Madam Speaker, first of all, I thank the gentlewoman from New Mexico (Mrs. WILSON) for bringing this resolution to the floor. It is very important that we recognize the health needs of our community. I would tell the gentlewoman that I agree with her that education is very important. One of the problems that we have found in Arizona that, although many children are eligible for SCHIPs, there needs to be an outreach program. In Arizona we have found that the State legislature refuses to provide those monies that would go into those programs to make the families aware that SCHIPs is available and that their children probably qualify.

I would also agree with the gentlewoman that we need to address the health needs of our society. I would ask the gentlewoman to join those of us who believe that the 43 million people in this society, even though they are employed, even though they are working but are not covered by health insurance, maybe this Congress will see fit to provide a universal health care program in which all Americans would be entitled to quality and affordable health care.

During our district work periods, I have been visiting senior centers and also going door to door. They invite me in their homes or bring the prescriptions to the senior centers, and show me the number of medications that they have to take. Many times it is three or four medications that they take. They explain to me that the cost of the prescriptions are getting so high that they have to make difficult choices. Many times they are not taking the prescriptions as they should because they want to increase the number of days that the medication might be available to them.

I also, in asking them how they feel this prescription drug benefit ought to be covered, the majority tell me, because they are familiar with Medicare, they would like to see Medicare be the vehicle to provide the prescription drug benefit. To them choice is not as important; to them the availability of the drugs, the cost of the drugs being lesser so they could afford them, and in a system that they are aware of and know how it works, they would prefer that. I thank the gentlewoman for agreeing that maybe the prescription drug benefit should be a Medicare program.

Mr. BROWN of Ohio. Madam Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Madam Speaker, I thank the gentleman for yielding me this time.

Madam Speaker, I share comments with all who have spoken for the need of health education and awareness. However, I do not agree that piecemeal in health care will ever get us to the point that we have the coverage that is necessary. Yes, we need a prescription

drug program. I agree with that. Yes, the children's health program is helping. But in reality what we really need is universal coverage for each and every American citizen. We need a health system where everybody is in, and nobody is out.

□ 1745

We need a system that covers each and every person from the cradle to the grave. While we move towards that, piece by piece, ultimately we will come to the realization that we must have a system, everybody in, nobody out.

Mrs. WILSON of New Mexico. Madam Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Madam Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Madam Speaker, I thank the gentleman for his kindness in yielding me this time and I do appreciate the work he has done on ensuring that all Americans can have good health care. I also thank the gentlewoman from New Mexico for giving us the opportunity to debate this very important issue on the floor of the House and for the support of such legislation and the bringing forward of such legislation.

It should be noted that we have an estimated 42 million Americans who are without health coverage. There are over 17 million Americans who are employed but lack health coverage through their employer. Due to the high cost of health care coverage, over 16 million Americans are in families where at least one member of the family has been offered employer-based health insurance but was forced to turn it down because of the high cost of that health insurance. This happens every day.

I note that the resolution specifically speaks to outreach and education. It also speaks to trying to impress upon small businesses the value of having health insurance to cut down on sick days of its employees and to encourage them to stay longer. It also speaks to the insurance provided by Medicaid for the State Children's Health Insurance Program. But I think we need to go further. I think we need to have a list of what we do not have and how Congress has failed the American public.

We do not have a prescription drug benefit for seniors through Medicare. We have not passed a Patients' Bill of Rights, therefore, giving access to individuals for good health care across the country. We have large numbers of children that are uninsured who have not yet had access to the Children's Health Insurance Program that was passed at least 4 years ago or more in the 1997 Budget Act. We have not done our job.

Though we can pass a resolution such as this that really has a good purpose, it is not a good result. We must work

together as Republicans and Democrats to ensure that those who we represent can have access to good health insurance and health coverage. I believe that the Democrats have a very valid and viable plan; that is, to pass a real Patients' Bill of Rights, a drug benefit for our seniors, and to ensure that we have the kind of funding to cover our children who are uninsured.

I want to voice my support for health care coverage for Americans who are uninsured. An estimated 42 million Americans are without health coverage. There are over 17 million Americans who are employed, but lack health coverage through their employer. Due to the high cost of health care coverage over 16 million Americans are in families where at least one member of the family has been offered employer-based health insurance, but was forced to turn it down because of the high cost.

This resolution helps to express the sense that I have that the Congress should establish and promote an educational effort about the importance of health care coverage, as well as increase awareness of the many affordable health care coverage options. This should include efforts to inform people who are eligible for public insurance programs about how they can obtain coverage under these programs.

The Tauzin-Bilirakis bill will go far in creating equity in health care coverage for all Americans. I believe that the President should issue a proclamation calling for the federal government, states, localities, citizens and businesses to conduct appropriate programs, fairs and activities to promote this educational effort.

However at the same time, it is imperative that the Congress doesn't just pass resolutions. We must act now to pass a prescription drug benefit for seniors, to fund children's health coverage, immunization and a real patient bill of rights—the Republican Congress has failed in these efforts.

Mrs. WILSON of New Mexico. Madam Speaker, I yield myself such time as I may consume. I thank my colleague from Texas for coming down and talking about this problem because it is an important one, but I would note that the House has passed a Patients' Bill of Rights and we also passed one the previous Congress. My State of New Mexico has a Patients' Bill of Rights at the State level. I have supported the Patients' Bill of Rights here in the House and I hope we are able to resolve the differences with the Senate and have a Federal Patients' Bill of Rights as well as a prescription drug benefit.

Madam Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield 1 additional minute to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Madam Speaker, I thank the gentleman for yielding me this time. In fact, I would just comment that I appreciate that the House has passed a Patients' Bill of Rights. My point was that we in Congress collectively have failed in the fact that the bill is not ready to be signed. It is not law.

I guess the other point, as I reclaim my time, is to simply say to the House

that, of course, the difficulty in the legislation was what was pulled out of it. It concerns me because it was a legislative initiative that first started that had all of the physicians in support of the baseline bill that provided open access to emergency rooms and holding HMOs responsible. I do not think we are at that point yet.

But I will say to the gentlewoman, yes, the House has passed legislation; I just believe we should move expeditiously through the normal processes so that we can get a bill that we all can be respectful of but, most importantly, that the American people can be served by to the President's desk.

Mr. BROWN of Ohio. Madam Speaker, I yield myself such time as I may consume.

There is a frustration in this House of Representatives as we have seen from this line of speakers, probably 10 people on the Democratic side, who care enough to show up on the House floor and talk about health care issues. There is a frustration that we have not passed a Patients' Bill of Rights. Granted the House passed it, but the fact is there is no Patients' Bill of Rights signed into law. There is a frustration that this House has not taken up the Medicare buy-in bill, a voluntary program, revenue neutral, that would allow 55- to 64-year-olds who have lost their health insurance through no fault of their own to go into the Medicare program.

There is a frustration in this House that we have done nothing except talk about a prescription drug benefit, nothing about a prescription drug benefit inside Medicare, nothing about prescription drug prices as the drug companies are the most profitable industry in America, enjoy the lowest tax rate in America, where American taxpayers pay half of the cost of research and development and the drug companies turn around and reward Americans by charging us more than people anywhere else on Earth.

There is a frustration in this House that we have not moved on children's health issues, that we simply have failed to reduce the number of children who lack health insurance.

But there is a bigger frustration from our constituents, a frustration embodied in the fact that every couple of months 50 people join me on a bus from my district from northeast Ohio to go to Canada to buy drugs at one-half or one-third or one-fourth the cost of prescription drugs in local drugstores because the drug companies simply charge Americans, not the pharmacies, but the drug companies simply charge Americans more than anywhere else. There is a bigger frustration from our constituents who have to cut their prescriptions, that have to cut the drugs that they are taking in half or take them every other day or do some other creative kind of ingestion of their drugs because it is simply that they are prescription drugs, simply because they want their prescription to last longer.

There is a frustration among our constituents who watch their children get ear infections and just wait and wait and wait because they do not have health care coverage, then they take them to the emergency room and they might lose their hearing.

There is a frustration among our constituents who have to choose to take their drugs instead of providing enough food or turning their heat up warm enough in the winter.

There is that frustration aimed at this Congress because we simply are not doing anything on the major issues. We are not taking care of children without health insurance, we are not taking care of prescription drug coverage for seniors, we are not taking care of people who are 55 or 58 or 60 years old whose factories closed, whether they are steelworkers or auto-workers or small business people or shop owners, who simply cannot afford their prescriptions and cannot afford their health care. That is the frustration.

This Congress passes a resolution, we will all say yes when you call this vote and we will all support it, but the fact is this Congress again on Tuesday afternoon comes in, people fly in from all over the country and we debate and vote on resolutions like this but we do not do anything on prescription drug coverage, we do not do anything on health insurance, we do not do anything on children's health, we do not do anything on any of these issues that matter to the American people.

Madam Speaker, I yield back the balance of my time.

Mrs. WILSON of New Mexico. Madam Speaker, I yield myself such time as I may consume. My colleague from Ohio and I share the same frustration. In some ways I think we have similar kinds of personalities. We are get-the-job-done kind of people. We came here to do things for the people we care about in our communities and we want to get it done. It is sometimes frustrating to do this job because it requires a national consensus, which we have obtained here in the House several times. But then we have to negotiate with the Senate. We have to get the President on board and do all of these things.

What amazes me is how much we have achieved over the last 5 years, even though challenges remain. In 1997, this Congress passed landmark legislation to extend health care coverage for children in partnership with States. Then my colleague from Ohio and I voted to extend that so that States could keep that additional funding. The frustration for me is that there are 8 million American children who are eligible for SCHIP whose parents have not enrolled them and they are not getting care. We have an education gap. That is what we are trying to address and remedy here today.

We have passed a Patients' Bill of Rights. I hope that that Patients' Bill of Rights is ultimately signed into law.

I have voted for it. We have passed a budget to set aside \$350 billion to add a prescription drug benefit to Medicare and to modernize Medicare. There is a company in my district called Express Scripts. They are a mail order pharmacy. They send out tens of thousands of prescriptions to people. But because Medicare is not modernized, there is a difference between if you have regular health insurance or if you are on Medicare. If you have regular health insurance, they get in the order for the medicine, they verify your eligibility online and they mail out the medicine that day. But if you are on Medicare, because Medicare is still back in the 1960s as a health plan, it takes 2 weeks to verify your eligibility with the Federal Government for Medicare. That is a senior who is out there waiting for their medicine because Medicare is not a modern program.

We have to add a prescription drug benefit to Medicare. We have to modernize Medicare. I am committed to working with my colleague from Ohio and others to do so. But we also have to narrow the education gap, to educate parents about what is available under Medicaid and under SCHIP and under employer-sponsored plans. Fifty-seven percent of small businesses in this country do not know that providing health care insurance for their employees is tax deductible. They do not know they can put it down as an expense. We need to make those changes, and we need to make sure that people know what the laws currently are so that we have fewer people uninsured, because uninsured people end up sicker than the rest of us. They end up in hospital emergency rooms more than people who have insurance. They are much more likely to be diagnosed with late stage cancers that are incurable. They end up getting their health care from emergency rooms rather than primary care physicians. They do not get annual pap smears and mammograms. They do not get immunizations for their children. We need to change the system so that the uninsured have the information and the access to insurance.

That is why I brought this resolution forward tonight. I ask for my colleagues' support.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentlewoman from New Mexico (Mrs. WILSON) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 271.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mrs. WILSON of New Mexico. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the

Chair's prior announcement, further proceedings on this motion will be postponed.

#### ENHANCED BORDER SECURITY AND VISA ENTRY REFORM ACT OF 2001

Mr. SENSENBRENNER. Madam Speaker, I move to suspend the rules and concur in the Senate amendments to the bill (H.R. 3525) to enhance the border security of the United States, and for other purposes.

The Clerk read as follows:

Senate amendments:

Page 2, line 4, strike out "2001" and insert "2002".

Page 2, in the table of contents, after the item which reads

"Sec. 203. Commission on interoperable data sharing."

insert:

Sec. 204. Personnel management authorities for positions involved in the development and implementation of the interoperable electronic data system ("Chimera system").

Sec. 205. Procurement of equipment and services for the development and implementation of the interoperable electronic data system ("Chimera system").

Page 2, in the table of contents, strike out "TITLE IV—ADMISSION AND INSPECTION OF ALIENS"

and insert:

"TITLE IV—INSPECTION AND ADMISSION OF ALIENS".

Page 2, in the table of contents, after the item which reads

"Sec. 403. Time period for inspections."

insert:

Sec. 404. Joint United States-Canada projects for alternative inspections services.

Page 3, after line 15, insert:

(3) CHIMERA SYSTEM.—The term "Chimera system" means the interoperable electronic data system required to be developed and implemented by section 202(a)(2).

Page 3, line 16, strike out "(3)" and insert "(4)".

Page 4, line 15, strike out "(4)" and insert "(5)".

Page 4, line 19, strike out "(5)" and insert "(6)".

Page 5, line 4, strike out "(6)" and insert "(7)".

Page 5, line 16, strike out "2002" and insert "2003".

Page 6, line 1, strike out "2002" and insert "2003".

Page 6, strike out lines 17 through 20.

Page 6, line 21, strike out "(c)" and insert "(b)".

Page 7, line 2, after "pay" insert "effective October 1, 2002".

Page 8, line 1, strike out "(d)" and insert "(c)".

Page 8, line 10, strike out "and".

Page 8, line 21, strike out "(e)" and insert "(d)".

Page 15, line 11, strike out "one year" and insert "15 months".

Page 15, line 13, strike out "six months" and insert "one year".

Page 16, line 12, after "alien" insert "(also known as the "Chimera system")".

Page 20, line 13, after "about" insert "the".

Page 21, line 7, after "of" insert "Central".

Page 22, line 2, strike out "in this title" and insert "in section 202".

Page 22, line 24, strike out "against".

Page 23, after line 14, insert:

#### SEC. 204. PERSONNEL MANAGEMENT AUTHORITIES FOR POSITIONS INVOLVED IN THE DEVELOPMENT AND IMPLEMENTATION OF THE INTEROPERABLE ELECTRONIC DATA SYSTEM ("CHIMERA SYSTEM").

(a) IN GENERAL.—Notwithstanding any other provision of law relating to position classification or employee pay or performance, the Attorney General may hire and fix the compensation of necessary scientific, technical, engineering, and other analytical personnel for the purpose of the development and implementation of the interoperable electronic data system described in section 202(a)(2) (also known as the "Chimera system").

(b) LIMITATION ON RATE OF PAY.—Except as otherwise provided by law, no employee compensated under subsection (a) may be paid at a rate in excess of the rate payable for a position at level III of the Executive Schedule.

(c) LIMITATION ON TOTAL CALENDAR YEAR PAYMENTS.—Total payments to employees under any system established under this section shall be subject to the limitation on payments to employees under section 5307 of title 5, United States Code.

(d) OPERATING PLAN.—Not later than 90 days after the date of enactment of this Act, the Attorney General shall submit to the Committee on Appropriations, the Committee on the Judiciary, the Select Committee on Intelligence, and the Committee on Foreign Relations of the Senate and the Committee on Appropriations, the Committee on the Judiciary, the Permanent Select Committee on Intelligence, and the Committee on International Relations of the House of Representatives an operating plan—

(1) describing the Attorney General's intended use of the authority under this section; and

(2) identifying any provisions of title 5, United States Code, being waived for purposes of the development and implementation of the Chimera system.

(e) TERMINATION DATE.—The authority of this section shall terminate upon the implementation of the Chimera system.

#### SEC. 205. PROCUREMENT OF EQUIPMENT AND SERVICES FOR THE DEVELOPMENT AND IMPLEMENTATION OF THE INTEROPERABLE ELECTRONIC DATA SYSTEM ("CHIMERA SYSTEM").

(a) EXEMPTION FROM APPLICABLE FEDERAL ACQUISITION RULES.—

(1) IN GENERAL.—Notwithstanding any other provision of law, for the purpose of the development and implementation of the interoperable electronic data system described in section 202(a)(2) (also known as the "Chimera system"), the Attorney General may use any funds available for the Chimera system to purchase or lease equipment or any related items, or to acquire interim services, without regard to any otherwise applicable Federal acquisition rule, if the Attorney General determines that—

(A) there is an exigent need for the equipment, related items, or services in order to support interagency information sharing under this title;

(B) the equipment, related items, or services required are not available within the Department of Justice; and

(C) adherence to that Federal acquisition rule would—

(i) delay the timely acquisition of the equipment, related items, or services; and

(ii) adversely affect interagency information sharing under this title.

(2) DEFINITION.—In this subsection, the term "Federal acquisition rule" means any provision of title III or IX of the Federal Property and Administrative Services Act of