

heretofore had brought forth any indication that there were problems with our air traffic system that merited this drastic action and the conclusion that air traffic control was not an inherently governmental function.

Mr. SANDLIN. Mr. Speaker, the administration, as the gentleman from Oregon who also serves on the committee knows, has brought forth absolutely no testimony, no evidence of any sort showing that there is a need to move this from a governmental function into a private function. In fact, if the gentleman wants to follow the reasoning presented to the committee, it is exactly the opposite. If we want to say that the private companies were not doing a good job of screening the baggage and we agreed to move that into a governmental function with government employees because of the danger presented to the traveling public, why then should we move the opposite way and say our extremely efficient, well-trained and hard-working government employees that keep our skies safe, that are the envy of the entire world? Why should we move that from a position of government trust where we are protecting the public into the lowest bidder, the person that comes in that says, I can do it the cheapest would be the person that would get the job. I think the American public deserves more than that, and I think the administration needs to bring testimony or evidence to show why the cheapest instead of the best should get the bid.

Mr. BLUMENAUER. Mr. Speaker, I appreciate the gentleman's analysis. I was struck; I was here earlier in the evening when the gentleman gave eloquent testimony to the need to support our rail investment. The gentleman talked about what a difference it made in east Texas, how people had moved forward, how Texas has had ridership increase on the order of 9 percent where the State had been investing, where the private sector had been there. The gentleman was talking about the legislation that we have worked on in our Subcommittee on Railroads of the Committee on Transportation and Infrastructure, under bipartisan leadership of the gentleman from Tennessee (Mr. CLEMENT), the ranking minority member; the chairman, the gentleman from Buffalo, New York (Mr. QUINN), the Republican chair, that has been virtually unanimous on the part of our committee to move forward to keep on track. I was struck with what the gentleman was talking about in terms of supporting that and the need to move forward with our bipartisan consensus to protect Amtrak, with the absolute failure to work with the committee structure, to look at the evidence and come forward with a program that made sense for the American public. I thought that the contrast between the gentleman's two comments, one, the importance of preserving what the committee could do on behalf of rail, contrasted with

what had not happened with air traffic control and safety, was stunning.

Mr. SANDLIN. Mr. Speaker, if the gentleman will yield, there is no one in the United States Congress who has done more for rail or to focus the attention of Congress and the administration on rail than my good friend from Oregon, and I know it fits in well with his livable communities agenda and trying to save energy and having a complete travel and infrastructure system of rail and air and water and otherwise.

□ 2130

I think it is important, as the gentleman mentioned, that as we are trying to protect one sort of transportation, as we are trying to say, let us invest in rail, let us do something to make it safer, let us use rail as a viable alternative, that at the same time we are backing away from aviation; and we are saying, we have a system that works, we have a system with professional folks, we have a system that brought down 5,000 planes in 2 hours with no problems, we have the envy of the world; but we want to change that.

We want to strip these professionals, these Federal employees that have only safety, that is their only criteria, we want to strip them of that responsibility, and we want to put it out on the market to a private company who says, How can I cut costs? How can I pay as little as possible to these employees? How can I make sure they do not have benefits? What can I do to get this so low and so stripped down and so poorly administered that I will get that contract? Because they look at it as profit, and our government employees that have worked so hard and trained so hard look at it as an obligation to safety for the traveling public, to safety as part of our national security. Certainly, since September 11, we need to look at rail and air and help them, not do something to back away from our obligation.

Mr. BLUMENAUER. Mr. Speaker, I appreciate the gentleman's leadership and eloquence in summarizing that. I do not say it any better.

THE REPUBLICAN PRESCRIPTION DRUG PLAN

The SPEAKER pro tempore (Mr. KELLER). Under the Speaker's announced policy of January 3, 2001, the gentleman from Kentucky (Mr. FLETCHER) is recognized for 60 minutes as the designee of the majority leader.

Mr. FLETCHER. Mr. Speaker, it is truly a privilege to be here this evening representing the leadership, the Republican leadership, on a very, very critical issue.

Let me go back in time just briefly and look at when Medicare was first developed. We know that has been one of the most successful programs for our seniors, for their retirement security, for their health. Certainly it has been extremely successful.

But since that time, medicine has changed tremendously. It has moved from a system that primarily was focused on acute care. In other words, if you had a problem, if you had a disease diagnosed, if you needed surgery, you went to the hospital, to the physician, and that was cared for. It was acute care.

Medicine has transitioned tremendously since we first established Medicare. Medicare needs to be enhanced and improved and strengthened to meet those changes.

Now, the Republican Party has already, over the last few years, certainly begun that change as we have increased some of the efforts toward diagnosis of early disease and screening of disease, and also on prevention, particularly in areas like diabetes, which certainly represents a tremendous problem in this Nation. Hopefully, through our increased funding of not only Medicare but NIH, we will find cures for these diseases.

But we have already begun to move Medicare into an enhanced, improved program and strengthened it. Now, tonight, we would like to talk about prescription drugs. I think it is probably the most critical issue facing the United States and the health care, certainly, of our seniors, so it is certainly an honor for me to be able to be part of the Speaker's task force addressing this issue. Let me just review it briefly.

First off, this program focuses and will provide coverage for all seniors. Every senior who is eligible for Medicare will be eligible for this program, and this program will cover them. It has been estimated about 95 percent of those seniors will take advantage of this.

The other thing, it would provide immediate help, help right now: a 30 percent estimated reduction of drug costs, prescription drug costs, immediately. This is an up-front discount that will take effect immediately on the bill passing not only the House but the Senate and being sent to the President's desk, where he certainly is very much in favor of this.

It is voluntary, and it provides at least two choices guaranteed to every senior. It cannot be taken away. It is not like a program that some others are offering on the Democratic side that would be sundowned or sunsetted. This program will not be able to be taken away. It has the same provisions and the same assurance guaranteed by the U.S. Government as Medicare and as Social Security.

One thing, it also has provisions to ensure our seniors do not have to choose between food and prescription drugs. Certainly, I have seen that occur, and I will talk about that a little later. For those on fixed incomes, it certainly is critical that we provide this help to those.

It also protects people from the bankruptcy of runaway drug costs. We have a lot of wonderful new medications that help tremendously, but the

costs of those are accelerating. We need to protect our seniors from the possibility of runaway drug costs that will end up causing them to have substantial financial problems, and even bankruptcy.

It also improves access and availability to hospitals, to physicians, nursing homes. With some of the provisions, it works to improve the reimbursement particularly for rural hospitals. It helps in general, again, with our health care of our seniors. I think it is one of the most pressing issues.

I am pleased also to be accompanied here this evening by the gentlewoman from West Virginia (Mrs. CAPITO), who has taken a leadership role in helping chair this task force.

I yield to the gentlewoman from West Virginia (Mrs. CAPITO).

Mrs. CAPITO. Mr. Speaker, I thank my colleague for inviting me to join him on this evening to talk about a very critical issue. I think he has addressed a lot of the basic things concerning a prescription drug plan for seniors.

I represent the State of West Virginia, which happens to have, or to be the oldest State in the Union. We have a higher percentage of older senior citizens. I see this every day when I travel throughout the district, when I talk to my constituents, and when I talk to other seniors that do not happen to live in my district but might see me at an airport or see me somewhere else, and they are always telling me that the cost of prescription drugs is something that needs to be addressed, and most importantly, needs to be addressed now.

I think we have done a lot of talking about this issue. I have certainly talked about it a lot in my town meetings, in my meetings with folks that represent the chain drug stores, the pharmacists, the hospitals, all sorts of variety of folks throughout the district who are expressing concerns about how we are going to address this problem. But talk is, as they say, talk is cheap, and action is what we really need. It is what our seniors deserve.

I think the ability to afford medications in one's golden years is really a form of retirement security. We talk a lot about Social Security and the sanctity of that promise made in Social Security and how very important it is. But I think also it is important for our seniors to have as part of their retirement security the satisfaction and necessity of being able to afford prescription medications.

I share everyone's concern, and the gentleman's as well, over the rising cost of prescription drugs. It must be and should be an essential part of any health care plan; but unfortunately, as the gentleman mentioned, Medicare is not one such plan that covers prescription drugs.

Americans over 65, those covered by Medicare, are the least likely to have help with the cost of their medications, and are the ones in most need of help.

So time is ticking, the cost is ticking for Congress, for us to get something done now.

The gentleman mentioned the House Prescription Drug Action Team. I am very privileged to be serving on that. I think it is important for us to raise the level of our voices to talk about a most important issue to our constituencies and to Americans. This Prescription Drug Action Team, I think, has worked hard with the committees and the committee Chairs in a bipartisan coalition to try to work together with the other side of the aisle to develop something that we can get to the President's desk.

The men and women of West Virginia sent me here to lower the drug costs for seniors. I am particularly interested in seeing this done now and in an affirmative way.

For instance, when we kicked off the Prescription Drug Action Team, a constituent of mine was here speaking with us, Betty White from Martinsburg, West Virginia. Betty has a monthly prescription drug cost of \$340, which, in my math that I worked out in my office, gets her to \$4,080 a year, astounding costs for Betty. She cannot afford to keep paying this and also make the other arrangements in her life to pay for her food and shelter and her necessities in her life, and still pay \$4,000 a year for her prescription medications.

I think we are on the right track looking at the principles that the gentleman is going to be talking about here in a few minutes, I think, the principles behind the drug plan. But I think it is important for those in West Virginia that are listening to me tonight to realize that all 288,000 seniors in West Virginia will benefit from this plan. That is significant.

I think the plan, the plan we are working on, and it is evolving, has more help for the lower-income folks. In my State of West Virginia, again, 79,000 West Virginians, or 28 percent of our State's seniors, live at or below 100 percent of the poverty level. These extremely limited incomes make it impossible to afford astronomical costs of pharmaceutical medication, so a plan that really helps those folks that are having to make the day-to-day struggle for their health, for their well-being, is a plan that I think we need to get in front of Congress immediately.

Another aspect of a good, solid plan I think is catastrophic coverage. A lot of the drug therapies, and my colleague, the gentleman from Kentucky, alluded to this, the drug therapies are very, very expensive, and get beyond Betty White's \$4,000 and go on into the \$8,000 or \$9,000 a year range, astronomical costs. I think we need a plan that is going to help our seniors cap off that cost at a certain point where Medicare will pick up the remaining costs of those runaway prescriptions, of exorbitant rates. It is a plan that I know we are going to be able to put together here in the next several weeks.

I think we have to make sure that we look at special parts of our population. I am a woman serving in Congress. Women live longer than men, and they are accounting for 72 percent of the population 85 and older; but unfortunately, women are more likely to have lower incomes in their retirement age. There are twice as many women as men aged 65 or older with annual incomes of less than \$10,000. This will help the seniors. This will help women who are seniors. I think that is significant.

Many women, unfortunately, when they retire, they look at the retirement benefits, or if they have not been in the workforce, they have a problem. They have been home raising their families, contributing to society in a lot of ways, but have not picked up that paycheck. What are we doing for these women? This plan will come and help save these women from having to make the tough choices.

I am here to stand by to let my fellow West Virginians, my colleagues, know that I will fight for relief. Lowering the cost of prescription drugs cannot be a political issue. It is not a Republican issue; it is not a Democratic issue. It is a human issue that cuts across all lines across America.

As I have said before, the time is ripe. The time is now. We need to capitalize on this momentum and make sure that we join together in a bipartisan way and formulate a prescription drug plan for our seniors now. The time is now.

Mr. FLETCHER. Mr. Speaker, I certainly want to thank the gentlewoman. Again, let me just thank her for her hard work, her dedication, and certainly her loyalty and care about those senior citizens in West Virginia. As the gentlewoman has mentioned, that is a large part of her population. I know she has worked very hard up here, and certainly I just want to thank the gentlewoman for coming this evening and sharing this time with us. I thank the gentlewoman for her work for those seniors back home. I know they will appreciate it.

I just hope as we go through these next few weeks, and I believe we will be able to get this bill passed out of the House, I hope that it will continue to have work done so that eventually it gets on the President's desk and so those seniors back in West Virginia will see the kind of benefits that the gentlewoman has talked about. I thank the gentlewoman very much for joining us.

I next yield to the gentleman from New York (Mr. GRUCCI), who has worked very hard also on this prescription drug plan. We appreciate him being here and sharing this time with us tonight.

Mr. GRUCCI. I thank the gentleman for yielding to me, Mr. Speaker. I just want to comment and commend him on his great work and vision in the field of health care for all of America, but specifically for our senior citizens.

Mr. Speaker, I rise tonight on behalf of the men and women in my district on Long Island who have told me in town hall meetings, public events, and in the calls and letters to my office how much they need a voluntary Medicare-administered national prescription drug plan.

Over the past few weeks, I have spoken to hundreds and hundreds of senior citizens in town hall meetings all across Suffolk County outlining how this proposed Medicare-administered national prescription drug plan will actually help them.

□ 2145

And they told me in no uncertain terms that they need this drug plan. They need it now. They need it right away. They do not need it tomorrow. They do not need it the day after or the year after that. They need it now because their pain and suffering is real and their economic conditions are real. But they also told me they do not want to sacrifice their hospitals or their doctors. They do not want to cut reimbursement rates. They do not want to jeopardize the quality of their health care beyond that of prescription drugs. And on Long Island, seniors need relief. They need relief from the high cost of prescription drugs and they do need it now. No senior should ever have to choose between purchasing food or purchasing the much-needed medicines to make the quality of their life a better place, to be able to give them the kind of life that they have earned all through their working years.

The plan will save Americans hundreds and hundreds of dollars on their prescription drugs, and especially help those living on a fixed income, while also preventing cuts to our hospitals, to our doctors and to our home care providers, all of which are very important in the quality of life for our seniors as they move forward into their golden years.

This legislation will lower the cost of prescription drugs now and guarantee all senior citizens prescription drug coverage. I would like to thank the Speaker, the gentleman from Illinois (Mr. HASTERT), for inviting me to serve on this prescription drug action team, to create this Medicare-administered drug benefit program covering all senior citizens. I now have the opportunity to focus my efforts on ensuring that the program strengthens Medicare, while guaranteeing prescription drugs and preserving the integrity of the health care system and all at the time of making it affordable for our senior citizens and making sure they have the ability to buy the drugs they need to protect themselves and to ensure their quality of life.

Far too many seniors are faced with the skyrocketing costs of medicines they need for a healthy quality of life, and that is just wrong in a country as mighty, as powerful and as affluent as this country is. We can do better for our seniors. We will do better for our

seniors, and this program ensures that they will have that kind of a quality of life. It is time for the rhetoric and the petty partisan difference to end. It is time to act on behalf of our senior citizens.

We need to put the qualities of our senior citizens' health care first and the way that we do that is by establishing an affordable drug benefit program as part of Medicare. That is very simple. It is what should have been done a long time ago. And I am glad to see that my colleagues in the House of Representatives and certainly those that have joined with me on the Speaker's task force have seen the need to do that, rose to the occasion, and have worked from inside the budget and are going to create benefit for our senior citizens, the likes of which they have never had before.

I am proud to have been chosen as a member of that prescription drug action team and I am proud to have been a voice for our hospitals in the formation of this plan, saying that any final plan could not have imposed cuts to our hospitals and to reimbursements to our doctors, home care providers.

I am proud to have been a voice for Suffolk County, for Suffolk County seniors, fighting to make this plan address our HMO reimbursement problems, a problem that has seen so many of our health care providers flee our county and move, not across the country, but across county lines, and in some instances into the city where the reimbursement levels are greater. And as a result, our senior citizens lack the kind of attention they need to take care of their health and their quality of life and that is just wrong.

This plan is vitally important to the health and quality of life for our parents, our Nation and our senior citizens. That is why I lobby to target a prescription drug benefit for seniors as the GOP freshman class priority of 2002. The time is now. It is time for our senior citizens from Long Island and across this great Nation to have access to an affordable prescription drug benefit program through Medicare. I ask my colleagues to join me in working to secure a fair and equitable plan to strengthen Medicare by providing a prescription drug benefit without hurting our doctors, without hurting our hospitals, and without hurting our health care providers.

I yield back to the gentleman from Kentucky (Mr. FLETCHER), and I comment once again on his vision and his help, not only in this instance but in his leadership when it came to creating a Patients' Bill of Rights, a program that I helped to work on with him, and I was impressed with his credentials at that time as I am tonight. He has done a great job for this Nation and a great job for the people of America. I yield back to the gentleman.

Mr. FLETCHER. Mr. Speaker, I thank the gentleman from New York (Mr. GRUCCI). The gentleman could probably tell us a few situations. The

gentleman mentioned he had been in a town hall meeting or meetings and this is probably the number one issue I hear about when we talk about health care, particularly with our seniors. I know that the gentleman, having owned and operated a small business, providing health care, and as we worked on the Patients' Bill of Rights, I remember a lot of times we spent together and the gentleman talking about making sure we could continue to provide the kind of health care we need. And it is good to see the gentleman now taking a leadership role on this prescription drug plan.

Mr. GRUCCI. Mr. Speaker, I thank the gentleman for those kind words. I can tell the gentleman that the people in my district consider this to be amongst the top tier issues in the country. Certainly the war on terrorism and making our homeland safe is something that is on everyone's mind, but short of that, health care and our senior citizens and prescription drugs is something that our senior citizens have been clamoring for, been asking for, been begging for, for a number of years. And I am glad to see that we have now risen to the occasion and are going to be able to provide them the much-needed help.

An average senior in my district is no different than across the Nation. They spend about \$2,150 a year on their prescription drug benefits. When I asked them that question, the majority of the room raised their hand in that area. Some had more than \$4,000 of prescription drug benefits. This program will go to help pay for those above that cost. They told me this is the plan that they were hoping for to arrive in their lifetime and we are now able to deliver to them. And the gentleman has been doing an outstanding job on that. I am sure your district is no different than mine.

Mr. FLETCHER. Mr. Speaker, the gentleman is absolutely right. In central Kentucky, probably throughout the State, when I talk to seniors at town hall meetings, and I was recently at a senior citizens center where there was probably 200-plus senior citizens there, and it was just the major issue on their mind. Virtually all of them seemed to be on some sort of prescription drug. I remember one lady that got up and she gave me her income and she said, How much will I have to pay? I was glad to tell her, and I will be looking just briefly at these charts, that lady who is on a fixed income, and I think the gentlewoman from West Virginia (Mrs. CAPITO) talked about this, this affects particularly women that have worked all of their life very hard, many in the home, and they are on a fixed Social Security income and now they have these high drug costs. I was glad to tell her that actually this plan will pay for all of her medication costs, that it would help her tremendously, or virtually all of the costs would be covered. And that is something that I think as I get out around

the district and tell people, they really understand how good this plan is and how comprehensive it is, covering all seniors. And certainly we get a tremendous amount of support out there.

Mr. GRUCCI. Mr. Speaker, if the gentleman would yield, I would say the same is true in my district. The thing that we use together between the prescription drug benefit is the uncertainty our seniors have over the rhetoric that is coming out about their Social Security and are they going to lose it, are their benefits going to be taken away from them, are we going to pay for a prescription drug benefit and the health care of our Nation on the backs of our seniors through their Social Security? When I tell them there is no plan, neither a Democrat nor Republican plan to do away with Social Security or to privatize Social Security, a word that seems to have been cropping up in the vernacular these days in an attempt to scare our senior citizens into believing that there is some evil plan afoot here in Congress to do away with their Social Security or to privatize it and put it in jeopardy, when they understand that is not the case and that is not going to happen and they realize that this prescription drug benefit is actually new monies and not coming on the backs of their Social Security, they really understand the benefit that this program is going to have for them.

When I told my senior citizens, and I probably did three to four of these town hall meetings, each with as many as 200 senior citizens in them as well, they understood that they were going to see savings. When I said to them, they will see six, eight, 900 and \$1,000 back, you can hear the sigh of relief because to some Americans that may not be a lot of money, but to these folks, it makes the difference.

People hear us talk about the choice between buying food and putting heat in their house and buying the medicine. Well, the seniors that I talked to are the people that are making those choices. I want to eliminate that choice. They should not have to make that choice. They should be able to have their Social Security benefits as well as their retirement. They should be able to have a prescription drug as part of a program that the Federal Government has said is right for them and is going to help them with. I could not be happier that this is coming about. I hope we can get this to the floor very quickly so that the Senate will be able to act on it and we can get it to the President for his signature.

Mr. FLETCHER. Mr. Speaker, certainly I appreciate the gentleman's words and help again. As we begin to look at this problem, I am thinking of a lady who said that she was living on, it was around 7 to \$800 a month, if you look at what it takes to provide, put food on the table, clothing, heating, a home, she was getting some assistance from family members, and we see that all across. It is not only the seniors

that are very interested in this, but we all have parents, and there is a lot of younger folks out there that are struggling to make it and they are helping their parents right now because their parents are on a fixed income. They are having to contribute to that cost. So this is something that I agree immediate relief is certainly needed. And as the gentleman just said, there are a number of people out there struggling to make ends meet. They are having to decide whether there is food on the table and whether they will take the prescription drug.

Mr. Speaker, again, I thank the gentleman for his work and for coming and sharing the time tonight.

Mr. GRUCCI. Mr. Speaker, I appreciate that. I will close by saying that the person I run this by is Mama Grucci, and when she tells me this is a good plan, I believe it is a good plan. I thank the gentleman and I appreciate his time.

Mr. FLETCHER. I thank the gentleman for that high note of credibility he just added to this plan.

Mr. Speaker, as I looked, the gentleman from New York (Mr. GRUCCI) also mentioned that some people are trying to scare seniors and talk about Social Security and spending Social Security money, taking Social Security away or privatizing, all of those terms that they use to try and scare our senior citizens. Let me say that is unconscionable because they do know that there is no plan afoot, no intent to that, and that we are actually trying to do and are working, and I think successfully, and certainly have come up with a plan that we will unveil shortly to help shore up retirement security, improve it, enhance it.

As a matter of fact, this year as I served on the Committee on the Budget, we specifically set aside \$350 billion over the next 10 years for the very purpose that we are here talking about tonight and that is to provide a prescription drug plan and to strengthen Medicare.

Now we set aside for that very purpose. And let me say at that time the Democrats had no plan. They set aside no money for Medicare. They set aside nothing to plan for the future of prescription drugs. And I know that many of them desire just like we do that we have a prescription drug plan. And we just need to set the record straight that when we rolled out a budget here on the House floor, there was no alternative budget that provided the kind of money that we did or provided any provision for prescription drugs. We provided \$350 billion over the next 10 years to address this critical health care issue in America.

Let me share, I have practiced medicine before I came to join this honorable body. I was a family practitioner. I can remember situations like the one I will relay. A lady that came in who had high blood pressure, hypertension. I prescribe the medication for her. She goes home. She comes back, I check

and the blood pressure is not controlled and I scratch my head. I increase the medication. She goes home, comes back, and the blood pressure still is not controlled. Finally when you sit down and she begins to pour out her heart, she says, Look, I cannot afford this medication and when the samples you gave me ran out, I could not afford to get them.

I have seen folks that say, I take it every other day, or I could only take half of the dose you gave me. These are problems where people are not only have having to decide between food and medicine but it has a critical impact on their health and long-term security. If we are not controlling things like hypertension or diabetes or high lipids or cholesterol, then we are not doing all we can for the health of our seniors. And that will lead to diseases and problems that they would not have otherwise had if we do not provide the care that we are talking about here this evening.

□ 2200

Let me review again some of the principles of this plan because I think they are critically important.

First of all, it strengthens Medicare with a prescription drug plan coverage. It lowers the cost of prescription drugs now, and I want my colleagues to see that word "now," Mr. Speaker, because I think it is critically important. People, I hear, need immediate relief and that means they need it now.

This immediate relief is allowing us to reduce those costs. It is estimated at 30 percent. In the last year or so there have been Democrat plans that have been rolled out, and they are estimated only to reduce it about 10 percent. If my colleagues can remember, during the last Presidential election a plan was rolled out. The Democratic candidate, the estimate reduction was only 10 percent. We are providing three times the price reduction, and we are doing it immediately under this plan, as soon as this plan will be signed into law; and we get out the competition that would bring down the cost of those medications, the up-front cost as seniors walk into their pharmacy by up to 30 percent.

It guarantees all seniors prescription drug coverage under Medicare. This is a plan that cannot be taken away from. Our Congressional Budget Office has estimated that 95 percent of the seniors will take advantage of this; and let me say, if, and this is a question I got at some of my town hall meetings, Mr. Speaker, and that is, if a senior citizen now has a prescription drug plan, this will not take away their ability to keep and maintain that prescription drug plan. It will allow them to maintain a plan that they like.

So it does not restrict their freedom. It provides choices. It improves Medicare with more choices and more savings. We have already talked about a 30 percent saving immediately. With a small premium, there will be substantial savings.

It also protects from any catastrophic drug costs that would result in bankruptcy because of runaway drug costs.

It provides choices. We guarantee that a senior has at least two choices. This is unlike the Democrat plan that said we are going to give people one choice, one formulary that is going to be listed. That means that people have got a bureaucrat or bureaucrats controlling what is in the medicine cabinet of the seniors across America.

Let me tell my colleagues, I worked with companies, insurance companies, that only had a single formulary, and sometimes it is nightmare to get the particular medicine that the patient needs, and so we wanted to make sure, as one of our basic principles, that we provided multiple choice. We guaranteed at least two choices, and hopefully there will be more than that, but more choices, more savings.

We strengthen Medicare in the future. One of the problems we are seeing across this country and certainly in Kentucky is that a new Medicare patient has a difficult time of getting an appointment with a physician. We also see struggling rural hospitals and nursing homes and home health agencies because of reimbursals that are about to be cut or have been cut and the tightening or disparity in payments for rural hospitals. That makes it very difficult for these essential rural hospitals to continue to operate, and believe me, I think all health care is local.

When we look at how important it is to have immediate care, when someone has something like a heart attack or a stroke, it is critically important to have that care right in the community, maintain those rural hospitals. Part of this plan will certainly help do that and improve the reimbursement for those rural hospitals. So I think that is critically important.

Not only that, but it prevents this rather ridiculous plan of the way we were going to pay physicians and the reduction that would cause many of them to quit taking Medicare, and that is why I think it is critically important that we pass this, to improve the accessibility and availability of health care to our seniors.

I see now I am joined by the gentleman from Connecticut (Mr. SIMMONS). I am very glad to have him here and his work on prescription drugs. So let me yield to him.

Mr. SIMMONS. Mr. Speaker, I thank the gentleman for yielding to me, and in particular, I thank the gentleman for sharing his expertise on this subject, not only with Members of this body, but with all Americans who are concerned about this particular issue.

I represent a small State, Connecticut, which has been fortunate in many ways because over the last 17 or 18 years, the State of Connecticut has benefited from a state-based prescription drug plan, what we call ConnPACE, which is the Connecticut

pharmaceutical contract for the elderly, and what this ConnPACE program does is provides prescription drug coverage to those senior citizens and those disabled citizens who are low income, and so it is income based. It is not asset based. It is income based.

During the 8 or 10 years that I served as a State representative in the State of Connecticut and I traveled around during election time, knocking on doors, with increasing urgency senior citizens expressed their concern for additional help for prescription drugs. As I said, Connecticut had a program, but because it was income based, an individual who was slightly over the income limit became ineligible and, therefore, could not take advantage of this program.

What I felt over those 8 or 10 years was that the Federal Government should play a larger role, and when I was I elected last year and came to Washington, my colleagues may recall that the President offered what he called his Immediate Helping Hand Program, and as I understood it, it was a program where the Federal Government would make a grant to the States to a certain amount to assist them in the programs that they had. I took that idea to heart.

I introduced some legislation here on the Hill that reflected that concept, where the Federal Government would help those States, but when I went back to my district and when I talked to the senior citizens at the senior citizens centers and at gathering places across the district, what I discovered was they really wanted to go beyond that. They did not want to have an income-based program. They did not want to have a program that limited the benefit only to those seniors in greatest need. They wanted a broader-based program, and this is where the gentleman's proposal and the proposal that I understand will be coming out of the Committee on Ways and Means hopefully in the near future really fills the bill.

It includes all seniors. It provides coverage for all seniors, and it allows them to have some choice, and I think, most importantly, for those States that do not have a state-based program, it gives seniors immediate access.

What I hear time and time again is that senior citizens want this coverage now. They have heard the talk. The talk has been going on for a long time, and they feel that it is no longer a time to talk the talk. It is time to walk the walk. So they want to do it now, and they want to do it this year.

It is interesting when we think about it. I know the gentleman has a substantial background and experience in medicine, and I respect and appreciate that; and I understand how his expertise is really bringing this legislation to the fore.

My background is more in the area of military issues; and so when September 11 came along, it was a traumatic

event for me and my citizens, my constituents who died on that terrible fateful day. We can look at national security issues and they are extremely important. There is no question about it. We can look at intelligence and national security issues, and they are extremely important.

In the polling in the months after September 11, there was great public interest in that issue, although that polling has now gone down, but think for a moment about a senior citizen on prescription drugs with limited resources. They may not be frightened on a daily basis about a terrorist attack, they may not feel that they are in jeopardy because of international terrorists, but they are in jeopardy because of their prescription drugs.

Every day they have to face concern and anxiety and insecurity because they have to make a choice between drugs and food. They are not sure that they have the resources available to buy that prescription drug in the coming months. So we have to put ourselves in their shoes, and we have to be considerate of their concerns.

We have to move forward with this program. We have to get it done and we have to get it done now, and I am so happy to be part of the Speaker's task force that addresses this issue. This is a critical issue for senior citizens, for disabled and for those on Medicare, and it is time for us to provide this coverage for them.

So I thank the gentleman very much for his leadership, I thank him for his expertise, and I think the time is going to come sooner rather than later when many citizens across this great country of ours, so I am going to thank the gentleman and all those working with him, to bring this critical program to fruition, to bring it to our senior citizens.

Mr. FLETCHER. Mr. Speaker, I thank the gentleman from Connecticut (Mr. SIMMONS) for joining me tonight. I thank him for his work on the task force, and I know as he mentioned certainly his sincere desire to help the folks in Connecticut, particularly in his district, I am sure they feel as I do, certainly appreciate the tremendous amount of work he has done on this, and I think he is focused.

His background, as he has already mentioned, is one of serving the country and yet going well beyond that of focusing, not only as he mentioned on the national security, but now on the retirement security and security of our seniors' health. So I thank him for his work, and I know if he is like myself and some of the other folks that have joined us this evening, it is just an issue that they hear regularly around the district.

Mr. SIMMONS. Mr. Speaker, if the gentleman would yield for just a moment, he captured the concept so beautifully. We are concerned about retirement security. We are concerned about health security. We are concerned about national security, and these are

all interlocked in a way, and we have a responsibility to address them all.

When I look back on what I was trying to do, which was to frame a legislative program that would provide block grants to those States that had programs and encourage other States to develop programs, what I realized was and what seniors told me was we are leaving a lot of people out. We are leaving people out in those States that do not have a program, and it is going to take them awhile to implement. We are leaving those people out whose income levels are sufficiently high that they do not get to participate.

The point is, when it comes to health security, when it comes to retirement security, when it comes to national security, we do not want to leave anybody out. We want to make sure that everybody is covered. We are all a part of this great country of ours. We need to work together to make sure that everybody participates.

Mr. FLETCHER. Mr. Speaker, again I thank the gentleman for joining us tonight, and as he said, two critical things, immediate help, help now.

If we, as we did a couple of years ago, pass a bill out of the House here, we sent that over to the Senate. The Senate did not act on it. Let us hope it is different this year as we look over the next few weeks of passing a bill out here and sending it over to the other body, but I do thank him for joining us tonight and thank him for all the work, for all the citizens, not only in the State of Connecticut, but all over the country.

Let me just say a few things and close out this evening and remark on this. We said no senior should have to choose between food and medicine, and yet that is happening in this country, and yet we are undoubtedly the wealthiest Nation in the world's history. We have developed a tremendous amount of health care technology, including wonderful new medications, prescription drugs that help prevent disease.

We now have medications that prevent hardening of the arteries, that reduce the rates of heart attacks and strokes. We have medications that certainly allow senior citizens to live more comfortably. We have medications that treat and sometimes even cure cancer. That would have been just unimaginable a few years and decades ago, but oftentimes our seniors are having to choose between the food that gives them that comfort, that quality of life and even assures them of prolonged life, and the medicine, having to choose between food and medicine.

So we want to stop that. We have a good plan, and let me just review a little thing on that.

First off, it fully subsidizes premium and cost-sharing up to 150 percent of the poverty level. That means those ladies that are on low income and those senior gentlemen that are on low income do not have to worry about that problem, as we have shown, choosing between food and medicine.

It also provides a subsidy that is phased out between 150 and 175 percent. This is a coverage in Medicare, and it is important to understand that. It is also important to understand that people have a choice.

There are several plans to choose from, so that they can get the medication that they need. It is not just a single formulary that may restrict someone or make it very, very difficult for them to get the particular medicine that they can tolerate and that treats their particular condition the best.

It brings immediate relief of up to 30 percent cost reduction. It helps not only that, but there are a few other things I want to review as we close out.

It protects improvements in Medicare to help reduce adverse drug interactions, provides for electronic prescribing to minimize medical errors which the complexity of medicine now certainly is needed to incorporate all the technology that we have to ensure that we reduce the medical errors to as little as few as possible. It allows pharmacy therapy management for chronic conditions, and I think disease management is part of this prescription drug plan that is very critical as we look to not only just treat the acute problems of our seniors but make sure we manage their condition to give them the best quality of life, again to help them with their retirement security, to secure their health for as long as possible.

So as I close we have a plan that we will be rolling out soon to provide immediate relief that is available for all seniors that will ensure no one has to choose between food and medicine, that will also provide choice and freedom. It will also make sure that those people that have drug costs that become quite expensive, that they are not going to go bankrupt because of runaway drug costs.

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Mr. Speaker, it is an excellent plan. I certainly hope that we can get bipartisan support for this plan as we bring it to the House floor.

As I mentioned a year and a half ago, we passed a good prescription drug bill out of this House. I think we have made marked improvements on the plan. I want to share, Mr. Speaker, this plan is not only a plan that we have worked on this year, it is the culmination of several years of work.

What we found is that I think we can get a greater participation in the way this is structured; and again, the Congressional Budget Office predicts that 95 percent of the seniors will sign up for this, this voluntary program, because the benefits are so structured and so good and so attractive that they felt like seniors would sign up for this, and because it is available for all seniors. Again, it provides them with the ability to keep the plan that they have. If they have a retirement plan, and it provides prescription drug coverage, this does not impede their ability to keep that plan.

It also, again through better negotiating power, gives them an immediate 30 percent estimated in their cost. We have a great disparity in this country in the fact that most people who are working can walk into a pharmacy and they can get prescription drugs at a markedly reduced cost because they have an insurance plan that negotiates the cost of those drugs and gets a reduced cost, but our seniors do not have that. They pay a substantially higher price when they walk in to buy their prescription drugs. Why, unless they have some sort of plan other than Medicare, they do not get the benefit, the negotiating power, to reduce the cost. This plan brings that power to every senior that takes advantage of this plan.

I just wanted to share those few things, and let seniors know that not only providing this plan for the reasons we have mentioned because of the necessity of improving certainly retirement security and the security of our seniors' health, but it is a matter of equity. Medicare provides for acute care, and will provide, for example, bypass surgery for someone who needs surgery, but it will not provide the prescription drugs for hypertension or lowering cholesterol that are necessary.

EDUCATION TAX CREDITS

The SPEAKER pro tempore (Mr. KELLER). Under the Speaker's announced policy of January 3, 2001, the gentleman from Colorado (Mr. SCHAFER) is recognized for half the time remaining before midnight, or approximately 50 minutes.

Mr. SCHAFER. Mr. Speaker, tonight I rise to discuss the issue of education in America and the topic more specifically is around education tax credits, a proposal which has been circulating through some of the back rooms in Congress so far. We have been talking about this publicly for a long time and many States know quite a lot about this. We have been working to construct a bill which is almost ready for introduction. We are dealing with some of the final discussions with the committee of jurisdiction in that legislation.

If we have Members interested in the topic of education tax credits and would like to participate, I would like to invite my colleagues to join me. I know there are several Members who I anticipate will be joining me shortly.

Education tax credits are probably the most exciting innovation with respect to education that we will have a chance to consider this year in Congress. First, perhaps, I would explain a little bit of the history of how we got to the point of putting a pretty serious education school choice initiative to the point where we will be bringing it to the floor and considering it in Congress. That history goes back to the Presidency of George W. Bush, when he campaigned for the Presidency.