

GENERAL LEAVE

Mrs. MINK of Hawaii. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on special order of the 30th anniversary of title IX.

The SPEAKER pro tempore (Mr. KENNEDY of Minnesota). Is there objection to the request of the gentlewoman from Hawaii?

There was no objection.

□ 1615

HOMELAND SECURITY

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

Mr. SOUDER. Mr. Speaker, I apologize for missing my earlier time slot. We were meeting with President Uribe of Colombia, the President-elect of Colombia, and we were very encouraged with his words on how he plans to address terrorism inside Colombia, narcoterrorism funded by American drug consumption. I am pleased for his initiatives and his intention to increase the Colombian contribution to the military and antidrug efforts in Colombia to address some of the concerns this Congress has had as far as who is involved in their armed forces and to have it more democratically spread through their country and his determination and will to fight the narcoterrorists in Colombia.

As I had mentioned yesterday on this floor, our subcommittee on government reform as well as other subcommittees and tomorrow the full committee will be starting to address the Department of Homeland Security. I wanted to raise a few other issues this evening. One in particular has to do with visa clearance, as we have learned, that really the Department of Homeland Security is more aptly called the Department of Border Security for Catastrophic Security. In other words, it has predominantly to deal with the meeters and greeters, those people as they are coming through ports of entry, as they are coming in airports, as they are crossing borders, as they are making decisions to come to the United States, and the primary concern of this department is catastrophic terrorism, not day-to-day terrorism. If you look at it in that sense, that is why the President has chosen to put the agencies that he has inside the Department of Homeland Security.

But there are a number of things that we need to look at hard in Congress. In section 403, visa issuance, it says in the proposed legislation that exclusive authority to issue regulations with respect to, administer and enforce the provisions of this act and all other immigration and nationality laws relating to the functions of diplomatic and consular offices of the United States will be given to this department, but it says, through the Secretary of State.

One fundamental question is, why are the people who are making the visa decisions at the embassies not considered part of the homeland security since otherwise the people at the Border Patrol, the Customs, the INS and others who are making those decisions at the border are merely reacting to what has been cleared at the embassy? Secretary of State Powell has objected with several comments and I wanted to respond to those.

He says that the Secretary of State and the State Department no longer have command over employees at the embassy. Of course not. There are other people who work at our embassies abroad, DEA, for example, and other agencies of the United States Government, the Defense Department, who work through our embassies and are not the direct employees of the Secretary of State. They have different missions. In this case, visa clearance, in my opinion, is a homeland security question predominantly and secondarily a foreign affairs question. And where it is a foreign affairs question in the case of China, the Secretary of State should be weighing in; but where it is a homeland security question, that person ought to be a line person in the Department of Homeland Security.

He says there would be conflicting information and guidelines for visa adjudication policy. No, there are currently conflicting things. Both the Justice Department and the State Department input and quite frankly homeland security ought to be the preeminent concern and then other political interests should be a concern.

He says the Secretary of State's ability to set foreign policy would be limited, only limited based on terrorism. The next question would be, Would this diminish the role of American ambassadors? No more than having DEA and other Defense Department personnel and other Commerce Department personnel in the embassy. We all recognize the importance of each ambassador being the American voice in those countries. No matter who works in that embassy, no matter who visits as a Member of Congress, our job is to back up the American voice in that country and not to cause cognitive dissonance in those countries. I do not believe it undermines the ambassador, I do not believe it undermines the Secretary of State, but if we are serious that this is at least the Department of Border Security, then we need to make sure that visa clearance comes under the Department of Homeland Security.

I also wanted to address a few questions related to Customs and illustrate a few points and challenges we have there. Clearly Customs is patrolling the border. This picture is one that I took along the Canadian border east of Blaine, Washington. This is Cascades National Park coming up on this side, which is further to the east. You can see the Canadian border running along here, a ditch that you could maybe sprain your ankle if you were running

fast, but basically it is a completely unprotected border. Furthermore when you go in through the mountains, it is even less protected. As we tighten the borders at the crossings, we have to address the broader questions of how we are going to deal with the border; and if we overtighten at the crossing which will also restrict commerce, not only will we push it to the east in some cases, to the west in others and in the mountains and into the water, we also will have slowed down commerce. So it is important to understand that while the primary mission of the customs department in homeland security will be security, it is also important that they keep the trade moving.

We will continue to discuss this in committee and on the floor because it is very important we maintain the balance in Customs and Coast Guard in addition to homeland security for trade and other missions that they have.

MEDICARE PRESCRIPTION DRUG BENEFIT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from Arkansas (Mr. ROSS) is recognized for 60 minutes.

Mr. ROSS. Mr. Speaker, for the next hour I plan to visit with the Members of the United States House of Representatives, and other Members will be joining me throughout this hour, to talk about the need to truly modernize Medicare, to include medicine for our seniors. This is something that both parties have talked a lot about. They have talked about it for years. Yet we continue to live in a society where today's Medicare, if you really stop and think about it, is designed for yesterday's medical care. What I mean by that is I recently encountered an elderly woman in Glenwood, Arkansas, in my congressional district who is a retired pharmacist who just happened to have been a relief pharmacist at the pharmacy that my family used in Prescott, Arkansas, when I was a small child growing up there. She talked about how if she filled a prescription and it cost more than \$5, she would go ahead and fill the next prescription while she tried to build up enough courage and confidence to go out and tell the patient that their medicine was going to cost \$5. My, my, how times have changed. How times have changed and indeed today's Medicare really is designed for yesterday's medical care.

I have stepped across the aisle and voted with my Republican Members probably as many times as any Democrat in this Chamber. So I think I can say with some credibility and with some respect that when it comes to the need to provide our seniors with a prescription drug benefit, in my opinion the Republicans are dead wrong on this issue. This is coming from a conservative Democrat from south Arkansas, one who has crossed over that aisle and

voted with the Republican Party numerous times over the past 17 months. The reason I know that their prescription drug plan is bad is because, you see, I understand this issue. I own a small-town family pharmacy. My wife is a pharmacist. I understand this issue. And I understand what our seniors need. They need an affordable, a voluntary, a guaranteed prescription drug benefit for all seniors.

I am going to spend the next hour talking about the differences in the Republican plan and the Democrat plan, and I am proud to be one of four lead sponsors on the Democratic plan, one that will truly modernize Medicare to include medicine for our seniors. But before I get into that, I would like to yield to the gentlewoman from Ohio (Mrs. JONES).

Mrs. JONES of Ohio. I thank the gentleman from Arkansas (Mr. ROSS) for yielding. I came to Congress in January of 1999. In 1998 I was campaigning on behalf of senior citizens throughout these United States. I was campaigning particularly because my dad is 82 years old, my mom is 81 years old, all of my friends have parents that are octogenarians; and I talked to them constantly about what is it that I can best do if and when I go to Congress to support you. All of them said to me, save Social Security, make sure Medicare is strong, and we need a prescription drug benefit.

In my congressional district, which is the 11th Congressional District of Ohio, we have had two or three sessions with senior citizens where we have given them a chance to come out and talk about the issue of a prescription drug benefit and what it would mean for them. Many of them are talking about taking as many as nine or 10 different drugs and that as a result of having to take that many different drugs, the cost of drugs, their prescription drugs, is so significant that they are really choosing between eating and choosing between, in the twilight of their lives, having an enjoyable time versus having the chance to enjoy the benefits of all the work that they have done.

Recently on the front page of *The Washington Post*, there was an article entitled "Kicked in the Teeth," which lamented the impact of America's soccer team victory over Mexico during the World Cup competition and the implications that such a loss had upon our neighbors to the south. The article went on to discuss the embarrassment of this loss for a nation with a great soccer tradition such as Mexico.

Well, today I want to borrow from that title to discuss the GOP prescription drug plan that was marked up this week. Senior citizens in America are not unlike Mexico's soccer fans. They expected a win and what they got was a loss. But this loss was not at the hands or feet of a foe, but rather the House leadership. Once again the leadership has created an industry-based bill that further alienates and confuses senior citizens on what they can ex-

pect. According to experts, the GOP plan is, and I quote, "Hollow, highly ideological and worthless. It will roll back Medicare and leave senior citizens in the country choosing between food and medicine." So in essence they have been kicked in their teeth.

The disappointment senior citizens must be feeling cannot be measured or polled; but I would encourage all those grandmothers, grandfathers, aunts, uncles, mothers and fathers to remember that your sacrifice to build, protect and maintain the greatness of this country is not being respected by the House leadership, but rather sold to the highest bidder.

"Sold" is the word you hear at the end of a successful auction. I would like to invite all of you here in town tonight to join my Republican colleagues at the close of their prescription drug benefit auction tonight at the pharmaceutical-industry-sponsored GOP fundraiser. All you need is about \$25,000 and just no conscience at all.

However, I would impart one word of advice. The only thing they are going to serve tonight is corn on the cob, so if you have been kicked in the teeth you better find somewhere else to eat. So if you show up tonight with a hearty appetite for change and you are looking for a truly compensative prescription drug benefit, the soup line is forming to the rear. I would suggest you tell all of your congressional Members that they should support the Democratic substitute that is being offered by my colleague, the gentleman from Arkansas (Mr. ROSS).

I thank the gentleman from Arkansas for his leadership on this issue. I am confident that once the American public has had a chance to listen to the difference between the Republican bill and the Democratic bill, they will understand that the Democrats in this House are pushing for a real prescription drug benefit.

□ 1630

Mr. ROSS. Mr. Speaker, I thank the gentlewoman for sharing her thoughts with us on the prescription drug issue and for all that she does.

Mr. Speaker, let me just visit for a moment about my experiences, not as a Member of the United States Congress, but as someone who is married to a pharmacist, who owns a small-town family pharmacy in our hometown of Prescott, Arkansas, a town of 3,400 people. Let me talk to you for a moment as a family pharmacy owner, someone who has experienced all of the trials and tribulations that our seniors go through day in and day out.

I actively managed that business before coming to the United States Congress; and I can tell you, I can put faces and names with patients, but patient confidentiality, thank goodness, prevents that. But I can put faces to these stories in my own mind as I relay them today of seniors who would come into the pharmacy, who were literally forced to choose between buying their

medicine, buying their groceries, paying their rent, paying their light bill.

We are talking about the Greatest Generation. We are talking about seniors who have given so much to this country, who supposedly live in the most industrialized society in the world, and yet we live in a society where they cannot afford their medicine or cannot afford to take it properly.

Living in a small town, I would see seniors leave without their medicine; and living in a small town I would learn a week, 10 days later, where they are in the hospital in Hope, Arkansas, some 16 miles away from my hometown of Prescott, running up a \$10,000 or \$20,000 Medicare bill, or a diabetic who has to have a leg amputated, or a diabetic who has to have kidney dialysis, all things that Medicare pays for, and all things that could have been avoided; but they were not, because Medicare does not include medicine and our seniors simply could not afford the \$40 or \$50 prescription that could have saved the Medicare trust fund \$10,000, \$20,000, \$50,000, as much as \$250,000 for some kidney dialysis patients.

Again, today's Medicare is designed for yesterday's medical care. And it is time we did right; it is time we did right, by our seniors.

Some people say, well, the government cannot afford it. I say the government cannot afford not to, and here is what I mean by that. Health insurance companies are in the business to do what? Health insurance companies are in the business to make a profit. And then they cover the cost of medicine. Why? Because they know it helps hold down the cost of needless doctor visits, it helps to hold down the cost of needless hospital stays, it helps to hold down the cost of needless surgeries.

It is time we truly modernized Medicare by creating a voluntary, but a guaranteed, Medicare part D prescription drug benefit. What I mean by that is this. Part A covers going to the hospital. Part B covers going to the doctor, medical equipment and so forth and so on. The part D that we are proposing would be voluntary, meaning if you are one of the few seniors in America who are fortunate to have medicine coverage from a previous employer, and, by the way, there are very few that fit that category in my congressional district, but if you are one of the few that have prescription drug coverage through a previous employer, one, you ought to count yourself lucky and fortunate, because very few seniors have any coverage at all. But if you fall in that category and like what you have, you ought to be able to keep it. That is why our plan is voluntary. But it is a guaranteed part of Medicare, just like going to the doctor and going to the hospital.

Now, the drug manufacturers do not like my plan. They do not want to be held accountable. I have got bottles of pills, medicine, tablets, capsules on the shelves of my small pharmacy back

home in Prescott, Arkansas, that cost \$3,000, that are being sold in Canada and Mexico for \$300 or \$400.

I say this: if the governments in those small countries, Canada and Mexico, can stand up to the big drug manufacturers, why can we not do the same thing in the United States of America?

We may have found the answer. The Washington Post, June 19, 2002: "A senior House GOP leadership aide said yesterday that Republicans are working hard behind the scenes on behalf of PhRMA, that is the Pharmaceutical Manufacturers of America, to make sure that the party's prescription drug plan for the elderly suits drug companies."

I do not know about you, but I am appalled by that. This is the United States House of Representatives. We do not write legislation based on what is going to allow our party to raise money. At least I hope we do not. It is time we stood up to the big drug manufacturers and said enough is enough.

It is reported that in the year 2000, \$360 million was spent by the drug manufacturers on lobbying, advertising and political donations; and I say that is wrong. Do you ever see those ads on TV where they are trying to tell you which drug you need to tell your doctor you need? Have you ever thought about that? Slick TV ads put on the air by the drug manufacturers trying to tell you which drug you need to tell your doctor you need.

Many drug manufacturers spent more money in the year 2000, the numbers are not out yet, but I am quite sure and confident it is the same for 2001. Many drug manufacturers spent more money marketing their products with these slick TV ads than they spent on research and development of drugs that can save lives and help all of us to live longer and healthier lifestyles.

This 1-hour on prescription drugs for our seniors was supposed to occur tonight. Why is it occurring now? Because the leadership of this body chose to stop voting early today so they could make it to a fundraiser tonight that is being hosted by the big drug manufacturers at a time when these prescription drug bills that our seniors need and are counting on are being debated in the Committee on Ways and Means and in the Committee on Energy and Commerce.

Again, I am a conservative Democrat. I have crossed over that aisle and voted with the Republicans numerous times, as many as any Member of the United States Congress; but I can tell you when it comes to this issue, they are wrong. It is time for them to make a decision. Are they going to side, continue to side, with the big drug manufacturers, or are they going to join me in endorsing my bill that will truly modernize Medicare and include medicine for our seniors and start siding with our seniors, for our seniors?

It is time that this Congress united in a bipartisan manner on the need to

truly modernize Medicare to include medicine for our seniors, just as we have united on this war against terrorism.

Again, a senior House GOP leadership aide said yesterday that "Republicans are working hard behind the scenes on behalf of the Pharmaceutical Manufacturers of America to make sure that the party's prescription drug plan for the elderly suits drug companies."

This ought to be about suiting our seniors. It ought to be about giving our seniors a prescription drug benefit that means something. This debate should not in any form or fashion be about catering to the drug manufacturers.

Let me talk to you about the differences between the Republican proposal for a Medicare prescription drug benefit and my proposal, the Democratic proposal, for a Medicare prescription drug benefit.

A lot of people say, well, what about the guaranteed minimum benefit? The Republican proposal, beneficiaries, seniors, must obtain coverage through private insurers who may not participate, are not required to participate, and can offer vastly different benefits and premiums. In other words, the first step at trying to privatize Medicare.

What does my proposal do, the Democratic proposal? Medicare covers prescription drugs like other Medicare benefits, with guaranteed benefits, premiums and cost-sharing for all beneficiaries. Not a complicated formula. We do not try to privatize Medicare. We simply say that going to the pharmacy and getting your medicine ought to be treated just like going to the doctor and going to the hospital. It should be covered by Medicare.

Some people say, what about guaranteed fair drug prices? Under the Republican plan for a prescription drug benefit, private insurers, again, privatizing Medicare, negotiate separately on behalf of sub-sets of the Medicare population, diminishing the program's group negotiating power.

Believe me, there is nothing the drug manufacturers want more than to whittle this thing down into small groups. If we come at them with the entire Medicare population, they know we are going to demand the same kind of rebates that they provide the big HMOs and have for years. They know we are going to demand the same kind of rebates that State Medicaid programs, and, yes our Veterans Administration, gets. And why should we not? I am sick and tired of seeing our seniors in America subsidize the cost of health care in Canada and Mexico, and that is what we are doing.

What does the Democrat proposal do? It authorizes the Secretary of Health and Human Services to use the collective bargaining clout of all 40 million Medicare beneficiaries to negotiate fair drug prices. These reduced prices will be passed on to beneficiaries. And, yes, it is time we demanded the same kind of rebates from the big drug manufacturers that the State Medicaid pro-

grams and big HMOs have been getting for years. Those rebates should go directly to the Medicare trust fund to help fund this Medicare part D prescription drug benefit.

What about premiums? In the Republican plan, they will not put it on paper, but it is estimated to be \$35 a month. In the Democratic plan, it is in writing. It is \$25 a month. That is the premium that a senior would pay for this voluntary, but guaranteed, Medicare part D prescription drug benefit, should they choose to decide to sign up for it.

The deductible. The Republican proposal is \$250 a year; the Democratic proposal, \$100 a year. Again, just like going to the doctor and going to the hospital.

Coinsurance. Get ready for this. The Republican proposal makes filling a tax return out look simple. It will be very difficult for most seniors without hiring a CPA to figure out exactly what it is they qualify for and when they qualify for it.

The Republican plan calls for coinsurance of 20 percent for the first \$1,000; 50 percent for the next \$1,000; and 100 percent for all remaining spending up to \$4,500 a year. And then something, we are not sure what, but something will kick in again.

Now, think about that a minute. The first \$1,000, you are going to pay 20 percent out of pocket. Once you hit that \$1,000, it is going to 50 percent out of pocket. Once you have hit that second \$1,000, they are going to make you pay 100 percent on all remaining spending until you hit \$4,500 a year.

I can tell you seniors who live in my district trying to get by from Social Security check to Social Security check that averages less than \$600 a month with a \$400-a-month drug bill, they will not ever get to the \$4,500 because they simply cannot afford to pay for their medicine; and as a result, they are going without their medicine or they are not taking it properly.

□ 1645

I recently had a senior tell me she did not know what she would do without her son, who is in his 50s. She said he had a good job. He had a job where he had health insurance. It just so happened that he took the same medicine that she did. It was about 3 bucks a pill, and there was no way she could afford it. So he would get the medicine filled and give it to her. He was going without his medicine so his mom could have her medicine.

I can tell my colleagues story after story. I have driven 83,000 miles in the last 17 months in those 29 counties in South Arkansas and every day I am out there I hear numerous stories just like that about seniors who cannot afford their medicine or cannot afford to take it properly.

So what does the Republican plan do? It says you are going to pay 20 percent on the first \$1,000, and then for some reason, you are supposed to have more

money as a senior on a fixed income so you should be able to afford to pay 50 percent on the next \$1,000, and after that, you are on your own when you hit \$4,500 and then we will be back and we will kick in some more.

Folks, it is time we brought common sense to the United States Congress. This is not common sense.

What does the Democratic proposal do? It is just like going to the doctor or going to the hospital: Twenty percent copayment, period. That is it.

Out-of-pocket maximum. I mentioned the Republican out-of-pocket maximum is \$4,500 a year. Again, most seniors in my district can never get to the first \$4,500 because they cannot afford \$4,500 in out-of-pocket before some kind of so-called Medicare prescription drug benefit kicks in. The out-of-pocket maximum on the Democratic plan is \$2,000. And what that means is, every time you go to the pharmacy, well, first you are going to pay a \$100 annual deductible. After you have met that, you are going to pay 20 percent of the cost of medicine; Medicare will pay 80 percent of the cost of medicine. If you have a \$100 prescription, you are going to pay \$20, instead of \$100 like you are paying today. And once you have spent out of pocket \$2,000, then Medicare kicks in and pays the full price. That is significant. And that will help our seniors who need help the most.

Some people say, what about coverage gaps? The Republican proposal says this: Beneficiaries who need more than \$2,000 worth of drugs must pay 100 percent out of pocket, but keep paying the premiums until they reach the \$4,500 out-of-pocket cap. Again, our seniors cannot afford this. They will continue to do like many of them are doing today, and that is to go without their medicine, or not take it properly.

What about coverage gaps in the Democratic plan, my plan? Beneficiaries always have coverage. There are no gaps. It is not more complicated to figure out than an IRS tax form. It is plain and simple, \$25 a month annual premium, \$100 annual deductible. After that, every time you go to the pharmacy, you pay 20 percent, Medicare pays 80 percent. And after you have been out \$2,000 a year total, Medicare kicks in at 100 percent. Nothing complicated. You will not have to hire a CPA to figure it out. You will not wonder from month to month what you do and do not qualify for and what your copay will and will not be. It will always be the same. Again, it is structured just like going to the doctor and going to the hospital is under Medicare.

Some ask about access to local pharmacies. I have to tell my colleagues, the Republican plan allows these private plans to limit which pharmacies participate in their network. There may be a senior that has used the same pharmacy for 60 years and, all of a sudden, under the Republican plan, you are going to be told that you have to use mail order, or that you have to use

a pharmacy in another town or on the other end of town.

Under my plan, the Democratic plan believes in providing you with the freedom to choose any pharmacy willing to play by the Medicare rules and accept the rate of reimbursement that is established, not by that pharmacy, but by Medicare, can participate, just like Medicare is with going to the doctor and going to the hospital. If those providers or doctors and hospitals agree to participate under the rules and regulations and fees set forth by Medicare, then you have the freedom to choose. The same thing here with the Democratic plan. Our plan does not tell you which pharmacy you must use. We let the senior decide.

Some people say, what about access to prescribed medicines? Well, the Republican proposal says that private insurers can establish strict formularies and deny any coverage for all formulary drugs. Now, what does that mean? Well, I can tell my colleagues what it means. I have allergies and I have to take a nasal spray and my doctor wrote it for one brand. I got to the pharmacy to get it filled and they wanted to charge me a higher copay or deductible, copayment. They wanted to charge me a higher copayment if I stuck with the brand that I wanted, but if I would go to the preferred brand, my copayment would almost be cut in half, meaning my out-of-pocket would be cut almost in half. Well, I got to looking and, guess what? They wanted to switch me to a drug that as a pharmacy owner, it costs me \$10 more.

Now, why in the world would a health insurance company in the business of making a profit want to punish me for going with the cheaper drug and reward me for going with the higher priced drug? The answer, unfortunately, is quite simple. Because the rebates on the more expensive drug that that health insurance company is receiving from the drug manufacturer are so huge. We are going to continue to see that game played under the Republican proposal because, again, it creates formularies and if there is not a kickback being afforded on a drug to these private insurers, again, privatizing Medicare, then under their proposal, the drug your doctor wants you to have will not be covered.

I am sick and tired of seeing health insurance companies, prescription benefit managers, accountants, bean counters, trying to play doctor. If the doctor says you need a particular drug, I think that is the drug you ought to get, and under the Democratic proposal, that is what happens. Beneficiaries have coverage for any drug their doctor prescribes, period. Under the Democratic proposal, whatever your doctor says you need is what you are going to get, not some complicated formulary based on who is kicking back to who how much, as the Republican proposal provides.

Low-income protections. Under the Republican proposal, low-income bene-

ficiaries may have to pay \$2 or \$5 as a copayment and 100 percent of costs in the coverage gap. Drugs may be denied if the beneficiary cannot afford this cost-sharing.

Under my plan, the Democratic plan, here is what we say about low-income seniors. There is no cost-sharing or premiums. When I talked about paying a 20 percent copayment, when I talked about paying the premium of \$25 a month, we waived that if you live up to 150 percent of poverty, and then there is a sliding scale for premiums phased in between 150 and 175 percent of poverty. So if you live in poverty, under the Democratic plan, you get your medicine, no 20 percent copay, no premium. Under the Republican plan, they are still going to require you to pay \$2 or \$5. Again, it is a complicated formula on what you have to do under one set of rules.

These are huge differences, I say to my colleagues, between these two proposals. The Republican plan again caters to the big drug manufacturers.

The Washington Post, June 19, 2002. A senior House GOP leadership aide said yesterday that Republicans are working hard behind the scenes on behalf of PhRMA to make sure that the party's prescription drug plan for the elderly suits drug companies.

Again, as a conservative Democrat, I have crossed that aisle and I have voted with the Republican Members of this body as much as any Member of this Congress has done. When they are right, I will stand with them. As a small town family pharmacy owner, as someone who served on the State Senate public health committee for 8 years back home in Arkansas, as someone who has a 90-year-old grandmother back home who lives from Social Security check to Social Security check, I can tell my colleagues that when it comes to the need to provide our seniors with a prescription drug benefit, they are dead wrong. You cannot side with the big drug manufacturers and still come down on the side of seniors. You have to choose.

Now, the Republican national leadership decided we were going home early today so they could go get all dressed up for their big fund-raiser tonight that is being sponsored by these drug manufacturers while at the same time we are sitting here in the United States Congress simply asking for a hearing on our bill, a bill that I helped write, that will truly modernize Medicare to include medicine for our seniors. And they are out wining and dining with the big drug manufacturers at a fund-raiser to benefit the Republican Party on the night following one of the most comprehensive hearings and markups to ever occur as it relates to the need to modernize Medicare to include medicine for our seniors.

Mr. Speaker, these bills are being debated and written as we speak in the House Committee on Ways and Means and in the House Committee on Energy and Commerce. I have to tell my colleagues, I am very disappointed to see

this article today and to see what is going on in this Congress.

This should not be about the drug manufacturers. It should be about standing up to the big drug manufacturers and standing with our seniors. It is not that complicated, and the Republican plan tries to complicate it. It is more complicated than filling out a tax return. Our seniors do not need any more complications in their lives. They do not need politics in their lives. They simply need a Medicare prescription drug benefit that allows them to get their medicine just like Medicare allows them to go to the doctor and to go to the hospital.

I am very concerned about how this proposal by the Republicans privatizes Medicare. The Republican bill forces seniors to obtain coverage through private drug-only insurance plans or HMOs. It is not a true Medicare benefit like parts A or B where all seniors are guaranteed a defined set of benefits at a uniform price.

Under their bill, there will be no universal Medicare-sponsored prescription drug plan. The Republican bill moves Medicare towards a defined contribution program with the ultimate goal of turning Medicare over to the private insurance market. I, for one, think that would be a huge mistake, and so do so many other senior organizations that have endorsed my bill that takes on the big drug manufacturers, that holds the big drug manufacturers accountable, and provides our seniors with a meaningful Medicare part D voluntary, but guaranteed, prescription drug benefit.

However, do not just take my word for it. Listen to what others are saying.

□ 1700

"I'm very skeptical that 'drug only' private plans would develop." That comes from Bill Gradison, former Republican Congressman and former president of the Health Insurance Association of America.

States have tried to get the private insurers into the business of providing seniors with a prescription drug coverage. Who is going to buy the plans? Those who have the high drug bills. If one does not need drugs and is on a fixed income, one is not going to buy the plan. That is why the plan will not work. The premiums will exceed, if not cost as much as, the cost for the medicine.

With regard to the proposal to rely on private drug entities for drug benefits, "There is a risk of repeating the HMO experience." We all know the HMO experience did not work. They tried that. We have been there; we have done that. They are all getting out of the drug business, and they are all getting out of the Medicare business. That quote comes from John C. Rother, policy director of AARP, formerly known as the American Association of Retired Persons.

With regard to whether private insurance plans would participate in the Re-

publican Medicare drug plan: "I don't think it's impossible, but the odds are against it." That is Richard A. Barasch, chairman of Universal American Financial Corporation of Rye Brook, New York, which sells MediGap coverage to 400,000 people.

When asked if they favor being placed at financial risk, as the Republican plan requires, "We are not enthusiastic about that approach," says Thomas M. Boudreau, senior vice president and general counsel of Express Scripts.

With regard to their experience with accepting financial risk for providing drug benefits: "We are typically paid a fee, generally less than \$1, for each claim. But we do not bear financial risk." That is Blair Jackson, spokesman for AdvancePCS, one of the outfits that the Republican plan calls to help run this attempt at privatizing Medicare.

I hope each and every Member of the United States Congress will put politics aside, read the Republican plan on modernizing Medicare to include medicine for our seniors, read my bill, the Democratic bill that will truly modernize Medicare to include medicine for our seniors, and compare them.

If they do that, I think they will agree with me that it is time for us to put politics aside. It is time for the Republicans to stop siding with the big drug manufacturers. Let us hope tonight's fundraiser that is hosted by the big drug manufacturers, that they do not belly up to the trough with the big drug manufacturers, trying to raise money in the middle of a debate on something so lifesaving and so important for our seniors.

It is time for this Congress to unite behind the need to provide our seniors with a prescription drug benefit, just as we have united on this war against terrorism. So I challenge my colleagues on the other side of the aisle: read my plan and read the Democratic plan. Read their plan. Then do what is right, not by the big drug manufacturers, but by our seniors.

Again, from The Washington Post, look it up, June 19, 2002: "A senior House GOP leadership aide said yesterday that Republicans are working hard behind the scenes on behalf of the Pharmaceutical Manufacturers Association to make sure that the party's prescription drug plan for the elderly suits drug companies. These same drug manufacturers are hosting a multi-million dollar fundraiser this very night for the Republican Party." That is from The Washington Post.

I am appalled by that. It is time for the Republicans to make a choice. Are they going to continue to side with the big drug manufacturers, or are they going to side with our seniors? I encourage them to stretch across this aisle and endorse my bill, the Democratic bill, that gives the help to our seniors, America's Greatest Generation, that they so desperately need.

Mr. Speaker, I yield to my friend and colleague, the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, I want to thank the gentleman for yielding to me. I just want to tell the gentleman what a great job he has been doing on this Special Order in pointing out what the Republican leadership is up to.

Mr. Speaker, I just want to back up what the gentleman is saying. I see he has that quote from the Washington Post: "A senior House GOP leadership aide said yesterday the Republicans are working hard behind the scenes on behalf of the Pharmaceutical Manufacturers Association to make sure that the party's prescription drug plan for the elderly suits drug companies."

I just came from the markup in the Committee on Energy and Commerce, and I can assure the gentleman the quote he had up there is absolutely true. We just broke at exactly 10 minutes to 5 because the Republican leadership on the committee admitted that they were going to that fundraiser tonight. The chairman actually held up the ticket for the fundraiser, and said, maybe you guys want to join us at the fundraiser tonight. So there is absolutely no question that the reason that we could not even finish the bill today was because they had to run, the Republicans on the Committee on Energy and Commerce, had to run to this fundraiser tonight.

I do not know if the gentleman went through it, and some of these companies are even in my district, but I just have to give the gentleman a little information on that same Washington Post article.

It says: "Drug companies, in particular, have made a rich investment in tonight's event. Robert Ingram, GlaxoSmithKlein PLC's chief operating officer, is the chief corporate fundraiser for the gala; his company gave at least \$250,000. Pharmaceutical Research and Manufacturers of America, that is PhRMA itself, the trade group funded by drug companies, kicked in \$250,000, too. PhRMA, as it is best known inside the Beltway, is also helping to underwrite a television ad campaign. . . ."

Basically, just what they did, just in terms of the Committee on Commerce today, they spent the last month, PhRMA and the other brand name drugs, financing this \$4 million to \$5 million TV ad campaign telling everybody how the Republican prescription drug proposal, when it came forward, would be the best thing we have ever seen since apple pie, okay?

Then they bring the bill up this week, we had it in committee today, and they have the fundraiser tonight, and they have to break the committee to go to the fundraiser. Then they are going to take that money from the fundraiser tonight, which is mostly soft money, as the gentleman knows, and they are going to use it putting on ads telling them how great the Republican members are because they voted

for the Republican plan, and how bad the Democrats are because they did not vote for it. That is what this is all about.

Today when the Democrats on the Committee on Energy and Commerce were trying to make amendments, we were told the amendments were not germane. The reason was very simple. First of all, they did not want us to have a long debate, because they had to get to the fundraiser. Secondly, since they have already decided what the bill is going to have, because it is essentially written by the pharmaceuticals, they do not want to change the bill. They already have the TV ads running saying how great the bill is. They cannot change it, because if they do, it will not be what they are saying they are going to do.

There was absolutely no way for the Democrats or anyone who had any questions about this Republican legislation to have any significant input today. I am sure tomorrow is going to be the same.

I just want to go through a little more here. I am going to turn to page A 5 in this same article that the gentleman has been talking about, just to give a little more idea, because I do not want to just mention three or four drug companies. There are quite a few.

It goes on here to say that "Pfizer, Inc., contributed at least \$100,000 to the event, enough to earn the company the status of a vice-chairman for the dinner. Ely Lilly and company, Bayer, and Merck and Company each paid up to \$50,000 to sponsor a table. Republican officials said other drug companies donated money as part of the fundraiser extravaganza."

I would say to my colleague, the gentleman from Arkansas, we are referencing Republican sources here. These are not Democrats saying this; these are Republicans. As I said, they do not have any shame, any shame whatsoever about saying that this whole effort on the Republican side is totally bankrolled by the drug companies.

To give another idea, we had a discussion at the very end of the day, before they broke at 5 for their fundraiser, where we pointed out that all the things that they are saying about the Republican bill, like the Republicans that were here last night during a Special Order, and the gentleman may have seen them, they were saying that the bill is a Medicare benefit.

The only way it is a Medicare benefit is because the seniors over 65 are the ones that theoretically are targeted. It is not actually a benefit under Medicare. It is not a government program. It is a program that gives money to private insurance companies, hoping that they will provide some meager benefit.

Then we had questions in the Committee on Energy and Commerce today that said, well, the Republicans suggest that this program has a \$45 premium, that it has a \$250 deductible,

that it is going to pay a certain amount of money for the drug benefit; but then when asked, the gentleman from Michigan (Mr. DINGELL), who is the ranking Democrat, he said, show us in the Republican bill, because we finally do have the bill now, where it says that the premium is only \$35, where it says that the deductible is only \$250, where it says that the Federal Government is going to pay for a certain amount of the drug benefit.

There is nothing in the bill. The counsel for the committee admitted that was all speculation based on CBO estimates. In other words, they tell the CBO that they are going to throw a certain amount of money to the private insurance companies, and what do they think is likely to happen if they do that? Then they come back and say, well, maybe the premium would be about \$35 a month, or that the deductible would be \$250. But there is no guarantee that the deductible in New Jersey is \$250 or that the premium in Arkansas is \$35. It could be \$85 in Arkansas. It could be \$150 in Nevada. There is absolutely nothing in the bill, in the Republican bill, that guarantees any kind of benefit, because it is all up to what the private insurance companies want to do.

Then I asked, well, they keep talking about how they are going to have lower prices. Last night on the floor, the Republicans who did the Special Order said they are going to lower prices for drugs. I said, where is that in the bill? The Republican bill, the language says that the private insurers can negotiate lower prices, that they can provide discounts, but they may, they may negotiate, they may provide discounts, or they may pass on those discounts to seniors, but there is nothing that requires them to do so. Why in the world would we believe that they would? I have no reason to believe that they would.

This is the most or the biggest scam that I have ever seen. I do not understand how our colleagues can even suggest that they are providing any kind of benefit at all.

I do not want to keep going. I will yield back to the gentleman, but I assure the gentleman that what he has been saying, because I have been listening to some of it with one ear, is absolutely coming to fruition, particularly that quote about making sure that the Republicans' prescription drug plan suits drug companies.

Mr. ROSS. Mr. Speaker, maybe we can visit a little bit about this, because it is so important. I want to make sure we use every second of every minute that is afforded to us to visit here in the United States House of Representatives about an issue that literally, for many seniors, is life or death.

It is just unfortunate to me that we have two proposals, one that sides with the big drug manufacturers, that being the Republican proposal, and one that sides with our seniors, that being the Democratic proposal.

Why can this Congress not unite on the need to modernize Medicare to include medicine for our seniors, just as we have united on the war against terrorism? I have tried to do that. It is H.R. 3626. The gentlewoman from Missouri (Mrs. EMERSON), a Republican, and I wrote a bill; and yet the Republican national leadership, they are in the majority, they decide what bills get a hearing, what bills get a vote in committee and on the floor. For months I have begged, I have pleaded for our bill, a bipartisan bill, to get a hearing and to get a vote.

If the majority party, those who call the shots, decide what gets voted on and when, what gets heard in committee and when, if they really care about this issue, really care about helping our seniors, and if what their rhetoric is is more than just election-year politics, and it is really wanting to do the right thing and modernize Medicare to include medicine for our seniors, why did they not let the gentlewoman from Missouri (Mrs. EMERSON) and I get a hearing on that bill?

Much of that bill is now incorporated into the Democratic proposal. I am a Democrat and my colleague, the gentleman from New Jersey, is a Democrat. But do not take our word for it. I challenge anyone to go to their hometown and visit their hometown pharmacist. Ask their pharmacist which proposal is best for America, which proposal is best for our seniors. Every single time they will tell us that the Democrats are right on this issue. They may tell us that the Democrats are not always right on every issue; but they will tell Members, according to the Gallop poll, the most trusted profession in America, pharmacist, and again, I am not one, my wife is, but they will tell us that on this issue the Democrats are right and the Republicans and the big drug manufacturers are dead wrong.

Mr. PALLONE. Mr. Speaker, I appreciate the gentleman yielding further, and again, his comments are so appropriate.

Process-wise, let me tell the gentleman, we got the Republican bill 24 hours ago. We have never had a hearing on the Republican bill. We went straight to markup. The first thing they started to do was to amend their own bill. Before we even had an opportunity to digest the initial bill, they were making amends to the bill.

So the process that the Republicans are using on this is just outrageous because nobody knows what is going on. We literally have to read the bill and amendments as we are sitting there in the committee.

But the gentleman talked about a possible compromise or a consensus, a bipartisan effort.

□ 1715

I have no doubt that that could be done, but the will is not there on the Republican side. I have been critical of the Republican proposal because it is

not a very generous proposal. In other words, even if everything they speculate was true and they were going to have a \$35-a-month premium and they were going to have a \$250 deductible, at least it would be something if it was under Medicare and it was guaranteed.

I would suggest if the Republican leadership wanted to say, okay, we will put in a bill that has these benefits, and that has these premiums and these deductibles but it is part of the Medicare program and it is guaranteed to everyone around the country, then I think we could sit down, and we could compromise because the Democrats have a much more generous plan, and the Republican plan is pretty meager, but we could figure out the differences between the two and maybe strike a consensus or strike a compromise.

What I have been saying and I have said all along and continue to say that the problem with the Republican proposal is that it is not real. It is not a Medicare proposal. It is not providing a Medicare benefit. There is no guarantee anyone is ever going to get the benefit, not to mention the fact that it does nothing to lower prices.

So the problem here is the Republicans are not being real. They are not giving us a Medicare proposal. They are not giving us something that we can say, okay, let us see where we are going to go and we will compromise and we will come up with the amount of the benefit and what it is going to mean. No, no, no. What we are doing here is just the same old thing we saw 2 years ago with the Republican leadership. Throw some money to private insurance companies, and I really think that what they are up to is that they really do not want any bill to pass. In other words, the pharmaceuticals, the statement that was made there about a Republican drug plan that suits drug companies, essentially the pharmaceuticals do not want any benefit because they like the status quo. They like the fact that they continue to raise prices, that they continue to make big profits, that they continue to get tax breaks.

I do not think that they and the Republican leadership really want to come up with a bill that would pass here, pass in the other body and be signed by the President, because it would be very easy. Like the gentleman said, he had cooperation with the gentlewoman from Missouri (Mrs. EMERSON). It would be very easy to put something down on paper that we could all agree on, but the leadership on the other side does not want to do that.

I am convinced from what I saw today they just do not want to do it. They do not want any bill to pass ultimately and go to the President.

Mr. ROSS. Mr. Speaker, I can tell my colleague for the last 17 months that I have had the privilege to serve and be a voice for the people of Arkansas' 4th Congressional District here on the floor of the United States House of Representatives. I have begged, I have

pleaded, I have scratched, I have crawled to try and get a hearing on my first bill, H.R. 3626. I could not get a hearing on that. Now I am pleased to be one of four of the original lead sponsors on this new plan which incorporates much of what was in my earlier bill.

It is like all we get from the other side of the aisle is a lot of games. We get a lot of games on the need to truly modernize Medicare, to include medicine for our seniors, and that is so unfortunate.

First out of the chute was this idea that what our seniors needed was a discount prescription drug card, a discount card, like it was some new novel concept. My dad got one in the mail for free 6 months ago. A person can watch any cable TV program late at night and for \$7.95 a month they can get one.

Why do they want to push a discount card? Because any savings which averages 50 cents to \$3 came at the expense of a hometown family pharmacy and did not cost the big drug manufacturers a dime.

A senior that has \$400 a month in drug costs and takes five prescriptions a month, even if they save \$3 per prescription, which is the best some do with these so-called discount prescription drug cards, \$3 a month savings, five prescriptions, that means on a \$400 drug bill they would save \$15 a month. That does not help a senior choose between buying their medicine, buying their groceries, paying their light bill and paying their rent.

Thank God when we created Medicare we did not say here is a discount card, go cut a deal at the local doctor or go cut a deal for whatever surgery someone needed. We provided them a meaningful health care benefit, and it is time we did the same when it comes to their medicine.

I am pleased to be joined by another one of my colleagues here this evening, and at this time I yield to my friend and colleague, the gentleman from Texas (Mr. LAMPSON).

Mr. LAMPSON. Mr. Speaker, I thank the gentleman for yielding to me.

I have been listening to the comments that he has been making and the gentleman from New Jersey (Mr. PALLONE) and all of the work that he has done about this. I think it is obviously an extremely critical issue for citizens all over this country who are speaking out at every meeting that I go to as it being one of the most important things in their lives.

We have been working on some mechanism to assist people to get access to pharmaceuticals that they cannot afford to purchase for a long time, and we have heard unbelievable stories about people who have foregone payment of rent or purchase of food in order to buy the medicines that their doctors and other health care professionals are telling them that they have to have in order to stay healthy. Well, if a person does not eat and they do not have a decent place in which to stay

and they are buying medicine, the chances are they are going to have other kinds of problems in their life, and it is a terrible decision to have to make.

I know firsthand what some of those difficulties are. My own mother is 92 years old and is in reasonably good health right now, but unfortunately, has had problems like many elderly citizens have. She has people to help take care of her. Hopefully, she is not going to be one of those who will die in poverty, but at the same time, she expects dignity, and I think that is one of the most important things that I learned in the White House Conference on Aging a number of years ago in 1995, that people would like to be able to live out their lives with independence and with dignity.

We are going to be judged in this country and everywhere in the world about how we treat our elderly, and the youngest of us among us, but the elderly particularly, and if we wad our people up and throw them away after they are no longer productive, shame on us, and we will be paying for that for an eternity, and I certainly hope that we do not.

We need what the drug companies do for us. We need their research. We need their development. We need the ability to stay healthy, and we know they are going to be providing it. I think it is incumbent upon this House of Representatives, this government, to find a mechanism to allow people to have access to that help that they need, and our program that works through the Medicare system will give people an opportunity to have a higher quality of health and consequently a longer life because of it.

It reaches out to a significantly larger number of people than what other plans that are before the House of Representatives are doing. I think that the basic difference, at least in the way of my mind, in how we see this issue is how we are going to go about implementing this program.

I know that our time is short. Let me turn it back to the gentleman from Arkansas (Mr. ROSS).

Mr. ROSS. Mr. Speaker, I would like to thank the gentleman from Texas (Mr. LAMPSON), my friend and colleague, and my friend and colleague, the gentleman from New Jersey (Mr. PALLONE), for coming over and spending the last hour with me as we talk about the differences, and that is what makes our democracy so great, that we are able to sit here in a democracy, stand here in a democracy in our Nation's capital and talk about the differences in the Democratic and Republican plan to offer a prescription drug benefit for seniors.

I would just close by simply encouraging my colleagues to go back home to their districts this weekend, stop by as many local pharmacies as my colleagues want to, chain pharmacies, any kind of pharmacy they want to go to, does not matter if it is home-owned or

if it is a chain, stop and talk to a pharmacist. I do not know if they are a Democrat or a Republican, show them what is included in the Republican plan, show them what is included in the Democratic plan, and every single time I can assure my colleagues they are going to tell them that the Republican plan must have been written by the big drug manufacturers and that the Democratic plan must have been written by our seniors.

Do not take our word for it. Regardless of my colleagues' party affiliation, go talk to the hometown family pharmacist. Talk to the pharmacist. Ask them who is right on this issue.

RECESS

The SPEAKER pro tempore (Mr. KENNEDY of Minnesota). Pursuant to clause 12 of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 5 o'clock and 24 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1804

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DREIER) at 6 o'clock and 4 minutes p.m.

REPORT ON RESOLUTION RELATING TO CONSIDERATION OF SENATE AMENDMENT TO H.R. 3009, TRADE ACT OF 2002

Mr. REYNOLDS, from the Committee on Rules, submitted a privileged report (Rept. No. 107-518) on the resolution (H. Res. 450) relating to consideration of the Senate amendment to the bill (H.R. 3009) to extend the Andean Trade Preference Act, to grant additional trade benefits under that Act, and for other purposes, which was referred to the House Calendar and ordered to be printed.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. LINDER (at the request of Mr. ARMEY) for today until 2:00 p.m. on account of qualifying for the Georgia congressional ballot.

Mr. MCHUGH (at the request of Mr. ARMEY) for today until 3:00 p.m. on account of official business.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. McNULTY) to revise and extend their remarks and include extraneous material:)

Mr. GEORGE MILLER of California, for 5 minutes, today.

Mr. LANGEVIN, for 5 minutes, today.

Ms. NORTON, for 5 minutes, today.

Mr. BLUMENAUER, for 5 minutes, today.

Ms. HOOLEY of Oregon, for 5 minutes, today.

Ms. ROYBAL-ALLARD, for 5 minutes, today.

Ms. JACKSON-LEE of Texas, for 5 minutes, today.

Mr. DEFazio, for 5 minutes, today.

Ms. BROWN of Florida, for 5 minutes, today.

Ms. MILLENDER-McDONALD, for 5 minutes, today.

(The following Members (at the request of Mr. ISAKSON) to revise and extend their remarks and include extraneous material:)

Mr. ISAKSON, for 5 minutes, today.

Mr. BASS, for 5 minutes, today.

Mr. FRELINGHUYSEN, for 5 minutes, today.

(The following Members (at their own request) to revise and extend their remarks and include extraneous material:)

Mr. ENGEL, for 5 minutes, today.

Ms. LOFGREN, for 5 minutes, today.

Mrs. JONES of Ohio, for 5 minutes, today.

ADJOURNMENT

Mr. REYNOLDS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 6 o'clock and 5 minutes p.m.), the House adjourned until tomorrow, Thursday, June 20, 2002, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

7463. A letter from the Deputy Secretary, Department of Defense, transmitting notification that the Department of the Air Force intends to award a multiyear contract for C-17 aircraft to the Boeing Company in FY 2003, pursuant to 10 U.S.C. 2306b(i)(1)(A); to the Committee on Armed Services.

7464. A letter from the Director, International Cooperation, Department of Defense, transmitting the Department's 2002 report entitled "International Cooperative Research and Development Program," pursuant to 10 U.S.C. 2350a; to the Committee on Armed Services.

7465. A letter from the Under Secretary, Department of Defense, transmitting the Department's five-year plan for the manufacturing technology (ManTech) program, as required by subsection 2521 (e) of title 10 of the United States Code; to the Committee on Armed Services.

7466. A letter from the Principal Deputy, Office of the Assistant Secretary, Department of Defense, transmitting the National Guard Challenge Program Annual Report for Fiscal Year 2001, required under section 509(k) of title 32, United States Code; to the Committee on Armed Services.

7467. A letter from the Under Secretary, Acquisition, Technology and Logistics, Department of Defense, transmitting the Department's report on Fiscal Year 2001 Funds

Obligated in Support of the Procurement of a Vaccine for the Biological Agent Anthrax; to the Committee on Armed Services.

7468. A letter from the Director, Defense Procurement, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement; NAFTA Procurement Threshold [DFARS Case 2002-D007] received May 21, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

7469. A letter from the Chairman, Board of Governors of the Federal Reserve System, transmitting the annual report to Congress outlining observed trends in the cost and availability of retail banking services; to the Committee on Financial Services.

7470. A letter from the Managing Director, Federal Housing Finance Board, transmitting the Board's final rule — Affordable Housing Program Amendments [No. 2002-15] (RIN: 3069-AB14) received May 21, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

7471. A letter from the Managing Director, Federal Housing Finance Board, transmitting the Board's final rule — Office of Finance Board of Directors Meetings [No. 2002-16] (RIN: 3069-AB15) received May 24, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

7472. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting the second annual Trafficking in Persons Report; to the Committee on International Relations.

7473. A letter from the Deputy Chief Counsel, Department of the Treasury, transmitting the Department's final rule — Western Balkans Transactions Regulations — received May 31, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on International Relations.

7474. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting the report required by the United States-Hong Kong Policy Act of 1992 describing the current conditions in Hong Kong of interest to the United States as of March 31, 2002; to the Committee on International Relations.

7475. A letter from the White House Liaison, Department of the Treasury, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Government Reform.

7476. A letter from the Chairman, National Mediation Board, transmitting the FY 2001 report pursuant to the Federal Managers' Financial Integrity Act, pursuant to 31 U.S.C. 3512(c)(3); to the Committee on Government Reform.

7477. A letter from the Chairman, Federal Election Commission, transmitting the Commission's final rule — Brokerage Loans and Lines of Credit [Notice 2002-8] received May 31, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on House Administration.

7478. A letter from the Director, Office of Surface Mining, Department of the Interior, transmitting the Department's final rule — Oklahoma Regulatory Program [OK-029-FOR] received May 21, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

7479. A letter from the Director, Office of Government Ethics, transmitting the Office's final rule — Technical Amendments to Qualified Trust Model Certificates Privacy and Paperwork Notices (RIN: 3209-AA00) received May 16, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

7480. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; General Electric Company CF6-80A, CF6-80C2, and CF6-80E1 Series