

Office estimates that 36 million married working couples will see a tax increase of almost \$42 billion unless Congress makes permanent our effort to eliminate the marriage tax penalty.

I was very proud, just 2 weeks ago this House of Representatives voted overwhelmingly in a bipartisan way to make permanent the elimination of the marriage tax penalty. Every House Republican voted "yes," and even though the Democratic leadership argued against our efforts to eliminate the marriage tax penalty, 60 Democrats broke ranks with their leadership and joined with House Republicans to vote to make permanent our effort to eliminate the marriage tax penalty.

My hope is both the House and Senate will be able to accomplish elimination of the marriage tax penalty permanently and that we will be able to get this legislation to the President this year. It is a priority.

When you think about it, in Washington, D.C., the marriage tax penalty suffered by Jose and Magdalena Castillo of \$1,150, that is pennies. That is chump change in Washington, D.C. But to the real people back home, in the south Suburbs of Chicago, in Joliet Illinois, \$1,150 is real money. In the case of Eduardo and Carolina, for their children they could set that money aside for their college education in education savings accounts.

Mr. Speaker, let us eliminate the marriage tax penalty permanently; and let us hope the Senate joins with the House, that we do it in a bipartisan way and get it done this year.

HELPING SENIORS WITH PRESCRIPTION DRUG COSTS

The SPEAKER pro tempore. Pursuant to the order of the House of January 23, 2002, the gentleman from Florida (Mr. FOLEY) is recognized during morning hour debates for 5 minutes.

Mr. FOLEY. Mr. Speaker, I commend the gentleman from Illinois on his excellent advocacy to eliminate the marriage tax penalty. It is a perverse thing in the Tax Code that would have us tax marriage, and I am glad we are successfully removing that barrier from families so they can spend more of their disposable income on their children, rather than sending it here to Washington.

I am quite perplexed with the statements made earlier by the gentleman from Ohio relative to Medicare and prescription drug coverage. Regrettably, rather than talking substance, they talk political attack.

I come from Florida, the seventh largest senior population of all 435 districts, my 16th Congressional District based in West Palm Beach, Florida.

Seniors care about Social Security, seniors care about Medicare, and seniors do care about prescription drugs. But rather than having a fair and full debate on these very important programs, the minority of this House chooses instead to demagogue and de-

mean, disparage and create basically smoke screens.

Now, for 40 years they ran this place, and never once did they offer prescription drug coverage. In fact, their party was the one that actually put in a penalty to Social Security recipients by taxing their Social Security income. And yet they talk that they are "senior-friendly" and here to do the "people's work."

They raise issues like fundraising. The gentleman from Ohio suggested we did not deal with the very important bill because the Republicans were at a fundraiser. Well, let me underscore that our committee, the Committee on Ways and Means and the Committee on Energy and Commerce worked and labored mightily to produce a bill that will provide prescription drug coverage. No fundraiser interfered with our pursuit of this important dialogue on behalf of America's seniors.

Now, I have to chuckle because the party that advocated campaign finance reform, the ones that made it the centerpiece of their campaign attacks, the ones that said it was the most important piece of legislation ever to be voted on in this House, were the first ones to advance arguments against the very law that they passed. They were the first ones to send lawyers down to the Federal Election Commission to try and find loopholes in campaign finance reform so that they could continue to raise their gross excess sums of money.

Rather than point fingers and start having a dialogue on campaign finance reform, I would prefer we talk about the things that matter to seniors, and that is a bill that we have on this floor. Seniors in my district are not greedy. Seniors in my district realize for a plan to work it must function fairly and equitably. It must not tax the Medicare system beyond its capacity.

In addition to Medicare prescription drugs, we still have to provide home health care, nursing home care and hospitalization. We also have to provide a myriad of other services under Medicare for our seniors, our most vulnerable.

They talk as if it is a one-size-fits-all, pass prescription drugs and the world goes on and lives happily ever. Their plans costs \$900 billion over 10 years. In their own budget documents, they do not even have the money provided for this giveaway program that they suggest is important.

Seniors need help with prescription drugs, and we are providing it. We are not trying to buy votes for the next election; we are trying to provide a plan that provides the poorest seniors, the sickest seniors, and helps every senior with their drug plan. The Committee on Ways and Means spent a lot of time and effort in providing this drug opportunity.

I would suggest that if Members of the other side of the aisle really want to engage in concrete debate, rather than having objections and motions to

rise and motions to table and motions to adjourn, we have gone through that charade on many important bills on this floor, they sit there and repeatedly stop the work process on this floor because their nose is out of joint about some little issue, and then they wonder why we do not have things on the floor to vote on. If they quit moving to rise, we may stay long enough to consider the very important debate.

My grandmother came from Poland. She was a maid in a Travel Lodge Motel. She cleaned 28 rooms a day. She died at the age of 88 with \$10,000 in the bank, her life savings. She desperately depended on Medicare, and she desperately depended on Social Security; and in her memory I am on this floor, as I am in committee, fighting to preserve those two fundamental programs, as well as adding a very important key piece to that puzzle, which is prescription drugs.

It is shameful the way the other side of the aisle conducts the debate on this issue. Rather than talking intelligently to seniors and talking about relief for prescription drugs, they demagogue and scare seniors, scaring seniors. It would be a crime, if it was not so sad, that they sit there and tell seniors that somehow our party does not care about them. I can assure you we do, we care deeply.

Republicans will deliver a plan that meets the test of time and meets the test of seniors.

PROVIDING MODERN MEDICARE BENEFITS

The SPEAKER pro tempore. Pursuant to the order of the House of January 23, 2002, the gentleman from Wisconsin (Mr. RYAN) is recognized during morning hour debates for 5 minutes.

Mr. RYAN of Wisconsin. Mr. Speaker, I wanted to follow up on what my colleague, the gentleman from Florida (Mr. FOLEY), was talking about, and that is this week we here in Congress are considering a prescription drug benefit. But we are doing much more than that; we are working on trying to fix Medicare.

Mr. Speaker, it is very important that we realize that when Medicare was created in 1965, it was created at that time to provide comprehensive health care for all seniors over the age of 65. That was the goal of Medicare. It is a good goal.

But the problem we face today is in the year 2002 seniors on Medicare are getting 1965 health care. They are not getting the year 2002 health care, because in 1965, we did not have all these wonderful health care technologies. We did not have all these breakthrough prescription drugs. Then it was a take-two-aspirin-and-call-me-in-the-morning kind of society. So Medicare reimbursed people if they needed a procedure, if they needed an operation; and that is how Medicare works today.

So what you have seen occur over time is as health care technologies

have developed, as we have pioneered pharmaceutical developments and come up with all these breakthrough drugs to make our lives healthier and to make our lives longer, you have seen a big source of cost shifting occurring. So if you need surgery, in many cases today you can have a prescription drug that will help you avoid that surgery, except for the fact that Medicare does not pay for that.

So here is what is happening today. Seniors are forced to pay for their own drugs, even though if we were to redesign Medicare today we would obviously have prescription drug coverage as a key component of Medicare. So while Medicare waits until you are sick and then pays for your surgery or your procedure, we could save the government a lot of money and make people much healthier if they had a drug benefit within Medicare to help manage their disease, manage their illness, and prevent chronic illnesses from occurring in the first place. That is what Congress is trying to do today.

Mr. Speaker, now that we all agree, and I think you can safely say, I think, that Democrats and Republicans agree that we need to modernize Medicare, we need to improve it with a prescription drug benefit and make the system comprehensive again, like we tried to do in 1965, and make it comprehensive in such a way that Medicare continues to evolve with the times, so 10 years from now in the year 2012 we are not scratching our heads saying "Gol-darn it, Medicare is only giving people 2002 medicine, and it is 2012 and we need to have the year 2012 medicine." That is a very important point in this debate. We need to set up Medicare so it grows with the times; so it adds new benefits and evolves as health care technology evolves.

Mr. Speaker, where we are in the difference of debate between the two aisles here today, between the two different approaches on the Democrat side of the aisle and the Republican side of the aisle, is this: on the Republican side of the aisle, we recognize that two-thirds of America's seniors already have some kind of drug coverage or another. About a quarter of the seniors in America today already have their drugs paid for by their former employers. It is a part of their retirement benefit. We want to make sure that we are not going to make someone pay for a benefit that they already have.

We also want to make sure that taxpayers, that the government is not going to unnecessarily pay for a benefit that the private sector is already paying for.

That is a different problem with the Democrat plan. Their plan is a universal government monopoly, one-size-fits-all plan. It is a take-it-or-leave-it, one-plan plan, and what the consequence of that will be is it will displace all that private sector-provided health care benefits. All those private sector-provided drug plans will now be displaced and taken up by Medicare and the taxpayers.

The way we look at it is this: if a former employer is paying for the drugs of their retirees, why should the government tell them, do not bother paying for your retiree's retirement benefit because the government and taxpayers are going to pick it up?

What we want to do is this: we want to make sure that everybody on Medicare has access to a comprehensive drug coverage plan, but we do not want to force them into the government plan. We want seniors to have a choice of plans that can fit their need and their benefit. It should be voluntary. If you already have a comprehensive benefit, you do not have to take this plan; and you should be able to get a plan that fits your need.

That is what we accomplish. We have catastrophic coverage for all seniors that kicks in at \$3,800. We have co-insurance on the first \$2,000 of drugs. The one advantage that the Republican plan has that the Democrats do not is that we achieve deep discounts in prices of all drugs for senior citizens.

Mr. Speaker, I urge passage of our plan. I think it is a superior plan. I think it does more to extend the solvency of Medicare, so we can save this program for the baby boomers. The alternative plan on the other side of the aisle actually brings the insolvency of Medicare up earlier, it is irresponsible, it bankrupts Medicare and forces seniors into a one-size-fits-all government plan and displaces private sector involvement in Medicare.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until noon.

Accordingly (at 11 o'clock and 7 minutes a.m.), the House stood in recess until noon.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. QUINN) at noon.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Lord God of heaven and earth, with each new day You call us to arise to full stature as we awake from sleep. While asleep we were all held in common, heaving in and out the breath of life and protected in the shadow of Your hand. But now arisen, we approach with individuality and diversity the challenge of life before us.

While asleep, rich and poor alike are restless over selfish cares in a relative world. Now brought together in the light of day, Your people are summoned to reality and called to work together for the common good of all.

May the House of Representatives be blessed in its work today, seeking di-

verse responses to commonly defined problems. Let there be no waste of human effort, of allotted resources or precious commodity of time as the people of this country unite in the alleviation of the suffering of many and in the endeavors of equal justice and equal opportunity for all, now and forever we pray. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

Mr. GIBBONS. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER pro tempore. The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. GIBBONS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from South Carolina (Mr. WILSON) come forward and lead the House in the Pledge of Allegiance.

Mr. WILSON of South Carolina led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

IMPROVING ACCESS TO PHYSICIANS IN MEDICALLY UNDERSERVED AREAS ACT

(Mr. GIBBONS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GIBBONS. Mr. Speaker, today I rise to support H.R. 4858, the Improving Access to Physicians in Medically Underserved Areas Act introduced by my good friend and colleague, the gentleman from Kansas (Mr. MORAN).

As the representative of the Second District of Nevada, I represent an area of over 100,000 square miles, including every rural community in the State, and I know all too well how difficult it is to recruit doctors and nurses to these areas. One program which has assisted our State in recruiting doctors to Nevada is the J-1 visa program.

H.R. 4858 reauthorizes the J-1 visa program and increases the number of