

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

visa waivers for international medical graduates that a State may request from 20 to 30. Rural Americans deserve access to quality health care, and the J-1 visa program helps to achieve this goal. In fact, thanks to the J-1 visa program, over 60 doctors have come to Nevada over the past few years to practice medicine in underserved areas.

I encourage all of my colleagues to support the successful program and vote for H.R. 4858.

THE PRESIDENT'S MIDDLE EAST SPEECH

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

Mr. LANTOS. Mr. Speaker, I commend the President's speech on the Middle East, and I strongly support his vision. In calling for new Palestinian leadership and democratic reforms, the President has announced the end of the Arafat era.

Never has an end been so richly deserved. Having been handed an opportunity after an opportunity, Yasser Arafat has led the Palestinians to death, murder and destruction. Now, as President Bush made clear, it is time for the Palestinians to choose a new leader, a new type of leader, non-violent, democratic and noncorrupt, if there is to be hope for peace.

Every American agrees that the nations committed to peace must oppose regimes that support terror, nations such as Iraq and Iran, and that the dictatorship in Syria, whose foreign minister last week defended suicide bombers by saying "they have a right to their opinion," must once and for all close all terrorist camps and expel all terrorist organizations not only from Syria but from Lebanon it illegally occupies.

As for the Palestinians, Mr. Speaker, if they reject the culture of death and embrace the President's prerequisites for peace by electing new leaders, building democracy, ending anti-Israel incitement, committing to non-violence, and destroying their terrorist infrastructure, I shall fight as hard as I can for the President's program, including humanitarian assistance for the Palestinian people.

ENERGY

(Mr. REHBERG asked and was given permission to address the House for 1 minute.)

Mr. REHBERG. Mr. Speaker, I rise today to urge those across the aisle to once and for all end their negative rhetoric and support a comprehensive energy plan for America's future. I understand that there are those that would have the United States continue to import almost 60 percent of our oil from many of the very same terrorist-sponsoring regimes our sons and daughters are bravely fighting today. I, however, will not.

Mr. Speaker, I have an 18-year-old son; and I will do everything I can to not allow this Congress to place him and thousands of other young boys and girls in harm's way simply to appease a few extremist groups here in Washington. The President's energy plan balances the needs of our environment while recognizing that America must develop our domestic sources of energy if we are to truly be an independent nation.

I urge my colleagues to support American independence through the passage of H.R. 4.

MEDICARE PRESCRIPTION DRUG BENEFIT

(Mr. BROWN of Ohio asked and was given permission to address the House for 1 minute.)

Mr. BROWN of Ohio. Mr. Speaker, Republicans are telling us repeatedly that seniors deserve better prescription drug options like those available to Members of Congress. I wholeheartedly agree, but it is difficult to see how a Republican plan that requires seniors to go outside of Medicare and purchase inferior HMO-like private drug insurance would deliver such coverage.

According to the nonpartisan Congressional Research Service, the Republican plan is 40 percent less valuable than the coverage offered to Members of Congress. During last week's markup, I offered an amendment that would have replaced the standard coverage in the Republican bill with the same coverage under the Federal health benefits program that Members of Congress receive. But the night before our amendment was offered, Republicans adjourned early so they could attend a \$30 million fund-raising dinner underwritten by America's drug companies. The CEO of GlaxoWellcome, a British pharmaceutical company, gave \$200,000 to the GOP that night and chaired the event.

When the markup resumed the next day, it came as no surprise when Republicans voted the amendment down, meaning this week Congress will be forced to vote on legislation that will give seniors less than Members of Congress have.

SPREADING AWARENESS ABOUT ALZHEIMER'S DISEASE

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

Mr. WILSON of South Carolina. Mr. Speaker, Alzheimer's disease affects 4 million Americans, and that number is expected to triple within the next 50 years. Nearly half of those over the age of 85 have Alzheimer's. It is a disease that touches almost every American family in some way, and I believe it is time to increase funding for Alzheimer's research to find a cure.

The disease process can begin in the brain as many as 20 years before the

symptoms appear; and, once diagnosed, a person's average life-span is 8 years. Due to lost productivity of employees who are caregivers and the health care costs associated with Alzheimer's, the disease costs American families more than \$61 billion annually.

South Carolinians are particularly concerned about Alzheimer's because one of our favorite sons, former Congressman and Governor Carroll Campbell, is undergoing treatment for the disease and is being encouraged by his devoted wife Iris with his sons Carroll, Jr., and Mike.

I would like to commend the efforts of the Coastal Carolina, Mid-State and Upstate chapters of the Alzheimer's Association along with the Alzheimer's facility of the Lexington Medical Center. These South Carolinians have worked tirelessly to spread awareness about this disease, and their efforts today to find a cure will hopefully save many Americans in the future.

THE IRONY IN PRESCRIPTION DRUG AND DEBT LIMIT ISSUES

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

Mr. SMITH of Michigan. Mr. Speaker, Congress is faced with two difficult votes coming up. One is to start a prescription drug program for seniors. The other is to increase the debt limit. I see a certain degree of irony in the fact that, while we are increasing the debt, or, if you will, the mortgage on our kids for them to pay off in the future, at the same time we are voting to expand and implement the largest, most expensive entitlement program that we have had in many, many years. It is a challenge. But everybody needs to realize that it is going to be the young workers, that sometimes are in a more difficult financial situation than the seniors, that are going to have to pay increased taxes for a giant increase in the Medicare program and the cost of increased debt. In other words taxpayers pay for the prescription drugs for seniors.

It is coming to grips with that irony that is the challenge; I think we need to move very carefully in our decisions of what new welfare programs we enact and how we pay back the increased debt.

PARTIAL-BIRTH ABORTION BAN

(Mr. ADERHOLT asked and was given permission to address the House for 1 minute.)

Mr. ADERHOLT. Mr. Speaker, I am proud to join with 83 Members of Congress in cosponsoring H.R. 4965, the Partial-Birth Abortion Ban Act. I commend the gentleman from Ohio (Mr. CHABOT) for sponsoring this legislation. The time has come for us to take a firm and decisive stand against this deplorable procedure.

I have cosponsored two previous Partial-Birth Abortion Acts, in 1997 and