

improve this most successful government program.

Everyone seems to recognize that we must add prescription drug coverage to the program.

Older Americans fill more than one-third of all the prescriptions that doctors write and will spend \$1.8 trillion over the next decade on these critical medications, much of it from their own pockets. Our parents, our grandparents, the seniors living in our neighborhood need and deserve our help. But I am afraid that some have lost track of the important lessons of 1965, that markets forces are inadequate to this task.

Now I recognize the power of the market. Since arriving in Congress I have voted for tax cuts and supported free trade and generally taken a pro-business stance. But here, when we are trying to provide health care for our senior citizens and those with disabilities, we have seen the markets fall short.

The most recent example is the Medicare+Choice program, created to harness the efficiencies of the marketplace. The hope, indeed, the promise from the program's supporters, was that HMOs would offer seniors quality or better care for less money than it took Medicare.

At first, it seemed to work. We have paid the HMO slightly less than it cost to cover a senior through a fee-for-service program; and seniors enrolled in the program in droves because it had low co-payments and at least a few more benefits.

But then the HMO's said they needed more money, a lot of it. So we gave them more money; and then they started pulling out of a lot of areas, like my district. And where they did not pull out, they cut back on benefits a lot. They raised premiums, they raised co-pays, and they still asked for more money from Congress.

In truth, this program has not been an overwhelming success, to say the least. I am willing to continue to try to fix it, but we should be aware of its problems and shortfalls, and we should not base the rest of Medicare on it, particularly a prescription drug benefit.

Last week, the Committee on Energy and Commerce and the Committee on Ways and Means considered legislation that would do just that and provide a prescription drug benefit through a program similar to Medicare+Choice. Many of my colleagues and I offered amendments to provide a prescription drug benefit through traditional Medicare to these proposals, but the majority defeated each and every attempt to improve this bill. Instead, they have sent legislation to the House floor that would privatize Medicare, impose unfair cost sharing on seniors and not even offer medication coverage that most seniors could count on.

Even the insurance companies, the people who are supposed to administer and offer these plans, these companies are unenthusiastic about the leadership's proposal.

One of HIAA's past presidents, former Representative Bill Gradison, is quoted as being "very skeptical" of this proposal working.

Even if the insurance companies do offer the plans and do provide the benefits the majority describes, it still will not help the seniors who most need it. In fact, their proposal pays less the more seniors needs medication. It offers no help to seniors with drug costs between \$2,000 and \$3,700 or \$4,700 per year. This means that sicker seniors with most health problems, those who most need medications, will not be able to afford them again.

Now, 37 years ago America made a promise to our seniors. We told them they would have health care when they needed it most. We need to follow through on that promise. We need to give our seniors affordable prescription drug coverage.

When this legislation comes to the floor, my colleagues and I will try once again to give seniors a prescription drug benefit they can depend upon. We will offer seniors a reliable, voluntary benefit within the Medicare structure, comparable to the coverage a senior receives for other Medicare services. In fact, unlike the bill that will come before Congress, our plan makes sure seniors get access to the same level of prescription drug coverage that a Member of Congress or another Federal employee receives. This is only fair.

This plan offers seniors real help. It covers 80 percent of the cost of their medication. It will prevent seniors from spending more than \$2,000 a year on their medication. It will not rely on the goodwill or poor business sense of insurance companies; and it will guarantee coverage in all areas, urban, suburban and rural. A senior in California would be able to count on the same benefit that a senior in Kansas or a senior in New York City has and vice versa.

Mr. Speaker, I urge my colleagues to oppose the majority's bill that will give our seniors false hopes that will be dashed on the rocks of reality and to support the alternative for a voluntary, affordable bill that will be offered by the Democratic side.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. FILNER) is recognized for 5 minutes.

(Mr. FILNER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFazio) is recognized for 5 minutes.

(Mr. DEFazio addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Ms. EDDIE BERNICE JOHNSON) is recognized for 5 minutes.

(Ms. EDDIE BERNICE JOHNSON of Texas addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

GIVE SENIORS AFFORDABLE PRESCRIPTION DRUGS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

Ms. KAPTUR. Mr. Speaker, get the senior tour buses gassed up to travel to Canada, because under the Republican prescription drug plan seniors will not find any relief from the high costs of prescription drugs. In fact, Americans pay three to four times more for their medications than any other people in the world; and the prices of the 50 most commonly prescribed drugs for seniors increased last year nearly three times the rates of inflation.

Yet the Republican bill does not do one thing to reduce the root cause of our Nation's crisis in access to affordable life-saving medications and that is their costs.

Under the Republican plan, seniors would be forced to purchase drugs through private drug policies, another slippery slope to the dangerous path to privatization.

And as if attempting to privatize Medicare were not enough, the Republican bill covers less than a quarter of Medicare beneficiaries' estimated drug costs over the next 10 years.

Frankly, the Republican bill preserves the inflated prices of one of their biggest set of contributors. It is no wonder the pharmaceutical companies showed up in droves last week at the Republican party's \$30 million fund raising bash here in Washington.

In fact, Bob Novak from CNN gave us insight into that fund-raiser. He said, "This is one of the great fund-raisers of all time, because people going to see these things for 20 years had never found them so crowded. It was chair to chair, back to back." And they had to pay \$100,000 to get into the photo session with the President. If you wanted to sit on the platform with the President, that cost a little more. You had to pay \$250,000 in order to do that.

I guess they will try to get the government they are paying for unless the American people pay attention.

Now with all the high rhetoric surrounding the Republican plan one might think it provides a real benefit, but take a closer look. Under the Republican plan you may, and I stress may, be able to choose from a private program that will cost you \$35 a

month. Yes, their bill does not cap the drug premium. In fact, insurers would set the premium cost, and it would vary from plan to plan, place to place.

But let us ignore that flaw for a moment and assume it might be about \$35 a month. So that is \$420 a year for that premium. For the first \$250 you spend on prescription medication, this new plan will pay you exactly nothing. That is right. If you need no more than \$250 worth of medication, this plan will cost you \$670 a year, the \$35 monthly premium plus the \$250 deductible.

Now if you are one of every three Medicare beneficiaries who spend less than \$500 on medication every year, you are in for a treat. What would have cost you \$500 will cost you \$720 under the Republican plan. Yes, you would actually pay almost 50 percent more under their plan than you would pay without it.

□ 1815

Maybe a person spends closer to \$1,000 a year, as half of the Medicare population does. If so, they do fare a bit better. If their medications will cost \$1,000, they will spend \$420 on the program, \$250 for the first batch of drugs and then 20 percent of the next \$750 they owe, or \$150. That adds up to \$820. They will have saved \$160.

But if someone is among the 30 percent of Medicare recipients that spends more than \$2,000 a year for drugs, I am afraid we have some bad news for them. Under the Republican plan, they are on their own for every dollar between \$2,000 and \$3,800. This plan will not pay them a cent.

Their plan is simply a sad attempt to gain political cover by sounding like they are working for and care about seniors while simultaneously draining Social Security and Medicare trust funds to pay for huge breaks for the superrich contributors.

So ignore the Republican rhetoric. We should provide seniors with a real and meaningful prescription drug benefit. We should encourage aggregate buying by groups of seniors, not sending each senior out there with some kind of expensive privatized plan in the rough waters of the marketplace in their very, very small canoes.

The first step to make Medicare and prescription medication available to our seniors at more affordable prices and to make them more available is to vote "no" on the risky Republican Medicare drug plan they intend to bring up this week.

The SPEAKER pro tempore (Mr. KERNS). Under a previous order of the House, the gentlewoman from California (Mrs. NAPOLITANO) is recognized for 5 minutes.

(Mrs. NAPOLITANO addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-

woman from Indiana (Ms. CARSON) is recognized for 5 minutes.

(Ms. CARSON of Indiana addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

ENSURING CONTINUITY OF LEGISLATIVE OPERATIONS DURING AN EMERGENCY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Rhode Island (Mr. LANGEVIN) is recognized for 5 minutes.

Mr. LANGEVIN. Mr. Speaker, today I rise to announce introduction of H.R. 5007, a bill to authorize the National Academy of Sciences and the Librarian of Congress to conduct a study on the feasibility and costs of implementing an emergency electronic communications system for Congress to ensure the continuity of legislative operations during an emergency.

Let me first express my most sincere gratitude to a man who illustrates the power of responsible, effective leadership, a man who made today possible and whom I am so proud to call my close friend, the gentleman from Ohio (Mr. NEY). The Chairman has devoted an immense amount of time to this issue of congressional continuity. He has led this House through one of the most difficult times in our history and has done so with great dignity. I honestly cannot thank him enough for his dedication and hard work in joining me in introducing H.R. 5007.

I also want to thank the gentleman from Maryland (Mr. HOYER), the ranking member of the Committee on House Administration. He has provided the same kind of leadership, wisdom, and guidance in moving this issue through the legislative process. He has worked closely with me ever since I introduced legislation to investigate alternatives in conducting congressional business in the United States Capitol and surrounding areas if there was a future attack or disaster. I would like to thank him for his support and commitment throughout this process.

Mr. Speaker, many of my colleagues know that for months now I have promoted the establishment of an electronic communications system for an emergency situation. When I introduced the Ensuring Congressional Security and Continuity Act last year, I wanted to spur some meaningful dialogue among Members on what we need to do to prepare for what was once an unthinkable but now, according to our own Vice President, is inevitable. I am pleased to report that the dialogue has indeed begun.

On February 28, the House Committee on the Judiciary, Subcommittee on the Constitution began this dialogue with a hearing on how to replace Members if a significant number were killed or incapacitated in an attack. My good friend, the gentleman from Washington (Mr. BAIRD), has introduced some insightful legislation to address this very issue.

On May 1, I was proud to see the Committee on House Administration hold a hearing on my proposal and the various issues surrounding the use of technology to conduct congressional operations in an emergency situation.

On May 16, the gentleman from California (Mr. COX) and the gentleman from Texas (Mr. FROST) brought together chairmen, ranking members, and other leaders in this area to discuss congressional continuity issues. Since then, the Cox-Frost team has continued to study this issue in a bipartisan and thorough fashion.

September 11 and the subsequent anthrax attacks on our congressional offices exposed just how vulnerable we are, particularly because we are centrally located. While none of us wants to think about or face our mortality, especially at the hands of terrorists, we have to recognize that it could happen. It is our duty as Members of Congress to ensure this country remains safe and we leave the American public with a system that ensures our freedom and democracy will prevail over any catastrophe.

Mr. Speaker, today we can do just that by passing H.R. 5007. I urge the leadership to bring this bill to the floor as expediently as possible. I would also like to thank the gentleman from Ohio (Mr. NEY), the chairman; the gentleman from Maryland (Mr. HOYER), the ranking member; and their staffs for working with me to meet this objective.

MEDICARE PRESCRIPTION DRUG BENEFIT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. STRICKLAND) is recognized for 5 minutes.

Mr. STRICKLAND. Mr. Speaker, the House is confronted with a major decision this week, and that is, whether or not to provide a prescription drug benefit for our senior population, and if we are to provide a benefit, what that benefit will look like.

In my district in southern and southeastern Ohio, I am continuously confronted by seniors who tell me of their difficulty in being able to get the medicines they need at an affordable cost, and so it is incumbent upon this House to take the action necessary to prevent our seniors from choosing between buying food and buying medicine or paying other essential bills. Nearly every Member of this House during the last election process made a commitment to their constituents that they would pass a meaningful, affordable prescription drug benefit; and if we do not do it, then shame on us.

The issues, though, that confront us are not only whether or not to provide the benefit but what kind of benefit. Sadly, the majority party in this House is proposing a benefit that, in my judgment, is worse than no benefit at all. It would be the first step toward the privatization of the Medicare system. It