

pushes seniors into HMOs. This is no longer a debate just about including a prescription drug benefit in Medicare. Republicans are trying to dismantle the Medicare program that seniors have known and trusted, again, for 40 years. Mr. Speaker, this is completely unacceptable.

Republicans have been clear. They want to kill Medicare and privatize it. During the debate on the Republican bill this summer, the Republican chairman of the Committee on Ways and Means, the gentleman from California (Mr. THOMAS), said, and I quote: "To those who say that it would end Medicare as we know it, our answer is we certainly hope so." And as my colleagues know, the leadership of this body, the Republican leadership, has been on record as saying Republicans want to see Medicare "wither on the vine," to use their words.

Mr. Speaker, Democrats have been equally clear. We want to save Medicare and protect it. America's seniors see through the Republican rhetoric. This is not the beginning of a real prescription drug benefit under Medicare. This is the beginning of the end of Medicare as we know it.

America's seniors deserve better.

Mr. Speaker, our seniors are smart. They see through this Republican hoax for what it is and for what it is not. It does not put seniors and disabled Americans first. It does not reduce costs. It does not include all seniors and disabled Americans. And it is not under Medicare.

In short, this Republican hoax is not the real guaranteed defined prescription drug benefit under Medicare that our seniors want, that they need, and that they deserve.

Mr. Speaker, our seniors deserve better. They are the Greatest Generation. They have fought our wars. They came home and raised our families. They built a new America. The prosperity and quality of life that we enjoy today is owed to their lives of hard work and sacrifice. But today, seniors and disabled Americans are asking why, why is this, the wealthiest Nation in human history, not keeping its faith with its seniors, the citizens who built this country?

Mr. Speaker, the answer is simple: priorities. Republicans have different priorities, a few Republicans behind closed doors making deals that would rather give massive tax breaks to the wealthiest 1 percent of Americans than give a real prescription drug benefit to seniors who desperately need it. If I can paraphrase Winston Churchill: never in history have so few worked so hard to take away so much from so many. That is the Republican back-door deal-making.

Mr. Speaker, I urge my colleagues to vote against the Republican hoax, and I urge them to demand that Congress keep working to keep its promise to seniors by providing a real guaranteed defined prescription drug benefit under Medicare that our seniors want, need,

and deserve. I hope it is not too late for that. Democrats have been knocking on the door constantly saying, Let us in. Let the Democrats in. Let us work together in a bipartisan way to build a real defined guaranteed benefit under Medicare for our seniors that has bipartisan support and that will be sustainable over time. Instead, the Republicans did not allow House Democrats in the room.

Why is that important? That is important because we represent over 130 million Americans. That is important because within our caucus we have the benefit of the thinking of a large African American Black Caucus, our Hispanic Caucus, our Asian Pacific American Caucus, a large number of women in our caucus. We work hard on the issues here in the Congress. The thinking of this diverse group of people is very dynamic and quite different from the back-room deal makers that the Republicans wrote this bill with.

By excluding Democrats from the room, the Republicans excluded the strength of America, the benefit of the thinking of a very distinguished group of representatives of the American people. No wonder we ended up with a product that, do not take my word for it, read the Wall Street Journal today and see who wins in this bill. It is the pharmaceutical companies; it is the HMOs. The consumer comes in last.

This bill is not a defined real guaranteed benefit under Medicare. It does not meet that standard. It will not have my support, and I hope it does not have the support of a majority of the Members of this body.

GENERAL LEAVE

Ms. WATSON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my morning hour speech.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

UNIVERSAL MEDICARE DRUG PLAN IS A PRESCRIPTION FOR DISASTER

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Indiana (Mr. PENCE) is recognized during morning hour debates for 5 minutes.

Mr. PENCE. Mr. Speaker, despite the very best efforts of our House Republican leadership, I rise to oppose the prescription drug bill that will be considered before the Congress this week.

It would, in fact, represent the largest expansion of Medicare in 35 years. Nancy-Ann DeParle, President Clinton's Medicare administrator, actually called this legislation the biggest expansion of government health benefits since the Great Society. And so it will be.

I have consistently said that I would support the creation of a national prescription drug benefit in Medicare only if it is fiscally responsible and includes free market reform measures, which this legislation fails to do on both counts.

Only by significantly reforming Medicare along the lines that President Bush initially requested, can we act in a way that is responsible and meet the urgent and real needs of seniors for prescription coverage.

Of course there are seniors near the poverty level who need immediate help with the cost of prescription drugs. Nearly 24 percent of seniors have no access to prescription coverage, and about 5 percent have out-of-pocket costs of more than \$4,000 per year. For those seniors, our national government should respond with a drug discount card or some form of direct subsidy, and I have supported these efforts.

Sadly, the prescription drug plan currently being advanced in the Congress lacks such specificity and focus and actually would create a universal drug benefit that provides a government entitlement for every American over the age of 65, a population of some 37 million today that will grow to some 70 million in the year 2030.

While the need for some type of benefit is real, the need for a universal drug benefit is not. At present, 76 percent of seniors have prescription drug coverage, and the average senior spends less than \$999 per year in out-of-pocket expenses. And as always happens when Congress creates a massive new bureaucracy, there will likely be unintended consequences as well. Mr. Speaker, chief among them could be that millions of Americans with prescription drug coverage from a former employer could lose it. The Congressional Budget Office has estimated that this could happen in the tens of thousands.

But the most ominous consequence of a universal drug entitlement could be that it will usher in the beginning of socialized medicine in America. This type of system which is built on unrealistic fiscal projections and incorrect assumptions about human behavior would invariably lead to escalating costs for which price controls and outright government control would be seen as a last resort. In an America where abortion is legal and euthanasia is increasingly accepted, the American people would do well to ponder the implications of government-run health care in America.

Let us reform Medicare so it will be there for the future without placing an undue burden on our children and grandchildren. But beyond that, let us do no harm to the greatest and most diverse health care system in the history of the world. By agreeing to a prescription drug benefit for all seniors, rather than just those in need, Congress threatens our Nation's fiscal stability, the private prescription plans of

millions of seniors, and the very survival of our free market health care system.

Mr. Speaker, Despite the very best efforts of House Republican leadership, I rise to oppose the prescription drug bill that will be considered before Congress this week. It would in fact represent the largest expansion of Medicare in 35 years.

As Nancy-Ann DeParle, President Clinton's Medicare administrator, said, this would be "the biggest expansion of government health benefits since the Great Society." With an annual federal deficit of more than \$400 billion, I will support the creation of a national prescription drug plan only if it's fiscally responsible and includes free market Medicare reform measures.

Only by significantly reforming Medicare along the lines the President originally intended can we afford to meet future obligations, including a prescription drug benefit.

Of course, there are seniors near the poverty level who need immediate help with the cost of prescription drugs. As I have witnessed in more than 100 town hall meetings across eastern Indiana, the necessity of some prescription assistance for seniors near the poverty level is beyond dispute.

Statistics show that nearly 24 percent of seniors have no prescription drug coverage and approximately 5 percent of seniors have out-of-pocket prescription costs of more than \$4,000 per year. For these seniors, our national government should respond with a drug discount card or some form of means-tested direct subsidy. I have and will continue to support efforts at the national level to focus prescription assistance on seniors struggling near the poverty level.

Sadly, the prescription drug plan currently being advanced in the House and Senate lacks such focus and actually would create a universal drug benefit that provides a government entitlement for every American over the age of 65, a population of some 37 million today that will grow to 70 million by the year 2030.

While the need for some type of benefit is real, the need for a universal benefit is not. At present, 76 percent of seniors have some form of prescription drug coverage, and the average senior spends less than \$999 per year in out-of-pocket expenses on medications.

Not only is the need for a universal public subsidy questionable, adding a universal drug benefit to Medicare may have certain unintended consequences. Namely, seniors with private coverage from a former employer may actually lose their coverage. The Congressional Budget Office recently estimated that thousands of seniors could lose coverage they currently enjoy from a former employer if Congress creates this new entitlement.

The final, and most ominous, consequence of a universal drug benefit could be that it will usher in the beginning of socialized medicine in America. This type of system, which is built on unrealistic fiscal projections and incorrect assumptions about human behavior, will invariably lead to the kinds of escalating costs for which price controls and outright government management will be seen as the last resort. The consequences of such a government expansion are moral as well. In a society that sanctions the abortion of unborn human life and is increasingly open to euthanasia and

physician-assisted suicide, our values and our freedoms would argue against turning the health of the American people over to the federal government.

Compassionate conservatism is about focusing solutions at the point of the need. Let's help our seniors near the poverty level with urgent and sufficient prescription coverage. Let's reform Medicare so it will be there for the future without placing an undue burden on our children and grandchildren. And let's otherwise "do no harm" to the private sector foundation of the greatest healthcare system in the history of the world.

For all these reasons, I oppose a universal drug benefit in Medicare. By agreeing to a prescription benefit for all seniors rather than those in need, Congress threatens our nation's fiscal stability, the private prescription plans millions of seniors and the survival of our free market healthcare system.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a), rule I, the House stands in recess until 11 a.m. today.

Accordingly (at 10 o'clock and 50 minutes a.m.) the House stood in recess until 11 a.m.

□ 1100

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. BIGGERT) at 11 a.m.

PRAYER

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

Lord God of heaven and Earth, the sacred scriptures tell us that You do not have favorites, but that anyone of any nationality who fears You and chooses what is right is acceptable to You.

Yet there is a patriotic sense surrounding this place today where we pray. Here patriotism has formulated affection and faithfulness in these United States. Here the American people claim an astounding history and build upon a constitutional foundation. The Capitol forms bonds of devotion and loyalty among Your people and proudly represents this land of the free and home of the brave.

Be with the Members of the House of Representatives today as they pass laws and determine public policy for this Nation. Guide them now as You have in the past because it is in You, O God, we place our trust, now and forever. Amen.

THE JOURNAL

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

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

Ms. JACKSON-LEE of Texas. Madam 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.

Ms. JACKSON-LEE of Texas. Madam 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 gentlewoman from California (Ms. LORETTA SANCHEZ) come forward and lead the House in the Pledge of Allegiance.

Ms. LORETTA SANCHEZ 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.

PRIVATE CALENDAR

The SPEAKER pro tempore. This is Private Calendar day. The Clerk will call the bill on the Private Calendar.

RAILROAD RIGHT-OF-WAY CONVEYANCE VALIDATION ACT OF 2003

The Clerk called the bill (H.R. 1658) to amend the Railroad Right-of-Way Conveyance Validation Act to validate additional conveyances of certain lands in the State of California that form part of the right-of-way granted by the United States to facilitate the construction of the transcontinental railway, and for other purposes.

There being no objection, the Clerk read the bill as follows:

H.R. 1658

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Railroad Right-of-Way Conveyance Validation Act of 2003".

SEC. 2. VALIDATION OF ADDITIONAL RAILROAD CONVEYANCES, SAN JOAQUIN COUNTY, CALIFORNIA.

Section 4 of the Railroad Right-of-Way Conveyance Validation Act (Private Law 103-2; 108 Stat. 5061) is amended by adding at the end the following new paragraphs:

"(9) The conveyance entered into between the Central Pacific Railway Company and the Southern Pacific Transportation Company and the Bank of America, as trustee of the last will and testament of Aaron Herschel, recorded September 27, 1945, in volume 942 at page 104 of the official records of the county of San Joaquin.

"(10) The conveyance entered into between the Central Pacific Railway Company and the Southern Pacific Transportation Company and the Tri-Valley Packing Association, recorded November 13, 1957, in volume