

removed language that would have imposed new, regulatory burdens in payment coding systems that physicians use every day. Moving physicians from some 7,000 codes to some 170,000 codes could only mean less time spent with patients.

"We ask that geographic disparities in payments between rural and urban areas be diminished. The conferees worked out a compromise to increase payments in this regard and to thoroughly study patient access to physicians, as well as retention and attraction of physicians to scarcity areas.

"The status quo is unacceptable to patients and their physicians. The Medicare conference agreement includes numerous provisions that will improve seniors' access to medical services. We worked closely with Congress to do the right thing for American's seniors, and Congress heard us. We pledge to wholeheartedly support the Medicare Prescription Drug and Modernization Act. Sincerely, Michael D. Maves," president of the American Medical Association.

Mr. Speaker, I think this is a perfect segue into the introduction of my colleague from Texas who not only is my freshman colleague in this Congress, but he also is my colleague as a physician and further as a specialist in obstetrics and gynecology. I yield to the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. Mr. Speaker, unlike the gentleman from Georgia, I was not involved in medicine when Medicare was passed back in 1965. It was a good program that was passed to help seniors with their surgery costs and their medical costs if they were hospitalized, but there was an important omission; and now this Congress almost 40 years later, almost 4 decades later, stands on the brink of correcting that deficiency that started in 1965.

Seniors to this day have no comprehensive drug benefit, an omission from the original Medicare passed in 1965. On a daily basis, I saw how this impacted my patients. I would have patients who could not afford the medications that I prescribed, patients who would split pills or take a smaller dose. Medicare would cover the cost of the doctor visit, but because of this hole that was left in the program, which could only be classified as a typical government approach, they would often be unable to follow my recommended course of treatment if prescription drugs were involved due to a lack of coverage.

This President and this Republican Congress have had the courage to stand up and do what is right by correcting this oversight by helping millions of American seniors pay for their prescription drugs. This bill gives seniors purchasing power to meet their prescription drug needs and cover their health costs.

The prescription drug discount card will reduce the cost of prescription drugs by as much as 25 percent. With the additional subsidy placed on for

low-income seniors, this benefit alone will cover drug costs for nearly half the seniors enrolled in Medicare with minimal financial participation on the part of the beneficiary. Additionally, the bill would authorize consumer-based accounts dedicated to their holder's health and well-being.

We have heard a lot about health savings accounts this evening during the course of this hour, and I would underscore the importance of health savings accounts. This is not an arbitrary concept. This is not just an idea that someone has had; this is, in fact, a reality that has been in existence for the last 5 years. The Archer Medical Savings Accounts were passed in 1996 or 1997. I had a medical savings account until coming to Congress and have seen firsthand how you can have real wealth grow in an interest-bearing tax-free account dedicated to your health care needs. Health savings accounts allow individuals and families to put their money in tax free, allow it to grow tax free, and be withdrawn tax free to cover medical costs. These accounts will give younger Americans the ability to save for future medical expenses, and give older Americans the ability to soften the financial strain of costly procedures or even long-term care insurance. By shifting Medicare to a more consumer-focused program, we improve health outcomes, give purchasing power and make the program more accountable to the American taxpayer.

There have been those who criticize this ground-breaking program before Congress as an attempt to privatize. Mr. Speaker, which President actually privatized Medicare? In fact, it was Lyndon Johnson. The private market has been intimately involved in Medicare since day one. When President Johnson signed Medicare into law in 1965, he was asking hundreds of thousands of doctors and their private practices and their private hospitals to participate in a government program. The program then depended on the private market to provide a network of doctors to care for seniors, and the program today depends upon that same private market to provide that care.

Because the delivery of health care is so much more complex today than it was back in 1965 with the complex array of specialty providers, physician networks, insurance companies, pharmaceutical benefit managers and mail order pharmacies, it would be irresponsible of the U.S. Congress to not rely on this same network that provides care every day to millions of Americans as we look to reform how Medicare covers America's seniors.

As for the claim that seniors will be forced into HMOs, nothing could be further from the truth. We have heard over and over how health savings accounts will impact the health of Americans in the future. The truth is that under this bill, seniors will have more options to meet their health care needs than they currently have. Under this

proposal, seniors would certainly have the option to receive care through an HMO. Some seniors prefer that type of care, but they would also have the option to receive their care through a preferred provider organization or, if they like fee-for-service Medicare, they can stay right where they are. The bill provides choices available to seniors; it does not limit them.

Our work is far from done with this bill. More work needs to be done to infuse more market-based principles into this government-run program. More work will need to be done to improve the program so it focuses not just on covering as many Americans as possible, but actually improving their health with attention to the detail of health maintenance.

Congress will remain accountable and engaged. Medicare is a program that will need continual supervision over the years to ensure it remains a viable program. We will continue our oversight on Medicare for future generations. This Medicare bill is the future of health care for our Nation.

Mr. GINGREY. Mr. Speaker, I thank the gentleman from Texas (Mr. BURGESS) and the other Members for joining us tonight. An hour goes by very quickly. I think we need about three to really talk about everything that we need to talk about.

In conclusion, let me say that we proudly support this Medicare Modernization and Prescription Drug Act of 2003. We talk about compassionate conservatism, and that is a pledge upon which our 43rd President ran, and he promised that we would deliver. And some pun intended, I might add as an OB-GYN, but the President promised, and this leadership promised, this Republican Congress promised that we would deliver. Finally, at long last we have overcome a lot of obstructionism to get to the day that we are going to deliver to American seniors, and they deserve it.

It is compassionate because there are people in this society who through absolutely no fault of their own need our help, and that is what compassionate conservatism is all about. Mr. Speaker, I say this is its finest hour. Let us get this bill passed with support from both sides of the aisle and make this truly a bipartisan success for our seniors.

PRESCRIPTION DRUG COVERAGE UNDER MEDICARE

The SPEAKER pro tempore (Mr. ROGERS of Alabama). Under the Speaker's announced policy of January 7, 2003, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I plan to be joined tonight by some of my colleagues on the Democratic side, and I appreciate the fact that they are here to join me. I did listen to much of what was said by my colleagues on the Republican side in the last hour.

One thing that bothers me the most about some of their statements is that they seem to color everything based on ideology. I hear constant references to conservatism, even if it is compassionate. I hear references to market forces and the private market. They suggest that they are not privatizing and somehow Medicare has been privatized for some time going back to Lyndon Johnson.

First of all, it is very important to understand that I personally, and I know this is true about my colleagues, we do not look at this from an ideological perspective. I do not think we really care whether it is conservative or liberal or market or regulatory. We are only interested in providing a prescription drug benefit to senior citizens, and, practically speaking, the best way to do that.

My concern about the Republican side is they seem to be ideologically driven: there have to be market forces or this has to be some kind of conservative approach, and the notion that everything has to be privatized or really has been privatized all along. It is just not the case.

When we talk about Medicare when it was first started under Lyndon Johnson, he started Medicare because he realized that if a senior citizen, practically speaking, wanted to go out and buy insurance in the private market, which is all that existed at the time in the early 1960s, that they could not get health insurance. They could not buy it. There was no way to do it.

The reason that Medicare, which is a government program, not a private industry program, was set up was because of the failure of the private insurance market to accommodate and provide affordable, comprehensive health care for senior citizens. I do not care how it is provided, but the bottom line is that the private market could not provide the health insurance. There is no indication that that has changed in any way today. To suggest that somehow Medicare now is private is simply not true.

I think that Republicans are spending so much time trying to make sure that Medicare is privatized in order to provide a prescription drug benefit that they are losing sight of the fact that the purpose is to provide the benefit. If we look at what this Republican bill, this Medicare conference report that we are going to get, and we have not seen it yet, if we look at what we are told that it is going to include, and we are going to vote on Friday or Saturday, we find that there is an attempt to privatize Medicare; and the way that they do it is by providing the HMOs and private insurance companies a huge amount of money, plus-up money, if you will, so they can, what the Republicans say, compete with traditional Medicare.

The bottom line is that if we had a true competitive market between traditional Medicare or HMOs, the market should take care of itself and they

should not have to add all of this extra money to boost up the HMOs and make sure that the HMOs and the private market are going to cover seniors. The irony is what they are doing here is forcing the seniors into managed care, into HMOs. You are not going to get this drug benefit unless you essentially sign up for an HMO. You are going to lose your choice of doctor; and as a consequence you are suffering, and traditional Medicare as we know it is going to disappear.

What is this drug benefit that they are going to provide? Well, I would maintain that it is such a meager benefit, and it is going to cost senior citizens so much money out of pocket it is essentially meaningless. Since it is voluntary, most seniors will not even sign up for it.

□ 2300

In July when this bill came up in the House, the Democrats had a substitute. What we said is this. If you, as Republicans, feel that you want to provide a certain amount, pot of money to provide a prescription drug benefit, we know that the traditional Medicare program works very well, and nobody on the other side is saying that that is not true, then why do you not just add the money and add the drug benefit to traditional Medicare the way you added a benefit to pay your doctor bills. Seniors know that part A pays for their hospitalization, part B Medicare pays for their doctor bills. With their doctor bills, they pay about a \$50 per month premium, they have a \$100 deductible on the first visit to the doctor, 80 percent of the doctor bills are paid for by the Federal Government, 20 percent copay and after you reach a certain amount that you pay out-of-pocket, the Federal Government pays 100 percent. We as Democrats said, let's just emulate that and extend it to prescription drugs, call it part C, part D, whatever you want, you pay a \$25 per month premium for your prescription drugs, you pay a \$100 deductible for the first drugs, whatever, and then you would have 80 percent paid for by the Federal Government, 20 percent you would pay, copay, and then at a certain threshold just like in part B, 100 percent of the cost of your drugs would be paid for by the Federal Government.

That is not what the Republican bill does. The Republican bill, first of all, says that you are probably going to pay \$35 a month premium but there is no set premium. It could be \$75, \$85 a month. Who knows? The deductible is not \$100 but \$275 a year. And 75 percent of the cost is paid for by the Federal Government, 25 percent by you, up to the first \$2,200. But from \$2,200 to \$5,000 for your drug costs, you get nothing from the Federal Government. You pay the whole expense. I would maintain that you are going to have to shell out so much money for this premium and get so little of a benefit that most seniors would not even sign up. Keep in mind, you are only going to get it if

you sign up for an HMO and give up your choice of doctors, and they are giving all this extra money to the HMOs to try to make sure that they will provide a prescription drug benefit because many of the HMOs in the past few years that have initially provided prescription drug benefits decided to drop the seniors, and now many of the seniors who signed up for them do not have it anymore. That is 100,000 people in my home State of New Jersey alone.

I have my colleagues here. I would like to yield some time to them. First, I wanted to make two more points, because I have had seniors ask me this question. Number one, they say what are you doing about cost? Republicans are doing nothing about cost. They specifically have in their bill language that says that the Medicare administrator cannot negotiate lower prices, unlike what we do for the VA or we do for military personnel. Democrats, of course, in our substitute, we had negotiated prices on the part of the Medicare administrator. That is because of the prescription drug industry. Just like the Republican bill will help the insurance companies, help the HMOs, it is also going to help the drug industry because they will not be any cost containment. The other thing that is in the Republican bill that a lot of seniors have told me they are concerned about is no reimportation, no opportunity to reimport drugs from Canada or other countries to try to create a competitive market and lower cost. The third thing that some of my seniors have said that I wanted to mention and just throw out to my colleagues is that the Republican bill does not even take effect until the year 2006. We are going to go through an election for President, we are going to go through another election for Congress, 3 years from now, before this bill kicks in. I hear my Republican colleagues say, oh, this is only the beginning, we're going to have to do more down the line. If this is such a great thing, why is not starting at the beginning of the year? If they pass it this week and the President signs it, why is not effective January 1? Why do we have to wait another 3 years? In any case, I see some of my colleagues would like to speak. I yield to the gentleman from Texas (Mr. RODRIGUEZ) who has not only done a lot of work in general on the health care issue but I know has particularly paid attention in the context of the Congressional Hispanic Caucus with health care and this issue. I appreciate the gentleman being here tonight.

Mr. RODRIGUEZ. I want to thank the gentleman from New Jersey, and I want to thank him personally for what he has done in the area of health care. I know that when we heard the other gentlemen, the Republican from Texas talk a little bit about the history, I know that one of the reasons for Medicare is the fact that as our seniors reach their twilight years, we have forgotten the previous history, and, that is, that one of the difficulties was that

the existing insurance companies and health providers, as soon as you got ill, you were being dumped. Concerning LBJ, there is a little story that I tell that was written up that one of the things that he had gotten the insurance companies into the White House and the medical profession into the White House and he had basically got them in there and told them, look, I'm even going to be doing you a favor. You can go ahead and insure the young people while they're healthy and take care of them, and I know that as soon as they get ill, you're dumping them. So allow me the opportunity to establish Medicare, and I'll take them off your hands.

We have forgotten that history. We are going back to allowing the private sector to come in. It would be great if that could work out, but the reality is that my seniors do not have the resources and the profit margins are not there for the private sector to profit from it because our seniors do not have the resources and they are the ones most likely to get ill. So most of the companies do not even want to touch that. But now, of course, they do because there is some benefits that they are going to be receiving. I know that there are some tax cuts also included in this effort.

Mr. PALLONE. When I have posed that to the Republicans and I have said, the private market does not want to come in, even the HMOs do not come in, their answer is, we'll just give them more money. We know they have these plus-ups. I guess about \$20 billion of the \$400 billion is extra money going to the HMOs and the PPOs, the private sector, to offer this kind of drug benefit. Then I say to them, what if the \$20 billion doesn't work? They say, we'll just give them more money. That is their response, but it is the absolute opposite of what true competition is. If you are going to have to keep giving them more and more money in order to get them to enter into this market, how is that free enterprise and market economy?

Mr. RODRIGUEZ. You know they do not want a free enterprise, especially when they put specific language in the bill that does not allow an opportunity, and I cannot understand this. If you really want a free enterprise, here you have it with our veterans, the VA has been able to get a contract where they can get lower prices. In this bill, I cannot believe that they have gotten language in there that does not allow that to occur. In fact, it makes it against the law for them to even try to negotiate. So it is a protection of the pharmaceutical companies. It is apparent that this bill is definitely being supported by the pharmaceutical companies, definitely being supported by the special interests. It is unfortunate, but our seniors are the ones who are going to suffer.

I wanted to briefly talk a little bit, because I know that when we talk about Medicare prescription drug cov-

erage, our seniors in our rural communities throughout this country are hit even harder. I share that with the gentleman because I know he is well aware that this same effort has been tried in terms of the privatization of Medicare. They came to us some years ago and said, we can provide Medicare cheaper. We tried that. We know now that it did not work. In fact, in my counties in south Texas, Wilson County, Atascosa County, they were not making the profits that they wanted so they dropped. We do not see the HMOs in rural Texas and probably throughout rural America. There is a lack of access to services. If they do not see those huge profits, then they do not drop the individual but they drop the whole county.

Mr. PALLONE. This is what I envision is going to happen here in counties like yours or in my own State of New Jersey. We had 100,000 people dropped by HMOs in the last few years. Because they keep giving all this extra money to the HMOs that are in this bill, I will use New Jersey as an example, but I think it could be true in Texas or anyplace. Because they are getting all this extra money, some HMO is going to step forward and say okay, look, you're giving me all this extra money, I'll offer a prescription drug benefit. If your seniors enter my program, you're giving me all this extra money, I'll offer a prescription drug benefit, but I'm going to charge, who knows, for the cost of the premium, not \$35, \$65, \$75, \$85 a month, whatever.

According to this bill, as long as there is one HMO in the area, in my district or in your county, that is willing to provide the benefit, regardless of what they are going to charge for a premium, that will preclude a senior from getting any kind of drug benefit under traditional Medicare. So if they have traditional Medicare and there is some lousy HMO that comes in and wants to offer them this plan because they are getting all this money, but charging a high premium that they cannot afford, or they see no benefit because they have to lose their choice of doctors, then they are out of luck because you can only get, maybe, I am not even sure, but you can only get drug benefits with traditional Medicare or without joining an HMO if there is not an HMO in the area that is going to offer it. But it does not have to be an HMO if it offers a reasonable plan or a reasonable price. It just has to be anyone that happens to be there.

Mr. RODRIGUEZ. It is unfortunate. I want to give you some figures from Texas alone.

□ 2310

Texas has close to 530,000 Medicare beneficiaries that are in rural Texas, and 20 percent of them live in the rural communities. I can attest to the gentleman that those individuals are specifically going to have difficulties. This promise was given to us in the 1990s about Medicare HMOs that were touted

as a way to control escalating cost; but by the end of the decade, as we well know, provided plans have abandoned thousands of seniors and they have left them out there in the cold. And I expect that the same thing is going to happen.

I want to give an example also of a study that was done in the San Antonio area in Texas like it was done throughout the country. For instance, in San Antonio, Zocor, which is a cholesterol medication, runs approximately \$110 for 30 tablets. Right now in the communities of Pearsall, Texas, in Atascosa County, where I have a population of 15,000, that prescription costs 25 percent more. So even prescriptions now in rural communities are even more costly. So as we can see, the costs will add up quickly and force rural seniors with this proposal to really not be able to benefit. It is unfortunate, but what we see now is basically a dismantling of Medicare.

And we recognize that. Because there is not a sincerity. The money that is coming to provide Medicare for seniors and for prescriptions is coming from cancer patients. Almost 1 billion per year, it is estimated; that those women with breast cancer, other people who suffer from cancer, it is just like taking education programs for kids to provide after-school programs. Both are in need. So we are taking from patients who suffer from cancer and then providing prescription drugs for our seniors. They are both in need of the service. So it is really unfortunate that they are unwilling to provide resources to really beef up the program the way it should be. And what I see is the beginning of a dismantling of Medicare in a way that is very dishonest, a push on this effort. And I know that we have people here who basically believe, and it is hard to comprehend that, that when it comes to health care that we do not have an obligation or a responsibility. But we need to understand that this country ought to be just in terms of how we treat our most vulnerable, how we treat our seniors in the twilight years; and this is no way to do that.

So I am hoping that we will be able to get the votes to kill this proposal because I think that all it is is a way of basically beginning to look at dismantling Medicare as we know it. It is a program that has worked. What we need to do is fund it appropriately and make sure that prescription drug coverage is part of that. If I can just share with my colleagues, this administration, when it comes to health care, they have gone after Medicaid, which is the program that responds to the most needy of our country. They have gone after the CHIP program that funds the kids in this country, working Americans who are out there working their hearts out and paying their taxes and yet find themselves unable to insure their own kids and themselves. And this administration is the same administration that is trying to destroy

those same programs; and now they come up with a Medicare program that has a prescription drug coverage where they have taken money from the cancer patients? So when we look at a picture like that, we know that there is something wrong, and we know that their sincerity in trying to meet the problems that confront us is not there.

Once again I want to thank the gentleman for being here tonight and talking about this critical issue, and I am hoping that Americans are out there listening because this is a serious issue that is before us. It is an issue that confronts all our seniors, and we all have elderly in our communities that are impacted by this, and we are playing games.

The gentleman just mentioned something that is extremely important. If it is so great, why not do it now? And the reason why is because it is a hollow promise. There is nothing there. And when it does happen, it is going to be devastating and it is going to be a nightmare.

Mr. PALLONE. Mr. Speaker, I want to thank the gentleman for his comments. And I have to tell him that most seniors think this is going to take place immediately, within a few months; and when I mention to my seniors that it does not take effect until 2006, they are shocked. They think how could they be talking about this 2 or 3 years from now? And when I mentioned it to one of the Republicans from Florida who spoke on the motion to instruct tonight, he said it would take that many years for the insurance companies and everybody to adjust to put this in place, which does not make any sense. We can have the structure changed in a month or two if we really want to do it.

Mr. RODRIGUEZ. Mr. Speaker, if I can just close, it does make sense in a political year where they can get political contributions.

Mr. PALLONE. Exactly.

Mr. Speaker, I yield to the gentleman from Texas (Mr. SANDLIN).

Mr. SANDLIN. Mr. Speaker, I would like to thank my friend from New Jersey for leading this hour.

Mr. Speaker, we have heard a lot of talk tonight from our friends on the other side of the aisle about how they want to provide a prescription drug plan. I do not know about all that, but what I do know is this: the plan the Republicans have privatizes Medicare. That is what it does. It privatizes Medicare. It eliminates coverage for over 2 million Americans. It gives tax subsidies for the wealthy. It forgets to give real help to those of low income. It has a very high deductible, and, Mr. Speaker, as we know and as our friends on the other side of the aisle have been forced to admit reluctantly, it has a gap in coverage so large that our seniors would forget there is any coverage at all but for the fact that they have to continue to pay premiums each and every month even at a time when they are not getting any coverage. And our

friends on the other side of the aisle have had to admit that on this floor before this Congress and before the American people.

Mr. Speaker, maybe I was mistaken. I thought we wanted to provide a prescription drug plan to help America's seniors. I thought that was what we were working on. But I have kind of seen the light. Our Republican friends do not really want to have a drug plan that helps seniors. They want a plan written by the HMOs and the pharmaceutical manufacturing companies. And I can see why those companies and the Republicans want that plan. The drug companies want a drug plan because they supply the drugs and they set the prices. Sweet. What a good deal. They supply the product, and they set the price.

And it gets better than that. The Republican plan forces seniors off of Medicare and shoves them permanently into the waiting arms of HMOs. The Republican plan is to move all of the revenue to HMOs and place all the burden on our seniors.

And, Mr. Speaker, what is the big rush? As has been mentioned by the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. RODRIGUEZ) and others, what is the rush? If we pass this Republican sham of a bill written by the drug companies, it does not even go into effect until the year 2006. This is 2003. What are we doing? How stupid do they think the American public is? What a sham. This is not a drug plan for seniors. It provides no coverage in 2003. It provides no coverage in 2004. It provides no coverage in 2005. And it just kicks in coverage in 2006. At least that is their planned coverage.

Like I said, we are not in a rush to pass the bill; so why pass it today? Why pass it in 2003 and have no coverage until 2006? Maybe, I mean just maybe, it is because elections are coming up in 2004. Would that be why they are passing this bill?

So our Republicans want to pass a bill in 2003 with no coverage. Then they want to brag about it in 2004 with a fancy name. They want to run on that when they are not even paying any benefits. And then who knows what they are going to do in 2006? As the gentleman from New Jersey (Mr. PALLONE) has mentioned, we have got a whole new administration possibly. We have got a whole different Congress. We do not have any commitments. We are passing something in 2003 for 2006. That is ridiculous.

In summary, the Republicans are telling seniors to sit down and shut up until elections are over and then they are going to deal with them. Sit down and shut up.

Every Member of Congress claims to be committed to lowering the price of prescription drugs for our Nation's seniors, but the truth of the matter is that actions speak louder than words. I believe, as has been mentioned tonight, I believe the gentleman from New Jersey

(Mr. PALLONE) mentioned it, we passed a reimportation bill with overwhelming support this summer, bipartisan support, that would have finally granted our seniors access to the same safe, quality, low-priced drugs sold in 25 other nations including Canada.

□ 2320

Now, this was part of a deal between the Republican leadership and one of its own Members to secure that Member's vote for H.R. 1 in exchange for a commitment to do something about lowering the cost of drugs. H.R. 1 passed by one vote due to that promise, and we all know it. We were all here on the floor. We all know where it happened: right over on that aisle. One vote, when the Republican leadership kept the vote open 45 minutes, contrary to the rules of this House, based on a promise to do something.

But that was just a blatant lie, because here we are, the final conference bill that not only fails to include reimportation, but makes it harder to reimport drugs from other nations.

To further ensure the drug companies' flourishing profit margins, this legislation specifically prohibits the Secretary of HHS from using the purchasing power of 40 million Medicare beneficiaries to negotiate for lower prices. What is that all about, Mr. Speaker? Why in the world would we put in legislation and say we are prohibiting the Secretary from negotiating for lower prices? I have never heard of such. What kind of business deal is that?

Now, if the Republicans are so darn proud of this pitiful plan, I want to know why they meet in secret in the conference committee. Now, I have never heard an answer to that. The Democrats do not even get told where the meeting is. Now, I can understand they were embarrassed to bring forth a bill written by the insurance companies; I can understand why they are all embarrassed about that. They did not want the Senate to know, they did not want the House to know, they did not want the public to know. But to preserve their dignity, could they not have just changed or covered up the HMO letterhead and had a regular conference committee meeting where everybody participates, where everyone has an opportunity to have their say?

And, Mr. Speaker, it is critically important to note, as the gentleman from New Jersey (Mr. PALLONE) mentioned, it is important to note that we are presently debating and talking about a nonexistent bill. There is no drug bill. We are guessing at the content. The Republicans say, they say that they are going to produce an 1,100-page bill, and we will vote on it Friday or Saturday.

Now, I would like to see a show of hands, Mr. Speaker, and see how many people in here are going to be able to receive, read, and understand an 1,100-page bill in just a few hours. I mean I

see no one has raised their hand because that is ridiculous.

So the Republicans are planning to pass an 1,100-page bill that is currently not in existence, that has been read by no one, that was written by the insurance company, that provides absolutely no benefits until 2006, but privatizes Medicare. That is the plan. Now, is that not special? Is that not special, Mr. Speaker?

Now, much has been made of the fact that AARP endorsed this bill. Not so. Some of the executives of that organization did, but there was not a vote of the membership and, in fact, the AARP membership across this country is up in arms about it. This is a PR stunt by the executives, and that is who is leading that organization is a former PR man.

Let me read to my colleagues, because we heard all about the PR dude, but let us hear what some of the people say. Mr. P.R. Latta in Raleigh, North Carolina, he is writing to AARP and he says, "As you all know, I have on many occasions informed you AARP opposes privatizing Medicare and Social Security. All of you know I tried to tell it like it is. AARP at the national level is supporting the present prescription drug bill. This bill does not serve the seniors, and it privatizes the prescription drugs under the misused distortions of freedom of choice.

"The support of this bill makes it impossible for me to trust AARP at the national level, and their support of this bill, with its many faults, makes it impossible for me to represent AARP at the local level.

"Therefore, effective at the end of this meeting, November 20, 2003, I will resign as your legislative chairman."

Mr. PALLONE. Mr. Speaker, I listened to everything the gentleman said, but I want to just take it one step further. The gentleman pointed out that we have no bill, and that is certainly true. The gentleman from Florida, earlier on the Republican side tonight, actually challenged some of us on the Democratic side on the motion to instruct and said that we had not read the bill. And the gentleman from Ohio (Mr. BROWN), from our Committee on Energy and Commerce said, well, where is the bill? We have not received it. And, of course, the Republican Member from Florida had no response because they have not shown it to us, if it even exists. But imagine, as the gentleman said, not only do we not have the bill, not only has there been no conference participation by the Democrats, but now these organizations like AARP, AMA, the PhRMA, the drug manufacturers, all mentioned on the other side as endorsing the bill, some of them are even running ads for a bill that does not exist.

So I mean the guy who is the legislative chairman, he did not say it in the letter there, but one would almost have to resign knowing that your organization has endorsed legislation that is not even available to look at. It is unbelievable.

Mr. SANDLIN. Mr. Speaker, that is exactly right. Many of these folks are going to find out, when Medicare is privatized, as is the plan; that is where we are headed, let us make no mistake about it, we will no longer have to see these groups coming up here to talk to Congress, because we are not going to have anything to do with it. It is privatized. It is all then going to be a matter of what the HMOs are going to pay, and they will just have to go talk with them.

Let us look at what a few organizations have said. Again, the rank and file of AARP is opposed to it. Let us look at the Alliance for Retired Americans: "The Alliance for Retired Americans categorically opposes the proposed Medicare bill being touted by Republican leaders on Capitol Hill. The Bush administration and Congress are callously using a much-needed and long-awaited prescription drug benefit to privatize Medicare. Under the proposed bill Medicare, as we know it, will cease to exist. They may say they are looking out for seniors, but they are really protecting the profits of the big pharmaceutical companies and ensuring profits to the insurance industry." That is the Alliance for Retired Americans.

I have a list, not to read all of this, but the Medicare Rights Center: "The bill under consideration does more harms than good."

Families USA: "The proposal does too much to destroy Medicare and too little to help the seniors who can least afford the medicines."

The Transport Workers Union of America: "The bill fulfills Newt Gingrich's dream of causing Medicare to 'wither on the vine.' It includes requirements and incentives to force people out of Medicare into private insurance plans; not only the 'premium support' provisions, but the \$12 billion slush fund for the President to bribe and coerce seniors into private plans."

The Center for Medicare Advocacy: "Even in its most limited form, the premium support or voucher 'demonstration' will cause elders and people with disabilities to pay different amounts for Medicare in different parts of the country."

UAW: "Make no mistake, the issue before the Senate is not simply the nature of prescription drug coverage that will be provided to seniors. Rather, the conference report directly puts at risk the continued stability and viability of the entire Medicare program."

TWU: "In exchange for these devastating changes to the basic Medicare program, seniors will get a prescription drug benefit that will leave one-half of all seniors paying more out-of-pocket than they do now and turns over to private insurers the power to decide what drugs to cover, how much to charge, and whether to offer coverage at all."

Mr. Speaker, I have an entire list. I am not going to go through it. But folks like the National Committee to Preserve Social Security and Medicare,

Alliance for Retired Americans, Medicare Rights Center, National Seniors Law Center, American Federation of Teachers, NEA, National Taxpayers Union, American Nurses Association, and the list goes on and on. Everyone knows that this is a sham. And when we start looking at it, and our Republican friends will hear that and they say, oh, that is just a bunch of activists and progressive advocacy groups that are against that.

We heard them tonight talking about, as the gentleman from New Jersey (Mr. PALLONE) mentioned, all this ideology and being conservative. Mr. Speaker, come on, let us get with it. The most conservative and fiscally responsible groups in this country oppose this bill. Cato Institute. Now, who is more fiscally responsible and conservative than them? Quote: "The Medicare prescription drug bill to be voted on by Congress this week is a terrible mistake that will dearly cost our children and grandchildren. This is a bill for politicians." I am leaving some of it out. "Sometimes the better part of valor is recognizing when you have made a mistake. Congress should recognize this bill as a mistake and go back to the drawing board."

The Club for Growth: "We oppose the Medicare prescription drug conference report. On balance the bill is too costly to taxpayers and would force millions of Americans into a government-run program greatly inferior to the coverage they have today."

Heritage Foundation, that well-known activist group, liberal advocacy group: "Of course, the agreement contains an unworkable and potentially unpopular drug benefit with millions of Americans losing part of their existing coverage. Instead of targeting benefits to seniors who need them, the Medicare conferees are insisting on creating universal drug entitlement to be delivered through the vehicle stand-alone insurance. Meanwhile, the politically engineered premiums and deductibles, coupled with their odd combination of doughnut holes and gaps in coverage, are likely to be unpopular with seniors."

The National Taxpayers Union: "The vote on final passage of the bill will be among the most heavily weighted in 2003. They say, "There are many problems with the provisions of the final Medicare prescription drug legislation, but perhaps the worst is that it will add hundreds of billions of dollars in unfunded liabilities to a Medicare system already headed for bankruptcy."

Citizens Against Government Waste: "Congress is about to pass a bill that will add a prescription drug benefit to Medicare. The bad news is this bill fails to reform Medicare. It may take away prescription drug coverage that you and your friends already have."

American Conservative Union and others have similar comments.

□ 2330

Mr. Speaker, it is clear, this secret nonexistent missive that is created by

the insurance companies in this country is ridiculous. For the Republicans to cram this bill with no benefits down the throats of our seniors is unconscionable. Mark my word, Mr. Speaker, if this bill passes, if this bill passes, it will pass solely on the backs of the votes of our friends on the other side of the aisle. And the Republicans can answer to America's seniors for this travesty. It is on their backs and on their shoulders. It is their responsibility.

We should work together to craft a bill that is voluntary, has a specified cost, a low deductible, and absolutely no gap in coverage. It should guarantee coverage under Medicare because seniors have already paid for that coverage. We do not need to help the HMOs. It is our responsibility as a Congress to pass that sort of bill.

To even consider the Republican bill is a slap in the face to seniors all across America. It should be an embarrassment to this great institution.

Mr. PALLONE. Mr. Speaker, I appreciate the gentleman's comments and particularly those quotes that he has from some of the conservative groups at the end. Because, as my colleagues know, when I started out this evening, I wanted to make the point that I do not really care about the ideology. I just think this thing is not going to work and not deliver any benefit to seniors and they are going to lose their choice of doctors by having to join an HMO.

It is great to see some of the conservative groups, which I normally do not agree with, are essentially saying the same thing: it is not going to work. It is not going to provide a benefit. Seniors are going to be forced out of their traditional Medicare.

Mr. Speaker, I yield to the gentleman from Arkansas (Mr. ROSS), who probably knows more about the prescription drug issue than anybody else because he is an owner of a pharmacy with his wife, or his wife is an owner. And he really knows how this works, practically, in the shortcomings.

Mr. ROSS. Mr. Speaker, I thank the gentleman from New Jersey (Mr. PALLONE) for yielding. And I thank my colleague from Texas (Mr. SANDLIN) for his comments and very thoughtful remarks this evening on behalf of America's seniors.

I have got to tell my colleagues that it is a frustrating time for me because, as was mentioned, my wife and I own a small-town family pharmacy. She is a pharmacist. And I have seen so many seniors walk through the doors of our pharmacy who either could not afford their medicine or could not afford to take it properly. And living in a small town, Prescott, Arkansas, population 3,400, I know a week or two later that senior is 16 miles down the road in Hope, Arkansas, in the hospital having a leg amputated, running up a \$20,000, \$30,000, \$40,000, \$50,000 Medicare bill for other complications simply because they could not afford their medicine or could not afford to take it properly.

So I ran for Congress. I ran for Congress to try and modernize Medicare to include medicine for our seniors. And I knew it was pretty partisan in Washington, but I thought if there was an issue that would not be a Democrat issue or a Republican issue but, rather, a seniors issue, this would be it. But I got to town and learned it is a big drug manufacturers' issue.

This is not a seniors bill we are going to be voting on this week. This is a bill written by the big drug manufacturers to benefit the big drug manufacturers. I am sick and tired of all this partisan bickering. I am sick and tired of Democrats being locked out, committee members being locked out of the room where they are writing this bill. If they get the drug manufacturers up out of the chairs at the table, they would have room for Members of Congress that have been elected like everyone else who had been appointed to that committee to address this issue. That is wrong and it is shameful, and it is a disgrace to our democracy.

There are several problems with this bill. There are really a lot of problems with it. Let me just list a few of them for my colleagues, if I may. If anyone has any doubt in their mind whether or not this bill was written by the big drug manufacturers, believe me, their fingerprints are all over it.

The Republican leadership actually had the nerve to put language in this bill that says the Federal Government shall be prohibited, prohibited, from negotiating with the big drug manufacturers to bring down the high cost of medicine. That is in the bill. And they call it a seniors' bill.

The second problem is the privatization aspect. Let me tell you why the big drug manufacturers want to see this Medicare prescription drug benefit privatized. You hear how drugs are cheaper, less expensive, less costly in other countries. It is true. I did a study about a year ago where we compared the price paid by seniors in Arkansas's 4th Congressional District on the five most commonly used brand-name drugs with the price paid by seniors on those same drugs in seven other countries. And what we found was startling. Seniors in my congressional district back home in Arkansas pay on average 110 percent more, 110 percent more than seniors pay on average in those other countries. Now, why is that? Because America is the only industrialized nation in the world where people go without health insurance.

In these other countries everybody has health insurance and in these other countries their governments tell the big drug manufacturers if you want your drug in our country, you are going to give us a discount. And they do. Well, the drug manufacturers know that if we have 40 million seniors all under one plan in America, then we too as a government will demand those kinds of discounts and rebates to help offset the cost of the program. Thus the reasoning for creating and

privatizing a Medicare prescription drug benefit.

Our parents, our grandparents are literally going to have hundreds of insurance companies knocking on their door, calling them on the phone, sending them mail all trying to sell them exactly the same policy because they want to spread those 40 million people every which way they can so no one will have the buying power to demand those discounts from the drug manufacturers.

This bill does nothing to bring down the high cost of prescription drugs. In fact, no insurance company has come forward to say they will offer a prescription drug plan for seniors. And that is why in this bill, the Republicans have put a \$12 slush fund, \$12 billion, they are just going to give to private insurance companies that will agree to offer a prescription drug benefit for seniors. There is a reason Medicare was created 38 years ago. Insurance is about spreading the risk. And the reality is with seniors there is no risk to spread. Seniors spend a lot of money on health care to either stay healthy or to get well. Privatizing Medicare will not work. If they get away with this, Social Security will be next.

Finally, the benefit itself. Number one is, as my colleague from Texas (Mr. SANDLIN) said so eloquently, the benefit does not even start until 2006. Folks, any time there is a plan offered up that does not kick in until after the next election, you ought to be leery of it. This plan does not even kick in until 2006. And when it does, this is what everyone get, and when I explain what they get, they are going to have a clear understanding of why they want to make sure it does not kick in until after the next election:

There is a premium of about \$35 a month, although they cannot tell you for sure what it will be, but they think somewhere around \$35 a month. That is \$420 a year. Then there is a deductible of \$275 a year. Then from \$275 worth of prescription drugs each year that a senior meets up to \$2,200, the senior pays 25 percent and Medicare pays 75 percent. That part actually sounds pretty decent. So the senior is out \$481.25 on that part. But listen to this: once the senior has spent \$2,200 on prescription drugs in a year, and as a small-town pharmacy owner I can tell you for a lot of seniors that only takes about 3 or 4 or 5 months, once a senior spends \$2,200, all the way up to \$5,044, the senior is back paying the full cost of the prescription on their own. Medicare pays nothing. But, guess what? Medicare continues to bill you the \$35-a-month premium.

□ 2340

That is \$2,844 out of seniors' pockets.

Mr. PALLONE. Mr. Speaker, maybe my colleague was going to say it, but we have done some statistical analysis that shows the majority of the seniors fall into the donut hole. So some people might think, well, I am not going

to fall into that, but most seniors will be in that situation where they are paying a premium and getting nothing at some point.

Mr. ROSS. Absolutely, good point, and I appreciate the gentleman from New Jersey pointing that out.

The bottom line is, and you need a CPA to figure this thing out, but when you take all the numbers I just presented and add them up, and the bottom line, all this talk on the floor of the House of Representatives, the vote that is going to occur is going to boil down to this, that in 2006 seniors are going to get a prescription drug plan written by the big drug manufacturers that requires seniors to pay out of their own pocket \$4,020.25 out of the first \$5,044. Let me repeat that. Seniors under this plan, which does not even start until 2006, are going to pay \$4,020.25 out of the first \$5,044.

Contrast that to Members of Congress, the health insurance plan we have, and quite frankly, the health insurance plan that most people who are fortunate to have health insurance in America now is very similar. Members of Congress pay \$1,261 on the first \$5,044, with their insurance plan picking up the difference. So the Republican leadership thinks that they should only pay \$1,261 on the first \$5,044, but they want seniors, they want our mothers and grandmothers, to pay \$4,020.25 on the first \$5,044.

Mr. PALLONE. Mr. Speaker, reclaiming my time, the reason why the Republicans have carved out this donut hole, which is going to make all these seniors, as my colleague says, pay a premium and get nothing in return is because they save a tremendous amount of money. Here they are worried about saving some money at the expense of the seniors at the Federal Government level, but yet they are going to throw all this money to the HMOs and to private companies to plus up the money that they get, and they do not have to have any kind of cost containment which would bring the costs down to the Federal Government. After all, if we had cost containment, the Federal Government would not have to shell out all this extra money, and we could fill that donut hole. I mean, it is just a way of saving money to the Federal Government, but at the same time, at the expense of the senior citizens.

Mr. SANDLIN. Mr. Speaker, if the gentleman would yield, my good friend from Arkansas (Mr. ROSS) brings up an excellent point, and our friends on the other side of the aisle, the Republicans, continually say we need to offer a plan to seniors that is just as good as the ones that the Members of Congress have, and if it is good enough for Congress, then it is good enough for our seniors. I would like to inquire of the gentleman from Arkansas about that and ask him, does the plan presented by the Republicans match the plan in Congress, and do we in Congress have a donut hole? Is there any gap in cov-

erage suffered by the Members of Congress?

Mr. ROSS. Mr. Speaker, Members of Congress pay 25 percent of the cost of the medicine, at least under the health plan that I am on and most of us are on. There are several options to choose from, and anyone with private health insurance, and again we have got 43.6 million people without health insurance in this country. Ten million of them unfortunately are children, but most people fortunate enough to have health insurance pay roughly 20 to 25 percent of the cost of the medicine. So in the first \$5,044, Members of Congress pay \$1,261, but the Republican national leadership wants our mothers and grandmothers and fathers and grandfathers to pay \$4,020.25 out of the first \$5,044, and that is a benefit that does not even kick in until 2006.

I will give them this. Starting in April of 2004, they are going to give our seniors a prescription drug discount card. You stay up late enough tonight and watch cable TV. They will be advertised on TV. You can buy them, and any discount that is realized from that card comes directly from your family pharmacy and not from the big drug manufacturer.

Again, they are not going to the root of the cause. Eighty-seven percent of the costs of medicine comes from the big drug manufacturer. This discount card does not discount any of the money paid by the big drug manufacturer, and so the savings amounts to 50 cents to \$3. They did a study on this. This literally amounts to 50 cents to \$3.

So you take a senior that is on six prescriptions a month and a \$500 drug bill, let us say it is \$3 per prescription. That is an \$18 savings. How in the world is that going to help seniors choose between the light bill, rent, or groceries?

Mr. PALLONE. Mr. Speaker, I know the gentleman is familiar with the pharmacy industry. The bill avoids any cost containment. It actually says the Secretary of Medicare administrator cannot negotiate price reductions. There is nothing in the bill with these discount cards that would have any impact on the drug companies' ability to raise prices. So you might not save anything, right, if they raise the price and you get the same discount? You may end up paying more.

Mr. ROSS. Number 1, the discount is not being paid by the drug manufacturer, which is 87 percent of the cost to the manufacturer. The discount is being paid by your family pharmacy in amounts of 50 cents to \$3.

More importantly, and I do not think this has ever been raised on the floor of this House, but this bill preempts State laws that regulate discount cards. About half the States in America, because these cards are so fly-by-night and so fraudulent and have ripped off so many seniors, because they find out the benefit they are getting from it is less than what they charge per month

for the card, that most States in America now have regulations to monitor and control these so-called discount prescription drug cards. This bill preempts those State laws. There will be no regulation of these discount card companies.

Max Richtman is the head of the National Committee to Preserve Social Security and Medicare. I want to say they are a bipartisan group. They are not. They are nonpartisan, and they are nonprofit. That is the Nation's second largest senior advocacy group, and I think he put it pretty well. He said, Have you ever heard of Medicare fraud? This Republican prescription drug bill, it is Medicare fraud. It is nothing more than a false hope and a false promise for our seniors.

This is America, and we can do better than this by our seniors, by our greatest generation.

Mr. PALLONE. Mr. Speaker, I appreciate the gentleman's comments and his insight from the pharmacy business, and I think we have about maybe seven or eight minutes. I would like to yield now to the gentleman from Ohio (Mr. STRICKLAND), my colleague on the Subcommittee on Health.

Mr. STRICKLAND. Mr. Speaker, I thank the gentleman for yielding, and I have been sitting here listening to this discussion, and I feel a quiet anger because I think something is being contemplated in this House that is going to be detrimental, perhaps devastating, to what I would consider the second most important piece of legislation Congress has ever passed to help seniors, and I am talking about the Medicare program.

A lot of people in this chamber are nervous because they are afraid if they do not support this bad bill that our Republican friends will get a lot of money from the pharmaceutical companies, the President will go out and raise a lot of money and they will run a lot of TV ads. They are especially nervous because of the action of the AARP, the recent decision of the AARP to endorse this shameful piece of legislation, but I have heard from some of my constituents who are members of the AARP in the last few days, and they are outraged. They are outraged at their national leadership, and so I am not at all intimidated by the fact that the AARP has seemingly sold out the people they are supposed to be representing.

I would like to just emphasize the fact that the executive director and the CEO of AARP, Mr. William D. Novelli, wrote a foreword to a book written by Newt Gingrich. Remember Newt Gingrich, when he was Speaker of the House talking about Medicare and saying that it would wither on the vine? Well, because of Mr. Gingrich's personal problems and some other issues, he is no longer Speaker, but those who want Medicare to wither on the vine are alive and well, and many of them are leaders in this House of Representatives.

I would just like to share with my colleagues what Mr. Novelli, this CEO of AARP, said in the foreword to Newt Gingrich's book.

□ 2350

He wrote: "Newt's ideas are influencing how we at AARP are thinking about our national role in health promotion and disease prevention and in our advocating for system change." I wonder how many AARP members across this country agree with Newt Gingrich, and how many of them feel good about their CEO and executive director actually saying that Newt Gingrich's ideas are going to be influencing how AARP will be advocating for system change.

The system change they are talking about is the destruction of Medicare as we know it. The American people need to understand that under this plan that is being promoted by the President and by the leadership in this House, they cannot maintain their relationship in traditional Medicare and have prescription drug coverage. They will be forced out of traditional Medicare and forced into a Medicare HMO, or if one is available, they will have to go outside traditional Medicare and purchase a drug-only plan. We are not talking about a Medicare prescription drug plan, we are talking about an HMO privatized prescription drug plan.

Mr. PALLONE. Reclaiming my time for a moment, Mr. Speaker, I know what the Republicans say. They say, oh, you can stay in traditional Medicare, but you do not get the drug benefit. And the only way you get it is if these plans the gentleman is talking about are not available in their particular area.

But, as I said before, it is very easy with all this money that they are throwing to these private plans to get one in an area that would provide the semblance of coverage at a very high cost, and then you are totally precluded from getting the drug benefit under traditional Medicare.

Mr. STRICKLAND. We have talked this evening about the fact that this plan does not start until 2006, and they say, well, it takes time, I guess, for the insurance companies to set this up. It would take very little time if we were simply to provide a prescription drug plan as a part of the traditional Medicare program. We could get this program underway, I would guess, in a matter of a few months, at most.

And yet they are going to pass this, or try to pass it. If they pass it, they are going to go tell America's seniors, we did it for you. Of course, it will not take effect until 2006, and by the time seniors find out what they have been given, they will realize they have been snookered. They will have been snookered, but the 2004 election will have passed, and we will have been able to boast to the American people that we provided them something. But what they will have provided the American people is a bitter pill.

I just hope that all of my colleagues, Republican and Democrat alike, will reject this sham legislation, protect Medicare, and do what is right for our seniors. I hope we will have the courage to stand strong in the face of what is going to be, and we all know it, it is going to be an onslaught of TV advertising paid for by the pharmaceutical companies. And that is a shame.

Mr. PALLONE. I want to thank the gentleman from Ohio and the rest of my colleagues. I think we may only have another minute or so left, but I started out by saying early this evening that I just want to provide a prescription drug benefit, as we all do on the Democratic side, for our seniors. We do not care about the ideology. We do not care about the different labels, conservative, liberal, progressive, whatever.

But the problem is, the Republicans are providing a sham bill. They are doing all kinds of twists and turns and whatever rather than just providing a straight drug benefit, and yet it is so easy, as my colleague said, to do just that. We just need to add it to traditional Medicare, just like we do with part B now.

I go around and explain that to seniors, and that is what they think they are getting. They think this is going to be a new part C or part D. And just like they receive their pay, the Federal Government pays for their doctor bills, that it will be the same way. They have no idea that they have to go through all these twists and turns and have to join an HMO or find some drug-only policy and end up paying a variable premium. It is going to be so shocking to them when they finally figure it out.

But as the gentleman said, the Republicans have figured this out. They have figured, let us pass it, get through the 2004 election, and then 2 years later, when they finally figure it out, well, we will deal with that later.

Mr. Speaker, I see my colleague from Arkansas is here, and so I will yield to him.

Mr. ROSS. We have primarily tonight talked about the Medicare prescription drug benefit, or the lack of it, under the Republican prescription drug plan, but this 1,100-page bill, which they have not even allowed us to see yet, has other provisions in it that I think are worth noting, two primarily.

One is that it increases part B deductibles for seniors in 2005, and then they will be indexed to grow based on part B expenditures for each year thereafter. They are going to increase part B deductibles. That is nothing more than a tax on sick seniors.

Secondly, a lot of seniors rely on oxygen to stay alive in their home and hospitals beds, and they are getting those things now through a local supplier. They have the freedom to choose. This is going to be put out for competitive bidding. Competitive bidding. That means that if your oxygen machine breaks or you have an ice storm, and

you have to have a portable tank, and your supplier may be someone that lives 5 or 6 hours away, that is a serious issue.

This bill has a lot more problems than simply the lack of a prescription drug benefit. But I will close, Mr. Speaker, by simply saying this: If seniors cannot afford the first \$2,200 worth of medicine, tell me how they are going to afford the next \$2,844? Because that is the gap. From \$2,200 to \$5,044 they are stuck paying the monthly premium of around \$35, but they get no help at all. They are footing the bill entirely on their own. And that is wrong.

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. CUMMINGS) to revise and extend their remarks and include extraneous material:

Mr. BROWN of Ohio, for 5 minutes, today.

Ms. NORTON, for 5 minutes, today.

Mr. EMANUEL, for 5 minutes, today.

Mr. KUCINICH, for 5 minutes, today.

Ms. LEE, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Ms. CARSON of Indiana, for 5 minutes, today.

Mr. CUMMINGS, for 5 minutes, today.

Ms. SOLIS, for 5 minutes, today.

Mr. MCDERMOTT, for 5 minutes, today.

Mr. HINCHEY, for 5 minutes, today.

Mr. INSLEE, for 5 minutes, today.

Mr. DAVIS of Illinois, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Ms. WATSON, for 5 minutes, today.

Ms. WATERS, for 5 minutes, today.

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

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

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

Mrs. JO ANN DAVIS of Virginia, for 5 minutes, today.

Mr. SHUSTER, for 5 minutes, today.

Mr. WELDON of Pennsylvania, for 5 minutes, today.

Mr. JONES of North Carolina, for 5 minutes, November 20.

ENROLLED BILLS SIGNED

Mr. Trandahl, Clerk of the House, reported and found truly enrolled bills of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 23. An act to amend the Housing and Community Development Act of 1974 to authorize communities to use community development block grant funds for construction of tornado-safe shelters in manufactured home parks.

H.R. 1588. An act to authorize appropriations for fiscal year 2004 for military activities of the Department of Defense, for military construction, and for defense activities