co-pay for them. And the HMOs rather than the doctors are going to determine what drugs, what prescription drugs are going to be paid for under this plan. Then I will say there will be no reimportation allowed, and I know there will be a number of those who supported the reimportation. I will say one of the greatest shams of this bill is that it does not allow, Mr. Chairman, it does not allow the government to negotiate lower prices for prescription drugs under Medicare.

What an insult. It does not allow the government to save money. The reason for that is, and let me say I have no argument with the pharmaceutical companies. They do great work. I say that in terms of research and finding prescription drugs or drugs that will allow us to live longer or cure our ailments, but their participation in this kind of misfortune, in this legislation of tying the hands of government is a travesty.

So I would simply say that we will not have the time that we need to debate this tomorrow on the floor of the House. I know this is going to hurt Hispanics and African Americans. And I would just simply argue the point, Mr. Speaker, that this is a bad bill. Send it back as the Congressional Black Caucus would like you to do and put forward something that is reasonable and that works to help all Americans of which tomorrow's legislation will not do.

Mr. CUMMINGS. Mr. Speaker, I will close by simply thanking the Members of Congressional Black Caucus for being here tonight and being a part of all of this. I have often said that a hundred years ago, none of us were here. A hundred years from now, none of us will be here. The critical question is what do we do while we are here to lift each other up.

The fact is that we have a bill on the floor of this House tomorrow which is supposed to be a prescription benefit bill when, in fact, it does much more harm than good. And I think that when all the dust settles, when everything is laid out very clearly, the question becomes, Have we lifted our seniors up? So many of them have begged for relief. So many of them have cut pills in half and in quarters. So many of them have gone from one drug store to another begging for prescriptions.

□ 2230

So many of them have almost broken out in tears when they found out that their doctor did not have the sample prescription drugs that they needed, and so we stand here tonight not only saying that we consider the prescription drug bill to be bad, bad news, but we also on the other hand, Mr. Speaker, offer our HealthCare Equality Accountability Act of 2003 to say that we have a piece of legislation that does not cure everything but certainly it helps; but on the other hand, we have another piece of legislation, the prescription drug bill which does so much harm.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

Ms. PRYCE of Ohio (during the Special Order of Mr. CUMMINGS) from the Committee on Rules, submitted a privileged report (Rept. No. 108–387) on the resolution (H. Res. 456) providing for consideration of motions to suspend the rules, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON H.R. 1904, HEALTHY FORESTS RESTORATION ACT OF 2003

Ms. PRYCE of Ohio (during the Special Order of Mr. CUMMINGS) from the Committee on Rules, submitted a privileged report (Rept. No. 108–388) on the resolution (H. Res. 457) waiving points of order against the conference report to accompany the bill (H.R. 1904) to improve the capacity of the Secretary of Agriculture and the Secretary of the Interior to plan and conduct hazardous fuels reduction projects on National Forest System lands and Bureau of Land Management lands aimed at protecting communities, watersheds, and certain other at-risk lands from catastrophic wildfire, to enhance efforts to protect watersheds and address threats to forest and rangeland health, including catastrophic wildfire, across the landscape, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS

Ms. PRYCE of Ohio (during the Special Order of Mr. CUMMINGS) from the Committee on Rules, submitted a privileged report (Rept. No. 108–389) on the resolution (H. Res. 458) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS

Ms. PRYCE of Ohio (during the Special Order of Mr. CUMMINGS) from the Committee on Rules, submitted a privileged report (Rept. No. 108–390) on the resolution (H. Res. 459) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to the House Calendar and ordered to be printed.

MEDICARE PRESCRIPTION DRUG BILL

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

Mr. GINGREY. Mr. Speaker, it is good to be back tonight to talk on an issue that is really very, very dear to my heart. We have got an exciting day. In fact, I do not think I could even, though it is a late hour, I do not think I could go home and sleep tonight in anticipation of a historic moment tomorrow when we will finally deliver on a promise that has been made to our seniors, and that is a prescription drug benefit under Medicare.

Mr. Speaker, I would like to start out by maybe addressing some of the remarks that I just heard made from the other side, and it is the kind of remarks which I would really refer to as ''Mediscare'' comments. I just heard the gentlewoman from Texas refer to the government not being able to set prices. I think that is exactly what the Democrats tried to do in 1993 under ''Hillary care.'' They wanted the government to set prices. They wanted a one-size-fits-all, essentially a national health insurance program, and the people of this great country rejected that.

Another comment I have heard them say just repeatedly is this business about, well, who is going to benefit from this prescription drug availability for our seniors, who is going to benefit the most, and they keep saying, well, it is the drug companies, the evil, greedy drug companies. Well, of course, no duh. Who makes the drugs? Who has made this country the greatest Nation on Earth in regard to having access to life-saving drugs? The pharmaceutical industry. Who do we expect? Who does the other side expect to provide these drugs? The chocolate cookie company or the potato chip factory? No, it is the pharmaceutical industry, of course.

Did they say the same thing in 1965, 40 years ago when Medicare was first enacted, that gosh, you know, we cannot do this, this program because who is going to benefit the most from Medicare part A, the evil hospitals, the evil skilled nursing homes; or who is going to benefit the most from Medicare part B, the doctors? Absolutely the doctors. They are the ones that provide health care.

So this argument about the drug company being the big beneficiary, it is absolutely bogus. Sure they are going to provide drug coverage, sell more drugs certainly, but the price of those drugs, Mr. Speaker, is going to come down. Their profit margin per sale is going to be drastically reduced. So, again, we hear these arguments over and over again, and it truly is nothing but ''Mediscare.''

Another argument we hear, and we have been hearing it today, we will probably hear it all day tomorrow and as long as this debate goes on, is the

Republicans want to take Medicare away; they want to destroy Medicare as we know it. Of course, they like to throw in the infamous ''P'' word. As far as destroying Medicare as we know it, let us talk just a little bit about Medicare as we know it and what my seniors in the 11th Congressional District of Georgia have told me about Medicare as we know it.

It is a good program. It served us well, but it is not 21st-century medicine; and I say that, Mr. Speaker, because, first and foremost, there has never been a prescription drug benefit under Medicare. There has really never been any real meaningful, preventive care under Medicare. It is all episodic. If you get sick, you get to go to the doctor, and the visit is paid for. If something catastrophic happens to you, like a heart attack or a stroke, you get to go to the hospital, and you certainly have the benefit of that hospital stay. If you have a family history of heart disease or you have high cholesterol and you develop coronary artery disease, sure, you get admitted to the hospital; and there is some coverage for you to have that open heart surgery.

It is the same thing for a diabetic patient who unfortunately under Medicare, many of those patients cannot afford to buy their insulin, cannot take their medication, glucophage, something to lower that blood sugar, to keep that disease under control. So they end up going to the hospital; and, yeah, it is paid for, if they have to have a leg cut off or they have to go on dialysis for years because of end-stage renal disease that probably would not have occurred if that diabetes had been checked with timely medication.

So when my colleagues talk about destroying Medicare as we know it, I want to just say to my colleagues on the other side of the aisle and who are opposed to this bill in contradistinction to the opinion and the feeling of 35 million seniors who are members of the American Association of Retired People, the AARP, of which I am proudly a member, they can talk all they want to about burning their membership cards and sounds like back in the 1960s, the people burning their draft card or burning the flag. I mean, if they want to do that, that is fine, but I will guarantee my colleagues that the seniors in this country respect that organization, as we all do and should, because they have certainly delivered for seniors and have a proven track record, and we are not talking about an organization, Mr. Speaker, that is necessarily a bastion of conservatism, that is known for their deep and unending support of Republican issues. That is not true at all. We all know that. The other side knows that, but they are talking about again ''Mediscare,'' trying to scare people when clearly what we are trying to do is not destroy Medicare, but just improve it, improve it with a prescription drug benefit that is long overdue.

The other way we are going to improve it, Mr. Speaker, is we are going to finally put some emphasis on preventive care. We are going to give our seniors a chance to get into a managed care system, an HMO or a PPO, really very similar, in fact, exactly what 435 Members of this House of Representatives and probably 100 Senators in other Chamber, the kind of health care they have. It would be interesting to take a poll and see what they do have. I will guarantee my colleagues, it will be 95 percent or higher have that kind of a coverage where they can go in or their wives or their spouse can go in and have screening tests done for high cholesterol, elevated lipids, osteoporosis screening, colonoscopies, timely mammograms. These are the kinds of things that until just recently none of that was covered under Medicare as we know it, and there still is not really any catastrophic coverage for part A and part B.

Unfortunately, a senior goes into the hospital in any one episode of illness and can only stay a certain number of days. There is a very high copay, but once you have exhausted those days in the hospital or, God forbid, in a skilled nursing home, it happens so often, if a patient has had a stroke, then what happens to our seniors who have worked all of their lives to save up and hope and pray that they will be able to leave a little something to their children or more likely their grandchildren, so that their lives would be a little easier? For the seniors to lose all of that and end up in poverty and end up basically as a ward of the respective States because they have gone broke because of a long stay in a hospital or skilled nursing home, Mr. Speaker, there is something wrong with that picture.

Democrats on the other side of the aisle, they can complain all they want to and try to scare our seniors and talk about taking away Medicare as we know it. We are not taking away Medicare. Traditional Medicare, fee-for-service, that option will remain. It will be there for our seniors, and I am sure there are some that kind of get used to the old system, and they may not want to change. I think we all understand that. Do not for a minute think that they will not have the option to also get this prescription drug benefit if they stay in traditional Medicare.

That is what the other side is trying to do. They are trying to scare seniors into thinking that if they do not move into managed care or Medicare+Choice or advantage type program, that they will not be eligible; they will not get the prescription drug benefit. Mr. Speaker, we know on this side of the aisle, we absolutely know that that is not true.

Again, this is one of the greatest times of my life, and I am so much looking forward tomorrow to this historic piece of legislation and voting enthusiastically for it and for its passage. Make no mistake, I feel every confident that it will pass, and I think at the end of the day we are going to have our colleagues from the other side, no, not all of them, but I think this will be a bipartisan-supported bill because I know that they love the seniors as much as I do.

I am often asked in the districts, Dr. Gingrey, you had a great medical practice and you delivered all those babies, and do you miss it? The answer is, of course I miss it, absolutely. In fact, just yesterday on the floor of this House, my cell phone rang on the silent mode, on the vibrate mode, and I went out to take the call, and it was from the husband of one of my patients whose two children I had delivered. She is now pregnant with their third in about 8½ months and was starting to have some problems, and he just wanted to call Dr. Phil, even though she has got a great doctor, one of my former partners, back home in Marietta, Georgia. I talked to him, an old friend and a patient about his wife. It, of course, made me realize once again how much I do miss that, but this opportunity to come to the Congress of the United States, this 108th Congress and be a part of this great body and have an opportunity tomorrow to cast a vote, to give finally a prescription benefit and to modernize Medicare for 40 million seniors, a third of whom are probably living right at or below the poverty level, who have nothing, nothing, Mr. Speaker, to live on other than Social Security and no health care except basic Medicare. They cannot afford Medigap or their former employer did not offer a health care plan.

So that is what it is all about. That is why I am so excited to be here, and even though I miss my practice, I feel in many ways that this is a high calling, and I am really proud to be here, proud of being part of this majority and working with the leadership of this Congress, with our great Speaker and our great leader and answering the call of President George W. Bush when he said, Men and women of the Congress, we have got to keep this promise.

We tried so hard last year to do that, tried so hard to pass this bill last year, and it did pass the House with the Republican leadership, but what happened on the Senate side? It gets over to the Senate where the Democrats had control, and again, I heard one of my colleagues just a few minutes ago talking about, well, we need to send this bill back for more study, it needs more study. Well, we can study things to death. That is exactly what they did last year. They studied it to death, and we had no bill until we finally now have the leadership in both the House and the Senate, and I think we are going to get the job done this time.

It is like the president of AARP, Mr. Bill Novelli, said, We cannot wait for a perfect bill. There are no perfect bills. Seniors need our help now. They have been needing it for a long, long time.

□ 2245

And this business about waiting for the perfect bill is a total farce. This is

a good bill. It is not perfect, but it absolutely is a good bill.

Mr. Speaker, I would now like to yield to one of my colleagues and good friends, the gentleman from Colorado (Mr. BEAUPREZ), who has worked very hard on this bill, and I know he is just as excited about its impending passage as I am.

Mr. BEAUPREZ. I thank the gentleman, Mr. Speaker, and he is unnecessarily kind. The gentleman from Georgia is admired by every Member of this House for his tenacity and his dedication and his intelligence and understanding about this bill that we are going to consider on the floor here very shortly.

And the gentleman is correct, I agree with him completely, that this is an historic moment. The gentleman knows full well the history of Medicare, founded with the greatest of intention and the greatest of purpose about 40 years ago. And for most of those 40 years, there has essentially been a very little change in modernization with the bill, with Medicare, with the program, to keep up with the rapidly changing nature of health care and medicine as we deliver it. And that is the dilemma we are in right now.

I am proud that the gentleman is a Member of my class. I am proud he is a Member of this 108th Congress with me. And I am also proud that, as I take a little bit of pride in myself, in coming to this Chamber the gentleman has some real-world experience. I had some experience running businesses before, a family dairy farm, and later on a community bank. And as a community banker, I came in contact with a great number of individuals with a whole lot of different experience. And when I wanted some information about something in particular, I usually went to someone with that particular type experience.

So for me it is especially valuable and important that at a time when we are really talking about making some important reform and modernization to something as personal as important to especially our senior population as their health care, that we have someone like yourself, a doctor, who has supplied that health care to individuals and that we can ask for counsel.

For me, and I expect, for my colleague, because he just related a great story, a great testimony to how personal this issue is for him with his patients, I have two parents at home. And I am fortunate that I still have them. My dad is 85, and mom is 83. They both live in assisted living.

I believe mom has eight prescriptions a day, dad is on nine, and both suffering with some of the things that come with getting a little bit older. But, again, I am grateful that I have them. But their health care, how it is delivered, their insurance coverage, Medicare, is critically important to them. Right now, they do not have a prescription drug plan for Medicare. They had to go get a supplemental plan. And they are at a point in life where any change in how they are doing things is difficult for them to comprehend and understand.

I have a brother, hard to imagine, but I have a brother that is about eligible himself, and it is not going to be very long until some of the rest of us are going to be there too. So it becomes real personal real fast.

And, certainly, as I talk to my constituents back home, as I asked them to give me this job of representing them here so that we could come back here and collectively give them what Medicare has denied them, a prescription drug coverage option, I came back here after listening to folks back in my district who said they wanted prescription drug coverage, yes, but they did not want to be forced into anything.

They wanted to make sure it especially took care of the poorest among us. And I have to admire a lot of the seniors, at least in my district, who recognized that we probably cannot provide everything to everybody 100 percent of the time and pay 100 percent of the cost out of the government. They said, we will pay some of the cost of that, but we want to make sure that for the poorest it is there, and especially for those times in life, those last few weeks, months, maybe years when their health deteriorates and the costs really escalate that we as a Nation are there for them, for what I think most of us call the catastrophic coverage.

Mr. GINGREY. Reclaiming my time, Mr. Speaker, for just a moment, I wanted to touch on that point and maybe get the gentleman to elaborate, because I think he really, really hit the key point here, and that is that the major emphasis, as we understand the bill, the major emphasis is on those who need it most.

Mr. BEAUPREZ. I thank the gentleman, for emphasizing that, Mr. Speaker, and I am delighted to hear that, because that is consistently what I heard from our seniors. And not surprisingly, I think our seniors are some of our best citizens. They are the most experienced, and they have lived a full life. They know what it means to be a good citizen and a good American, and they are willing to do their share. But they also want to know that when necessary, if it becomes necessary, that this Nation will be there for them. When they do pass on, they want to be able to pass on in dignity, and they want that same thing for their fellow Americans.

If the gentleman would be so inclined, because I do rely on his expertise, his experience and understanding, especially of this critical issue, which candidly is far too complicated for most of us in this Chamber to fully comprehend, so we have to rely, I think, on experts, and I consider the gentleman one.

Mr. GINGREY. Well, Mr. Speaker, I appreciate the gentleman stating that, but, of course, it works both ways, and the gentleman from Colorado is a former farmer and very successful banker and successful businessman. Of course, we physicians need to understand that we are businessmen and women, but far too few of us do understand that.

I will be glad to answer any questions on the medical issues that the gentleman might have, but I am going to ask him some business questions, particularly in regard to the health savings accounts. And he knows a lot about that, having employed a lot of folks. But, yes, I will be happy to respond to any questions the gentleman might have on medical issues.

Mr. BEAUPREZ. Well, I look forward to a few minutes of a colloquy here. And if I might begin, one of the issues I heard consistently, and especially from the doctor community, as well as from their patients, was this issue that surrounds the doctor reimbursement rates that we have been dealing with; and the fact that because of apparently low reimbursement rates, many doctors have literally been forced to not accept any more Medicare patients, against their own better wishes, their own training, the oath I think they took.

They simply found themselves, I am told, in a position that they cannot take any more patients. I even had a constituent recently tell me that when her husband became Medicare eligible, he was told he would have to go find someone else to be his doctor. Now, is that the case? And if indeed it is the case, I ask the gentleman, are we addressing it in this legislation?

Mr. GINGREY. Well, the gentleman is so right, Mr. Speaker, and physicians who take Medicare patients really do so out of great compassion. I do not think they would be doctors if they did not love people and want to care for them. But, of course, as I just mentioned a few minutes ago, they are businessmen and women and they have got practice overhead, not the least of which, as the gentleman knows, is the high cost of malpractice insurance.

We tried to address that issue, did we not, earlier, way back in February or March; trying to get some meaningful tort reform; just trying to balance the playing field? And we got practically no help from the other side. And with those kinds of escalating expenses and decreases in Medicare reimbursement, as the gentleman knows, I think the physicians were scheduled in 2004 and 2005 to take another 4.5 percent cut in Medicare reimbursement for each of those 2 years, on top of what has already happened in a downward trend when their practice expenses are going up.

I have often said to people that ask me about this, the excitement about getting a prescription benefit under Medicare, and the reason why we cannot just do that as a stand-alone part D of Medicare, if you will, run by the government and price setting by the government, the reason we cannot do that is because we just cannot afford it. We

literally cannot afford that. And if we do that, and we continue to cut the reimbursements to the physicians, what will happen is there will be no physicians out there, except in Medicare patients.

The primary care physicians, the general internists, and these are the physicians who are on the lowest income scale of our profession, they are just going to throw up their hands and say we cannot continue to lose money doing this, and all of a sudden our patients, our seniors, have prescription benefits but nobody to write the prescriptions.

So I am so glad the gentleman asked the question, because in this bill that is part of the modernization piece. We are going to make sure that we keep these doctors in the system.

Are they getting rich off of Medicare patients? Absolutely not. The other side wants to suggest that there are winners and losers in this modernization of Medicare and the prescription drug benefit. I suggest to them that we are all winners. Very modest winners. The major one, of course, as it should be, are our seniors, and especially our neediest seniors.

Mr. BEAUPREZ. Well, the gentleman has already acknowledged, Mr. Speaker, that I have been a community banker, and as a community banker, I, of course, see financial statements from various people, some of them doctors. And I know full well that while it may appear that they have significant revenue, so too do they have significant expense. My own personal physician back home told me, a very compassionate man, that, unfortunately, he could not take any more Medicare patients, and that grieved him greatly.

Let me ask the gentleman very specifically, because this question has come up a lot. Cancer docs: A growing population and a growing need out there. They seem to be quite concerned about what this bill does to them or does not do to them. Have we addressed that critical issue in this legislation?

Mr. GINGREY. Well, Mr. Speaker, the gentleman is asking a great question. And, of course, what they are saying too, as the gentleman from Colorado has asked, is what is it going to do; what is this bill going to do to their patients? Not so much their bottom line, but the patients who are stricken with cancer.

And, of course, a lot of those cancer patients have been here, have been to Washington, and some of them, God bless them, in the midst of their chemotherapy; having lost their hair and maybe not looking as good as they would like to look physically. They got on that plane, flew up to Washington, and a lot of them came along with their doctors and talked to us about that. They wanted to make sure that we understood that, yes, they agree that certain changes needed to be made in regard to how they were reimbursed for cancer care, but they wanted to make sure, though, that they could keep their offices open and continue to provide that community cancer care. Because if they could not, if they had to close their doors and be denied the opportunity to see those patients, where would they go? Would they go back to the hospital? I am not sure. I think it is very likely that many of them would not get care; would not get care in a timely fashion.

So we have worked very closely with and we have listened to these patients, patients suffering from leukemia and breast cancer and bone cancer. We know, of course, that today there are medications that in some instances can yield a long remission for these patients and, with the help of God, occasionally a cure. Here again, years ago, when Medicare first started, there was no cancer chemotherapy. That just did not exist. And it would be a shame today if one of these seniors who is receiving chemotherapy, and that is actually one of few drugs that is covered under current Medicare Part B, because it is administered by a physician in an intravenous fashion, but if we did not have these kinds of benefits, what would happen? These patients would die, pure and simple.

So we have listened to the doctors, we have listened to their patients, and the answer to the question the gentleman from Colorado is asking is, I think they are pretty satisfied. They are going to take a significant hit on this bill, but I think they understand that for the overall good, for the greater good, they are willing to make those sacrifices. So I think they are going to be fairly pleased with the bill.

□ 2300

Mr. BEAUPREZ. Mr. Speaker, I thank the gentleman for that comprehensive answer. Once again, that issue is very personal as cancer has touched members of my family, as it has probably touched members of almost every family in this great Nation.

I would like to pursue one more issue regarding reimbursement rates and that is in regard to our hospitals, and even more specifically rural hospitals because it has become apparent to me that we do have a significant issue with the tens of thousands of usually small, more rural hospitals around this great land. And I believe in the gentleman's opening comments he made reference to an issue I am also aware of, and that is from the patient's side how Medicare up to now has treated extended hospital stays.

I would like the gentleman to address that greater issue of hospitals, specifically rural hospitals, and then extended stay for patients and how Medicare does or does not take care of them currently and what this legislation would provide.

Mr. GINGREY. Mr. Speaker, I am glad that the gentleman asked about that because in the hospital payment system, there has been this disparity for a long time. The rural hospitals and the rural physicians, those doctors who are practicing in an area outside of a metropolitan service area or a big city, they are reimbursed for the exact same service at a lower rate than a doctor who might be practicing in Boston or Atlanta or Denver, and there is just something wrong with that system. Again, that has been addressed.

In fact, if the gentleman will allow me to read here, there are hospitals referred to as disproportionate share facilities, by that I mean a disproportionate share of Medicare and Medicaid patients in their population. Some of these hospitals are in small towns, and I know in my district and probably the gentleman's district, but I know for sure in southwest and northwest Georgia, the 17 counties that I represent, in some of the towns in the county, the hospital is the major employer in town. It is the only source of revenue and health care. When they are seeing mostly Medicare and Medicaid patients, and there is not much industry so there is not much good, private health insurance, they do not have full pay rather than deeply discounted pay that we have under Medicare and Medicaid, and if we continue to treat them in an unfair manner, not only does health care go away, but jobs go away as well.

Here is one thing that I wanted to read in regard to what we are doing about this problem: ''The bipartisan agreement modifies Medicare's payments for those hospitals that furnish care to a disproportionate share of low-income and uninsured patients. Currently, the disproportionate share hospital adjustment paid to rural and small urban hospitals is capped at 5.25 percent. The bipartisan agreement increases the rural and small urban cap to 12 percent.''

Mr. BEAUPREZ. Mr. Speaker, I thank the gentleman for that, and as I think about Colorado and the eastern plains and smaller mountain communities, that is good news for many folks back home because I am sure they will fit in that category.

If I can shift gears a little bit and continue this probing of the gentleman's wealth of knowledge and personal experience, let us talk a little bit, a big evolution in the past 40 years in medicine has been the importance placed on preventive medicine. My doctor tells me get your physical, exercise and watch your nutrition; and it is my understanding that as we age, preventive medicine is even more important, and yet another glaring weakness in Medicare, at least at the moment, has been a lack of coverage for many preventive medicines that most of us think of as fairly routine. I believe the gentlewoman from Connecticut (Mrs. JOHNSON) who is an expert in this field as well has been a big proponent of incorporating preventive health care within Medicare. And my question is: Have we managed to accomplish that?

Mr. GINGREY. As Members know, the gentlewoman from Connecticut (Mrs. JOHNSON) is the chairman of the

Subcommittee on Health on the Committee on Ways and Means. What many Members may not know is her husband is a retired OB–GYN physician. She is very knowledgeable about this issue. I have told Members if they do not understand the bill, and it is 1,100 pages, parts of it are arcane, and it is not necessary for every Member to understand every bit of minutia, but of course they need to understand the things that are important, and the gentlewoman has been a great resource to me.

In regard to medication, let me get personal. I had open heart surgery right after I won my election, just a month before we were sworn in. I think back and wonder if a senior, I am not there yet, I am getting pretty close, but if a senior at age 65 who was used to managed care and that attention, which has been described as prevention, not just episodic, let us say that they had the same kind of coverage that most Members of Congress have today, all of a sudden they turn 65 and Medicare, as we know it, and we have heard it before, we will hear it tomorrow, I am sure, and Medicare as we know it is taking over their care, and they have been on a cholesterol-lowering drug, we call them statins, or maybe they have been on something to prevent osteoporosis, and then all of a sudden they do not get that. All of a sudden they are on Medicare, and Medicare is primary. They do not have Medigap. Their employer did not give them health care in their retirement, and all of a sudden they are on Medicare and they have no coverage. Those are the very patients that were getting the benefit of the drug for osteoporosis prevention or to lower cholesterol. I am telling Members within 5 to 10 years, they will end up with coronary artery blockage. And when they go in the hospital then, sure, it will pay for open heart surgery. Or if they fall and break their hip and have an extended stay in the hospital, it will pay for that, but who wants that? That is why I have said a lot of times about this bill in commending the President for bringing this to us, this is compassionate conservatism, and I emphasize compassionate in its finest hour.

Mr. BEAUPREZ. I think the gentleman puts that very well. Not only does it make fiscal sense, as we have an obligation in this body to exercise, spending the taxpayers' money wisely, but we are providing better quality of life and better health care to our seniors, especially in this case, by allowing them to have access to preventive care which is less expensive earlier in life rather than taking care of the manifestation of disease later in life. Would that be a fair statement?

Mr. GINGREY. Mr. Speaker, that is exactly right. The gentleman was talking about rural hospitals, and we talked about the disproportionate share, and I explained that, but let me just read a letter that was written to our Speaker from the Rural Hospital Coalition in regard to the gentleman's question earlier: ''Dear Speaker HASTERT, The Rural Hospital Coalition, which is comprised of more than 150 rural hospitals in America, applauds your leadership in working in a bipartisan fashion to achieve a compromise Medicare bill. We support your efforts to modernize Medicare and give senior citizens a prescription drug benefit that they deserve.

□ 2310

''Most importantly, this bill strengthens health care in rural America. For that alone, you should be proud.

''We urge all Members of Congress to support the compromise Medicare Prescription Drug and Modernization bill. It reforms a Medicare system that has for far too long reimbursed rural hospitals at a lower rate than their urban counterparts for the exact same services. Passage of this conference report will give rural physicians, nurses, clinics, and hospitals a fair shake when it comes to the Medicare payments. It will create a financially stronger hospital for rural communities, provide more jobs, and provide more services.

''Thank you again for your leadership to get this legislation this far. The Rural Hospital Coalition appreciates your strong leadership on rural health care issues and looks forward to working with you to see it is enacted into law in the very near future.

''On behalf of the Rural Hospital Coalition, sincerely yours, William F. Carpenter, senior vice president.''

This is really exactly where we are. And I said when we began our colloquy that I wanted to ask the gentleman from Colorado (Mr. BEAUPREZ) an important question as well. As a businessman, having been in the banking business and very successful in what he does, I wanted to get his opinion about the health savings accounts. There are a lot of things in this bill that people do not want to talk about; they do not want to talk about the good. They want to just kind of confuse folks with, as I say, ''Mediscare'' rhetoric; but there are so many things in this bill, we could probably talk about it for 2 hours. But would the gentleman tell us a little bit about health savings accounts and what he thinks that will mean to the uninsured in this country.

Mr. BEAUPREZ. Mr. Speaker, I am attempting to not overstate or overemphasize my enthusiasm for health savings accounts. But I honestly believe that this may be as revolutionary an action that this body has considered in a very long time. The concept is a fairly simple and straightforward one, but it is so revolutionary that I think it bears some very careful consideration, and I thank the gentleman for his question.

This is simply a personal account whereby an individual can make a tax-free, before-tax, contribution to that account, year after year, skip if they like, but an account that can accrue over time. It is again tax free going in. The earnings, the interest that is accrued on that account is tax free, and the real key is on the back end as long as they spend it for health care, it is likewise tax free. What that means is that over time that account can grow, and I think we are all familiar with 401(k)s and IRAs and those incentive mechanisms that this great body in previous Congresses has enacted to encourage us to save for retirement.

Likewise, this encourages us to save, but coming out the back end, it is still tax free. They never ever pay a dime of tax on the money going in, the earnings on that money over however extended a period of time it happens to be, nor on the money as it comes out to pay for long-term health care, for specialty surgery, for catastrophic care, for whatever that individual finds himself in a situation to want or need in their advanced years.

What this really does in my mind is what has been lacking in much of our health care system, and I am talking about the larger system now, and that is the empowering of the individual to control their own destiny, their money, their choices, their decision. It puts the patient and the doctor, as we have said for years, ever closer together and the patient in control of their dollars. Further, it provides an enormous incentive, and I do not know how we provide a larger incentive, an enormous incentive for individuals to do this.

Now, perhaps the biggest component of this is not only can individuals deposit into these accounts, so too can family members. So if I want to contribute to my parents in their advanced years as they certainly contributed to me in my younger years, that is not only allowed, it is incented and invited. Because I get to do that tax free as well. Further, if I wanted to downstream it, I have a grandson, a 3-year-old grandson, who is about to have a birthday next week. A nice birthday present might be to make a contribution to his health savings account which will grow and grow and grow over the young man's life.

Mr. GINGREY. Mr. Speaker, it is my understanding too that in these accounts, that money that the gentleman described is growing at compound interest, the tax on that is deferred, and that this money of course can be used, as I understand it, for anything related to health. I mean, it can do the things that a lot of people are now spending money on for the so-called Medigap insurance. It could take care of that. It is my understanding also that one could pay for long-term care, to purchase a long-term care policy out of that account. Is that also the gentleman's understanding?

Mr. BEAUPREZ. Mr. Speaker, that is exactly my understanding and exactly correct, and I think even more to the point, it gets at health care as it is provided today, the long-term care, the assisted living facilities, exactly what my parents are going through.

Now, there is one additional item. Before I came to this body, I was an

employer. The gentleman cited that. I had about 160 employees. And we provided not only the normal salary compensation, but benefits as well, health care being one of those. 401(k) matching contribution being one of those. And we were also looking for other ways to take care, if the gentleman will, to compensate, provide benefits to our employees. This health savings account allows an employer to make tax-free contributions as well to this health savings account. So what we have is the opportunity for funds from multiple directions incented, inspired to help out an individual, a particular individual, that will be there for them later in life when they most need it; and if it is unused, it can be passed on to their heirs tax free.

Mr. GINGREY. Mr. Speaker, as the gentleman points out, we are saying that this Medicare Prescription Drug and Modernization conference committee report of 2003, which we are going to vote on tomorrow, it is not just to the benefit of our seniors. Of course that is very important to provide this prescription drug benefit, as the gentleman pointed out, especially to the neediest. But it helps our younger workers as well, does it not? I think there are maybe 40 million, maybe it is 43 million now uninsured. I started to say unemployed, but the truth is 65 percent of the uninsured, no health insurance, are employed. They have got jobs. They are working hard. They go to work every day. But their employer, maybe it is a small shop, five, 10, 15 people, they cannot go out in the marketplace and afford to buy that policy, that first dollar coverage or $500 deductible. It is just too expensive, and they cannot individually afford to do it either.

□ 2320

But this opportunity the gentleman describes is going to be a tremendous help to our workers at whatever age and, finally, they are going to get an opportunity to get health care. As the gentleman pointed out, or I heard someone say earlier in the week that in the history of the rental car industry, nobody has ever paid to have their oil changed. And, of course, what they are implying is that if you do not have some ownership, you are not going to be as good a shopper, you are not going to do the due diligence, you are not going to take care of yourself quite as well as if it is your money and it is growing and it is in that account, and you know that later on you might need that for, as the gentleman pointed out, long-term health insurance. So you are going to shop. You are going to go out in the market. You are going to make sure that you find the best doctors and the best hospitals. And just because they are lower-priced, that does not mean they are not good. In many instances, lower is better.

Mr. BEAUPREZ. Mr. Speaker, I think that the doctor says it very well. This addresses a good conservative principle. We as the Federal Government are willing to forego some tax revenue from individuals, but believing in individuals to manage their own funds and then make their own choices, rather than have choices made for them by government. I think that is good conservative principle. I think it will help us hold down eventually the cost of health care. But it is such a powerful incentive for folks all over the age spectrum from again, my grandson, who is going to be 3 years old next week, to my parents, who are in their 80s.

Mr. Speaker, might I pursue at least one or two more questions with the gentleman, if he has time.

Mr. GINGREY. Of course, certainly.

Mr. BEAUPREZ. Mr. Speaker, the question of prescription drugs, if I can return to it, the question exists of choice and whether it is voluntary or not voluntary. I will cite my parents again. They, obviously, do not have prescription drug coverage in Medicare now, so they have gone out and purchased their own policy. Frankly, I do not think they would like it very much if I told them, well, the policy you have now does not exist any more because you have to take Medicare.

Are we forcing anybody to take this prescription drug plan, or do they have a choice?

Mr. GINGREY. Mr. Speaker, absolutely. The gentleman is asking about the choice issue, and that is what is so important.

Mr. Speaker, back in 1988, we were not here. We just got here as freshmen. But I do remember when there was some attempt to include catastrophic coverage under Medicare. I think that was an important thing to look at. But the mistake that Congress made at that time is they passed a law that included, for the first time, catastrophic coverage. But there was no choice. All seniors had to have that coverage. Their Part B, Medicare Part B premiums just went through the roof. And there was much, much concern about that. We learn lessons.

This program, this Medicare modernization and prescription drug program, is all about choice. It is all about choice. In fact, a senior, and I am sure some will, will decide to stay in traditional Medicare, something they have been used to; maybe they turned 65 20 years ago and they just do not want to go to the trouble, if you will, and get out of their comfort zone. They may decide not to even take the prescription drug benefit. Certainly they can; they have that option, as well as the option to remain in the Medicare fee-for-service, the traditional Medicare program.

But as the gentleman points out, and I am so glad he asked the question, it is all about choice. We know that a third of our 40 million plus Medicare beneficiaries, they do not have any health insurance. They do not have that employer plan. They are not retired military. They do not have Tricare. They cannot afford Medigap insurance. Their only income is a Social Security check, and their only health coverage is your basic, traditional fee-for-service Medicare.

So we are giving them the opportunity, and I think under the circumstances it is so important that the gentleman brings that up. That is what is going to make this program so successful. It is not a one-size-fits-all. We are not forcing anybody into anything.

Now, certainly, I would love to see seniors, and when I turn 65, I am going to look very carefully at a managed care, Medicare advantage where I know that I can go and get disease management benefits and a lot of screening for things and, hopefully, some catastrophic coverage.

So the gentleman is absolutely right. The keystone of this thing is choice, from start to finish.

Mr. BEAUPREZ. Mr. Speaker, I thank the gentleman for this opportunity for this colloquy and certainly for his expertise. I am certainly comfortable with this bill. The gentleman said it earlier. It may not be perfect; only history will determine whether or not it is perfect. But I certainly think it is good enough. I think we have made huge strides in the direction that my seniors and my own intuition tell me we need to step, and I will be comfortable in supporting the passage of this bill.

Mr. GINGREY. Mr. Speaker, I thank the gentleman from Colorado for being with us and helping to bring a little bit sharper focus on this bill. Because our seniors need to know, they need to be well-informed, and I think they are going to feel a lot better, those who have a little insomnia tonight and maybe had an opportunity to watch this late-night show on the medicare modernization and prescription drug act.

Mr. Speaker, there are so many people that are supporting this bill, so many organizations. As I mentioned earlier, the AARP and 35 million seniors; the American Medical Association, which represents 330,000 physicians. But even more important than that, they treat 280 million Americans and lots of seniors.

Listen to this letter. I want to real briefly read this letter. Real quickly, this is one from the United States Chamber of Commerce. Here is what they say:

The United States Chamber of Commerce applauded word that House and Senate leaders, along with the administration, have reached an agreement to bring a Medicare conference bill to the floor for a final vote. Quote: ''With employers being the source of retirement health care for 12 million seniors, it is critical this bill allows businesses the flexibility to integrate the new prescription drug benefit to their existing retiree health benefits, while allowing opportunities to partner with Medicare. The Chamber is pleased this bill is nearing final approval and welcomes

congressional and administration action to modernize the Medicare program and ensure its long-term viability for future generations. The final Medicare conference report is expected to include significant reforms to modernize the Medicare program structure and delivery system by emphasizing quality care, establish a much-needed prescription drug benefit, and offer preventive health care services and disease management.''

Mr. Speaker, in conclusion, as I said last night, this bill, this bipartisan effort; and yes, it is bipartisan, and we will have support on both sides of the aisle, this is all about compassion. We hear concerns about cost and certainly we are all concerned about cost and wanting to keep that down as much as we can. But this $400 billion new benefit under Medicare, I say this: it is going to only cost $400 billion if it does not work, and this is what I mean by that. You spend the money on taking timely prescription medications, and some of our neediest seniors need three or four pills a day, could be spending $600, $700 a month on prescription drugs. But if that will keep them out of the hospital, if that will prevent them from having a stroke; we heard earlier tonight from the Congressional Black Caucus talking about the fact that African Americans are more prone to have high blood pressure. Well, they ought to be so enthusiastic about this bill, we ought to have 100 percent support from the Congressional Black Caucus, because it is true, it is true that they suffer, particularly African American males, more from hypertension. And what happens? They end up in too many cases, far too many cases suffering from a stroke. What kind of life is that, no matter how long they live after, possibly not able to move one side of their body or utter a word.

□ 2330

So as this President has said to us, Mr. Speaker, this is all about compassion and caring, and caring for the most precious seniors that are so important to all of us. So, yes, I am very excited. I will probably leave here in a few minutes and go home and lay awake for another couple of hours because I cannot wait to vote for this bill tomorrow. I am an OB/GYN physician, and I want to be able to say to my constituents and to the seniors of America, The real Dr. Phil, he delivered.

Mr. Speaker, I yield back the balance of my time.

THE WAR IN IRAQ

The SPEAKER pro tempore (Mr. ROGERS of Alabama). Under the Speaker's announced policy of January 7, 2003, the gentleman from Massachusetts (Mr. DELAHUNT) is recognized for half the time to midnight, which is 15 minutes. If the Majority Leader does not claim the remainder of the time, the Chair will recognize the gentleman from Massachusetts for an additional 15 minutes.

Mr. DELAHUNT. Mr. Speaker, I am joined here tonight by the gentleman from Washington (Mr. MCDERMOTT), and I anticipate that another colleague of ours, the gentleman from Washington (Mr. INSLEE), will also be here. We are here tonight to discuss the situation, the mess, if you will, that unfortunately we find ourselves mired in, not just in Iraq, but in Afghanistan.

But before we proceed, I think, in response to what I heard from Dr. Phil, the gentleman from Georgia (Mr. GINGREY), my dear friend, I think we should warn the seniors that if this bill passes tomorrow, they better stay healthy because that prescription drug benefit will not take effect this year, it will not take effect in 2004, nor will it take effect in 2005. So make sure that if you are unhealthy, you go visit your State services; see if there is a program at the State level that can get you through to 2006. Because when you go to your druggist in the next several months or in 2004 and 2005, they are going to tell you, sorry, sorry, you do not have the benefit. And we hope that you do have the benefit in 2006, but, of course, if the Republican leadership and the White House continue to pass large, massive tax cuts for the wealthiest Americans, maybe you will not even have it then.

Mr. Speaker, I yield to the gentleman from Washington (Mr. MCDERMOTT), my friend and colleague.

(Mr. MCDERMOTT asked and was given permission to revise and extend his remarks, and include extraneous material.)

Mr. MCDERMOTT. Mr. Speaker, I want to thank the gentleman from Massachusetts (Mr. DELAHUNT) for having this session tonight. I come out here, it is 11:35 at night. You ask yourself, why does a Congressman come into the well at 11:30 at night to talk about Iraq. Well, today was an absolutely stunning day. And I will submit into the RECORD an article in the Guardian Newspaper from Thursday, November 20, entitled, ''War Critics Astonished as U.S. Hawk Admits Invasion was Illegal.''

Mr. Speaker, now in an absolutely stunning statement today, Richard Perle, who has been the chairman of the Defense Policy Board, this is the board that talks to the President about what he should do with defense, today he said, ''I think in this case international law stood in the way of doing the right thing.'' Now, consider what that means. International law says what we are doing is illegal, but we are going to go ahead and do it anyway because we made the decision that what we think is more important than international law.

[From The Guardian, Nov. 20, 2003]

WAR CRITICS ASTONISHED AS U.S. HAWK ADMITS INVASION WAS ILLEGAL

(By Oliver Burkeman and Julian Borger)

International lawyers and anti-war campaigners reacted with astonishment yesterday after the influential Pentagon hawk Richard Perle conceded that the invasion of Iraq had been illegal.

In a startling break with the official White House and Downing Street lines, Mr. Perle told an audience in London: ''I think in this case international law stood in the way of doing the right thing.''

President George Bush has consistently argued that the war was legal either because of existing UN security council resolutions on Iraq—also the British government's publicly stated view—or as an act of self-defence permitted by international law.

But Mr. Perle, a key member of the defence policy board, which advises the US defence secretary, Donald Rumsfeld, said that ''international law . . . would have required us to leave Saddam Hussein alone'', and this would have been morally unacceptable. French intrasigence, he added, meant there had been ''no practical mechanism consistent with the rules of the UN for dealing with Saddam Hussein''.

Mr. Perle, who was speaking at an event organised by the Institute of Contemporary Arts in London, had argued loudly for the toppling of the Iraqi dictator since the end of the 1991 Gulf war.

They're just not interested in international law, are they?'' said Linda Hugl, a spokeswoman for the Campaign for Nuclear Disarmament, which launched a high court challenge to the war's legality last year. ''It's only when the law suits them that they want to use it.''

Mr. Perle's remarks bear little resemblance to official justifications for war, according to Rabinder Singh QC, who represented CND and also participated in Tuesday's event.

Certainly the British government, he said, ''has never advanced the suggestion that it is entitled to act, or right to act, contrary to international law in relation to Iraq''.

The Pentagon adviser's views, he added, underlined ''a divergence of view between the British government and some senior voices in American public life [who] have expressed the view that, well, if it's the case that international law doesn't permit unilateral pre-emptive action without the authority of the UN, then the defect is in international law''.

Mr. Perle's view is not the official one put forward by the White House. Its main argument has been that the invasion was justified under the UN charter, which guarantees the right of each state to self-defence, including pre-emptive self-defence. On the night bombing began, in March, Mr. Bush reiterated America's ''sovereign authority to use force'' to defeat the threat from Baghdad. The UN secretary general, Kofi Annan, has questioned that justification, arguing that the security . . .

Mr. DELAHUNT. Mr. Speaker, if I could interrupt, I think that is not only damning, but diminishes the prestige of the United States in terms of the world. There was a French man by the name of Alexis de Tocqueville that years ago as he was traveling through our Nation, our country, made the observation that America is great because America is good. And implicit in that observation is the acknowledgment that the United States respects the rule of law. If we do not have the rule of law, we have a jungle. And just imagine in this time where weapons of mass destruction are a threat to every human being, we just abrogate conventions, treaties, and ignore it is a national law. To me that is a profoundly damning statement.

Mr. MCDERMOTT. Mr. Speaker, I think that says a lot about why we are