

of the joint resolution, H.J. Res. 79, on which the yeas and nays are ordered.

The Clerk read the title of the joint resolution.

The SPEAKER pro tempore. The question is on the passage of the joint resolution.

The vote was taken by electronic device, and there were—yeas 407, nays 16, not voting 11, as follows:

[Roll No. 664]

YEAS—407

Abercrombie	Davis (AL)	Holt
Ackerman	Davis (CA)	Honda
Aderholt	Davis (FL)	Hooley (OR)
Akin	Davis (IL)	Hostettler
Alexander	Davis (TN)	Houghton
Allen	Davis, Jo Ann	Hoyer
Andrews	Davis, Tom	Hulshof
Baca	Deal (GA)	Hunter
Bachus	DeGette	Hyde
Baird	DeLaunt	Inslee
Baker	DeLauro	Isakson
Baldwin	DeLay	Israel
Ballance	Deutsch	Issa
Ballenger	Diaz-Balart, L.	Istook
Barrett (SC)	Diaz-Balart, M.	Jackson (IL)
Bartlett (MD)	Dicks	Janklow
Barton (TX)	Doggett	Jefferson
Bass	Dooley (CA)	Jenkins
Beauprez	Doollittle	John
Bell	Doyle	Johnson (CT)
Bereuter	Dreier	Johnson (IL)
Berkley	Duncan	Johnson, E. B.
Berman	Dunn	Johnson, Sam
Berry	Edwards	Jones (NC)
Biggart	Ehlers	Jones (OH)
Bilirakis	Emanuel	Kanjorski
Bishop (GA)	Emerson	Kaptur
Bishop (NY)	Engel	Keller
Bishop (UT)	English	Kelly
Blackburn	Eshoo	Kennedy (MN)
Blumenauer	Etheridge	Kennedy (RI)
Blunt	Evans	Kildee
Boehlert	Everett	Kilpatrick
Boehner	Farr	Kind
Bonilla	Fattah	King (IA)
Bonner	Feeney	King (NY)
Bono	Ferguson	Kingston
Boozman	Flake	Kirk
Boswell	Foley	Kleczka
Boucher	Forbes	Knollenberg
Boyd	Fossella	Knollenberg
Bradley (NH)	Frank (MA)	Kolbe
Brady (PA)	Franks (AZ)	LaHood
Brady (TX)	Frelinghuysen	Lampson
Brown (OH)	Frost	Langevin
Brown (SC)	Galleghy	Lantos
Brown, Corrine	Garrett (NJ)	Larsen (WA)
Brown-Waite,	Gerlach	Larson (CT)
Ginny	Gibbons	Latham
Burgess	Gilchrest	LaTourrette
Burns	Gillmor	Leach
Burr	Gingrey	Lee
Burton (IN)	Gonzalez	Levin
Buyer	Goode	Lewis (CA)
Calvert	Goodlatte	Lewis (GA)
Camp	Gordon	Linder
Cannon	Goss	Lipinski
Cantor	Granger	LoBiondo
Capito	Graves	Lofgren
Capps	Green (TX)	Lowe
Cardin	Green (WI)	Lucas (KY)
Cardoza	Greenwood	Lucas (OK)
Carson (IN)	Grijalva	Lynch
Carson (OK)	Gutierrez	Majette
Carter	Gutknecht	Maloney
Case	Hall	Manzullo
Castle	Harman	Markey
Chabot	Harris	Matheson
Chocola	Hart	Matsui
Clyburn	Hastings (FL)	McCarthy (MO)
Coble	Hastings (WA)	McCarthy (NY)
Cole	Hayes	McCollum
Collins	Hayworth	McCotter
Cooper	Hefley	McCreery
Cox	Hensarling	McGovern
Cramer	Herger	McHugh
Crane	Hill	McInnis
Crenshaw	Hinchee	McIntyre
Crowley	Hinojosa	McKeon
Cubin	Hobson	McNulty
Culberson	Hoeffel	Meehan
Cummings	Hoekstra	Meek (FL)
Cunningham	Holden	Meeks (NY)

Menendez	Putnam	Solis
Mica	Quinn	Souder
Michaud	Rahall	Spratt
Millender-	Ramstad	Stearns
McDonald	Rangel	Stenholm
Miller (FL)	Regula	Strickland
Miller (MI)	Rehberg	Stupak
Miller (NC)	Renzi	Sullivan
Miller, Gary	Reyes	Sweeney
Mollohan	Reynolds	Tancredo
Moore	Rodriguez	Tanner
Moran (KS)	Rogers (AL)	Tauscher
Moran (VA)	Rogers (KY)	Taylor (MS)
Murphy	Rogers (MI)	Taylor (NC)
Murtha	Rohrabacher	Terry
Musgrave	Ros-Lehtinen	Thomas
Myrick	Ross	Thompson (CA)
Nadler	Rothman	Thompson (MS)
Napolitano	Roybal-Allard	Thornberry
Neal (MA)	Royce	Tiahrt
Nethercutt	Rush	Tiberi
Neugebauer	Ryan (OH)	Toomey
Ney	Ryan (WI)	Towns
Northup	Ryun (KS)	Turner (OH)
Norwood	Sabo	Turner (TX)
Nunes	Sanchez, Linda	Turner (VA)
Nussle	T.	Udall (CO)
Oberstar	Sanchez, Loretta	Udall (NM)
Obey	T.	Upton
Ortiz	Sanders	Van Hollen
Saxton	Sandlin	Velazquez
Schakowsky	Saxton	Visclosky
Schiff	Schiff	Vitter
Schrock	Schrock	Walden (OR)
Scott (GA)	Scott (GA)	Walsh
Scott (VA)	Scott (VA)	Wamp
Sensenbrenner	Sensenbrenner	Waters
Serrano	Serrano	Watson
Sessions	Sessions	Waxman
Shadegg	Shadegg	Weiner
Shaw	Shaw	Weldon (FL)
Shays	Shays	Weldon (PA)
Sherwood	Sherwood	Weller
Shimkus	Shimkus	Wexler
Shuster	Shuster	Whitfield
Simmons	Simmons	Wicker
Simpson	Simpson	Wilson (NM)
Skelton	Skelton	Wilson (SC)
Slaughter	Slaughter	Wolf
Smith (MI)	Smith (MI)	Woolsey
Smith (NJ)	Smith (NJ)	Wu
Smith (TX)	Smith (TX)	Wynn
Smith (WA)	Smith (WA)	Young (AK)
Snyder	Snyder	Young (FL)

NAYS—16

Becerra	Ford	Olver
Capuano	Jackson-Lee	Sherman
Conyers	(TX)	Stark
DeFazio	Kucinich	Tierney
Dingell	McDermott	Watt
Filner	Miller, George	

NOT VOTING—11

Clay	Gephardt	Radanovich
Costello	Lewis (KY)	Ruppersberger
DeMint	Marshall	Tauzin
Fletcher	Paul	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SHIMKUS) (during the vote). Two minutes remain in this vote.

□ 2137

Mr. GEORGE MILLER of California changed his vote from "yea" to "nay." So the joint resolution was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

#### PARLIAMENTARY INQUIRY

Ms. JACKSON-LEE of Texas. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore (Mr. LAHOOD). The gentlewoman will state it.

Ms. JACKSON-LEE of Texas. Mr. Speaker, is it my understanding that

the rule we are about to take up for the underlying bill, H.R. 1, is a rule that is pursuant to a conference and a conference report where Democratic conferees were not even allowed into the room and where the Committee on Rules did not address the elimination or the lack of acknowledgment of the participation of the Democratic conferees? Is this H.R. 1 that we are about to take up? And is there any way for the points of order to be in order so that we could address that question on the floor of the House?

The SPEAKER pro tempore. The chair is about to recognize a member from the Committee on Rules to call up the rule, which will be read to the House.

#### WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON H.R. 1, MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT OF 2003

Ms. PRYCE of Ohio. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 463 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 463

*Resolved*, That upon adoption of this resolution it shall be in order to consider the conference report to accompany the bill (H.R. 1) to amend title XVIII of the Social Security Act to provide for a voluntary program for prescription drug coverage under the Medicare Program, to modernize the Medicare Program, to amend the Internal Revenue Code of 1986 to allow a deduction to individuals for amounts contributed to health savings security accounts and health savings accounts, to provide for the disposition of unused health benefits in cafeteria plans and flexible spending arrangements, and for other purposes. All points of order against the conference report and against its consideration are waived. The conference report shall be considered as read.

The SPEAKER pro tempore. The gentlewoman from Ohio (Ms. PRYCE) is recognized for 1 hour.

Ms. PRYCE of Ohio. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to my colleague and friend, the gentlewoman from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

Mr. Speaker, H. Res. 463 is a standard rule waiving all points of order against the conference report to accompany H.R. 1, the Prescription Drug and Medicare Modernization Act of 2003. The rule also waives all points of order against its consideration.

Mr. Speaker, I rise today in full support of the rule and of the underlying bill. I would like to thank Chairman THOMAS and Chairman TAUZIN for their outstanding coordination, their remarkable leadership, and the inspiring vision that they have provided on this critical legislation. The conferees have all worked extraordinarily hard to

produce the most sweeping Medicare bill in generations.

Since 1965, Medicare has provided a guarantee of health care coverage for most all Americans. Stability, longevity, and integrity have been the hallmarks of this program, offering the promise of a secure retirement. But a lot has changed since 1965. Our investment in research and medicine has yielded us advanced medications, therapies, and technology that have paved the way for our seniors to live longer, healthier lives. Unfortunately, Medicare has not changed with these medical advancements. The most obvious shortcoming is the lack of prescription drug coverage, the best tool medicine has to offer.

Before us today is an opportunity to pass landmark legislation that addresses these shortcomings and finally propels the program of Medicare into the 21st century, most notably by covering these prescription drugs. If we do not act and pass this plan before us today, the future of our seniors will be in doubt, with their happy and healthy lives uncertain. And if we do not act today, the fate of Medicare will be certain: bankruptcy.

So today we will accomplish two long overdue goals. First, we will strengthen Medicare to save it for future seniors; and, second, we will enhance the program by providing much-needed prescription drug coverage, bringing this 1965 health care program into the 21st century. And to those who are telling us to slow down, I say seniors have waited too long. This House has passed a Medicare prescription drug plan three times since Republicans have controlled Congress, each time only to be scuttled. Today we will finally end the denial of benefits to our seniors and end the delay.

Folks in my district tell me that they cannot go another year without the help of Medicare prescription drug coverage. They want us to speed up the process. They tell me that when you are sick and you are elderly, Medicare is not just health care; it is peace of mind. Well, we listened and we acted, producing this historic package.

Our seniors are not the only ones who have spoken out in support of this plan. Let me tell you, some very knowledgeable folks on the front lines of health care delivery, people who understand the needs of our seniors and the problems with Medicare, have made their support for this bill very clear. Allow me to name just a few: the American Association of Retired Persons, the AARP, the largest senior group in the Nation representing 35 million seniors, card-carrying, dues-paying, voting seniors; the American Medical Association; the American Hospitals Association; employers Coalition on Medicare; the Alzheimer's Association; American Society of Radiology and Oncology; Rural Hospital Coalition; National Hospice and Palliative Care Organization; the College of Obstetrics and Gynecology; American

Society of Anesthesiologists; American Physical Therapy Association; pathologists; nurse practitioners. The list goes on and on. It includes hundreds and hundreds of supporters. They back this plan because they know how important and long overdue it is, plain and simple.

There are many reasons to vote for this package, but I want to call attention to a few that are significant. First of all, this prescription drug plan is voluntary, universal, and guaranteed. Period. If you are over 65 and you qualify for Medicare, you qualify for this benefit. If you want it, you can have it. If you do not, you do not have to take it. With this benefit, 40 million seniors will begin receiving significant savings on their medications.

□ 2145

To begin with, we offer immediate savings with the prescription drug discount card that will offer up to 25 percent in savings early next year. This drug discount card is a tremendous first step while the larger benefit is implemented.

After the drug is fully phased in in 2006 it will work like this: After a \$250 deductible, Medicare will pay 75 percent of seniors' drug cost up to \$2,250 a year. Medicare will then provide catastrophic protection, giving seniors 95 percent coverage for out-of-pocket drug costs. That is beyond \$3,600. On average this reduces seniors' cost of medication by 50 percent.

This package also switches the focus of health care from reactive disease treatment to proactive disease prevention. The old saying "an ounce of prevention is worth a pound of cure" could not be more appropriate in this instance. Gone are the days of waiting until the symptoms are so obvious and the disease is so advanced that the only options are expensive hospital stays and surgeries.

Twenty-first century medicine can prevent, preempt, and predict illnesses through advanced screenings and innovative tests. In many cases taking a pill is all that it takes to prevent a chronic disease from becoming a life-threatening illness. Medicare will cover the preventative medications that keep our seniors out of the hospitals and off of the operating tables. And with this revolutionary shift in focus, Medicare will cover the \$20 prescription before the \$6,000 surgery even becomes necessary. That is not only real savings for the American taxpayer, but it is a real life savings for our seniors.

This landmark bill improves health care for our seniors, especially those who need it most, through significantly increased assistance for so-called "disproportionate share hospitals." Such hospitals, as the term implies, care for a disproportionate share of low-income patients, and the last thing they need is funding cuts. Under this plan the hospitals will see a significant increase and allow them to

care for these low-income families and seniors.

In addition to its strong commitment to our lower-income seniors in general, the plan is particularly good news for women. Since women make up a majority of Medicare beneficiaries and tend to suffer more from chronic illnesses, this landmark improvement in the Medicare system will radically change their lives for better. Half of the senior women who are under Medicare will receive complete drug coverage, an extraordinary step forward for these women who are suffering unnecessarily high drug cost burdens even as we speak. The disease management aspect of this bill will help prevent the progression of the chronic illnesses from which a majority of senior women suffer.

Clearly, this plan means a better life for women and for all of our seniors, but it also will lessen the burden upon the Medicare program by creating a health savings account. Health savings accounts allow forward-thinking and penny-wise workers to start saving for their future medical costs tax free. These accounts are allowed to grow without burdensome taxation, providing all Americans with the opportunity to save for their own future medical expenses. Who can argue with the promotion of these strong values, values like personal responsibility, savings, financial discipline? These things have been gone from our health care delivery system for decades now. It is time we bring them back. And who can argue against a voluntary program that relieves the financial burden of Medicare and the taxpayers who fund it?

Finally, this package includes a provision that I have championed for many years. Under the current system, anticancer drugs are only covered if they are injected or intravenously delivered. But today with the new advances in cancer therapy, many anticancer drugs can be taken orally, and, therefore, are not covered by Medicare. This plan begins to change that finally.

The plan will deliver the comforting pain-relieving and cancer-curing drugs that these patients so desperately need to deal with their illnesses. They need these medications now, and they are going to start to get them now.

Mr. Speaker, there is a value attached to this legislation that resonates not only among our seniors but to all Americans. The value is the freedom to choose the plan that works best for someone in their own situation. Each senior is different with different needs and different family situations. With this plan these differences can, for the first time, be honored. Seniors who are happy with traditional Medicare in their current coverage are free to stay where they are, but if they choose, seniors will have many options available to them and they will be able to pick the coverage that best meets their health care needs. If they are not

content with the current coverage, they can choose from other plans to save on their medications and preventive care. This is a win-win solution, a commonsense approach. So today the vote is simple. It is either "yes" in favor of millions of seniors who plead for us to pass this bill, or it is another "no," another "no" in favor of politics, another "no" in favor of partisanship, another "no" with an eye toward the upcoming election. In short, another "no" against American senior citizens and against the future viability of the Medicare system upon which they rely. Members can choose to listen to the seniors who are asking them to put partisanship, politics and election strategy aside, or they can oppose this bill.

But to those of my colleagues who plan to vote "no," I would ask: How is this package not an improvement for our seniors who have no coverage and are struggling to pay for their medications? Why would they rather give our seniors nothing at all than give them this plan that will help them? How will they explain that to future generations, their children, their grandchildren why they did not support bringing Medicare up to speed with their generation and their needs?

I remember the opponents of the tremendously successful welfare reform of 1996. They predicted doomsday scenarios, millions of women and children out on the streets starving. The reality is that 7 years later, the welfare rolls have dropped from 14 million to 5 million. The reality is that welfare reform made the American Dream possible for millions of Americans who were previously trapped in generational cycles of poverty and helplessness.

These same naysayers are making the same claims about this Medicare plan today. I say to my friends, their shouts, their cries, their failed predictions were myths in 1996 and they are myths today. To those who plan to vote against strengthening America, I urge them to be bold, to exercise leadership and show courage by propelling America's health care system into the 21st Century. Vote for this bill. If the Members think this bill does good but does not go far enough to help our seniors, then I ask them to support it and let us work together to improve it in the future. Do not let the perfect become enemy of the very good. Our seniors deserve our support, all of our support.

I urge this Congress to pass the underlying bill, but first of all, let us pass this rule.

Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may consume.

(Ms. SLAUGHTER asked and was given permission to revise and extend her remarks.)

Ms. SLAUGHTER. Mr. Speaker, I thank the gentlewoman from Ohio for yielding me the customary 30 minutes.

Mr. Speaker, I want to repeat something I said earlier today when I heard the long list of people who support this bill. We have to ask ourselves do they know what in the world is in it? Because we certainly do not.

Seniors, we do know, are drowning from the high cost of prescription drugs and the Republicans are telling them to swim towards an HMO. To paraphrase the old saying, "Congress giveth and Congress taketh away," but in this case it mostly takes away. Congress takes away any hope for meaningful prescription drug coverage. It takes away the existing employer-provided benefits and low-income protections from retirees, and it takes away Medicare as we know it. It lures seniors with the promise of generosity and then gives them a pittance. But when this bill does give, it is wonderfully generous.

The Medicare Prescription Drug and Modernization Act is a boon for the pharmaceutical industry and for the insurance companies but does absolutely nothing to control the skyrocketing prices of prescription drugs. In fact, the bill forbids the government from doing anything about it.

Drug prices have risen dramatically in the last 20 years, increasing 256 percent since 1980. For years seniors have called our Congress to do something about these crushing drug prices, but this plan does nothing to freeze or reduce the out-of-control prices of medications. What it does do, as I said, is prevent the government from using its market power to bring the prices down. The Veterans Administration has had great success in reducing drug prices by bargaining with the drug companies. Why would we purposely tie our own hands? Our health system is crumbling under the burden of the prescription drug costs. Tossing billions of dollars at insurance companies to get them to do what they do not want to do and 70 billion to corporations to get them to do what they should do and a boon to pharmaceutical companies by not allowing reimportation to please them is not going to buttress this health care system. That money would have been far better spent on the prescription drug program. But saddling the elderly with even greater drug costs and our children with even greater deficits is no way to solve a public health crisis.

A few years ago, I organized a busload of seniors to travel to Canada to purchase medicine at a fraction of the prices charged in the American market. We had dozens more people interested in the trip than we could accommodate, but the savings were anywhere from \$100 to \$650 on a 3-month supply of medication.

Would it not be wonderful if the seniors could save that much at their local drug store? Unfortunately, this bill will not let them go to Canada anymore. Despite having passed the House twice, money-saving drug reimportation would be banned. The out-of-pock-

et costs for prescription drugs would continue to consume more and more of the seniors' fixed income.

Almost 40 years ago, Mr. Speaker, Congress created the Medicare program and promised to help seniors with the burden of their health care costs. Private insurers did not want to offer the health insurance to older people any more than they do now. The premiums were raised to unaffordable levels, and seniors were dropped from health coverage altogether. Companies saw older people as a threat to the bottom line. So the Federal Government stepped in and filled the void in the marketplace.

And now we face a similar situation. If insurers thought they could make a dollar or two by offering prescription drug coverage to seniors, the plans would have already been in the marketplace. The bill creates a new benefits program unwisely relying on insurance products that do not exist. The Republicans are hoping that a \$12 billion slush fund will entice the private insurers to develop prescription drug insurance. But the lucrative pharmaceutical industry with about a 30 percent profit yearly is the big winner in this game. A blank check is being written to the big drug companies, and in the first 8 years of this program, the companies stand to make a windfall of \$139 billion over and above their current profits of 30 percent annually. The market recognizes this plan as a boon for drug companies because the stock prices of the major companies went up just over the news that this bill is nearing completion.

The proponents of privatizing Medicare also win. The scheme takes the first giant step to privatize Medicare. In six metropolitan areas, Medicare's guaranteed coverage would be replaced with what is essentially a voucher program to purchase private insurance with public money if they can find it. This "demonstration" could force up to 10 million seniors who want traditional fee-for-service Medicare to pay the higher premiums or turn to HMOs. Once Medicare is gone, there will never be another program ever like it in the United States paid for by payroll taxes. I am worried about the seniors that I represent, and it would be devastating for the seniors in western New York to lose those guaranteed benefits.

Mr. Speaker, the pharmaceutical companies, the HMOs, and the insurance industry had far more access to the negotiations than the Democrats did, as the Members have heard that story before, and I will not belabor it. But I do want to say something about the AARP. President William Novelli's endorsement of this plan is no surprise. The support is waved around as if it is the seal of approval of every American senior. But 210 national, State, and local organizations oppose the plan, and seniors from coast to coast are ripping up their AARP cards. Interestingly, Mr. Novelli is the founder of the firm Porter Novelli, the group behind the television ads that brought down

the efforts to reform health care in the 1990's. Do any of the Members remember "Harry and Louise"? Is Mr. Novelli hostile to meaningful health care reform, or can he just be paid to do anything, because \$20 million in this bill goes to AARP?

□ 2200

This is not the first time that Congress has messed with Medicare. Congress passed the Medicare Catastrophic Coverage Act of 1988 without even providing the Members sufficient opportunity to read its pages, much like tonight, and the fine print. The result was a momentous backlash. American seniors were outraged with the legislation, so outraged that Congress was forced to repeal the law the very next year.

Congress later created a Medicare+Choice program, which was also a failure. Within a few short years after its conception, private insurers dropped Medicare+Choice beneficiaries by the thousands, leaving them with no health benefits at all. My constituents are asking, does this face them again? I hope we remember our history and not repeat these mistakes and vote against this bill.

But the prescription drug proposal before us is a placebo, not a cure. It fails seniors, the out-of-control cost of prescription drugs will remain unchecked, and some will argue that this scheme is better than nothing. But believe me, a bad bill is worse than no bill. Medicare must be preserved. To dismantle this historic program is to break the sacred promise that Congress made to seniors.

Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from California (Ms. WOOLSEY).

(Ms. WOOLSEY asked and was given permission to revise and extend her remarks.)

Ms. WOOLSEY. Mr. Speaker, I rise against this sham Republican prescription drug bill that will harm, not help, elderly women.

Mr. Speaker, I rise today to express my profound disappointment at the Medicare Conference Report and this squandered opportunity to help seniors afford the increasing cost of prescription drugs.

I want to make one thing abundantly clear to everyone here today: This debate is not about prescription drugs. Instead, the majority has taken this opportunity to advance a plan that will undermine the future of Medicare.

Seniors may think this final bill will help them with some of their prescription drug costs. While it will save some seniors a small amount of money after they pay an unspecified premium, this bill will give them little more than a false sense of security.

Seniors will read the newspaper headlines and believe that we have passed a drug benefit that will alleviate all of their financial hardships. They'll mistakenly think that they no longer have to choose between paying for groceries and paying for their prescriptions.

But imagine their surprise when they read the fine print. Our seniors need immediate help. Many will be shocked to learn that this

bill won't give them a prescription drug benefit until 2006. If this is such a great plan, why must seniors wait 3 more years to reap its supposed benefits?

They'll find that their out of pocket costs are still enormous. Imagine their outrage, as they dutifully write a check to pay their monthly premium, even though they aren't receiving any drug coverage, because they have fallen into the "donut hole" coverage gap.

Seniors who currently enjoy quality prescription drug coverage many think this doesn't impact them, but they too are in for a rude shock. As many as 2 million will watch their prescription drug benefit provided by their former employer vanish into thin air.

Others will find their previously generous benefit slashed to the bare bones level of Medicare, complete with high deductibles, premiums, and a "donut hole" coverage gap. That's because employers will be eligible for subsidies if they provide any type of coverage—even if it's less than what they promised their employees.

But this bill is about far more than prescription drugs. This is the biggest bait and switch operation I've seen in quite some time. The majority is saving one thing and doing quite another. They'll talk all they want about providing prescription drugs. But their actions will ruin the Medicare program that for decades has so effectively provided seniors with access to health care.

You won't hear them talking about their large subsidies to private health plans. They won't talk about the voucher scheme that will begin in 2010. They'll employ the euphemism "demonstration project", instead of speaking honestly to seniors about their real goal: privatization.

They won't talk about the catastrophic impact this legislation will have on the poorest of the poor. By imposing an assets test on poor seniors who need additional help, this legislation could force a widow living only on her social security benefit to choose between selling her wedding ring and qualifying for an additional subsidy. She could be disqualified from receiving the help she needs because she has purchased a burial plot next to her husband's. This is tragic—and you won't hear about it from the majority.

They also won't talk about the ways in which they are helping their friends in the pharmaceutical industry. By continuing a long standing restriction on the reimportation of prescription drugs, and by prohibiting Medicare from negotiating lower prescription drug prices, the majority is assuring that seniors will continue to pay astronomically high prices for the medicines they need.

Our seniors deserve an honest and complete explanation of what this bill will do to Medicare. Seniors deserve a prescription drug bill that is actually about prescription drugs. Our seniors need a comprehensive benefit, not a false sense of security. I urge my colleagues to join me in opposing this bait and switch proposal.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from New York (Ms. VELÁZQUEZ).

(Ms. VELÁZQUEZ asked and was given permission to revise and extend her remarks.)

Ms. VELÁZQUEZ. Mr. Speaker, I rise against this sham Republican drug bill

that will increase costs, reduce coverage, and dismantle Medicare as we know it.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent to the gentlewoman from Wisconsin (Ms. BALDWIN).

(Ms. BALDWIN asked and was given permission to revise and extend her remarks.)

Ms. BALDWIN. Mr. Speaker, I rise in opposition to this conference report which will dismantle Medicare as we know it, harming millions of women who depend on that program.

Mr. Speaker, I urge my colleagues to vote against this sham of a bill. It does not provide the real, guaranteed, affordable drug benefit that our seniors desperately need. Worse yet, this bill sets the stage for dismantling the entire Medicare program.

I think that all of my colleagues would agree with me when I say that one of the issues we hear most about is the need for affordable prescription drugs. Whether I am at the grocery store, at the airport baggage claim, or in meetings all across my district in Wisconsin, the one thing that I hear over and over is that seniors cannot afford to pay for their prescription drugs.

The bill on the floor today does not contain the prescription drug benefit that seniors deserve. Instead of providing an affordable prescription drug benefit, this bill creates an incomplete and expensive benefit—a benefit with a hole, where seniors will be paying premiums and receiving no benefit.

Aside from the meager benefit, there is nothing in this bill that addresses the ever-rising cost of prescription drugs. Instead of including measures to ensure that prescription drugs are affordable, this bill actually prohibits the federal government from negotiating lower drug prices for Medicare beneficiaries. Instead of helping seniors obtain affordable prescription drugs, this bill provides partial coverage of drug spending until total costs reach \$2,250 and then leaves seniors high and dry. There is a huge gap in coverage where seniors must pay 100 percent out of pocket and continue paying premiums, until they reach a high out-of-pocket cap. Millions of seniors will fall into this gaping hole. I believe seniors deserve affordable drug coverage, and this bill fails to achieve that goal.

Further, this bill takes us down the dangerous road of privatizing Medicare. It is my strong belief that privatization of Medicare is unwarranted. Our Nation's seniors and persons with disabilities have counted on Medicare since it was first enacted in 1965. It has provided health care insurance to the oldest, sickest, and frailest in our society and done so in a cost-efficient manner. Why then, would we seek to dismantle such a successful program? This bill relies on private insurers to provide a prescription drug benefit. Seniors would have to join HMOs and private insurance plans to get the benefit, meaning that premiums and benefits would vary across the country and seniors would not be able to choose their own doctor or pharmacy.

In addition, this bill includes a provision that authorizes a massive "demonstration" project that could affect up to 6 million seniors. Starting in the year 2010, this "demonstration" project forces Medicare to compete with private plans. This competition is wholly unfair

and on an unlevel playing field. Seniors will be given a voucher to purchase health care insurance, either from Medicare or from private insurers. We know from past experience what will happen: the youngest and healthiest seniors will go to private insurers, leaving the sickest and frailest seniors in Medicare. This will automatically drive up Medicare's costs and will give Republican legislators ammunition for dismantling this program. Make no mistake about it; this massive "demonstration" project will be the beginning of the end of Medicare.

Today, we will vote on the most dramatic changes in the Medicare program since its inception. This bill does include unprecedented benefits—unfortunately the benefits will go predominantly to the politically-connected pharmaceutical and insurance industries, rather than to America's seniors who need relief. It saddens me that the legislation we vote on today will not provide seniors with what they need most: comprehensive prescription drug coverage and affordable prices. Seniors need a comprehensive prescription drug benefit that is affordable and dependable for all—with no gaps or gimmicks in coverage. The conference agreement before us fails on all these counts, and I urge my colleagues to vote against it.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise against this misdirected Medicare proposal that will increase out-of-pocket expenses for the poorest and sickest women.

Mr. Speaker, this is about as ugly as it gets. Just when I thought the Republican Leadership could not work any harder to undermine the Democratic process, to abuse their power, and to play politics with critical issues at the expense of the American people—they have just taken it to a higher, or should I say "lower" level. This bill is a sham and the rule is a sham.

When this process first began, and the President and the House and Senate Leaders proclaimed that they intended to produce a Prescription Drug Plan, my Democratic Colleagues and I tried to give them the benefit of the doubt. We tried to work in a bipartisan fashion. At one point, I wrote a letter to the Members of the House-Senate Conference Committee and encouraged them to include fair provisions for our physicians and hospitals, so that they would be able to afford to continue providing excellent care for our seniors. I am pleased to say that they did respond to that request, and have put in some funds for those deserving groups. But that is where the collaborations ended.

The Democrats on the Conference Committee, among them, had decades of experience in the field of health policy. No one could question their commitment to helping Seniors, but in a deeply cynical move by Republican Leadership, Democrats were barred from even entering conference meetings. That is against everything our Founding Fathers intended this "People's House" to be. We got our first glimpse of this bill just over 24 hours ago. Even in our haste to get it read, we have

found numerous flaws and pitfalls in it. In 2006, if it is allowed to come into effect, I am sure our Seniors will find many more.

No one in this House has had a chance to really think through this monstrous conference report. We should all join together and raise a massive point of order against it, so that we will have the time to give it the consideration it deserves. The Rule does not let us make that happen.

The Rules Committee Chairman seems to be saying, "well money is tight, so let's just take what we can get, and be happy with this bill. Let's just shove it through." But the conference report that we are now finally getting a glimpse of is so bad, it would actually leave millions of Senior Citizens worse off than they were without it. And as Doctors say in the Hippocratic Oath, the most important rule in healthcare is Do No Harm.

Furthermore, there is no rush to pass this bill. The Republican authors conveniently made their plan kick in in 2006, well after the presidential elections of 2004. Obviously, they don't want Seniors to go to the poll furious when they realize how bad this plan is. The point is, we can wait till Spring and do this job right—and still make their 2006 timeline.

This rule and this bill really are the epitome of just how bad partisanship and political demagoguery can get. Let's defeat this rule. Let's take a step back, get some fellowship back over Thanksgiving, and start fresh later. We can do this right. Our Seniors deserve it.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from Michigan (Ms. KILPATRICK).

(Ms. KILPATRICK asked and was given permission to revise and extend her remarks.)

Ms. KILPATRICK. Mr. Speaker, I ask unanimous consent to revise and extend my remarks on this Medicare proposal that takes Medicare from patient care.

Mr. Speaker, I rise today to urge all my colleagues to vote against the Medicare Conference Report offered by the Republican leadership. Seniors want a prescription drug benefit that is affordable and guaranteed under the Medicare system.

Passage of this bill would weaken prescription drug benefits, fail to lower drug costs, and weaken the Medicare program.

Congress needs to pass a good Medicare bill that actually helps seniors and not just any bill that benefits pharmaceutical companies, HMOs, and special interest. Our colleagues on the other side of the aisle have a take it or leave it attitude. They want the American public to believe that if this conference report is not passed then all opportunities for a real prescription drug benefit under Medicare is lost. However, I submit to you that if a true bipartisan effort was made at the conference table, then much could be accomplished.

Mr. Speaker, there are dozens of reasons why this conference report should be defeated and never become law. Many of these reasons have already been mentioned but I want to take this time to highlight a few.

The three Democratic House conferees were shut out of the process and were not allowed in the conferee meeting. The treatment of these House Members is reasons enough for every member of this body to reject this conference report.

The legislation would not create a prescription drug benefit until in 2006. However, HMOs, insurance companies, and pharmaceutical companies receive billions of dollars upon enactment of the conference report.

The bill also explicitly prohibits the Secretary of Health and Human Services from negotiating lower drug prices on behalf of America's 40 million Medicare beneficiaries.

The bill does not allow Americans to import drugs from Canada and other countries where prices are lower. International comparisons of pharmaceutical prices have shown that elderly and uninsured consumers in the United States often pay more for prescription drugs than consumers in other countries. As a result, more and more elderly consumers are traveling outside the country to find cheaper, more affordable prescription drugs. My district borders Windsor, Ontario, Canada, where I have known many of my seniors travel to get their prescriptions filled.

The GOP plan includes provisions that will privatize Medicare and force senior citizens into HMOs and other private insurance plans.

Millions of senior and Americans with disabilities currently covered by Medicare would actually find themselves worse off if the conference report becomes law. Low-income seniors who get additional assistance from Medicaid will pay more for their prescriptions because they will lose their Medicaid benefit.

Currently, Medicare beneficiaries who receive medicine through Medicaid either pay no co-payments or are charged nominal amounts per month per prescription. Under the new plan, people will pay three-to-five dollars per month, per brand-name prescription and one or two dollars for generic drugs. Depending on their income. These co-payments will increase each year.

The GOP plan creates an unlimited program of Health Savings Accounts (HSAs). This tax break benefits the healthy and wealthy and could dramatically raise health insurance premiums for other Americans—particularly families with moderate incomes and those with high health expenses.

Seniors will lose their retiree health benefits. More than two million seniors in employer-based retiree plans are in jeopardy of being dropped from coverage because the bill creates incentives for employers to drop prescription drug coverage.

Mr. Speaker, the Medicare Conference Report before this body will have a detrimental effect on senior and disabled citizens in my home state of Michigan.

143,000 Medicare beneficiaries in Michigan will lose their retiree health benefits.

183,200 Medicaid beneficiaries in Michigan will pay more for the prescription drugs they need.

90,000 fewer seniors in Michigan will qualify for low-income protections than under the Senate bill because of the assets test and lower qualifying income levels.

44,980 Medicare beneficiaries in Michigan will pay more for Part B premiums because of income relating.

Providing affordable prescription drugs to our seniors and the uninsured should have been the goal. The Republican lead Congress squandered this opportunity to include a real prescription drug benefit within the Medicare plan.

Mr. Speaker, there are hundreds of national, state, and regional organizations that have

come out against the Medicare conference report. I stand today with the seniors in my district and across the nation in opposition to this bill.

I ask my colleagues to stand with me and vote against this Medicare Conference Report that fails to provide an affordable and reliable Medicare prescription drug coverage, gives billions to HMOs, insurance companies, and pharmaceutical companies, prohibits drug reimportation, and privatizes Medicare.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from New York (Mrs. LOWEY).

(Mrs. LOWEY asked and was given permission to revise and extend her remarks.)

Mrs. LOWEY. Mr. Speaker, I rise against this prescription drug bill, because it will prohibit Medicare from negotiating price with the pharmaceuticals to lower prices for our sickest and most elderly population.

Mr. Speaker, we are on the cusp of passing a Medicare prescription drug benefit that should have put seniors first, but, instead, will become the death knell for Medicare.

Some are saying this is a matter of now or never, that we must pass this legislation tonight. That's just not true—where there's a will, there's a way. So, I urge my colleagues to refrain from rushing to judgment, vote against this bill, and work together, Republicans and Democrats alike, through December to craft a plan that will stay true to Medicare's tried and trusted roots.

Mr. Speaker, the bill before us will allow insurance bureaucrats—not doctors—decide which drugs to prescribe and how much to charge seniors; and leaves major gaps in coverage that will affect almost half of Medicare recipients. I will end Medicare as we know it, and will have questionable impacts on some of the most well regarded state-sponsored drug coverage programs, including New York's.

But, my colleagues, the straw that breaks the camel's back is the lack of any attempt to bring down the skyrocketing costs of drugs. H.R. 1 will prohibit the federal government from using the muscle of the 40 million seniors in Medicare to negotiate lower drug prices. And it puts the brakes on the reimportation of pharmaceuticals from Canada and overseas—where drugs are sold for two, three, and four times less than in the U.S.

This one-two punch will not only hurt seniors. It will block hard-working Americans, including the 43.6 million uninsured, from obtaining cheaper drugs—leaving taxpayers to foot the bill for a plan that rewards private industry at the expense of consumers.

The drug companies, with profit margins over 18 percent, have spend hundreds of millions of dollars trying to influence American opinion on prescription drugs. Yet, they will be rewarded with 40 percent profit increases. The same HMOs that left seniors in the cold under Medicare+Choice will be given a \$12 billion slush fund to entice their participation in this plan.

I have fought for years to give seniors an affordable, guaranteed, comprehensive, and voluntary prescription drug benefit under Medicare. I am deeply saddened and disappointed that the House leadership in forcing a vote on a bill, which many of us have not even been

able to read in completion, that is not worthy of our seniors.

I urge my colleagues to vote “no” on the bill.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON).

(Ms. EDDIE BERNICE JOHNSON of Texas asked and was given permission to revise and extend her remarks.)

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise against this so-called Medicare proposal devised by former Speaker Gingrich and the pharmaceutical industry that will increase out-of-pocket expenses for the poorest and sickest women.

Mr. Speaker, the sham Republican prescription drug bill will harm, not help, elderly women.

I oppose the Republican Medicare bill because it does not ensure that our seniors, especially our most venerably elderly women, get the long overdue Medicare prescription drug benefit that is available and affordable to all.

How will this Medicare Reform proposal hurt women? First you must realize that women account for the majority of people who are on both Medicare and Medicaid. To make matters worst, the proposal is harmful to the poorest and sickest women because their out of pocket cost would increase above what Medicaid currently allows.

I believe we must carefully draft legislation to protect the health and well-being of our citizens. It is shameful that many American seniors must regularly make the heartbreaking choice between paying for food and paying for prescription medicine. As a former nurse, I have spend much of my career working to ensure that our nation's health care system provides a wide range of affordable services.

But unfortunately, drug prices are going up over 3 times the rate of inflation giving the drug industry more profits than all others—the result: seniors can't afford the medicine they need.

Yet this proposal would actually prohibit Medicare from getting the best price for seniors. This bill states, and I quote, “[Medicare] may not . . . interfere in any way with negotiations between . . . Medicare Advantage organizations . . . and drug manufacturers . . .” In laymen's term that means Medicare must pay whatever the drug companies want to charge. This makes the new law a multi-billion dollar subsidy to the drug industry and a rip-off for America's senior citizens.

This is especially hurtful to women because nearly eight in ten women on Medicare use prescription drugs regularly. Because the bill doesn't allow for the government to negotiate price controls on drugs, our women will have to face higher drug cost, as well as the American Treasury.

Democrats have led the fight to add a drug benefit to Medicare. But what started as a fight to add a drug benefit has become a fight to save Medicare as we know it. Over and over again we have demonstrated our willingness to compromise and accept a less-than-perfect drug benefit when they approved a bipartisan Senate bill this summer. But instead of seeking bipartisanship, Republicans have insisted on including provisions that would turn Medicare into a voucher program and could

cap government spending on Medicare. These provisions have nothing to do with providing beneficiaries affordable prescription drugs. They are intended to undermine Medicare.

Medicare was created because the private health care system would not provide affordable health insurance coverage for seniors. We shouldn't be turning back the clock to those times. But that's exactly what the Republican bill—as written—will do.

The American public should be outraged that the Republican leadership is playing politics with the health and well-being of millions of our citizens, and I hope the voters will remember this shameful abuse of power when they go the polls at election time.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from New York (Mrs. MCCARTHY).

(Mrs. MCCARTHY of New York asked and was given permission to revise and extend her remarks.)

Mrs. MCCARTHY of New York. Mr. Speaker, I rise against the Medicare bill that is going to be giving billions of dollars of giveaway money that should be going for prescription drugs and not to the insurance companies and not to the pharmaceutical companies.

Mr. Speaker, I rise, once again, in opposition to this flawed prescription drug bill. It is nothing more than a sheep in wolf's clothing.

I'm frustrated because this Medicare bill contains some provisions I feel are necessary. Indeed, hospitals and doctors may see higher reimbursement rates. It would provide a meager prescription drug benefit, and includes some protections for low-income seniors.

All of these provisions are a step in the right direction. Unfortunately, they are overshadowed by the bill's overall shortcomings.

I had hoped that the effort to add a prescription drug benefit to Medicare would be a discussion about freeing seniors from the skyrocketing costs of medicine.

But instead, it's become a struggle for the future of Medicare.

The bill starts us down the path to privatizing Medicare. It damages the safety net we've stitched for our vulnerable seniors. And worst of all, it does nothing to make drug companies keep the cost of their medicines down, which is what I thought this effort was all about in the first place.

Most of Long Island's seniors would be forced to go to private insurers for their drug coverage. In fact, this bill takes us down the same road Long Island has already traveled with Medicare+Choice HMOs. At first, we throw money at them, the private plans provide coverage, and everyone's happy. But over time, costs mount, federal reimbursements don't keep up, and the private insurers cut and run. This Medicare plan would throw billions more at HMOs and other private insurers with no guarantee that they'd continue to cover seniors. What happens when the HMO gravy train stops? Once again, our seniors will be left holding the bag. That goes against the very reason we created Medicare in the first place: to provide seniors with a safety net that the private insurance market could not and did not provide them with.

In addition, the bill would actually prohibit the government from negotiating lower drug prices. Veterans on Long Island benefit from

lower drug prices because the Veterans Administration negotiates prices on their behalf. If it works for veterans, why deny it to our seniors?

Finally, many seniors would find themselves in the "doughnut hole," a gap in the very prescription drug coverage we are supposedly trying to provide them.

Simply put, the bill is not good enough, and I refuse to compromise the needs of our seniors in hopes of advancing a political agenda.

We must go back to the drawing board and create a real prescription drug benefit for seniors. We must do it without damaging their safety net or turning Medicare over to HMOs and insurance companies. Finally, we must do no harm, I learned years ago as a young nurse.

Mr. Speaker, this bill will do harm. I must vote against it.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from California (Ms. WATSON).

Ms. WATSON. Mr. Speaker, I rise against this sham Medicare proposal that the AARP supports. Bill Novelli is smiling because AARP gets millions of dollars, he gets \$420,000 annual salary, and all grandma gets is a doughnut hole.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LAHOOD). As recorded in section 957 of the House Rules and Manual, although a unanimous-consent request to insert remarks in debate may comprise a simple, declarative statement of the Member's attitude toward the pending measure, it is improper for a Member to embellish such a request with other oratory; and it can become an imposition on the time of the Member who has yielded for that purpose. The Chair will entertain as many requests to insert as may be necessary to accommodate Members, but the Chair also must ask that Members cooperate by confining such requests to the proper form.

Ms. SLAUGHTER. We would be happy to cooperate. Mr. Speaker, is it correct that we can rise for the unanimous consent request to say that we oppose the bill?

The SPEAKER pro tempore. The gentlewoman is correct.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield for a unanimous consent request to the gentlewoman from California (Ms. LINDA T. SÁNCHEZ).

(Ms. LINDA T. SÁNCHEZ asked and was given permission to revise and extend her remarks.)

Ms. LINDA T. SÁNCHEZ of California. Mr. Speaker, I ask unanimous consent to revise and extend my remarks about this sham Medicare proposal that I oppose.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from Ohio (Mrs. JONES).

(Mrs. JONES of Ohio asked and was given permission to revise and extend her remarks.)

Mrs. JONES of Ohio. Mr. Speaker, without embellishing my statement, I

adamantly oppose the legislation that is before us on behalf of the millions of low-income workers who will not receive adequate funding under this bill.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from California (Ms. LOFGREN).

(Ms. LOFGREN asked and was given permission to revise and extend her remarks.)

Ms. LOFGREN. Mr. Speaker, I ask unanimous consent to revise and extend my remarks in opposition to the bill because it increases costs for the poorest who are mainly women.

Mr. Speaker, the current Medicare Prescription Drug bill we are debating this evening, if passed, will force many low-income seniors to pay more for their Medicare coverage. Despite its \$400 billion price tag, this legislation will leave some 6.4 million of the poorest and sickest Medicare beneficiaries who currently receive prescription drug coverage through Medicaid, worse off, as they will no longer be able to depend on assistance with their co-payments and will no longer depend on getting help paying for prescription drugs that are prescribed by their doctors but are not on the list of drugs and therefore not covered by the private insurers who will administer the new Medicare bill.

Mr. Speaker, this piece of legislation is not "paid for." I expect that it will worsen the nation's long-term fiscal problems substantially adding to the deficit. Is the proposal good enough to justify this?

After weeks of secret hearings, in which not one Democratic Member of the House of Representatives was allowed to participate, we were presented with a Medicare prescription drug plan that is more geared towards benefiting industry, the HMOs, and insurance companies than in serving the healthcare needs of our elderly and disabled.

In the forty years since Medicare was created, it has been hailed as an affordable, defined, guaranteed, and comprehensive healthcare plan for all senior citizens. I agree that Medicare should evolve. I also understand that prescription drug costs are rising at an alarming rate of 17 percent per year. But the current proposal facing Congress does too little to help control drug costs, requires seniors to spend too much out-of-pocket, and compromises many of the basic principles that have made Medicare so valued and effective. This proposal prohibits the federal government from using its vast buying power to negotiate significant discounts for the millions of seniors and disabled who have come to rely on Medicare.

Mr. Speaker, my constituents and seniors across this nation believe that an affordable, guaranteed prescription drug benefit is urgently needed. Sadly, the prescription drug benefit in this bill would not go into effect until 2006.

Mr. Speaker, my constituents and seniors across this nation asked this Congress for a strong prescription drug benefit through Medicare, it did not ask this Congress to begin the process of privatizing Medicare. They believe that reforming Medicare does not mean privatizing Medicare. Under this bill, millions of Medicare beneficiaries are forced to pay more just to stay with their own doctors. Premium support, a provision included in this bill will

allow private insurance plans to lure healthy seniors out of Medicare, leaving older and disabled seniors behind to pay higher premiums for the same coverage they're receiving today. Mr. Speaker, my district lies within Santa Clara County in California. Santa Clara County is in one of 41 metropolitan areas that could be selected to participate in this demonstration that would lead to the privatization of Medicare. Under this plan, seniors must be prepared to deal with changing benefits, premiums and access to care from year to year.

Mr. Speaker, these new benefits are not guaranteed. This Republican-drafted Medicare reform bill creates a major gap in coverage that will leave millions of seniors and disabled persons without any drug coverage during parts of the year. Once a senior's drug costs reaches a moderate level of \$2,250, all coverage would be cut off. It isn't until the out-of-pocket prescription drugs costs rise to a much higher level—roughly \$3600—that coverage kicks back in. It will also erode retiree coverage for up to 2.7 million seniors who, after years of hard work earned a prescription drug benefit through their retirement plans. Those lucky enough to have such coverage must now worry about whether or not they will lose that hard-earned benefit under this proposal.

Mr. Speaker, this bill is not comprehensive. The bill eliminates Medicare's promise to retirees by arbitrarily limiting the ability of Congress to fund the program. As baby boomers retire and require more physician visits, hospital services, and pharmaceutical coverage, Republicans want to limit the amount of money that would be spent on Medicare. This means the services seniors expect and deserve will be cut, premiums will increase, or reimbursements to physicians and hospitals will be severely restricted.

Mr. Speaker, I remind my colleagues and those trying to follow all the possible implications of this bill that the coverage offered under this plan is not, repeat not, like that offered to members of Congress and other federal workers. No Federal employee or member of Congress has a drug benefit that has a deductible, or a \$2,850 coverage gap or donut hole in the benefit. In fact, during the debate on the drug benefit, Republican members of Congress voted to ensure that Federal employees' benefits would not be lowered to the level in the new drug plan.

There are many parts of this bill that I applaud. I am happy that the bill includes increased payments to doctors and to hospitals that will allow them to continue to offer services to Medicare patients. I am very happy that the bill includes critically needed funding for safety-net hospitals that serve our needy so well. Indeed in California, this provision alone will restore several hundred million dollars in reimbursements over the next ten years. Mr. Speaker, these provisions are the kind of reforms to Medicare that would pass this house nearly unanimously if they were presented separate from this bad bill.

Mr. Speaker, these good provisions do not override the potential devastating effects of this bill. I cannot support a bill that I feel will destroy the fundamental promise of Medicare, a program that seniors and the disabled have known and trusted for nearly 40 years. With the future of Medicare at stake, I believe that Congress can—and must—do better. Rather than pass a bad bill, we should defeat this bad

bill and stand firm as we fight for a prescription drug benefit that our seniors demand and deserve.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from Nevada (Ms. BERKLEY).

(Ms. BERKLEY asked and was given permission to revise and extend her remarks.)

Ms. BERKLEY. Mr. Speaker, I ask unanimous consent to revise and extend my remarks about premium support provisions in this conference report that will undermine the Medicare system on which older women depend.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Ms. LEE) for a unanimous consent request.

(Ms. LEE asked and was given permission to revise and extend her remarks.)

Ms. LEE. Mr. Speaker, I ask unanimous consent to revise and extend my remarks on this sham Republican prescription drug bill because it will harm, not help, elderly women. I did not come to Congress to dismantle and privatize Medicare.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from California (Ms. LORETTA SANCHEZ).

(Ms. LORETTA SANCHEZ of California asked and was given permission to revise and extend her remarks.)

Ms. LORETTA SANCHEZ of California. Mr. Speaker, I ask unanimous consent to revise and extend my remarks about the premium support provisions in this conference report that I believe will undermine the Medicare system on which elderly women rely.

Mr. Speaker, I wish to express my concerns today over the Medicare bill and how it will leave millions of seniors without the adequate care they deserve.

Under this bill nearly 3 million seniors will lose their prescription drug coverage, while 6 million will likely see an increase in the price of their medications and nearly 10 million would see an increase their Medicare premiums if they refuse to join an HMO.

This bill is not a plan for our seniors, rather it is a plan that benefits drug companies and the insurance industry. This legislation would even prohibit Medicare from negotiating better prices for prescription drugs. It would spend \$7 billion, desperately needed for covering all retired Americans, on creating individual health security accounts for only those who could afford them.

I urge my colleagues to vote against this legislation. We need to work for our seniors and provide them with a Medicare bill that helps them and not the big pharmaceutical and insurance companies.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Mrs. DAVIS) for a unanimous consent request.

(Mrs. DAVIS of California asked and was given permission to revise and extend her remarks.)

Mrs. DAVIS of California. Mr. Speaker, I ask unanimous consent to revise and extend my remarks expressing my

opposition to this bill, which fails to provide women with the affordable and reliable Medicare prescription drug coverage that they desperately need.

Mr. Speaker, I rise to talk about older women and their need for a real prescription drug benefit. The legislation we have before us represents a hollow substitute for a bona fide Medicare prescription drug benefit.

Every week, I hear from seniors overwhelmed with the cost of prescription drugs. Many find themselves juggling their expenses—often putting off paying some bills—in order to buy their medication. These seniors, our parents and grandparents, who have worked their whole lives and contributed to making our nation great never imagined they would spend their retirement struggling to make ends meet. Congress must act and provide seniors with a prescription drug benefit.

Our seniors—especially older women who, literally, are the face of Medicare—are counting on Congress to provide a real solution to the rising cost of prescription drugs. However, this debate has moved beyond providing prescription drugs to seriously undermine Medicare.

The Medicare conference report before us disproportionately harms older women in the following ways: Women account for the majority of people who are on both Medicare and Medicaid. However, this proposal prohibits Medicaid from continuing to provide the poorest and sickest women with drugs that certain Medicare drug plans may not cover.

Older and sicker beneficiaries, often women, have not joined HMOs and tend to rely on the traditional Medicare program. This conference report is harmful to older and sicker women because its “premium support” provisions would undermine the traditional Medicare program and cause costs in that program to rise.

Nearly eight in ten women on Medicare use prescription drugs regularly. This legislation is harmful to women because it prohibits the government from negotiating price controls on drugs, leading to higher drug costs for both seniors.

Where is the benefit for women who are living on a fixed income and cannot afford to pay out-of-pocket during the coverage gap?

Where is the benefit for the women who, because they were stay-at-home mothers and did not earn a pension, cannot afford the prescription drugs they desperately need?

For my constituents, this legislation is not good enough. I cannot support this legislation when I know we can do better. We are doing more than providing prescription drugs, we are legislating the future of Medicare.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) for a unanimous consent request.

(Mrs. CHRISTENSEN asked and was given permission to revise and extend her remarks.)

Mrs. CHRISTENSEN. Mr. Speaker, I ask unanimous consent to revise and extend my remarks in strong opposition to the rule and the conference report, which helps HMOs and hurts poor women, minorities, and the disabled.

Mr. Speaker, I rise in opposition to the rule and the Medicare conference report.

The process by which we come to this place has been ugly. The conference committee locked out the democratic leadership from the

process, and is sending this bill down without the 3 days to review it that we were promised.

But we should not be surprised. The bill itself is a more important broken promise—this one to the Senior citizens and disabled persons who have relied on Medicare to be there for them, and who have waited long for a comprehensive prescription drug benefit. They would be the real losers if we pass this bill and that is why I am asking my colleagues to vote “no.”

Let us not take away the Medicare wrap around provision for those who need it, let us not jeopardize the good prescription drug benefit so many of our seniors and disabled now have, let us not put any more money in the already rich HMO's, let us take the means test and the mean out of this bill, and above all let us not destroy Medicare.

Mr. Speaker, this bill stinks, and no amount of promises to fund rural hospitals or increase physician's reimbursement can make it smell any better. Besides, this is coming from the same Party leadership that has been cutting physician and hospital fees, and refusing to remedy them for years. If they are known for anything, it is for broken promises.

We have no reason to rush and accept this defective piece of legislation that takes away more than it gives, and puts the first nail in the coffin the Republicans have been building for a long time for Medicare.

Any prescription drug benefit won't take effect until more than two years from now, so if we really care about our seniors and disabled we should take the time to get it right.

And if all of the tears I see shedding on the other side of the aisle for our suffering doctors, the struggling hospitals are any more than of the crocodile variety, we should do the right thing before we go home and pass those provisions now.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from Georgia (Ms. MAJETTE) for a unanimous consent request.

(Ms. MAJETTE asked and was given permission to revise and extend her remarks.)

Ms. MAJETTE. Mr. Speaker, I rise to oppose the Republican prescription drug bill because it is bad for women, especially poor, elderly women; and they deserve better than this.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Ms. MILLENDER-MCDONALD) for a unanimous consent request.

(Ms. MILLENDER-MCDONALD asked and was given permission to revise and extend her remarks.)

Ms. MILLENDER-MCDONALD. Mr. Speaker, I ask unanimous consent to revise and extend my remarks about the premium support provisions in this conference report that will undermine the Medicare system on which elderly women in my district depend.

Mr. Speaker, today I rise in opposition to H.R. 1. This conference report represents the beginning stages of this Administration's withdrawal from its promise to seniors. This report being considered on the House floor today, sets the stage for a gradual pullout of the federal government providing benefits to seniors and shifting the responsibility to private insurers.

As our nation's population ages and the baby boomer generation places additional burden on our healthcare infrastructure, we can

no longer provide a “one-size fits all” level of healthcare. I am a strong and passionate advocate of a Medicare program that would cover all of our nation’s seniors and provide a comprehensive prescription drug benefit. This is not that benefit. Mr. Speaker, this is not a better solution than “no benefits”—it’s worse. It gives our seniors false hope. It makes seniors think that this government is expanding Medicare services, while it takes a backdoor approach to privatization of the Medicare program.

Mr. Speaker, in my home state of California, hundreds of thousands of Medicare beneficiaries will lose their retiree health benefits. Medicaid beneficiaries will pay more for the prescription drugs they need. Hundreds of thousands of Medicare beneficiaries will pay more for Part B premiums because of so-called income relating provisions.

Last night, Mr. Speaker, I spoke with my Congressional Seniors Council which represents leaders from senior associations in the 37th congressional district. This council has expressed its deepest concerns with H.R. 1. On behalf of the more than 51,000 seniors in the 37th Congressional district, this council fears Seniors, who should otherwise qualify for a drug benefit, may no longer qualify because of the asset provision in this report. Seniors, who have saved their hard-earned money for use during retirement, who relied on the promises of this Administration, become disqualified from receiving the prescription drug benefit. Very poor and very sick dual eligible beneficiaries will lose wrap around coverage for prescription drugs making out-of-pocket costs more than they can afford.

I urge my fellow colleagues for the sake of Medicare beneficiaries in their districts, to vote against H.R. 1. Our seniors deserve better.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Mrs. CAPPS), who is also a nurse, for a unanimous consent request.

(Mrs. CAPPS asked and was given permission to revise and extend her remarks.)

Mrs. CAPPS. Mr. Speaker, I rise in opposition to the harmful cuts in care amounting to \$1 billion a year for all those who are being treated for cancer.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from Ohio (Ms. KAPTUR) for a unanimous consent request.

(Ms. KAPTUR asked and was given permission to revise and extend her remarks.)

Ms. KAPTUR. Mr. Speaker, I rise to oppose this GOP drug company bonanza that is going to make affordable drug prices impossible for the majority of this Nation’s seniors. What a shame.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Ms. SOLIS) for a unanimous consent request.

(Ms. SOLIS asked and was given permission to revise and extend her remarks.)

Ms. SOLIS. Pido permiso para revisar y decir estas palabras.

Sr. Orador, estoy en contra del proyecto de ley Medicare que no ayudara a las mujeres que son el 70 por ciento de los mayores de edad.

(English translation of the above statement is as follows:)

Mr. Speaker, I rise in opposition to this Medicare bill which does nothing to help women, who make up more than 70 percent of the elderly poor.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Ms. WATERS) for a unanimous consent request.

(Ms. WATERS asked and was given permission to revise and extend her remarks.)

Ms. WATERS. Mr. Speaker, I rise in opposition to this sham Medicare proposal that will end Medicare as we know it and simply fatten the pockets of the pharmaceutical industry and the HMOs.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from Missouri (Ms. MCCARTHY) for a unanimous consent request.

(Ms. MCCARTHY of Missouri asked and was given permission to revise and extend her remarks.)

Ms. MCCARTHY of Missouri. Mr. Speaker, I ask unanimous consent to revise and extend my remarks about the premium support provisions in this conference report that will undermine the Medicare system on which the elderly in my district and around this Nation depend.

Mr. Speaker, I rise today in opposition to H.R. 1, the Medicare Prescription Drug and Modernization Act of 2003. I strongly support the inclusion of a prescription drug benefit as part of the Medicare program. Unfortunately, instead of providing a prescription benefit, this legislation includes dramatic changes in the entire Medicare program. As Washington Post columnist E.J. Dionne recently wrote, “They went in to design a prescription drug benefit for seniors and came out with an aardvark.”

Mr. Speaker, in 1965, President Johnson and the Congress had the wisdom to create the Medicare program. The program accomplished its mission—it has ensured every single American’s health coverage upon reaching 65 years of age. Since the bill’s passage, Congress has made changes to the program to keep it current and to ensure that seniors received the highest quality care.

Now seniors are asking us to include a prescription drug benefit within the Medicare program. They want a benefit that offers comprehensive, affordable coverage to all seniors. I agree with them wholeheartedly. Instead of designing a prescription drug benefit, the majority created H.R. 1, which will end Medicare as we know it.

Mr. Speaker, this proposal is confusing and inadequate. For the first \$2,000 of coverage, the consumer will pay over \$1,100; for the first \$5,000 of coverage, the consumer will pay approximately \$4,000. If a consumer buys \$5,000 of drugs a year, the consumer will pay 80 percent of that cost. Elderly women will be hardest hit.

Under this misguided plan, seniors will be forced to choose private prescription plans each year. A move between states, or even between towns, could force them to select another plan. In my district, seniors who chose to relocate from Kansas to Missouri could face the loss of their chosen prescription drug plan.

I am also concerned that this legislation will encourage companies that offer employer-pro-

vided drug coverage to drop or reduce their benefits. While the bill includes billions in subsidies for companies to maintain their benefits, more than 2.7 million retirees are likely to lose their employer provided coverage under this bill.

Seniors have been asking for a prescription drug benefit. They have not been asking for HMOs to take over Medicare. Yet that is what we are being asked to vote on today. This legislation includes “cost containment” provisions that will prompt significant cuts in the Medicare program if more than 45 percent of the costs of Medicare are borne from general tax revenues. Let’s be clear—this cost cap would effectively end Medicare as a basic right for our seniors.

In a machiavellian effort to pass this misguided legislation, the authors have included billions in additional payments for doctors, hospitals, rural health facilities, and ambulance services among others. Sadly, these quality health care providers are forced to support this legislation even though many fear it will be bad for seniors and could unravel the Medicare program. Those funds should not be held hostage by this Medicare privatization scheme. I urge my colleagues to consider supporting stand alone legislation that would help our providers and save the Medicare program.

As E.J. Dionne wisely recommended, we should reject this flawed bill and “let’s then have a national debate on the future of Medicare, out in the open, and not in some congressional back room.” Mr. Speaker, I urge all of my colleagues to reject this measure and go back to the basics. Give seniors what they deserve—a comprehensive Medicare prescription drug benefit.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from Connecticut (Ms. DELAURO) for a unanimous consent request.

(Ms. DELAURO asked and was given permission to revise and extend her remarks.)

Ms. DELAURO. Mr. Speaker, I rise against a prescription drug bill that prohibits the government from using its market power to negotiate the best price for prescription drugs, the central issue of this debate and concern of the people of this country.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Ms. ESHOO) for a unanimous consent request.

(Ms. ESHOO asked and was given permission to revise and extend her remarks.)

Ms. ESHOO. Mr. Speaker, I rise against this bill which, in my view, I used the yardstick to measure it by my mother; and in doing the calculations, my mother, at 89½ years old, will be hurt by this, as will women her age across the country. She and they deserve so much better.

It’s with great disappointment that I rise today to express my opposition to this Medicare Prescription Drug legislation. As the daughter of a Medicare beneficiary, I know first hand how important prescription drug coverage is for America’s seniors, and I held out great hope that this would be the year we finally succeeded in providing seniors with an affordable, stable benefit.

Unfortunately, now that we have the long-awaited legislation before us, it is clear that it doesn't embody any of these important principles.

This bill does nothing to lower drug costs for America's senior citizens. It provides an unstable insurance benefit, undercuts the viability of the employer-provided retirement health insurance, and fundamentally undermines the Medicare program that has served seniors so well for nearly 40 years.

Specifically, the bill: Brings privatization to the Medicare program in 2010. Although this is being described as a "demonstration project," this "demonstration" will affect as many as 7 million beneficiaries who will be forced to pay higher premiums and more money to keep the same benefits they have today if they don't join an HMO; has a \$2800 gap in drug coverage that will leave millions of seniors without any help in paying for their drugs for part of the year, even though they will have to continue to pay their monthly premiums; Creates disincentives to employers to retain retiree drug coverage. An estimated 2 to 3 million seniors who have good drug coverage now through retiree health plans could lose it under the proposed plan.

In California, this means more than a quarter of a million seniors may lose their employer-sponsored health care. Real reform would encourage employers to expand retiree coverage, not take it away; Purposefully creates, for the first time, disparities between seniors across the country. Seniors living in different areas of the country will pay different premiums for the exact same benefits. In another first, this bill links how much a senior earns to how much they will pay in premiums. If a senior makes more than \$80,000 they will pay higher premiums than the rest of the Medicare population.

Does not address the rising cost of prescription drugs for individuals, nor does it harness overall Medicare spending in future years. In fact, the bill specifically prohibits the Secretary of Health and Human Services from negotiating with drug companies for lower prices.

Jeopardizes coverage for cancer patients by drastically cutting funding for chemotherapy drugs.

Finally, this bill dramatically changes Medicare by limiting the total amount of money that can be spent on the program—meaning services will be cut and premiums will increase.

I do want to take a moment to highlight the few bright spots in this bill.

The bill reverses a recent decision by the Centers for Medicare and Medicaid Services (CMS) that threatened seniors' access to innovative treatments. For years biotechnology products, which often represent the most advanced treatments for diseases, were critically under-reimbursed. This bill ensures that these life-saving treatments will be available for all seniors by raising payment levels to an appropriate level. This bill also provides more speedy coverage of new medical device technologies and more streamlined processes by new technologies in the Medicare program.

Second, the bill includes critical funding for relief from the devastating payment reductions to Medicaid disproportionate share hospitals. This is very important for California which has a severe budget shortfall. The funding in the Conference Report restores several hundred million dollars to safety-net providers in California over the next 10 years. With more than

six million MediCal recipients and 6.3 million uninsured residents in California, Medicaid DSH funds are invaluable to the safety net hospitals that serve low-income populations.

Unfortunately, these issues aren't enough to overcome the faulty foundation that this bill rests on. It's with a heavy heart that I say "This Medicare Prescription Drug bill should be rejected." We have not honored the seniors who have done so much to make our country great, and I cannot justify a "yes" vote on a bad bill just for the opportunity to say we've succeeded in providing a drug benefit.

Mr. Speaker, I urge my colleagues to vote against the bill.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from Florida (Ms. CORRINE BROWN) for a unanimous consent request.

(Ms. CORRINE BROWN of Florida asked and was given permission to revise and extend her remarks.)

Ms. CORRINE BROWN of Florida. Mr. Speaker, I rise against this sham Medicare proposal on behalf of Claude and Mildred Pepper, my grandmother, and all of the other seniors who will be increased out-of-pocket expenses for this sham Medicare bill.

Ms. SLAUGHTER. Mr. Speaker, I am proud to yield to the gentlewoman from California (Ms. PELOSI), our leader, for a unanimous consent request.

(Ms. PELOSI asked and was given permission to revise and extend her remarks.)

Ms. PELOSI. Mr. Speaker, I rise in opposition to this hoax of a plan. How can a plan be for the benefit of seniors when the first \$4,000 of \$5,000 of benefits have to be paid for by a senior who makes \$13,500 a year?

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from New York (Mrs. MALONEY) for a unanimous consent request.

(Mrs. MALONEY asked and was given permission to revise and extend her remarks.)

Mrs. MALONEY of New York. Mr. Speaker, I rise in opposition to this ill-conceived bill which promises to be a magic potion for seniors, but is a poison pill for Medicare.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to the gentleman from Florida (Mr. HASTINGS), my colleague on the Committee on Rules.

(Mr. HASTINGS of Florida asked and was given permission to revise and extend his remarks.)

Mr. HASTINGS of Florida. Mr. Speaker, after that array, you have to be a very strong man to oppose this bill, and I ask unanimous consent that my remarks be included in the RECORD.

Mr. Speaker it gives me no greater disappointment to rise today in opposition to the co-called Prescription Drug and Medicare Modernization Act Conference Report. I might call it something else but that wouldn't be appropriate.

Since 1965 Medicare has been a vital instrument in ensuring quality healthcare to America's elderly and disabled. Medicare's 40 million beneficiaries use thousands of different health care products and services furnished by over 1 million providers in hundreds of mar-

kets nationwide. However, today a great number of you seek to dismantle Medicare with a fool's gold of a bill tilted the Prescription Drug and Medicare Modernization Act.

Despite my Democratic colleagues' best efforts to make this an inclusive and comprehensive process; one that addresses the real concerns of America's seniors and disabled, we were shut out from negotiations. We were shut out in June and we are shut out now. Today we have before us what the Republicans think is a Medicare and Prescription Drug reform. This is not a reform. This is a gutting of Medicare. It eviscerates one of the most successful great society programs in order to line the pockets of pharmaceutical companies.

Mr. Speaker, I am disturbed to my core that any person in their right mind would find this bill fit to deliver to America's seniors. HR 1 is seriously flawed and inept for several reasons. First, the prescription drug benefits is only available through private insurance companies and HMOs.

Second, the bill does not ensure affordable prescription drugs. Because of the arbitrary budget cap pushed by the administration, HR 1 has high deductibles and does not guarantee an affordable premium.

In addition, this scam of a sham bill creates large coverage gaps—with many seniors being required to pay high premiums even when they don't receive benefits.

Lastly, the bill does not promise prescription drug benefits to all beneficiaries. By relying on private insurance companies to offer coverage, this approach does not guarantee the same benefits for seniors, like Larry Colado of Myakka City, Florida, who lives in a rural community. Larry Colado is a Vietnam Veteran turned farmer who cannot afford health coverage and now faces losing the little that he has because, unlike Darwin, this administration believes in the survival of the richest.

Approving this bill may not guarantee a destitute future for members of Congress, but it will guarantee a destitute future for those seniors who do not and have not served in this body.

Mr. Speaker, simply put, this bill should be wrapped around a toilet paper holder and stuck in one of the Capitol's bathroom stalls.

I adamantly oppose the so-called Prescription Drug and Medicare Modernization Act. It is a snake oil and it stinks.

Ms. PRYCE of Ohio. Mr. Speaker, I yield such time as he may consume to the gentleman from California, the chairman of the Committee on Rules (Mr. DREIER).

Mr. DREIER. Mr. Speaker, continuing this spirit of comity, I ask unanimous consent that the conference report on H.R. 1 be debatable for 2 hours, doubling the amount of time that is made in order for consideration for a conference report.

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

There was no objection.

Ms. PRYCE of Ohio. Mr. Speaker, I am very pleased to yield 2 minutes to the gentleman from Florida (Mr. LINCOLN DIAZ-BALART), my friend and colleague from our Committee on Rules.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I thank the gentlewoman from Ohio for yielding me this time.

This legislation is very important legislation. It will help seniors, all seniors throughout the land; but especially low-income seniors will benefit, will benefit the most from this law. America's neediest seniors, individuals with up to \$12,900 a year of income, \$17,000 per couple, will immediately receive a cash credit of \$600 to purchase their medications. And, again, in the year 2006, seniors with incomes of up to \$10,300, or \$13,250 per couple, will pay only \$1 for generic prescriptions and \$3 for brand-name medicines. Mr. Speaker, 13,235 reside in the district that I am honored to represent. I would urge all of my colleagues here this evening to check.

The gentleman from Florida (Mr. SHAW) has the information and he was so kind to provide it to me, district-by-district, how many low-income seniors will get extraordinary relief by this legislation.

□ 2215

Those with incomes of up to \$13,900 a year, \$17,900 per couple will pay only \$2 for generic medications and \$5 for brand name medications.

Mr. Speaker, 20,715 reside in the district that I am honored to represent. Seniors with incomes up to \$15,500 a year, \$20,000 per year per couple, will pay only a minimum monthly premium and initial deductible of \$50 and then only 15 percent of their prescription drug costs up to \$3,600 after which they will pay only \$2 for generic drugs, \$5 for brand names.

Now, all other seniors receive extraordinary help by this legislation, Mr. Speaker, but low-income seniors more than anyone else.

So I urge everyone in this hall, I think we all have an obligation to check the facts with regard to what we are voting on this evening: Concrete important specific help for seniors throughout the country on an issue that, I think, is the most important domestic issue facing this country. And I am proud to have supported this legislation in the Committee on Rules and to urge all of my colleagues to make it law, send it to the President tonight.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from Massachusetts (Mr. MCGOVERN).

(Mr. MCGOVERN asked and was given permission to revise and extend his remarks.)

Mr. MCGOVERN. Mr. Speaker, Medicare is one of the most important successful social programs in the history of this country. For nearly 40 years, Medicare has been a lifeline for our senior citizens. I certainly do not argue that Medicare is perfect. Thanks to extraordinary advances in medical science, it is clear that Medicare needs a real prescription drug benefit.

The program should be strengthened so that future generations have access to high quality, affordable health care, but I believe that Medicare is a sacred trust between the United States government and the seniors of this coun-

try. The Republican majority in this House clearly does not believe what I believe, because if they did, this bill would not be before us.

This is a bill that fails to give seniors the drug benefit they need and deserve and expect. This bill forces millions of seniors to pay more for their prescription drugs. This bill is a huge giveaway to the HMOs and the drug companies. This bill does nothing to control the exploding costs of medicine. And worst of all, this bill shoves Medicare down the path to privatization. It ends Medicare as we know it. This is a defining issue. You can put all the bells and whistles and spin on it that you want. You can add a little money here or a tweak there to buy off a few interest groups or to make the bill more appealing to certain geographic areas. You can try to claw your way to a majority vote, and you might succeed. But your success will not mask the fact that this bill is bad for senior citizens.

So much of what people think is good about the Federal Government the supporters of this bill are ripping apart.

And let me say just a word, actually two words, about the processing used here. It is lousy. No one has had the time to properly review this. There are rules of this House, and we should follow them, especially with regard to giving Members of both parties the chance to actually see what they are voting on. But the Committee on Rules, once again, decided that the rules of this House do not matter. Maybe we should rename it the "Break the Rules Committee."

I guarantee you that for weeks to come we will be discovering lots of goods for special interests tucked into the dark corners of this legislation. The leadership of this House is more concerned with doing this bill fast than doing it right. If we take our time and do this right, it would give every Member the chance to read the fine print. Unless, of course, that is exactly what scares the leadership most.

Now, I have heard the argument out there that, well, this bill is not perfect. It is not even very good, but we have to pass something. Mr. Speaker, not if that something is a windfall for HMOs and drug companies. Not if that something is the privatization and dismantling of Medicare. Not if that something is a sound bite rather than a meaningful drug benefit.

There is a fundamental disagreement here because, to me, protecting Medicare is non-negotiable. If I voted for this bill I could not look at the people who sent me here and claim that I was representing their interests.

I believe our seniors deserve a defined, guaranteed, affordable prescription drug benefit under Medicare and that is what I am for. This bill does not even come close.

Vote no on the rule. Vote no on the bill.

Ms. PRYCE of Ohio. Mr. Speaker, I yield 3 minutes to gentleman from California (Mr. DREIER), the very dis-

tinguished Chairman of the Rules Committee.

(Mr. DREIER asked and was given permission to revise and extend his remarks.)

Mr. DREIER. Mr. Speaker, I rise in strong support of this rule and the underlying conference report. My friend from Massachusetts (Mr. MCGOVERN) is absolutely right, Medicare is a sacred trust. He is also right when he says that this conference report, when we pass it, will end Medicare as we know it. Medicare as we know it does not have provisions for prescription drug coverage. And guess what? If we pass this, we will, in fact, end Medicare as we know it by making prescription drugs available to seniors.

It will also end Medicare as we know it because right now under Medicare there is a provision that allows for \$148,000 to be expended on heart transplant surgery, but at the same time it does not provide the \$1,000 a year that would be necessary for people to prevent heart disease by giving them access to Lipitor. And so it is true, we are going to finally bring about the very important reforms necessary so that we can maintain that sacred trust to which my friend refers.

So I believe, Mr. Speaker, that we have an opportunity to go a long way towards addressing this concern that exists on both sides of the aisle. I know that my democratic colleagues, Mr. Speaker, want to make sure that we do provide access for senior citizens to affordable prescription drugs. And I believe that on both sides of the aisle, Mr. Speaker, there is a clear understanding that if we are going to do that, we have to bring about major reforms so that we maintain the solvency of Medicare for the future. I also believe that as we look at the changes that will come about in the area of potentially creating another new entitlement program, Republicans and Democrats, Democrats who raise concern regularly about deficit spending, should feel good about the unprecedented measures that we put in this bill that allow for our Members to insist on a vote if, in fact, Medicare outlays exceed 45 percent of general revenues.

So I believe we are going a long way towards addressing these concerns. And then that wonderful incentive that also is there for people to plan for retirement with health savings accounts. Planning for their health care needs of the future is exactly what this measure will do by taking those very successful HSAs that have been out there and expanding that program.

Mr. Speaker, this may not be, this may not be the perfect solution, but this is our opportunity to bring about these much needed reforms.

And I urge my colleagues to support this rule, and, in a bipartisan way, do as I know the other body will do, and that is vote in support of this conference report so that we can help our seniors.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from Maryland (Mr. HOYER), the minority whip.

(Mr. HOYER asked and was given permission to revise and extend his remarks.)

Mr. HOYER. Mr. Speaker, I rise in opposition to this rule. And I invite the 41 Members of this side of the aisle who wrote a letter just a few days ago, those 41 Members, all Republicans, said to the gentleman from Illinois (Speaker HASTERT) and the gentleman from Texas (Majority Leader DELAY) that this is one of the most important issues that this Congress, or any Congress, will consider, and give us at least, they said, 3 days to consider this bill.

This bill is over 1,100 pages in length. It will affect not only the 40 million Americans who are eligible for Medicare, but it will also affect their families, their children, their sons and daughters who are confident that this country will provide for health care security for seniors.

I invite those 41 Members, this is about the process, this has been a terrible process, a shameful process. Speaker HASTERT, an honorable man, appointed the gentleman from Michigan (Mr. DINGELL), the Dean of this House, serving here since 1955, one of the most knowledgeable people, not Democrats or Republican, most knowledgeable Americans with respect to health care and Medicare and Social Security. And then he appointed one of the most senior Members of this House, the gentleman from New York (Mr. RANGEL) to this conference, and the gentleman from Arkansas (Mr. BERRY), the only pharmacist that serves in this House.

Shamefully, shamefully, they were neither invited, nor allowed, to come to the table to discuss this bill. I invite the 41 signers of this letter, if they meant what they said in this letter, to vote no on this rule. To vote no on this rule so that we can, in fact, look at it closely. Just 2 more days this bill, 1,100 pages in length, which was put on the Web just last afternoon, just approximately 24 hours ago.

I say to the signatories on this letter, if you meant what you said, if you believe the processes of this House ought to be followed, if you believe this issue is important enough to know what you are doing, to read the bill, to digest its consequences, to understand the adverse consequences that it will have on the poor, on those who were left behind in Medicare when the HSAs take the healthiest and wealthiest out of the system and force premiums higher for those who can least afford it, read this bill, understand this bill. You have not done so.

Some of our most respected colleagues signed this letter, Republicans all. I ask every Democrat to vote against this rule, to give ourselves and our constituents further time to consider this bill. I ask the Republicans

honor their letter, honor their rules. Vote no on this one.

Ms. PRYCE of Ohio. Mr. Speaker, I yield 3 minutes to the gentleman from Washington (Mr. HASTINGS), my friend from our Committee on Rules.

Mr. HASTINGS of Washington. Mr. Speaker, I thank the gentlewoman from Ohio (Ms. PRYCE) for yielding, and I congratulate her on the way she excellently laid out the main provisions of this bill in her opening remarks.

I support this bill, Mr. Speaker, and this bill includes several important improvements to Medicare in addition to making prescription drugs available and affordable for seniors. But I am particularly pleased that this bill contains the largest, most comprehensive rural health care package ever considered by Congress to ensure that seniors in rural America are able to get the care they need.

I often hear from seniors they are having a hard time finding a doctor will accept Medicare patients. Now, doctors and hospitals in rural areas provide the same quality care as in urban areas, all too often Medicare fails to pay rural health care providers enough to cover their costs. This often forces doctors to consider whether they can continue accepting Medicare patients and, therefore, causes hospitals to cut back on their services.

As a member of two rural health care caucuses, I have met repeatedly with committee leaders and Secretary Thompson to stress the importance of ensuring that rural areas receive the Medicare payments that they deserve.

Mr. Speaker, until the disparity between rural and urban reimbursement is fixed, seniors in small town America have fewer and fewer health care options. I commend the conferees for recognizing this need. I am pleased that the National Rural Health Care Association has endorsed this bill saying, quote, "This is a strong step forward this strengthening the health care system for nearly 60 million rural Americans," end quote.

By passing this bill, we will permanently end the disparity in Medicare payments between urban and rural hospitals. We will provide more money to rural hospitals for the care of uninsured patients, we will increase funds for critical access hospitals and home health care agencies and raise payments to doctors to encourage them to provide services in physician-short areas.

Simply put, Mr. Speaker, after years of effort H.R. 1 will finally give doctors, hospitals, home health nurses, and other care providers the resources they need to provide seniors who live in rural areas like my district in central Washington the medical care they deserve.

Accordingly, I urge my colleague to support both the rule and the underlying bill.

□ 2230

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from

New Jersey (Mr. MENENDEZ), the minority caucus chairman.

Mr. MENENDEZ. Mr. Speaker, the Republican plan that we consider here tonight is not a Medicare prescription drug plan, but rather a poison bill for our Nation's seniors and for Medicare itself. The more you know about this bill, the less you like it.

The Republican plan would encourage employers to drop retiree coverage for their employees. And this means that approximately 94,000 New Jerseyans in my State will be left with no coverage. I thought this debate is supposed to be about expanding coverage for our seniors, not taking it away.

Under their demonstration plan, 7 million beneficiaries would be forced to pay more for Medicare if they do not give up their doctor and join an HMO. The Republican plan would cut payments to oncologists nationwide and would result in New Jersey cancer care providers losing \$552 million, this in a State that has the third highest instance of cancer in the United States, and in which cancer is the second leading cause of death.

Republicans would include a \$14 billion bribe to get private insurance company plans to compete against Medicare. Why give away billions of taxpayers money to private insurance interests when that money could be used to enhance a true prescription drug benefit under Medicare? Obviously, Republicans are more concerned about their special interests than senior interests.

Republicans would make millions of seniors pay more for their drugs. Seniors would pay \$4,020 out of the first \$5,100 in prescription drug costs. And low-income seniors, like my 83-year-old mother who worked her entire life in the factory of New Jersey and who suffers from Alzheimer's, would pay higher premiums and would lose additional assistance under Medicaid. And only in Washington would Republicans prohibit the Federal Government from using the collective purchasing power of 40 million citizens to obtain lower prescription drug prices.

Let us stand up for our parents and our grandparents and our seniors. Vote against the rule. Vote against this poison pill that is this plan.

Ms. PRYCE of Ohio. Mr. Speaker, I yield 2½ minutes to the gentleman from the State of New York (Mr. REYNOLDS), my very good friend from the Committee on Rules.

(Mr. REYNOLDS asked and was given permission to revise and extend his remarks.)

Mr. REYNOLDS. Mr. Speaker, I thank the gentlewoman for yielding me time.

Mr. Speaker, I rise in strong support of this rule and the underlying legislation.

For the first time in the nearly 40-year history of the Medicare program, Congress tonight has the opportunity to provide more than 40 million seniors

and disabled Americans a guaranteed prescription drug benefit.

In my home State of New York, this means nearly 3 million Medicare beneficiaries will have greater access to life-saving prescriptions. For many of these beneficiaries, this amounts to drug coverage that they would not otherwise have; and for countless others, it means vastly improved benefits.

In providing a prescription drug discount card, greater access to less-expensive generic drugs, enhanced ability to create individualized health savings accounts and strong protections for retirees with current coverage, this bill helps bring Medicare into the 21st century.

What the bill also accomplishes is improved access to care in a variety of other areas that will help Americans all across the country get the care they need and deserve. For example, by updating the critical hospital formulas for marketbasket and indirect medical education, New York State will be infused with over \$1.2 billion over the next 10 years.

Of that, hospitals in my congressional district will receive close to \$40 million. In cash-strapped regions of western New York that I represent, this payment relief is great news for patients of all ages and income levels.

New York will also be bolstered by many other funding streams that will bring critical Federal funds into the State and help mitigate local fiscal burdens. And the Federal Government assuming costs of New York beneficiaries eligible for both Medicare and Medicaid, the State will save over \$3 billion over 8 years on prescription drug coverage for its Medicaid population.

Because New York already provides a popular, generous prescription drug program, well over 300,000 seniors, the State will have access to \$125 million over 2 years in transitional assistance to help the new Federal drug program coordinate with the existing State program.

These funds will ensure a seamless transition and coordination of benefits for many seniors who want to remain in the State program, yet still receive enhanced benefits through the Federal plan.

Mr. Speaker, this body is poised to make history. Today begins the final step in a journey that began not 3 days ago, not 3 years ago, but nearly a decade ago. Congress promised a prescription drug benefit. Congress promised to make Medicare stronger, and it took this majority to deliver on that promise.

I urge my colleagues to support the rule and the underlying legislation.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. BROWN).

Mr. BROWN of Ohio. Mr. Speaker, I thank the gentlewoman from New York (Ms. SLAUGHTER) for yielding me time.

We have been here before, Mr. Speaker. We will debate late into the night

and consider one of the most important votes we have ever cast. At 2:54 a.m. on a Friday last March, the House cut veterans benefits by 3 votes.

At 2:39 a.m. on a Friday in April, House Republicans slashed education by five votes.

At 1:56 a.m. on a Friday in May, the House passed the Leave No Millionaire Behind Tax Cut Bill by a handful of votes.

At 2:33 a.m. on a Friday in June, the House GOP passed Medicare privatization by one vote.

At 12:57 a.m. on a Friday in July, the House eviscerated Head Start by one vote. And then after returning from summer recess, at 12:12 a.m. on a Friday in October, the House voted \$87 billion for Iraq.

Always in the middle of the night. Always after the press had passed their deadlines. Always after the American people had turned off the news and gone to bed. And here we go again, Mr. Speaker.

Republican leadership delivered this bill to us last night at 1:46 a.m.

Mr. Speaker, I do not really blame my Republican colleagues because when Republican leaders sit down with the insurance industry and the drug industry behind closed doors and write a bill to privatize Medicare, of course they do not want the public to know.

When Republican leaders sit down with the drug industry to write a bill to deliver \$139 billion in additional pharmaceutical profits to their biggest contributors, of course they do not want the public to know.

When Republican leaders sit down with the insurance industry to write a bill to set up a \$20 billion slush fund for HMOs, some of their biggest contributors, of course they do not want the public to know.

This bill proposes the most radical changes to Medicare since its creation a generation ago. We should not do it under the cover of darkness. Americans deserve better.

Ms. PRYCE of Ohio. Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mr. BURTON).

Mr. BURTON of Indiana. Mr. Speaker, I admire our President and my leaders in the House, but I want to tell you why I oppose this bill.

The average senior is going to pay \$4,000 in order to receive the first \$1,500 in benefits. Now, we should take care of the 24 percent of seniors across this country that have no drug coverage; but this covers all of them, including the 76 percent that do have coverage.

Employers will, in my opinion, in spite of a \$70 billion payoff, drop their seniors and put them on the government program, and they are going to get less coverage than they have right now, and it will cost a lot more.

This program is going to cost much more, in my opinion, than the \$400 billion that we estimate. I think it will go as high as maybe a trillion dollars over the next 10 years. And, finally, there is no negotiation with the pharma-

ceutical companies on drug prices even though Americans are paying as much as five to 10 times more than they are paying in Germany and Canada and other places in the world; and that is just not right.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, a little history lesson. August 17, 1989, front page of the Chicago Tribune, outside the Copernicus Senior Center in Chicago. These are the constituents of Congressman Dan Rostenkowski who is in this car.

They are not happy with their Congressman, and they are not happy with the catastrophic health care bill.

When the Congressman escaped from his car, a reporter asked him if he sympathized with the seniors who were mad about this bill, and he said, "No, they do not understand." But, unfortunately, it was not the seniors who did not get it. It was the Congressman. Three months later that bill was repealed.

A big mistake was made. This Congress overwhelmingly passed the catastrophic. Everyone on Capitol Hill liked it including the AARP. They did not check with the seniors, and we are about to make the same mistake tonight. A thousand pages and more, 40 years of Medicare, but 40 hours to read this bill.

I tell you, if you vote for this, you better get your running shoes. The senior citizens will be after you.

Ms. PRYCE of Ohio. Mr. Speaker, I yield 2 minutes to the gentleman from the State of Florida (Mr. SHAW), from the Committee on Ways and Means, who worked so hard on this bill.

(Mr. SHAW asked and was given permission to revise and extend his remarks.)

Mr. SHAW. Mr. Speaker, I thank the gentlewoman for yielding me time.

Medicare passed this Congress on July 27 of 1965 and was signed into law in Independence, Missouri, on July 30 of 1965. It is interesting, and I was watching C-SPAN today and watching the goings on within the Committee on Rules. And I heard several of the Democrat witnesses come in and say, your party did not support Medicare in the first place and you want it to wither on the vine.

After hearing this over and over, I thought, well, it is about time somebody goes into the archives and finds out the truth. The truth is the majority of the Republicans in this House of Representatives in 1965 did support Medicare. So the big lie now can go down and be deflated.

Also, I have heard many witnesses on the other side say what a bonanza this is for big drug companies. Nobody is mentioning the fact that we are shortening the time that generics can get on the market. You think the big drug companies like that? Of course not.

Also, the discount card where prices will be negotiated and seniors will get

their drugs for less money. Nobody on that side is talking about that.

What this is actually is a cost-containment bill and probably the largest one that will ever be signed into law providing for the cost containment in drugs.

I sent out a survey as many of us do to some of our constituents and was just simply asking them did they want this drug bill. I received back the biggest number that I have ever received. They are still coming in and they are just now hitting and we already have 12,000 replies. And guess what? Only 100 said no. And most of them were misinformed by this bill thinking they might have lost the coverage that they had. This is a good bill. Let us do it for our seniors. Let us do it for the people at the lower economic levels who desperately need this.

Why would you deny this to them? Somebody can buy drugs for so little and be able to get a better quality of life. Life is meant to be enjoyed, not endured. Let us vote "yes" on the rule. Let us vote "yes" on the bill.

The SPEAKER pro tempore (Mr. LAHOOD). The gentlewoman from Ohio (Ms. PRYCE) has 3 minutes remaining. The gentleman from New York (Ms. SLAUGHTER) has 9½ minutes remaining.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. PRICE).

(Mr. PRICE asked and was given permission to revise and extend his remarks.)

Mr. PRICE of North Carolina. Mr. Speaker, we began this effort years ago with a relatively simple concept: let us add a prescription drug benefit to Medicare, giving help to the countless older Americans who so desperately need it. But this bill has ended up doing the very thing seniors do not want us to do—to privatize their coverage.

Little do they know that the so-called prescription drug benefit will operate nothing like their other Medicare benefits. An enormous sticker shock awaits them. If a senior needs \$5,000 worth of medication, he or she will have to pay \$4,000 in order to get it. If drug costs are \$3,500, he or she will pay \$2,500.

This bill has a gaping so-called doughnut hole where any drug costs that fall between \$2,250 and \$5,100 are not covered at all. Do you think that is what our constituents have in mind when they think of prescription drug coverage?

But this spotty coverage is not the worst of it. An even more unpleasant surprise awaits. This bill forces Medicare beneficiaries to get drug coverage through private companies or an HMO.

Our Republican friends would apparently rather do anything than strengthen basic Medicare, so they have devised a convoluted scheme to throw enough money at private companies to induce them to offer drug-only policies, policies which these same companies say make no sense in terms of insurance principles.

□ 2245

The Senate bill offered a fallback plan to provide Medicare coverage if these private plans did not materialize, but that fallback has been fatally weakened in the bill before us.

We have heard a lot about choice tonight, but the only real choice most seniors will have under this bill is whether they obtain their prescription drug coverage through a private drug plan or an HMO, and whether they would rather have medications they can afford or a doctor of their own choosing. Under this plan they cannot have both.

Mr. Speaker, this bill is a betrayal of our seniors. This is not an improvement, an expansion of Medicare. It is just the opposite. We should defeat this bill and go back to the drawing board immediately.

Ms. PRYCE of Ohio. Mr. Speaker, I yield for a unanimous consent request to the gentleman from Florida (Mr. SHAW), a member of the Committee on Ways and Means.

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

Mr. SHAW. Mr. Speaker, I submit to the RECORD a letter of endorsement from the Republican Governors Association and a letter from my own Governor, Governor Jeb Bush, endorsing this bill.

STATE OF FLORIDA,  
OFFICE OF THE GOVERNOR,  
Tallahassee, FL, November 21, 2003.

Hon. E. CLAY SHAW, Jr.,  
Rayburn House Office Building,  
Washington, DC.

DEAR CONGRESSMAN SHAW: Today, there is very good news for Florida's three million Medicare beneficiaries. The recent bipartisan conference agreement for Medicare will provide first-time access to prescription drug coverage. As the second largest home to seniors, this drug benefit—along with many other improvements and modernizations—will have the most significant impact for residents in our State since the enactment of Medicare in 1965.

Medicare will increase in value as our beneficiaries will have available to them a prescription drug benefit, and critical protections against high out-of-pocket drug costs. New preventive benefits will keep our residents healthier, and provide a higher quality of life. The new opportunities to be screened for many illnesses and conditions will result in far fewer serious health consequences.

Designed to provide enhanced coverage for the lowest income beneficiaries, over 650,000 of Florida's low-income Medicare beneficiaries—who are not eligible for Medicaid drug coverage—will receive \$10 billion in critical prescription drug benefits from 2006 through 2015. The prescription drug discount card will provide our seniors and disabled Medicare beneficiaries with much-needed discounts, and a \$600 per year subsidy in transitioning to the new drug benefit.

Another 490,000 low-income individuals dually eligible for Medicare and Medicaid will receive more than \$6.7 billion annually in prescription drug benefits, with no gap in coverage. This new federal benefit will save the taxpayers of Florida over \$3 billion—in just the first 10 years. These are state Med-

icaid costs that can be reinvested in other health care needs.

This reform package will strengthen the Medicare program, while providing beneficiaries a prescription drug benefit, more choices and improved care options. All Floridians will benefit from the option to accumulate tax-free health dollars through Health Savings Accounts to pay for medical expenses. Other reforms include a transition to electronic prescribing, creating incentives for our hospitals and doctors to reduce errors by using this new e-technology.

Seniors cannot afford to indulge the political appetites of Washington, where the issue of prescription drugs has turned into a search for the perfect. Our representatives must look to those who are being denied the opportunity for life-saving prescription drugs. Today's bill may not be ideal, but it is just right for those who have been waiting too long.

AARP has led the long fight for a Medicare drug benefit, and I commend their leadership in ensuring passage of this bill. I join with them in urging you to support this historic legislation. There has never been a greater opportunity to do more for the seniors in Florida.

Sincerely,

JEB BUSH,  
Governor.

REPUBLICAN GOVERNORS  
ASSOCIATION,

Washington, DC, November 21, 2003.

Hon. J. DENNIS HASTERT,  
Speaker, House of Representatives, The Capitol,  
Washington, DC.

Hon. BILL FRIST,  
Majority Leader, U.S. Senate, The Capitol,  
Washington, DC.

Hon. NANCY PELOSI,  
Minority Leader, House of Representatives, The  
Capitol, Washington, DC.

Hon. TOM DASCHLE,  
Minority Leader, U.S. Senate, Washington, DC.

DEAR SPEAKER HASTERT, REPRESENTATIVE PELOSI, SENATOR FRIST, AND SENATOR DASCHLE: As Governors, we urge the U.S. Congress to pass the bipartisan Medicare Conference Agreement. Passage of this legislation will provide more choices and better benefits to Americans. Under the bipartisan agreement, Medicare beneficiaries would be provided significant savings and access to broader coverage.

Medicare will provide first-time access to prescription drug coverage to many of our seniors. The agreement also assists states with the costs related to the dual eligible population. Assistance to low income persons as well as critical protection against high out-of-pocket drug costs are essential components of this legislation. Most importantly, the preventive benefits found in this measure will keep our constituents healthier.

Passage of this historic legislation will modernize the delivery of quality healthcare in America. Therefore, we commend you and the conferees for providing leadership in developing this legislation and offer our support of its passage.

Sincerely,

Bill Owens, Governor of Colorado, RGA  
Chairman.

Bob Taft, Governor of Ohio, RGA Vice  
Chairman.

Robert R. Riley, Governor of Alabama.  
Robert Ehrlich, Jr., Governor of Maryland.  
Jeb Bush, Governor of Florida.

Felix Camacho, Governor of Guam.  
Mitt Romney, Governor of Massachusetts.  
Haley Barbour, Governor-elect of Mississippi.

Mike Johanns, Governor of Nebraska.  
John Hoeven, Governor of North Dakota.

Olene S. Walker, Governor of Utah.  
Ernie Fletcher, Governor-elect of Kentucky.

Frank H. Murkowski, Governor of Alaska.  
John G. Rowland, Governor of Connecticut.

Sonny Perdue, Governor of Georgia.  
Dirk Kempthorne, Governor of Idaho.  
Tim Pawlenty, Governor of Minnesota.  
Kenny Guinn, Governor of Nevada.  
James H. Douglas, Governor of Vermont.  
Don Carcieri, Governor of Rhode Island.  
Mike Rounds, Governor of South Dakota.  
Rick Perry, Governor of Texas.

Ms. PRYCE of Ohio. Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, this is a defining moment for the senior citizens of this country. For years we have tried to provide a prescription drug benefit to help them with the rising cost of medicine, but this bill does nothing about the central issue, price. It prohibits the government from using its market power to negotiate the best price for drugs and does nothing to allow Americans to import drugs from countries like Canada where prices are lower. As a result, prices will continue to rise and over time wipe out any gains that seniors realize from the new benefit which does not even begin until 2006.

Rather, the bill is the first step toward eliminating the universal guaranteed benefit that defines Medicare. For the first time, it caps the amount of money that can be spent on the program, meaning services that are guaranteed today will not be guaranteed tomorrow. It creates a two-tiered health care system, one for the affluent, one for everyone else. For as many as 10 million seniors, premium support will force them to give up the doctors that they have been with for years, force them into HMOs that will cut services and cost more.

So today we consider more than a prescription drug benefit. We consider the future of our contract with the families in this country, a contract that says that after a lifetime of hard work, paying taxes, that we have a moral obligation to ensure our parents and our grandparents have a dignified retirement. By ending the guarantee of equal health care provided to every senior in this country for nearly four decades, we are breaking that contract.

I was not elected to preside over the dismantling of Medicare, the embodiment of our country's shared values, in exchange for a feeble prescription drug benefit that does nothing to bring down the prices of prescription drugs. We should send this bill back to the drawing board, do whatever it takes to deliver a real drug benefit that maintains Medicare's promise to senior citizens. We owe them nothing less.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Arkansas (Mr. BERRY), actually a pharmacist.

Mr. BERRY. Mr. Speaker, this is the most shameful attempt to deceive the

Greatest Generation. The question that continues to go through my mind is why would you want to do this to these good people. They survived the Depression, they fought World War II, and they built this great Nation into what it is today.

Being an Anglo-Saxon, male Protestant, I have not known the hurt of being excluded or denied my rights like my dear friend the gentleman from Georgia (Mr. LEWIS). After having served on this conference committee, I have an idea of what that must feel like. At every attempt to be a part of this conference, the House Democrats were ridiculed, humiliated, used every trick that they could imagine to try to make us feel like we just simply should not be a part of this act, and we are not. This is the Republicans' deal. Let them have credit for this sorry piece of work.

I can tell my colleagues, I do not also understand why they would want to continue to give billions of dollars to the drug companies and to pass an act that would make it possible for the drug companies of this country to have the exclusive right to continue to rob the senior citizens. The burden of this dishonorable act rests on those that have written it and those that will vote to pass it.

I suspect that our Founding Fathers must be very sad this evening, but let it be known henceforth and hereafter, the Republicans did this to our seniors, and the Democrats fought every last step of the way to try to keep it from happening.

Ms. SLAUGHTER. Mr. Speaker, may I inquire from my colleague, does she have anymore speakers?

Ms. PRYCE of Ohio. I have one remaining speaker.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Washington (Mr. BAIRD).

Mr. BAIRD. Mr. Speaker, I thank the gentlewoman for yielding me the time.

I cannot get up and say this bill is awful entirely. I think there are some very good parts, and I think some good efforts have been put into it, but I have two concerns.

First of all, side effects. I think the side effects of this bill may well be fatal to some, and more importantly, I believe that most Members on both sides of the aisle have not really read this bill and do not fully understand it.

Earlier tonight, I invited the gentlewoman from Ohio to explain a simple passage.

Ms. PRYCE of Ohio. Mr. Speaker, will the gentleman yield?

Mr. BAIRD. I yield to the gentlewoman from Ohio.

Ms. PRYCE of Ohio. Mr. Speaker, I appreciate that. Earlier today, and once again now, a statement was placed in front of me, a statement which was a long, drawn out document, and he was asking me to explain it, and it is very unfortunate that we were not provided with that in advance.

Mr. BAIRD. Reclaiming my time, the point I am making is I do not think the

gentlewoman has actually read the bill sufficiently to explain it.

I spent 23 years of my life in health care. I hold a doctorate in clinical psychology. I have spent hours on this bill. My eyes are exhausted. I must say I do not know fully well enough what is in it.

My colleagues have said to us, and I agree, this is one of the most important bills that we will face in our career, and yet my colleagues have given us less than 24 hours to look at it.

The great philosopher Socrates said this when the politicians of Athens imprisoned him, he said to his young people he taught, he said, These people have imprisoned me for pointing out to them how little they know. Instead of being angry at me for pointing that out, they should be angry at themselves for knowing so little.

His advantage was he admitted that he did not know. What I would ask the gentlewoman is a simple request that we almost never do here. Let us break with precedent. Let us say, you know what, this is important, we are moving too fast. I look around this room and I will say to my distinguished colleagues I bet you, you have not read the bill carefully, and you really, fully cannot explain it to your constituents, and if you have not and if this bill spends \$400 billion of the taxpayers' money and is going to blow a hole in the lid of this deficit and is going to deprive people who desperately need pharmaceutical care, then why do we not just take a little bit of time and read it? Who knows, I might actually like it well enough to vote for it, but I cannot vote for something you have not given us enough time to read.

That is what the people expect of us when they send us here. That is what a republic is all about it, but we do it a great disservice in this institution of late.

Ms. PRYCE of Ohio. Mr. Speaker, may I inquire as to the time remaining and how many speakers the gentlewoman from New York has?

The SPEAKER pro tempore (Mr. LAHOOD). The gentlewoman from Ohio (Ms. PRYCE) has 3 minutes remaining. The gentleman from New York (Ms. SLAUGHTER) has 1½ minutes remaining.

Ms. PRYCE of Ohio. I have one speaker.

Ms. SLAUGHTER. I have one more speaker.

Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. KUCINICH).

Mr. KUCINICH. Mr. Speaker, this legislation was written at the behest of insurance companies and pharmaceutical companies. This is the beginning of the end of universal health care for seniors.

Since Medicare was enacted in 1965, seniors went from a group least likely to have health insurance to most likely to have health insurance because of Medicare. Medicare has achieved goals that Congress has not been able to accomplish for the rest of our population

by keeping millions out of poverty, increasing access to health care, improving quality of life and even extending life expectancy by 20 percent.

This conference report will eliminate universal health care for the only part of our population that has it. It will lead to benefit cuts by the creation of an artificial cap on Medicare spending. It will increase costs for millions of seniors. It will privatize Medicare in order to dismantle it.

We should be expanding Medicare so that all Americans can have quality health care under a single-payer system with fully-paid prescription drug benefits.

This legislation is a choice between health care in the public interest which we still have with Medicare or health care in the private interest. Choose wisely. Reject the rule, reject the legislation.

Ms. SLAUGHTER. Mr. Speaker, I reserve the balance of my time.

Ms. PRYCE of Ohio. Mr. Speaker, I am very pleased to yield 2 minutes to the gentlewoman from West Virginia (Mrs. CAPITO), my friend and colleague.

Mrs. CAPITO. Mr. Speaker, I would like to thank my distinguished colleague from Ohio for yielding me the time. I rise in support of the rule and the underlying bill.

We have all listened to and viewed the rhetoric surrounding the Medicare prescription drug legislation this week. We have all faced the questions regarding what is in the bill and what is not. There has been a multitude of fallacies about who is covered and who is not. Mr. Speaker, the truth of the matter is this Medicare prescription drug package will grant 40 million Medicare seniors a drug benefit they do not have.

I am especially proud of the low-income provisions in this bill. In my home State of West Virginia where our seniors are clamoring for this coverage, fully one-third of the Medicare beneficiaries will only pay up to \$5 for prescriptions. This is real savings for those who need it most.

The truth is that seniors fortunate enough to have coverage through a previous employer will maintain that benefit. Corporations, small businesses, unions, State and local governments will receive serious help to allow them to continue to offer that benefit.

The truth is that in this legislation senior women will now have greater access to more affordable health care. Women live longer than men, with less income and suffer from more chronic illnesses. Disease management and access to a prescription drug benefit will allow women to enhance the quality of life in their senior years.

Mr. Speaker, I can handle this truth. West Virginia's seniors can handle this truth. America's seniors can handle this truth. It is time to get past the rhetoric and deliver on a promise we have all made to America's seniors.

Ms. SLAUGHTER. Mr. Speaker, I yield myself the remaining time.

I am going to ask for a no vote on the previous question so we can amend the

rule and restore the right of all Members under the House rules to consider the report for 3 days before they vote on it. Voting no on the previous question will not block consideration of the report. It will simply give all the Members who were not in the secret, closed meetings a chance to read it and a chance to look before we leap.

Mr. Speaker, I ask unanimous consent that the text of the amendment be printed in the RECORD immediately prior to the vote on the previous question.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

□ 2300

Ms. PRYCE of Ohio. Mr. Speaker, I yield myself such time as I may consume.

We have heard a lot of rhetoric tonight, as the gentlewoman from West Virginia (Mrs. CAPITO) mentioned. You would think we were talking about different bills. But the truth is the 35 million seniors that the AARP represents cannot be wrong. This bill is what America's seniors need. They know it and we know it. We have heard them.

And let me remind my colleagues that we have before us today a historic opportunity, an opportunity to make the most sweeping changes to the outdated Medicare program since it began in 1965. Bring our seniors the financial relief and the lifesaving medications that they so desperately need and deserve. Support this rule and the bipartisan legislation that it supports.

The text of the amendment referred to previously by Ms. SLAUGHTER is as follows:

Strike all after the resolving clause and insert in lieu thereof the following:

“That upon adoption of this resolution it shall be in order to consider the conference report to accompany the bill (H.R. 1) to amend title XVIII of the Social Security Act to provide for a voluntary program for prescription drug coverage under the Medicare Program, to modernize the Medicare Program, to amend the Internal Revenue Code of 1986 to allow a deduction to individuals for amounts contributed to health savings security accounts and health savings accounts, to provide for the disposition of unused health benefits in cafeteria plans and flexible spending arrangements, and for other purposes. All points of order against the conference report and against its consideration (except those arising under clause 8(a)(1)(A) of rule XXII) are waived.”

Ms. PRYCE of Ohio. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore (Mr. LAHOOD). The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. SLAUGHTER. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for electronic voting, if ordered, on the question of agreeing to the resolution.

The vote was taken by electronic device, and there were—yeas 228, nays 204, not voting 2, as follows:

[Roll No. 665]

YEAS—228

Aderholt	Gibbons	Ose
Akin	Gilchrest	Otter
Bachus	Gillmor	Oxley
Baker	Gingrey	Paul
Ballenger	Goode	Pearce
Barrett (SC)	Goodlatte	Pence
Bartlett (MD)	Goss	Peterson (PA)
Barton (TX)	Granger	Petri
Bass	Graves	Pickering
Beauprez	Green (WI)	Pitts
Bereuter	Greenwood	Platts
Biggert	Gutknecht	Pombo
Bilirakis	Harris	Porter
Bishop (UT)	Hart	Portman
Blackburn	Hastings (WA)	Pryce (OH)
Blunt	Hayes	Putnam
Boehrlert	Hayworth	Quinn
Boehner	Hefley	Radanovich
Bonilla	Hensarling	Ramstad
Bonner	Herger	Regula
Bono	Hobson	Rehberg
Boozman	Hoekstra	Renzi
Bradley (NH)	Hostettler	Reynolds
Brady (TX)	Houghton	Rogers (AL)
Brown (SC)	Hulshof	Rogers (KY)
Brown-Waite,	Hunter	Rogers (MI)
Ginny	Hyde	Rohrabacher
Burgess	Isakson	Ros-Lehtinen
Burns	Issa	Royce
Burr	Istook	Ryan (WI)
Burton (IN)	Janklow	Ryun (KS)
Buyer	Jenkins	Saxton
Calvert	Johnson (CT)	Schrock
Camp	Johnson (IL)	Sensenbrenner
Cannon	Johnson, Sam	Sessions
Cantor	Jones (NC)	Shadegg
Capito	Keller	Shaw
Carter	Kelly	Shays
Castle	Kennedy (MN)	Sherwood
Chabot	King (IA)	Shimkus
Chocola	King (NY)	Shuster
Coble	Kingston	Simmons
Cole	Kirk	Simpson
Collins	Kline	Smith (MI)
Cox	Knollenberg	Smith (NJ)
Crane	Kolbe	Smith (TX)
Crenshaw	LaHood	Souder
Cubin	Latham	Stearns
Culberson	LaTourette	Sullivan
Cunningham	Leach	Sweeney
Davis, Jo Ann	Lewis (CA)	Tancredo
Davis, Tom	Lewis (KY)	Tauzin
Deal (GA)	Linder	Taylor (NC)
DeLay	LoBiondo	Terry
DeMint	Lucas (OK)	Thomas
Diaz-Balart, L.	Manzullo	Thornberry
Diaz-Balart, M.	McCotter	Tiahrt
Doolittle	McCreery	Tiberi
Dreier	McHugh	Toomey
Duncan	McInnis	Turner (OH)
Dunn	McKeon	Upton
Ehlers	Mica	Vitter
Emerson	Miller (FL)	Walden (OR)
English	Miller (MI)	Walsh
Everett	Miller, Gary	Wamp
Feeney	Moran (KS)	Weldon (FL)
Ferguson	Murphy	Weldon (PA)
Flake	Musgrave	Weller
Fletcher	Myrick	Whitfield
Foley	Nethercutt	Wicker
Forbes	Neugebauer	Wilson (NM)
Fossella	Ney	Wilson (SC)
Franks (AZ)	Northup	Wolf
Frelinghuysen	Norwood	Young (AK)
Gallely	Nunes	Young (FL)
Garrett (NJ)	Nussle	
Gerlach	Osborne	

NAYS—204

Abercrombie Hall Napolitano  
 Ackerman Harman Neal (MA)  
 Alexander Hastings (FL) Oberstar  
 Allen Hill Obey  
 Andrews Hinchey Olver  
 Baca Hinojosa Ortiz  
 Baird Hoeffel Owens  
 Baldwin Holden Pallone  
 Ballance Holt Pascrell  
 Becerra Honda Pastor  
 Bell Hooley (OR) Payne  
 Berkley Hoyer Pelosi  
 Berman Inslee Peterson (MN)  
 Berry Israel Pomeroy  
 Bishop (GA) Jackson (IL) Price (NC)  
 Bishop (NY) Jackson-Lee Rahall  
 Blumenauer (TX) Rangel  
 Boswell Jefferson Reyes  
 Boucher John Rodriguez  
 Boyd Johnson, E. B. Ross  
 Brady (PA) Jones (OH) Rothman  
 Brown (OH) Kanjorski Roybal-Allard  
 Brown, Corrine Kaptur Ruppertsberger  
 Capps Kennedy (RI) Rush  
 Capuano Kildee Ryan (OH)  
 Cardin Kilpatrick Sabo  
 Cardoza Kind Sanchez, Linda  
 Carson (IN) Kleczka T.  
 Carson (OK) Kucinich Sanchez, Loretta  
 Case Lampson Sanders  
 Clay Langevin Sandlin  
 Clyburn Lantos Schakowsky  
 Conyers Larsen (WA) Schiff  
 Cooper Larson (CT) Scott (GA)  
 Costello Lee Scott (VA)  
 Cramer Levin Serrano  
 Crowley Lewis (GA) Sherman  
 Cummings Lipinski Skelton  
 Davis (AL) Lofgren Slaughter  
 Davis (CA) Lowey Smith (WA)  
 Davis (FL) Lucas (KY) Snyder  
 Davis (IL) Lynch Solis  
 Davis (TN) Majette Spratt  
 DeFazio Maloney Stark  
 DeGette Markey Stenholm  
 Delahunt Marshall Strickland  
 DeLauro Matheson Stupak  
 Deutsch Matsui Tanner  
 Dicks McCarthy (MO) Tauscher  
 Dingell McCarthy (NY) Taylor (MS)  
 Doggett McCollum Thompson (CA)  
 Dooley (CA) McDermott Thompson (MS)  
 Doyle McGovern Tierney  
 Edwards McIntyre Towns  
 Emanuel McNulty Turner (TX)  
 Engel Meehan Udall (CO)  
 Eshoo Meek (FL) Udall (NM)  
 Etheridge Meeks (NY) Van Hollen  
 Evans Menendez Velazquez  
 Farr Michaud Vislosky  
 Fattah Millender Waters  
 Filner McDonald Watson  
 Ford Miller (NC) Watt  
 Frank (MA) Miller, George Waxman  
 Frost Mollohan Weiner  
 Gonzalez Moore Wexler  
 Green (TX) Moran (VA) Woolsey  
 Grijalva Murtha Wu  
 Gutierrez Nadler Wynn

NOT VOTING—2

Gephardt Gordon

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LAHOOD) (during the vote). Members are advised 2 minutes remain in this vote.

□ 2319

So the previous question was ordered. The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Ms. SLAUGHTER. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 225, noes 205, not voting 4, as follows:

[Roll No. 666]

AYES—225

Aderholt Gibbons Osborne  
 Akin Gilchrist Ose  
 Bachus Gillmor Otter  
 Baker Gingrey Oxley  
 Ballenger Goode Paul  
 Barrett (SC) Goodlatte Pearce  
 Bartlett (MD) Goss Pence  
 Barton (TX) Granger Peterson (PA)  
 Bass Graves Pickering  
 Beauprez Green (WI) Pitts  
 Bereuter Greenwood Platts  
 Biggert Gutknecht Pombo  
 Bilirakis Harris Porter  
 Bishop (UT) Hart Portman  
 Blackburn Hastings (WA) Pryce (OH)  
 Blunt Hayes Putnam  
 Boehlert Hayworth Quinn  
 Boehner Hefley Radanovich  
 Bonilla Hensarling Ramstad  
 Bonner Herger Regula  
 Bono Hobson Rehberg  
 Boozman Hoekstra Renzi  
 Bradley (NH) Hostettler Reynolds  
 Brady (TX) Houghton Rogers (AL)  
 Brown (SC) Hulshof Rogers (KY)  
 Brown-Waite, Hunter Rogers (MI)  
 Hyde Ginny Rohrabacher  
 Burgess Isakson Ros-Lehtinen  
 Burns Issa Royce  
 Burr Istook Ryan (WI)  
 Burton (IN) Janklow Ryun (KS)  
 Buyer Jenkins Saxton  
 Calvert Johnson (CT) Schrock  
 Camp Johnson (IL) Sensenbrenner  
 Cantor Johnson, Sam Sessions  
 Capito Jones (NC) Shadegg  
 Carter Keller Shaw  
 Castle Kennedy (MN) Shays  
 Chabot King (IA) Sherwood  
 Chocoma King (NY) Shimkus  
 Coble Kingston Shuster  
 Cole Kirk Simmons  
 Collins Cox Simpson  
 Crane Knollenberg Smith (MI)  
 Crenshaw Kolbe Smith (NJ)  
 Cubin LaHood Smith (TX)  
 Culberson Latham Souder  
 Cunningham LaTourrette Stearns  
 Davis, Jo Ann Leach Sullivan  
 Davis, Tom Lewis (CA) Sweeney  
 Deal (GA) Lewis (KY) Tauzin  
 DeLay Linder Taylor (NC)  
 DeMint LoBiondo Terry  
 Diaz-Balart, L. Lucas (OK) Thomas  
 Diaz-Balart, M. Manzullo Thornberry  
 Doolittle McCotter Tiahrt  
 Dreier McCrery Tiberi  
 Duncan McHugh Toomey  
 Dunn McInnis Turner (OH)  
 Ehlers McKeon Upton  
 Emerson Mica Vitter  
 English Miller (FL) Walden (OR)  
 Everett Miller (MI) Walsh  
 Feeney Miller, Gary Wamp  
 Ferguson Moran (KS) Weldon (FL)  
 Flake Murphy Weldon (PA)  
 Fletcher Musgrave Weller  
 Foley Myrick Whitfield  
 Forbes Nethercutt Wicker  
 Fossella Neugebauer Wilson (NM)  
 Franks (AZ) Ney Wilson (SC)  
 Frelinghuysen Northup Wolf  
 Gallegly Norwood Young (AK)  
 Garrett (NJ) Nunes Young (FL)  
 Gerlach Nussle

NOES—205

Abercrombie Bishop (GA) Carson (OK)  
 Ackerman Bishop (NY) Case  
 Alexander Blumenauer Clay  
 Allen Boswell Clyburn  
 Andrews Boucher Conyers  
 Baca Boyd Cooper  
 Baird Brady (PA) Costello  
 Baldwin Brown (OH) Cramer  
 Ballance Brown, Corrine Crowley  
 Becerra Capps Cummings  
 Bell Capuano Davis (AL)  
 Berkley Cardin Davis (CA)  
 Berman Cardoza Davis (FL)  
 Berry Carson (IN) Davis (IL)

Lampson Rangel  
 DeFazio Reyes  
 DeGette Rodriguez  
 Delahunt Lantos  
 DeLauro Larsen (WA) Ross  
 Deutsch Larson (CT) Rothman  
 Dicks Lee Roybal-Allard  
 Dingell Levin Ruppertsberger  
 Doggett Lewis (GA) Rush  
 Dooley (CA) Lipinski Ryan (OH)  
 Doyle Lofgren Sabo  
 Edwards Lowey Sanchez, Linda  
 Emanuel Lucas (KY) T.  
 Engel Lynch Sanchez, Loretta  
 Eshoo Majette Sanders  
 Etheridge Maloney Sandlin  
 Evans Markey Schakowsky  
 Farr Marshall Schiff  
 Fattah Matheson Scott (GA)  
 Filner Matsui Scott (VA)  
 Ford McCarthy (MO) Serrano  
 Frank (MA) McCarthy (NY) Sherman  
 Frost McCollum Skelton  
 Gonzalez McDermott Slaughter  
 Green (TX) McGovern Smith (WA)  
 Grijalva McIntyre McNulty  
 Gutierrez McNulty Snyder  
 Hall Meehan Solis  
 Harman Meek (FL) Spratt  
 Hastings (FL) Meeks (NY) Stark  
 Hill Menendez Stenholm  
 Hinchey Michaud Strickland  
 Hinojosa Millender- Stupak  
 Hoeffel McDonald Tancredo  
 Holden Miller (NC) Tanner  
 Holt Miller, George Tauscher  
 Mollohan Mollohan Taylor (MS)  
 Moore Moore Thompson (CA)  
 Hooley (OR) Moran (VA) Thompson (MS)  
 Hoyer Murtha Tierney  
 Inslee Nadler Towns  
 Israel Napolitano Turner (TX)  
 Jackson (IL) Neal (MA) Udall (CO)  
 Jackson-Lee Oberstar Udall (NM)  
 (TX) Obey Van Hollen  
 Jefferson Olver Velazquez  
 John Ortiz Vislosky  
 Johnson, E. B. Owens Waters  
 Jones (OH) Pallone Watson  
 Kanjorski Pascrell Watt  
 Kaptur Pastor Waxman  
 Kennedy (RI) Payne Weiner  
 Kildee Pelosi Wexler  
 Kilpatrick Peterson (MN) Woolsey  
 Kind Pomeroy Wu  
 Kleczka Price (NC) Wynn  
 Kucinich Rahall

NOT VOTING—4

Cannon Gordon  
 Gephardt Petri

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised 2 minutes remain in this vote.

□ 2328

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Mr. Monahan, one of its clerks, announced that the Senate has passed without amendment bills of the House of the following titles:

H.J. Res. 79. Making further continuing appropriations for the fiscal year 2004, and for other purposes.

The message also announced that the Senate agreed to the amendment of the House to the bill (S. 1680) entitled "An Act to reauthorize the Defense Production Act of 1950, and for other purposes," with an amendment.