

strengthen Medicare for all of our seniors and for future generations. It is 2003; and as we work toward the resolution of this problem, we must ensure that it not only meets the needs of our current seniors but we also need to make sure that it will meet the needs of our future generations. We need to ensure the delivery of the needed health care services in both the rural environment and the urban environment.

Mr. Speaker, in the 12th district of Georgia, I have a large number of rural communities that have rural health care systems. I also have multiple urban centers of health excellence. But we have to make sure our rural communities have affordable health care, that they have a Medicare system that allows them to continue in business and service their communities. In order to do that, we will very well need to create some really significant structural improvements so that we can curb the runaway health care costs that have jeopardized Medicare's viability in the past. So we are working on those kinds of things.

I would like to emphasize the fact, as we begin and go through this debate, that there is going to be some give and take. There is going to be some discussion. There will be some things that are going to have to be worked out, but we are prepared to do that. The leadership here in this body, the Republicans, have offered a plan; and we will begin that discussion, that debate.

This evening we have had an opportunity here from a number of Members who have direct experience with health care. We have heard from the gentlewoman from Michigan (Mrs. MILLER); we have heard from the gentleman from Texas (Mr. BURGESS). We have heard from the gentleman from Georgia (Mr. GINGREY). And, Mr. Speaker, I would like to now yield to the gentleman from Georgia (Mr. GINGREY) for his comments on finalizing our discussion here this evening.

Mr. GINGREY. I thank the gentleman, my colleague from Georgia, Mr. Speaker. I really want to thank him for reserving this time tonight to give us this opportunity to present during this past hour what it is that we are all about.

I think my colleague did an excellent job of emphasizing something that is so important for all of us to keep in mind, which is that this is first of all an option that seniors have. And as the gentleman from Georgia was talking about, it would do very little good, in fact, it may do some harm to try to pass a stand-alone prescription benefit even for our neediest of seniors, even for our neediest of seniors, without bringing along with that in this Medicare modernization bill some significant changes.

The gentleman from Georgia talked about that and talked about the Medicare Advantage, which was the old Medicare+Choice, a new and enhanced Medicare+Choice, if you will. He talked

about enhanced Medicare fee-for-service. These are the kinds of options that this President, this leadership, is bringing to the American public and bringing to our seniors.

□ 2100

But as the gentleman from Georgia emphasized, it is a choice. If a senior wants to stay in traditional Medicare, certainly they could do that, but they would be staying in a traditional health care delivery system which gave them no reimbursement for preventive health care and gave them no protection, as the gentleman from Georgia (Mr. BURNS) pointed out, from a catastrophic illness that could literally put them out of their home.

I wanted to ask the gentleman from Georgia to explain to us in the remaining few minutes in regard to the prescription benefit for those seniors who are scared to move into the Medicare Advantage or the enhanced Medicare, which I think would be a better service for them. But let us say they do want to stay in that traditional Medicare, it is an old shoe, it is comfortable, they are nervous about it initially, what benefit, what prescription drug benefit will they get? Is there a difference in the traditional Medicare and these enhanced plans?

Mr. BURNS. Mr. Speaker, certainly as we go through this debate, we will see options. But the gentleman is correct, seniors will have a choice. They can stay with the current Medicare plan, or choose to move forward. But I think we can agree, number one, there is going to be some form of a copay, some form of a limited amount of initial cost associated with this plan, but it is going to be nominal. We are looking at plans that may require a \$250 or some small amount of initial cost share before they begin a part of this plan, and then moving on up to the core part of our plan to cover up to \$2,000 of their health care costs. It is important to remember that the median cost to seniors today is about \$1,285.

But I would like to close by pointing out that Medicare has not kept pace with medical care. Medical care has advanced tremendously, advanced over the last 40 years. Medicare has floundered. It has failed to keep pace with the needs of America's seniors. Talk is cheap and we have heard a lot of talk about Medicare reform and prescription drug plans over a number of years, but now it is time for action. It is time that we get the job done. The debate has begun. It is time that we make something happen here in Washington for our seniors. Let us put America's seniors first. Let us deliver on our promises. Let us implement a prescription drug benefit plan in a reformed Medicare package.

MEDICARE REFORM

The SPEAKER pro tempore (Mr. FRANKS of Arizona). Under the Speak-

er's announced policy of January 7, 2003, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I was very pleased to listen to my Republican colleagues for most of the last hour when they spoke about the issue of Medicare prescription drugs, and I intend to discuss the same subject; but I cannot help but begin the debate on this issue this evening by pointing out how radical the proposal is that the Republican House leadership is putting forth with regard to Medicare. Contrary to most of what we listened to and what was said by my Republican colleagues, the effort by the House Republican leadership to present a Medicare proposal is one that will, in my opinion, would effectively kill Medicare the way we know it. For those who think they would be able to stay in traditional Medicare and they would get a drug benefit that is basically linked to the traditional Medicare program that they are in, nothing could be further from the truth.

The fact of the matter is what the Republican leadership is putting forth in the House is nothing like traditional Medicare, and would make it very difficult if not impossible for most seniors to stay in traditional Medicare. Certainly if they were looking for any kind of drug benefit that was meaningful, they would have to go outside of traditional Medicare in order to secure it. I just wanted to, if I could, just refute some of the statements that were made by some of the Members. I listened to the last three or so speakers, and I just wanted to contrast what they said to what I believe they are really doing with their Medicare proposal.

The gentleman from Utah (Mr. BISHOP) said that Medicare is broken. It does not run. Well, let me say, Mr. Speaker, the opposite is true. Medicare is the best-run government program that we have, and one of the reasons that I believe why the House Republicans, particularly the leadership, want to say that Medicare is broken and does not run is because they want to set the stage to say this is a lousy program and we have to change it dramatically, as I say, radically, in order to improve it or in order to keep it as a program that is somehow good for seniors.

If they start out by saying Medicare is broken and does not run, the consequence is that we have to fix it; and I would say just the opposite is true. Most seniors feel very strongly that Medicare is run well and they benefit greatly from it. The only thing they want is to add a prescription drug benefit. They do not want to change it. They do not believe it is broken. The gentleman from Georgia (Mr. BURNS) went on to say that when you get to be 65 and you are eligible for Medicare, you become something like a second or

third-class citizen because of the nature of the kind of benefit that you get under Medicare.

Again, it is the same thing, to give the impression to the seniors that somehow Medicare is broken. What do they propose to do in order to fix it? They propose to privatize it. And when they say it is broken, they also talk about how it is running out of money, and the reason it is running out of money is because they have borrowed from the Medicare trust fund in order to pay for ongoing operations.

We all know that we have a debt that is \$400 billion. They borrowed that from the Medicare trust fund. If they continue to borrow money from the Medicare trust fund, they make it so the money is not available and then they can come back and say that it needs to be fixed.

The gentleman from Georgia (Mr. BURNS) also said that we need choice and competition. Again, I would say that is a euphemism for privatization. If we look at what they are proposing to do with Medicare as well as the prescription drug benefit, they essentially want to get you out of the traditional Medicare by giving you a voucher, saying we will give you a certain amount of money and go out and try to buy a health care policy similar to Medicare with the money that we are going to give you. But if there is no plan that provides the type of health coverage that you want with that set amount of money, then would you have to pay more to stay in the traditional Medicare program.

Or if you want to get a prescription drug benefit, you would have to join an HMO or some kind of private plan in order to get the prescription drug benefit. It is amazing to me because I have listened to the President of the United States go out and talk about what he is trying to do with Medicare and how he would like to have a prescription drug program attached to Medicare. But if we look at what the House Republican leadership is doing, essentially they want to privatize Medicare. They want to get people out of traditional Medicare, and they will only give you a drug benefit if you opt to go out of traditional Medicare and join an HMO or some other kind of program that is not traditional Medicare.

Finally, the gentleman from Georgia (Mr. BURNS) mentioned three principles. He had here on the floor three charts. I wanted to debunk those three principles that he mentioned. First of all, for principle one, he said we have to guarantee that all seniors have an affordable prescription drug benefit under Medicare. He says one of the ways they are going to get that is to negotiate prices. Well, let me tell Members, they not only do not guarantee that all seniors have a prescription drug plan because you will not get it unless you join an HMO or somehow privatize, but they specifically say in their legislation which is going to be considered tomorrow in the Committee

on Energy and Commerce, they specifically have a noninterference clause which prohibits the Medicare administration or the Secretary of Health and Human Services from negotiating prices. So this is not true, this principle that they are going to guarantee that seniors have an affordable drug plan. There is no way in the world that they allow the government to negotiate price and make the health plan affordable or make the prescription drug plan affordable.

The gentleman from Georgia said we will protect seniors with the right to choose a benefit package, and we will cap out-of-pocket costs. I would venture to say the opposite is true. They are essentially saying if you stay in traditional Medicare, you are going to have to pay more out-of-pocket costs if you want to stay in traditional Medicare.

Finally, principle three, the gentleman from Georgia said he wants to strengthen Medicare for future generations, make structural improvements to curb run-away costs. What they are getting to here is the cost. They think traditional Medicare costs too much. They want to borrow the money to spend on other programs and cut back on the costs by telling people we will give you a voucher, go out and buy your own private health insurance. If you want traditional Medicare, you have to pay extra.

This is nothing, Mr. Speaker, on the part of the Republican leadership, but what I would consider a sort of scam. In other words, you say that Medicare is broken, you say that it is costing too much money, you say it needs to be fixed, and so you come up with a privatization scheme, you come up with a voucher and tell people they have to get out of voucher if they want to get any kind of meaningful benefit, and you justify it by saying we have to do something to reform Medicare.

Last, the gentleman from Georgia (Mr. GINGREY) said people can stay in traditional Medicare if they want to and then he started talking about enhanced Medicare. Well, they may be able to stay in traditional Medicare if they want to, but it will cost a lot more out of pocket. I would venture to say that eventually traditional Medicare would wither on the vine. It would be too costly, and it would simply wither away. That is what the Republican leadership wants. They want to end Medicare. They are going to disguise this, but what this really is is a very radical way of trying to kill the way that we normally administer health care for seniors, and it is a very dangerous precedent that we have to look at in great deal.

Mr. Speaker, I am joined by the gentleman from Michigan (Mr. STUPAK) who has a long history of dealing with Medicare issues. We are very concerned what is happening this week in the Committee on Energy and Commerce with regard to Medicare, and I yield to the gentleman.

Mr. STUPAK. Mr. Speaker, I thank the gentleman for yielding. The gentleman and I did have an opportunity to listen to the last group speaking on the floor, and while they seemed very sincere, and I say this respectfully, they are freshmen Members, and they have been here for 6 months. The gentleman from New Jersey and I have been here for over 10 years, we sit on the Subcommittee on Health, and we have been through this debate a number of times.

When we look at it, much of the emphasis by the last group that spoke simply is not found in the bill that will be put forth before our committee starting at 1 p.m. tomorrow. It will be before the full committee starting at 1 p.m. Last year, we went 24 hours around the clock, actually it was 36 hours, we ended at 6:30 in the morning. The other group before us said the debate has begun. There will be no debate. When we start our markup tomorrow at 1, we will do our opening statements. Then we will start presenting amendments. We both have some amendments, other Democratic Members will have amendments. Some Republicans will have amendments. But I can tell Members standing here right now, of the Democratic amendments, none of them, or at least any meaningful Democratic amendment that is put forth will be accepted by the majority party. There will not be a debate. It will be their way or no way.

Mr. Speaker, let me be very clear. A few hundred feet from here the Senate is putting forth a bill that seems to have some bipartisan support, and many of us on the committee, Democrats and Republicans, have looked at it and we think there is an area which we can work with in the Senate bill.

The bill we start marking up tomorrow is not the Senate bill. It is not even close to the Senate bill. It does not reflect the Senate bill. The bill we see tomorrow that we will have in our committee and begin to markup will say this: It will privatize Medicare by 2010. It will force seniors into a voucher plan. In other words, seniors are going to get a voucher to purchase not only their prescription drugs, but also their Medicare.

□ 2115

If you cannot afford anything over and above that voucher, you are going to be left behind as they privatize a system that has served our seniors for so many years.

Thirdly, it will not cover every senior. This plan that is going to be put forth tomorrow, we looked at it tonight to get ready for it tomorrow, has a gap in it. Once you hit \$2,000, you go off the coverage. You continue to pay your monthly premium, which is anticipated to be about \$35, and you get no coverage for it, and you stay there until you incur up to \$3,700 out of pocket, and then you kick back in. There is a gap. The gap is designed for most seniors who fall between the \$2,000 and

\$3,000, that is their out-of-pocket expense for prescription drug coverage, so you are going to be paying a premium and getting no coverage? It does not make any sense. It is truly a gap policy. We have had this debate before. So look very closely and watch the markup in the Committee on Energy and Commerce.

The last group talked about, the last group of Members wanting to debate it, I am happy to come down here Wednesday evening, I am sure the gentleman from New Jersey would, too, and let us talk about it. The reason why I say Wednesday is because Tuesday we start the markup at 1 o'clock; we will still be going most of the day Wednesday. So why not come back here and have a real good, honest debate about this bill, because the bill described, and again I think with all sincerity to the other group that was here earlier, just is not the bill we are working on tomorrow.

The House Republican prescription drug plan is not the Senate bill. Many of us have looked at the Senate bill. There are some areas we can work with, and we look forward to doing that. So while we seem to have some negotiating going on a few hundred feet away by the other body in the Capitol here, we will not even get a simple amendment to be offered tomorrow by many of us, will be defeated on a party-line vote, there will not be any debate, there will not be any negotiations, there will not be any working together.

Why is this bill suddenly coming on our calendar? I think the House Republican leadership realized that the Senate was gaining a little momentum, they do have a bill that is starting to take on some bipartisan cooperation here and they are farther ahead than the House is on Medicare. So what do they do? They roll out the plan they had last year which barely passed this House and did not go anywhere because it really does not provide prescription drug coverage for all Americans. It is not affordable. Many of us will be left behind.

When you take a look at it, I come from northern Michigan, a very rural district. I have half the State of Michigan. I am a very rural district. This scheme put forward by the Republicans tomorrow starting in our Committee on Energy and Commerce simply will not work. This plan puts seniors in the same dilemma as we saw last year. They will be asked to give up traditional Medicare and be forced into an HMO with a private insurance plan backing it up.

An HMO is nothing more than a private insurance plan. They want to take traditional fee-for-service Medicare, force you in this HMO and they say, when you do this, you will have choice. You can stay in your traditional plan, pay a heck of a lot more, or you go into our HMO. I am from northern Michigan. I do not have the Federal employees health insurance program. I said when I ran for office, I would not take

any kind of health care from the Federal Government until all Americans had it. So I do not accept even their prescription drug plan we have here.

I have a plan that I have had in place for a long time. Unfortunately, this year this plan is doing much like the Republican plan. It has decided to put me in an HMO, a PPO, preferred physician organization. I can stay in my traditional plan, or I can go into the PPO. Being from northern Michigan where we have a small population base spread out over many, many miles, there are not enough people there to go into an HMO, or a PPO. So while I have this insurance card that says I get this 80/20 coverage, the reality is that none of the doctors or the pharmacies in my area participate in this PPO. Therefore, I have to pay out of pocket what the PPO will not pay. Since I am not in their plan, they do not get the reduced rate for me. So instead of being 80/20, I am paying about 50/50. Every time myself or my family have to go to the doctor, we have to shell out 50 percent and the so-called insurance or private insurance company will pay the other 50 percent. My deduction has gone up, they cover less; and since I am in a rural area where they do not have PPOs or HMOs, I have to pay more.

Look what happens when you go to these HMOs or PPOs. They are nothing but insurance plans. What has happened to the cost of insurance in the last couple of years? It has gone up 25, 35 percent. If we allow them to put in this voucher system and give every senior in this country a voucher and say, you would have your choice, go buy the plan you want, you are buying private insurance. They are not going to be able to afford it. Seniors are on a fixed income. They cannot afford a 25, 35 percent increase. No matter where I go in my district, and I was in my district today talking to the credit union league, the Blue Ox Credit Union chapter out of Alpena, Michigan, and what were they telling me? The cost of the health insurance has gone sky high. Not only are they concerned about prescription drug coverage that they would like to see for their parents and grandparents, but just the simple cost of insurance has gone up 25, 35 percent.

The local credit unions cannot even afford to cover their employees anymore. So we are going to force seniors, take away traditional Medicare, put them into this insurance plan, if you will, give them a voucher; whatever your voucher pays for, that is what you get. If you want anything more than that, you are going to have to pay for it. How are they ever going to keep up with these costs of insurance that we see in a private plan? It does not make any sense to me. Medicare is sound. Ninety-seven percent of all seniors in this country are part of Medicare. It is one of the best-run programs. Less than 1 percent of every dollar, less than one penny is used for the administration of the program. Sure it costs a lot of money. Seniors are living longer.

That is the success of the Medicare program. Should we have a prescription drug benefit plan? You bet. We Democrats will be in the markup fighting for it. We are going to take a look at that Senate plan, and hopefully we can make it part of it.

I have always advocated the Federal Supply Service. In this country, the biggest purchaser of prescription drugs is the Federal Government. We provide drugs for the Veterans Administration, we provide drugs for Medicaid, we provide drugs for Indian Health Services and government services. There is an agency within the Federal Government called Federal Supply Service, FSS. The Federal Supply Service sits down and negotiates with the drug companies. Since we are the biggest purchaser, the Federal Government is, we get the best possible price, and we negotiate it with the drug companies for no matter what the medication is. We negotiate that price.

In a survey done by the Committee on Government Reform in my district, I am sure they have done it in the district of the gentleman from New Jersey, found that if we could use the Federal Supply Service price, use the purchasing power of the Federal Government and have the seniors go buy their drugs at their local pharmacy, we could reduce the cost of those drugs by 40 to 50 percent. For instance, if I do not have any insurance, let us take Zocor, to lower your cholesterol. The last time we did this survey which was in 2000, it was just over \$100 for a 30-day supply of Zocor. If I am under the Federal Supply Service, the FSS, it costs \$42.

Why can we not use the purchasing power for those seniors who do not have some kind of prescription drug coverage or MediGap policy and pass that on to them? We do not need a part D of Medicare. We do not need a new program that costs billions of dollars. The infrastructure is already set up. Why can we not do that? That will be one of the amendments we will be offering in our markup on prescription drug coverage. And I am sure like last time, the Democrats will vote for it, all the Republicans will vote against it, and we will end up losing that argument. But here is just a simple idea without creating more Federal Government, bigger bureaucracy: take the purchasing power of the Federal Government and pass it on to our citizens. It makes sense to me. But instead, we are going to have this big scheme, they are going to call it part D of Medicare, they are going to give you a voucher and move you into a private insurance company. They are going to provide you with this policy that has a gap in it between those who have 2 to \$3,000 worth of coverage, you are going to pay your monthly premium but you get no coverage, it is called a gap policy, and then they are going to privatize Medicare with this voucher and it is not the Senate plan.

I would have thought they would at least bring forth the Senate plan, attempts to privatize Medicare by relying upon health insurance companies to offer Medicare benefits in rural areas. We already know it has failed. Rural areas are smaller, less population, we are spread out. These areas just are not appealing to big private insurance companies when they can operate with higher profits in densely populated areas.

Plus, let us face it. The HMOs, the PPOs, these private companies, if they are not forced to take everybody, they will cherry pick. They only want the healthiest seniors in their plan. They do not want those who have chronic illnesses or disease, or maybe cancer or heart disease running in their family; they do not want them part of their plan. Why? Because it costs too much money. So these programs of Medicare+Choice and HMOs and all this really just do not exist in rural areas for that reason, because the private companies pulled out when they realized they could not make any more money. They cherry pick and only want the healthiest ones. In fact, I think in the last year, if my memory serves me correctly, 400,000 Americans have lost their insurance coverage under Medicare, Medicare+Choice in this country, because they pull out. As soon as they stop making money, they pull out and they leave you. If you look at the Republican proposal that will be before our committee tomorrow, there is no way you get back in. If your HMO or PPO or Medicare+Choice plan pulls out of your area, what remedy do you have to get back into the system? There is not one. That is one of the problems with this bill.

So when we walk into the Committee on Energy and Commerce meeting starting at 1 o'clock tomorrow, you can be sure that we will be there to fight this amendment to protect Medicare so that it will be available to all seniors and all disabled Americans no matter where they live and no matter what their income is.

When you take a look at it, another part of this bill that bothers me tremendously is the Republican bill. Again we saw it last year. We debated it for 36 hours in committee. None of our amendments were made in order. But if you take a look at it, there is nothing there to reduce the price of prescription drugs. You give people a voucher, you have nothing to reduce the cost in increase of insurance, there is nothing there to reduce the price of your prescription drugs. The voucher might work for a year or two, but then the insurance is going to catch up to you and you are going to have to pay more for that voucher, and you are going to get less coverage for your pharmaceuticals.

The bill does not include any provision to hold down pharmaceutical prices that the big drug companies charge. There is not even a guarantee in the Republican bill as to what your

monthly premium is going to be. In fact, I am glad the gentleman from New Jersey brought it up, there is also language in this bill that states, the Secretary of Health and Human Services will be forbidden from negotiating for better drug prices on behalf of the American people. What happened when we had the anthrax coming in here? Remember we had Cipro; we had companies who were willing to make Cipro for us. They wanted \$3 a tablet. The Secretary of Health and Human Services did his job, went and negotiated; we have got Cipro now being produced to provide us all over the country. What did he do? He negotiated a price to about \$1 a tablet, two-thirds of a savings they achieved just through simple negotiation, again going back to Federal Supply Service, used the purchasing power of the Federal Government to bring down the cost.

In this bill we will be marking up tomorrow, it is called the noninterference clause, which prevents the Secretary of Health and Human Services to negotiate on your behalf to lower your drug prices. When you get that voucher, who is going to stand and negotiate for you? The drug companies? The insurance companies? No, they have got a vested interest. So you would look to the Secretary of Health and Human Services, and you would think the Federal Government would be there, it is their plan, that they would be negotiating a price for you. They are forbidden from doing it.

There are many, many more interesting provisions in this Republican scheme that we will see over the next few days. This plan intends to, with all due respect, bribe private insurance into a scheme, that rural areas will be shunned under this plan, just as we have been in Medicare+Choice. This idea could result in rural seniors getting stuck with higher premiums compared to our counterparts or beneficiaries who live in the cities.

I will introduce an amendment just like I did last year, because we saw the same thing. My amendment last year ensures that seniors, no matter where they live, rural, urban, will not pay higher premiums than their counterparts in the cities. No matter where you live, my amendment will say, you will pay the same monthly premium, whether you live in New Jersey or Michigan, Detroit or Menominee, Michigan or Alpena, you are going to pay the same monthly premium. That will be an amendment we will bring. I can predict right now on a party-line vote, we will lose that amendment. So urban areas would pay less than the rural areas under the Republican scheme. If you are going to subsidize these companies, whether it is insurance companies or the pharmaceutical companies in the name of undercutting Medicare, it is reprehensible that you are going to stick it to the poor rural seniors who will have to pay more for a doomed experiment in privatization with Medicare, a system that has worked so well.

As I said earlier, the Republican plan has no set premium or cost sharing. In other words, insurance companies would design a prescription drug plan, deciding what to charge you and what drugs they want to cover. The Republican plan will in many cases deny coverage for medicines that a doctor may choose to prescribe for you and would really require seniors to change pharmacies or change coverage.

□ 2130

The Democratic plan that we will put forth, and there are going to be two or three of them, will guarantee prescription drug coverage under Medicare. It will guarantee fair drug prices. It will guarantee a premium of only \$25 per month, \$100 yearly deductible, and the maximum our beneficiaries would pay under the Democratic plan out of pocket is \$2,000 per year. Some people say that we cannot do that, that is just too expensive. We just provided universal healthcare service for Iraq, in the Iraqi bailout bill. \$79 billion we spent. In there was a provision to provide universal health service in Iraq. If we can provide universal health service and prescription drug coverage in Iraq, can we not do it here in this country? And will it cost us a few bucks? You bet, because we are a much better country, but I think it is something our seniors deserve and we will be there.

The Republican plan is not a real Medicare benefit. It is based upon a privatization model that has failed in my district and will fail throughout this country. We will continue to fight in the Committee on Energy and Commerce to ensure that every senior, regardless of where they live, will be able to obtain prescription drugs they require to live a healthy life and that this coverage will be provided through the Medicare program. No gimmicks, no so-called reform, which really means privatize it. It is going to be a straight-up proposal put forth by the Democrats. And I hope we can have a meaningful discussion in the committee, but having been here more than 10 years and having sat on this committee now for 9 years, the Health Subcommittee, when one party gets control, unfortunately any amendment put forth by the other party in good faith to even negotiate or bring forth a point is usually voted down on a party-line vote.

So once again, as I started tonight, and I appreciate the gentleman yielding to me, I would ask our Republican friends who spoke a little earlier, let us sit down Wednesday night here and let us have a debate on this, what plan really covers who, what, when, where and how. And I think that is only fair. By then we would have a day and a half debate in the Committee on Energy and Commerce. We can see the shape of the bill, and let us come back before the American people and debate the merits of the plan because there is no doubt in my mind, the plan that we will be seeing on this House floor is not

the plan the Senate is negotiating in a bipartisan manner. It is a bill that we saw last year which is a voucher system, which privatizes Medicare, has a gap in coverage, and for those of us in the rural areas it certainly will be discriminatory towards us not only in coverage, but also in price.

So with that I yield back to the gentleman from New Jersey. I thank him for the opportunity to be here tonight, and if he has any questions, I will stay for a little while longer. But I also see the gentleman from Washington (Mr. MCDERMOTT) has joined us. I am sure he has a lot of insight on this, being a physician, or a psychiatrist, I should say.

Mr. PALLONE. Mr. Speaker, but still a physician. I want to thank the gentleman from Michigan (Mr. STUPAK), and just before I yield to the gentleman from Washington (Mr. MCDERMOTT) because I am very pleased that he is with us this evening, not only because he is a physician, but also because he is on the Committee on Ways and Means which is the other committee that will be dealing with the markup of the Medicare bill tomorrow, I just wanted to highlight a couple things that the gentleman from Michigan said, though, because I think they really make the point so well.

First of all, I suppose we should not give the impression that we as Democrats do not have an alternative to the Republican bill, and, in fact, we do.

Essentially what we have said is look, we have no problem with traditional Medicare. We think Medicare works. We think that the only thing that needs to be done is to add a prescription drug benefit. So we as a Democratic Caucus have been saying let us just continue on with the existing Medicare program and let us add a prescription drug benefit, and we have proposed adding a new part D to Medicare that provides a voluntary prescription drug benefit to all Medicare beneficiaries and does not require them to join an HMO or a PPO or do any privatization or use a voucher or anything. It is very much modeled on part B, which pays for their doctor bills right now. They would simply pay a premium of \$25 a month. They would have a deductible of \$100 a year. Beneficiaries or seniors pay 20 percent. Medicare pays 80 percent. And the most they would spend out of pocket for that 20 percent is up to \$2,000 per year at which case everything beyond that is paid for. And most importantly, we have a provision in our bill that would require the Secretary of Health and Human Services to negotiate price reductions.

So I just want to put it on the table that we do not see a problem just adding a drug benefit for everyone to traditional Medicare and continuing with traditional Medicare, which has been a very good program.

As my colleague from Michigan mentioned, the Senate, the other body, on a bipartisan basis has come up with a

proposal that, in my opinion, is not as good as the House Democrats' proposal that I just mentioned, but because it does not provide as generous a benefit, I think it only provides 50 percent coverage of their costs and there is a higher deductible and there is a point when they have to pay everything out of pocket, but at least the other body, the Senate, has not done anything to privatize Medicare with their proposal. They can still stay in traditional Medicare. They can still get their prescription drug benefit under traditional Medicare. They do not have to join an HMO. They do not have to join a PPO.

I mean, I obviously like what the House Democrats have proposed better than the Senate, but the main thing is that the other body does not privatize Medicare and does not require them to join an HMO or a PPO to get a benefit.

We are wondering to ourselves where is all this coming from? Where are the House Republicans coming from, as the gentleman said, in that essentially they have rejected the Senate bill and they want to do all these things to end traditional Medicare and force seniors out of it?

There are two theories, and I will just mention two. One is it is strictly ideologically driven. They are just so bent on getting rid of traditional Medicare because it is a Government program that they will not look at the practical side of the fact that it works. That is one theory. Maybe some of them are driven by that. The other theory that I have is that they are in the pockets of the drug companies. We know that the drug companies now are spending all kinds of money as they have in the past to lobby because they do not want any kind of price reduction. They do not want any kind of a real benefit because they are fearful that somehow they are going to make less money.

So I do not know what the reason is, but the one thing that I have to mention is this effort to avoid any mention of price in the House Republican bill. And as the gentleman said, they go so far that they have this noninterference clause, and one of the first things that I did today was to try find out if they continued this noninterference clause that they had in the previous Congress that would prohibit the Secretary of Health and Human Services from negotiating price. And here it is, gentlemen. I am just going to read it. It says that the administrator of the program shall not interfere in any way with negotiations between PDP sponsors and Medicare advantage organizations and other organizations and drug manufacturers, wholesalers, or other suppliers of covered outpatient drugs.

So they are going to allow the competition of the marketplace, but they are not going to allow the Secretary or the Medicare or Health and Human Services to negotiate any kind of price reductions. They are forbidden from doing it. And again, I say it is just because the House Republican leadership

is just in the pockets of the drug companies.

This was in the New York Times June 1, and it said: "Lobbyists for the drug industry are stepping up spending to influence Congress, the States and even foreign governments as the debate intensifies over how to provide to prescription drug benefits to the elderly, industry executives say."

"Confidential budget documents from the leading pharmaceutical trade group show that it will spend millions of dollars lobbying Congress and State legislatures, fighting price controls' . . ." subsidizing "like-minded organizations' and paying economists to produce op-ed articles and monographs in response to critics.

"The industry is worried that price controls and other regulations will tie the drug markets' hands as State, Federal and foreign governments try to expand access to affordable drugs."

So I do not know if it is their right-wing radical ideology. I think it is probably because they are essentially being bought and sold by the drug companies.

But the bottom line is we are not going to see any price reductions here. And the issue of affordability, as the gentleman mentioned, is absurd when he talks about this huge gap. Between \$2,000 and \$3,700 a year, they are going to help them up to \$2,000, but once they go over that up to \$3,700, there is this huge doughnut hole, and we know that that is the biggest amount of money that seniors spend.

In other words, the biggest problem for seniors is not the catastrophic, which only hits a few people, or the \$2,000 or under, which hits a lot, but most people can still afford to pay that. The biggest problem for the average middle class senior is this \$2,000 and \$3,700 a year. That is where they cannot pay. That is where they start to have to split the pills and go without whatever, and that is where the huge cost savings is that the Republicans are not providing coverage for that doughnut hole.

I have spoken too long, and I would like to recognize the gentleman from Washington (Mr. MCDERMOTT) who has been such a leader on this issue. And I want to say one thing if I could to him. I know he has always been an advocate for universal health care, and I agree with him that that is the real answer here, but it is really sad to see that we have a government program that works, that at least does provide universal coverage for seniors and now the Republicans want to destroy even that rather than trying to build and provide more coverage for people who are not seniors. They are even trying to destroy the very universal coverage program we have, that at least seniors have. So I yield to the gentleman.

Mr. MCDERMOTT. Mr. Speaker, I thank the gentleman from New Jersey (Mr. PALLONE) for not only yielding to me, but also for coming out here and doing this.

I think that a lot of people in this country right now do not realize how important tomorrow really is. This is the first time when we have got both the House and Senate working on the same issue, and my belief is the President of the United States has told them bring me a bill or you are never going home, because he knows if they do not do something on this issue of drug prescription prices and access to prescriptions, they are going to wind up losing the next election on that issue alone. So they are going to do something. So it is very important for people to watch what is going on here.

What is fascinating about what we are hearing tonight, we have heard my colleagues from Michigan and New Jersey talk about what is going on over in the Committee on Energy and Commerce. There are about 45 people over there, sitting and making amendments and working away and putting together a pie; and then over in another part of the building, there are another 50 of us in the Committee on Ways and Means.

We are making our pie, and somehow those pies have got to be put together. We cannot pass them both. So where is the real pie going to be made? I mean that is the question that people ought to wonder. Is it going to be in the Committee on Rules? Is what is going on in these two committees just for show? And then ultimately the majority leader will bring out the bill and say here it is, rubber-stamp it and let us get out of here. I think this process, as we listen to this, we realize why this is such a difficult process.

One of the things that my distinguished colleague from New Jersey brings up and echoed by the gentleman from Michigan, this business about the Secretary of Health and Human Services, on behalf of us as Americans, us taxpayers, is absolutely by law prohibited from going in and doing any negotiation. Now, when the Government negotiates for the Veterans' Administration, it is all right; and when the Government negotiates for a lot of other places, but in this one area we are going to put a fence around the pharmaceutical industry and say we are not going to use the power of the Government.

Now, that is one part of the bill. Then we go down a little further where the Republicans are promising that there will be two choices in everybody's district. Well, that is nice, but we have already heard from the gentleman from Michigan. Everybody knows what happened with the HMOs. Everybody was promised there will be a lot of HMOs and they will go out there and they will be competing. And pretty soon there was one and then there was none, and most people do not even have an HMO anymore.

So this idea that there are going to be two competing plans out there is a really nice idea. The insurance industry said we do not want it because we have never done this and we do not

want to get into this. So the Republicans figured out a way to make it appealing to them. They said, look, go out there and be one of these companies and we will take 90 percent of the risk and they can take the profit. But, remember, once we have cut that deal with them, our Secretary of Health and Human Services on the side of the Government cannot even go in and negotiate as a part of something he is accepting 90 percent of the risk on. I mean, boy, talk about buying a pig in a poke. I cannot imagine a more senseless kind of arrangement for them to be trying to deal with this problem of pharmaceuticals.

□ 2145

Now, I think the other thing that people have to really understand, and I think the gentleman has already alluded to it, I sat on the Medicare Commission several years ago. We were planning to do some revamping of Medicare. It became very clear very soon that the leadership of that committee was interested in only doing one thing, and that is getting rid of the traditional Medicare program and giving everybody a voucher.

Right now, seniors have a guaranteed set of benefits, things that they can count on, and what was going on in that Medicare Commission was how can we shift from these guaranteed benefits to a guaranteed contribution. Those are all fancy government words. What that means is they looked across and said, how much is being spent all across the country? Well, the average is \$4,500, so we will give \$4,500 to every senior citizen in this country and let them go out and individually find an insurance company that will take them.

The government is not going to stand up and fight for them. The government is not going to try to drive down the prices. It is on you, grandma. Here is your \$4,500, there is the street and the door, and go start. Go look.

Now, anybody who looks at that says to themselves, this cannot possibly work, anybody who has a parent. My dad died a few years ago, 3 years ago, at 93, and my mother is now 93. The idea of handing my mother a voucher and saying, Ma, you have got to go out and find yourself an insurance company, is so crazy, it shows so little understanding of older people and what their needs are. They do not want more choice; they want certainty.

My mother every once in awhile will call me up, there be some mail come up, and she will say, "Jim, could you come over here and read this brochure and tell me if I should get into this or not? I don't know if it is a good idea or not." She cannot make those kind of decisions for herself. She is having a little trouble with her memory at 93.

She will say, "You know, I used to be able to remember some things a lot better than I do now."

You are going to send my mother out looking for this? Luckily, she has four

kids in Seattle, so we will be there to help her. My mom will be taken care of. But there are a lot of older people in this country who are not fortunate enough to have somebody around to help them through this mystery that we are creating here for them.

Now, another funny thing about this, people have to really understand, in the Committee on Ways and Means, they have already written the bill. The bill is already printed. I heard about it because I said to one of the Republicans, "Hey, what is in the bill?" So he told me. He is giving me all of this stuff. I said, "Is it written down somewhere? Could I go look at it?"

He said, "It is upstairs in a locked room. If you go in there, you cannot take any paper or pencil or anything, and you can just read it, and that is all."

So I asked the chairman, "Could I get in there?"

He said "No."

I said, "Why not?"

He said, "Because you would go outside and tell the press right away."

Now, here is the major social program in this country. I have been here 15 years, 13 years on the Committee on Ways and Means, and I am not given access to look at it one day before it is going to happen tomorrow.

Mr. PALLONE. I know the gentleman was on this Medicare Commission, and the commission basically rejected by a vote this voucher proposal. I just wish we could just develop it a little more, because I think this is the one thing that people just do not understand, that they probably would not even believe what the gentleman just said.

If I went to my constituents and asked five of them, did you hear what the gentleman from Washington (Mr. MCDERMOTT) said, they would not believe that is what the House Republicans are proposing. But it is, in fact, what they are proposing in this bill.

I basically said to a couple of my Republican colleagues exactly what the gentleman said. This was their response. I said, see if we can develop it. They said well, it is not exactly like that. I said, "What happens if there is not anything? What happens if the senior goes out and tries to take this \$4,500 voucher and tries to buy this private health insurance and it is not available?" They said, "Oh, it will be available, because we will make it profitable for them to go into this business."

So, on further reflection, I understood. I wanted to get the gentleman's comment on this. What they will do? Because there is no defined benefit. Right now if you get Medicare, you have to get certain benefits and certain things. They will simply reduce the benefits. So maybe somebody eventually will be out there who will take the \$4,500 and give your mother the insurance, because they will not provide what Medicare now provides. They will just cut back on the level of benefits, what she gets, whatever. So eventually

there will be some junk plan out there for her to purchase, because somebody who is looking to make a buck will come up with something.

But then my understanding is that, let us say that she can find some junk plan that does not provide any benefits that are meaningful or does not operate in a meaningful way. If she wants to stay in traditional Medicare, they are going to charge her more to do it. She will not be able to go back to the traditional Medicare because they will charge her the difference. They may charge her \$500 or \$1,000. She will be forced with the junk plan.

I want the gentleman to develop it a little. We do not really know.

Mr. MCDERMOTT. The bill is going to come out of your committee, but the one in our committee, I understand there is a provision in it that sets this as a goal for 2010. They are going to put it in the bill now. They figure everybody is going to forget about it. It will not affect anybody, so nobody will jump up and down before the next election, because 99.9 percent of the people will not understand it is in there, because it does not affect them.

What they want is to get it in place and started out there, and every imaginable problem one can think of I think will happen, because how does my mother, or how do I know what I should say to my mother? Mother, you should buy this plan.

Let us say they are in Seattle and there are maybe three plans, so we have some choice. And I say this one is a little more expensive, this is less expensive, this is really expensive. How do I know which one to tell her she should take? Do I know what her health care needs are going to be over the next 5 years?

Mr. PALLONE. But, at the same time, even though this is not until 2010 for the voucher for Medicare in general, they are essentially doing the same thing with prescription drugs. If you want to get a prescription drug benefit, you would have to join one of these private plans, or whatever it is. Otherwise you do not get the benefit.

So, by luring people with the prescription drug benefit, that that is the only way they can get it, if they go out and buy this drug only policy or join an HMO, effectively they are doing the same thing before 2010.

Mr. MCDERMOTT. They are using the drug benefit as a come-on. You see these ads from automobile sales, sales at Sears or something. There is always something that looks really good. It is a come-on. They are going to get people on the drug thing, because that is the thing people are hurting on most. But they have not looked at what it does to the other part of it, which takes away the benefits.

The home health care, that will be such a target to get rid of. Why have home health care? Either be in the hospital or go to a nursing home. Why should we be wasting our money? Can you just imagine how they would cut

the benefits? You are in home health care and you have to take medication, and instead of having somebody come twice a day, if they might need to, you come every other day.

It is all those things that will be cut, little by little by little by little, and you and I will be stuck with our parents and their problems. Neither of my parents have cost me a dime.

Mr. PALLONE. Me neither.

Mr. MCDERMOTT. We bought a hearing aid for my mother. It cost \$800. My brothers and I and my sister each threw in \$200 and bought her a hearing aid. That is the only thing we had to do. People do not understand what they are cutting away now.

Mr. PALLONE. I yield to the gentleman.

Mr. STUPAK. As you were saying, if the Secretary of Health and Human Services cannot negotiate, so we give your mother, who is 93 years old, this voucher, who negotiates for her? It is \$4,500. There is no guarantee it will not go up. What happens if it does go up?

So how do these plans, who are not under the care of the government, keep your costs down? They will restrict the access to the pharmaceuticals, because that is the most rapidly rising part of health care. So instead of providing that benefit, they will provide you with a voucher to take care of all your health care needs and then for the prescription drugs, if you have some left over, but only if that plan will cover the prescription drug you need.

It is really crazy. Any drug that is not in the plan's formulary would not be covered. Beneficiaries would have to pay then 100 percent out-of-pocket of the costs of that drug because it is not in their plan, it is not in that voucher that they got. I think the gentleman from Washington makes a great point, how do we know what mine, yours or your parents' health care needs will be 3 or 4 years from now? Once you go into these plans, can you come back in to traditional Medicare? Probably, but at a cost you cannot afford.

So, the points brought up tonight are well taken, and I appreciate the gentleman coming and joining us from the Committee on Ways and Means. As you do your markup, we will be doing ours. And do not feel too bad. Those on the Democratic side, we have not seen the Republican proposal. We know we will see it tomorrow at 1 o'clock. Then we will make some statements about it, and then when the real markup begins, they will slip a substitute in there so we will be scrambling to make sure our amendments are corresponding to the bill, but we do not even have the courtesy to see it before we even begin this markup. Probably the greatest program we can put forth right now is prescription drugs. Our parents, we, everyone needs it. But yet here we are, the night before the beginning of the markup, whether it is the Committee on Ways and Means or the Committee on Energy and Commerce, and we cannot see the bill.

Mr. PALLONE. We are speculating upon what is in it.

Mr. STUPAK. We are basing it upon past years' experience.

Mr. MCDERMOTT. It is like the story about the eight blind men describing an elephant. One is describing the leg, one is describing the trunk, and one is describing the ears. We really do not know what we are going to do tomorrow. They are going to try to come out here and run flim flam on people. "You are going to get a drug benefit." What it is worth, or is it worth anything, people will have no idea. It will just be a line in a campaign ad.

Mr. PALLONE. I think I have been longer than even you.

Mr. MCDERMOTT. I think you and I came together.

Mr. PALLONE. Maybe. You remember before we came, the Congress had passed a catastrophic health care bill, and then, when we came, there was the clamor to repeal it and it was repealed. Essentially it reminds me of that, where the Republicans are saying we are going to give you a drug benefit, but when you look at the details, it is probably going to be a benefit that is not even worth the paper it is written on. For the next few years, everybody will think they are getting it. When it kicks in, they will realize it is not even worth having, and they will be outraged. That is what we faced when we came in 15 years ago, or whatever it is.

The other thing that is really bothering me, I listened to our Republican colleagues earlier and they talked about how Medicare is broke and it has to be fixed. The biggest problem with Medicare now is they are borrowing from the trust fund. If anything, they are going to make it go broke, because they keep borrowing it to pay for other costs. When my colleague from Washington mentioned the voucher, all I kept thinking was how this becomes budget driven.

In other words, say you give them \$4,500 now. But next year, when they say we do not have the money for that, we cannot afford \$4,500, so maybe you will continue to get the \$4,500, but inflation will not keep up with it. Once you get into that voucher type system, you can regulate how much the government spends and just limit the amount of the voucher or the amount of the program so that essentially the whole Medicare program becomes budget driven, rather than what the real cost is. It is a way for them to calculate the cost and have it be budget driven. It is a very dangerous precedent.

Mr. STUPAK. The gentleman from Washington said when we get these bills tomorrow, we will start working on them, and we are not sure where we can go with them.

I think we can guarantee the American people a number of things we will not do. We will not provide a voucher system. At least the Democrats will fight to make sure there is no voucher system.

We will not privatize Medicare and shift you into an HMO or some other

insurance company plan, Medicare-Plus, Medicare-Choice, whatever it is going to be.

We will make sure that any prescription drug plan, at least from our side of the aisle, will not have a gap in it, so those who have from \$2,000 to \$3,700 out-of-pocket cost will not be paying a premium and get nothing in return for it.

We know that the plan we will be seeing tomorrow, whether it is Ways and Means or Energy and Commerce, is not the bipartisan plan being put forth by the Senate. In fact, in Energy and Commerce we will probably put that plan forth in a bipartisan manner to try to get a plan that will truly work.

We Democrats will continue to fight to make sure and ensure that every senior, regardless of where they live, will be able to obtain prescription drugs that they require to live a healthy life, and this coverage will be provided through a Medicare program that cannot be taken away or you are priced out of it.

Mr. PALLONE. I wanted to say when the gentleman was talking about rural areas before, I want to thank the gentleman for joining us, when the gentleman from Michigan was talking about rural areas, because I know your district in the northern part of Michigan, I have actually been there, is very rural. But the bottom line is you take my State, because you even mentioned HMOs may exist in densely populated areas. Of course, New Jersey is the most densely populated State in the country.

□ 2200

But what the gentleman mentioned about HMOs dropping seniors has happened in my State, in my district dramatically over the last few years. We have had, I think, something like 80,000 seniors in New Jersey who were in HMOs and who joined in order to get a prescription drug benefit who have been dropped. So I understand what the gentleman is saying, that rural areas in particular have a problem because they may not even have an HMO or PPO; but even in as densely a populated State like New Jersey where we have them, they have dropped the seniors at will. It is almost a joke to suggest that somehow, no matter where one is in the country, that these HMOs are going to provide a meaningful drug benefit. We do not know that they will.

Mr. STUPAK. Well, we have sat through the budget battles, the gentleman and I, and through the committee now for about 10 years; and we have seen first to start out was Medicare Choice, Medicare+Choice, Medicare Access; they always have these nice names. They said, okay, so many seniors can go into it. Every year we have never hit the target yet for what we have provided as an experiment. Because what happens is that they come in, start to insure in an area, see the costs are going up a little too much, and then they pull out, and then the

seniors have to scramble to try and get coverage, and it just has not worked at all.

Mr. Speaker, it is not going to work for prescription drugs; and let us face it, they are going to get a prescription drug plan and if they take their plan, they are going to give up traditional Medicare, get a privatization of it, a voucher with a gap for prescription drug coverage. It is not going to work. It is not the Senate plan. They are not even guaranteed a price, and no one is there to help them out. They are on their own. This choice sounds great; but what seniors want is the security that Medicare provides, not some choice that they cannot understand or be able to predict what is going to happen 3 or 4 years from now.

Mr. PALLONE. Mr. Speaker, I really want to thank the gentleman, because I think that what the gentleman pointed out is that we are not ideologically driven in the way that the Republicans are on the other side. We just want to do what is practical.

The bottom line is we know that this privatization does not work. Medicare started back in the 1960s because most seniors were not insured and they could not get coverage, so the notion that you are going to get a voucher and go out and buy health insurance privately, it did not work 30 years ago, and it is not going to work today any more than it did then.

The same is true with the HMOs. We have had the experience with the HMOs, and they have dropped the seniors. I think in here they even make permanent the medical savings accounts, another thing that they talked about a few years ago which has not worked out. I think there are only a few thousand of them around the country, yet they are talking about them again.

The bottom line is that we as Democrats want to keep traditional Medicare. We just want to add a prescription drug benefit, and we want to make it one that is affordable and that everybody can take advantage of. And to the extent that the Republican proposals here in the House do not measure up to that, we simply have to speak out and say that it does not measure up and we should not allow them to destroy traditional Medicare.

Mr. Speaker, I want to thank the gentleman again.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. CARSON of Indiana (at the request of Ms. PELOSI) for today on account of official business.

Mr. KIND (at the request of Ms. PELOSI) for today on account of a previous family commitment.

Ms. LOFGREN (at the request of Ms. PELOSI) for today and June 17 and until 5:00 p.m. June 18 on account of son's graduation.

Mr. MENENDEZ (at the request of Ms. PELOSI) for today on account of personal matters.

Mr. ORTIZ (at the request of Ms. PELOSI) for today on account of a weather delay.

Ms. WATERS (at the request of Ms. PELOSI) for today on account of a death in the family.

Mr. SMITH of Washington (at the request of Ms. PELOSI) for today and the balance of the week on account of personal reasons.

Mr. NADLER (at the request of Ms. PELOSI) for today on account of personal reasons.

Ms. GINNY BROWN-WAITE of Florida (at the request of Mr. DELAY) for today on account of testifying before the Florida State Senate.

Mr. TOOMEY (at the request of Mr. DELAY) for today on account of official business.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

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

Ms. KAPTUR, for 5 minutes, today.

Mr. EMANUEL, for 5 minutes, today.

Mr. BLUMENAUER, for 5 minutes, today.

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

Mr. DEFAZIO, for 5 minutes, today.

Ms. SOLIS, for 5 minutes, today.

Mr. STRICKLAND, for 5 minutes, today.

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

Mrs. BLACKBURN, for 5 minutes, today.

Mr. BURTON of Indiana, for 5 minutes, June 23.

Mr. KENNEDY of Minnesota, for 5 minutes, today.

Mr. NUSSLE, for 5 minutes, today.

Mr. PENCE, for 5 minutes, today.

Mr. JONES of North Carolina, for 5 minutes, June 18.

The following Member (at his own request) to revise and extend his remarks and include extraneous material:

Mr. HAYES, for 5 minutes, today.

SENATE BILLS REFERRED

A bill and concurrent resolution of the Senate of the following titles were taken from the Speaker's table and, under the rule, referred as follows:

S. 1247. An act to increase the amount to be reserved during fiscal year 2003 for sustainability grants under section 29(l) of the Small Business Act; to the Committee on Small Business.

S. Con. Res. 48. Concurrent resolution supporting the goals and ideals of "National Epilepsy Awareness Month" and urging support for epilepsy research and service programs; to the Committee on Energy and Commerce.

ADJOURNMENT

Mr. PALLONE. Mr. Speaker, I move that the House do now adjourn.