

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arkansas (Mr. ROSS) is recognized for 5 minutes.

(Mr. ROSS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maine (Mr. ALLEN) is recognized for 5 minutes.

(Mr. ALLEN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Alabama (Mr. DAVIS) is recognized for 5 minutes.

(Mr. DAVIS of Alabama addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Mississippi (Mr. THOMPSON) is recognized for 5 minutes.

(Mr. THOMPSON of Mississippi addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. TURNER) is recognized for 5 minutes.

(Mr. TURNER of Texas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Tennessee (Mr. TANNER) is recognized for 5 minutes.

(Mr. TANNER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. STENHOLM) is recognized for 5 minutes.

(Mr. STENHOLM addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### IMPACT OF PRESCRIPTION DRUG BILL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from Arkansas (Mr. BERRY) is recognized for half the time until midnight as the designee of the minority leader.

Mr. BERRY. Mr. Speaker, we are here this evening to talk about the impact of this very cynical prescription drug bill that is proposed by the majority side and what would happen if that bill, were we so unfortunate as a Nation as to have that bill enacted into law and put upon our senior citizens.

We are indeed pleased that the gentleman from North Carolina (Mr. BALLANCE) is here with us, and at this time I would like to yield the floor to him and let him make whatever comments he sees fitting in regard to this particular issue; and we thank the gentleman from North Carolina.

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

Mr. BALLANCE. Mr. Speaker, I want to say at the outset that it is an honor for me to be standing in these hallowed halls as we address issues of such great import to the people of this country.

A little more than a year ago, I campaigned in rural eastern North Carolina. I spoke to citizens at AARP meetings, at senior centers, at residences and elsewhere; and like most of my colleagues in this 108th Congress, I made a solemn promise that I would support and vote for a prescription drug benefit program. Each of us, I believe, most of us I know, made that promise to our constituents; and I, and I hope most of my colleagues, will keep that promise. I know that I will keep mine, and I will not vote for a plan that simply has the label on it.

The plan that the Republican leadership of this Chamber has proposed would not benefit our seniors in the way that they need and deserve. It is not a real prescription drug plan. It is what I would call an empty promise.

Mexico, Canada, Germany, England and France, what do all these countries have in common? Their seniors all pay lower prices for the exact same prescription drug medication that American seniors today cannot afford. One month's supply of Zocor, a prescription commonly taken by seniors to lower their cholesterol, costs \$124 in the United States. In Europe, the same medication costs \$28. The antidepressant Prozac, also widely prescribed throughout America, costs nearly \$100 for just 20 pills. In Canada, those same 20 pills cost \$20.

Throughout America, seniors have for years been forced to choose between food on the table and medication, stories that we have heard about cutting pills in half or going without. Hardest hit are seniors and disabled of rural America, such as those in Arkansas and in North Carolina, the area that I represent.

We have three plans before this Congress: the House Republican measure that focuses on nothing less than the absolute dismantling of Medicare as we know it; a Senate bipartisan measure that is somewhat better, although still falls far short; and we have a Democratic plan that is affordable, it is available, guaranteed and will maintain Medicare. Our plan has no gap in coverage, no doughnut hole, does not depend on the whims of HMOs or private insurance companies. However, we all know full well that, because it is a real plan, it probably will never see the light of day.

Hopefully, however, the Democratic plan will force the Republican leader-

ship to reconsider their devastating proposal and treat our seniors fair. So tonight we focus on the reality of how House Republican leadership efforts hurt seniors in rural America, disenfranchise, dismantle and ultimately devastate.

That is what we can expect in eastern North Carolina if the House GOP has its way with this prescription drug coverage. That plan will privatize the prescription drug benefits by relying heavily on HMOs to facilitate these programs.

Anyone who lives in rural America, such as eastern North Carolina, already knows the health crisis facing families and seniors, as big HMOs have abandoned them and consider them unprofitable.

I am going to close because I think we know what we are facing. We know what we must do. We must fight to ensure that even hard-to-reach rural communities are included equally and with real results in a much-needed drug coverage plan; and we, Mr. Speaker, must keep our solemn promise.

Mr. BERRY. Mr. Speaker, I thank the gentleman from North Carolina for his comments, and appreciate his leadership in this matter that is so critical to the senior citizens of this country and the tremendous impact it will have not only on our seniors but on all Americans because when the government makes it possible for one person or group of persons like the prescription drug manufacturers of this country, when the government makes it legal for them to rob and to steal from senior citizens, when the government allows that to go on day after day after day, it is our job to speak out. It is our job as best we possibly can to do something about it.

It is an interesting thing, every speaker that talks about this refers to the fact that the United States of America and American citizens pay three to four times as much for their medicines as any other nation in the world, and yet the President of the United States has within his power the ability to change that with the spoken word. All he has to do is tell the Secretary of Health and Human Services, Mr. THOMPSON, certify that we can put a stop to this, certify that we can safely reimport medicine and let our people be treated fairly, but the President refuses to do this.

So it is left up to us, once again, to attempt legislation that will make it possible for the senior citizens of this country to be treated fairly. How can we deny the pain and suffering that this policy, that this country has put in place, causes to our senior citizens and to their families? How can we continue to let that go on? Yet when a remedy is proposed, in this cynical way that we will be presented with before the end of this week, I think it is called the Thomas-Tauzin bill or the Tauzin-Thomas bill, but we cannot devise a more cynical attempt to trick the American people and the senior citizens of this country.

That bill, if we would be so unfortunate to see it enacted, specifically prohibits the government from trying to achieve the best possible price for our citizens. It specifically makes it possible for the drug companies to continue to rob the senior citizens.

It would privatize Medicare. Medicare came into being because private insurance did not want to insure people that were older and sicker, and yet now we are going to turn this back to the insurance companies. If anyone thinks that that is a good idea, I would suggest that they go out and try to buy some health insurance from a private company for a 65-year-old citizen.

It will end Medicare as we know it. One of the authors of this bill came before the Blue Dog Coalition this afternoon, very proud of his work. It was interesting as he sat there and described this part of the bill; instead of just ending Medicare as we know it in 2010, we are going to phase that, ending in over 3 or 4 years. So it just will not be quite as noticeable.

I could not help but think as I was listening to that about my brother when we were young boys. He had worked hard one summer and saved his money, and he wanted to buy himself a shotgun for hunting season. He went to town and went to the hardware store, and he asked this fellow how much will you take for a certain shotgun. The proprietor said, well, I do not have one; but if I did, I would sell it to you for \$100. So since the fellow did not have one, he went on around the square, and he came to another hardware store and went in there and asked him if he had that gun. He said, yes, I do. He said, well, how much will you take for it? He said, I will take a \$110. He said, well, the other fellow on the other side of the square said he would take \$100 for his, but he did not have one. He said, well, if I did not have one, I would take \$100 for mine.

That is the way this deal works. It does not even go into effect for 2 years, 2006. Our seniors have an urgent need today. We have the ability to provide relief today; and yet we are going to be presented with this cynical, horrible piece of legislation that is nothing more than an attempt to trick our senior citizens in desperate need into doing something that will make their desperation even worse.

What kind of a legislative body would do something like that? This is absolutely amazing that the leaders of the Republican Party in the House would be so cynical that they would be willing to attempt to take advantage of senior citizens who have already paid the price, done the work, lived by the rules, and built this great Nation into what it is today; and now they are going to be treated like this by those of us that inherited this wonderful place.

□ 2300

I am astounded that we have to come to this floor this evening and do every-

thing we can to try to prevent such an outrageous act by the majority.

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

Mr. RODRIGUEZ. Mr. Speaker, let me first of all thank my colleague, the gentleman from Arkansas (Mr. BERRY), for being out here. It is 11 p.m. eastern time, and people might wonder what we are doing here this late. Well, we are talking about an issue that is important. We are talking about an issue when I go to a church on Sunday where people still confront me and ask me what we are doing about this issue. I know myself and we have the gentleman from Texas (Mr. SANDLIN) out here tonight to talk about an issue that continues to confront us, yet we continue to play games with the American people and with our seniors. That is not right. We need to make sure that we do the right thing.

Mr. Speaker, we know that our seniors are having difficulties. We know that the majority of them do not have the resources to pay for their prescriptions. We also know on the Republican side and on the Democratic side that the private sector, the insurance companies, cannot make a profit on our seniors when it comes to prescription drug coverage. We recognize that.

When this all first started, with LBJ, there is a little story that is told about this. When LBJ was trying to put Medicare together, the biggest obstacles were the insurance companies back then, and the doctors. He finally got the insurance companies there and he told them, look, I am going to do you a favor. You have been making a profit off of the young people and insuring them while they are healthy, and as soon as they get sick on you, you have been dumping them and dropping them off your insurance rolls. So we know that the companies were doing that then and they are still continuing to do that now. So when he got them in there he said, look, I will do you a favor. You keep taking those profits while they are healthy but allow us to establish Medicare so that we can take care of them in their later years when they become seniors and they need the assistance, and you can continue to make your profits.

And so now we have a situation where our seniors still reach that age where they need that assistance, where they need our help, where they need prescription drug coverage, and what angers me the most is that the drug companies are the ones that are making a profit off the ones who can least afford to pay for these prescriptions.

We talk about the fact that those same prescriptions are sold, Mr. Speaker, in Mexico and Canada, the same company, same brand, only cheaper. And why? Because they are sticking it to the Americans. And we have allowed that to happen. We have allowed that to continue to occur.

We talk about free trade but yet we do not allow our own Americans to cross the border into Mexico to buy

prescriptions. Why not allow free trade from that perspective? It is only good for companies, but not for the average person to do that.

So we need to make sure that, number one, the bill has to be affordable for people. The senior has to be able to purchase it. I can attest to my colleagues that the majority of my district, with a median income of \$23,000, \$21,000, and especially my seniors, who if you live in rural Texas or rural America you do not have a pension because you did not work for a major corporation or the government, so you do not have a pension. All you have is Social Security. So you do not have extra money to buy additional coverage. And if you did, believe me, the insurance companies do not want that because of the fact that they are not going to make a profit off you. We know the data. We know the seniors sometimes need up to \$2,900 per year. So if you need \$2,900 per year, close to \$3,000, they are not going to make a profit from you. We know that. Yet we are playing games and doing gimmicks.

But this President and this administration has to come up this coming year in November for reelection and they are going to have to tell us what they have done when it comes to prescription drug coverage. They will be asked what they have done. Because I recall the last 2 years, and I want to ask my constituents to remember this, because any Republican who had serious opposition the last time there were ads that came out. We had an ad for the gentleman from Texas (Mr. BONILLA) back home, and that ad said, "Call Congressman BONILLA to thank him for the prescription drug coverage you received." Well, I am going to ask you right now: Have you received anything back home? No. It is a gimmick. It is all nothing but sarcasm. It angers me because they play games with the American people and they play games with our seniors.

So we have to make sure if we come up with a program that it is affordable. What the Republicans have is not affordable. Secondly, it has to be meaningful. It has to be real. It has to be guaranteed. We cannot afford to have these little gimmicks. The reality is that the bill that the Republicans have is meaningless. It is private insurers that can change the terms of the agreement.

We had the HMOs. I have rural counties. I had 13 counties, now I have 11 counties after redistricting, and those counties, wherever the HMOs and the managed organizations were not making profits, they did not cut the individuals, they cut the whole county. So we are not going to be able to have access in rural Texas, in rural America. So it is meaningless.

Finally, we also understand that we have to make sure that we guarantee our seniors the accessibility to these prescriptions. This is the most powerful country in the world. We have the capability and, yes, we have the best

health care system in the world. But what good does it do if it is not affordable; if it is not accessible; if it is just not there? Yet we do have the best health care system. It is ridiculous for us to be doing this, and it is unfair to our seniors to be playing games with their lives, especially as they reach their twilight years when they need this the most and they have to sometimes go without buying all the prescriptions that are needed.

So, Mr. Speaker, I want to thank my colleague for being here tonight, and I thank the gentleman from Texas (Mr. SANDLIN) for being here and spending time talking about this critical issue. I want to personally just congratulate my colleagues and let them know that we have to keep this fight up. We have to keep talking about this, and we have to stop playing games.

When that Presidential race comes up again, we have to let everyone know what he has done for prescription drug coverage. The Republicans have control of the Presidency, they have control of the Senate, they have control of the House. What are they doing? They are playing games. This is not the time to do that.

Mr. BERRY. Mr. Speaker, I thank the gentleman from Texas and appreciate his passion and concern for all senior citizens in this country.

This bill would not only end Medicare as we know it, but, interestingly enough, it does not have a defined benefit. It does not have a defined premium. It turns this business over to insurance companies that have a very poor record of being able to deliver service when it is called on to do that.

We have been fighting the Patient's Bill of Rights battle in this House all the time that I have been here. We still do not have a Patient's Bill of Rights. But the pressure got to be so great on the insurance companies that they did stop the grossest abuses that they have engaged in to deny coverage and deny service to our American people. They would be allowed to define their own benefit. They would be allowed to set their own premium. They would be able to create many, many different plans, and it would be nearly impossible for a senior citizen to tell the difference.

I have to believe, Mr. Speaker, that our Founding Fathers would be saddened and sickened to see the great Nation that they brought in to being, that has succeeded and prospered beyond all imagination, to the point where we have the ability to do these wonderful things for our seniors, and yet when the opportunity presents itself, the majority chooses to use that opportunity in a cynical way and in a way that only serves to enrich a few people in this country.

I want to now yield to the gentleman from Texas (Mr. SANDLIN), who has worked tirelessly on this issue to defend our senior citizens against such activities as would be used against them if this bill were to be passed.

□ 2310

Mr. SANDLIN. Mr. Speaker, I would like to thank the gentleman from Arkansas (Mr. BERRY) who is both a good personal friend of mine and a political friend of mine, and I want to thank him for 7 years of political leadership in addition to his practical leadership due to the fact that he is a pharmacist and speaks with a great deal of authority on these issues.

Mr. Speaker, in looking at this bill it is clear, it is the old bait and switch. I rise today to join the gentleman from Arkansas (Mr. BERRY) and my colleagues in speaking to the Republican House leadership abandonment of rural America by crafting a sham prescription drug benefit. Because at the end of the day, it is no plan at all. What a cruel joke on America's seniors.

As the United States Representative of rural east Texas, I am gratified to have an opportunity on the Committee on Ways and Means to be a voice for my constituents at home. The seniors in my district have told me clearly that they need real relief for their soaring medical expenses; and yet once again this year the majority leadership in Congress has rejected its responsibility to deliver a true prescription drug benefit to our parents and grandparents and friends at home. Just like last year, the Republican majority has delivered an alleged prescription drug plan which favors profits over people, insurance companies over seniors, HMOs over American families.

Today I want to talk about choices and who is choosing what. Our Republican colleagues in the House of Representatives love to say that they are giving our parents and grandparents and friends choices for their prescription drug benefit. Mr. Speaker, that is simply not true. They also have stated that if our seniors and disabled folks want prescription drug coverage, then they have to look to HMOs and private insurance companies, not Medicare for help. That is the choice they have, and what kind of choice is that? It is clear, it is absolutely no choice at all.

Now anyone who lives in rural areas knows that this little rule is anything but a choice. Rural areas have been flat out abandoned by private insurance companies. We know this, Medicare+Choice, the great managed care experiment in our Nation's seniors, should have been named "Medicare Minus Choice." It has been a disaster.

Just look at the facts. Between 1998 and 2003, the number of Medicare+Choice plans dropped by more than half. In the great State of Texas, over 313,000 Medicare+Choice enrollees have been dropped just since 1999, 313,000 people in my State. Further, this is occurring all over the country. The 10 States, including the District of Columbia with the highest percentage of their enrollees dropped in any 1 year from 1998 to 2003 were South Dakota, the Mount Rushmore State, 99 percent; Delaware, the First

State, 95 percent; Arkansas, the Land of Opportunity, 90 percent; New Hampshire, 85 percent; Maine, 82 percent; Maryland, 79 percent; Utah, 76 percent; District of Columbia, 71 percent; Kansas, 54 percent of the people dropped; Connecticut, 52 percent of the people dropped. It goes on and on.

Mr. Speaker, over 80 percent of rural Medicare beneficiaries today live in an area that private insurance companies have made a choice, that is the choice, they have made a choice not to serve. Now please note, this is not an entitlement program. This is not entitlement as we know it under Medicare. You have no guarantee. This is this kind of an entitlement, it is an entitlement to ask to be able to make an offer to purchase a plan from a reluctant, profit-seeking insurance company that may or may not accept your offer.

By the way, it is very important to note this: not a single insurance company in the United States of America has agreed to take part in this program. Let me say that again. Not one single insurance company in the United States of America has agreed to take part in this plan anywhere in America. That is a fact.

Furthermore, even if they do decide to participate at some time in the future because they think they can make big profits, under this latest Republican drug proposal, if the private drug plan or insurance company decides rural America is not lucrative enough for their company, they can withdraw every 12 months. So much for our seniors having the choice of continuity of care.

Knowing this, how can we approve a plan that does not even have a fallback option of traditional Medicare providing drug coverage if private care pulls out? How is that a fair choice for the 9.3 million seniors and disabled folks that live in America? What kind of choice is that?

Let us be clear, this legislation does not and this legislation cannot require insurance companies to offer prescription drug plans in rural America, and they will not. They have not and they will not. If we are going to talk about the choice of being fair, we are going to have to talk about prices. Under this bill, the HMOs and pharmaceutical companies are given the express choice, there is that word again, they are given the choice to determine how much to charge and what prescription drugs to offer seniors and the disabled.

Mr. Speaker, what do you think they are going to choose: high prices or low prices? More coverage or will they choose less coverage? Mr. Speaker, the answer is clear, it is profits over people. That is their choice.

Yesterday the President said, "When the government determines which drugs are covered and which illnesses are treated, patients face delays and inflexible limits on coverage." Yet now he wants to turn over those very decisions to insurance companies who have a financial interest, who have a financial gain to make in denying coverage

to America's seniors. They make more money, the more seniors they deny, the more money they make and the circle goes on and on. That is not a good choice.

We have an opportunity to deliver a true prescription drug plan to our seniors this week, and to do so Congress must come together and choose to soundly reject this Republican albatross, this madness. If we shine a light on this, we can see the many problems with this sham prescription drug proposal. It does not provide a guaranteed, defined set of costs and benefits; it does nothing to reduce the high price Medicare beneficiaries are forced to pay for their prescription drugs. For seniors it is simply high on cost and low on benefits with a gap in coverage so large that our seniors would forget they have a drug benefit if they were not still writing a monthly check for the premium while they were not getting any benefits. Still paying a premium, not getting any coverage. That is not a nice choice.

Our Republican colleagues say we do not have enough money to give a better prescription drug benefit. Mr. Speaker, that, too, is just a bad choice they have made, to enact \$1.7 trillion in tax cuts. While we are paying \$1 billion a day in interest for the wealthy rather than serve our Nation's seniors is an outrageous and true reflection of their priorities. It shows you where their heart is. You can get lost in the details, but the result is clear. This is a terrible piece of legislation. Let us forget the gimmicks, it is time to deliver a real drug plan to our Nation's seniors. All they want is an affordable drug benefit with a reasonable premium cost that is defined and meaningful benefits, and that means a benefit without a \$3,000 gap in coverage. They just want a benefit that is available to all seniors regardless of whether they live in Texas or California or New York City.

□ 2320

The Republican plan is just a shameless smoke and mirrors scheme. Let us reject this tired bait and switch scam. We know the end game, do we not? Everybody in here does. Former Republican Speaker of the House Newt Gingrich said Medicare should wither on the vine, and recently our Republican colleague in the other body, Senator SANTORUM, said traditional Medicare should be phased out. That is the goal. That is the object. That is the plan.

Let me read something I did not say, something the Republicans did not say, something the Democrats did not say. This is in *Newsday* June 23, 2003. "The House proposal would replace Medicare's guaranteed coverage with a guarantee only that the elderly would get a sum of money to buy whatever kind of benefits at whatever price private insurers chose to offer. Those who want traditional fee for service Medicare would be forced to pay higher premiums. So at least now we know the

drug plan, skimpy and fraught with uncertainties, is merely a cover for achieving former House Speaker Newt Gingrich's dream of forcing Medicare to wither on the vine." *Newsday*. That is the plan.

This ill-conceived and inadequate plan is not an attempt to provide drug coverage to seniors. It is an attempt to set up the very destruction of Medicare and place HMOs and insurance companies in the catbird seat. It is as simple as that. We all know that.

Now Congress has to make a choice. Seniors and healthcare, HMOs and profits, privatization or Medicare. Mr. Speaker, it is our choice to make. Whom do we stand for? Whom do we stand for in the United States Congress?

Mr. BERRY. Mr. Speaker, I thank the gentleman from Texas for his great leadership in this matter and continued willingness to do the battle on behalf of our senior citizens in this country.

I yield to the gentleman from Massachusetts (Mr. OLVER).

Mr. OLVER. Mr. Speaker, I thank the gentleman for yielding, and I want to commend the gentleman from Arkansas for bringing this particularly important issue before us because this plan is a particularly cynical plan as far as it affects rural districts around America. People do not usually think of my Massachusetts district in the western and northwestern part of the State of Massachusetts as being a rural district, but it is in fact that.

Mr. Speaker, rural seniors like all seniors need help now paying for their prescription drugs. The Republican leadership's prescription drug plan leaves seniors waiting 3 years more for relief. But by 2006 when it finally goes into effect, this ingeniously devious legislation still will not give rural seniors a prescription drug benefit because there will not be a prescription drug plan available for them to access. The Republican leadership claims this plan will provide choice for all Medicare beneficiaries. The Republicans say that seniors all across the country including rural areas will have access to two different prescription drug plans, one, a private HMO health plan which includes prescription drugs, and, two, a prescription-only plan offered by a private insurance company but deliberately not a part of the Medicare that seniors trust.

Rural seniors know that private insurers are not going to offer such plans at an affordable price. The evidence is clear. The Medicare+Choice program shows how private HMO's role in Medicare has failed in rural areas. These Medicare HMOs have abandoned millions of Medicare recipients living in rural districts like mine all over this country. Currently four out of five seniors in rural areas have no access to an HMO managed care plan under Medicare leaving rural seniors with no choice. Why have HMOs abandoned the rural areas? It does not take an econo-

mist to figure that out. With the sparse populations in rural areas, these private HMOs could not turn a big enough profit; so they had no compelling reason to stay and provide services. Since Republican leadership knows rural seniors will not fall for promises of Medicare HMOs again, they have also provided the choice of a prescription-only benefit provided by private insurance companies while allowing seniors to stay in the Medicare that they do trust.

But this legislation makes a promise of insurance that does not currently exist and can never exist in any affordable form for the exact same reason that HMO insurance plans could not make a profit in rural areas. Prescription drug costs are exorbitantly high; yet the Republican leadership expects that private insurers will be eager to provide this prescription-only benefit to the segment of the population that uses the most prescription drugs but has the least available cost. There are no incentives for the insurance industry to provide this benefit.

In the end the high premiums and high costs will fall to seniors who will be left with the same exorbitant drug costs they currently pay. Worst of all, by the year 2010, the Republican leadership is determined to undermine Medicare and eliminate the fee for service program so Medicare can be exclusively run like an HMO. This will leave no choice whatsoever because rural seniors will have neither of the plans they have been promised.

The Republican leadership is placing the lives of our rural seniors in the hands of insurance companies that they do not and cannot trust, who have abandoned them in the past but in reality by 2006 the promises being made now to rural seniors to provide a prescription drug benefit and a Medicare HMO choice will never be kept. Rural seniors will have no choice. There will be no private insurance providers riding to the rescue, and rural Medicare beneficiaries will still pay the same exorbitant drug costs they now pay.

The Republican bill nullifies every promise to take care of our poorest and sickest seniors. It is a sham and a cruel hoax for rural America.

And I want to again thank the gentleman from Arkansas for his leadership in bringing this issue before the floor this evening.

Mr. BERRY. Mr. Speaker, I thank the gentleman from Massachusetts and the gentleman from Texas.

Mr. Speaker, rural pharmacies are the only professional healthcare providers we have in many of our rural communities. If this bill were to become law, it would wipe out those institutions. It would make it impossible for them to stay in business because they would be forced to compete with a mail order operation that would be so full of gimmicks that it would be impossible. These mail order operations would be set up by the prescription

drug manufacturers with the cynical reason of taking the healthcare providers out of these communities. HMOs will have an incentive to put profits before patients. Headlines in the Wall Street Journal today documents a situation exactly like that where an insurance company or a pharmacy benefits manager chose to put profits before patients.

Let us not wipe out healthcare for senior citizens in rural America. Let us deny this bill and send it back until we can do what we know that we have the ability to do, and that is to provide to seniors citizens of this country with a reasonably priced prescription medicine program that will serve them well and serve this country well.

H.R. 2544, THE MEDICAL INDEPENDENCE, PRIVACY AND INNOVATION ACT OF 2003

The SPEAKER pro tempore (Mr. GARRETT). Under the Speaker's announced policy of January 7, 2003, the gentleman from California (Mr. ROHRABACHER) is recognized for the remaining time until midnight as the designee of the majority leader.

Mr. ROHRABACHER. Mr. Speaker, before my colleagues leave, let me just note that that quote from Newt Gingrich that was banded around earlier, we have seen that quote used many times, and those of us who have been who have seen the full quote know that that quote was taken out of context and often Mr. Gingrich pointed that out as an example of the abuse of the public trust by presenting something that was totally misrepresented.

Mr. SANDLIN. Mr. Speaker, will the gentleman yield?

Mr. ROHRABACHER. No, I would not.

Mr. Speaker, I think I control the body. I have the floor.

Mr. SANDLIN. I am just asking if the gentleman would yield.

PARLIAMENTARY INQUIRY

Mr. SANDLIN. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman has not yielded for a parliamentary inquiry.

Mr. ROHRABACHER. I would ask that the gentleman be removed from the floor.

Mr. SANDLIN. Mr. Speaker, Parliamentary inquiry.

Mr. ROHRABACHER. Mr. Speaker, I am reclaiming my time. I would ask that the Sergeant at Arms remove the gentleman from the floor if he insists on taking my time.

Mr. SANDLIN. I do not want the gentleman's time.

Mr. ROHRABACHER. I would ask the Sergeant at Arms to remove him from the floor if he continues to interrupt.

The SPEAKER pro tempore. The gentleman from California has not yielded. The gentleman from California is recognized.

Mr. ROHRABACHER. Mr. Speaker, we have seen this misuse of this quote

so often in this body, and I would just like to make sure that the public is aware when they hear it misused again that Mr. Gingrich has time and time again demonstrated that that quote was being misused by people who were trying to misrepresent what he said.

□ 2330

Mr. SANDLIN. Mr. Speaker, would the gentleman yield at this point?

Mr. ROHRABACHER. Mr. Speaker, I would be happy to yield.

Mr. SANDLIN. Mr. Speaker, I would just like to ask the gentleman, if that has been misquoted, I would like the gentleman, number one, to read the entire quote, because the gentleman will see that, in fact, he did say that it should wither on the vine; and possibly the gentleman could comment on Senator SANTORUM's comment that we should phase out traditional Medicare. I thank the gentleman for yielding.

Mr. ROHRABACHER. Mr. Speaker, I thank the gentleman. Let me just note that this quote, as I have stated, has been refuted over and over again and demonstrated by Mr. Gingrich in many public forums that it was being used in a very irresponsible and dishonest manner.

I would just note now that I would like to discuss a different approach to medical independence and privacy and health insurance and the whole issue that we have been discussing tonight and will be discussing further in the next few days.

I have a piece of legislation that I would like people to consider and that I would like them to look at; it is H.R. 2544. It is a piece of legislation that I believe offers a whole new approach to medical care and health care in America.

Unfortunately, all too often, the discussion of medical reform legislation has been focusing on the allocation of more funds. Sometimes those funds would help in our society those who are lacking resources to purchase their own adequate health care and medical care; but at other times when we are talking about spending more funds, what we are not talking about is helping those who really need it and cannot provide for themselves, but what we are talking about is subsidizing everybody, whether or not they need it. Rarely does Congress, when they are focusing on just spending more money, whether or not someone needs that help, rarely do we focus on how can we do things more wisely and more efficiently, and how can we bring down the costs of getting health care that would make more people able to take care of themselves. Rarely does government focus on how to create an environment which would spur the supply of medical services, and rarely do we focus on encouraging cost-cutting innovation or to provide incentives for those who create and innovate and bring up new, cost-effective methods of dealing with illness in our society.

In essence, what government does, and what this body often does, is focus

on medical care demand rather than on medical care supply. This focus all but guarantees the price of drugs and hospital care and medical treatment will continue to soar and outpace the ability of many Americans to afford the price of being healthy and; certainly, as it brings the price of health care up, it then creates even more Americans, a pool of even more Americans who cannot take care of their own health care costs. So it is a cycle that leaves even more Americans dependent on the government, and then the government creates a situation where even more Americans cannot take care of themselves.

The Federal Government took over responsibility for the health care of America's seniors back in 1965. When Medicare was first enacted into law back in 1965, very few people remember what it was like back then. But before then, our economically disadvantaged were taken care of by tax dollars. Yes, they were. But most Americans who became seniors were expected to take care of themselves. And we need to ask ourselves, what has happened to the price of health care since the government assumed responsibility of taking care of all Americans over a certain age? What has happened to our health care since the emergence of Medicare?

Today, I dare say the price of health care is so high that it is inconceivable that most of our seniors can take care of themselves. Before Medicare, people were expected, if they could, to take care of themselves. Medicare came in and decided to take care of everybody. Now, almost nobody is able to take care of themselves.

Of course, the massive escalation of health care prices have hit the rest of the population as well as our seniors. Now, the same can be expected, I might add, of the price of prescription drugs if, indeed, we end up having the government take over, providing prescription drugs for all seniors, whether or not those seniors can afford to take care of themselves. What will happen is the price of drugs will soar, not only for seniors who will be paid for by the government, but by everyone else as well, again, making it even more difficult for people, for American citizens, to take care of their own health needs.

Last week, I introduced a bill entitled the Medical Independence, Privacy, and Innovation Act of 2003. This legislation combines a creative mix of market-oriented reforms that will encourage independence and, hence, wise personal medical care choices. If enacted, this legislation will further expand the protection of our medical care privacy. It makes long overdue changes in the Federal Drug Administration procedures that will encourage innovation and invention of new pharmaceuticals and, thus, will have a major effect on bringing down the cost of health care. This legislation, if enacted, will expand the variety, quantity, and availability of medical innovation. It is innovation, new technology, and our creative genius that