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We said, we value our elders. Even though the market says leave them behind, we will not. We will protect you and treat you with compassion and the dignity that you deserve in your old age.

So why do the Republicans want to privatize Medicare so badly? Maybe they have amnesia. Maybe they do not remember what happened when we left the health care of aging parents and grandparents to the free markets. Or maybe they are so swept up in their blind faith in the market that they believe that somehow the market will just take care of things. But we have already tried them and it did not work. Remember?

Taking care of the elderly is not profitable, nor should it be. Profit is not always the most important thing. These are the people that reared us. They are the people that took care of us when we were sick. They are the people that taught us right from wrong. I will not be a party to this slap in the face to my parents and to the seniors in my community being offered by the Republican majority of this body. Their bill purports to offer a prescription drug benefit for Medicare beneficiaries, but it fails to offer any guarantee that seniors will actually receive it.

The prescription drug plan is only available through private insurance companies or HMOs.

And besides all this, it does not ensure that all seniors will get this coverage. The eligibility of all seniors has been a hallmark of the Medicare program.

If that was not bad enough, in a provision of the bill completely unrelated to creating a prescription drug benefit, the House GOP bill would increase seniors' costs for doctor visits by raising the Part B premium and indexing it to inflation.

This provision is included for no other reason than to raise the cost of traditional Medicare and force seniors into Managed Care Plans.

And who does this benefit? Seniors? I think not. It benefits Insurance Companies and Pharmaceutical Manufacturers—the real constituents of the Republican Party.

Republicans are doing in this bill what they have consistently done this whole Congress: Advantaged the wealthy and the powerful and put the screws to the little guy.

Just last night, DAVID OBEY stood on this floor and asked the Republicans to cut back, from \$88,000 to \$83,000, the tax cut for those whose annual income is over 1 million dollars in order to pay for desperately needed homeland security projects.

The Republicans said “no.” Cutting taxes for the wealthy and powerful is more important.

Just a few weeks ago, I tried to offer an amendment to the tax bill that would have pushed back the start date of the dividend portion of the tax cut for 1 year—just seven-tenths of one percent of the tax cut—to fund homeland security projects to make our country safer.

The Republicans said “no.” Cutting taxes when we are in astronomical debt is more important.

How about the Child Tax credit? “No,” say the Republicans, we are not going to help out poor children or the children of veterans of a war in Iraq where Marines and Soldiers are still dying.

Today, I offered an amendment to the Medicare Bill, in order to offer a real prescription drug benefit to all seniors, and to do it through Medicare.

I hope that the committee will allow this amendment to be considered on the floor of this House. It is an important amendment because it is not designed to protect the profits of the insurance companies or the pharmaceutical industry. It is designed to help our seniors.

It is clear to me and to my Democratic colleagues where the Majority's loyalties lie. From homeland security to education, from veterans benefits to the Child Tax credit, and now finally to the health and well being of our parents and grandparents, the Republican message is clear: We do not care about you.

OLDER WOMEN AND MEDICARE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WATSON) is recognized for 5 minutes.

Ms. WATSON. Mr. Speaker, I want to stress the importance of a health safety net that has worked for the American people. It is our duty to protect the seniors that have contributed to society over their lifetimes. Our older constituents have built or supported most of what America is today and we owe them respect. We owe them the safety net that is called Medicare.

I want Congress to know that not only is Medicare important for the American people, it is a huge issue for America's women. Women, indeed, are the face of Medicare. Women constitute 58 percent of the Medicare population at 65, and women constitute 71 percent of the Medicare population over the age of 85. Women can expect to live on the average 19 years into retirement, while men can only expect to live 15 years. We must take care of our mothers, our sisters, and our daughters. We can do no less.

Across the breadth of the United States, the older and the poorer the woman, the higher the out-of-pocket health costs. The more she needs assistance, the less she will actually receive. Because of barriers to enrollment, close to half of older women with incomes below the poverty line are not enrolled in Medicaid. Research suggests that women on Medicare spend 20 percent more on prescription drugs than their male counterparts. Middle class women who have made wise financial planning decisions, can quickly find that high drug costs will eat away any retirement security they have worked to establish.

Mr. Speaker, I want to give you some thoughts on cultural diversity in regards to women and Medicare. More minority women than Caucasian women are uninsured or rely on public rather than private health insurance. Minority women are more likely to

have lower incomes and to live in poverty than other women. The percentage of women on Medicare with incomes of less than \$10,000 a year is a very telling statistic. Twenty-four percent of white women, or 14.7 million; 56 percent of African women, and there are 1.8 million; and 58 percent of Latina women, and there are 1.2 million, live way below the poverty line. Clearly, not only should we strengthen the safety net but we should find out why so many women need that net.

So, Mr. Speaker, a health safety net for the American person is imperative. Our older constituents have built or supported most of what America is today, and we owe them a great amount of gratitude. They should go to bed each evening feeling secure that they have health benefits when they are needed. They should know that their benefits are universal and affordable.

What a shame, a shame, that our seniors have to leave the United States and go to Canada or Mexico, where the same prescription drugs, same ingredients, are much, much cheaper. We have seniors who are eating dog food rather than regular food because they have to pay the cost of these expensive drugs.

In closing, Mr. Speaker, these older Americans should be given a benefit that they can rely on, that they will know they can live a quality of life with respect rather than the one they would have to live if we whittle away at Medicare. Let us honor our seniors.

REPUBLICAN PRESCRIPTION DRUG BILL

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Nevada (Ms. BERKLEY) is recognized for 5 minutes.

Ms. BERKLEY. Mr. Speaker, I oppose the Republican prescription drug plan. I represent the fastest growing Congressional District in the United States. I represent the fastest growing senior citizen population in the United States. When I came to Congress, I thought I would modernize Medicare, improve Medicare, strengthen Medicare. I never dreamed that I would participate in the destruction of Medicare. This legislation before us this week destroys the Medicare system.

I oppose this plan. It does not offer a guaranteed prescription drug benefit for seniors. It ends traditional Medicare that seniors in my district and throughout the United States rely on. Under this Republican proposal, there is no guarantee that private insurance companies will offer prescription drug coverage. While Republicans estimate that the cost of the premium would be \$35, the fact is we do not know how much the premium is going to be. Private insurance companies can devise their own plan and raise premiums whenever they want to meet their bottom line rather than meet the needs of our senior citizens.

The Republican plan does not guarantee that seniors will receive any help

with rising drug costs. The plan creates a donut hole in the coverage. Seniors who have more than \$2,000 in prescription drug expenses are responsible for all of their drug costs until they reach \$5,000 in medical costs. And they still have to pay the premium. Forty-seven percent of seniors in the United States fall into this gap.

The plan does not guarantee that private insurance companies will remain in the market for more than 12 months. Seniors could be forced to change insurance plans with different doctor panels every year. Seniors know and trust their doctors. Many seniors have received care from the same doctors for years. Placing this burden on our seniors is unconscionable.

The Republican plan does not modernize Medicare. It does not improve Medicare. It does not strengthen Medicare. It dismantles benefits and puts seniors into HMOs and PPOs. In 2010, Medicare will compete with private health care plans. This will result in higher premiums for hospitals and physician benefits. Seniors, particularly women, will bear the burden of these increased costs. Instead of dismantling traditional Medicare, we should strengthen the program to provide the best care for our seniors.

We should be adding a prescription Medicaid benefit to Medicare, and I also support adding a provision to increase Medicare provider reimbursements. Thousands of doctors are leaving Medicare because Medicare reimbursements do not cover nearly enough of the patient's health care costs, leaving the doctors to make up the remainder of the costs. Increasing reimbursements allows physicians to continue treating Medicare patients while confronting rising health care costs.

It makes absolutely no sense to me that we have a Medicare system that allows people to see the doctor of their choice, and when the doctor provides a prescription medication, a senior cannot afford that press medication. How outrageous is that in our Nation?

I also support provisions to simplify the Medicare paperwork process. Today, doctors are spending far too much time filling out forms; not enough time treating their patients. Many doctors say if we could cut through this red tape, they could devote more time to caring for their patients. And what is best for the patient is why we are here tonight.

Las Vegas has one of the fastest growing populations of seniors in the Nation. I owe it to the seniors in my district to support a meaningful prescription drug benefit; a benefit that is available to all seniors who need it, a benefit that does not have significant coverage gaps, and a benefit that allows seniors, and not insurance companies, to choose their doctors and not force seniors to leave the Medicare system that they know and they trust in order to receive desperately-needed prescription medication.

I ask all of my colleagues to join me in opposing the Republican plan, sup-

porting the Democratic plan that is easier, fairer, and that our seniors approve and agree with.

HEALTH CARE REFORM

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

Mr. DAVIS of Illinois. Mr. Speaker, the current Medicare debate highlights the need for fundamental changes in the way that health care is provided in the United States. The Medicare prescription drug bill currently before the House fails to address any of the fundamental problems in our health care system.

The need for affordable prescription drugs for our Nation's seniors is one component of the health care reform needed in the United States. And just like last year, this House will pass a Medicare prescription drug bill that fails millions of Americans. The current plan will perpetuate the inequalities in health care suffered by poor and rural Americans, as this plan hurts both groups.

Seniors with incomes between 135 and 150 percent of the Federal poverty level will pay the same deductible and copays as someone with an income 300, 500 or 1,000 percent of the poverty level. The only relief is a sliding scale premium. Those with incomes 150 to 200 percent of poverty will receive no relief at all.

Rural Americans have already faced severe restrictions in their choice of providers. And in 2003, only 19 percent of rural Medicare beneficiaries have the option of enrolling in a Medicare managed care plan.

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These seniors are likely to face similar restrictions in the choice of prescription drug plans, without a fallback prescription plan through Medicare. This discrimination against certain seniors is intolerable. Not only does the current plan restrict access to drugs, but it also could limit what drugs seniors can take. In 2002, 55 percent of all Medicare private plans covered only generic drugs, provided no coverage for brand names. This means that those who must take a specific brand-name medication for which no generic form exists or need a new, more effective drug cannot obtain them. The answer is not to provide more private prescription drug plans.

The current Medicare prescription drug bill only perpetuates the failures of our health system. The solution to the current crisis lies in a prescription drug benefit that helps to contain prescription drug costs, provides better access to generic drugs, and is built into Medicare. Absent a comprehensive solution that provides medical and prescription drug coverage for all Americans, there is no excuse for restricting the access of our Nation's seniors to prescription drug coverage. Our seniors

need a comprehensive standard benefit for all. We cannot afford to further privatize Medicare, offer different plans to different people, and threaten the program that has provided health care for over 39 million people.

Our Nation's seniors need a uniform, comprehensive plan. Absent a comprehensive solution that provides medical and prescription drug coverage for all Americans, there is no excuse to do anything less. The solution to the current crisis lies in a plan that helps to contain prescription drug costs, provide better access to generic drugs, and is built into Medicare.

Just as hospital and physician coverage is assured by Medicare and includes a standard benefit for all seniors, so must prescription drug coverage. In the complex world of medical insurance, it is crucial for us to provide reliable coverage under one plan to reduce confusion on the part of Medicare beneficiaries. We cannot afford to further privatize Medicare, turning it only into a health voucher program by the end of the decade, and threatens the program which has provided health care for over 39 million Americans. Let us be real and have a real prescription drug program for our seniors.

AMERICANS SHOULD COME FIRST IN PRIORITIES

The SPEAKER pro tempore (Mr. GARRETT of New Jersey). Under a previous order of the House, the gentleman from Illinois (Mr. EMANUEL) is recognized for 5 minutes.

Mr. EMANUEL. Mr. Speaker, I agree with a number of our preceding speakers who have talked about the importance of Medicare and why their principles and values are different than some of our other colleagues.

Tonight I would like to address another subject in the closing days before our July 4th district work period, and that is a child tax credit.

Mr. Speaker, yesterday the president of Pakistan was here and the President of the United States guaranteed \$3.5 billion to Pakistan. He came in, got a nice reception at Camp David, and flew out with a check for \$3.5 billion. That is equal to the amount that it would cost to provide the 12 million children, 6.5 million working families a full \$1,000 tax credit in this country; yet they are not receiving it.

In Pakistan they came in, smiled, shook hands, and walked out with \$3.5 billion. In America, 12 million American children will be left without a tax cut as they go into the summer months. As their parents buy clothes and shoes and backpacks for the coming school year, they will not have the full \$1,000 child credit.

Two weeks ago, The New York Times reported that we are providing 200,000 Iraqis \$20 a day for no-show jobs. I come from Chicago. We know something about no-show jobs. We think we understand no-show jobs. Yet while we provide these Iraqis \$20 a day, 200,000 of