

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 fall-back 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

them for the last 2 months, that comes to about \$1,000, we have 200,000 active duty GIs who in the Republican tax bill are not provided the full \$1,000 tax credit. Somehow we have put in this administration and in this Congress more priority on the 200,000 no-show Iraqis who are getting \$20 a day than our active men and women who are getting shot at and could lose their lives. They deserve a tax cut.

I noted the other day in our commitment to Iraq for reconstruction, we committed to 20,000 units of housing reconstruction; and yet here in America under the President's budget, there are only 5,000 units of public housing. We committed to 13 million Iraqis getting universal health care, half the population, yet not a dime for America for the uninsured who work full time. We committed to rebuilding 12,500 schools in Iraq, yet in many of our schools across this country, there are no dollars for investment in modernization.

What make Iraqis and the investments in Iraq more important than investments here? I support rebuilding Iraq, given the war; but we should not deconstruct here in America. We have set a set of priorities and principles in place that has put America behind where we put our priorities overseas. This administration needs to remember that here at home working families deserve a tax cut, the 12 million children of working parents, 6.5 million working families who will not get the \$1,000 tax cut because this Congress, under the stewardship and leadership of this administration, is too busy.

Yet the Premier of Pakistan came in and walked out with an equal amount of dollars, \$3.5 billion. In Iraq, folks will be getting \$20 a day who do not show up for work, yet our GIs on active duty will not get the full \$1,000 tax cut they are promised. Where are the values? Where are the principles that say you should do that? I think I know a number of my colleagues on the other side of the aisle who have good values. We have talked about our families, our hopes and faith. If their mothers knew what they were doing here, giving 200,000 Iraqis \$20 a day, denying a tax cut to our GIs, I think they would have another view because those are not the values their mothers raised them with.

In closing, we make choices. President Kennedy once said to govern is to choose. I am saddened that, as we get ready to start sending out checks to the top 1 percent in the sense of wealth, that the 12 million children of working families will have been forgotten and will go without that tax cut.

Mr. Speaker, we will go home with unfinished business as it relates to our values and our principles. We should remember the folks who get up every morning, go to work, try to make that paycheck stretch all the way to the 31st of the month. We should remember what they are trying to do with their children, to know the difference between right from wrong; and what do

we say to them, we are going to keep that speed bump in your way so your day is harder. But somehow, we are putting a better sense of values on the Premier of Pakistan who walked out in one day with \$3.5 billion, equal to the amount it would cost to rectify the error in the conference when the Republican leadership of the Senate and the Republican leadership of the House and the Vice President of the United States sat in the room and cut those kids out of the tax cut.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Ms. EDDIE BERNICE JOHNSON) is recognized for 5 minutes.

(Ms. EDDIE BERNICE JOHNSON of Texas addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. MILLENDER-MCDONALD) is recognized for 5 minutes.

(Ms. MILLENDER-MCDONALD addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Ms. CORRINE BROWN) is recognized for 5 minutes.

(Ms. CORRINE BROWN of Florida addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

BETTER PRESCRIPTION DRUG PLAN NEEDED

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Ms. JACKSON-LEE of Texas) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I wish to join my colleagues tonight. Many of the women of the United States Congress have made a commitment to their constituents to represent them in a very fair manner, but they also recognize the importance of not leaving the sensitivity and the understanding of the needs of the women of America at the door as they take their oath to be Members of Congress.

So today I rise to join my colleagues to emphasize the importance of the Medicare prescription drug debate on the women of America. This is one of the most important debates; and unfortunately, as we rallied today with many of the senior citizens from all over the country, many of them were women. We were not able to say to them that this House had come to a reasonable conclusion and a reasonable proposal that responds to their needs.

The Republican prescription drug plan ignores the needs of our sisters, mothers and grandmothers; and we op-

pose the passage of such legislation. It ignores the reality that women often outlive their male counterparts, making Medicare beneficiaries disproportionately female. It ignores the points that if these females outlive their spouses, in many instances their income is lower. Many might say does that not give them a double benefit? No it does not. In many instances they may be living on Social Security. That is not enough. They may also be living on a small pension; sometimes one is diminished because of the other. Social Security is lowered because you may have a small pension. Many of them are elderly, and many of them are sick. Some of them face catastrophic illnesses.

In the course of trying to live their life, provide housing, food, they have to make choices. I have seen constituents, particularly in the elderly population, who have had to choose prescription drugs over a place to live or the right kind of place to live.

It is very important tomorrow when we debate this issue, if we do, that we concentrate on this enormous deficit as relates to the Republican plan, the doughnut, the hole, if you will, that our dear friend, the gentleman from New Jersey (Mr. PALLONE), has so eloquently articulated, the very large gap between the monies you receive and the amount of monies you will ultimately get at a point when you max out, if you will. \$2,000 maybe, and then for a long period of time our senior citizens, those who will be under Medicare, will get no money whatsoever until they reach a certain amount.

Mr. Speaker, this is intolerable. It makes it very difficult for someone on a fixed budget. This makes any decision regarding the future of Medicare critically important to millions of women, and that is because they live in many instances a longer period of time. And many women spend time out of the workforce caring for their children and sometimes for their own parents. Let me add another component. Many women sometimes go into a second generation of raising their grandchildren, and so they have the expenses of their grandchildren; but yet they have the needs of their own health needs. While in the workforce, they often earn less than their male counterparts, and for these reasons women earn less than men over their lifetime and their Social Security monthly benefits are smaller.

As a result, an older woman is more likely to face serious financial pressures, and she needs Medicare to be meaningful. She needs us to close the doughnut. We need a guaranteed prescription drug benefit that provides an even, unending source of guaranteed prescription drug benefit to provide the support that these women need. This is not done by the Republican plan. In fact, what the Republican plan does is it unravels the safety net that has been provided for older women.