

The Members of this body need to understand that when Defense Department officials talk about so-called savings from a BRAC round, they are not talking about real cost savings. Most of the so-called cost savings are actually cost avoidances.

DOD also claims that it needs savings from BRAC to fund new weapons systems in support of the military transformation. However, the first few years of a BRAC round requires hundreds of millions of dollars in upfront investments costs. This includes upfront costs for new military construction, for relocated troops and families, new MILCON dollars for realigned missions, new money for environmental restoration and base conveyance procedures.

To complicate the problem, DOD still does not have solid data on costs of environmental clean up. Our current information indicates that environmental clean-up costs have exceeded \$10 billion, and the estimated environmental costs beyond 2001 rose from \$2.4 billion in 1999 to \$3.5 billion as stated in last year's GAO report on purported BRAC savings.

Deputy Under Secretary of Defense for Installations and Environment, Ray DuBois, summed it up well when he told the DOD Roundtable in December 2002 the following: "The excess capacity statistic, which the Secretary and others, including myself, have referred to, is based on a 1998 capacity utilization study. It is true that there is excess capacity in some range of 20 to 25 percent, but that is a clumsy number insofar as it is an aggregate number."

He goes on to say: "Remember that BRAC is not inexpensive. BRAC will probably end up costing the Department of Defense, over a 4- to 6-year period, depending upon how large the BRAC is, depending upon how much capacity you are reducing, and by definition, how much you are realigning it, it could cost 10 to \$20 billion over that period of time."

Mr. Chairman, I ask for my colleagues to support the amendment to limit the funding for BRAC in this appropriations bill.

Mr. LEWIS of California. Mr. Chairman, I rise to very briefly oppose this amendment.

Mr. Chairman, this is appropriately an item that should be a part of the authorization process. It is my understanding at the subcommittee level there was support for this proposal and there was a decision at the full committee to turn that around, and the authorizing committee has spoken in terms of this question.

It is, in my judgment, poor policy on the part of the Committee on Appropriations, going through the back door by limiting appropriations to essentially undo what is the policy in the existing law, a policy which has not been changed by the authorizing committee.

Mr. DICKS. Mr. Chairman, will the gentleman yield?

Mr. LEWIS of California. I yield to the gentleman from Washington.

The CHAIRMAN. Does the gentleman from California still reserve his point of order?

Mr. LEWIS of California. Mr. Chairman, I withdraw my point of order.

Mr. DICKS. Mr. Chairman, I thank the gentleman for yielding.

Mr. Chairman, it is true that it does cost a substantial amount of money in the first few years; but there is no question that, long-term, billions and billions of dollars have been saved because of the BRACs we have had in the past. So I think we should move forward on this, and it would be wrong to do it in this bill. It would be an authorization matter. I think it is a mistake, and I support the chairman in his opposition to the amendment.

Mr. LEWIS of California. Mr. Chairman, reclaiming my time, I very strongly oppose the amendment.

Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Indiana (Mr. HOSTETTLER).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. HOSTETTLER. Mr. Chairman, I demand a recorded vote; and pending that, I make the point of order that a quorum is not present.

The CHAIRMAN. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Indiana (Mr. HOSTETTLER) will be postponed.

The point of no quorum is considered withdrawn.

Mr. CARDIN. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I had intended to offer an amendment that would have restated the policy of our country against the use of torture. The reason that I was going to offer that amendment is that I do represent this body in the Commission on Security and Cooperation in Europe; and in many of our meetings, the issue of the use of torture has been raised, particularly in light of our war against terrorism. I might tell you there have also been press accounts recently that call into question the use of torture in regards to the campaign against terrorism.

However, Mr. Chairman, I think the President of the United States, along with the representatives from the State Department and Defense Department, have made it very clear on the U.S. policy in this regard.

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Let me just point out that on June 26, the International Day in Support of the Victims of Torture, President Bush declared that "Torture anywhere is an affront to human dignity everywhere." He observed that "Freedom from torture is an inalienable human right." The State Department also noted that "Freedom from torture is an inalien-

able human right, and the prohibition of torture is a basic principle of international human rights law. This prohibition is absolute and allows no exceptions." Finally, as the General Counsel to the Defense Department William Haynes wrote to Senator LEAHY recently, "The United States does not permit, tolerate, or condone any such torture by its employees under any circumstances."

Mr. Chairman, I think the record is very clear on the U.S. position in regards to the use of torture, and, therefore, I will not pursue an amendment at this time. I thank my colleagues for their patience.

Mr. LEWIS of California. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. TOM DAVIS of Virginia) having assumed the chair, Mr. CAMP, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 2658) making appropriations for the Department of Defense for the fiscal year ending September 30, 2004, and for other purposes, had come to no resolution thereon.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. CAMP). Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Record votes on postponed questions will be taken after 6:30 p.m. today.

#### REGARDING THE ACTUARIAL VALUE OF PRESCRIPTION DRUG BENEFITS OFFERED TO MEDICARE ELIGIBLE ENROLLEES BY A PLAN UNDER FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

Mr. TOM DAVIS of Virginia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2631) to provide that the actuarial value of the prescription drug benefits offered to Medicare eligible enrollees by a plan under the Federal employees health benefits program shall be at least equal to the actuarial value of the prescription drug benefits offered by such plan to its enrollees generally.

The Clerk read as follows:

H.R. 2631

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. NEGOTIATIONS BY THE OFFICE OF PERSONNEL MANAGEMENT.

(a) IN GENERAL.—Section 8902 of title 5, United States Code, is amended by adding at the end the following:

"(p)(1) A contract may not be made or a plan approved which does not offer to Medicare eligible enrollees prescription drug benefits the actuarial value of which is at least

equal to the actuarial value of the prescription drug benefits which are offered to enrollees under the plan generally.

“(2) For purposes of this subsection, the Director of the Office of Personnel Management shall establish processes and methods for determining the actuarial value of prescription drug benefits.”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to contract years beginning after the date of enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. TOM DAVIS) and the gentleman from Illinois (Mr. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia (Mr. TOM DAVIS).

GENERAL LEAVE

Mr. TOM DAVIS of Virginia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the bill under consideration.

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

There was no objection.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, last week the House passed H.R. 1, the Medicare Prescription Drug and Modernization Act. Part of this bill recognizes and seeks to address one of the core concerns regarding adding a prescription drug benefit to Medicare; that is, with the implementation of such a benefit, lead employers who currently offer prescription drug coverage to their employees to stop doing so. Obviously, we do not want to put a government entitlement plan into operation and drive the private plans out of existence, or the costs over the long term to the taxpayers will go off the charts.

The bill addressed these concerns by providing subsidies to private employers and unions to encourage them to maintain prescription drug benefits for their retirees. With the help of the gentleman from California (Chairman THOMAS), we were able to clarify that the Office of Personnel Management would also be eligible for these subsidies, something that I believe will lead to lower FEHBP premiums for all enrollees. However, I think it is necessary for us to go one step further.

Coming from northern Virginia, I represent over 50,000 Federal employees and retirees. As chairman of the House Committee on Government Reform, I am responsible for issues pertaining to Federal workers and retirees, along with the gentlewoman from Virginia (Mrs. JO ANN DAVIS), the chairwoman of the Subcommittee on Civil Service. Thus, not only am I acutely aware of the challenges the Federal Government faces as an employer to recruit and retain quality employees, I am also very aware that Federal retirees are sometimes treated differently than current employees in ways that are not always equitable.

For example, current Federal employees are allowed to deduct their health insurance premiums from pretax dollars, but Federal retirees are not. I look at this issue from an employer's perspective. Remember: In addition to the large number of retirees already in FEHBP, 50 percent of the Federal workforce is eligible for retirement in the next several years. With H.R. 2631, we are telling the people that we are going to live up to our end of the bargain. We are saying that with regard to prescription drug benefits, Federal retirees will continue to be placed on par with current employees, that OPM will not reduce their benefits as opposed to the benefit offered to current employees.

In crafting H.R. 2631, I thought it was important to continue to allow OPM as much flexibility as possible in negotiating future prescription drug benefits. And for the record, Senator AKAKA, my colleague in the other body, has offered similar legislation on the other side of the Capitol. Thus, H.R. 2631 does not require OPM to offer a specific dollar amount of coverage that has to be maintained; they can raise or they can lower benefits as they see fit through negotiations with individual plans, but they have to do it for all FEHBP enrollees to treat them the same, regardless of their age. In essence, we are simply telling OPM to continue to do what they have always done.

Mr. Speaker, in closing, I believe H.R. 2631 sends an important message to both Federal retirees and current Federal employees. It will be a helpful tool in our efforts to build and retain an effective Federal workforce and give these employees a career path and retirement they can depend on. Therefore, I urge all Members to support the passage of H.R. 2631.

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

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the bill before us today, H.R. 2631, was crafted to ensure that legislation expanding Medicare will not reduce prescription drug benefits for Federal retirees enrolled in the Federal Employees Health Benefits Program. While I support this legislation because it shields Federal employees from the illusive drug benefit in the Medicare proposal, the reality is it leaves millions of others unprotected.

Federal annuitants are worried, and they should be. They are worried because they see something in the government's subsidized Medicare prescription drug benefit that they do not like, and with good reason. This past Sunday The Washington Post reported that despite the Bush administration's proclamations, and I am quoting, “The reality is that the two Medicare drug bills passed by the House and the other body do not come close to providing the level of coverage given to the 8.5 million Federal workers, including lawmakers, White House staff, and the

President. Both measures would require senior citizens to buy an auxiliary prescription plan, whereas all 188 plans offered to Federal employees include drug coverage, and at far more generous reimbursement rates.”

To remedy this, H.R. 2631 would maintain prescription drug parity between Medicare-eligible retirees enrolled in the FEHB program, and active duty Federal employees and retirees. It provides that the prescription drug benefit offered to Medicare-eligible enrollees by a plan under the FEHB program be at least equal to the prescription drug benefits offered by such a plan to its enrollees generally.

This is obviously a good bill for Federal employees, but it also sheds light on what a bad bill the Medicare prescription drug benefit is for the rest of America.

Mr. Speaker, I urge Members to support this legislation and similar legislation for the rest of America's seniors.

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

Mr. TOM DAVIS of Virginia. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Virginia (Mrs. JO ANN DAVIS), chairwoman of the Subcommittee on Civil Service.

Mrs. JO ANN DAVIS of Virginia. Mr. Speaker, I rise today in strong support of H.R. 2631, a bill that has a simple, yet powerful, purpose: to protect the health benefits of our valued Federal retirees. I am proud to be an original cosponsor of this legislation, along with my distinguished colleagues from the Commonwealth of Virginia.

One of the hallmarks of Federal service has been the government's commitment to providing health care for its retired employees, those public servants who dedicated their professional careers to protecting our shores, fighting disease, keeping our air and water clean, and upholding the laws of the land. We not only owe them our thanks, we owe it to them to keep our commitments.

As the chairwoman of the House Committee on Government Reform Subcommittee on Civil Service, I want to thank the gentleman from Virginia (Chairman TOM DAVIS) for sponsoring this legislation and thank the leadership for allowing us to bring this important bill to the floor so quickly.

H.R. 2631 guarantees that Federal retirees will have a prescription drug benefit that is equal in value to the one provided to active Federal employees. This legislation fulfills the promise of the Federal Government not to eliminate prescription drug coverage to its retirees once a prescription drug benefit is also available through Medicare, which the U.S. House of Representatives has wisely decided to add.

This bill also ensures that there is no difference between the total amount of coverage offered to active employees and the coverage available to retirees. This is an important equity, one that we want to maintain.

I want to emphasize that this legislation does not diminish the Office of

Personnel Management's authority to negotiate health care benefits for Federal employees, but assures that drug benefits will still be available for retirees.

Finally, this is a case of the Federal Government leading by example. If the U.S. Government were to cut benefits for its retirees, why would we expect the private sector to act any differently?

I thank the gentleman from Virginia (Chairman DAVIS) for bringing this legislation to the floor, and I urge passage of H.R. 2631.

Mr. DAVIS of Illinois. Mr. Speaker, it is my pleasure to yield 3 minutes to the gentleman from California (Mr. WAXMAN), the ranking member of the Committee on Government Reform.

Mr. WAXMAN. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, I support the legislation that is before us today for one simple reason: Federal retirees deserve an adequate prescription drug benefit just like all America's seniors do. Without the protections of the bill before us, they face the possibility of losing what they have got.

But let us be clear: This legislation is necessary because the prescription drug benefit for Medicare beneficiaries that was forced through the House by the Republican majority is inadequate and unresponsive to the needs of America's seniors and disabled persons. The President and House Republicans like to defend that bill by saying America's seniors deserve the same coverage that Members of Congress and the Federal workforce get, but nothing could make it clearer that their Medicare bill fails miserably to meet that test. The drug benefit our Republican colleagues are willing to give Medicare beneficiaries is filled with features that will be laughed out of the room if they were suggested for Federal employees.

The Medicare bill contains large gaps in coverage, like the so-called donut hole, where beneficiaries have no coverage for their drug expenses. Once they have \$2,000 in drug costs, coverage stops. Beneficiaries are stuck with the next \$2,900 in costs, and maybe more. Oh, they get to pay premiums for coverage during that time. They just pay for nothing, because the program gives them no help, and whether coverage ever starts up again is uncertain. It will be a catastrophic situation for many of our seniors.

The hypocrisy of claiming that Medicare beneficiaries deserve what the Federal employees health program has, and then give a prescription drug benefit that the Republicans pushed through which is so inferior, it is breathtaking. And, to add insult to injury, the Medicare benefit is designed so that any help from an employer reduces Medicare coverage. That leads to the likelihood that employers will drop drug coverage for their retirees and make people worse off.

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That is a very real possibility that makes the bill that is before us right now necessary. But what about those retirees in the same situation that this bill does not help? Federal retirees deserve to have adequate prescription drug coverage. They deserve to keep the benefits they have, but so do the rest of America's seniors and disabled people. We should live up to the rhetoric and make the Medicare benefit a good one: simple, comprehensive, certain, and affordable. It should truly be as good as what Federal employees have and Members of Congress have. The drug benefit in the Republican Medicare bill fails that test. That is the tragedy that that bill that is now before us highlights today.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I yield such time as he may consume to the gentleman from Virginia (Mr. WOLF), a co-sponsor of this legislation and a leader in the fight for Federal employees' rights.

Mr. WOLF. Mr. Speaker, I rise to express my strong support for H.R. 2631 and am pleased to be an original co-sponsor. Before I make my comments, I want to particularly thank the gentleman from Virginia (Mr. TOM DAVIS) for his efforts.

Those who followed this debate know, through the colloquy that took place on the floor last week, the gentleman from Virginia's (Mr. TOM DAVIS) efforts with regard to this; and I think every Federal retiree and Federal employee will be very very grateful for that. So I want the gentleman from Virginia to know that I appreciate it, as they will also.

Mr. Speaker, this bill is necessary to clarify the intent of H.R. 1, the Medicare Prescription Drug Bill, which the House passed on June 27. H.R. 2631 would ensure prescription drug parity between retirees enrolled in the Federal Employees Health Benefit Program, FEHBP, who are eligible for Medicare, and other Federal employees in the FEHBP. It is vital to pass this legislation to make sure that the bill now moving through Congress to extend Medicare will not reduce prescription drug benefits for Federal retirees enrolled in FEHBP. Federal employees in their retirement must be assured that the commitment will be kept that their drug benefit will remain unchanged and they will not be forced to pay additional costs for prescription drugs. They deserve that commitment from Congress.

I urge all Members to vote for this bipartisan legislation to protect retired and active duty Federal employees.

Mr. DAVIS of Illinois. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. BROWN).

Mr. BROWN of Ohio. Mr. Speaker, I thank the gentleman from Illinois (Mr. DAVIS) for yielding me time.

Mr. Speaker, I rise in support of H.R. 2631, but I am just puzzled by this. I guess I must be missing something. This bill concerns the Federal Em-

ployee Health Benefits Program, which covers President Bush, Vice President CHENEY, and Members of Congress and others. Right now the plans offer drug coverage for retired Members of Congress and other Federal employees equal to the drug coverage these plans offer current employees. This bill puts this policy in law, requiring drug coverage for Federal employees must be equal to coverage for current employees.

This bill was introduced the day the House passed the Republican Medicare prescription drug bill. It is clear that this bill is meant to ensure that Members of Congress, this is where I am puzzled, Members of Congress do not have to live under the Republican Medicare privatization plan. That is why I am puzzled. If it is good enough for Congress, it is good enough for seniors of this Nation. That is what President Bush said in Michigan in January about H.R. 1, his Medicare prescription drug plan.

In his statement of administrative policy on H.R. 1, the White House praised the Republican drug plan saying it was just like the coverage that Members of Congress get. That is where I am getting stuck, trying to figure out why the gentleman from Virginia (Mr. TOM DAVIS) has brought this bill to the floor. If the Republican Medicare bill offers drug coverage just like Members of Congress have and as President Bush says, then why do we have to protect Members of Congress and Federal employees from being forced into the Republican privatized Medicare plan? I just do not get it.

The majority leader of the other body who runs that place and the leader on this side, both said the Medicare Republican bills would accomplish the goal of giving health care security to seniors. But if the Republican drug plan provides real health care security, H.R. 1, why do we have to exempt Members of Congress and other Federal employees from the bill that the gentleman from Virginia (Mr. TOM DAVIS) and other Republicans rammed through this Congress recently?

The gentleman from California (Mr. THOMAS), the chairman of the Committee on Ways and Means, said the Republican drug plan uses private plans to compete to provide beneficiaries better care at lower costs. It is confusing. Why do we need this plan when Congress is exempting itself from what Congress did only 2 weeks ago? I hope that my friends on the other side would explain that.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would like to help the gentleman solve the puzzle. The fact of the matter is there are 1.25 million Medicare-eligible Federal employees and annuitants. Only 388 retired Members of Congress are in FEHBP. The majority of retired Members of Congress do not even take FEHBP. They are in other plans or have opted out of this.

The fact is they are eligible for that by virtue of their service here. This legislation was not crafted by Members looking after themselves. It was crafted with the help of the National Association of Retired Federal Employees. It was difficult to write out the 388 retired Members who happen to use this, which is a minority of the retired Members. Most Members do not use FEHBP. I want to clarify for the gentleman that in no way, shape or form was this for Members. In fact, this was called to our attention by the National Association of Retired Federal Employees. I do not know any other way to get at the problem.

Mr. BROWN of Ohio. Mr. Speaker, will the gentleman yield?

Mr. TOM DAVIS of Virginia. I yield to the gentleman from Ohio.

Mr. BROWN of Ohio. Mr. Speaker, my friend sits on the Committee on Energy and Commerce where this bill was heard. I just heard over and over people saying that we wanted to give, under the Republican drug plan that passed 2 weeks ago by one vote, that we wanted to give the same coverage to seniors as FEHBPs. Are you saying then that the coverage for Federal retirees is significantly better than the coverage that you are providing or that this House provided under H.R. 1, the Republican Medicare prescription drug plan?

Mr. TOM DAVIS of Virginia. Mr. Speaker, all it does is ensures that Federal retirees will be treated the same as current Federal employees in regard to the Federal Employee Health Benefit plan. Currently, they are not in some areas. The feeling is that with this other plan, that retirees could have a different benefit program and that creates some difficulty. So we are trying to even this up and give that assurance.

Most Members of Congress do not opt for FEHBP. That is what the record shows after this is done. So that is kind of a misnomer. It is a small percentage that ends up in FEHBP when they retire. A few do, I grant to the gentleman; but that is not the purpose.

Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. MURPHY).

Mr. MURPHY. Mr. Speaker, I rise in support of H.R. 2631. Today, about 76 percent of seniors have some form of prescription drug coverage; and less than 2 weeks ago the House passed historical legislation, H.R. 1, to create a prescription drug benefit for our seniors.

Mr. Speaker, when we passed H.R. 1, we did not intend to create a new Federal benefit that would replace the prescription drug benefits that many of our seniors today already enjoy. H.R. 1 does contain a number of incentives to employers to maintain their existing level of health care coverage to their senior retirees. But I personally heard from several constituents of mine, retired Federal workers, who are concerned that the Federal Government in

an attempt to save money will reduce or eliminate their prescription drug coverage once a benefit is available through Medicare. In passing H.R. 1, we called upon employers to maintain that coverage it offers to retirees, and the Federal Government has an obligation to lead by example and ensure that Federal retirees continue to receive the same prescription drug benefit as current employees. So H.R. 2631 does just that.

It is the right thing to do, and I urge my colleagues to support this bill.

Mr. DAVIS of Illinois. Mr. Speaker, I yield 2 minutes to the gentleman from Maine (Mr. ALLEN).

Mr. ALLEN. Mr. Speaker, I thank the gentleman from Illinois (Mr. DAVIS) for yielding me time.

Mr. Speaker, the gentleman from Ohio (Mr. BROWN) said he was puzzled by this bill, but I am not so puzzled. It seems to me quite clear that the one thing that our Federal retirees were right to be concerned once the Republican prescription drug bill had passed this House, they were right to be concerned that they might some day have to live under those prescription drug benefits which do not even come close to the benefits that they have today.

So it does make sense that as soon as the Republican prescription drug bill was passed that Federal retirees would get worried and Members would come down here and say, boy, one thing we sure do not want to have is to have our Federal retirees forced to participate in the Republican prescription drug bill that we just passed.

Now, one of the reasons that this is happening so fast, and it is happening fast, the Republican bill passed by one vote here in the House. A bill has passed in the other body, but we do not even have a conference. We do not know what the final product will be like. But we know this: it will not be good for America's seniors. It will not be good for those Medicare beneficiaries who are counting on getting some relief from the high cost of prescription drugs.

The Republican bills are a disaster, a looming disaster for our Medicare beneficiaries; but they also fall far short of what Federal retirees are likely to expect. Because under the FEHBP program we have today, there are no additional premiums for drug benefits. There is no deductible. There is a small co-payment. There is no gap in coverage, and that is different from the Republican bills passed here in the House. This bill may make some sense for Federal retirees; but the question remains, if it is good enough for Members of Congress and Federal employees, it ought to be good enough for Medicare beneficiaries. That is what the President said, but the Republican bill does not keep that promise.

Mr. TOM DAVIS of Virginia. Mr. Speaker, how much time remains on each side?

The SPEAKER pro tempore (Mr. CAMP). The gentleman from Virginia

(Mr. TOM DAVIS) has 9½ minutes remaining. The gentleman from Illinois (Mr. DAVIS) has 10½ minutes remaining.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I yield 3 minutes to the gentleman from Virginia (Mr. MORAN).

Mr. MORAN of Virginia. Mr. Speaker, I thank the gentleman for yielding me the time. I rise in support of this bill. And I am sure it will pass with near-unanimous support, because under this bill no plan on the Federal Employee Health Benefits Plan could be approved that has a prescription drug benefit for retirees that is lesser in actuarial value than the existing prescription drug benefit.

This legislation represents the commitment of the Federal Government not to reduce dues or eliminate prescription drug coverage to its retirees once prescription drug coverage is also available through Medicare. One of the core concerns with the Medicare prescription drug benefit has always been that, in the attempt to provide for those without coverage, we would take from those with coverage. The Congressional Budget Office has estimated that one-third of retired employees with employer-sponsored drug coverage could lose it as a result of the Medicare prescription drug bill that passed 2 weeks ago. Currently, there is no different prescription drug benefit for retirees than is available for current employees. Our bill simply seeks to maintain that dynamic.

We do not want the total amount of coverage offered to Federal retirees reduced for the reason that they could simply opt for the Medicare plan alone. This is an issue with the Federal Government leading by example. If the Federal Government cuts its benefits for its retirees, how can we expect private employers to do anything but follow our lead? H.R. 2631 does not tie OPM's hands in the negotiating process by requiring that they provide a plan of a certain dollar value. OPM can still negotiate higher or lower levels of benefits, but they simply cannot target retirees alone for reduced benefits.

The Federal Employees Health Benefits Plan has always led the way in setting the example for employer-sponsored health care. It should have been the standard for the Medicare prescription drug plan, but Federal retirees should not lose benefits because it was not. That is the point that many people have been making. But they should certainly not vote against this bill as a result. There is nothing wrong with this bill. This bill clarifies what the policy is and should be, and for that reason we should all vote for this bill.

Mr. DAVIS of Illinois. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, I kept hearing my Republican colleagues talk about parity for Federal employees; and I support this billing as well, because I do believe that Federal retirees should have good prescription drug

benefits. But it is not an issue of parity. It is an issue of hypocrisy, hypocrisy because the Republicans say that they want to preserve a generous prescription drug benefit for Federal retirees, but at the same time they were not willing to provide it for the other seniors around the country.

The bottom line is that the Medicare prescription drug benefit that the Republicans have proposed both in this House and the other House is no real benefit. It is a meaningless benefit. It is not generous enough that anybody would even sign up for it.

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And they wanted to make sure that the Federal retirees do not get stuck being forced into that Medicare system that they have proposed, which essentially gives an almost worthless prescription drug benefit to most seniors. Well, there is a lot of hypocrisy saying you want to preserve it for the Members of Congress, for the President, and for Federal retirees, but not give it to seniors in general.

There was an article in today's New York Times that had a little grid, and it talked about how Federal retirees' drug benefits stacked up with those under the Medicare prescription drug plan the Republicans have proposed for the rest of the seniors. And guess what? Average premium for Federal employees, nothing. No additional premium for drug benefits. But in the Senate bill, \$35 a month, or \$420 a year; in the House, \$35 a month. What about the deductible? For Federal retirees, no deductible. But in the Senate bill, for the rest of the seniors, \$275; in the House bill, \$250. What about gap in coverage? For Federal retirees, no gap in coverage, but then there are major gaps in the Senate bill, \$4,500 to \$5,800 a year; in the House bill, \$2,000 to \$4,900 a year.

In fact, there is a statement that for the most popular plan among Federal workers, Blue Cross/Blue Shield, the Congressional Research Service estimates that drug benefits under the plan are worth 50 percent more than the proposed Republican bill.

Hypocrisy, not parity. Give the same benefits to the rest of the seniors. That is the fair thing to do.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I yield myself such time as I may consume to respond that The New York Times chart is absolutely wrong when it says Federal employees have no deductible for their prescription drug coverage. What they get is, they get a set amount of dollars, and it is a cafeteria style. They can spend it on prescription drugs, preventive care, HMOs or whatever. So there is certainly a cost to that. But the way the system is set up, it is a total health care program.

So when the gentleman gets up and quotes this New York Times article, it is entirely misleading. Of course there is a cost to Federal employees opting for that over something else.

The other underlying part of the bill that this body passed 2 weeks ago is

the fact that we did not want to drive private programs out of existence. Should we drive the 60 percent of seniors that are currently satisfied with their prescription drug program out of existence, then the Federal Government ends up picking up the total tab, and the cost rises significantly.

We are setting an example with this legislation that we are, in fact, making sure that the FEHBP program is not driven out of existence; that we maintain the parity it has always had with existing Federal employees. And this program ought not be diminished. It is the same thing that we have incentivized in the program passed 2 weeks ago by the subsidies that are in that program as well.

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

Mr. DAVIS of Illinois. Mr. Speaker, I yield 3 minutes to the gentleman from Wisconsin (Mr. OBEY), the ranking member of the Committee on Appropriations.

Mr. OBEY. Mr. Speaker, I thank the gentleman very much for yielding me this time.

Mr. Speaker, I cannot believe this bill is here, and I want to make clear that while I certainly do not object to the effort to insulate Federal employees from negative retirement actions, if there is a rollcall on this bill, I would vote "no." And the reason is because I think this bill demonstrates a rampant double standard.

As I understand it, last week in the prescription drug bill debate that we had on this floor, the majority party in essence told seniors, "Have we got a deal for you. We are going to set it up so that you are going to be able to get the same benefits as your Member of Congress." And now what are you saying this week? You are bringing a bill up that says to your future retiring Member of Congress, "Have we got a deal for you. It is going to be a special deal. You are going to be able to make sure that when you retire, you will have better prescription drug benefits than that poor sucker on Medicare."

That is what you are telling people, and I do not happen to think that is a very straightforward way to deal with our constituents.

I understand what the committee wants to do to protect Federal employees. I would be very happy to vote for this bill once the majority party brings back to this floor a decent deal on prescription drugs for every other American, but not under these circumstances, not under these circumstances.

Right now, if you are a Federal employee, if you are a Member of Congress, if you belong to the Blue Cross plan, you get 80 percent of your cost paid for for prescription drugs basically. But what do you say to seniors under that turkey of a prescription drug bill you passed last week? What you say is, oh, we will help you pay up to \$2,000, but, boy, if you get stuck with drug costs that are somewhere be-

tween \$2,000 and \$5,000, for that \$3,000 hit on your wallet, sorry, you are not going to get any help from Uncle Sam.

And my colleagues think that is a square deal? I mean, with all due respect to the effort behind this bill, it does not meet the laugh test, as far as I am concerned. If the majority party in this House wants to be considered a serious legislative force on this issue, they will pull this bill from the floor and bring it back when they can also bring back to the floor a bill with a decent, sustainable, consistent, reliable, affordable benefit under Medicare for all seniors for prescription drug costs. Until that happens, do not ask me to vote for a special insider deal for Members of Congress. That is what this bill does.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I yield myself such time as I may consume, and let me just say in all candor that we have 1.25 million FEHBP employees covered by this, with 388 former Members of Congress. The vast majority of former Members do not even sign up for FEHBP, those who would be eligible for the plan passed by this body 2 weeks ago, and do not even use FEHBP, which is a more comprehensive option for retired Federal employees, including Members of Congress. So this really has nothing to do with Members of Congress.

The other question I pose is, why, when my colleagues on the other side of the aisle controlled this body for 40 years, did they not bring up any prescription drug benefit plan before this body for a vote? We have passed plans now the last 3 years, only this time has the Senate passed a plan as well, and we are giving meaningful relief to seniors who want it. It is a voluntary plan. It is not a perfect plan by any means, but it is within the budget limitations passed by this Congress. Their plan was outside the budget limitations.

I think we have to get real. I think we have a good deal for Americans in the plan that we passed 2 weeks ago. As we work with the Senate, we will try to refine it and make it better. I think this legislation today makes it better as well, recognizing that as we look at our Federal workforce, trying to make sure we have the right incentives to attract and retain the best and the brightest to fight for homeland security, to fight the battles for this country, to develop cures for cancer, that we are treating our employees well.

So I am very proud to support this legislation. I think it enhances and goes with the underlying theme of the legislation passed 2 weeks ago, and that is we do not want to drive current prescription drug benefit plans out of existence, which, if we do not pass this, we will be setting a terrible example here at the Federal level.

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

Mr. DAVIS of Illinois. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. STRICKLAND).

Mr. STRICKLAND. Mr. Speaker, I am here to expose the hypocrisy of my

Republican colleagues. The previous speaker just said that this bill has nothing to do with current Members of Congress. Well, we will just wait and see.

Over on the Senate side, Senator DAYTON successfully offered an amendment to the Medicare prescription bill to ensure that no Member of Congress would receive a better prescription drug benefit than that which is included in the Medicare bill. And guess what? It passed, 93 to 3. And Roll Call reported the following hypocrisy. According to Roll Call, indeed, many Republicans, 50 of whom helped add the Dayton provision to the Senate version of the Medicare bill this week, acknowledged that they were told by their leaders to vote for the Dayton amendment with the understanding that it would not show up in the final version of the legislation.

That is hypocrisy. What is good enough for America's senior citizens is good enough for those of us who serve in this Chamber. I am circulating a letter to the Speaker, and I am asking all Members of this House to sign this letter in support of the Dayton amendment. If this House, if this Congress does not support the Dayton amendment, we are little more than hypocrites. If this language is stripped from the conference report, it can only mean that Members of Congress believe that they deserve better health coverage than the seniors they represent.

America's seniors are watching us, and I hope my Republican colleagues will sign my letter to the gentleman from Illinois (Mr. HASTERT), and I hope all of my Democratic colleagues will sign my letter in support of the Dayton amendment. We ought not to do for ourselves what we are unwilling to do for America's senior citizens. It is as simple as that. And to do less is to be hypocritical.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I reserve the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Speaker, I thank the gentleman for yielding me this time. I think the points that have been made by some of my Democratic colleagues about the impact of the bill passed when we were last in session to cover prescription drugs for seniors is a point well taken. That bill is inadequate, and the reason we are passing this legislation is that we want to protect retired Federal employees.

Well, we do want to protect them, but we have to protect them because we passed a Medicare prescription drug bill that will give incentives for employers, public and private, to drop insurance coverage for their retirees for prescription drugs. What in effect we are saying is we do not want Federal retirees to face the plight that other seniors are going to face when they are retired and their employers decide to let them go get their Medicare pre-

scription drug benefit under the Republican-passed bill. It will be a lot less expensive, but it will be much less a benefit, in fact, a very inadequate benefit, for those retirees.

That leads me, however, to say that we should oppose the bill that the Republicans passed for the Medicare prescription drug benefit and make sure that we pass a really decent prescription drug benefit for all Medicare beneficiaries. That is not to say that we ought to leave our Federal retired employees without the protections that we promised them, which is that they would have the health care plans that they paid into during their working years available to them as retirees.

So I commend my Democratic colleagues for their pointing out the hypocrisy, and I support what they have to say, but urge, however, that we adopt this bill because we do not want to be against Federal retirees. But in doing that, we certainly need to acknowledge that the reason we are passing this legislation is because the prescription drug bill for Medicare that was passed by the House is so filled with holes and so inadequate.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I yield myself such time as I may consume to say two things. This vaunted Senate bill that passed a couple of weeks ago, Senator AKAKA has also offered legislation in the Senate for their legislation as well. I think whatever happens under whoever's bill that passes, we want to ensure that we do not get that separation between the retired Federal employees and current employees in their health benefit premiums, and that is what this bill is about.

We had a spirited debate 2 weeks ago on a health benefit plan, and I do not think we need to continue to air this today. But I think this is good legislation, it is good protection for our retired Federal employees, and I urge my colleagues to support this legislation and thank them for the bipartisan support this bill is getting today.

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

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume. I think we have heard a great deal of debate, and we understand the merits of this legislation. It is unfortunate we did not have a bill last week that would have covered all of the seniors looking for relief under Medicare.

I certainly agree that we do not want Federal retirees to be at risk for giving up what they have already got, and so I would agree with my colleagues that we should support this legislation to make sure that our Federal retirees maintain the benefits they have already received.

Mr. STARK. Mr. Speaker, we've heard the President, Republican Members of Congress, Administration officials, and Republican Senators claim time and time again that their Medicare prescription drug plan will provide seniors with the same choices as Members of Congress get. They've said that if FEHBP is

good enough for Federal employees and Members of Congress alike, it should be good enough for seniors.

That's a great message and I'm sure it sells well with seniors. Unfortunately, their rhetoric fails to match the reality. The drug benefit they are willing to provide to Medicare beneficiaries is far less than the drug benefit provided to Federal employees.

We've been trying to expose this hypocrisy for months. Today, the Republicans point out the truth themselves.

This bill, authored by Representative TOM DAVIS, requires that each health plan in FEHBP agree to provide the same drug benefits to Federal retirees as they do to active employees.

In other words, it protects Federal employees from ever having their retiree drug benefits reduced to the level that the bill's author just supported for the rest of our nation's retirees!

Representative DAVIS represents an awful lot of Federal employees and he knows that the Medicare drug benefit is inadequate. Therefore, he's here today—the very first legislative day we are back in session after having passed the Republican Medicare drug bill—to get a fix for his constituents and himself.

If the Republican drug bill was as good a benefit as Federal employees and Member of Congress receive, Representative TOM DAVIS and others would not be here today ensuring that Federal employees are never forced to give up their FEHBP coverage and find themselves with only the Medicare drug benefit his party has legislated.

But, the Medicare drug benefit isn't as good. That's why they're here.

Unfortunately, they are ignoring the problems that will be faced by the millions of seniors and people with disabilities who are not Federal employees or Members of Congress.

The Congressional Budget Office has told us that if the Republican Drug Bill becomes law, one-third of employers will drop their retiree drug coverage. That will cause millions of Americans to lose the coverage they have today only to be replaced with the inadequate benefit put forth by the Republicans. Yet, nothing in this bill will help them.

Put frankly, we can't buy a health plan in FEHBP with as poor drug coverage as is included in the Republican Medicare prescription drug bill that was passed last week.

Rather than protect us from having to suffer with inadequate coverage with the rest of America's seniors, we should be considering a bill that guarantees all America's seniors and people with disabilities with a drug benefit as good as Members of Congress get.

Unfortunately, Republicans refuse to go along with that.

Mr. DAVIS of Illinois. Mr. Speaker, I yield back the balance of my time.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. TERRY). The question is on the motion offered by the gentleman from Virginia (Mr. TOM DAVIS) that the House suspend the rules and pass the bill, H.R. 2631.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

□ 1345

**GARNER E. SHRIVER POST OFFICE BUILDING**

Mr. TOM DAVIS of Virginia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1761) to designate the facility of the United States Postal Service located at 9350 East Corporate Hill Drive in Wichita, Kansas, as the "Garner E. Shriver Post Office Building".

The Clerk read as follows:

H.R. 1761

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. GARNER E. SHRIVER POST OFFICE BUILDING.**

(a) DESIGNATION.—The facility of the United States Postal Service located at 9350 East Corporate Hill Drive in Wichita, Kansas, shall be known and designated as the "Garner E. Shriver Post Office Building".

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the Garner E. Shriver Post Office Building.

The SPEAKER pro tempore (Mr. TERRY). Pursuant to the rule, the gentleman from Virginia (Mr. TOM DAVIS) and the gentleman from Illinois (Mr. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia (Mr. TOM DAVIS).

**GENERAL LEAVE**

Mr. TOM DAVIS of Virginia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 1761.

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

There was no objection.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 1761, introduced by the gentleman from Kansas (Mr. TIAHRT), designates the facility of the United States Postal Service located at 9350 East Corporate Hill Drive in Wichita, Kansas, as the Garner E. Shriver Post Office Building. All members of the Kansas congressional delegation have cosponsored this legislation.

Garner Shriver represented the Fourth Congressional District of Kansas in this House for 8 terms, from 1961 to 1977. He was a lifelong resident of the Sunflower State; he spent nearly his entire adult life working for other Kansas residents, first as the State legislator and later as a U.S. Representative. This legislation is a fitting commemoration of his service to his home State and to the entire Nation.

Mr. Speaker, Garner Shriver was born in Towanda, Kansas, July 6, 1912. He and his family moved to Wichita in 1925, and he graduated from the University of Wichita in 1934. Following his

college graduation, he enrolled in the Washburn School of Law and received a law degree in February, 1940.

After he was admitted to the bar, he entered into public service for the first time by enlisting in the U.S. Navy. He spent 3 years as an officer in the Navy; and after being honorably discharged, he chose to run for public office. He was elected to the Kansas State House where he served 2 terms. In 1951, he left the State House to run successfully for the Kansas Senate, which he served from 1953 to 1960. Finally, in the fall of 1960, the voters of the Fourth Congressional District of Kansas sent Garner E. Shriver to Washington for the first of 8 distinguished terms in the House of Representatives.

In Congress, he was an influential member of the Committee on Appropriations. He accomplished much during his 16 years in the House, but he fought extra hard for his fellow veterans, particularly working to secure health and education benefits for his peers when they completed their duties with the U.S. Armed Forces.

Moreover, even when he left the House in 1977, he stayed in Washington to fight for veterans by moving a few blocks north and becoming the staff director for the Committee on Veterans Affairs. He worked in the Senate for 5 years before returning home to Kansas in 1982 to practice law.

Garner E. Shriver passed away on March 1, 1998, at the age of 85. He was a remarkable American who succeeded at everything he tried in life, and I know the citizens of Kansas still feel very grateful to him for his years of dedication. Congressman Shriver preceded the gentleman from Kansas (Mr. TIAHRT) as the representative of the fourth district, and I congratulate my colleague for his work on this measure.

I urge all Members to support the passage of H.R. 1761 that honors the life and service of Congressman Garner E. Shriver.

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

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased to join with the chairman of the Committee on Government Reform in consideration of H.R. 1761, which designates the facility of the United States Postal Service located at 9350 East Corporate Hill Drive in Wichita, Kansas, as the Garner E. Shriver Post Office Building, which was introduced by the gentleman from Kansas (Mr. TIAHRT) on April 10, 2003. The bill has been cosponsored by the entire Kansas delegation.

Garner E. Shriver served in both the Kansas House of Representatives and the State Senate before being elected to represent the Fourth Congressional District of Kansas. Reelected seven times, Representative Shriver served on the House Committee on Appropriations. He left the House in 1977 and went to the United States Senate where he served as the minority staff

director and general counsel for the Senate Committee on Veterans Affairs from 1977 until 1982. He practiced law until his death in 1998.

He was obviously a person who spent all of his life working from one career to another career doing outstandingly well in each and every one of them. I think the designation, or the naming, of a postal facility in his honor is appropriate and serves as an indication of the tremendous legacy of service that he left. I urge swift passage of this bill.

Mr. Speaker, I yield back the balance of my time.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I yield such time as he may consume to the gentleman from Kansas (Mr. TIAHRT), the author of this legislation.

Mr. TIAHRT. Mr. Speaker, I rise today to honor a former Member of this distinguished body, the late Congressman Garner E. Shriver. Congressman Shriver was born July 6, 1912, in the small Butler County town of Towanda, Kansas. His family later moved to Wichita in 1925 where he attended public schools and graduated from Wichita East. He remained in Wichita to receive his undergraduate degree from the University of Wichita, now Wichita State University, in 1934. Today his congressional papers are kept in the Ablah Library at Wichita State.

In 1940, he graduated from Washburn University School of Law in Topeka, Kansas. He put himself both through undergraduate and law school by working odd jobs, including serving as a doorman.

In 1941, Garner Shriver married Martha Jane Currier, his wife for the next 50 years of his life. However, before he and Martha had a chance to begin raising a family, World War II pulled him away from home. Mr. Shriver enlisted in the Navy; and after 10 months, he received a commission as lieutenant, leaving the Navy after 3 years as an officer. At the end of the war, Lieutenant Shriver found himself commanding a boat group in the Pacific for the Navy.

Not long after the war effort ended, Mr. Shriver made his first attempt at elected office. In 1946, he ran for the Kansas House of Representatives. He entered the race because, as he said, he felt he did not have anything to lose. Representative Shriver etched out a victory by a slim margin of only 222 votes. And so began the long and distinguished career of a great Kansas statesman.

After serving 2 terms in the Kansas House, Representative Shriver had greater ambitions and was elected to the Kansas State Senate where he served for two 4-year terms. During his 12 years of service in the Kansas legislature, he championed many worthwhile causes, including education for handicapped and mentally challenged children, keeping reckless drivers off the highways, creating the Kansas State Park Authority, important flood control legislation, and setting up the 4-H livestock show.