

but the number of inspections of imported meat is decreasing, consumers deserve that right to know where their food is coming from. Given the record 56 million pounds of recalled meat last year, again, that is 56 million pounds of recalled meat, this effort is also about being able to trace back contaminated product in the event of a recall. Knowing the source of an outbreak is a critical part of that process so that we can quickly take action to prevent people from getting sick.

Country-of-origin labeling will not violate trade agreements or lead to retaliation. It will not bankrupt the food industry. It will simply let consumers know where their food is coming from. I hope my colleagues will support the Rehberg-Hooley amendment to remove this provision from the bill.

I am also concerned that the WIC program, which helps ensure that the nutritional needs of women and children are met, may not be funded sufficiently in this bill. That leaves no room for error. If the need increases, if food or infant formula prices increase, there will be no funds available to help those who depend the most on the program.

Another priority is prescription drugs, which are increasing on average at a rate of 20 percent annually. The generic drugs program at FDA helps us address those concerns by speeding the approval of affordable drugs. Yet this bill underfunds that program by \$5 million, in addition to underfunding the Best Pharmaceuticals for Children Act and the patient safety and adverse reporting initiative. All are critically important to ensuring the health and safety of every American.

Mr. Chairman, budgets reveal priorities. They reveal values. This bill includes agencies and programs charged with some of our most important responsibilities, many of which protect and oversee the public health. Now is not the time to choose tax cuts for the wealthy over these vital priorities. We must do better. Failure is not an option.

Mr. BONILLA. 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. GOODLATTE) having assumed the chair, Mr. RYAN of Wisconsin, Chairman pro tempore 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. 2673) making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies for the fiscal year ending September 30, 2004, and for other purposes, had come to no resolution thereon.

APPOINTMENT OF CONFEREES ON
H.R. 1, MEDICARE PRESCRIPTION
DRUG AND MODERNIZATION ACT
OF 2003

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent to take from the

Speaker's table the bill (H.R. 1) to amend title XVIII of the Social Security Act to provide for a voluntary program for prescription drug coverage under the Medicare Program, to modernize the Medicare Program, to amend the Internal Revenue Code of 1986 to allow a deduction to individuals for amounts contributed to health savings security accounts and health savings accounts, to provide for the disposition of unused health benefits in cafeteria plans and flexible spending arrangements, and for other purposes, with Senate amendments thereto, disagree to the Senate amendments, and agree to the conference asked by the Senate.

The SPEAKER pro tempore (Mr. CULBERSON). Is there objection to the request of the gentleman from Louisiana?

There was no objection.

MOTION TO INSTRUCT OFFERED BY MR. DAVIS OF TENNESSEE

Mr. DAVIS of Tennessee. Mr. Speaker, I offer a motion to instruct conferees.

The Clerk read as follows:

Mr. Davis of Tennessee moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 1 be instructed as follows:

(1) To reject the provisions of subtitle C of title II of the House bill.

(2) The House recede to the Senate on the provisions to guarantee access to prescription drug coverage under section 1860D-13(e) of the Social Security Act, as added by section 101(a) of the Senate amendment.

The SPEAKER pro tempore. Under the rule, the gentleman from Tennessee (Mr. DAVIS) will be recognized for 30 minutes and the gentleman from Louisiana (Mr. TAUZIN) will be recognized for 30 minutes.

The Chair recognizes the gentleman from Tennessee (Mr. DAVIS).

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

Mr. Speaker, this motion instructs conferees to do two simple things, two things that the House-passed bill does not accomplish. One, it asks them to provide a guaranteed prescription drug benefit for all our seniors. Number two, it asks them to preserve Medicare as we know it today.

Specifically, this motion instructs the House not to abandon seniors to the mercy of private insurance and pharmaceutical companies. It makes a promise to our seniors. It tells them that if private insurance companies cannot make enough money off them, they can still get a prescription drug benefit.

Mr. Speaker, without this provision, the odds of seniors in my district getting a prescription drug benefit under this bill are virtually slim to none. How do I know this? For years now, private insurance companies have had an opportunity to try and make money off the seniors in my district by offering them a Medicare+Choice benefit. And how many have decided it is worth their while? Only a few.

I know the people in my district, the people of the Appalachian Mountains, of the Cumberland Plateau and southern middle Tennessee, are not alone, the people who live in Byrdstown or in Tracy City or in Kelso or in Hohenwald in our district. Already, private HMOs have abandoned over 2 million seniors.

The second part of this motion is about nothing less than preserving Medicare, a program millions of seniors have come to expect and to trust. Under the House-passed bill, Medicare as we know it will cease to exist in 7 short years, in 2010. Instead of Medicare, seniors will get a voucher for their health care and told to go shopping and will be forced to beg insurance companies and HMOs to offer prescription drug coverage to them, a request that many insurance companies are already on record as saying that they will not be able to fulfill. HMOs will compete against Medicare for younger, healthier seniors, while jacking up the prices for seniors who have chronic conditions and are in need of more care. These "left behind" seniors will have no choice but to remain in traditional Medicare which will be starved of funds, unable to compete with insurance companies and HMOs, and thus will be forced to raise seniors' premiums.

Privatization of Medicare will break up the huge and successful risk pool that Medicare has provided. With only the sickest patients enrolled, Medicare's costs will rise until it costs more than the voucher allotment. Medicare will be forced to price itself out of existence.

Make no mistake. That is exactly the point. During the debate on the bill, here is what was said: "To those who say the bill would end Medicare as we know it, our answer is: We certainly hope so. Old-fashioned Medicare isn't very good."

Well, I disagree and I have talked to many seniors in Tennessee who disagree as well. Medicare in the past 38 years has been very good to millions of seniors, but it should be even better. It should include a prescription drug benefit that is guaranteed, that is affordable, and that is accessible to all seniors. Our seniors deserve it, and we in this House Chamber should demand it.

Mr. Speaker, I yield the balance of my time to the gentleman from Florida (Mr. DAVIS) and ask unanimous consent that he be allowed to control the time.

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

There was no objection.

Mr. TAUZIN. Mr. Speaker, I yield 15 minutes to the gentleman from Wisconsin (Mr. GREEN) on behalf of the Committee on Ways and Means and ask unanimous consent that he be permitted to control that time.

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

There was no objection.

Mr. TAUZIN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, there were two visions of Medicare prescription drug bills before the House several weeks ago. The vision offered by the Democratic Party is revisited upon us today in this motion to instruct. That vision was one of simply a government program for prescription drugs. It was one that eliminated any real possibility of competitive reform. It was one that literally provided for the government to always make sure that prescription drugs were available. In short, it literally put the government in the business of deciding what prescription drugs, at what price and when they might be available for seniors.

There was another vision offered on the floor which was adopted by the House when it rejected overwhelmingly the Democratic vision. The vision that was offered on this side of the House that was finally approved in that long night of voting was a vision that literally said we are going to literally provide a \$400 billion drug benefit for seniors. But, as part of the deal, we are also going to require Medicare itself to undergo reforms, to make sure that the Medicare system does not itself go bankrupt or bust the business of government as the years go by.

There were predictions, for example, that by the year 2070 if we did not accept the vision of reforming Medicare, of making sure that there were competitive choices available for consumers so that Medicare itself would become more and more efficient, less bureaucratic, more responsive to Medicare doctors and Medicare patients, if we did not do that by the year 2070, entitlements in this country would eat up every single dollar raised from taxpayers, leaving no money to operate this body, the Congress or the courts or the Defense Department or any other vital function of our government.

That is the choice we have again in this motion to instruct. The Democratic motion to instruct simply says, adopt that Democratic vision of a government-provided Medicare benefit only with no competition offered to that system and no tension between the private competition offered and the public system to ensure that the public system remains as intensely efficient as possible under the law. So in effect what this motion does is to strike the competitive features of the vision of Medicare reform adopted on the House floor and to rely instead upon government-backed, government-fallback medicine for Americans.

Let me state very clearly again. The vision adopted on the floor of the House was to provide \$400 billion of government-provided Medicare prescription drug assistance to seniors, to seniors who wanted to stay within the Medicare program or seniors who might want to choose some other competitive private plan that would be offered under that vision. The vision adopted by the House was exactly that,

competition, more stores in town, a government store and private stores as well. The vision rejected that is again offered on the floor of the House is government medicine only, government medicine without the competitive choices that seniors should have.

This motion to instruct should be rejected.

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

Mr. DAVIS of Florida. Mr. Speaker, I yield myself 2½ minutes.

The motion to instruct represents an attempt to identify two areas that must be addressed if there is to be a compromise, if there is to be a prescription drug benefit under Medicare in this Congress. I daresay virtually every Member of this body has promised to find a way to provide Medicare coverage for prescription drugs. There is a basis for consensus among Republicans and Democrats to operate within the constraints of the budget. This is not the budget many Democrats would have chosen but out of a desire to solve this problem immediately and begin to provide some coverage for the seniors at home that are desperately struggling to meet their drug bills, there is a desire to work together.

The two issues the motion to instruct addresses are very simple. The first is whether or not our seniors are forced to rely exclusively on private plans to get drug coverage. Since this bill was introduced weeks ago, I would say there is not a single private insurance company in Washington or the United States that has come forward to the Federal Government and said, we want your money, we want to provide this private drug benefit you have created. As a matter of fact, in the committee one of the responses that was made by the esteemed chairman to the apparent lack of interest among the private insurance companies was, if necessary, we, the Congress, will subsidize over 99 percent of the cost of these drug benefit plans to encourage the private companies to come in. That not only is a waste of taxpayer dollars, it is an insult to our seniors. Because unless we adopt the Senate fallback provision which says that if two private insurance companies will not provide the drug benefit, traditional Medicare will, we are holding up a false hope for our seniors.

So the first thing the motion to instruct does is take the Senate position that there will be a fallback, traditional fee-for-service drug benefit if two private plans fail to do so.

The second issue addressed by the motion to instruct is the issue of the voucher. Under 2010 in this bill, Medicare as we know it ends. Medicare is converted to a voucher program. Under the voucher plan if you are, as many people are at the age of 65, not entirely healthy, you can safely assume these private insurance companies will not want to insure you. You will not be a good risk. You will not be sufficiently profitable.

Under this bill, unless the motion to instruct is adopted, people who cannot get into a private plan are left with a voucher. The Medicare actuary has estimated that could result in as much as a 25 percent increase in the cost of Medicare to people that have the voucher. We are going to leave people over 65 with health problems without access to Medicare unless this motion to instruct is adopted.

□ 1600

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself such time as I may consume.

I would like to address a couple of the points that the gentleman from Florida (Mr. DAVIS) made. In the gentleman from Florida's motion to instruct, it is akin to passing an amendment to say we are going to see to it that Medicare is bankrupt faster than it is already going bankrupt. The problem we are trying to deal with, Mr. Speaker, is this: we already have financial problems with Medicare. As it stands today, if we do not even do anything and we do not add any benefits like prescription drug benefit to Medicare, it is going insolvent in 10 years. At the height of the baby boom retirement when we have 77 million retirees in place in America, more than the 40 million we have today, almost double, we are going to exhaust all of the Medicare trust fund by the year 2036.

So what we are trying to do here is this: we recognize so clearly that Medicare is an outdated program. Medicare is not modern. It is not comprehensive. It does not cover all the comprehensive health care needs a person has over the age of 65, especially; and that is why we out of the House passed very comprehensive legislation, comprehensive legislation to help not only add a prescription drug benefit to all in Medicare but give them access to comprehensive health care so they do not have to go out and buy a costly supplemental insurance plan, so they do not have to pay out of pocket with high retail prices with the buying power of one person for their prescription drugs.

We have great comprehensive reforms for the current generation of retirees. But the one very important part of what we passed in the House is not only do we improve Medicare for today's generation of retirees by making it more modern; we also have very important reforms in this bill to make sure that the program is actually solvent for the next generation when they retire, and that is what we are trying to accomplish.

If we simply add a benefit to Medicare on top of the current program in its current structure, all we end up accomplishing is accelerating the bankruptcy of Medicare. Mr. Speaker, we owe it to all Americans, not just the current generation of retirees, to fix this program; but we owe it to the next generation, the baby boom generation, to make sure that this program is there for them when they retire.

The reforms that are in question that are being jettisoned or gutted in this motion to instruct are the very important reforms that get us to solvency for the baby boom generation, and those reforms are not vouchers. Those reforms are defined benefit plans that simply give seniors the same access to comprehensive health care plans that we as Members of Congress have and all other Federal employees and our families have; and those plans in competition with one another for our business, for the seniors' business will help reduce long-term costs so we can extend the solvency of this program for the baby boomers.

As to the very important criticism, but very wrong criticism, that this is going to hurt the people who are not healthy, the sick and low-income, that is completely false, Mr. Speaker. This legislation very clearly has guaranteed issue. No plan can pick and choose who they are going to cover in Medicare. If they are in Wisconsin as a person of the age of 65, Medicare eligible, and they want an enhanced plan like a private PPO or Blue Cross like my wife chose for us in the Federal Employee Health Benefit Plan, everybody who is entitled to Medicare is entitled to that plan. These private plans cannot cherry-pick and cannot deny people based on preexisting conditions. And that I would add can be found on page 260.

Another very important part is that this has risk-adjustment payments. So if, for example, sicker people are going into a plan, they will have risk-adjustment payments, and that can be found on page 248 as well. So I would simply direct my colleagues to the legislation to find out that this does have risk-adjustment payments so it will not have a problem with healthy or nonhealthy people going into one plan or another. This language is what we must pass into law, not just out of the House, to save this vital program for the next generation while improving Medicare for the current generation.

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

Mr. DAVIS of Florida. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. STARK), the ranking Democrat on the Subcommittee on Health of the Committee on Ways and Means.

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

Mr. Speaker, I would like to inquire of the distinguished gentleman from Wisconsin if he could tell me how many years their bill in the House would extend the financial life of the Medicare program.

Mr. RYAN of Wisconsin. Mr. Speaker, will the gentleman yield?

Mr. STARK. I yield to the gentleman from Wisconsin.

Mr. RYAN of Wisconsin. Mr. Speaker, the actuaries will not certify that it will extend the solvency of Medicare by any certain number of days.

Mr. STARK. Mr. Speaker, I thank the gentleman for his answer and re-claim my time.

Mr. Scully, the director of CMS, said last week that it would not extend the solvency of Medicare 1 day and indeed might shorten the solvency, and that is of course from the Republican director of CMS. Further, both GAO and MedPac, bipartisan groups, have reported to us that the proposed privatized plans that are in the Republican House bill will increase the cost to Medicare for every senior who is foolish enough to sign up for them. So not only does the Republican plan not save any money in Medicare. It is in very grave danger of costing Medicare money for no extra benefit. But we must not try to focus in merely an hour on the multitude problems that exist in the House bill.

We are constrained in this motion to deal with portions of the bill that are before us, and so there are two principal elements here: one, to eliminate the cockamammie premium support competition, whatever one wants to call it, Medicare+Choice that starts at 2010 in the House-passed bill. As I have said before, the Republican experts in Health and Human Services tell us it will not save any money and will probably reduce the solvency of the Medicare trust fund. GAO and MedPac tell us that these programs will create additional costs to Medicare over the standardized system.

Secondly, there is no fall-back in the House plan. There is no plan in the House plan. There is an estimate of what we might do, but there is nothing in the House plan that would require a benefit to be provided. Nothing. At least the Senate bill has a provision to ensure that there will be a Medicare program to provide a drug benefit in all communities should there be no insurance company reckless enough to try to understand what the House position is and take the subsidies needed to encourage it to participate. So if we want to have any plan at all and make sure that the law provides for it, we must recede to the Republican part, and if we want to keep Medicare solvent, we must drop the House portion which has the premium support. Those two are the basic elements that are needed before this plan could go forward under any circumstances.

Mr. TAUZIN. Mr. Speaker, I yield myself such time as I may consume.

Let me reiterate again, the motion to instruct, to all Members of the House who are paying attention to this debate, basically says to the Senate and House conferees: accept the Senate language, take the Senate bill, take the Democratic vision that was rejected overwhelmingly on this House floor, and make it the conference report. It basically recedes to the Senate provisions and eliminates the basic competitive elements that were approved on this House floor in this historic vote just several weeks ago.

My friend from Wisconsin made the case, but let me make it again. The ar-

gument that we need to instruct the conferees to adopt the Senate provision because somehow the seniors who are sickest and eldest in our society are going to lose Medicare in 2010 is just absolutely wrong. The fact is that they are not going to be driven into a small class of people only covered by Medicare because, as my friend points out, the private plans we vision coming into effect have guaranteed issue. They cannot refuse anybody. So if their mother, grandmother, grandfather wants to take one of these private plans because they offer a better, more efficient system of health care than does the Government plan, they will have a right to take it. They cannot be denied no matter how old or how sick they are.

Secondly, I want to point out that the basic frame of the bill we passed a couple of weeks ago on the House floor said to the poorest in our society, those living below 135 percent of poverty that we are providing this new prescription drug benefit virtually free of charge. The only thing they pay is a copay on the drug, but the premiums are free. The deductibles are covered. In fact, we provide for the poorest in America the best benefit of any Medicare prescription drug plan that we had yet considered on the floor of the House until just 2 weeks ago. So the poorest are covered. Those who are the sickest who want to choose a better plan have guaranteed access to those plans under the bill we adopted on the House floor.

This motion to instruct is virtually, literally saying that we should reverse the votes we took on the House floor; we should approve that Democratic vision of the government trying to do it all in a system that is already failing because it is beginning to go bust and a system that is too bureaucratic and literally too complex for even the providers to follow today.

Our bill provides for bureaucratic reform, regulatory reform, guaranteed issue for seniors who are the sickest to choose whatever plan they want. And most importantly, it provides for free coverage in effect for all those living under poverty for this new prescription drug benefit program. So to argue that we have to adopt this motion to instruct for the oldest and the sickest and the poorest in our society is not quite accurate. On the contrary, the motion to instruct simply says go into debate with the Senate and yield in advance, give in to the Senate that there will be no competition in Medicare, give into the Senate that the government is going to be the provider of this new benefit and seniors will never have the kind of choices that Members of this body have in choosing the kind of health care plans that best suit them in their conditions, in their health care needs, in their particular problems as they find it and as they make choices in the future.

Let us reject this motion to instruct just as we rejected the Democratic vision on the floor several weeks ago.

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

Mr. DAVIS of Florida. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from California (Mr. DOOLEY), who has been a leader on this issue in the House.

Mr. DOOLEY of California. Mr. Speaker, I rise in strong support of this motion to instruct. And what we are really trying to do in essence is to have this body of the House of Representatives join with a bipartisan majority in the Senate that passed by 76 votes a measure to ensure that we would guarantee seniors a prescription drug benefit. For those of us who are so supportive of the Medicare fall-back provisions in the Senate, this is crucial to Medicare recipients. If we are going to stand up and be able to promise to senior citizens on Medicare throughout this country that there will, in fact, be a prescription drug benefit in Medicare, we must accept the Senate fall-back provisions.

□ 1615

Why should we do this? Because we have a clear example in the past, where we have allowed private plans to offer Medicare+Choice on the promise that every senior in the United States would have access to a Medicare+Choice plan. The private plans did not provide it.

And the same thing will happen with the House-passed prescription drug plan. By offering a drug plan through private insurance, if there is no Medicare fallback as the Senate has, there is no guarantee, there is no ability that we will live up to the promise that we will provide a prescription drug benefit under Medicare.

We ought to have reason to be greatly concerned, because the Wall Street analysts, who really did an assessment of the likelihood of private insurers offering this benefit, have come to the conclusion that it is quite unlikely, because this is a stand-alone drug policy that is difficult to provide and they do not think the private sector will stand up and provide that.

Furthermore, the approach that the House bill is taking is one which tries to bribe the private insurance companies to provide this prescription drug benefit. They come to the conclusion that if the private sector is not stepping up to provide this benefit that the Federal Government is going to step up and provide taxpayer money to further subsidize the private insurer to offer this benefit.

This is not the approach we should be taking. If we are going to guarantee a prescription drug benefit, accept the Senate fallback provisions.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 7 minutes to the gentlewoman from Connecticut (Mrs. JOHNSON), the chairwoman of the Subcommittee on Health of the Committee on Ways and Means.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I thank the gentleman for yielding me time.

First, let us get some facts straight. Any senior watching this debate needs to understand that the law provides a Medicare bundle of benefits, period. That bundle of benefits will be provided to seniors through the Medicare fee-for-service program and through any plan that cares to participate in Medicare. But the law defines that bundle of benefits, and there is nothing in this bill that changes that law. So do not scare seniors that something is going to happen to their benefits. There is not any plan that can participate under this bill that is not obliged to offer the Medicare bundle of benefits.

Then let us look at a statement made earlier about costs. All this bill does is allow the government to pay a plan the same amount per average senior beneficiary that we spend anyway per senior under Medicare. Not a penny more; not a penny less. So this is not going to increase Medicare spending. This is not going to explode spending.

That is why CBO and OMB disagreed, because in the private sector, yes, plan costs are rising, but in this program we are only paying the plan precisely what it costs us for the care of an average senior under Medicare; no more and no less. So that is not the issue.

There is only one issue here in terms of the plans in competition. In 2010, something important happens. Our seniors have the right to know in 2010 what the plan in any area where it provides the care for 20 percent of the seniors, what the average premiums are in those plans and what it is costing Medicare to provide care for the average senior under Medicare in those same areas. This is just a sort of "right-to-know" issue. Then, when you know, you can make the choice.

If by that time, 2010, the plans have gotten a lot more efficient and are either offering a lot more benefits for the same money or lower premiums or are inefficient and it is costing them more and Medicare turns out to be the more efficient provider, which many of you on the other side of the aisle have always claimed was true, then, Medicare's premiums will be lower and it will make the plans look bad. If in fact the plans are more efficient providers than Medicare, then the premium amount will be somewhat higher for the Medicare plan and seniors will have a choice.

The whole process is prejudiced toward weighting the Medicare premiums heavier than anyone else's premiums and phasing in any discrepancy. But the bottom line is that nobody in the private sector is going to be paid any more than the average we spend for a senior under Medicare. So if Medicare cannot compete on those terms, I will tell you, the seniors have a right to know, and, under this bill, they will.

Now, let us look at this fallback issue. One of the reasons our bill is so very efficient and the most efficient and rated by CBO as saving the most money for our seniors under the pre-

scription drug program is because the plan's sponsors have not only the tools to manage prescription drugs in a cost-effective way, they have the motivation.

I will tell you, how many times have you seen your kid in college have all the preparation, have good skills, but they did not care enough to work hard and get an A instead of a B-plus? It is not just a matter of tools, of intelligence, of skills, it is a matter of will, of desire.

The reason CBO gives us so much higher an efficiency quota than any other plan is because our plans have not the big motivation we gave them a few years ago, we decided that was too hard for them to meet, but just a little motivation. They have a little reason to care whether or not they notice whether seniors are going to get the lowest cost prescription that will help them, the generic where it is appropriate, so on and so forth, or negotiate hard with the manufacturers to get the lowest prices.

So if you do a fallback and a guarantee, what plan in their right mind is going to get in? They are going to wait until you get to the fallback so they have no risk.

If you do not have that, two things happen. First of all, this is a very big market. A lot of companies cannot afford not to be plan sponsors. So they are going to get in, and they are going to get in early. Twenty-eight plans wanted to get in when the President offered his discount card just as a voluntary thing. Those same 28 companies are going to be interested when, under this bill, they get the right to offer a discount card. Why? Because they want to line up their participants so when the real plan comes along with the subsidies, the taxpayer subsidies, they will already have a constituency signed up in their program.

But this is entirely too big a business for plan sponsors not to want to be part of it, so they will accept that risk.

In our bill we guarantee not one fallback but two fallbacks: One that is a pure drug fallback, and one is a plan fallback. How are we going to get it? There are lots of way. You will have Federal Employee Health Benefit Plans that already contract the drug benefit with a plan sponsor. That plan sponsor might very well be interested in providing drugs-only to seniors. He is already in the district; he is already working with the Federal Government. That is one option.

Other options are to entice enhanced plans and advantage plans to provide that. There are lots of ways to do this. But if you check off and you check out the responsibility for some risk in the game, then you will never have the price cuts, you will never have the efficiency, and our seniors will be the victims.

Mr. DAVIS of Florida. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from California (Mr. WAXMAN).

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

If Members listen carefully to the last speaker, the gentlewoman from Connecticut, I think they understand why we need this motion to instruct, because seniors need to know that the drug benefit is going to be a real one, not one that could depend on the whims of one insurance company or another.

When the gentlewoman from Connecticut (Mrs. JOHNSON) went through her explanation, she had 25 ways this will all work, this company will compete against that company. Well, the truth of the matter is these companies do not want to compete with each other, and that is why the Republican bill gives money to the insurance companies to try to get them to provide the benefit, rather than put it in as a benefit in Medicare, which is the way Medicare pays for doctors and hospitals and physical therapists and occupational therapists.

So what we are hoping to do is have the conferees come back with the Senate provision that says, if all this insurance business does not work out as the Republicans hope it will, seniors can count on a prescription drug benefit being there.

The second reason why we need this instruction to the conferees is we do not want the Republican conferees to use the prescription drug issue as a stalking horse to destroy the Medicare program as seniors know it and like it and want it to continue. They should not use this to undermine and privatize the Medicare program.

We should not adopt provisions that will force a Medicare beneficiary to pay more simply to stay in regular Medicare, and we should not force them into a choice between paying more or entering a plan that takes away their ability to see their own doctor.

I listened with much attention to what our Republican colleagues were saying in this debate, and it is Orwellian: "We are going to reform an outdated program that is going broke."

Well, this is not an outdated program. It is an excellent program. And it is not going broke, because every time there is a problem with that trust fund, simple changes can be made to adjust it so it stays viable. But if it is going broke, why did the Republicans give all that money away in tax breaks to millionaires? We should be using it to make sure Medicare will be there for the seniors that are on the program now and those who are going to be looking to it, especially the baby boom generation.

The gentleman from Louisiana (Mr. TAUZIN), my friend, my chairman, said, "Those Democrats are asking us to take the Democratic bill." We are not asking that at all. We are asking that we take the provision in the Senate-passed bill, which passed by a large bipartisan majority, rather than the provisions that passed by one vote, mainly

Republican votes, in the House of Representatives.

I think that we ought to cast away these Orwellian statements, like "this will be like Federal employees," when we know it will not be the same. Let us instruct the conferees. Vote aye.

Mr. TAUZIN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, let me point out to my friend from California, the Committee on Energy and Commerce had a chance to look at the Senate-passed bill. My colleagues on the other side offered it in the markup of the Committee on Energy and Commerce, and it was resoundingly rejected by the Committee on Energy and Commerce in markup.

I notice my friend did not choose to offer the Senate-passed bill as the final motion on the House floor on the debate just several weeks ago. Instead, they chose to offer their vision instead of the Senate-passed bill. Now you wonder why they claim the Senate-passed bill is such a great bill.

Let me also point out the problem I think of this whole Medicare debate and why this bill was so important and why for several Congresses now we have passed Medicare reform and a prescription drug benefits bill over to the other Chamber, never to see them become law. The problem is, why have Medicare prescription drugs not been added to Medicare many, many years ago?

Medicine changed many years ago. When Medicare first started, Medicare was all about taking a senior to a hospital and putting them in a hospital bed and caring for them in a hospital. We know that medicine has changed during that period of time. Medicare has not.

The whole purpose, the whole reason we have been in this massive, historic debate over Medicare prescription drugs is because no one in past decades before this majority came around chose to modernize Medicare with a prescription drug benefit; and without a prescription drug benefit, indeed Medicare is outdated. It is not up to the task of taking care of senior citizens today. It is built around a premise that we are going to put them all in the hospital. It is not built around the correct premise today that many seniors depend upon prescription drugs to maintain their health, to prevent the need to go to the hospital, to maintain their condition, to prevent the spread of disease that has begun to inflict their bodies, indeed, to make sure that those diseases are kept in some sort of control.

Prescription drugs is the way in which so many seniors depend upon health maintenance today. To claim that Medicare is not outdated, when for decades it has not been updated with a prescription drug benefit, is not only wrong, it is, I think, the reason we have had this great debate in this Chamber for the last several Congresses and the reason why this majority is so very proud to say that we finally passed a bill that really has a chance of becoming law.

We are going to go now into a conference with the Senate and we are going to debate the issues of whether competition should be a part of this program or whether the government should be the sole provider of this new benefit. We are going to debate in the Senate whether the reforms this House agreed upon are better than the Senate-passed bill which was rejected in the Committee on Energy and Commerce. I think we will win that debate. But we cannot win it if we give up with this motion to instruct and say we will take the Senate bill, which was already rejected in the Committee on Energy and Commerce and not even offered on the floor by my friends on the other side when they had the chance to do so.

The bottom line is this motion to instruct takes us backwards. It indeed says, well, Medicare, which has not been updated, which has not been modernized to take care of seniors' real needs today, will be the sole provider forever of health care needs for seniors, when we know that competitive choices ought to be available to them.

□ 1630

It says, we will count on the government always to be the provider of these new benefits, and that seniors will not have the choice of going to a better plan if they can find one and, in fact, if one is offered to them in their community. It says, even if we are putting up the cost of the premiums, they will not have that choice. That takes us backwards.

We ought not take a backwards step today in this Chamber. We ought to move forward, take on the Senate and defeat the Senate bill, as we did in committee in the conference, and come out with a better bill that looks much more like the House bill passed on the House floor several weeks ago.

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

Mr. DAVIS of Florida. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Michigan (Mr. LEVIN).

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

Mr. LEVIN. Mr. Speaker, I am glad I was here for the remarks of the gentleman from Louisiana (Mr. TAUZIN). We do not have to destroy Medicare to add a prescription drug benefit. Add prescription drugs to Medicare. We do not need to change Medicare to add a prescription drug benefit. Keep Medicare. It is not outdated. Bring it up to date, if we want to put it that way, by putting in a prescription drug benefit in Medicare. But you do not do that. You are using prescription drug benefits to change and destroy the Medicare system.

The actuary says, under the Republican plan, by 2010, the likely increase in costs for the present Medicare will be 25 percent. You are not only eroding the possibility of use, you are, in the end, destroying Medicare as we know it. And we Democrats will be glad to go

to the electorate in 2004 with the Republican notion that Medicare is outdated, I say to the gentleman from Wisconsin (Mr. RYAN) or to the gentleman from Louisiana (Mr. TAUZIN), the notion that Medicare is failing, ask the seniors of this country whether it is outdated or whether it is failing. They are going to say, we need prescription drugs; give it to us.

Our Republican colleagues do not do that, though they use it as an excuse for changing or destroying Medicare. What they do is have a prescription drug program that is an insurance program without any assurance whatsoever. There is no assured premium, there is no assured deductible, there is no assured set of drugs, and there is really no assured plan. There is no assured plan. The insurance carriers are supposed to come into this, and if they do not, what is there? There is an empty container of pills, I guess. That is what we are left with.

So essentially what our Republican colleagues are doing is using the alleged bankruptcy of Medicare as a smoke screen to destroy it. They are talking about 2036 to wreck Medicare 25 years earlier. That is what you want us to do in the conference committee. Go ahead, try it. If you try it, I hope you fail. If you succeed, we Democrats are all going to vote no. It was not very overwhelming, I think it was one vote, was it not, that took you 45 extra minutes to pass your bill?

Mr. Speaker, we will be glad to go to the country with the Republican plan against ours, destroying Medicare versus our determination to save it and make it even better.

Mr. DAVIS of Florida. Mr. Speaker, I yield 4 minutes to the distinguished gentleman from Michigan (Mr. DINGELL), the dean of the House and the ranking member on the House Committee on Energy and Commerce.

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

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

I rise in support of the motion to instruct the conferees. The motion is very simple. It says to my colleagues and to the conference, reject the motion to privatize Medicare which is included in the Republican plan. That is what it says. The Republicans have never liked Medicare. I sat in the chair and I watched them with the dirty looks they had on their faces when we passed the legislation the first time. They have not changed since. Mr. Arme and Mr. Gingrich and now the gentleman from California (Mr. THOMAS), the chairman of the Committee on Ways and Means, have pointed out that that is their purpose, to kill Medicare as we know it now. It is my hope that this motion to instruct will prevent that kind of unfortunate event from taking place.

The Democrats oppose very strongly leaving seniors naked to the magic of

the marketplace. The magic my Republican colleagues would apply to the senior citizens is to see to it that their benefits under Medicare would magically disappear and to see the magical disappearance of huge sums of Federal money into the pockets of the insurance companies who would be the principal beneficiaries of this legislation as opposed to the senior citizens.

We already know that these private plans do not work. They cost more, some 13.2 percent according to a GAO study which was made. Four hundred thousand seniors got dumped last year from these plans, and it is interesting to note that only a small percentage of people in the rural areas have these kinds of plans available to them.

Now, what will happen if this takes place? Under this privatized Medicare, seniors and taxpayers are going to pay more out of their own pockets. The life of the Medicare trust fund is not going to be expended; the Republicans have already agreed to that. The privatization provisions of H.R. 1 that begin in 2010 would give the Medicare beneficiaries a fixed voucher which would magically shrink as time passes, and the insurance lobby and the HMOs would get massive influxes of government cash and unlimited subsidies which are nowhere defined in the legislation except to say that they shall be sufficient to ease people into these plans to cause them to do it.

Privatization of Medicare would take away serious and important rights from seniors today. Seniors today get access to their doctor, hospital, home health care agency, or nursing home facility guaranteed. That will not happen under this legislation. Under this privatized Medicare model, insurance plans would determine which doctors seniors could see and what drugs they would take. Insurance companies would determine which benefits and treatments would be covered and how much the seniors would pay. All of this would change year by year at the whim of people who are administering this legislation at this particular time, who not only support the legislation but who do not like Medicare and who want a change.

America's seniors are being visited with bait and switch. The bait is they say they are going to give some kind of prescription pharmaceutical benefits. That is mostly hooey, and there is not much in the way of pharmaceutical benefits here. But they would be called upon, or largely forced, to switch from Medicare as we now know it, and they would find themselves then in the cold-hearted hands of the same miserable HMOs that have been denying them the rights that they need and that they want and that triggered this House in responding a year ago to putting forward a Patients' Bill of Rights to try and afford them some rights to appeal, some rights to be protected and some rights to control their own treatment. That is what is at stake here.

So when my colleagues vote on this matter, remember, my colleagues are

voting to protect the rights of senior citizens. They are voting to prevent privatization of Medicare, an outrage that should not be permitted by this Congress.

Mr. TAUZIN. Mr. Speaker, I yield myself just 1 minute to respond to my good friend.

First of all, I am not sure who was in this Chamber way back when Medicare was first adopted by the House. I assume my friend, the dean of the House, was here, but I do not know of anybody else who was who currently serves in the Chamber. I can tell my colleagues there were no only dirty looks on this side when it comes to Medicare. We support Medicare, believe in it.

My mother depends upon it. As I have often said on this House floor, she is a three-time cancer survivor who loves Medicare. That is why when we wrote this bill we preserved her opportunity to remain in fee-for-service Medicare if she chooses. But I want to give her something else, and that is why this bill provides for competitive choices for her so that she can choose a premium-based insurance program if it is better for her. If she wants to stay under Medicare, she can. In either case, she gets the Medicare prescription drug benefit that was not available to her all of these years until this majority came forward and provided one in this bill.

Reject this motion to instruct. Let us go to the conference with the Senate and let us be hopeful and positive that we can negotiate with the Senate a version that will pass the House and Senate and get signed into law.

Seniors understand. They are tired of waiting. They are tired of this debate. They are ready for a law that gives them a prescription drug benefit, and so is my mother.

Mr. DAVIS of Florida. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Wisconsin (Mr. KLECKA).

Mr. KLECKA. Mr. Speaker, if the Republicans love Medicare so much, why did they not put this drug benefit in the Medicare program like the hospitalization program and a physician program? Unless that is called tough love. Because under the bill, seniors, grandma and grandpa have to go out and buy a policy outside of Medicare.

Mr. Speaker, there has been a lot of talk about if we pass this motion we are going to bankrupt the program. There is a lot of talk about this is the vision for Medicare. Well, let me remind my colleagues that this bill passed by a vote of 215 to 214, one slim vote. In fact, the rollcall was held open for almost an hour so the Republican leadership could twist some arms around here, make some promises, and finally get the bill to pass.

What we are asking today is to change two sections of this 700-page bill. Two years ago, we had a hearing on this bill before the Committee on Ways and Means, and before the hearing were some insurance association

people and we asked them point-blank, do you think your members are going to sell a drug-only policy to the seniors of the country? And they said, are you nuts? Before we get the premium in the bank from the policy, the senior who just bought the policy will have filed three claims. There is no way it is going to work.

So what we are asking for today is for a fallback position. If you are so sure it is going to work, the fallback position will never be in effect. But if, in fact, you are wrong, what we are saying then is, then let us have the Medicare program provide grandma the drug benefit.

But that is not what is going on here. We are told that grandma should go and get a private HMO. I come from Milwaukee, Wisconsin. We have four companies selling those HMOs. The last one is going bankrupt and will be out of business shortly. In fact, over 2.5 million seniors in this country were kicked out of their HMO policies.

It is a failed experiment. This Republican bill starts the experiment again, even though we know it does not work.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself such time as I may consume.

I would like to address a few of the points that were made here on the floor. The gentleman from California, I think he has left the floor, said, Medicare is really not going broke. That is a new one to me. Because, Mr. Speaker, if we take a look at Medicare, the actuaries, I am not talking about the Congressional Budget Office even, but the actuaries are telling us, Medicare has a \$13.2 trillion liability today. Today's Medicare program is going insolvent in 10 years, before doing anything, before adding any benefit.

For example, if we had to actually pass legislation right here through taxes and we wanted to make Medicare solvent for the next generation, today we would have to raise Medicare FICA taxes by 80 percent. An 80 percent FICA tax hike is what would be required to fix this unfunded liability. Maybe that is, after all, what some on the other side are seeking to achieve.

What we are trying to achieve here, Mr. Speaker, is to improve Medicare today by making it more comprehensive for today's seniors but also to save it for that baby boom generation. This motion to instruct will not save Medicare. It will bankrupt Medicare.

So when we take a look at the reforms we have in this bill that the other side is targeting to try and jettison from this product, what we are simply trying to do is add choices. Give seniors more choices so they, like us in Congress, Federal workers can choose who their provider is. If they like what they have, if they have traditional Medicare and they like it and they have their drugs paid for by their employer or their supplemental paid for by someone else, great. They are the lucky ones, wonderful. They can keep it.

But if like many of the constituents I have in Wisconsin, they have to dig deep into their pockets and buy a very costly supplemental, then they have to pay for their drugs out-of-pocket. Medicare is outdated for them. It is not comprehensive.

□ 1645

We want to make it comprehensive. And by giving seniors more choices, that active choice drives competition because providers, all of those providers who are regulated and overseen by Medicare, who have to give a comprehensive benefit regulated by Medicare, those providers competing against each other for seniors' business will bring competition to the system and competition to the system will bring down costs over the long run. And the only way to make Medicare solvent for the baby boom generation is to bring down costs over the long run, otherwise we will have to raise taxes or we will have to cut benefits. That is what we want to avoid.

Now, this is not Medicare+Choice. One of the speakers, the gentleman from Michigan, said this is the same old problem again, like Medicare+Choice. This is anything but Medicare+Choice. This is much like what Federal employees have, and that is the title of this bill that the motion to instruct seeks to remove. And the concept basically goes like this: today, under Medicare, if you want to get reimbursed as a provider, you have got to have an operation, a procedure. Medicare pays providers to operate on people, to have procedures. But if you give, as a provider, a person preventative medicine, disease management, keep them healthy, have better results, you do not get paid. So the incentive structure is really bizarre.

What we want to do is reward providers for keeping people healthy, for giving them preventative medicine, for giving them disease management, for keeping them healthy, out of the hospital, out of the operating room. And guess what? Not only is that a healthier, happier life, it saves money; and that is what we are trying to do over the long run so we can modernize this program, give seniors the same options and choices like we as Members of Congress have; and if we can accomplish that, we can save money over the long run and save this very important, very vital program for the baby boom generation when they retire.

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

Mr. DAVIS of Florida. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, I was amazed to listen to the gentleman from Wisconsin (Mr. RYAN) on three points.

First of all, he said that Medicare is going broke. Well, Medicare is not going broke. It is doing fine. But the only reason it is losing money is because of Republican policies. If you re-member in the last years of the Clinton

administration, the day when Medicare might go insolvent kept going further and further away because we were paying down the debt. But once the Republicans came in and the Republican President came into power, all of the sudden with all of these tax cuts and all of this borrowing to pay for the debt, which is now something like \$500 billion, yes, they are taking money away from the Medicare trust fund, and so that day of reckoning gets closer and closer.

You have caused the problem with the solvency of Medicare because of your tax policies as Republicans.

Then you talked about Federal employees and Members of Congress. Well, I was here last year when the gentleman from Florida (Mr. DAVIS) got up on the floor and demanded that we pass a resolution that said that Federal employees and Members of Congress would not have to enter into this Republican Medicare prescription drug program that you are proposing because the fact of the matter is it is not as generous, what you are proposing is not as generous as what Members of Congress and Federal employees have, and that is why you wanted to make sure that they were insulated and would not be part of the program.

Finally, you said you wanted to keep costs down. Well, the easiest way to keep costs down is to allow, as the Senate bill does, to negotiate drug prices so that the Secretary of Health and Human Services can negotiate on behalf of all the seniors and lower drug costs. But you do not want to do that. You put a noninterference clause in the House bill so he cannot negotiate and lower prices. So do not tell me about saving money. You are not saving money. You are not saving the program. You are killing the program.

And I listened also in amazement to the statements that were made by my chairman, who I respect a great deal, the chairman of the Committee on Energy and Commerce. But the fact of the matter is you know if we do not go to conference and adopt significant portions of this Senate bill, we will not have a bill. The President will not have a bill to sign. So when we say that we want a drug benefit and we want to make sure there is a fall-back so if there is no HMO in the area or no two HMOs in the area, that we guarantee that there is a drug benefit, you know that if we do not put that in the bill, we will never get the votes in the Senate to pass the bill and there will not be a drug benefit.

You know also that if we have this House version that says that by 2010 we are going to get out of Medicare, we are going to have a voucher and that the traditional Medicare is going to cost more, that the Senators will never pass this bill. It will never go to the President. So what we are trying to say here with this motion to instruct is, if you really want to continue the Medicare program, do not have a voucher,

do not kill the program and force people to pay more for traditional Medicare. And if you really want a drug benefit, make sure there is a fall-back to traditional Medicare and you can get a drug benefit. Because you know darn well that if in a given area there is not the HMO or the private plan that is going to be offered, then the person will not get the drug benefit.

But even more than that, practically speaking, if you do not go a certain way in the direction of the Senate bill and compromise a little, because you know that passed overwhelmingly, we will never have a bill that goes to the President. So be realistic and pass this motion to instruct.

Mr. TAUZIN. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Oregon (Mr. WALDEN).

Mr. WALDEN of Oregon. Mr. Speaker, I thank the gentleman for yielding me time.

For 3 years the House Republicans have done what the Democrats failed to do for the 30 years they were in the majority and that is pass prescription drug coverage for seniors. And every time we have moved to pass legislation, our colleagues and friends on the other side of the aisle have done their best to throw up road blocks and Medicare, complete this year to buying TV ads already, attacking members of the committee who voted for prescription drug coverage. They want to make it a campaign issue, and that is wrong.

My parents until their death relied upon Medicare, and they paid for their prescription drugs out of their own pockets because their plan did not cover it. My in-laws and others in my district need this help, and they need it now.

Our budget sets aside \$400 billion, \$400 billion to help provide prescription drug coverage for seniors. The last time the Democrats put forward a budget, they reserved 360-some billion; \$400 billion is what we are putting forward over the next 10 years.

Their plan, for which they did not even have a budget, would cost a trillion dollars. Now, on the one hand they will say Medicare is not going insolvent, and yet my colleague from New Jersey just blamed Republicans for whatever insolvency there may be. You cannot have it both ways.

The way we want it is not to negotiate with ourselves. We want to negotiate with the Senate to come out with the best package possible to make sure that every senior in America has access to affordable prescription drug coverage, and coverage that we can afford to continue for the length of Medicare, which should be forever.

We have got to get this right. We have to do it right. We have to use the competitive forces of the marketplace to make sure that we squeeze out the excesses so that we can extend the benefit, especially to those who need it most. And our legislation does that. It targets the greatest relief, the greatest help to the seniors most in need. And

representing the 12th poorest district in this country, I will tell you, I am proud of this bill. I am proud of what it will do for our low-income seniors, and I am proud of what it will do for Medicare and America.

Mr. DAVIS of Florida. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. KUCINICH).

Mr. KUCINICH. Mr. Speaker, seniors must have a guaranteed drug coverage plan. Has the private market through Medicare+Choice plans been able to do this? On the contrary.

The privatization experiment with Medicare+Choice has shown that privatization is a failure. Privatized health care works by limiting coverage to healthy people and shifting more costs onto patients. Medicare HMOs have done just that by raising premiums and co-payments and dropping patients every year. Last year, the Medicare+Choice program eliminated coverage for half a million seniors. For those few seniors who still have coverage, they pay more and they get less.

This experience should teach Congress that relying solely on the private market is a losing strategy for seniors. Only Medicare has been able to provide reliable, stable coverage. Only Medicare has been able to minimize excess waste and overhead in order to keep costs down. To compare, private plans have 15 percent administrative costs compared to 2 percent for Medicare. A GAO report has confirmed that Medicare HMOs are responsible for increasing Medicare costs.

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

The SPEAKER pro tempore (Mr. CULBERSON). The gentleman from Florida (Mr. DAVIS) has 2½ minutes remaining. The gentleman from Louisiana (Mr. TAUZIN) has 1 minute remaining.

Mr. DAVIS of Florida. Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, the legislation that passed this body a few weeks ago will essentially turn the Medicare program over to private health insurance and the HMOs, the very organizations that have dropped 52 percent of the Medicare enrollees in my State of Connecticut over the last 4 years. It will do so by requiring fee-for-service Medicare to compete against private plans to offer doctor and hospital coverage by the year 2010.

You know the phrase "buyer beware"? Let me just say, seniors beware. There has been no HMO or private health insurer who has come forward to date since the passage of this legislation to say they want to do this. And they do not want to do it. Why? Because they do not believe that it is going to be profitable to them. And what they want from the Federal Government is a guarantee that they will get subsidies from the Federal Government to make sure that their profit margins are what they want.

The goal of the Republican bill is simple: lure beneficiaries away from the program. Leave Medicare to care for only the sickest seniors. Drive up the program's costs and effectively turn Medicare into a program that could be cut or even eliminated.

This is the beginning of the end of Medicare. It will turn it into a voucher program. And you know, down the road, if seniors decide to choose the Medicare program versus a private program, they will be penalized by paying a higher premium. That is the choice that they are going to have. It is not the Medicare in which my 89-year-old mother is enrolled today, one that has provided quality health care and a measure of economic security to hundreds of millions of seniors over the past 4 decades.

Let us not privatize Medicare. Let us strengthen it so that, in fact, we can prepare for the retirement of the baby boom generation. Let us provide them a real benefit that offers seniors a reliable prescription drug benefit that does not change from ZIP code to ZIP code the way this motion to instruction wants to engage in.

Let me tell you that the Medicare prescription drug proposal that has been proposed on the other side does not begin until 2006, pegs their costs to the increased cost of prescription drugs, and does not allow any government to drive down the costs of prescription drugs.

It is wrong. Let us pass this motion to instruct and do something that will be beneficial for seniors.

The SPEAKER pro tempore. The gentleman from Louisiana (Mr. TAUZIN) has 1 minute remaining. The gentleman from Florida (Mr. DAVIS) has 30 seconds remaining.

Mr. TAUZIN. Mr. Speaker, I yield myself the final minute on our side.

Mr. Speaker, I think it is important to point out that while the bill we passed, passed by only one vote, without the nine brave Democratic votes who came with us 2 weeks ago to vote for a Medicare prescription drug reform bill to the Senate, that bill would not have passed. I want to thank those nine brave Democrats for standing tall against a lot of pressure to do the right thing.

Secondly, I want to point out that the Democratic vision that is literally represented by this motion to instruct was defeated when the substitute was offered on the House floor by 175 for to 255 votes against. It was soundly defeated. This vision of a government does it all. The government provides the benefit; and no one else, no competition, no reform was defeated.

Third, I want to point out that these are not my numbers. These are the actuaries who work for Medicare; the Medicare actuaries tell us by the year 2016 Medicare starts paying out more money than it is taking in. And the actual date on which insolvency occurs is 2026. That is what we are up against.

Defeat this motion to instruct. It is an old vision that was defeated on the

House floor. Support us going into conference with our new vision, which is a Medicare guaranteed benefit, fee-for-service for seniors whether they stay in Medicare or choose one of these new options. You defeat the new options, and you defeat those vital reforms as we go in to conference. Vote "no" on this motion to instruct.

Mr. DAVIS of Florida. Mr. Speaker, the only defense in support of a voucher was a misstatement on the other side that there is a guaranteed issue that even seniors with health problems over 65 are guaranteed HMO coverage. That is a false statement.

There is no guarantee with respect to the level of coverage. There is no guarantee with respect to the price or affordability.

Mr. RYAN of Wisconsin. If the gentleman will yield, on page 182 of the bill.

Mr. DAVIS of Florida. Mr. Speaker, I reclaim my time.

□ 1700

What we are left with is any senior over 65 that has a health problem at all under the statement of the chief actuarial of Medicare, this is not a Democratic or Republican statement, can experience up to a 25 percent increase in price and is left with a voucher in no way to afford traditional fee-for-service Medicare.

There are seniors in this country, they are not just Democrats, Republicans or Independents, they are senior citizens. They have outlived their good health, their savings. They tried to plan responsibly for their retirement. Unless we adopt the motion to instruct and defeat this voucher, we will leave these seniors in the cold.

I urge adoption of the motion to instruct.

The SPEAKER pro tempore (Mr. CULBERSON). Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Tennessee (Mr. DAVIS).

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mr. DAVIS of Florida. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this are postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. HASTINGS of Washington). 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.

HONORING AND CONGRATULATING CHAMBERS OF COMMERCE

Mr. WALDEN of Oregon. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 215) honoring and congratulating chambers of commerce for their efforts that contribute to the improvement of communities and the strengthening of local and regional economies.

The Clerk read as follows:

H. CON. RES. 215

Whereas chambers of commerce throughout the United States contribute to the improvement of their communities and the strengthening of their local and regional economies;

Whereas in the Detroit, Michigan area, the Detroit Regional Chamber, originally known as the Detroit Board of Commerce, typifies the public-spirited contributions made by the chambers of commerce;

Whereas, on June 30, 1903, the Detroit Board of Commerce was formally organized with 253 charter members;

Whereas the Detroit Board of Commerce played a prominent role in the formation of the United States Chamber of Commerce;

Whereas the Detroit Board of Commerce participated in the "Good Roads for Michigan" campaign in 1910 and 1911, helping to gain voter approval of a \$2,000,000 bond proposal to improve the roads of Wayne County, Michigan;

Whereas, in 1925, the Safety Council of the Detroit Board of Commerce helped develop the first traffic lights in Detroit;

Whereas, in 1927, the Detroit Board of Commerce brought together all of the cities, villages, and townships in southeast Michigan to tentatively establish boundaries for a metropolitan district for Detroit, embracing all or parts of Wayne, Oakland, Macomb, Monroe, and Washtenaw Counties at the request of the United States Census Bureau in advance of the 1930 census;

Whereas, in 1932, the Federal Home Loan Bank Board designated the Detroit Board of Commerce as the authorized agent for stock subscriptions in the Federal Home Loan Bank, as an early response to the Great Depression;

Whereas, in 1945, the Detroit Board of Commerce promoted the extension of Victory Loans to veterans returning from service in the United States Armed Forces during World War II as a way of expressing gratitude for the veterans' wartime service, and raised more than half of the total amount contributed in Wayne County, Michigan;

Whereas, in 1969, the Detroit Board of Commerce, then known as the Greater Detroit Chamber of Commerce, was instrumental in the establishment of a bus network connecting inner-city workers with their jobs, which resulted in the creation of the Southeast Metropolitan Transportation Authority, now known as SMART;

Whereas the Detroit Board of Commerce has been known by several names during its century of existence, eventually becoming known as the Detroit Regional Chamber in November 1997;

Whereas the Detroit Regional Chamber is the largest chamber of commerce in the United States and has been in existence for over 100 years;

Whereas more than 19,000 businesses across southeast Michigan have decided to make an initial investment in the Detroit Regional Chamber to help develop the region;

Whereas the Detroit Regional Chamber has supported the concept of regionalism in southeast Michigan, representing the concerns of businesses and the region as a whole;

Whereas the mission of the Detroit Regional Chamber is to help power the economy of southeastern Michigan;

Whereas the Detroit Regional Chamber successfully advocates public policy concerns on behalf of its members at the local, regional, State, and National levels;

Whereas the Detroit Regional Chamber has implemented programs promoting diversity in its work force and has won recognition for such efforts;

Whereas the Detroit Regional Chamber is committed to promoting the interests of its members in the global marketplace through economic development efforts; and

Whereas on June 30, 2003, the Detroit Regional Chamber celebrates its 100th anniversary; Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That Congress honors and congratulates chambers of commerce for their efforts that contribute to the improvement of their communities and the strengthening of their local and regional economies.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from Michigan (Mr. DINGELL) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon (Mr. WALDEN).

GENERAL LEAVE

Mr. WALDEN of Oregon. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on this legislation.

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

There was no objection.

Mr. WALDEN of Oregon. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H. Con. Res. 215, a resolution to honor and congratulate the chambers of commerce for their efforts that contribute to the improvement of communities and the strengthening of local and regional economies.

At the Federal level, the U.S. Chamber of Commerce makes up the world's largest not-for-profit business federation. It represents 3 million businesses, 3,000 State and local chambers, 830 business associations and 92 American Chambers of Commerce abroad. These groups are of all sizes and shapes, from large Fortune 500 companies to home-based one-person operations. A full 96 percent of the membership is made up of businesses with fewer than 100 employees.

The real work that is done in the trenches is done by local and regional chambers of commerce. It is these organizations that employ labor law experts, human resource professionals and pro-business staff lobbyists within one organization to bring businesses resources that they need. They provide help and information from the big picture of public policy to the nitty-gritty of complex employment laws.

In addition, these local and regional chambers give small businesses a legislative voice to promote business, protect the private sector from excessive