

Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2004, and for other purposes," requests a conference with the House on the disagreeing votes of the two Houses thereon; and appoints Mr. SPECTER, Mr. COCHRAN, Mr. GREGG, Mr. CRAIG, Mrs. HUTCHISON, Mr. STEVENS, Mr. DEWINE, Mr. SHELBY, Mr. DOMENICI, Mr. HARKIN, Mr. HOLLINGS, Mr. INOUE, Mr. REID, Mr. KOHL, Mrs. MURRAY, Ms. LANDRIEU, and Mr. BYRD, to be the conferees on the part of the Senate.

The message also announced that the Senate agrees to the report of the committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2555) "An Act making appropriations for the Department of Homeland Security for the fiscal year ending September 30, 2004, and for other purposes."

REPORT ON RESOLUTION PROVIDING FOR RECOMMITTAL OF CONFERENCE REPORT ON H.R. 2115, FLIGHT 100—CENTURY OF AVIATION REAUTHORIZATION ACT

Mr. LINCOLN DIAZ-BALART of Florida, from the Committee on Rules, submitted a privileged report (Rept. No. 108-284) on the resolution (H. Res. 377) providing for the recommitment of the conference report to accompany the bill (H.R. 2115) to amend title 49, United States Code, to reauthorize programs for the Federal Aviation Administration, and for other purposes, which was referred to the House Calendar and ordered to be printed.

APPOINTMENT OF CONFEREES ON H.R. 2754, ENERGY AND WATER DEVELOPMENT APPROPRIATIONS ACT, 2004

Mr. WAMP. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 2754) making appropriations for energy and water development for the fiscal year ending September 30, 2004, and for other purposes, with a Senate amendment thereto, disagree to the Senate amendment, and agree to the conference asked by the Senate.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee? The Chair hears none and, without objection, appoints the following conferees: Messrs. HOBSON, FRELINGHUYSEN, LATHAM, WAMP, Mrs. EMERSON, Messrs. DOOLITTLE, PETERSON of Pennsylvania, SIMPSON, YOUNG of Florida, VISCLOSKY, EDWARDS, PASTOR, CLYBURN, BERRY, and OBEY.

There was no objection.

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 1, MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

Mr. SANDLIN. Mr. Speaker, subject to rule XXII, clause 7(c), I hereby announce my intention to offer a motion to instruct on H.R. 1, the Medicare Prescription Drug and Modernization Act of 2003.

The form of the motion is as follows:

Mr. SANDLIN of Texas 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) 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.

(2) To reject the provisions of section 501 of the House bill.

(3) The House recede to the Senate on the following provisions of the Senate amendment to improve rural health care:

(A) Section 403 (relating to inpatient hospital adjustment for low volume hospitals).

(B) Section 404 (relating to medicare disproportionate share adjustment for rural areas), but with the effective date applicable under section 401(b) of the House bill.

(C) Section 404A (relating to MedPAC report on medicare disproportionate share hospital adjustment payments).

(D) The following provisions of section 405 (relating to critical access hospital improvements):

(i) Subsection (a), but with the effective date applicable under section 405(f)(4) of the House bill.

(ii) Subsection (b), but with the effective date applicable under section 405(c)(2) of the House bill.

(iii) Subsections (e), (f), and (g).

(E) Section 414 (relating to rural community hospital demonstration program).

(F) Section 415 (relating to critical access hospital improvement demonstration program).

(G) Section 417 (relating to treatment of certain entities for purposes of payment under the medicare program).

(H) Section 420 (relating to conforming changes relating to Federally qualified health centers).

(I) Section 420A (relating to increase for hospitals with disproportionate indigent care revenues).

(J) Section 421 (relating to establishment of floor on geographic adjustments of payments for physicians' services).

(K) Section 425 (relating to temporary increase for ground ambulance services), but with the effective date applicable under the amendment made by section 410(2) of the House bill.

(L) Section 426 (relating to appropriate coverage of air ambulance services under ambulance fee schedule).

(M) Section 427 (relating to treatment of certain clinical diagnostic laboratory tests furnished by a sole community hospital).

(N) Section 428 (relating to improvement in rural health clinic reimbursement).

(O) Section 444 (relating to GAO study of geographic differences in payments for physicians' services).

(P) Section 450C (relating to authorization of reimbursement for all medicare part B services furnished by Indian hospitals and clinics).

(Q) Section 452 (relating to limitation on reduction in area wage adjustment factors

under the prospective payment system for home health services).

(R) Section 455 (relating to MedPAC study on medicare payments and efficiencies in the health care system).

(S) Section 459 (relating to increase in medicare payment for certain home health services).

(T) Section 601 (Increase in medicaid DSH allotments for fiscal years 2004 and 2005).

(4) The House insist upon the following provisions of the House bill:

(A) Section 402 (relating to immediate establishment of uniform standardized amount in rural and small urban areas).

(B) Section 403 (relating to establishment of essential rural hospital classification).

(C) Subsections (a), (b), (d), and (e) of section 405 (relating to improvements to critical access hospital program).

(D) Section 416 (relating to revision of labor-related share of hospital inpatient pps wage index).

(E) Section 417 (relating to medicare incentive payment program improvements).

(F) Section 504 (relating to wage index classification reform).

(G) Section 601 (relating to revision of updates for physician services).

(H) Section 1001 (relating to medicaid disproportionate share hospital (DSH) payments).

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 1308, TAX RELIEF, SIMPLIFICATION, AND EQUITY ACT OF 2003

Mr. PALLONE. Mr. Speaker, subject to rule XXII, clause 7(c), I hereby announce my intention to offer a motion to instruct on H.R. 1308, the Tax Relief, Simplification, and Equity Act of 2003.

The form of the motion is as follows:

Mr. PALLONE moves that the managers on the part of the House in the conference on the disagreeing votes of the two Houses on the House amendment to the Senate amendment to H.R. 1308 be instructed as follows:

1. The House conferees shall be instructed to include in the conference report the provision of the Senate amendment (not included in the House amendment) that provides immediate payments to taxpayers receiving an additional credit by reason of the bill in the same manner as other taxpayers were entitled to immediate payments under the Jobs and Growth Tax Relief Reconciliation Act of 2003.

2. The House conferees shall be instructed to include in the conference report the provision of the Senate amendment (not included in the House amendment) that provides families of military personnel serving in Iraq, Afghanistan, and other combat zones a child credit based on the earnings of the individuals serving in the combat zone.

3. The House conferees shall be instructed to include in the conference report all of the other provisions of the Senate amendment and shall not report back a conference report that includes additional tax benefits not offset by other provisions.

4. To the maximum extent possible within the scope of conference, the House conferees shall be instructed to include in the conference report other tax benefits for military personnel and the families of the astronauts who died in the *Columbia* disaster.

5. The House conferees shall, as soon as practicable after the adoption of this motion, meet in open session with the Senate conferees and the House conferees shall file a conference report consistent with the preceding provisions of this instruction, not

later than the second legislative day after adoption of this motion.

MOTION TO INSTRUCT CONFEREES ON H.R. 1, MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

Mr. KIND. Mr. Speaker, I offer a motion to instruct.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. KIND 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) 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.

(2) To reject the provisions of section 501 of the House bill.

(3) The House recede to the Senate on the following provisions of the Senate amendment to improve rural health care:

(A) Section 403 (relating to inpatient hospital adjustment for low volume hospitals).

(B) Section 404 (relating to medicare disproportionate share adjustment for rural areas), but with the effective date applicable under section 401(b) of the House bill.

(C) Section 404A (relating to MedPAC report on medicare disproportionate share hospital adjustment payments).

(D) The following provisions of section 405 (relating to critical access hospital improvements):

(i) Subsection (a), but with the effective date applicable under section 405(f)(4) of the House bill.

(ii) Subsection (b), but with the effective date applicable under section 405(c)(2) of the House bill.

(iii) Subsections (e), (f), and (g).

(E) Section 414 (relating to rural community hospital demonstration program).

(F) Section 415 (relating to critical access hospital improvement demonstration program).

(G) Section 417 (relating to treatment of certain entities for purposes of payment under the medicare program).

(H) Section 420 (relating to conforming changes relating to Federally qualified health centers).

(I) Section 420A (relating to increase for hospitals with disproportionate indigent care revenues).

(J) Section 421 (relating to establishment of floor on geographic adjustments of payments for physicians' services).

(K) Section 425 (relating to temporary increase for ground ambulance services), but with the effective date applicable under the amendment made by section 410(2) of the House bill.

(L) Section 426 (relating to appropriate coverage of air ambulance services under ambulance fee schedule).

(M) Section 427 (relating to treatment of certain clinical diagnostic laboratory tests furnished by a sole community hospital).

(N) Section 428 (relating to improvement in rural health clinic reimbursement).

(O) Section 444 (relating to GAO study of geographic differences in payments for physicians' services).

(P) Section 450C (relating to authorization of reimbursement for all medicare part B services furnished by Indian hospitals and clinics).

(Q) Section 452 (relating to limitation on reduction in area wage adjustment factors

under the prospective payment system for home health services).

(R) Section 455 (relating to MedPAC study on medicare payments and efficiencies in the health care system).

(S) Section 459 (relating to increase in medicare payment for certain home health services).

(T) Section 601 (Increase in medicaid DSH allotments for fiscal years 2004 and 2005).

(4) The House insist upon the following provisions of the House bill:

(A) Section 402 (relating to immediate establishment of uniform standardized amount in rural and small urban areas).

(B) Section 403 (relating to establishment of essential rural hospital classification).

(C) Subsections (a), (b), (d), and (e) of section 405 (relating to improvements to critical access hospital program).

(D) Section 416 (relating to revision of labor-related share of hospital inpatient pps wage index).

(E) Section 417 (relating to medicare incentive payment program improvements).

(F) Section 504 (relating to wage index classification reform).

(G) Section 601 (relating to revision of updates for physician services).

(H) Section 1001 (relating to medicaid disproportionate share hospital (DSH) payments).

Mr. KIND (during the reading). Mr. Speaker, I ask unanimous consent that the motion be considered as read and printed in the RECORD.

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

There was no objection.

The SPEAKER pro tempore. The gentleman from Wisconsin (Mr. KIND) will be recognized for 30 minutes, and the gentleman from Pennsylvania (Mr. GREENWOOD) will be recognized for 30 minutes.

The Chair recognizes the gentleman from Wisconsin (Mr. KIND).

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

Mr. Speaker, what this motion to instruct basically states is asking for some fairness and some equity in regards to the rural health care providers during the Medicare reform conference discussions that are taking place right now.

Mr. Speaker, rural America is often called the backbone of our country, and rightly so. It is rural America where so many of our parents and grandparents grew up, and it is to rural America that many of our veterans, teachers, and farmers retire.

There are 9 million Medicare beneficiaries in rural communities, and these seniors tend to be older. They tend to be sicker. They tend to have a little less money than those in urban communities. Rural seniors are in great need, and we must be sure that any Medicare bill does not leave these citizens out in the cold.

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Yesterday, the House voted on an identical motion offered by my good friend the gentleman from Texas (Mr. STENHOLM). Unfortunately, the motion was defeated, 202 to 213, with 19 Members absent. We are hoping to give

those absent Members another chance to come and vote and participate in this discussion, and hopefully then have the votes to prevail on this motion to instruct.

There are many Members on both sides of the aisle, Mr. Speaker, that come from rural areas, from rural districts. I do not for the life of me understand why a Member from a rural area would oppose a motion to instruct on this basis. I think it makes a lot of sense.

This is not an ideological or partisan issue, this is a geographic issue, and we are asking for some fundamental fairness and some equity in dealing with rural health care providers.

I believe Medicare recipients deserve a prescription drug plan under Medicare, and I believe that all seniors, regardless of their location, should have access to affordable, stable drug benefits. H.R. 1, however, lacks a guarantee that seniors living in rural areas will have access to such a plan.

Rather than gaining a drug benefit under Medicare, seniors would have to join a managed care plan or purchase a private drug-only plan. For rural seniors, only 19 percent of whom had access to a Medicare-managed plan in 2003, this could be disastrous. In effect, seniors in rural areas would be subsidizing prescription drugs for others, but would not get a drug benefit plan of their own.

I am not prepared to tell seniors in my district in western Wisconsin that some seniors will be getting a drug benefit, when they will not.

The Senate Medicare bill, recognizing the instability of private plans in rural areas, provides a fallback, meaning that traditional Medicare would offer its own prescription drug plan to areas with fewer than two private plans available to Medicare recipients. I urge the conferees to recognize the importance of offering prescription drug plans to all Medicare enrollees and to accept the Senate provisions.

Yesterday, some of my colleagues on the other side of the aisle argued that the instructions in this motion would lead to greater spending and higher deficits. I am committed to being fiscally responsible at all times and reducing the deficit, and this motion does not call for exceeding the budget limit of \$400 billion allotted for this Medicare reform bill. Rather, this motion instructs the conferees to carefully assess their priorities in allocating the \$400 billion. I hope that this dispels any confusion over the costs advocated by this motion, and I hope that my colleagues across the aisle will be able to join in supporting it.

We have seen too many rural hospitals close, over 470 in the last 25 years alone, and rural hospitals all over the country are in danger of being forced to shut their doors forever. Currently hospitals receive full inflation or market basket payments for inpatient and outpatient services. H.R. 1 would reduce hospital payment updates