why so many young people, why so many Americans who are struggling economically do not even want to participate. It is because they often do not hear this institution speaking to their values. They often do not hear their needs and their concerns being addressed.

They turn on the TV at 10 o'clock at night and hear us talking about a fair tax that is never going to be, some kind of a complicated esoteric tax thing that is never going to happen. They turn on the television in the middle of the day and they hear us talking about renaming bridges and post offices. They turn on the TV late at night and they hear us talking about cutting veterans benefits, the day we went to war in Iraq. So much of what they hear us say in this institution does not resonate, it does not seem a part of their lives.

I think if we want to get people to vote, if we want to get people engaged, then they need to hear something of themselves in this place. They need to hear something of the echoes that are going all around American living rooms echoing in this chamber.

It is a very real question of relevance, making the things that our people care about a part of our priorities in setting government.

Ms. LINDA T. SÁNCHEZ of California. Mr. Speaker, I just want to make this one observation: When I was young I played sports and inevitably was plagued with injuries from time to time, and my mother once told me something, and I hate to admit when my mother was right, but she was so right.

Mr. RYAN of Ohio. Do not do it.

Ms. LINDA T. SÁNCHEZ of California. Mom, here goes. She said, ''You do not feel it now because you are young. You have energy, you are strong, you recover quickly and you think you are indestructible. But when you get older, these injuries are going to come back to haunt you.''

I do not particularly consider myself very old, but it is true. As somebody in my thirties, my soccer ankle that I broke three different times playing bothers me.

For young people who do not have access to health care, who do not have access to treatments and medicines that can help prevent a minor injury from becoming a severe injury down the road, or prevent a mild form of a disease or an illness from becoming something full-blown, the sole thing standing between them and some kind of chronic illness or really devastating health problem is early access to preventive medicine and early access to medicine and to therapies that are going to help them.

Again, it is kind of hard to think when you are 18 years old that you are going to be old and sick and frail one day, but if you do not have access to health care and you cannot get a head start and make sure that you get yearly visits so that you are checked out for any potential conditions, that is a potential that is a very real potential down the line.

So, for young folks, again, I cannot stress this enough. I think sometimes we think, well, we are young, we are just starting out, we do not have the dream job that we are hoping for, but I am working full-time to put myself through school or working full-time right now and have no health care benefits or very minimal health care benefits. You deserve better. Again, you need to exercise your voice and make sure that you are getting better.

Mr. RYAN of Ohio. Mr. Speaker, reclaiming my time, as we are wrapping up here, I want to thank the gentleman from Florida, the gentlewoman from California and the gentleman from Alabama.

I want to take this opportunity to say e-mail us, 30-SomethingDems at mail.house.gov, and check out rockthevote.com for the voter suppression.

I just want to read a couple e-mails real quickly that we received last week. Melanie from Maryland said that she heard us last week. It almost brought her to tears, that people in the Congress were actually talking about her.

Amy from Abilene Christian University wrote. And there was also one other student who called and said he never watched C–SPAN, but ended up watching it for 45 minutes last week to watch ''Gregory Meeks, Tim Ryan and one other guy.'' That ''one other guy'' was the gentleman from Florida (Mr. MEEK).

We will be back next Tuesday. Drop an e-mail to us. We are going to continue to have this dialogue and make sure that the students and 20-somethings and 30-somethings of this country are represented in the United States Congress.

PROVIDING HEALTH CARE FOR ALL AMERICANS

The SPEAKER pro tempore (Mr. CHOCOLA). Under the Speaker's announced policy of January 7, 2003, the gentleman from Texas (Mr. BURGESS) is recognized until midnight.

Mr. BURGESS. Mr. Speaker. I appreciate being invited here to be part of the youth leadership hour of tonight's session of the House of Representatives.

There were some interesting comments from the other side of the aisle. I am actually here to talk tonight about health care. Certainly the concept of voting where you live is one that I endorse, and always have. I have several universities in my district, and in fact the NAACP awarded a college chapter at the University of North Texas an award for their program of Live Here, Vote Here that they ran last year, and I certainly salute them in their efforts.

But let us talk a little bit more about health care. Maybe we can talk a little more in depth about health care. I believe the gentleman from Alabama, if I am quoting him right, said that his group had a profound sense of what is possible. Well, let us spend some time talking about what is indeed possible; what is doable right now, this year, even though it is an election year.

Mr. Speaker, I was on the plane coming back from my district in Texas back to the Nation's Capital today. I picked up a copy of the Fort Worth Star Telegram at the airport, and the headline above the fold was ''Firms Offer Plan for Uninsured Workers.''

Now, there is a novel concept. Here is a consortium of large companies. ''More than 50 of the country's largest employees said Monday that they will band together to offer health insurance to workers who would otherwise not qualify, offering coverage up to 4 million uninsured workers and their dependents by next year. The companies include major Tarrant County employers; American Airlines, Lockheed Martin, Bell Helicopter, as well as McDonald's, Sears Roebuck, Home Depot, Ford Motor and General Electric.''

I will not read the entire article, but the article goes on to say that ''uninsured workers tend to delay medical treatment and avoid cheaper preventative care, seeking expensive emergency room treatment.'' We know that emergency health care is some of the most expensive health care in the world. We know this is a huge driver in the cost of overall health care spending.

So here are these large companies back in Texas, many in my district, who are recognizing that the cost of the uninsured is a major cost driver for health insurance, and these companies are banding together to provide a type of coverage available to their employees, who otherwise would not have health insurance available to them. I think this is an example of the type of innovative, consumer-driven approach that we are seeing in health care.

One of the really disappointing things to me, to listen to the dialogue I just heard on the other side, actually goes back to an article written by Mr. Brownstein of the Los Angeles Times last December, where he said there are only two ways to pay for health care in this country. One is private, employer-based insurance, and the other is for the government, State or Federal Government, to pay for the cost of health insurance.

That completely ignores the cost of uncompensated care. As a physician, I know I probably gave away much more in medical care than any of these young lawyers will ever give away in legal fees. But there is a tremendous amount of care that is just simply uncompensated in this country, and that needs to be calculated into the overall expensing of health care.

But the other area that was completely ignored in Ronald Brownstein's article last December was those individuals who pay for health care themselves. We did a great thing in this

Congress last December with the passage of the Medicare Modernization Act, that the other side seemed to not care for. But the creation of Health Savings Accounts in that Medicare Modernization Act will allow more people to bring their own dollars into the health care system and spend their own dollars in the health care system.

□ 2330

Mr. Speaker, I believe that people, given the option of spending their own money in the health care system, will be wiser consumers of health care and, ultimately, that too will bring down the cost of health care.

Let me just say a word about HSAs, or the old term for them was a medical savings account. I had a medical savings account myself for 5 years prior to coming to Congress. In fact, it was kind of a surprise to me that I could not continue my medical savings account when I arrived in Congress, but because of the restrictions placed on medical savings accounts, they are only available to people who are self-employed or who are employed in small groups. So as a member of this body, I had to take the type of insurance that was offered to everyone else in the Federal Government.

But we have made some improvements. With the advent of HSAs last December, many, many more people are going to have this type of insurance available to them and be able to save for their own health care. It is going to give more Americans health care coverage portability, and it is going to promote savings and wealth generation.

Mr. Speaker, in January, the President came here and in his State of the Union address talked about his health care initiatives. Now, Morton Kondracke writes for a magazine or a newspaper up here called Roll Call and it is generally no friend of the administration. In fact, he made a comment in his column the week after the State of the Union address: Usually the only time Republicans ever pay attention to the social needs of ordinary Americans is when Democrats force them to do so. But he did at least allow that President Bush talked about health care in his State of the Union message.

Now, he was not very complimentary of President Bush, but President Bush talked about 3 initiatives in his State of the Union message that could bring down the numbers of the uninsured, and when the gentleman from Alabama (Mr. DAVIS) talks about the art of the possible or having the vision of being able to do what is possible now, these 3 things do not involve any heavy lifting, they are all within our grasp right now.

One of the things that President Bush talked about, of course, was the HSA and how good it was that that was part of the Medicare Modernization Act. The President also proposed, as a corollary to HSAs, making a catastrophic insurance policy available to any worker who wanted it, and allowing them to deduct the cost of that insurance policy from their personal income taxes, the same as a corporation or business can do if it buys insurance for an employee. This would mean, if we combine that catastrophic insurance policy with a health savings account, that anyone who paid income taxes who did not have health insurance would no longer have an excuse not to have health insurance. And, Mr. Kondracke estimated that 7 percent of the 43 million uninsured would indeed have access to insurance under that scenario.

There was another proposal outlined by President Bush in that State of the Union address and that was a bill that we passed in this House almost a year ago, in June of 2003, H.R. 660, called association health plans. Association health plans probably will not by themselves bring down the number of uninsured that dramatically, but it will certainly keep that curve from continuing upward the way it has for the last 7 or 8 years.

Association health plans, again, were passed by this body last June. It has languished over in the Senate and it is certainly time that that bill receive some more attention and get moving over there. In Mr. Kondracke's tally, he estimated that another 2 million people would be benefited by the passage of association health plans.

Finally, a bill that has not passed this House, but one that certainly deserves our attention, are what are called tax credits for the uninsured. Tax credits are perhaps the best and most immediate way to help the so-called working poor; that is, individuals who are out there working and earning a living, do not earn enough money to pay income tax, so they would not benefit from a health savings account necessarily, but do not receive health insurance as a benefit of their employment. This would provide for fully refundable prepaid tax credits that would give low-income individuals and their families immediate purchasing power. In other words, Mr. Speaker, it is not a tax refund; it is a tax prefund. It would be available to those families at the beginning of the year only to pay for their health insurance needs.

Mr. Kondracke in his Roll Call piece estimated that again, this would provide coverage for another 4 million people, but he did allow that this group is perhaps two-thirds of the actual group that is counted as the uninsured, so his estimate may have been a little bit low. But by combining all of Mr. Kondracke's numbers last January, we come up with a figure of 10 million people covered with health insurance who are not currently covered. Mr. Speaker, that is almost 25 percent of the current uninsured in this country who could be covered right now, this year, if we could simply take up and complete the work that we started last year and get association health plans, full deductibility for catastrophic insurance premiums, and tax credits for the uninsured; if we would take that up and pass that this year, those 10 million people would enjoy the benefits of insurance and, as a consequence of that, health care costs would come down.

I wanted to make reference to an article that appeared in yesterday's Christian Science Monitor. The title of the article was ''A Better Way to Pay For Health Care'' by Jonathan Decker, a correspondent for the Christian Science Monitor. It is datelined out of Washington. He starts out, It is rare when a government program actually earns heaps of praise from a taxpayer.

Mr. Decker is talking, of course, about the health savings accounts that were passed by this body last November in the Medicare Modernization Act. He goes on to say that HSAs are the latest method for controlling health care costs and represent a kind of a 401(k) for health care expenses. Since the beginning of the year, the accounts have been available to people underage 65 who have a qualifying health insurance plan with a deductible of at least $1,000 for individual coverage and $2,000 for family coverage. Individuals can dip into their plans to cover out-of-pocket health care costs up to $5,000 a year and $10,000 a year for families.

He goes on to say, What makes HSAs so attractive to many is that the money in the accounts can be spent tax-free on health care, and the funding can be provided by companies, their employees, or both.

Mr. Speaker, it just goes to point out the power of these so-called medical IRAs, these medical 401(k)s that will increase in wealth.

The thing is, the folks on the other side tonight were talking about some of the fundamental differences between Republicans and Democrats. Republicans like to own things. We like to be in charge. And if you own your own health care dollars, how much more in control are you when you become ill, when you go to the hospital, when you go to the doctor. It is a sense of power that I, for one, would not want to relinquish to the Federal Government for an entirely government-run health care system, as some have suggested.

The tax credits for the uninsured have been introduced in this body in a bill called the SAVE Act, Securing Access, Value and Equality in Health Care. This bill provides an immediate tax credit to individuals and families toward the purchase of health insurance. The credit will be $1,000 for individuals, $2,000 for married couples, and $500 for each dependent, up to $3,000 per family; also, an additional credit of up to 50 percent will be available to families that need insurance with higher premiums. The SAVE Act is a way to turn a costly, unwieldy bureaucratic health care system into a more personal, affordable, and accessible health care system.

Mr. Speaker, we heard earlier this evening from a group that was talking about fundamental tax reform, and

they spoke about it quite eloquently and they talked about the cost of embedded taxation in anything we buy.

Well, in health care, there is another hidden embedded cost that we oftentimes do not acknowledge or do not talk about, and that is the embedded cost of our medical justice system, or our medical liability system. Medical liability reform has been a big part of the agenda of this Congress, this Republican Congress this year. Again, we may notice a recurrent theme here. We passed that bill over a year ago, and we are still awaiting some action 400 feet across the rotunda on that. We certainly hope to see that action happen some time this year.

There is a direct cost, of course, for medical liability insurance. But one of the more pernicious aspects from what has happened with our medical justice system in this country with the runaway expenses associated with the medical justice system or the medical liability system, it leads doctors and hospitals to practice what is called defensive medicine. In other words, if I am called to see a patient in the middle of the night and something goes wrong down the road, am I going to look good if this case goes to court. So if you are called to see a patient in the middle of the night and they are complaining of a headache, it may not be anything too serious but, on the other hand, if it did turn out to be that brain tumor and you missed the diagnosis, it is going to look dreadful down the road in court, so let us go ahead and get the cat scan, and it leads to the type of environment where you tend to order every test, you tend to do every procedure to make certain that you are not one day involved in one of those dreadful medical liability suits.

□ 2340

The embedded cost of defensive medicine in our system is significant. There was a study done at Stanford University in 1996, so this is 8 years ago now, almost a decade ago, and these dollar figures would probably be higher if the study was done today. It was estimated the cost to the Medicare system alone of defensive medicine equated to approximately $50 billion a year.

Mr. Speaker, we were criticized for passing a prescription drug benefit last year that cost $400 billion over 10 years or $40 billion a year. The cost of defensive medicine is more than the cost of providing the prescription drug benefit to our seniors.

Let me finish up tonight with talking about the Medicare Modernization Act since the other side did seem to feel that perhaps this was not a wise thing that we did, and they all freely admitted that they voted against it. I do not think that was a wise vote, and I will tell you during the course of this why I do not think that was wise.

I think the Medicare Modernization Act that we passed here last November was, in fact, a significant piece of legislation. It provided that missing link, that thing that had been missing from Medicare since its inception back in 1965 when another Texan was President, President Lyndon Johnson, and signed that bill into law.

Back in 1965, the major health expenditures that a senior might face were if they had to have surgery, if they had to have an operation or they got a serious illness such as pneumonia or had an abscess and had to be treated in hospital with IV antibiotics for several days. Those were the types of serious cost problems that a senior could run into the mid-1960s. We did not have much in the way of prescription drugs back then. Oh, we had steroids and antibiotics, and some people argued those two were interchangeable or at least used interchangeably back then, but look at what we can do now.

The world has changed so much in the 21st century, and the ability to cure, without surgery or without a hospitalization, by the use of modern day pharmaceuticals is nothing short of astounding.

So, again, not having a prescription drug coverage in the Medicare program, gosh, we were paying $280 billion or we are paying $280 billion a year for our seniors on Medicare, for those 40 million people, 40 million Americans who are on Medicare, but we are not getting value for our dollar. This program, providing a prescription drug benefit for the first time, allows us to be able to treat things on the front end and get value for that dollar.

It is not just in the realm of prescription drugs. Yes, it is cheaper to treat illness; to treat the diabetes when it is merely a problem of a chemical abnormality with broad sugar before the retinal damage occurs, before the kidney damage occurs, before the vascular damage that leads to an amputation occurs. We are going to go do that and much more under this Medicare bill.

Every senior who enrolls in the new Medicare program after January 2006 will have a Welcome-to-Medicare physical. Health screenings will be included as part of the Medicare program. Chronic illnesses, such as adult onset diabetes, elevated blood pressure, heart disease, patients will have disease management programs available to them, and health outcomes will be monitored in a much more proactive way.

Unfortunately, when the Congressional Budget Office scored the cost on the Medicare Modernization Act that we passed last November, they could not take any of those things into account. I find it interesting that someone who is running for President has proposed a health care bill where these same types of things will be included, and yet that individual now says that because he is adding disease management and health screenings, his plan is going to cost $278 billion less. I read that in the Washington Post last Friday.

The fact is that this is a good program. It was passed by this Congress. It is choice-based, it is consumer-driven, and it is affordable.

One of the most exciting things to me is we are seeing the roll-out of the prescription drug discount card in just a few weeks, on June 1. Already you can go to medicare.gov or if you are a senior you can call 1–800–MEDICARE. All you need to know, calling 1–800–MEDICARE, if you will benefit from getting one of these prescription drug discount cards, the only information you are going to need to give to the people on the other end of the telephone or be able to type into the Internet is your ZIP code and which medications you are currently taking and the dosages of those medications. This is going to be a powerful tool that develops over the next 18 months as that database is assembled. For the first time, seniors can go to the Internet or go to that 800 number, say I live in this part of the country, I am on this medication and this is the medication and currently I am spending this much money on my medicine; would I benefit from your prescription drug discount card, and in 18 months time would I benefit from the prescription drug program when it does roll out January 1, 2006?

I am really looking forward to having that type of information at the fingertips of seniors. For heaven's sake, we are consumers, if we are nothing else in this country, and we are good consumers. We are cautious consumers. We compare prices every day. We compare prices for airplane tickets. We compare prices for cruises. We will be able to compare prices for prescription drugs on-line and be able to make the best decisions for ourselves. Again, it puts the senior, it puts the patient in the driver's seat, not the Federal Government.

In fact, I think former Speaker Gingrich talked about a time where you would just simply go to a travel-type site and type in your medication, and companies would be able to compete for your business real-time, on-line, and how powerful would that be.

One of the most important things about the prescription drug discount card is that it is going to be available. It is immediate help that is available to every senior, regardless of income, but those seniors who are at the 135 percent of the Federal poverty level will also receive an additional $600 subsidy for the remainder of this year and for next year, and in fact, if that $600 subsidy is not consumed this year, it will roll over to next year. So, essentially, a $1,200 subsidy will be available over the next 18 months time.

I have had people ask me what if I take this prescription drug discount card and then I do not want to go into the Medicare prescription drug program when it rolls out in 2006? You do not have to. It is fully flexible. It is fully your choice to do so, and if you do not take the prescription drug discount card when it is offered this June, you have not lost the ability to go into the

Medicare prescription drug program, if, indeed, it is to your benefit January 1, 2006.

Mr. Speaker, we did hear again a lot from the other side just before I came on this evening. I was particularly concerned that the comment was made that the Republican side of the aisle is walking away from its commitments. I would submit to you nothing is further from the truth, and in fact, if they want to talk about the art of the possible, we can cover one-quarter of the uninsured this year with no heavy lifting, simply by getting some activity 400 feet to the West of the Capitol building and having both sides of this House take up the health credits for the uninsured and the full deductibility of catastrophic health insurance before this term ends at the conclusion of this year.

Mr. Speaker, I know it has been a long day for all of us. So, with that, I will conclude my remarks.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. MCNULTY (at the request of Ms. PELOSI) for today on account of a family emergency.

Mr. REYES (at the request of Ms. PELOSI) for today and the balance of the week on account of a family health issue.

Mr. STUPAK (at the request of Ms. PELOSI) for today on account of family reasons.

Mr. KINGSTON (at the request of Mr. DELAY) for today on account of personal reasons.

Mr. ROHRABACHER (at the request of Mr. DELAY) for today on account of caring for his newborn children.

Mr. TAUZIN (at the request of Mr. DELAY) for today and the balance of the week on account of medical reasons.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. MCDERMOTT) to revise and extend their remarks and include extraneous material):

Mrs. MCCARTHY of New York, for 5 minutes, today.

Mr. GREEN of Texas, for 5 minutes, today.

Mr. BROWN of Ohio, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Mr. GEORGE MILLER of California, for 5 minutes, today.

Mr. KIND, for 5 minutes, today.

Mr. EMANUEL, for 5 minutes, today.

Mr. CONYERS, for 5 minutes, today.

Mr. WYNN, for 5 minutes, today.

Mr. PALLONE, for 5 minutes, today.

Mr. MEEK of Florida, for 5 minutes, today.

Mr. MCDERMOTT, for 5 minutes, today.

Ms. NORTON, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Ms. MILLENDER-MCDONALD, for 5 minutes, today.

Ms. JACKSON-LEE of Texas, for 5 minutes, today.

(The following Members (at the request of Mr. BURTON of Indiana) to revise and extend their remarks and include extraneous material):

Mr. GUTKNECHT, for 5 minutes, May 13.

Mr. MORAN of Kansas, for 5 minutes, May 17.

Mr. BURTON of Indiana, for 5 minutes, today and May 12, 13, and 14.

Mr. PEARCE, for 5 minutes, today and May 12.

Mr. DREIER, for 5 minutes, today.

Mr. HENSARLING, for 5 minutes, May 12.

Mr. WELDON of Pennsylvania, for 5 minutes, today.

Mr. MURPHY, for 5 minutes, today.

Mr. COLE, for 5 minutes, today.

EXTENSION OF REMARKS

By unanimous consent, permission to revise and extend remarks was granted to:

Mr. SMITH of New Jersey and to include extraneous material, notwithstanding the fact that it exceeds two pages of the RECORD and is estimated by the Public Printer to cost $746.25.

ADJOURNMENT

Mr. BURGESS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 11 o'clock and 48 minutes p.m.), the House adjourned until tomorrow, Wednesday, May 12, 2004, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

8058. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 15-419, ''Practice of Naturopathic Medicine Licensing Amendment Act of 2004,'' pursuant to D.C. Code section 1–233(c)(1); to the Committee on the Judiciary.

8059. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 15-420, ''Mount Vernon Triangle Business Improvement District Temporary Amendment Act of 2004,'' pursuant to D.C. Code section 1–233(c)(1); to the Committee on the Judiciary.

8060. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Security Zone; Savannah River, Savannah, GA [COTP Savannah-04-006] (RIN: 1625-AA00) received April 30, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8061. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Safety zone; Portland, Maine, Tow of Rig Pride Rio de Janeiro [CGD01-04-010] (RIN: 1625-AA00) received April 30, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8062. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; Indian River, Cocoa Village Mardi Gras, Cocoa, FL [COTP Jacksonville 04-001] (RIN: 1625-AA00) received April 30, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8063. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Safety Zone: Severe Ice Conditions, Buzzards Bay, Massachusetts [CGD01-04-011] (RIN: 1625-AA97) received April 30, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8064. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Security Zone; Presidential Visit, Boston, MA [CGD01-04-028] (RIN: 1625-AA00) received April 30, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8065. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; Lake Eustis, Eustis, FL [COTP Jacksonville 04-002] (RIN: 1625-AA00) received April 30, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8066. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Security Zone; Military Ocean Terminal Sunny Point and Lower Cape Fear River, Brunswick County, NC [CGD05-03-205] (RIN: 1625-AA00) received April 30, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8067. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Security Zone; Ohio River mile marker 374.5 to mile marker 867.5 [COTP Louisville, KY 03-035] (RIN: 1625-AA00) received April 30, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8068. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Security Zone; Ohio River Mile 600.7 to 609.0, Louisville, KY [COTP Louisville-04-001] (RIN: 1625-AA00) received April 30, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8069. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Security Zone; Chesapeake Bay, Hampton Roads, Virginia. [CGD05-03-215] (RIN: 1625-AA00) received April 30, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8070. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Security Zone; Chesapeake Bay, Hampton Roads, Virginia. [CGD05-03-216] (RIN: 1625-AA00) received April 30, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8071. A letter from the Chief, Regulations and Administrative Law, USCG, Department