

today's session, and tomorrow the Senate will resume debate on the motion to proceed to S. 2207, the Pregnancy and Trauma Care Access Prevention Act of 2004. Last week I filed a cloture motion on that motion to proceed, and that vote will occur at 2:15 on Wednesday. That cloture vote will be the first rollcall vote during this week.

I had hoped to reach agreement for us to begin this medical liability bill, but there was an objection from the other side of the aisle which has made this cloture necessary. I know Chairman GREGG and others will want to speak to the issue tomorrow, and I encourage all Members to listen closely to the debate.

The whole issue of medical malpractice reform and medical liability has reached crisis proportions in this country, as will be discussed tomorrow. You can't go to any community that is not affected by the unnecessary and frivolous lawsuits that have been filed, which results in a poor quality of care, with less access, with physicians moving from communities—in fact, some physicians leaving their specialty or leaving the practice of medicine altogether.

This week we will also try to finish the bill that has to do with manufacturing and jobs and taxation, a bill called the JOBS bill or a bill that is known as the FSC/ETI legislation. This is a very important bill that is directed at putting in sync our trade policy with what is actually carried out today in trade.

We continue to have discussions on how to finish this legislation. Unfortunately, there are an inordinate number of amendments that keep coming from the other side of the aisle. Given the importance of this bill and the timeliness of it, it is imperative we find a way to complete the measure as quickly as we possibly can without having to consider an additional 30 or 40 amendments.

Today I will offer a second cloture motion so we can have a vote this week to determine if Members are prepared to bring this bill to a conclusion.

The House passed the conference report to accompany the Pension Funding Equity Act. That conference report should be arriving today, and we must act on that conference report. I will be talking to the Democratic leader about scheduling the pension bill this week. I understand there is a payment deadline on April 15 and, therefore, there is urgency for us to act quickly and to act this week before we will be on our recess next week. Again, there is a payment deadline of April 15, and thus I want to act on this pension bill this week.

On yet another subject, the Commerce Committee is to file the legislation which is known as the indecency legislation. The House has acted, and we would like to expedite consideration of this bill as soon as we possibly can.

Lastly, I remind everyone we have been working for some time on asbes-

tos litigation. We will be bringing that bill to the floor after the Easter recess. I hope Senators will allow us to proceed to that measure and debate the underlying bill, an important bill that recognizes the asbestos litigation system is out of control today and people who should be compensated are not receiving their just compensation because of a lack of reform. It is an issue we have talked a lot about, an issue that has been addressed in committee, and an issue we should address and will address in the Senate.

In a few moments I will be addressing issues surrounding health care security for our seniors.

ADJOURNMENT OF THE HOUSE AND SENATE OVER THE EASTER HOLIDAY

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of H. Con. Res. 404, the adjournment resolution, the concurrent resolution be agreed to, and the motion to reconsider be laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The concurrent resolution (H. Con. Res. 404) was agreed to, as follows:

H. CON. RES. 404

Resolved by the House of Representatives (the Senate concurring), That when the House adjourns on the legislative day of Friday, April 2, 2004, it stand adjourned until 2 p.m. on Tuesday, April 20, 2004, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first; and that when the Senate recesses or adjourns on Wednesday, April 7, 2004, Thursday, April 8, 2004, or Friday, April 9, 2004, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand recessed or adjourned until noon on Monday, April 19, 2004, or at such other time on that day as may be specified by its Majority Leader or his designee in the motion to recess or adjourn, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first.

SEC. 2. The Speaker of the House and the Majority Leader of the Senate, or their respective designees, acting jointly after consultation with the Minority Leader of the House and the Minority Leader of the Senate, shall notify the Members of the House and the Senate, respectively, to reassemble at such place and time as they may designate whenever, in their opinion, the public interest shall warrant it.

MEDICARE PRESCRIPTION DRUG BENEFIT

Mr. FRIST. Mr. President, last night, I called my mother-in-law in Fort Worth, TX, just to get her perspective on Medicare and health care security for seniors, and to ask her what she, a long way from Washington, DC, understood in terms of the important Medicare legislation we passed on this floor in a bipartisan way—a Medicare bill that was signed by the President of the United States on December 8, 4 months ago. We had a good conversation.

I asked a little bit in a personal way about her own experience with buying

prescription drugs. She, like most seniors who are having to buy prescription drugs on their own—because, remember, until December of this past year, 4 months ago, prescription drugs were outside of Medicare. So many seniors are dependent on prescription drugs for a whole range of illnesses, or to prevent illnesses, whether it is arthritis, diabetes, heart disease, or cancer. Those prescription drugs have been out of reach, or at least must be obtained outside of the Medicare system but indeed no longer.

It was clear to me that there is a lot of confusion by what people see in the press, what people see on television, comments that are made by opponents to that legislation. So I want to take a few minutes to comment on the importance of this legislation, but equally important, on what this legislation is doing and can do and will do for individuals with disabilities and seniors. I am speaking about 40 million people who will potentially be touched by this legislation we passed 4 months ago.

The first point. Already, seniors are benefiting. The legislation was signed December 8, and already seniors are benefiting because of the new bill and the reforms in that bill. Health care plans are getting an extra boost. As a result, seniors who are enrolled in Medicare health plans, Medicare private health plans, are already receiving better benefits at lower, what we call out-of-pocket costs. Already, these seniors are receiving more benefits at lower out-of-pocket costs.

In fact, the Centers for Medicare and Medicaid Services—when you hear CMMS, that means Centers for Medicare and Medicaid Services, which is the Government organization, or entity, the center in charge of managing and administering Medicare. They report that 3.7 million seniors are already receiving increased benefits, just 4 months after signing the bill, and 2 million have received lower cost sharing. That means when they actually have a benefit delivered, they pay less for that benefit; 1.9 million have seen their premiums go down; and it is less than 4 months after the President signed the bill. That is, the monthly premium seniors are paying has already gone down for 1.9 million seniors.

Let me share with you just one specific example. Aetna has eliminated copayments for a whole broad range of preventive services. That includes routine physical examinations. It is interesting; until this Medicare legislation, routine physical examinations were not part of Medicare. They eliminated copayments for routine physical exams; they eliminated copayments for bone mass measurements; they eliminated copayments for colorectal screening exams, prostate screening exams, mammograms, pelvic exams, and for routine hearing and vision exams for seniors enrolled in their Medicare Advantage plans.

Aetna has also slashed copayments for inpatient hospitalizations—that is

when you are admitted to the hospital—by 50 percent. They added coverage for generic drugs in every market and for brand-name drugs in many of its larger markets.

In less than a month from now, seniors are going to also be able to take advantage of a new Medicare-endorsed prescription drug discount card. In less than 2 months, all Medicare beneficiaries, whether they are enrolled in private plans or whether they are enrolled in the traditional Medicare Program, are going to be able to use these discount cards, endorsed by Medicare, in order to get a 10- to 25-percent discount off the cost of their prescription drugs. These cards, in 2 months, are going to be available. You will be able to take them in, and however you are getting prescription drugs today, you will be able to get an additional 10- to 25-percent discount.

There is even better news for those 8 million lower income seniors—those who have the hardest time affording prescription drugs, or additional costs of health care. They will be eligible for an additional \$600 in subsidies and assistance on top of the discount they are going to get, that 10- to 25-percent discount. That is, again, 8 million lower income seniors who will have the discount card, 10- to 25-percent discount, but in addition will get \$600 in value, subsidies, to purchase prescription drugs. That is \$600 in assistance they didn't have before the President signed that bill on December 8 of last year.

At the end of April, in about 3, 3½ weeks, all Medicare beneficiaries will be receiving a letter from the Secretary of Health and Human Services, Tommy Thompson. In that letter, there will be a four-page guide with information on this discount card.

When I talked to my mother-in-law last night, she said she faintly heard about this card but didn't have too much information on that. I told her in a few weeks this information will come to you in a letter. Read that four-page guide. More detailed information will be available from the Department of Health and Human Services. It will be placed on the Department of Health and Human Services Web site and, as most people are beginning to hear, you can call 1-800-medicare and obtain even further information. If you call that number, they will also send you a 32-page booklet called Guide to Choosing a Medicare-Approved Drug Discount Card.

I mention all this now because people say they don't know very much about the card, but I point out that information will be made available on a timely basis so you will be able to understand what these cards provide, what they don't provide, and also what is the best card for you to choose given what drugs you may be on.

In fact, the Health and Human Services Web site will contain a fantastic new analysis, or Web page, that is easy to use called Price Compare. It is a price-compare tool that will allow sen-

iors to choose the drug card that is best for them and their individual needs by offering a comparison of the cards available in that area for them. It will be specific, where you can put on that Web page what drugs you are on, and there will be a comparative analysis that is placed on the Web site where you can say this card looks like it would benefit me better than the other card, as well as a listing of all the cards available in your area. This site will be live and up and running at the end of this month, on April 29. It will have information as to how individuals with their individual needs will be able to benefit. Actually, an individual or specific pharmacies in one's community will be listed as well. So I am looking forward to that site. It will be a fantastic new Web site.

Right now, seniors and their families can go to a Web site, if you want to, www.medicare.gov. On the Web site you would look for a site called "Prescription Drugs and Other Assistance Programs." There is a section on that Web site. There you can enter your ZIP Code, where you live, and you can enter your income and your current medications to find out which cards will be available in your area.

This is a wonderful and easy way to get prepared once the final Web site comes out, and those benefits are made available. Again, we will keep you posted on when the benefits specifically become available. It is clear that seniors and individuals with disabilities need and deserve relief from these high costs of prescription drugs.

Seniors need and deserve a Medicare Program that provides them with what they want, and that is health care security. In the event one needs medicine to prevent a disease or illness, or when one is a senior or an individual with a disability and an illness strikes, they will have access to appropriate treatment. When I say health care security, that is what I mean.

Now that prescription drugs are brought into Medicare, we can say seniors will have affordable access with this legislation, much better than in the past.

I do want to tell the seniors of America that the President of the United States has heard them in that it is difficult to receive and purchase these skyrocketing prescription drugs because of the cost. The leadership in Congress has responded with this bipartisan plan and, indeed, help is on the way, and more help will be on the way in the coming weeks. That is the positive side.

I also want to take this opportunity to comment on the fact that despite this landmark and new commitment—and, yes, it does mean more Government resources are directed at seniors who need those resources in terms of help obtaining prescription drugs—hardly a day goes by that opponents to this legislation do not level a new attack or a new accusation or seek a new investigation trying to tear apart this

tremendous accomplishment for our seniors and for our individuals with disabilities.

I want to thank and commend Secretary Tommy Thompson for initiating an investigation that is being conducted by the inspector general of the Department of Health and Human Services in response to some of these accusations. I look forward to the inspector general's findings. If a law has in any way been broken, or if information was inappropriately withheld from Congress, clearly appropriate actions ought to and will be taken. However, the number of the attacks and the vehemence of the attacks coming from the other side, from those people who opposed this landmark legislation for seniors, suggests there is a lot more at work and a lot more is going on than just wanting strong congressional oversight or good government. Unfortunately, what we are seeing is an orchestrated scheme to discredit the progress that has been made to date to get prescription drugs to seniors in an affordable way; to dismantle the prescription drug coverage that for the first time in history we have put into the Medicare system. The opponents to the original legislation seem to want to dismantle that. It is political gamesmanship.

Part of it is driven by the success of passage of this wonderful legislation. Part of it is the fact that it is a political year and we have 7 months or so going into these elections, and people say this Medicare legislation, which is a success for the President of the United States and a success for this body, needs to be discredited in some way, I would argue, for political purposes.

We know for a fact that attacking Medicare is in part an aspect of the opponents' game plan for the elections. Why do I say that? Because we can actually find it in writing in a memo written earlier this year to Democratic leaders. Party pollsters outlined a game plan for discrediting this landmark Medicare Modernization Act. The pollsters' advice in the memo was unequivocal that Democrats were in danger of surrendering the Medicare issue unless they were willing to totally discredit the legislation by defining it as, and I draw upon their words, "unacceptable."

We are seeing results. This poll-driven political game is being followed. For some, voting against the legislation was not enough. They have also tried to prevent seniors from learning about the new benefits to which they are entitled, some of which I just outlined. They have leveled charges intended to frighten seniors and to undermine the legislation itself.

We simply will not let it happen. We cannot let it happen. I want seniors to know we will not turn back the clock on the progress we have made, under the leadership of the President of the United States and this body. We will make sure seniors and individuals with

disabilities get these new benefits they need and deserve.

When this law is fully implemented, the bottom line is that seniors will have better access to more affordable medicines and prescription drugs they need.

There are several examples. Sixteen million lower income seniors—there are 40 million seniors today and 16 million lower income seniors are going to be paying little or no monthly premium, and no more than \$5 for each prescription. That is a huge benefit to those people who are most vulnerable to not being able to obtain prescription drugs.

If we look at the 40 million seniors today, there will be 10 million seniors who have no current prescription drug coverage who will get relief from the high cost of prescription drugs by this legislation. All 40 million seniors today, and the 80 million baby boomers who will be coming through the system over the next 30 years, will have access to more preventive care because of this legislation. By that I mean simple things such as cholesterol screenings that were not a part of Medicare but are a part of Medicare today.

I mentioned baseline physical examinations. For the first time in Medicare—and it is through those baseline physical examinations that the diagnosis of hypertension or possibly diabetes is made. For the first time, these baseline physical examinations will be a part of Medicare. The purpose is to diagnose the potential for having a stroke by figuring out whether or not one has hypertension, or one is at a risk for heart disease, diabetes, or cancer.

We talk about chronic care coordination and disease management. Those are terms that are misunderstood, but they are very important. As a physician, it is important because with an aging population we see more chronic disease. As people live longer and we are able to treat acute and chronic disease such as heart disease, rheumatoid arthritis, or other debilitating arthritis, diabetes, or stroke, after one has had a stroke, it is very important. Couple that with diseases such as Alzheimer's or Parkinson's disease, how those chronic diseases are managed, especially when there is one, two, or three of the diseases with overlapping care, it is absolutely critical.

Our system historically has not been set up very well. Especially in Medicare it has not been set up at all until recently, until this bill, to manage this complex overlap of diabetes with heart disease, with arthritis, with Parkinson's disease. For the first time in this Medicare bill there is an appropriate system set up for disease management and chronic disease coordination. Physicians will be able to continue treating Medicare patients because in the new law there was \$7 billion included to help safeguard medical services to seniors. Seniors in rural areas will benefit from the legislation's historic \$25

billion investment in improving health care in rural America, to provide services that may not be there today, to set up a system that will attract or keep nurses and physicians in rural areas, \$25 billion injected into the system to better accomplish taking care of and managing the care of seniors in rural America.

For the whole category of retirees today who get health coverage from their former employer, the cost of this bill will be more secure, thanks to the bill's \$89 billion in increased Government assistance to retirees.

I mentioned last night that my conversation with my mother-in-law very quickly came to the cost of a particular medicine she was taking and how, over the last three billing periods, I think she said, each time the cost of that one medicine has gone up. Was it addressed in the Medicare bill?

As a first step, it was addressed. We still have a lot more to do. This Medicare bill was never intended to solve all of the challenges we have in Medicare today, but we did take a first step in controlling those prescription drug costs.

Drug costs will be held more firmly in check for all Americans, not just seniors but for all Americans. That is because the Medicare bill had a whole part which speeds the cheaper generic drugs that are just as good, with just as much what we call efficacy—they are equal in efficacy, but it speeds those generic drugs to market, and by market I mean consumers; by consumers I mean patients; by patients I mean people such as my relatives, my mother-in-law, seniors who are out there today. Also, the Medicare bill helps close many of those loopholes in our Nation's patent laws that prevented prescription drug price competition.

Again, it is a first step. It doesn't attempt to solve all of the prescription costs, the skyrocketing costs we see for prescription drugs, but takes a very definite first step.

There is a lot of confusion about what health savings accounts are, but when you look at the Medicare bill, for the first time we have offered a health savings account or medical savings account that an individual can own. It does not apply just to seniors; it can start with a 20-year-old or 25- or 30- or 35- or 40-year-old. But it is an account that you yourself pay into, tax free. For health benefits that you want to pay for, you take it out tax free. So it is a tax favored savings account that you own and you can take with you through life. If you pay into it when you are 25 years of age or 30 years of age or 35 years of age, but say you have a high deductible insurance policy, and you don't have any health expenses that year, the money that you put in or that your employer put in or somebody from your family put in, rolls over to the next year and grows. If you don't need it the next year, it grows again. If you don't need it when you

are 33, it grows again, or 35 or 40 or 45. You take it. You draw down on it, but you take it with you.

When you get to be a senior, you can use it to pay for some of those copayments for a prescription drug or you can use it to pay for your long-term care if you need long-term care.

It is a fantastic new entity that gives the individual real ownership—control over health care decisionmaking, control over that health care dollar. It is called a health savings account. It will be coming on line very soon. It was part of this Medicare bill signed by the President 4 months ago.

In closing, this Medicare Modernization Act is helping millions of seniors in countless ways. Millions are being helped right now because of the passage of this bill. We are getting results. It is a major first step. I say it is a first step, a major first step, because, although it is a big bill, an important bill, a significant piece of legislation, because clearly there are things we will have to do about the cost of health care, affordability to our seniors, access to health care, addressing the issues of the trust fund itself, addressing the doubling of the number of seniors who will come into the system over the next 30 years with a diminishing number of the workforce actually paying into the system. These are all issues we will have to address. But this bill is a major first step that is to the benefit of every senior listening to me today and those 78 million people who will be new seniors over the next 30 years.

We worked hard on this in this body, the Senate. We worked with the House. We worked in a bipartisan way to provide these benefits to America's seniors. We have worked hard to give seniors today the coverage they need and to give them the Medicare coverage they deserve. We simply cannot, we will not let election politics get in the way of health care for millions of America's seniors.

I will close and review again very quickly those benefits on the chart next to me that outline how important this particular bill is that was not law on December 1 but on December 8 was signed by the President of the United States. Those benefits include a drug card with 10-25 percent immediate prescription drug discounts and additional relief for 8 million low-income seniors. That is now a reality. Comprehensive prescription drug coverage for 16 million low-income seniors is now a reality. Protection against high—catastrophic prescription drug costs, something that all seniors fear, not knowing what might happen to them 5 years from now or 10 years from now. There are new preventive benefits, including that annual physical examination where, for the first time, when that blood pressure cuff may be put around your arm and the diagnosis of high blood pressure is made, for the first time in the cost of the Medicare bill you can get help getting a drug,

through Medicare, to prevent that hypertension causing a heart attack which otherwise would put you into the hospital—very expensive—or cause a stroke—very expensive. Now that can be preventative.

There is \$7 billion in improved physician payments which physicians deserve; \$25 billion in rural health improvements in order that our rural communities will be able to access the appropriate health care they need today; \$26 billion in State Medicaid relief and affordable health care through tax deductible health savings accounts. All of it is a first step, a start.

I wish to comment this has been accomplished in a bipartisan way. We need to continue working in a bipartisan way. I look forward to doing that. I look forward to working with both sides of the aisle to the benefit of America's seniors.

I yield the floor.

RESERVATION OF LEADER TIME

The PRESIDENT pro tempore. Under the previous order, leadership time is reserved.

MORNING BUSINESS

The PRESIDENT pro tempore. Under the previous order, there will be a period for the transaction of morning business with Senators permitted to speak for up to 10 minutes each.

Mr. FRIST. Mr. President, I suggest the absence of a quorum.

The PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. STEVENS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. AL LARD). Without objection, it is so ordered.

(The remarks of Mr. STEVENS pertaining to the introduction of S. 2280 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. STEVENS. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. FRIST. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. SESSIONS). Without objection, it is so ordered.

Mr. FRIST. Mr. President, I have a couple very brief statements to make; the first on the issue surrounding jobs, and the second on the issue of asbestos. Both of these issues are issues that we, on the floor of the Senate, have a real responsibility to address. I have specific suggestions as to how we might address both of these issues in the coming days and coming weeks.

JOB TRAINING

Mr. FRIST. Mr. President, first, in terms of jobs and job training, this morning the President of the United States unveiled a proposal to double the number of Americans who would receive job training assistance from the Federal Government. The initiative reflects the President's commitment to help people get the training they need, they require to find new jobs and better jobs. It builds upon an earlier proposal by the President of the United States announced in his State of the Union Message in January to help community colleges train an additional 100,000 workers for industries that are creating jobs in this country, to bring these job training programs to people who need the education and the job training, and to use our community colleges, expanding on the tremendous resource they provide today.

As we all know, our economy is changing and changing fast. It is being transformed in so many ways. That is a great source of strength and adaptability, that flexibility to changing times both here in this country and around the world. Yet, at the same time, as we increasingly realize, this transformation, this adaptability, this flexibility in our economy—these changes in our economy—almost by definition result in a dislocation, a loss of jobs for some individual workers. That leaves us with a responsibility that we on the floor of the Senate must address, and we have addressed in part, but we have not fully addressed.

We must make a strong commitment to effective—I underscore that word "effective"—job training programs that will help American workers adapt to that changing economy, to give them the tools they need to fill those new jobs that are being created.

The Department of Labor, as we all know by now, announced last Friday that more than a half a million new jobs have thus far been created this year. That is good news. It is great news. We need to keep working to ensure that more jobs are created, and that workers are being trained to fill those new jobs that are being created. We need to respond now as well as in the months ahead.

We hear about the Workforce Investment Act, the WIA. We hear about it, and we hear that it is being obstructed, that we have acted in the Senate, that the House has acted, but it cannot make it to conference. Yes, this is one of a whole series of bills that we have worked on, that we have passed, and then we have this obstruction in getting to conference. Although my colleagues know, others who are listening may not: No matter how much work you do on the Senate floor, and the House floor, and you pass things, until you get it to conference and work through it and bring it back to the floor, it does not become law of the land. That is exactly where we are with this Workforce Investment Act.

People ask, what is the Workforce Investment Act? Right now, our Federal

Government sends about \$4 billion—actually, more than \$4 billion—a year to State governments and local governments through this Workforce Investment Act. However, last year, only 200,000 people—200,000 workers—received job training through these programs.

President Bush, as he outlined today, has set a goal to double the number of workers receiving job training through Workforce Investment Act programs. So we have fewer than 200,000 workers, and that would mean doubling it to 400,000 workers a year. He set out—and appropriately, I believe, and as reflected in our underlying bill—he wants to do this by maximizing the Federal dollars that are sent, by maximizing those Federal dollars directly to the workers themselves—getting it right down to the workers themselves, No. 1, and, No. 2, eliminating the bureaucracy, the overlap, the duplication, the overhead cost, where we know there are going to be additional savings. So we have a problem, but it is a problem that we know can be fixed.

Right now, the Federal Government spends \$23 billion a year on more than 30 job training programs, spread across nine different Departments and agencies.

The result of that is a confusing patchwork of programs that result in overlapping, inefficiencies, confusion, and chaos. This overlap of all of these programs results in bureaucratic red tape. You put all that together, it means fewer of the dollars that are allocated, that are spent actually get down to that individual worker or person who is to receive job training. I applaud the President for his focus on creating jobs, on training workers for jobs today and the future, but we in the Congress have to step up as well.

The fact is the Workforce Investment Act has expired. It needs to be reauthorized. Mr. ENZI, the Senator from Wyoming, who is chairman of the Subcommittee on Employment Safety and Training of the Committee on Health, Education, Labor, and Pensions, has done a tremendous job in working with his colleagues in a bipartisan way to develop a bill. That bill has passed in the Senate. A companion bill has passed in the House. But because of objections from the other side of the aisle, we have been unable to go to conference, to pull those two bills together on this important JOBS legislation.

I do hope that the other side of the aisle will reconsider their objections to go to conference so that we indeed can get important legislation to the President and get workers back to work, get people back to work who may have lost their jobs with the appropriate training. That is our responsibility. The President has laid out the vision, laid out the agenda. We have written the legislation. We passed the legislation. Now it is time to marry that legislation with the House in conference.

Thus I ask my colleagues on the other side of the aisle to reconsider and