Center, an international Jewish human rights organization dedicated to preserving the memory of the Holocaust carries on his legacy.

Simon Wiesenthal was committed to the remembrance of those who he feared would be forgotten, and today we become committed to remembering him. While in Vienna in 1993, Simon Wiesenthal said, ''To young people here, I am the last. I'm the one who can still speak. After me, it's history.'' To continue his mission, we must not forget this history. We must continue to fight for the same principles that defined Simon Wiesenthal's objective. It is troubling that even today one of the most notorious sentiments of the Second World War—anti-Semitism—has yet to be eradicated. It is our duty to combat anti-Semitism and all religious bigotry whenever and wherever it arises.

When asked why he chose to search for Nazi war criminals instead of continuing a career in architecture, Simon Wiesenthal responded: ''You're a religious man. You believe in God and life after death. I also believe. When we come to the other world and meet the millions of Jews who died in the camps and they ask us, 'What have you done?' there will be many answers. You will say, 'I became a jeweler.' Another will say, 'I smuggled coffee and American cigarettes.' Still another will say, 'I built houses,' but I will say, 'I didn't forget you.' ''

And today, we must unite to say that we will not forget Simon Wiesenthal and we, as strong and responsible human beings, will carry forth his mission.

Mr. SHAYS. Mr. Speaker, I strongly support H. Con. Res. 248, which honors the life of Simon Wiesenthal, and appreciate the gentleman from California, Mr. WAXMAN, for bringing this resolution to the floor.

Mr. Wiesenthal lived through one of the darkest eras of world history. Yet out of the suffering he and millions of other Jews experienced, he found purpose by dedicating the last 60 years of his life to the pursuit of justice for the victims of the Holocaust.

Simon Wiesenthal was determined to ensure that those who exacted horrific crimes on their fellow man be held accountable. If a former Nazi war criminal was not caught and brought to justice, Mr. Wiesenthal's dogged work ensured they would live their life in fear of being caught. The bottom line is war criminals should not be allowed to live out their lives with impunity and Mr. Wiesenthal worked to see this would not happen.

Simon Wiesenthal's legacy sends a message that continues to be heard around the world—perpetrators of genocide cannot and will not be allowed to hide from their crimes. His memory is forever preserved in the work of The Simon Wiesenthal Center, which was founded in 1977 to promote awareness of anti-Semitism, monitor neo-Nazi and other extremist groups, and help bring surviving Nazi war criminals to justice. The Center has done tremendous work in his name, including opening the Museum of Tolerance in Los Angeles in 1993, which has received over two million visitors, and making major contributions to the June 2005 Organization for Security and Cooperation in Europe Conference on Anti-Semitism and on Other Forms of Intolerance.

I join with all of colleagues in recognizing Simon Wiesenthal's compassionate commitment to justice and urge passage of this resolution.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and agree to the resolution, H. Con. Res. 248, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. LANTOS. 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 and the Chair's prior announcement, further proceedings on this motion will be postponed.

GENERAL LEAVE

Mr. SMITH of New Jersey. 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 H. Con. Res. 248.

The SPEAKER pro tempore (Mr. SIMMONS). Is there objection to the request of the gentleman from New Jersey?

There was no objection.

SOCIAL SERVICES EMERGENCY RELIEF AND RECOVERY ACT OF 2005

Mr. MCCRERY. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3971) to provide assistance to individuals and States affected by Hurricane Katrina.

The Clerk read as follows:

H.R. 3971

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Social Services Emergency Relief and Recovery Act of 2005''.

SEC. 2. TABLE OF CONTENTS.

The table of contents of this Act is as follows:

TITLE I—ASSISTANCE RELATING TO UNEMPLOYMENT

SEC. 101. SPECIAL TRANSFER IN FISCAL YEAR 2006.

Section 903 of the Social Security Act (42 U.S.C. 1103) is amended by adding at the end the following:

''Special Transfer in Fiscal Year 2006

''(e) Not later than 10 days after the date of the enactment of this subsection, the Secretary of the Treasury shall transfer from the Federal unemployment account—

''(1) $15,000,000 to the account of Alabama in the Unemployment Trust Fund;

''(2) $400,000,000 to the account of Louisiana in the Unemployment Trust Fund; and

''(3) $85,000,000 to the account of Mississippi in the Unemployment Trust Fund.''.

SEC. 102. FLEXIBILITY IN UNEMPLOYMENT COMPENSATION ADMINISTRATION TO ADDRESS HURRICANE KATRINA.

Notwithstanding any provision of section 302(a) or 303(a)(8) of the Social Security Act, any State may, on or after August 28, 2005, use any amounts received by such State pursuant to title III of the Social Security Act to assist in the administration of claims for compensation on behalf of any other State if a major disaster was declared with respect to such other State or any area within such other State under the Robert T. Stafford Disaster Relief and Emergency Assistance Act by reason of Hurricane Katrina.

SEC. 103. REGULATIONS.

The Secretary of Labor may prescribe any operating instructions or regulations necessary to carry out this title and any amendment made by this title.

TITLE II—HEALTH PROVISIONS

SEC. 201. ELIMINATION OF MEDICARE COVERAGE OF DRUGS USED FOR TREATMENT OF SEXUAL OR ERECTILE DYSFUNCTION.

(a) IN GENERAL.—Section 1860D–2(e)(2)(A) of the Social Security Act (42 U.S.C. 1395w-102(e)(2)(A)) is amended—

(1) by striking the period at the end and inserting '', as such sections were in effect on the date of the enactment of this part.''; and

(2) by adding at the end the following: ''Such term also does not include a drug when used for the treatment of sexual or erectile dysfunction, unless such drug were used to treat a condition, other than sexual or erectile dysfunction, for which the drug has been approved by the Food and Drug Administration.''.

(b) CONSTRUCTION.—Nothing in this section shall be construed as preventing a prescription drug plan or an MA–PD plan from providing coverage of drugs for the treatment of sexual or erectile dysfunction as supplemental prescription drug coverage under section 1860D–2(a)(2)(A)(ii) of the Social Security Act (42 U.S.C. 1395w-102(a)(2)(A)(ii)).

(c) EFFECTIVE DATES.—The amendment made by subsection (a)(1) shall take effect as if included in the enactment of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173) and the amendment made by subsection (a)(2) shall apply to coverage for drugs dispensed on or after January 1, 2007.

SEC. 202. ELIMINATION OF MEDICAID COVERAGE OF DRUGS USED FOR TREATMENT OF SEXUAL OR ERECTILE DYSFUNCTION.

(a) IN GENERAL.—Section 1927(d)(2) of the Social Security Act (42 U.S.C. 1396r-8(d)(2)) is

amended by adding at the end the following new subparagraph:

''(K) Agents when used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition, other than sexual or erectile dysfunction, for which the agents have been approved by the Food and Drug Administration.''.

(b) ELIMINATION OF FEDERAL PAYMENT UNDER MEDICAID PROGRAM.—Section 1903(i) of such Act (42 U.S.C. 1396b(i)) is amended—

(1) by striking ''or'' at the end of paragraph (19);

(2) by striking the period at the end of paragraph (20) and inserting ''; or''; and

(3) by inserting after paragraph (20) the following new paragraph:

''(21) with respect to amounts expended for covered outpatient drugs described in section 1927(d)(2)(K) (relating to drugs when used for treatment of sexual or erectile dysfunction).''.

(c) CLARIFICATION OF NO EFFECT ON DETERMINATION OF BASE EXPENDITURES.—Section 1935(c)(3)(B)(ii)(II) of such Act (42 U.S.C. 1396v(c)(3)(B)(ii)(II)) is amended by inserting '', including drugs described in subparagraph (K) of section 1927(d)(2)'' after ''1860D–2(e)''.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to drugs dispensed on or after January 1, 2006.

SEC. 203. EXTENSION OF SUNSET FOR TRANSITIONAL MEDICAL ASSISTANCE (TMA).

(a) IN GENERAL.—Section 1925(f) of the Social Security Act (42 U.S.C. 1396r-6(f)) is amended by striking ''September 30, 2003'' and inserting ''December 31, 2005''.

(b) CONFORMING AMENDMENT.—Section 1902(e)(1)(B) of such Act (42 U.S.C. 1396a(e)(1)(B)) is amended by striking ''September 30, 2003'' and inserting ''the last date (if any) on which section 1925 applies under subsection (f) of that section''.

(c) EFFECTIVE DATE.—The amendments made by this section shall be effective as of September 30, 2005.

SEC. 204. EXTENSION OF ABSTINENCE EDUCATION PROGRAM.

Activities authorized by section 510 of the Social Security Act shall continue through December 31, 2005, in the manner authorized for fiscal year 2005, and out of any money in the Treasury of the United States not otherwise appropriated, there are hereby appropriated such sums as may be necessary for such purpose. Grants and payments may be made pursuant to this authority through the first quarter of fiscal year 2006 at the level provided for such activities through the first quarter of fiscal year 2005.

SEC. 205. EXTENSION OF QUALIFIED INDIVIDUAL (QI) PROGRAM.

(a) THROUGH END OF 2005.—Section 1902(a)(10)(E)(iv) of the Social Security Act (42 U.S.C. 1396a(a)(10)(E)(iv)) is amended by striking ''September 2005'' and inserting ''September 2006''.

(b) EXTENDING TOTAL AMOUNT AVAILABLE FOR ALLOCATION.— Section 1933(g) of such Act (42 U.S.C. 1396u-3(g)) is amended—

(1) in paragraph (2)—

(A) by striking ''and'' at the end of subparagraph (B);

(B) by striking the period at the end of subparagraph (C) and inserting a semicolon; and

(C) by adding at the end the following new subparagraphs:

''(D) for the period that begins on October 1, 2005, and ends on December 31, 2005, the total allocation amount is $100,000,000; and

''(E) for the period that begins on January 1, 2006, and ends on September 30, 2006, the total allocation amount is $300,000,000.''; and

(2) in paragraph (3), in the matter preceding subparagraph (A), by inserting ''or (D)'' after ''subparagraph (B)''.

(c) EFFECTIVE DATE.—The amendments made by this section shall be effective as of September 30, 2005.

TITLE III—TANF

SEC. 301. ADDITIONAL FUNDING FOR CERTAIN STATES AFFECTED BY HURRICANE KATRINA PROVIDING EMERGENCY SHORT TERM BENEFITS TO ASSIST FAMILIES EVACUATED WITHIN THE STATE.

(a) ELIGIBILITY FOR PAYMENTS FROM THE CONTINGENCY FUND.—Beginning with the date of the enactment of this Act and ending with August 31, 2006, any of the States of Louisiana, Mississippi, or Alabama shall be considered a needy State for purposes of section 403(b) of the Social Security Act if—

(1) the State includes an area for which a major disaster has been declared under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.) as a result of Hurricane Katrina;

(2) a family that resided in such an area of the State before the onset of the hurricane evacuated from their place of residence (not necessarily directly) to another part of the State as a result of the hurricane;

(3) while the family was in such other part of the State as a result of the hurricane, a cash benefit under the State program funded under part A of title IV of the Social Security Act was provided to the family on a short-term, nonrecurring basis; and

(4) while the cash benefit was so provided, the State determined that the family—

(A) was not receiving a cash benefit from any program funded under such part (other than the cash benefit described in paragraph (3)); and

(B) had not received a cash benefit of any kind from any such program in the 3-month period ending with the date the cash benefit was first so provided.

(b) LIMITATION ON FUNDING.—Subject to section 403(b)(3)(C)(i) of the Social Security Act, the total amount paid under section 403(b)(3)(A) of such Act to a State which is a needy State for purposes of section 403(b) of such Act by reason of subsection (a) of this section shall not exceed the total amount of cash benefits provided as described in subsection (a)(3) of this section, to the extent that the conditions described in subsection (a)(4) of this section have been met with respect to the families involved.

(c) NO STATE MATCH REQUIRED.—Sections 403(b)(6) and 409(a)(10) of the Social Security Act shall not apply with respect to a payment made to a State by reason of this section.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Louisiana (Mr. MCCRERY) and the gentleman from Washington (Mr. MCDERMOTT) each will control 20 minutes.

The Chair recognizes the gentleman from Louisiana (Mr. MCCRERY).

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

I rise today in support of the Social Services Emergency Relief and Recovery Act of 2005. In part, this bill will serve as an extension to several important health care programs that already exist to assist low-income families. You will hear more about these programs from later speakers. I want to take this opportunity, though, to talk to you about another part of the bill that will offer immediate assistance to the workers that have lost their jobs due to Hurricane Katrina.

Since Hurricane Katrina roared through my home State and Mississippi and Alabama, more than 150,000 people just in Louisiana alone have filed for unemployment assistance. The infrastructure in New Orleans and surrounding areas has been severely compromised. It is not known when these workers will be able to return to work or if they will have jobs to return to. The circumstances are a little different in Mississippi and Alabama, but assistance is greatly needed in those States as well.

The Social Services Emergency Relief and Recovery Act will help provide assistance by immediately disbursing $500 million from the Unemployment Trust Funds to help these States pay regular unemployment benefits. The funds will be divided among States according to their share of expected increased unemployment benefit payments attributable to Hurricane Katrina.

Additionally, Louisiana and Mississippi may soon trigger the extended benefits program which will give workers in those States an additional 13 weeks of unemployment assistance. The money in this bill may be used by the States to help pay their half of these additional UI benefits. H.R. 3971 also includes the provision to give States flexibility in using their existing Federal unemployment administrative dollars for the purpose of helping displaced workers apply for their unemployment benefits.

Finally, we have included a provision to clarify earlier legislation that gave States flexibility with their TANF dollars. This change will ensure that disaster States may be reimbursed from the current TANF contingency fund or emergency assistance they pay to intrastate evacuees from Hurricane Katrina, just like all States may be reimbursed under the prior legislation for emergency assistance provided to interstate evacuees.

Many of my colleagues will also appreciate that this bill is fully offset and reduces, actually reduces, the deficit by about $100 million over 5 years and $1 billion over 10 years.

Mr. Speaker, the circumstances in Louisiana and Mississippi and Alabama necessitate immediate action on H.R. 3971 by the House. We need to pass this bill this afternoon so that these States and, more importantly, these workers can get relief.

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

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

Mr. Speaker, our hearts go out to the people in the Southeast. The magnitude of the destruction and distress and the dislocation of the gulf coast cries out for a national response that only the Federal Government can meet.

Instead, we continue to see missteps, mismanagement, misinformation, sort of reminiscent of the continuation of the Brown Factor.

Hurricane Katrina left hundreds of thousands of people wet, homeless, and

destitute. And the Federal response is leaving thousands more high and dry.

□ 1700

We have not provided adequate housing for the homeless, health care coverage for the sick, protection for vulnerable children, and unemployment benefits for the jobless.

This bill, in my view, is like throwing a 100-pound sandbag on a ruptured New Orleans levee. There is some relief, but it is totally inadequate.

While suggesting otherwise, this legislation provides almost no real relief to jobless disaster victims, and I must say at this point I feel for the gentleman from Louisiana (Mr. MCCRERY). I think he would like to do better, but the portions on his side are such that this is what we have.

Those who survived the natural disaster in the gulf now face a man-made disaster in the House of Representatives. There are three major problems we are ignoring.

First, over 6,000 people have already exhausted unemployment benefits in Alabama, Louisiana, and Mississippi. Another 20,000 jobless workers in these States are projected to run out of benefits by Christmas. These workers need a federally funded extension of their benefits while they put their lives back together and search for unemployment.

Secondly, Mississippi, Alabama, and Louisiana have the three lowest levels of average weekly unemployment benefits in the entire country. In all three States, the average benefit is less than $200 a week. That is $800 a month. That is about half the poverty level for a family of four. Such small amounts are difficult to defend during any period of job loss, but these paltry sums we have to remember are unconscionable when a family has lost not only their job but their home, their car, their belongings, the very fabric of their lives; and we give them 40 percent poverty and stand out here as though we are doing something.

The third is that the disaster-affected States are seeing an enormous surge in unemployment claims and bankruptcy claims. In Louisiana alone, new claims for unemployment benefits have surged 10 times above their normal levels, and State officials expect Katrina-related unemployment benefits to exceed $800 million. Now, the money is supposed to come from a State economy that has been devastated by the loss or dislocation of 70,000 businesses, many of which, they estimate less than half of those, are going to go back into business.

Under Louisiana law, once their unemployment trust fund slips below a certain level, benefits are automatically cut for jobless workers and tax increases for employers are triggered into effect. That means that people who get the unemployment benefits in Louisiana can see their benefits being slashed by as much as $37 a week. Remember, they are getting $170 a week. That is the generosity we have already given them, and it started in January. It could easily be cut another $37. That is like Rita hitting after Katrina except that we can control that. We can make it different.

We owe the people of Mississippi, Louisiana, and Alabama a full measure of national compassion.

Instead, in response to these enormous problems, the bill before us simply sends a lump sum of money that forces these hard-hit States to bear another burden. The mayor of New Orleans yesterday laid off 3,000 people. Tell me how that economy is going to come out of it.

What we are sending covers less than half the cost of regular unemployment claims caused by a disaster. There is no money at all for extending expiring benefits or to supplement the meager benefits currently available. Does anybody on this floor really believe this is the best we can do? I know the chairman does not believe that.

Ask the people in the shelters, with no place to call home. Ask Americans on any street corner in any American city. They would be embarrassed all over again if this got on the television.

Perhaps part of the reason this legislation is limited in scope is the sudden demand by the Republican majority to cut spending regardless of the need or consequences.

Fiscal offsets did not concern Republicans when they gave every millionaire a $100,000 tax break or kept charging $215 billion for the Iraq war to future generations. Nobody's talking about offsets there, but we have got to have offsets here. We cannot spend too much on these unemployed people.

But now that it comes time to meet the needs of unemployed Americans, Republicans require that an American get hurt for another American to get help.

Mr. Speaker, President Bush promised that we would do whatever it takes. It takes more than what the President's party has offered today.

People in Louisiana, Alabama, and Mississippi are waiting for the President to make good on his promise. People across the country are watching and hoping the President will say something other than, ''Brownie, you're doing a heck of a job.''

It was not so then, and it is not so now in this legislation. We can and should do better.

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

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

First, I want to thank the gentleman from Washington (Mr. MCDERMOTT) for working with me and others on not only this bill on unemployment compensation but on others that affect the disaster-stricken States. He has been very constructive with the suggestions and his comments, and I want to tell him how much I appreciate his cooperation.

I do not disagree with him entirely that this package does not meet the full needs probably of the States with respect to unemployment compensation needs and other related needs; but it is a very, very positive first step.

We can always come back later, Mr. Speaker, if we find that the needs of the States are indeed much greater than anticipated by this legislation; but what this bill does today, and I would beg the gentleman from Washington (Mr. MCDERMOTT) and my colleagues in the House not to let the perfect be the enemy of the good, this is a good bill.

This gives the States of Louisiana and Mississippi, particularly, the certainty that there are going to be Federal dollars transferred to them to help them with what they would otherwise have to pay out of their own State funds. So, essentially, we are going to be saving the States $500 million that they would have to pay out of their own State funds. That is a big deal. That is a huge help to my State of Louisiana to know that they are going to have that money from the Federal Government, and therefore, they do not have to find it from their own coffers.

If the States that are involved wanted to use that infusion of Federal money to increase their benefits temporarily, they could do that. That is within their rights. They can pass a law to change those benefits on a temporary basis if they wanted to, or a permanent basis, and use this money that is going to be sent to them from the Federal Government for that purpose.

So, again, I appreciate the constructive comments from my colleague on the Committee on Ways and Means and want to encourage him to continue to work with me and others from these affected States to help folks who were disadvantaged tremendously by the effects of the storm.

Mr. Speaker, I yield the balance of my time to the gentleman from Georgia (Mr. DEAL), a member of the Committee on Energy and Commerce, which has jurisdiction over part of this legislation; and I ask unanimous consent that he control the remainder of my time.

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

There was no objection.

Mr. DEAL of Georgia. Mr. Speaker, I yield 5 minutes to the gentlewoman from Connecticut (Mrs. JOHNSON), a member of the Committee on Ways and Means.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I was an early and fervent supporter of providing health benefits to families on welfare as they made the difficult transition to work, often to entry-level jobs not providing basic care for their children.

So I appreciate the need for this bill for welfare recipients and for premium subsidies for our elderly and disabled citizens on very low incomes, but I do strongly object to the way these benefits are paid for in this bill. I regret

that offsets I suggested were not adopted instead of this flat ban on ED drugs.

Getting Congress involved in medical treatment decisions by limiting the availability of any category of prescription drugs sets a terrible precedent.

Congress has repeatedly recognized that we should not be in the business of developing or defining formularies. Congress tasked the United States Pharmacopoeia with developing the categories and classes of drugs to be covered by the new prescription drug plans, and we specifically tasked the P&T committees in every Medicare drug plan offered to our seniors and disabled citizens with the responsibility of assuring that the formularies were medically correct and not politically correct.

Furthermore, Medicare and Medicaid prescription drug plans have a number of tools at their disposal to ensure that ED drugs are not abused and could be covered only when prescribed for medically appropriate care.

Further, since they are not sold over the counter and must be prescribed by a physician, control is not difficult. Medicare covers many benefits in some situations and not others, and ED drugs would only be another such benefit. As for sex offenders, cross-checking with publicly available lists of these offenders is not difficult and could prohibit ED drugs from going to sex offenders at taxpayers' expense while preserving access to these drugs when medically necessary for all disabled and senior men who are not sex offenders.

Mr. Speaker, ED drugs are covered for Federal employees and Members of Congress. They are covered by the VA, and they are very useful in treating post-traumatic stress disorder. Why would we treat our seniors and people with disabilities worse than we treat all Federal employees and veterans? If my colleagues oppose full access, surely Medicare and Medicaid beneficiaries should at least have access to all medically necessary medications.

Medicare covers breast reconstructive surgery after a mastectomy or accidental injury. Medicare understands ''the importance of post-surgical psychological adjustment'' as women rehabilitate after a damaging cancer treatment or devastating injury.

Are men not entitled to such wholeness after prostate cancer treatment?

ED drugs help men who have lost sexual function as a result of medical conditions like prostate cancer, diabetes, multiple sclerosis, Parkinson's, or spinal cord injuries. Men need these medications not to enhance their lifestyle but to return them to normal, just like women need reconstructive surgery to return as close as possible to normal.

In fact, wholeness is so important that according to a University of Chicago study, 68 percent of men were willing to forego treatments that were more effective in eradicating prostate cancer in order to maintain sexual function. Why would we force men to choose between the most effective medical treatment and wholeness?

I could not agree more that we should ban ED drugs for sex offenders; but a flat ban on ED drugs for all seniors, low-income Americans, people with disabilities who have ED-related diseases or conditions is just plain discriminatory and wrong.

So, Mr. Speaker, while I respect the concerns of those who support a total ban on ED drugs, I hate to see Congress go down this path of political correctness. We must offer our seniors, our poor, and our people with disabilities medically correct health care plans.

The real answer to controlling the cost of Medicare and Medicaid is not micromanaging the programs, but driving forward the adoption of technology that will enable us to manage chronic illnesses proactively, reducing both the cost and suffering of hospitalizations and emergency department visits for our seniors and those disabled amongst us.

That much said, and with the hope that we will allow doctors to determine treatment protocols, I acknowledge our public responsibility to extend access to Medicaid benefits for welfare-dependent families and for premium subsidies for our very lowest-income seniors and people with disabilities and to provide unemployment compensation funding these States so desperately need.

Mr. MCDERMOTT. Mr. Speaker, I yield 3½ minutes to the gentleman from Michigan (Mr. LEVIN).

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

Mr. LEVIN. Mr. Speaker, let me just, if I might, illustrate the problem that is faced by unemployed workers in these three States, so that everybody understands that while this bill helps the States, it is unlikely to help any of the unemployed; and that is too bad.

About 400,000 people became unemployed after Katrina, 6,000 already have exhausted their benefits in these three States since Katrina; and about 20,000 more are likely to exhaust their benefits.

Next, the amounts that are paid in these three States would leave a family of four way below the poverty level, way below the poverty level. So what we Democrats suggested was to provide moneys to the States so that they could cover all of the additional costs. This bill only will provide perhaps half. There should be an extension of unemployment compensation benefits for those people and also we should elevate the amount of money going to people. These are people without fault, who lose unemployment through no fault of their own, a hurricane.

□ 1715

It befuddles me why we have to settle on this floor for such an inadequate response to Katrina. And it is not the fault of the gentleman from Louisiana who spoke. I am sure of that because I think he wanted more. But as I understand it, talks broke down, and the hopes for a bipartisan bill that would indeed meet the needs of the unemployed, those hopes were essentially shelved.

Why? Partly because of this terrible budget crunch that the majority really has brought into operation. I would also guess because they have always opposed in recent times the extension of benefits, and they do not want to do anything to elevate the benefit structure even though it is way below the normal. I say, in a word, we are adding something tragic to tragedy, and we should not be doing that.

The gentleman from Louisiana said it is a first step. When would the second step be? I think there is no plan for a second step. So, essentially, in real terms, we are saying to the unemployed, it is a half a loaf, and it is hard to feed a family on a half a loaf.

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

Mr. MCDERMOTT. Mr. Speaker, I yield 2 minutes to the gentleman from Maryland (Mr. CARDIN).

Mr. CARDIN. Mr. Speaker, I thank the gentleman for yielding me this time, and I rise to express concern about the legislation we are considering.

I heard the gentleman from Louisiana (Mr. MCCRERY) talk about the fact that we would like to do better. But let me just point out that we have $25 billion in a Federal unemployment trust account today. Those funds should be used for emergency circumstances. If there was ever an emergency, what happened to the workers of those three States as a result of Katrina is clearly an emergency. This is the time that we should be releasing unemployment moneys so that we can extend benefits beyond the statutory period that is currently in law.

Through no fault of their own, the victims of Katrina are unable to find employment, and we should be able to provide extended benefits. And the funds are there in the Federal unemployment trust account. So quite frankly, I do not understand what the delay is. The people are hurting. We should be doing everything we can to help, and I would expect that we would have had a stronger bill come out that would protect the workers who cannot find employment.

So, Mr. Speaker, I am disappointed that we have a bill before us that obviously is an important bill to move forward because it provides relief by extension of several programs that are important to the people that are affected by this, but I really do believe that we should be looking at a comprehensive approach to deal with people who have been victimized. Unfortunately, this bill does not really do it for those people who are unemployed, have exhausted their benefits and are looking to the Federal Government for help.

Mr. DEAL of Georgia. Mr. Speaker, I continue to reserve the balance of my time.

Mr. MCDERMOTT. Mr. Speaker, I yield 2 minutes to the gentleman from Cleveland, Ohio (Mr. KUCINICH).

Mr. KUCINICH. Mr. Speaker, the Qualified Individual, or QI, program pays the monthly Medicare part B premium for low-income beneficiaries. On September 30, 2005, the authorization for QI–1 expired. If it is not reauthorized within days, over 160,000 low-income seniors and those with disabilities will lose this crucial assistance on which they rely to cover their health care costs. That means that some people who make less than $1,092 a month will lose almost 10 percent of their income.

This is simply unnecessary, since QI's extension has strong and broad support. It is supported by 35 separate health advocacy organizations. In addition, the gentleman from Ohio (Mr. LATOURETTE) and I have a bill to extend the benefit that has bipartisan cosponsorship. In fact, a similar extension passed the House last year by a voice vote.

This bill before us today will make sure our seniors do not lose their income by extending the benefit for 1 year. In doing so, it builds on a consistent history of temporary extensions in recent years. If this bill becomes law, I urge Congress to turn its attention to a more permanent solution. Every year the benefit has strong support, and more often than not we find ourselves rushing at the last minute to keep it alive. My hope is that before it expires again next year, Congress will pass a permanent reauthorization.

Mr. MCDERMOTT. Mr. Speaker, I yield the balance of my time to the gentleman from Ohio (Mr. BROWN), and I ask unanimous consent that he be allowed to distribute the time.

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

There was no objection.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 2 minutes, and I thank the gentleman from Washington for yielding the balance of his time.

I rise in support of this legislation, which reauthorizes the QI program. This program helps low-income Medicare beneficiaries cover the cost of the Medicare premium. Without this, many elderly Americans would sink below poverty as they attempt to pay for doctor visits out of pocket. That not only places individuals at risk, it is inefficient from a fiscal perspective.

For low-income beneficiaries who cannot afford the Medicare premium, Medicaid becomes the insurer of last resort. Absent the QI program, more elderly Americans and individuals with disabilities would need Federal and State assistance through Medicaid in addition to their Medicare coverage. Investing in premium assistance now saves both Federal and State dollars in the future.

And there is untapped potential in the program. Uncertainty surrounding funding for this program has had a dampening effect on enrollment. States are hesitant to reach out to eligible individuals, resulting in artificially low enrollment figures. It is in the public interest to address this problem in the future, but extending QI–1 is a necessary first step, and I am pleased the bill takes that step.

This legislation also extends the transitional Medicaid program, or TMA, and provides health insurance to families as they move from welfare to the workforce. It is a public health initiative and a jobs initiative which I strongly support.

It is my strong preference to make these two programs permanent rather than having Congress repeatedly reauthorize them sometimes multiple times in a year. I hope we can work with the gentleman from Georgia (Mr. DEAL) and others on a bipartisan basis to secure a permanent authorization. In the meantime, I am pleased the House is taking up this legislation, and I urge my colleagues to support it.

Mr. Speaker, I yield 2 minutes to the gentleman from Washington (Mr. INSLEE), a member of the Committee on Commerce and very knowledgeable about health care issues.

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

Mr. INSLEE. Mr. Speaker, I want to address the offset of this legislation. I obviously applaud the extension of transitional medical assistance, which provides health insurance for people leaving welfare and going back to work. This is obviously a great thing to do. I believe, however, it is dangerous to allow 435 Members of Congress, most of whom lack medical training, to pick and choose among which illnesses and which treatments should be deemed acceptable under those provisions.

There are thousands of physicians across this country that have recognized, for instance, the need for ED medicine, not as a recreational activity but as part of living a normal adult life. We also set up a potentially dangerous precedent by allowing Members to pick and choose individual treatments that they feel do not serve sufficient medicinal purposes.

Today, it is a medicine for ED, but should we choose to go down this road, next year we could be having the same debate about mental health treatments or biologics deemed too expensive. This is not the place for these decisions. This is a conversation for doctors to be having with their patients.

I find it worrisome we are on the verge of using the doctor's office as a setting for interjecting our preferred social policies where they do not belong. Doctors today prescribe ED medicine because it treats a serious medical disease that can lead to divorce and depression. ED is a common side effect of prostate cancer surgery and diabetes, and it affects millions of men nationwide which, in turn, can affect their families. There is not just an issue of men; it is a family issue.

This is an attempt to interject a political viewpoint into a personal decision that should be made by a doctor and a patient, and I hope we respect that personal decision more in the future.

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

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Let me go back and sort of summarize what this bill does and does not do. It has been a little confusing, because it is a bill that does basically two things: One is it cuts Federal spending, and then it uses part of the savings from that cut in four different areas and then applies the balance left over from those four areas to reduce the Federal deficit by about $150 million over the next 5 years.

First of all, where does the cut come from? What it does, in order to achieve the savings of some $690 million over 5 years, is to eliminate from Medicare and Medicaid payments for erectile dysfunction drugs. We have heard a couple of speakers who have addressed their dislike of the elimination from Federal taxpayer spending the payment for these drugs.

Well, my people back in North Georgia tell me, and without any hesitation whatsoever, that they do not think their tax dollars ought to be paying for erectile dysfunction drugs for either individuals under Medicare or Medicaid, and they believe that these are not drugs that should be available to convicted sex offenders.

Now, some would say, oh, you mean it is possible a convicted sex offender could get an erectile dysfunction drug that is paid for by taxpayers? Very definitely that is the case. There is no way for a pharmacist who is presented with a Medicare or Medicaid card to have access to the NCIC records to determine if that individual is a pedophile or some other kind of sex offender. That would be the height of embarrassment to this Congress, to discover we are allowing for those kinds of situations to exist.

Now, it is not just a personal opinion of mine. This House has already expressed its opinion on this issue earlier this year. In the consideration of the Labor-HHS appropriation bill, the gentleman from Iowa (Mr. KING) had an amendment to that bill that would have eliminated the payment for ED drugs. That amendment received overwhelming support, some 285 to 121 who voted for it. There were many others, like me, who supported the concept but, because we did not think we should cede jurisdiction on legislating on the issue to the Committee on Appropriations, voted against the amendment. In principle, we supported the concept. This is the forum in which we have legislatively addressed it by an

authorizing committee to address this question.

Now, that does not mean that individuals who are under Medicare part D cannot obtain these drugs if they choose to do so. The plans are free to offer them. They simply cannot use Federal taxpayer subsidies to pay for them.

All right, that is where the savings come from, is the elimination of ED drugs from Medicare and Medicaid, some $690 million over 5 years. Now, what are we spending the savings on? Part of it is spent, as we have heard from some speakers, to extend the Medicare Qualified Individual 1, the QI–1 program, for another year. That applies to 150,000 low-income Medicare beneficiaries, to give them assistance in paying their Medicare part B premiums.

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A second part goes to transitional medical assistance, TMA. Most Members recall that was an essential ingredient in welfare reform. It provides individuals who are transitioning from welfare to work additional coverage and medical assistance to them during that transitional period.

A third category is it applies and uses money for abstinence education to fund those block grant programs for 3 months. These are programs that States have launched to try to sustain the abstinence approach and it has been a successful program and would fund it for and additional 3 months.

The fourth category, the one we heard a lot of talk about at the beginning of this debate, was that it does provide $500 million to the three States most severely affected by Hurricane Katrina, that is, Louisiana, Alabama and Mississippi, for assistance in paying unemployment compensation. It provides $400 million to Louisiana, $85 million to Mississippi, and $15 million to Alabama. I think that is an appropriate way to spend part of the resources, and we then apply the remaining $150 million to reducing the Federal deficit.

Now, I would remind my colleagues that if they did not like the provisions or did not think the provisions for the unemployment compensation were adequate, our counterpart across the way passed by unanimous consent a bill that addressed these other areas, but had no provisions for unemployment compensation at all in their legislation. We are hopeful they will accept our version of it.

In conclusion, I remind Members who forget, we have appropriated over $60 billion in emergency assistance for hurricane victims, the largest single appropriation for emergency disaster relief that this Congress has ever voted for. Some of the speakers seem to forget we have done that. What we are doing here for unemployment compensation is only a small part of a very, very large package; but it is an essential part of it. We hope that this body, the House as a whole, would do as we have seen the Senate do: they approved their version by unanimous consent. I would urge my colleagues to overwhelmingly support this bill.

Mr. DINGELL. Mr. Speaker, I rise in support of this legislation to reauthorize the Qualified Individual program, or QI. This program helps low-income Medicare beneficiaries who are almost, but not quite, eligible for Medicaid assistance, and are still struggling with living and healthcare costs. It pays the cost of the Medicare Part B premium for seniors with incomes of approximately $11,484 to $12,920 a year. This is a good program that helps thousands of low-income seniors each year.

The initial program was a block grant enacted in 1997 and set to expire in 2002. Congress has re-authorized this program a number of times since then. The uncertainty surrounding funding for this program, however, has had a dampening effect on enrollment. States are hesitant to reach out to eligible individuals, resulting in artificially low enrollment figures. I hope my colleagues across the aisle will join me in fixing this problem in the future—but for now, I am pleased that we are passing this stopgap measure.

In addition, I support the extension of the transitional Medicaid program, or TMA. This program is critical for families moving from welfare to the workforce and provides health insurance during this time. TMA provides peace of mind for millions of working Americans so that they can maintain health insurance coverage as they begin working again.

I would note that it is my strong preference to make these two programs permanent, rather than having Congress continually reauthorize them, sometimes multiple times in a year. I thank Senators GRASSLEY and BAUCUS for their work in the Senate, and Chairman BARTON for his work with me, and am pleased that the House is taking up this legislation to extend funding for these programs for the immediate future.

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

The SPEAKER pro tempore (Mr. SIMPSON). The question is on the motion offered by the gentleman from Louisiana (Mr. MCCRERY) that the House suspend the rules and pass the bill, H.R. 3971.

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

A motion to reconsider was laid on the table.

EXPRESSING SENSE OF HOUSE OF REPRESENTATIVES THAT CENTERS FOR MEDICARE & MEDICAID SERVICES BE COMMENDED FOR IMPLEMENTING MEDICARE DEMONSTRATION PROJECT

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 261) expressing the sense of the House of Representatives that the Centers for Medicare & Medicaid Services should be commended for implementing the Medicare demonstration project to assess the quality of care of cancer patients undergoing chemotherapy, and should extend the project, at least through 2006, subject to any appropriate modifications, as amended.

The Clerk read as follows:

H. RES. 261

Whereas chemotherapy for cancer patients is primarily furnished in physician offices and is therefore subject to the revised method for determining payment amounts;

Whereas in 2005 the Medicare program instituted a demonstration project to assess the quality of care for patients undergoing chemotherapy by collecting data on the impact of chemotherapy on cancer patients' quality of life;

Whereas the demonstration project is a strong effort to improve the quality of cancer treatment by assessing pain, nausea and vomiting, and fatigue;

Whereas the demonstration project reflects a foundation to evaluate important patient services moving forward;

Whereas payment amounts under the demonstration project have mitigated the significant reductions in Medicare support for chemotherapy services that would otherwise have gone into effect;

Whereas reports by the Department of Health and Human Services and the Medicare Payment Advisory Commission regarding any adverse effects from the changes in the reimbursement method for chemotherapy services are not due until late 2005 and January 1, 2006;

Whereas the demonstration project achieves the concurrent objectives of collecting data to improve the quality of cancer care and maintaining financial support for cancer chemotherapy pending the completion and review of studies on the recent reimbursement changes;

Whereas it may be possible to modify the demonstration project to collect additional or different data elements that would make it even more useful in enhancing the quality of cancer care; and

Whereas it is essential that the access of Medicare cancer patients to chemotherapy treatment be maintained and in the strong interest of patients that the quality of their care be assessed and improved: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that—

(1) the Centers for Medicare & Medicaid Services should extend through 2006 the Medicare demonstration project to assess the quality of care for patients undergoing chemotherapy, and then thoroughly review the merits of the demonstration project;

(2) the Centers for Medicare & Medicaid Services should use the results of this demonstration project to develop a system to pay for chemotherapy services under Medicare based on the quality of care delivered and the resources used to deliver that care, including physician performance;

(3) the demonstration project should be modified to accumulate even more useful data relating to the quality of care furnished to Medicare patients with cancer, such as the clinical context in which chemotherapy is administered, and patient outcomes; and

(4) payments to physicians for participation in the demonstration project should facilitate continued access of Medicare patients with cancer to chemotherapy treatments of the highest quality.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. DEAL) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia (Mr. DEAL).