

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. MCCREY) 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.

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**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 ex-

tend 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).

## GENERAL LEAVE

Mr. DEAL of Georgia. 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 the resolution under consideration.

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

There was no objection.

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

Mr. Speaker, I rise in support of H. Res. 261, a resolution sponsored by the gentleman from Texas (Mr. HALL). This resolution commends the Centers for Medicare and Medicaid Services for implementing the Medicare oncology demonstration project, and requests that it extend this successful program. I am pleased to report that due to this important demonstration project, the Centers for Medicare and Medicaid Services has received valuable data that will serve to better treat patients suffering from cancer.

Cancer is one of the leading causes of death to Americans, and almost every American has had their life touched in some way by this horrible disease. Simply put, cancer kills. Cancer does not discriminate. It takes many forms and effects young and old alike.

I commend the CMS for their leadership in addressing this effective treatment for cancer patients. Specifically, I commend CMS for approaching cancer care from a totally different perspective. Providing quality cancer care is not just about administering drugs to patients, albeit performing this task safely and efficiently is important. Providing cancer care includes managing pain, minimizing nausea, and limiting fatigue. It means arming clinicians with information and evidence-based practice guidelines to obtain the best possible clinical outcomes.

That is what the chemotherapy demonstration has begun to provide towards the advancement of cancer care in this country. The demonstration initiated last fall by CMS reflects our commitment to quality and the use of clinical data to pave the way for enhanced quality care, including good clinical outcomes and reduced cost to Medicare and Medicaid beneficiaries.

These are principles which I stand behind, and I commend CMS for their work to ensure that cancer patients receive the best possible care. This resolution was approved by voice vote by the Committee on Energy and Commerce, and I encourage my colleagues in the House to do the same this afternoon.

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

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, there may not be a Member of this body who cannot share a personal story about cancer. Cancer is a health risk for all of us. It has taken friends, family, and others from each of us.

With the help of a very real Federal commitment to research, through coverage and access, through development of new standards and innovative treatment, American medicine is fighting cancer on every front.

I am a proud supporter of the National Cancer Institute's 2015 goal to eliminate suffering and death due to cancer within the decade. While we work to eliminate the cancer threat, the Federal Government is also working to make sure that treatment for cancer, specifically chemotherapy, is administered in the best possible manner for patients.

Earlier this year, Medicare implemented a demonstration project to collect data and study the quality of care being provided to patients undergoing chemotherapy. This project is a vital tool for policymakers to use as we work to determine the most appropriate reimbursement strategies for this complicated treatment regimen. It is important that the administration extend this demonstration through 2006 so we can ensure that Medicare beneficiaries and every American has access to high-quality treatment.

Mr. Speaker, I thank the gentleman from Texas (Mr. HALL), the gentleman from Texas (Mr. GENE GREEN), the gentleman from New York (Mr. TOWNS) and others for their work on this resolution. Extending this demonstration will maintain an important tool in our country's fight against cancer.

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

Mr. DEAL of Georgia. Mr. Speaker, I yield 5 minutes to the gentleman from Texas (Mr. HALL), the author of the legislation.

Mr. HALL. Mr. Speaker, I rise today in support of H. Res. 261. This bipartisan resolution commends the Center for Medicare and Medicaid Services for implementing the Medicare demonstration project to assess the quality of care of cancer patients undergoing chemotherapy; and it calls on CMS, as the chairman has said, to extend this project through the year 2006. I am pleased that Members from both sides of the aisle join me as cosponsors of this very important resolution.

Delivering cancer treatment involves more than simply providing chemotherapy drugs. Oncologists need to plan drug regimens, educate caregivers, and monitor patient symptoms; and they are responsible for managing pain, minimizing nausea, and limiting fatigue.

The demonstration project was critically important to improving quality cancer care in 2005. It provided resources to assess a patient experiencing chemotherapy side effects, including pain, nausea and fatigue.

The project has achieved three important objectives: collecting data to improve the quality of cancer care, maintaining stability in the cancer care delivery system, and focusing limited resources in the aspect of cancer treatment most difficult for patients.

Oncologists in America are the lifeline to so many individuals facing the greatest challenge of their lives. Hearing the diagnosis of cancer is a frightening and lonely experience, and the men and women who devote their careers to fighting this disease are the healers these patients look to for help. As a Nation, we need to do all we can to support these oncologists.

I would like to thank the American Society of Clinical Oncology for working so closely with me and all of us on this resolution. I would certainly like to commend the gentleman from Georgia (Mr. DEAL), the gentleman from Texas (Mr. BARTON) and the staff of the Committee on Energy and Commerce for working with my office to bring this resolution to the floor today.

Mr. DEAL of Georgia. Mr. Speaker, I yield 3 minutes to the gentlewoman from Connecticut (Mrs. JOHNSON).

Mrs. JOHNSON of Connecticut. Mr. Speaker, I congratulate the gentleman from Georgia (Mr. DEAL) and his subcommittee for bringing forward this resolution, and the gentleman from Texas (Mr. HALL) for introducing it, because it is extremely important to recognize the very thoughtful work of this administration in making the most complex and difficult change in payment systems that we have frankly ever legislated in any sector of Medicare payment policy.

They had to change both the way the government paid for the drugs and the way they paid for the physicians, and changing each system required the development of whole new information systems; and then they had to coordinate these in such a way that they actually came to the oncologists in the right amount at the right time. To ensure that, they developed the demonstration project that both will improve quality and also ensure that these payments together would maintain the access to oncology care that American seniors enjoy and Americans across the country enjoy.

We enjoy greater access to cancer treatment than the people of any other country. In making this much-needed, but complex, change in how we pay for that cancer care, this administration showed great medical understanding, great patient sensitivity, and great dedication to ensuring that access to cancer care would in no way be compromised while we reformed the way we paid for that care.

Mr. Speaker, I thank the gentleman from Georgia (Mr. DEAL) for a solid resolution and congratulate Members on a very difficult job. Very well done. I thank publicly Dr. McClellan and all his staff for their energy and dedication to this and for the staff of both committees who worked very hard to ensure that in different aspects of our jurisdiction we brought all of the knowledge we had developed in the course of developing these payment changes to the table to work with the administration. I thank the committee staff, as well as my own staff.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in support of H. Res. 261. This resolution expresses 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. Further, it commends CMS for implementing the Medicare demonstration project to assess the quality of care of cancer patients undergoing chemotherapy, and calls on CMS to extend the project, subject to any appropriate modifications, at least through 2006.

In brief, this resolution is important because it:

Encourages CMS to extend the oncology demonstration project, which helped preserve patient access to cancer therapies in 2005 by maintaining critical resources in the cancer care delivery system.

The demonstration, currently set to expire at the end of 2005, asks about quality of care information such as pain, nausea/vomiting and fatigue. This was an important step in measuring outcomes for quality cancer care.

The demonstration helped focus limited resources on symptom management and treatment, an aspect of cancer treatment most difficult for patients. The Resolution encourages CMS to make refinements, as appropriate, to make the data collection even more meaningful for patient care.

As you know, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) significantly reformed the way Medicare pays for chemotherapy administered in doctors' offices. These reforms resulted in considerable reductions in Medicare payments to cancer care.

The Centers for Medicare & Medicaid Services (CMS) following efforts by many Members of Congress, the American Society of Clinical Oncology (ASCO), patient advocacy groups, and others in the cancer community, implemented a one-year demonstration project that provided resources to assess the patient experience with chemotherapy side effects. These include pain, nausea and vomiting, and fatigue. This demonstration project has achieved three important objectives: (1) collecting data to improve the quality of cancer care, (2) maintaining stability in the cancer care delivery system, and (3) focusing limited resources in an aspect of cancer treatment most difficult for patients.

The demonstration project was critically important to protecting quality cancer care in 2005. I encourage Members to support this resolution.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise in support of the resolution offered by my friend and fellow Texan, Mr. HALL.

I am proud to be a co-sponsor of this resolution, which would encourage CMS to extend a Medicare demonstration project that has maintained cancer patients' access to chemotherapy.

Approximately 9.6 million men, women, and children in the United States are currently living with a diagnosis of cancer.

Despite the tremendous strides made in cancer research and cancer care, the disease unfortunately still ranks as the number two killer in the United States, exceeded only by heart disease.

According to the American Cancer Society, more than 1.3 million new cancer cases will be diagnosed this year alone.

These individuals face a tough road ahead and difficult decisions about the path they will take in fighting this disease.

This year, the Medicare program implemented a demonstration project to look at chemotherapy patients and the quality of care they receive.

A good deal of cancer patients receive life-saving chemotherapy in physicians' offices.

However, the Medicare bill Congress passed in 2003 reduced payments to physicians who administer chemotherapy in their offices.

This demonstration project has temporarily alleviated some of the financial strains oncologists were to receive under the Medicare bill—

And the result is continued patient access to chemotherapy administered in the familiar and more-convenient office setting.

Ultimately, the goal of the demonstration is to improve cancer treatment through a better understanding of the patient experience under chemotherapy.

But we don't want to cut off patients' access to chemotherapy before we determine how their cancer care could be improved.

While chemotherapy has literally been a life-saver for countless cancer patients, it is not an easy process to endure.

Patients often experience pain, nausea, vomiting and fatigue while undergoing chemotherapy.

We know a great deal about chemotherapy and its effect on patients, but our knowledge base is not complete.

Unfortunately, the cancer care demonstration project is scheduled to end on December 31, 2005.

This resolution would encourage the Centers for Medicare and Medicaid Services to extend the cancer care demonstration project at least through next year.

By extending this project, CMS would continue to support chemotherapy services offered in physician offices.

At the same time, CMS would continue to build on the information already gleaned from the project to improve the quality of care for Americans suffering from cancer.

Mr. Speaker, I thank Mr. HALL for his leadership on this issue and encourage my colleagues to join me in supporting this important resolution.

Mr. FERGUSON. Mr. Speaker, I rise today in support of 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 next year.

In 2005, CMS implemented a Quality of Life demonstration project to assess quality care for cancer patients receiving chemotherapy services in an office-based practice. The demonstration project was designed to gather data on the effects of chemotherapy on Medicare patients. Practitioners participating in the project must provide data and document services related to pain control management, minimization of nausea and vomiting, and the reduction of fatigue. This program is now underway and I strongly support its continuation.

I would note, however, as the program is currently designed, it only applies to patients receiving IV infusion and push chemotherapy, not to patients receiving oral chemotherapy. As was originally intended when Congress created this demonstration program, it is critical that all patients, regardless of the method of chemotherapy treatment, are included in the assessment of these key quality of life factors impacting their treatment for cancer. As it stands today, the data collected under the QOL is incomplete—patients receiving oral therapies are not assessed in the same way, and their side effects cannot be compared to the side effects of infused chemotherapy. As I stated, I strongly support the continuation of this demonstration program but I believe CMS should act to ensure that data is collected from patients receiving oral drugs as well as injectable drugs.

Oral chemotherapy treatment can improve the quality of life for cancer patients by allowing patients to have chemotherapy at home or work without daily visits to the doctor's office or to a cancer infusion center. These treatments can also be cost effective as they require fewer physician visits and fewer invasive procedures. While these treatments are relatively new, more are being developed each year and they can provide unprecedented freedom for Americans battling cancer. If we are going to collect data and learn how to improve the quality of life for those fighting cancer it is my belief that we should focus on collecting data on all treatment options—including the very promising use of oral drugs.

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

Mr. DEAL of Georgia. 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 Georgia (Mr. DEAL) that the House suspend the rules and agree to the resolution, H. Res. 261, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the resolution, as amended, was agreed to.

The title of the resolution was amended so as to read: "Resolution 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 through 2006, subject to any appropriate modifications."

A motion to reconsider was laid on the table.

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WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON H.R. 2360, DEPARTMENT OF HOMELAND SECURITY APPROPRIATIONS ACT, 2006

Mr. SESSIONS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 474 and ask for its immediate consideration.

The Clerk read the resolution, as follows: