talking about folks that make a hundred, not even $400,000 a year. People that make millions a year, the Congress has to ask if we can roll back some of the tax cuts that they are enjoying right now in the hundreds of thousands to help the country after it was hit by the biggest natural disaster that it has ever been hit with. We have got to ask.

But guess what, no one is asking folks on Medicaid, no one is asking kids that receive free and reduced lunch for the reason because they are poor. No one is asking them. No one is asking States as it relates to rolling back their Head Start money to make sure that kids are ready to perform in this working world and that they go to school ready and prepared. The gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) worked on that in the Florida legislature.

No one is walking around here asking about that. Folks just say, well, you know what, this is what we are going to do; tough talk for hard times. We are not going to pick on someone that can pick back. We are not going to hit a person that can knock us to the floor, because they will be able to give campaign contributions to my opponents. No, we are going to get the folks that we say we are trying to help. We are going to hit them. Matter of fact, we are going to floor them, and we are going to do it because we can. That is what makes this such a tragedy.

That is why we need this independent commission. That is the reason why we need H.R. 3838, an anti-fraud commission that will oversee all of the contracts that are going on in the present to be able to review it all, to make sure that it is not left up to some bureaucrat so that I am sitting somewhere in the Committee on Homeland Security and they are saying, well, you pick up The Washington Post or New York Times, whatever the hometown paper may be in someone's area, and say there were millions of dollars that were spent and someone charged $1,000 for a roll of toilet paper, and we do not know what happened, but we are looking into it.

No, that is after the taxpayers have already been raped of their money and the victims were made victims again because the money ran out. So we do not have time for an Iraq-Halliburton experience that we have an investigation going on, meanwhile thousands of dollars are going out the door.

If folks want to have tough talk about budget and fiscal responsibility, then we have to have management, and we have to have oversight. You just cannot let billions of dollars out the door and expect the people who have already made mistakes again and again and again say here is another $62 billion, see if you can do better this time. It is just not going to happen, and that is the reason why we have to have it.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, in our last few minutes, I want to just point out that the responsibility lies at the feet of the President. He has the bully pulpit to ask people who are among our wealthiest to make sacrifices.

I represent a community that has a lot of wealthy people, and I know they say to me all the time, you know what, I am willing. They understand what the needs are. They get it, and I know we have an hour tomorrow night, that we are going to have an opportunity to come out here again.

One of the things I think we should talk about, and I do not want to do a rush job on it, is there are steps we can take. There are things we can do to make people whole. There is a way that we can restore Americans' confidence in their government, and there are reforms that we can and must make. I hope we will have a chance to talk about that more tomorrow night because we have got to take this country in a new direction. It would be irresponsible for us to continue hurtling down the path of irresponsible public policy and harm that we are bringing on people who are already knocked to the ground, and now we are putting our boot on their neck to keep them that way.

Mr. RYAN of Ohio. I agree. We want to take the country in a new direction, in another direction.

Since 1994, the Republicans have held this Chamber. The President has been in for 5 years. They have controlled the Senate on and off for a good while over the past decade and a half. We want to take the country in another direction, because if you look at the leadership, I just believe that because of the lack of experience they just are not governing. They just do not know how to govern.

When you look at the increased poverty rates, when you look at wages, when you look at what is going on with companies like Delphi and General Motors, when you look at the health care crisis in this country, when you look at the poverty crisis, the cuts for school funding and local communities, libraries being cut, prisons and jails that cannot handle the load that is coming in, in every single aspect here, reducing our dependence on foreign oil, every single aspect here has been the ball has been dropped.

We want to take the country in a new direction, in a better place, with the changes that I think the Democratic Party wants to provide.

If you want to e-mail us, it is 30somethingdems@mail.house.gov, and let us know if you want to be a citizen cosponsor of the independent Katrina commission, which we think would be the best way in a nonpartisan, bipartisan way to try to address the issues, and I thank my good friend from Florida for the opportunity to join both my colleagues here tonight.

Mr. MEEK of Florida. I thank the gentleman from Ohio (Mr. RYAN). I am glad you were able to sum it up for us. The gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) is right to let us focus on things we are doing.

We mentioned the pieces of legislation the Democrats have offered to this Congress. The Congress and the majority side have not accepted that legislation. We are still willing to fight on behalf of the American people.

□ 2000

MEDICARE PART D

The SPEAKER pro tempore (Mr. JINDAL). Under the Speaker's announced policy of January 4, 2005, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY. Mr. Speaker, we just heard from the other side, the 30–Something Democrats. I have been listening, as I know my colleagues have, to the 30–Something Democrats for about a year and a half now a couple or three times a week. It is the same old same old. Now they have pledged to come back tomorrow night with some positive information voice, and I look forward to that. In fact, I am going to listen very closely, because all I have heard from my three colleagues on the other side, the 30–Something Democrats, the two from Florida, the one from Ohio, very intelligent, very well spoken, very articulate, and very, very negative.

So before we get into our special hour talking about something positive, a Medicare prescription drug benefit for our needy seniors, I just want to suggest to my colleagues who spent the last hour talking negative we look forward to hearing from them tomorrow night maybe on something positive for a welcomed, welcomed change.

Mr. Speaker, it kind of reminds me of the fall of 2003, my first year in the 108th Congress, when we worked so very hard on trying to bring to our seniors finally, after almost 38 years, a prescription drug benefit under Medicare. What we heard from our colleagues on the other side of the aisle was very similar to what we just listened to in this Chamber over the last hour from the 30–Something Democrats. It was all negative. There was no plan, there was no alternative. It was just: Seniors in my Democratic district, you men and women who have supported me and let me represent you in the Congress, this is what I suggest that you do, you take out your AARP card and you cut it to shreds because that is what I, your Congressman or your Congresswoman on the Democratic side of the aisle, plan to do.

Yet, Mr. Speaker, what we did was an historic benefit. In fact, for 2 years now, and it will continue until January 1 of 2006 when the official Medicare Part D prescription benefit plan is available, we had an almost a 2-year transition plan of a Medicare prescription drug discount card which would allow our neediest seniors actually to have $600, a debit card if you will, not a credit card, but $600 each of those 2 years if they were at or near Federal

poverty level low income, below about $11,000 a year for an individual or below $14,000, $15,000 a year for a couple, basically men and women, our seniors who are on Medicare and essentially living off of their Social Security benefit and very, very little else.

I think it was a tremendously compassionate thing for this Congress, this leadership, this Republican majority and this President, George W. Bush, to finally deliver on a promise that had been made by prior Congresses, prior Presidents. I will not get into naming names or saying who was in charge at what period of time.

The fact is Medicare was first passed in 1965. Medicare was a very good program then, it is a very good program now, but it desperately needed modernization when we have come to realize, especially over these last few years, how important it is to have an opportunity to have that prescription drug benefit to go along with Part A and Part B.

Part A of course, Mr. Speaker, you understand is a hospital part and the nursing home part. There is a pretty high deductible for that as well, today something like $850 out of pocket before there is any coverage for Part A. And Part B, if God forbid a person end up in a nursing home after 100 days, there are no benefits in any period or episode of illness. Everything else is out of pocket, and that is why so many of our seniors who do end up in a nursing home pretty quickly become dependent, wards of the State almost, and Medicaid, which is strapping our States so badly now across this country, pays about 85, 90 percent of all skilled nursing home bills, is paid by Medicaid because people literally are going broke and they cannot afford it.

So here again, as I waited of course to have this opportunity to speak on the Republican side, the aisle where we have dedicated, Mr. Speaker, to explain and talk about something positive. We are a positive party. We want to do things that are for the benefit of the people and not just stand around and criticize like we heard over this last hour.

I do not hear a plan from the other side, yet they voted almost overwhelmingly, thank goodness there were a few in a bipartisan fashion did vote in favor of the Medicare prescription drug modernization plan Part D, and it should not have been a partisan issue. It should have been not about the next election, but doing something that is going to help the most treasured part of our society, really, that being our senior citizens, and particularly those who are in greatest need. So, Mr. Speaker, it is a pleasure to be asked by the leadership tonight to lead this hour as a physician Member of the body.

There are actually 10 M.D. physicians in this congressional body of 435 Members. There are other Members who are health care professionals, be they psychologists or pharmacists or registered nurses and physical therapists, veterinarians, people that have worked in health care, and I think we all owe it to our colleagues and to the American people to get behind and to support this legislation which will in fact go into effect January 1, 2006.

Mr. Speaker, it is important for each one of us on both sides of the aisle not to discourage our constituents, our seniors from signing up for this prescription drug benefit, but to explain it to them and let them know and to particularly let those know who are at a low income level.

We mentioned just a few seconds ago about that amount, about $11,800 for an individual, a single person, a widow or a widower, or about $15,000, $16,000 for a couple, that they are eligible for supplemental help. We anticipate, Mr. Speaker, that the deductible for the Medicare Part D prescription drug benefit would be about $250 a year and that the monthly premium would be about $35 a year, $32 to $35 a year. That is what we predicted a year and a half ago. Now that these plans are rolling out and are being offered to our seniors, the marketplace is working. Competition, that competitive entrepreneurial spirit is working without government price controls, and many of these plans are going to be offered or are being offered right now to our seniors at as low as $20 a month premium, not $32, not $35, but $20 a month. So already the predicted cost is coming down, and as a result of that I think the number of seniors who sign up and take advantage, sure, there will be, Mr. Speaker, some seniors who will realize that they already have coverage. Maybe they are a retired State employee, possibly a teacher, maybe they are a retired Federal employee, possibly they work for a company like in the State of Georgia, Lockheed Martin or Coca-Cola or Home Depot, some of these strong companies that seniors have worked for 30 or 40 years, and that was not atypical with the great generation, they stuck with the job and with the company and they have been promised health care benefits and benefits that do include prescription drug coverage.

In this bill, by the way, we have done everything we could to make sure that companies do not drop those plans, that those promises made are promises kept. That is in addition part of this Medicare modernization. So some people, Mr. Speaker, some seniors will decline to sign up for Medicare Part D because they already have a plan and they have a good plan and they stick with it, and that is perfectly understandable. But for those seniors who do not have anything, who get to go to their doctor, maybe their family practitioner, their general internist for that annual physical, and lo and behold they find out that their cholesterol is elevated, their blood sugar is elevated, their blood pressure is elevated and they have that need to be on medication and they go to the drug store with a fistful, literally a fistful of prescriptions, maybe four or five. You talk about sticker shock. Currently our seniors in that situation, they are maybe not part of an HMO and they do not get any discount because of volume, it is just them trying to fill a prescription.

I know that recently I went to the drugstore and happen to be on a statin to lower my cholesterol and ordered a 3-month supply, and only to find out that my part of the prescription, I think 25 percent of the true cost, was going to be $110. When I asked the pharmacist what it really cost, the cost per pill, and I will not mention the pill in fairness to the company, but it was something like $5.25 for each pill, and it is necessary that I take that every day, and my health is pretty good. But you take a lot of our seniors, Mr. Speaker, they do not have one thing wrong, a lot of times it just almost like you might say is multi-system diseases. They may have three things that impact each other. What has happened in the past of course is this: They maybe were too embarrassed to say they could not afford the prescription, and maybe they turned around and walked out and said they would be back but never came back. Or possibly they asked the pharmacist, instead of a month's supply, just give me a 2-week supply, and then they would go home and they start breaking those pills and trying to stretch it just like we oftentimes have to stretch the budget when things are tight.

But the problem is, of course, that is when these diseases get out of control. That is when the elevated cholesterol results in plaque formation in the coronary arteries, or the blood sugar gets elevated and all of a sudden there is a problem with blindness and loss of limb or a patient ending up on renal dialysis.

I hope my colleagues would listen carefully to this. We heard at the outset a lot of Members, and very legitimately and honestly and sincerely, oppose this bill and the vote was a very close vote, and indeed it was. I am very proud that I voted yes, and I think most if not all of the physician Members as a body also voted yes on both sides of the aisle. But there were men and women of good faith who voted no. In some instances they were voting no because they did not think that we were doing enough. You even hear that today, the hole in the doughnut is too big and the plan is not good enough. It might be okay for some people, but for the typical average senior who is a Medicare beneficiary or someone who is on Medicare because of a disability, it is just not good enough. We want to do more, we want to close down, shrink down that hole in the doughnut, so they voted no. And I can understand that line of reasoning.

There were Members mostly on this side of the aisle who felt that we cannot do this because we cannot afford to do it. We have got a deficit, we have got a debt that is far too big by everybody's admission. Although we

would like to do this, we cannot do it because we cannot afford really to do anything. We are in a war in the Middle East trying to bring democracy. I think we are succeeding there. I think the light at the end of the tunnel is beginning to shine brighter and brighter with the success and the 60 percent plus turnout here recently in the new constitution and then hopefully parliamentary elections a month from now.

□ 2015

The point I wanted to make, Mr. Speaker, in regard to the cost, the cost was calculated based on the fact that you would continue to spend in the Medicare program in this country the same amount, maybe increasing depending on, as the population of seniors increased for part A, you would have the same situation for part B; it would increase because of an increase in population of seniors.

And then you would have this added expense. We were told initially that that was about $400 billion over 10 years, and then there was a recalculation and maybe it was going to be as much as $600 billion. The fact, Mr. Speaker and my colleagues, is this. We get no credit for the fact that taking prescription medications, when our seniors can go to the drug store and get those prescriptions filled, and they can in a very timely fashion lower that blood pressure, lower that blood sugar, lower that cholesterol, and guess what, we do not end up spending money on them for part A or part B, do we except maybe for an annual check-up on an outpatient basis by one of our wonderful primary care physicians who work so hard and such long hours? No. We keep them out of the hospital.

Before the Medicare modernization, before December of 2003, you could not even go to your doctor and get a routine thorough physical and have it paid for under Medicare. You could not get a blood test for cholesterol, you could not get a mammogram, you could not get a PSA blood test screening for prostate cancer, you could not get a colonoscopy.

In this bill, in addition to the prescription drug benefit, all of those things are now available and paid for. This is what we call, Mr. Speaker, preventative medicine. Not waiting until somebody is eligible for coverage under part B because they show up in the emergency room having had a stroke because their blood pressure could not be treated, or they ended up on the operating table getting the coronary bypass or even worse, having a leg amputated because they never had the money to treat their diabetes.

We save money, Mr. Speaker, on part B because of part B. And even if we did not, it is the compassionate thing to do. It is the compassionate thing to do. Who wants to end up spending the rest of their life in a nursing home after a stroke no matter who is paying for it?

But as I said earlier, those days are limited to 100, and then after that, mom or dad or grandmom or granddad exhausts every bit of their savings, everything that they have worked their whole lives for, maybe they wanted to send a grandchild to college, an opportunity that they never had when times were tougher, and all of a sudden they lose it all simply because we did not, Congress did not, give them this coverage, this Medicare prescription drug benefit.

So I say, Mr. Speaker, to my colleagues, to anybody who will listen, that this was the right thing to do. This is not something that we can afford to put off. You cannot. I have heard people say, well, gee, you know, the seniors have waited 3 years, surely because now we are in a bind, and we are trying to figure out a way to pay for the restoration of the gulf coast and rebuild that infrastructure, certainly we need to do that and we need to look for so-called offsets. And they are there.

We talk about maybe taking a little haircut and cutting 1 to 2 percent of the growth in every Department. I think we can find those cuts, and I think we can do that. But to ask the seniors to wait another year or two or three, that would be the cruelest of ironies on our part.

And I, Mr. Speaker, am not willing to do that. And I would beg my colleagues, let us not go down that road. We are about to do something that is really good for our seniors. It may be not unlike what we have done in the Middle East. We hear, whether it is from the 30-something Democrats or in the editorial pages from our liberal newspapers in this country, the constant, constant negative criticism and naysayers, and this talk about what is your exit strategy.

I have been hearing that, Mr. Speaker, for 2 years. What is your exit strategy? I mean, you know, you are in the early part of the fourth quarter of a football game, and you are winning, but the going is getting a little tough. If you pull your team off the field, you do not win; you forfeit.

And all of those lives, 2,000 dead, and four times that many injured, are for naught. What a disgraceful thing that would be if we did not follow through. So the analogy then is the light is at the end of the tunnel, it is shining brightly, I think, as I stand here tonight, Mr. Speaker, in the Middle East.

And I think that is absolutely true in regard to health care for our seniors as we go forward. And to all of a sudden snuff out that light because we have this natural disaster, this catastrophe which nobody could prevent or predict, and we have to respond to it, but as Thomas Payne once said, when he was serving at Valley Forge with George Washington, these are the times that try men's souls.

But we, thank God, Mr. Speaker, can walk and chew gum at the same time. This Republican leadership can deal with both of these issues, and it would be a terrible mistake to turn our backs on our seniors at this critical time where we are seeing light at the end of the tunnel and providing for them a benefit that they well, well deserve and have needed for so long.

The thing about this bill that excites me, Mr. Speaker, I guess one of the things that I am the most excited about, is the fact that the benefit is the greatest for those with the greatest need. Yes, there is a hole in the donut, and it is true that for some people the benefit would not be great if they were not spending anything on prescription drugs.

And there are those in our society who are very fortunate. Sometimes in medical parlance we refer to this as having the Methuselah gene: they enjoy long life and good health, and other members of their family the same. And, you know, maybe they will go see the doctor every year or two; but everything is always fine, and so they are not spending any money on prescription drugs.

So they may look at it and say, gee, $250 deductible if I have to spend anything, that is out of my pocket. And if I am spending $30 a month, you know, that is another almost $400, and I am not currently spending that. So, you know, I look at that and I have spent $700 the first year of the prescription drug benefit that I have got, and last year I did not spend anything on prescription drugs, so I have lost $700. Well, that is true. That is true.

But what that individual needs to realize, and I hope that my colleagues in the Congress on both sides of the aisle will make sure that they in a very fair way explain this to their constituents, you beware that next year or next month or next week or even tomorrow, do not all of a sudden have a little chest pain and end up being that person that needs to be on four or five prescription drugs, and then your bill could be 3 or $4,000 or $6,000 or $8,000 dollars a year.

And it does not take long for that to put one in the poor house, if they can afford it at all. So for everybody, for every senior there is something that we call catastrophic coverage. So if they spend, an individual on Medicare, spends in any year up to $3,600 on prescription drugs out of their own pocket, that of course would include the deductible and the copay and then, yes, the gap or the hole in the doughnut; but beyond that, if there are still costs for prescription drugs, the Medicare part D insurance program pays 95 percent of everything above that.

That is a wonderful benefit, what we call catastrophic coverage. I hope most people will not get into that situation. But clearly they could. They could get into that situation. So what I am saying, Mr. Speaker, is this is a good benefit for everybody; and everybody is eligible, from the lowest income to the highest income. If they do not have coverage in some other way for prescription drugs, then they are eligible for this benefit.

Of course, those who are living off of Social Security and they have very little assets, not much stuff, we all, I think, Mr. Speaker, have too much of a desire for stuff, stuff that really in some instances is not very important. Certainly more stuff does not necessarily make you happier.

But a person can own their home, they can own it free and clear. They can own up to 50 acres of land that may have been in the family for some time and they do not want to sell. They can certainly own an automobile. But they cannot have much stuff beyond that. Much assets.

But if they meet that means test, then the deductible is covered. The monthly premium is covered. There is no copay up to the first $2,250 or 25 percent as it is to everybody else, and there are no holes in the donut, there is no gap in the coverage. Everything is catastrophic coverage almost from day one, maybe a dollar copay for a generic prescription, and up to a maximum of $5 for the most expensive.

Remember I talked, Mr. Speaker, earlier about that statin that I was taking that cost $5 a pill. For our needy seniors, a 3-month supply, 100 pills, you do the math, that is over $500. They might have a $5 copay for a prescription like that.

Mr. Speaker, I see that one of my physician colleagues has joined us, and I thank him for taking time out of his busy schedule to be with us during this leadership hour to talk about this Medicare part D prescription drug benefit that we talked about.

He was very much a part of that, Mr. Speaker, and he was in the 108th, my classmate, my friend. I yield to the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. Mr. Speaker, I thank the gentleman for yielding to me. I could not help but see as the leadership hour progressed you were doing an excellent job of covering all of the things that I think are so important to tell our constituents and our seniors about this plan.

Of course, it is an optional plan. There is no requirement that anyone take this plan. But still I think it is worthwhile for families to sit down, perhaps the day after Thanksgiving, while everyone is at home and thinking about things, to sit down and look at these plans and decide if it might not be a good idea for the Medicare beneficiary in your family.

I would stress that the first date that the benefits will be available will not be until January 1, but the first day that a senior can sign up for a plan is November 15. So that Friday after Thanksgiving or the Saturday after Thanksgiving after you have had enough leftover turkey and pumpkin pie and football, maybe it would be a good idea to sit down and decide if this is not worth a little closer scrutiny.

I took the liberty of going to the Medicare.gov Web site. If anybody has not been there recently, I would encourage them to do so. If you are unable to use a computer, ask your son or daughter or your grandchild to do it for you. I promise you they know how.

But looking on the Medicare.gov Web site for my State, Texas, there are some interesting figures available there. And perhaps one of the most interesting there, it is too small to show on the television, but there are a variety of plans that are available in the State of Texas.

Just going down the list here, we see one that has a monthly premium of $28, which is lower than the premium that was originally designated as $37, the premium that we originally designated on Medicare, and there is no deductible incurred with that expense. So that is a straight monthly expense.

□ 2030

Mr. Speaker, I would argue that that is a heck of a deal. And again, there are several plans like this, and they are all available for you to see in your State at the Medicare.gov Web site. Furthermore, for people who want to look into using one of the Medicare HMOs or PPOs, one of the Medicare advantage plans that will be available, there are several in my State of Texas; there are several in the counties that I represent. There is a PPO plan with basically a zero drug premium, and there is an HMO plan with a zero drug premium and zero drug deductible, so these are significant savings for people who are on Medicare who do spend money on drugs.

I would stress, and I have had constituents call me, and they looked at the plan and they say particularly when looking at the concept of a $37-a-month premium with a $250 deductible, they will say this is of no benefit to me. That may be true, in which case do not do it, but look at some of the plans that are available in your State, in your county and see if there is not one there.

Have a family discussion. Involve your children or your grandchildren in the discussion, because doggone it, we take good health for granted. It is something, though, that can change year by year and that is, after all, why we buy insurance, not to save us money on our current expenditures, but to protect us from those very hefty expenditures that may be incurred in the future.

I must tell the gentleman from Georgia (Mr. GINGREY) he has done a very thorough job about discussing Medicare. I agree with him completely about the need for cutting the deficit this year. I think that is critical that we do so, but this plan is not the place to make that cut. And for anyone who has heard a story or a rumor that the Medicare prescription drug part D roll out may be delayed because of problems with the deficit, that is simply not true. This program will roll out on time. And as we always like to say, it is on time and under budget.

With that, I yield back to my good friend from Georgia.

Mr. GINGREY. Mr. Speaker, I thank the gentleman from Texas (Mr. BURGESS), and I thank him so much for being with us tonight. I would welcome, if time would permit, for him to stick around with us and possibly get into a little bit of a colloquy regarding some other salient points of this bill. Certainly, I appreciate him being here and giving us this time this evening.

I was earlier, Mr. Speaker, talking about that statin that I bought a 3-month supply of just last week and that the cost was going to be, the true cost, I paid 25 percent according to my plan, the prescription drug plan that I have, but the true cost was over $500. Well, a senior who maybe has no prescription drug coverage under any plan, they are not part of an HMO, they are not retired from a company or they are but the company is not providing prescription drug coverage as part of the health care benefit, if you multiplied 3 months times four which would give you 12, if my Georgia Tech math serves me well, then that cost would be $2,000 for that one prescription.

Well, that is getting pretty darn close, Mr. Speaker, to the $2,250 that we were talking about, that the gentleman from Texas (Mr. BURGESS) was talking about. And the savings on that you would not have to have too many more prescriptions, maybe an antihistamine or two or an antibiotic here or there during the course of a year to get up to at least $250, if you have got one very expensive drug like that statin I mentioned. The senior who was enrolled in that scenario, they would actually save about $1,100 a year. That is how much the coverage would give them.

Of course, if they had prescriptions above that and they got into the gap or the hole in the doughnut, certainly there would be more out-of-pocket expenses. But I think it is very important for people to understand when they hear these naysayers, some of whom we heard from earlier tonight during their leadership hour, that this is a waste of time and effort, and it is not any good. And now that you have torn up your AARP card, and by the way, the reason they made that recommendation when we came out with the transitional prescription drug discount card when we first passed this bill, knowing it would take almost 2 years to get the prescription drug part B insurance program part up and running, AARP had the audacity to support a Republican proposal, Mr. Speaker.

I think the other side must have felt that that organization was always their best friend or, as the saying goes, in their hip pocket. And they could not stand the fact that AARP, and I am a member, have been since age 50. I will not tell you how many years I have been a member. It is a wonderful organization of 37 million seniors in this country. AARP serves them very well. And AARP as far as partisan politics, we are blind to whether it was an R or a D proposal. When they saw a good

thing they supported it, and that is what they should have done, and that is what our colleagues on the other side of the aisle should do.

When you see a good thing, do not constantly say no, no, no, just because you are afraid that the majority party or this President is going to get credit for a job well done and a promise made and a promise delivered. Get on board. Join the team for the benefit of our seniors and to support a good program when you see one.

It is a time now for all of us to work with our seniors to make sure that they understand the program, that they know how to contact Medicare, www.Medicare.gov or dial 1–800–Medicare. There are organizations in every State, the CMS, Committee on Medicare-Medicaid Services, has contracted with Medicare to explain this benefit.

I know in my own office, Mr. Speaker, we are going to put computer terminals in the main office and have someone there that can be online with seniors who just drop in and say, I have gotten the brochures; I have seen the public service spots on television, but I am still a little bit confused and would you help us out. I know that I am going to do that. I know that the gentleman from Texas (Mr. BURGESS) is going to do that.

I know that my physician colleagues and my health care provider colleagues in this body and hopefully all 435 of us will take that opportunity, because there is a wonderful program and as the gentleman said, and I am so glad that he reassured our colleagues and anybody who might be listening to us this evening during this leadership hour, that we are not going to delay this program. We cannot afford to do that to our seniors. They have waited too long. And as I said earlier, this is a compassionate program, and it would be cruel to pull that rug out from under them when they have waited so long for this opportunity.

With that, my colleague from Texas (Mr. BURGESS), if he would like to make a few more comments and possibly we can have a little bit of dialogue back and forth with the remaining time that we have this evening. And I will turn it back over to the gentleman from Texas at this point.

Mr. BURGESS. Again, I think you have done an excellent job of laying out the case for the prescription drug benefit. We have a saying back in Texas when something is a really good deal, we say it does not cost, it pays. I kind of feel that way about the part B Medicare benefit.

There are three ways that the Medicare part B benefit could, in fact, result in a costs savings for the Medicare program. One was by introducing competition. The second was by the more timely treatment of disease with appropriate medications. And the third way was by intervening far earlier in the disease process before it gets to the more costly end-state of the disease.

Well, guess what, we will not know about the latter two for some time, but we do know about the competition aspect. And competition works. Competition has driven down the cost of premiums. Competition has driven down the cost of the deductible for many of the plans that are going to be available in my State, in my congressional district, and many other areas across the country.

How soon will we know about whether or not the timely treatment of disease results in a lowered cost for treating the disease? I cannot tell you that. But the fact that the emphasis is going to be not only on the timely treatment of disease but on prevention, identifying those individuals who are at risk, using the disease management tools that are available in the Medicare program, how powerful is it that someone would have the knowledge that a patient's weight had gone up day over day so that they need to go to their doctor's office and get their congestive heart failure treated, get their medications adjusted on Friday morning rather than coming into the emergency room late on Sunday night and incurring 4 or 5 days in the intensive care unit at who knows the figure, 6, 7, 8, $9,000 a day.

That is the kind of cost difference we are talking about from the timely treatment of disease. As far as intervening early in the processes so perhaps that person never gets to the stage of heart disease where they develop congestive heart failure, incalculable the amount of dollars that could be saved. Just by increasing exercise, modifying the diet to reduce that risk of type 2 diabetes. Disease management will be a powerful tool for holding down costs in the future.

Again, the gentleman from Georgia (Mr. GINGREY) has done a great job in outlining the benefits of this plan, and I certainly thank him for taking time out of his schedule to come and explain this to his constituents and the American people at large.

I am happy to enter into a colloquy if there is any time left; but I honestly think, Mr. Speaker, that the gentleman from Georgia (Mr. GINGREY) has done a wonderful job, and I will yield to him for whatever his pleasure is at this point.

Mr. GINGREY. Mr. Speaker, I thank the gentleman so much. I appreciate his being with us in talking about this issue.

The gentleman and I are not only colleagues of course here in the Congress, but we are, as I said earlier, fellow physicians; but I think most of our Members realize we are both OB–GYN specialists so we share so much in common. And I would guess that the situation in Texas is very, very similar to the situation in Georgia. Maybe there are some figures that you would want to mention in regard to Texas; but, Mr. Speaker, in Georgia we have got a State maybe a little smaller than the State of Texas population-wise and certainly geography-wise, but we are a State of almost 9 million people now.

There are approximately 85,500 Medicare beneficiaries; 16,700 of those live below 135 percent of the Federal poverty level. These are the folks that are going to benefit the most, and that is why I felt so strongly and passionately about this compassionate program. It is those 16,710 who are at or below 135 percent of the Federal poverty level, Mr. Speaker. There are another 7,000 in Georgia, that brings it up to about 25,000 people in Georgia who are at or below 150 percent of the Federal poverty level. All of these individuals, all of these individuals will be eligible to receive supplemental benefit.

Earlier in the discussion in the hour we talked about the numbers, and I need to correct it a little bit. I think I may have given numbers that were a little bit on the low side. But you may qualify, listen to this, seniors may qualify if you are single and have income below $14,355 and resources are less than $11,500. That does not include your possibly paid-for home and homestead and your automobile. And married couples who have income below $19,200 and resources less than $23,000. Again, excluding their homestead their home and their automobiles.

These individuals and those at or about the Federal poverty level, again, no deductible, no co-pay, no monthly premium; and you get that prescription filled for $1 on generic or maybe as much as $3 or possibly $5 for one of those very expensive drugs that I talked about earlier.

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And, Mr. Speaker, here again my colleague may want to talk about the situation in Texas, because I suspect it is very similar.

Mr. BURGESS. Well, Mr. Speaker, the gentleman has caught me without having done my homework as well as he has, so I do not have those figures at hand. But when my colleague was going through that it reminded me of the times we were on this floor over the last 18 months talking about the Medicare prescription drug discount card. And of course in the hour before us there were some individuals who were fairly negative about anything that might be offered from the Republican side of the aisle and they spoke very harshly against that prescription drug discount card for the past 18 months. And that was so pernicious, so pernicious to people who may have benefited from that prescription drug discount card; the $600 a year subsidy and the discount rates that were available on that card.

What a shame. What a shame that their constituents did not get to participate in that because their representatives came back and told them, no, this is a bad plan. It is a Republican plan and it is not good for you.

Well, this is a compassionate plan. This is a bipartisan plan, because there were Democrats who supported the bill, I am grateful to say, the night that we took that vote in November of 2003.

So I urge people, regardless of their party affiliation, to look at the benefits that are available to you in your State, in your area. Look at it with your loved ones. Look at it with your children or grandchildren because there may be some significant savings, some significant benefit to you.

There is also a benefit to the program at large. If you treat your disease more effectively, if you prevent disease effectively overall, that disease process is going to cost less, and that is good for the country as a whole.

I have to tell the gentleman from Georgia that I just cannot let this hour go by without asking one additional time for some type of sane liability reform in this country. We have had good liability reform in Texas, so why does it matter to me with the rest of the country? Why do I even care, since Texas is taken care of? The reason I care is because the cost of defensive medicine in this country in the Medicare program alone probably approaches $30 billion a year. That is almost the cost of this prescription drug program.

If we could reform our liability system, this program costs us nothing. It is the right thing to do and we should do that this year. And I yield back to the gentleman.

Mr. GINGREY. I thank the gentleman from Texas for his leadership not only on the Medicare Modernization and Prescription Drug Act, but also on medical liability. He has been a stalwart supporter of the Health Act that we have passed in this body so many times over the last few years.

Mr. Speaker, in the remaining time that we have I wanted to make a couple of additional comments. We got some good news here recently in regard to the COLA, the Social Security COLA, which is about a 4.6 percent increase next year because of the Consumer Price Index. That is good news for our seniors. That is about a $40 per month, typically, increase in that Social Security paycheck.

Now, it is true that the premium for Medicare part B, even though that premium only covers 25 percent of the true cost, will also have an increase next year of about $10. That $10 from $40 leaves $30 still remaining in that COLA. And even for the seniors who get no supplemental help, that $30 will pretty much cover the premiums for Medicare part B. In fact, it may more than cover them, because, as I said earlier, because of the marketplace, because of competitiveness, pharmacy benefit managers and companies that are going to offer the Medicare prescription drug discount program, we are hearing premiums as low as $20 a month.

And another thing, Mr. Speaker, that we need to say before we conclude the hour, because we have heard so much negative rhetoric about this tremendous gap in coverage, the hole in the donut and the program not being nearly good enough, is that we will have an opportunity to reduce those costs by some companies now with a slightly increased premium, maybe as much as $40, possibly $50 a month, so that there will be no gap in coverage. It will close that hole in the donut completely. So people will have the option of paying a little bit more and having coverage without any gap.

Mr. Speaker, in conclusion, I want to again remind our seniors and ask our colleagues to remind their constituents that beginning November 15 through May 15, 2006, a 6-month window of opportunity will be the time to sign up for the Medicare part D prescription drug benefit. Look at the program and compare. If you have something else, make a comparison, and then make a decision. And make that decision early. Because if you do, then that coverage starts January 1. If you wait until after the program starts there may be a month gap before that coverage kicks in. And if you wait beyond May 15, then there will be a surcharge. So it is very important to do it in a timely fashion.

I thank my colleagues for their attention, and I thank the leadership for giving me this opportunity to discuss something as vitally important as this Medicare prescription drug benefit for our needy seniors.

IRAQ WATCH

The SPEAKER pro tempore (Mr. JINDAL). Under the Speaker's announced policy of January 4, 2005, the gentleman from Washington (Mr. MCDERMOTT) is recognized for 60 minutes.

Mr. MCDERMOTT. Mr. Speaker, I come to the well tonight as part of our continuing Iraq watch to talk with the Members and the folks who are watching about the issues that face us in Iraq.

During the last few months, we have had everything sort of arranged so that we should not pay any attention to the chaos and the deaths and everything else. We were told again and again that the democracy train was on the track and it was going down the track. And a big date was on Sunday, this past weekend, when the Iraqis would vote on a referendum adopting a constitution.

Now, that constitution appears to have been ratified by the Iraqi people. But when I came to this House many years ago, there was an old Texan here who I came to know and respect a great deal. He was the ranking member and then was the second and then finally the chairman of the Committee on Banking and Financial Services. He once handled a very contentious committee of the House in a way that was very respectful and very understanding and gave everybody, Republicans and Democrats, a chance to say whatever they wanted. And, boy, it took forever, but he was always in control.

At the end of it, I congratulated him. I told him I thought I had never seen a committee handled more masterfully. The Committee on Banking and Financial Services at that point was the largest committee of the Congress. There were 50 Members. This man's name was Henry Gonzalez. He was from San Antonio. His son now serves here. Well, Mr. Gonzalez said to me, Jim, I learned two things from an old guy in San Antonio. One of them is, never try and lasso a cow running downhill. Let him run out until he is tired. And the second one is, it is always too soon to congratulate yourself.

I think it is useful for us tonight to think a little bit about that old Texas aphorism as we consider what happened in Iraq in the referendum for the new constitution. This is a constitution that was voted on by people and was created by people who were selected by us, basically. We put them together, molded them and talked to them and kept shaping what was going on inside the organization.

There are three groups of people basically in Iraq, although there are some others, but there are the Shi'a and the Sunnis. Those are two sects of the Muslim faith. And then there are the Kurds, who also happen to be Sunni believers in Mohammed. Now, those three groups of people have all different interests.

The Sunnis have been in charge of Iraq for many, many years. Going back to the end of the First World War, Sunnis have generally been the leadership. In fact they have been the leadership in the country during that entire period. And the Shi'a, although more numerous, have never been in charge because it has not been a democracy. It is very obvious that a minority people, the Sunnis, were running the country. And it was obviously something that was a real irritant to the Shi'a. And in the midst of this, the Kurds got totally forgotten. The Kurds simply were pushed aside.

So when it came time to write a constitution, the United States did something which I think you can understand the thinking that might have gone into it, and that is that if you want to control Iraq, pick the largest group. They are not a majority, but pick the largest group and add one of these other groups to them and that will give you a majority. And if you can get them to see things the way the United States wanted them to see it, we could then drive a constitution which would be acceptable and be voted on by the 18 provinces.

Now, they did that. The Shi'a and the Kurds together wrote a constitution, and it is an interesting constitution because it sets up this kind of a situation. It says that the Sunnis can make their own state and the Kurds can make their own state and the Shi'a can make their own state and they will be loosely connected at the center, in Baghdad, by a federation. So there will be a federal style of government like we have, except for the fact that states will have way more power than the federal government does. Each state can