

American people the secure Nation that they want, the opportunities for their children economically and educationally and the kind of hope for the future that they all want.

MEDICARE PART D

The SPEAKER pro tempore (Mr. FITZPATRICK of Pennsylvania). 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, it is a pleasure to take this hour designated by the Speaker, by the leadership, we refer to it as the leadership hour, and to take an opportunity to talk about things that are important to this majority, are important, indeed, to the American people and that is what we are going to do during this hour.

We are going to talk about the Medicare part D prescription drug benefit. But I want to digress for just a minute, Mr. Speaker. Our colleagues on the other side of the aisle just spent the better part of an hour talking about the budget. During the course of that colloquy, we heard the word "hypocrisy" used a number of times. I want to address this just for a moment, because the hypocrisy, of course, is to suggest that the tax cuts that this administration and this Republican majority have enacted and just today continued those tax cuts, refused to let the other side of the aisle in this body raise taxes on the American people.

They spent a good deal of time talking about the fact that the rich get the biggest tax break. Well, the hypocrisy of that argument, Mr. Speaker, is that the rich, if you call someone with an adjusted gross income of \$75,000 a year rich, then so be it. But these are the people that are paying most of the taxes. These are the people that are paying at the 39.6 marginal rate, the highest rate. So for them in any across-the-board tax cut, and indeed that is exactly what this is, every taxpayer saves money. But those that are paying the most in taxes with an across-the-board cut, Mr. Speaker, are quite naturally on a dollar amount, not a percentage amount but on a dollar amount, are going to get the biggest tax break. Of course they are.

But what is that enabling them to do, the small business men and women in this country who create probably 75 percent of the jobs? It is to grow their businesses, because of the opportunity to rapidly depreciate for capital improvements and bricks and mortar and putting in a new product line in their business, to hire some of these people who today because of their unemployment are not paying any taxes.

It is really hard, I think, and I think my colleagues understand this, the American people understand it, it is really pretty hard to get a tax refund when you are not paying any taxes. But indeed we do that, too. The child

tax credit, increasing them from \$600 to \$1,000. Those are refundable tax credits that are going to people who indeed are not paying any taxes.

Mr. Speaker, again, as I said at the outset, what we are talking about tonight has got to be one of the most important things that we have done for the American people since Medicare was first passed when I was a freshman medical student in 1965, where there was a part A, the hospital part; a part B, the doctor part; but no part D, the drug part. For many years, I am going to say probably within 5 years of the passage of that bill, people were starting to wonder why we didn't have that benefit of prescription drugs when more and more of these wonder drugs, whether we are talking about pharmaceuticals or antibiotics or whether we are talking about beta blockers for heart disease and high blood pressure and irregular heart rhythms, whether we are talking about oral, by-mouth chemotherapy. And we realized, of course, it wasn't just surgery, cutting something out, a diseased organ, that we really need to put our emphasis on, it is preventive health care and allowing people to be able to afford to get prescription drugs to lower the blood sugar, to prevent the ravages of diabetes, such as losing your limb or having your kidneys fail and going on renal dialysis and maybe eventually needing a kidney transplant. Or to treat high blood pressure, a condition which for a long time has no symptoms, absolutely no symptoms. It is incipient. We use that word. A person could end up in the emergency room having already had a stroke before anybody knew that they had high blood pressure. Or talk about coronary artery disease which most people have in adult life. And until we realized that elevated cholesterol and certain type lipids in the blood stream is what caused those plaques to form in those coronary arteries that supply blood, and oxygen, of course, to the heart muscle, when we finally realized that if we could lower cholesterol and lipids in the body, that we could prevent heart disease, coronary artery disease, heart attacks, and not have to resort to what we know, of course, today as bypass surgery. It is such a compassionate thing to prevent these diseases rather than to treat them when people are really, really in danger of sudden death or a stroke.

That is what this is all about. That is what this Republican leadership, President Bush, has delivered to the American people, a promise that other Congresses have made.

□ 2230

I can assure you that work was done on this in the past, but former Presidents, former administrations, former Congresses just failed to deliver.

And so we are very proud to stand here tonight and talk about this wonderful addition to Medicare, the part D prescription drug part. It is optional. It is just like part B, Mr. Speaker; a person doesn't have to sign up for it.

Yes, it is premium based. There is a monthly premium often deducted from the Social Security check of those who can afford it. And those who cannot afford it, it is not going to cost them anything.

The low-income seniors who qualify for the Medicare supplement on this wonderful program, for them, they pay no deductible, they pay no monthly premium. There is no gap in the coverage. They have catastrophic coverage, and the only cost may be \$1 for a month's supply of a generic drug, or up to \$5 for a month's supply of a brand name drug.

There are approximately 42.7 current Medicare beneficiaries in this country today. And, Mr. Speaker and my colleagues, I want to draw your attention to my first slide because this really shows you the success that we have had in this 6-month opportunity, starting November 15 through upcoming, in 6 days, May 15. Of those almost 43 million Medicare beneficiaries, most of them, because of age 65, possibly 5 or 6 million because of a disability at a younger age—look at this, Mr. Speaker—37 million seniors now have prescription drug coverage under Medicare part D, 37 million.

Now, we want to get this up to 40 million in the next 6 days. And that is really why I am here tonight, to get this message out to let those few stragglers, if you will, in regard to signing up, to do everything we can. And we will do that back in our districts. We have been doing it. In fact, I have been working on that, talking about trying to get that message out for over 2 years, when we first passed this Medicare Modernization Prescription Drug Act in November of 2003, a very proud moment for this physician-Member, by the way, to support such a wonderful program.

But now we have got the latest count, 37 million, and that is, I think, a fantastic achievement in this first sign-up period.

Why is it so important? Well, seniors, if you can see on this next slide, Mr. Speaker, my colleagues, seniors are saving an average of \$1,100 a year with Medicare prescription drug coverage. Maybe more importantly, though, that is average for the 37 million that are signed up. But maybe more importantly, the low-income seniors are saving an average of \$3,700 a year. \$3,700 a year, that is a lot of money.

Mr. Speaker, in regard to that number that I just shared with my colleagues, \$3,700 a year for those low-income seniors, and that is why we are pushing so hard in these next 6 days.

Of the 6 million, I said 37 million have signed up out of almost 43 million. Of those 6 million that haven't, we are estimating, pretty accurately, that close to 3 million of those are low income. They qualify for this subsidy, and some of them, as I say, their only cost of these lifesaving prescriptions would be a \$1 copay. And so it is very important, most important that we get

the word out to them in these next few days, and to get them signed up, because this is literally a Godsend.

It is a no-brainer. And for whatever reason, maybe they have heard some of the disingenuous, well, downright, you know, they talked about the H word in their hour just a few minutes ago, hypocrisy from the other side. Regrettably, I feel that that is part of the reason why the most needy, 3 million of them, have missed the opportunity thus far, but we are determined to get the word out to them. That is the compassionate thing to do and we are doing it.

Proof of the pudding, Mr. Speaker. More than a million seniors have enrolled in Medicare part D just since April. I am talking about a 2-week period. So we are talking about almost 500,000 people have signed up just in the last 2½ weeks. So we are getting the word out, and thank God, our seniors are responding.

Well, how is the program working for those that may have signed up on November 15, 2005, and immediately, January 1, 2006, started getting their prescriptions with a prescription drug benefit? Before that, of course, we know that the seniors, probably the only group of patients that go to the drug store, went to the drug store and had to pay sticker price. They weren't getting any deals, and nobody negotiated any discount for them because of volume buying.

It was just like going to buy a new automobile and paying that price on the windshield that we refer to as sticker price. Most people don't have to do that. But that is what the seniors were doing. Well, really, that is what some were doing. A lot were just too embarrassed to even go into the drug store knowing that they couldn't afford to pay even half that amount.

But what has happened since January 1 over this 5-month period? Well, 90, and I want to call my colleagues' attention to this next slide. I know the printing is a little small, but look closely because these numbers are very telling. Ninety-one percent of seniors say their plan is convenient to use at their pharmacy.

And I want to thank our pharmacists, too, by the way, especially our independent pharmacists because a lot of times it is just them and maybe a clerk up front, and yet they are spending the time to explain; and I know it is at significant cost to their bottom line. And I think that they are to be commended because they have helped make this program a success, and we are committed to continuing to work with them.

I know, Mr. Speaker, in my district, I have met just within the last 10 days with some good personal friends who are independent pharmacists, and they are bringing some concerns to us. There is still some heartburn on their part, and I understand that, and we are going to continue to work with them because of the great work that they have done for us.

Going back to the slide, 90 percent say that they know how their plan works and they know how to use it. Eighty-five percent say their plan covers all the medicines they need. And nearly 80 percent are happy with the amount of coverage they have, and this is so important, they would recommend their plan to others.

I don't want to miss this opportunity to say, my colleagues, and I am sure on both sides of the aisle, you have had similar experiences. My mom, God bless my mom. I am thinking about her of course a lot this week because of Mother's Day coming up on Sunday. But the greatest Mother's Day gift that I gave to her, Mom is 88 years old, I don't think she would mind me telling that because she looks like she is 68, and if it wasn't for a couple of gimpy knees, she would still be out on the golf course.

But I sat down with Mom a couple of months ago and we went through this. It was a little bit time consuming, maybe a little bit more confusing than I thought or she thought it would be. But she is saving about \$1,200 a year now. And this is what we are talking about, real, real savings.

Mom's very happy with the program. She picked her own drug store, very close by her home in Aiken, South Carolina, and she didn't have to change a thing and is very pleased with the program.

Listen to what some of the senior organizations are saying about this program today. And, Mr. Speaker, I remember during the debate, and of course we got accused of passing this bill in the dark of night; I would say to my colleagues in regard to that, we started the debate late in the afternoon and we were determined to get our work done, so we ended up on final passage, yes, in the dark of night. But had we started our debate in the dark of night, we would have passed this bill in the bright sunshine of the afternoon. That is just the way the clock works.

I look at my job, Mr. Speaker, as a 24/7 job, and I am not a clock-watcher, just like I wasn't when I practiced medicine and delivered babies before coming to this body. People were always coming to me saying, don't all babies come in the middle of the night? And I said, well, no. But it seems that way because the patient either comes in in the middle of the night and ends up delivering in the daytime or comes in in the daytime and ends up delivering in the middle of the night.

We delivered this baby in the middle of the night, but a beautiful, beautiful baby it was and is.

And the other side criticized that great senior organization known as the AARP, of which I have been a member for, started at age 50, I won't tell you how many years. I don't want to tell my age because my wife says that will tell her age.

But they were so mad, so mad that this organization, AARP, with 37 million seniors as part of that group, had

the audacity to support a Republican bill.

Look what the AARP says today, Mr. Speaker. With the Medicare drug program, more older Americans than ever before have access to affordable prescription drugs.

The focus right now needs to be on helping people, not playing politics. Discouraging enrollment is a disservice to the millions who could be saving money on prescription drug bills. That's a quote from the president and CEO of the AARP, Bill Novelli. And I know Mr. Novelli, and my colleagues on both sides of the aisle know him and know that he doesn't play politics. He is just stating the facts. No hypocrisy here, Mr. Speaker.

Well, I am not a regular reader of the New York Times, maybe the Washington Times. The New York Times is not known as a bastion of conservatism. But listen to what they say: "The Medicare drug benefit's success depends heavily on getting lots of healthy people to sign up so that their premiums can help subsidize medicine for the chronically ill. The May 15 deadline should serve as a useful product to force fence-sitters to make a decision." Now, that is a New York Times editorial, April 3, 2006.

Mr. Speaker, when we were debating, we had this resolution, Nancy Johnson, the distinguished chairwoman of the Health Subcommittee of Ways and Means, put forward a resolution this evening encouraging all Members of this body to work hard over this next week to get people signed up. But the other side continues to try to put up a fence to be obstructionist to say, you know, don't sign up, and criticizing us for encouraging them to sign up, saying that we are cruel, that we are going to enact a penalty if they don't.

Well, Mr. Speaker, the fact is, a lot of people, good people, good seniors are just like this senior. They have a tendency to procrastinate.

□ 2245

If it was not for the April 15 deadline, I would never get my tax return in. Even with that, if there is an opportunity to extend it without significant penalty, I am going to take that opportunity. I have done that probably every year for the last 10 or so, waiting until absolutely until the last minute when really I had the facts, I had the information, and I needed to go ahead and get that done. But I just kind of put it off until the last minute. That is why we have a deadline. It is not to be cruel or to be coercing or forcing anybody to do anything.

But, clearly, we anticipate that because of that deadline, and kind of a wake-up call to people, that 1.6 million more will sign up between now and next Monday. That is what that is all about. The New York Times certainly understands that. I can't understand why our colleagues on the other side of the aisle who probably, most of whom read that newspaper every day, it is

kind of maybe sort of biblical for them. They can't understand that, or maybe they missed that particular article.

Listen to what the St. Petersburg Times said. Here is good news. Without exception, every senior I saw on the way out of the Gulfport Senior Center, that is in St. Petersburg, was happy or relieved.

Carolyn Toliver, Dallas Texas Area on Aging. Carolyn Toliver, the benefits counseling coordinator at the Dallas Area Agency on Aging says she is not phased by the prospect of a last-minute surge. She even admits to wishing for one. I hope we are overrun, she said. This is a generous benefit. I don't want anyone to miss out on it.

Here, again, from the New York Times editorial pages, it says many seniors are clearly saving money on drugs purchases. I quote, complaints and call waiting times are diminishing and many previously uninsured patients are clearly saving money on drug purchases. That was in The New York Times, an article entitled Medicare Drug Challenges. It was an editorial, actually, on April 3rd of this year.

Mr. Speaker, the news indeed, is good despite, again, a lot of negativism on the other side. There were a number of things that were suggested when the opposition for this program was so strong. But today, as I pointed out at the outset, 37 million have signed up.

Listen to this breakdown, because this is important too; 8.9 million enrolled in the stand-alone prescription drug plan, almost 9 million, 5.9 million are enrolled some Medicare Advantage. That is the program that used to be Medicare+Choice, but because of Medicare modernization, Mr. Speaker, it is much, much improved. Almost 6 million of the so-called dual eligibles, those people that because of their low-income and age were eligible not only for Medicare but Medicaid.

Almost 7 million retirees are enrolled in a Medicare retiree subsidy. That is a supplemental plan that includes prescription drug coverage. There are still people that had the option, and I think is real important for us to remember that nobody is forced into Medicare part D. If they have got something that is just as good if not better, then we have encouraged them to stay in those programs. They are.

Then, of course, there are 3.5 million that are covered under Federal retiree coverage, 1.9 million are could have had under TRICARE, 1.6 million are covered through the Federal employee health benefit plan, and then 5.8 million Medicare beneficiaries have some alternative source of what we referred to as credible prescription drug coverage.

Some examples of that, Mr. Speaker, would be like Veterans Affairs, people are getting their medication. They are 65, they are on Medicare, they are eligible, part A and part B. But as far as the prescription drug part, they are utilizing the Veterans Administration.

There are about 3.2 million that are using the VA. There are probably at least 100,000 that are getting their prescriptions through the Indian Health Service.

There are maybe another half a million who are still working at age 65 and older, and they have a health insurance program that includes prescription drugs. Even though they are eligible for Medicare, they opt for those programs.

If those programs, we call them credible programs, if they are just as good or better than the part D, and then something happens to one of those plans, maybe the premium is raised, maybe the copay is raised. Maybe the things that are covered are lessened. The coverage is not as good. Then a senior, and this is important information, this question is asked almost every time I have a town hall meeting, then if they want to switch into Medicare part D, that can be done, Mr. Speaker, without any penalty, without any penalty whatsoever. That kind of brings me to a point that I think is very important to make.

Our friends on the other side keep saying that we are going to enact a 7 percent Medicare tax. That is the 1 percent per month additional premium that seniors have to pay if they miss the deadline. They say that we are imposing that tax, that Medicare tax, on those who can least afford it.

Now, here again, the H word that I referred to earlier, this time is not hypocrisy, this time it is honesty and lack of. Because the fact is that there will be no penalty for anyone, those almost 3 million that we think are low income and have not signed up yet, we are going to continue to look for them. We are going to continue to talk to them in every way we can, print out, print media, television spots, town hall meetings by Members, hopefully on both sides of the aisle, to get them signed up beyond May 15, if they miss a deadline with absolutely no penalty.

There will be a penalty for those others who are blessed with more assets, more resources, more income, who failed to sign up for whatever reason. But I guess the majority of those just would be simple procrastination. They will have to pay that penalty.

So we are doing, I think, and that 37 million represents 87 percent of Medicare beneficiaries we think will get to 90 percent by Monday. For the first year of a program, and, indeed, the first of 6-month opportunity to sign up, that ain't too shabby.

I think that as these that don't sign up that miss the deadline, realize, and, of course, they are not going to be able to get into the program until the next sign up period, which is November 15 of this year through December 31. Even though they are going to be faced with a 7 percent additional premium, they are going to come in.

I think we are going to be approaching the high 90s, just like the optional program part B that covers doctor care

and outpatient surgery and outpatient testing. That is such a good program that, of course, was enacted in 1965. A lot of people back then said, oh, that is too confusing. I am not sure I want to do that.

Well, you look, Mr. Speaker, my colleagues today, when people turn 65, there is no question because they have the history of the success of part B. The same thing is going to happen with part D.

We are making great progress, and my own State of Georgia, I would be remiss if I didn't give a little statistic on that. But we, in the State of Georgia, overall, are approaching a 90 percent signup rate. We have total people in Georgia now with prescription drug coverage on the Medicaid, 785,000 and growing.

Mr. Speaker, I wanted to take a few minutes and talk about some of the things that we have heard during the debate on this program. One of the things that keeps coming up is this issue of drug reimportation, of being able to buy medications either over the Internet, mail order from another country, particularly Canada, or to actually, if you live on the northern border to actually go across the border and buy prescription drugs and get them a lot cheaper than they were in this country.

Before we came forward in November of 2003 with this program, that is what people were having to do. The seniors literally were being forced to do something that was not approved by the secretary of HHS, the Secretary under President Clinton, the Secretary under George H. W. Bush, because there was some concern about safety, about packaging and contamination and bioterrorism.

But, nevertheless, people were doing that, taking a chance and buying those medications because they were saving. But listen to what's happened since this program started January 1st of this year. This is from an article in a newspaper in Minnesota, which is one of those border States by the way.

While enrollment in the Medicare drug benefit rose by 9 percent, sales of low-cost Canadian drugs last month fell by 52 percent.

Why do you think that happened, my fellow colleagues? It happened because all of a sudden seniors were realizing now they were able to get their medication from their corner druggist right down the street at almost as low, maybe even as low or lower than what they were paying in going across the border and buying prescription drugs and taking a risk with their health.

So while I was concerned, and I think that if this program was not working, that I would tend to agree with some of my colleagues who want to say, well, it ought to be legal to buy drugs from Canada. I think that we have negated the need for that with this program. That is what I hope we would accomplish. Indeed we have.

There was just another thing, Mr. Speaker, that I want to talk about too,

that is the pharmaceutical drug discount program. Our pharmaceutical industry is a profitable industry. They get lambasted a lot by the other side of the aisle, about making too much profits and that sort of thing.

But I don't ever hear them commending the pharmaceutical industry because of the compassion that they have shown with their prescription drug discount program, not just for low-income seniors, but for low-income everybody. They literally are giving away prescription drugs to people who meet certain criteria. Maybe they are not eligible for Medicaid in the State in which they live because they make a little bit too much, or maybe they have a few too many assets.

But the pharmaceutical companies, and each one's programs, is a little bit different. But, you know, let's say somebody is on Lipitor or on Pravachol or on Prevacet or on one of these expensive medications. They are literally getting those drugs for free.

□ 2300

Some people that signed up for the Medicare part D have been concerned because if they reach the donut hole and have to pay a lot out of their pocket, they feel like maybe they are in a program that is costing them more money because they had to come off of those pharmaceutical prescription drug discount programs.

Well, the Inspector General had confused the pharmaceutical companies a little bit, and there was some concern about these programs and if they could legally continue. I want to tell you that Members of this body, I think really on both sides of the aisle, went to CMS, talked with the Inspector General and said, you know, that is not right. We need to let these companies continue to do that.

Listen to what the result of that effort was, Mr. Speaker: Drug makers can continue assistance programs for seniors. HHS secretary Mike Leavitt: "This is excellent news. In a legal opinion that could help many thousands of Medicare beneficiaries, drug manufacturers were told Tuesday," that was a couple of week ago, Mr. Speaker, "that they can continue giving free medicine to poor people even if they are enrolled for the new drug benefit."

Each year, large drug companies routinely give millions of free prescriptions to the poor. However, most of the drug companies had said that they would discontinue this practice for senior citizens now that they could get coverage through Medicare.

We have reversed that. As Secretary Leavitt said, and I will give a quote here, "this is excellent news for the many people with Medicare who have relied on these valuable patient assistance programs."

The bottom line is a senior now can enjoy both the advantage of being on a Medicare part D prescription drug program and also the benefit when they get to the point where they otherwise

would have to pay the full price at somewhat of a discount out of their own pocket, then the pharmaceutical companies can come in and fill that gap. A great program.

Mr. Speaker, I wanted to take some time to talk about individual cases. I think a lot of times my colleagues, we talk and tell facts and try to make our points, but I don't think anything does that better than what we refer to as anecdotal evidence. In other words, real live situations, people that give their testimonial.

Listen to some of these. Mae Thacker of Kingston, Georgia, that is in the Eleventh District, my district in Bartow County, northwest of Atlanta, May was paying \$781 a month for her medications. That is a lot of money. She had heard Medicare part D wouldn't save her any money and wasn't worth her time.

That is sad, because that is the kind of rhetoric that far too many seniors have been hearing over the last couple of years.

But its detractors were wrong. Mae learned about the program and she enrolled. She enrolled. And, guess what? With Medicare part D, Mae Thacker now pays only \$178 a month. \$781 a month with no Medicare part D; \$178 a month with it. Total savings, my colleagues, \$600 a month. That means I think that Mae Thacker can now pay her utility bill, buy her groceries, have a roof over her head and afford to get those prescription drugs that can save her life.

Here is another. This is an e-mail that I received again from the Eleventh District of Georgia. Jerry O'Brien, Cobb County, my home county for the last 30 years. Here is what Jerry says. "I went to Medicare.gov, www.medicare.gov, and I found a comparison of various programs. I chose one for my wife at a premium of \$70 a month, but no deductible.

The deductible, I think everybody knows, cannot be more than \$250 a month for Medicare to approve that as a prescription drug plan. It can't be more than \$250 a month, but it can be less. Jerry found one by going to the website that had no deductible and a \$70 a month premium.

Jerry goes on to say, "We had no prescription insurance before and find Medicare part D to be very effective. We saved enough on the first prescriptions to pay for two months of the premiums." So the first prescriptions they saved \$140.

"I realize the program got off to a shaky start, but as far as I am concerned, it is now working well." Jerry O'Brien, Cobb County, Georgia.

Let's go out to Colorado, about as far as you can get in this country from Georgia, heading out west. Lyda, Lyda B lives in Colorado Springs, Colorado. Lyda had no prescription drug coverage and she was paying \$1,200 a year for her medications. She found out she was eligible for extra help as a low income senior.

Remember we talked about those, and really that has been the major emphasis of my discussion tonight, about how important it is to get to those 3 million here in the next 6 days. We are going to get close. We are going to get close.

She found out she was eligible for the extra help, and, thank goodness, Lyda enrolled in a plan for her, not only no deductible, but no monthly premium. There is a premium, but Medicare pays for that because she qualifies because of low income and low assets.

With Medicare Part D, Lyda now pays only \$3 per prescription, saving her hundreds of dollars a month. Just think about that. \$3 a prescription. A prescription would be a month's supply. If she were on one drug, then she is paying \$36 a year. If she were on two, it would be \$72 a year. If it were three, it would be just over \$100. Compared to \$1,200? A great deal for Lyda. Thank God she has taken advantage of it.

Mr. Speaker, here is another. I don't have but about 15 minutes left, but I probably could spend 2 hours sharing these testimonials. Fern from Peabody, Massachusetts, she was paying \$2,100 a year for medications. With Medicare Part D, Fern now pays only \$660 a year. She says the savings are worth the time, and the enrollment process was not confusing or complicated.

There is lots of help. The health insurance assistance programs in all 50 States, they are called different things, I think it is Georgia Cares in the State of Georgia, but this organization, plus all these senior organizations that volunteer their time at senior centers, maybe at your local library, the pharmacist in the drugstores, particularly the chain drugstores, CVS, Walgreens, Eckards, they have something called Medicare Tuesdays, Medicare Part D Tuesdays, where a pharmacist, instead of being behind a counter, there is one behind the counter filling prescriptions, but there is another one dedicated all day long to just sitting there and welcoming seniors to come in and let them explain the program to them and give them some options and help them get through the little confusion to get signed up.

These are just a few of the stories. I particularly wanted to, Mr. Speaker, talk about a lady in Polk County, one of my favorite counties in my district. Lola Squires of Polk County was paying \$1,016 a month for her medications. As a widow on a fixed income, she often had to choose between buying food and buying medicine. With Medicare Part D, Lola now pays only \$27 a month and her savings are almost \$1,000 a month, \$989.

Well, the whole point is the initial enrollment period ends May 15, Monday. Again, we want to say to those 5½, 6 million not signed up, sign up now to avoid the premium increase penalties. There will be no, and I repeat, no premium increase penalties on the low income. It is important that I say that over and over again, because the other

side is suggesting just the opposite, and it is flat out not true.

The way to do it, www.medicare.gov, or just pick up the telephone and dial 1-800-Medicare. Log on or call 24 hours a day, 7 days a week, for personalized assistance with Medicare Part D. The amount of personnel has been beefed up tremendously in this last 6 weeks so when you dial that number the wait time probably is not going to be more than 45 seconds.

We are making the effort, and we will continue to make the effort, because it is the right and compassionate thing to do, Mr. Speaker.

I would just like to say in conclusion, we fuss and fight a lot around here, my colleagues. We all know that. Sometimes we embellish a little bit the arguments we make. And sometimes, very usually in a very honest way, we have differences of opinion on legislation and amendments and how you can make a bill a little bit better. We try to always not let the perfect get in the way and destroy the good. And that is the typical process.

But in something like this, I think that even though when we passed this bill, so-called in the wee hours of the night in November of 2003, there was bipartisan support. There was a lot of rhetoric back and forth, but in the final analysis there was bipartisan support.

It is time for the losing side, if you will, to get over that, to put that behind them, and not to continue to be obstructionists in a program that is a God-send for so many of our seniors and an absolute no-brainer as to whether or not they should sign up.

Back then, 2 years ago, you saw Members come to the well and symbolically tear up their AARP card because that organization had the nerve to support a Republican program, or to take that prescription drug discount card, that transitional program, remember my colleagues, where low income seniors got a \$600 credit towards the purchase of each of those drugs, for 2 years, \$1,200 real money before we got this program up and running January 6? Our colleagues on the other side of the aisle were saying, tear up those cards.

Well, that is all history. That is all water over the dam, regrettable. But it is definitely time for us to say to our colleagues, put that behind you. It is an election year. We know that. We can fight and fuss over other things. We can try to create wedge issues and play "gotcha" and make the other side look bad, and hope we can on our side keep the majority and on your side gain it. That is fine. That is fair. That is what this process is all about.

But in a program like this, where we are talking about needy seniors, let's don't play politics with it at all. Let's do the right thing, and the right thing is to get out there, Members, on both sides of the aisle. When you come home late tomorrow night or early Friday morning, have a town hall meeting on

Friday, maybe one on Saturday and one on Monday, and tell the seniors, even if you don't think this program is what it should have been and you could have presented a better program, let them know that there is a good benefit here and they need to sign up for it.

REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS

Mr. COLE of Oklahoma (during the Special Order of Mr. GINGREY), from the Committee on Rules, submitted a privileged report (Rept. No. 109-460) on the resolution (H. Res. 810) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR FURTHER CONSIDERATION OF H.R. 5122, NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2007

Mr. COLE of Oklahoma (during the Special Order of Mr. GINGREY), from the Committee on Rules, submitted a privileged report (Rept. No. 109-461) on the resolution (H. Res. 811) providing for consideration of the bill (H.R. 5122) to authorize appropriations for fiscal year 2007 for military activities of the Department of Defense, to prescribe military personnel strengths for fiscal year 2007, and for other purposes, which was referred to the House Calendar and ordered to be printed.

SPECIAL ORDERS GRANTED

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

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

Mrs. MCCARTHY, for 5 minutes, today.
Mr. ETHERIDGE, for 5 minutes, today.
Mr. EMANUEL, for 5 minutes, today.
Mr. PALLONE, for 5 minutes, today.
Mr. GEORGE MILLER of California, for 5 minutes, today.

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

Mr. McDERMOTT, for 5 minutes, today.

Mr. ALLEN, for 5 minutes, today.
Mr. SNYDER, for 5 minutes, today.
Ms. CORRINE BROWN of Florida, for 5 minutes, today.

Ms. WASSERMAN SCHULTZ, for 5 minutes, today.

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

Mrs. BIGGERT, for 5 minutes, today.

Ms. GINNY BROWN-WAITE of Florida, for 5 minutes, today.

SENATE ENROLLED BILL SIGNED

The SPEAKER announced his signature to an enrolled bill of the Senate of the following title:

S. 1382.—An act to require the Secretary of the Interior to accept the conveyance of certain land, to be held in trust for the benefit of the Puyallup Indian tribe.

ADJOURNMENT

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

The motion was agreed to; accordingly (at 11 o'clock and 15 minutes p.m.), the House adjourned until tomorrow, Thursday, May 11, 2006, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

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

7385. A letter from the Acting Assistant Secretary, Land and Minerals Management, Department of the Interior, transmitting the Department's final rule — Oil and Gas and Sulphur Operations in the Outer Continental Shelf — Incident Reporting Requirements (RIN: 1010-AC57) received April 25, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

7386. A letter from the Assistant Secretary, Land and Minerals Management, Department of the Interior, transmitting the Department's final rule — Oil and Gas and Sulphur Operations in the Outer Continental Shelf (OCS), 30 CFR 250 Subpart A, General — Data Release and Definitions (RIN: 1010-AC99) received April 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

7387. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Northeastern United States; Atlantic Mackerel, Squid, and Butterfish Fisheries; Closure of the Quarter II Fishery for Loligo Squid [Docket No. 051209329-5329-01; I.D. 041406A] received May 3, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

7388. A letter from the Director, Regulations & Disclosure Law, Customs and Border Division, Department of Homeland Security, transmitting the Department's final rule — Establishment of Port of Entry at New River Valley, Virginia, and Termination of the User-Fee Status of New River Valley Airport [USCBP-2005-0030; CBP Dec. 06-10] received April 17, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

7389. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Rates for Pilotage on the Great Lakes [USCG-2002-11288] (RIN: 1625-AA38 (Formerly RIN: 2115-AG30) received April 21, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

7390. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Drawbridge Operation Regulation; China Basin, San Francisco, CA [CGD11-05-020] (RIN: 1625-AA09) received March 16, 2006, pursuant to 5 U.S.C.