problematic provisions relating to the generalized system of preferences that were in the original House-passed bill.

For all these reasons, Mr. Speaker, I urge support of H. Res. 1341.

Ms. ROS-LEHTINEN. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BERMAN) that the House suspend the rules and agree to the resolution, H. Res. 1341.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

RESIGNATION AS MEMBER OF COMMITTEE ON SCIENCE AND TECHNOLOGY

The SPEAKER pro tempore laid before the House the following resignation as a member of the Committee on Science and Technology:

JULY 14, 2008.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

DEAR SPEAKER PELOSI: I hereby resign my seat on the Committee on Science and Technology, effective July 14, 2008. It has been a pleasure to serve on this committee.

Sincerely,

PAUL E. KANJORSKI,
Member of Congress.

The SPEAKER pro tempore. Without objection, the resignation is accepted.

There was no objection.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 2 o'clock and 6 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1434

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. ROYBAL-ALLARD) at 2 o'clock and 34 minutes p.m.

MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT OF 2008—VETO MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 110–131)

The SPEAKER pro tempore laid before the House the following veto message from the President of the United States:

To the House of Representatives:

I am returning herewith without my approval H.R. 6331, the ''Medicare Improvements for Patients and Providers Act of 2008.'' I support the primary objective of this legislation, to forestall reductions in physician payments. Yet taking choices away from seniors to pay physicians is wrong. This bill is objectionable, and I am vetoing it because:

It would harm beneficiaries by taking private health plan options away from them; already more than 9.6 million beneficiaries, many of whom are considered lower-income, have chosen to join a Medicare Advantage (MA) plan, and it is estimated that this bill would decrease MA enrollment by about 2.3 million individuals in 2013 relative to the program's current baseline;

It would undermine the Medicare prescription drug program, which today is effectively providing coverage to 32 million beneficiaries directly through competitive private plans or through Medicare-subsidized retirement plans; and

It is fiscally irresponsible, and it would imperil the long-term fiscal soundness of Medicare by using short-term budget gimmicks that do not solve the problem; the result would be a steep and unrealistic payment cut for physicians—roughly 20 percent in 2010—likely leading to yet another expensive temporary fix; and the bill would also perpetuate wasteful overpayments to medical equipment suppliers.

In December 2003, when I signed the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) into law, I said that ''when seniors have the ability to make choices, health care plans within Medicare will have to compete for their business by offering higher quality service. For the seniors of America, more choices and more control will mean better health care.'' this is exactly what has happened—with drug coverage and with Medicare Advantage.

Today, as a result of the changes in the MMA, 32 million seniors and Americans with disabilities have drug coverage through Medicare prescription drug plans or a Medicare-subsidized retirement plan, while some 9.6 million Medicare beneficiaries—more than 20 percent of all beneficiaries—have chosen to join a private MA plan. To protect the interests of these beneficiaries, I cannot accept the provisions of this legislation that would undermine Medicare Part D, reduce payments for MA plans, and restructure the MA program in a way that would lead to limited beneficiary access, benefits, and choices and lower-than-expected enrollment in Medicare Advantage.

Medicare beneficiaries need and benefit from having more options than just the one-size-fits-all approach of traditional Medicare fee-for-service. Medicare Advantage plan options include health maintenance organizations, preferred provider organizations, and private fee-for-service (PFFS) plans. Medicare Advantage plans are paid according to a formula established by the Congress in 2003 to ensure that seniors in all parts of the country—including rural areas—have access to private plan options.

This bill would reduce these options for beneficiaries, particularly those in hard-to-serve rural areas. In particular, H.R. 6331 would make fundamental changes to the MA PFFS program. The Congressional Budget Office has estimated that H.R. 6331 would decrease MA enrollment by about 2.3 million individuals in 2013 relative to its current baseline, with the largest effects resulting from these PFFS restrictions.

While the MMA increased the availability of private plan options across the country, it is important to remember that a significant number of beneficiaries who have chosen these options earn lower incomes. The latest data show that 49 percent of beneficiaries enrolled in MA plans report income of $20,000 or less. These beneficiaries have made a decision to maximize their Medicare and supplemental benefits through the MA program, in part because of their economic situation. Cuts to MA plan payments required by this legislation would reduce benefits to millions of seniors, including lower-income seniors, who have chosen to join these plans.

The bill would constrain market forces and undermine the success that the Medicare Prescription Drug program has achieved in providing beneficiaries with robust, high-value coverage—including comprehensive formularies and access to network pharmacies—at lower-than-expected costs. In particular, the provisions that would enable the expansion of ''protected classes'' of drugs would effectively end meaningful price negotiations between Medicare prescription drug plans and pharmaceutical manufacturers for drugs in those classes. If, as is likely, implementation of this provision results in an increase in the number of protected drug classes, it will lead to increased beneficiary premiums and copayments, higher drug prices, and lower drug rebates. These new requirements, together with provisions that interfere with the contractual relationships between Part D plans and pharmacies, are expected to increase Medicare spending and have a negative impact on the value and choices that beneficiaries have come to enjoy in the program.

The bill includes budget gimmicks that do not solve the payment problem for physicians, make the problem worse with an abrupt payment cut for physicians of roughly 20 percent in 2010, and add nearly $20 billion to the Medicare Improvement Fund, which would unnecessarily increase Medicare spending and contribute to the unsustainable growth in Medicare.

In addition, H.R. 6331 would delay important reforms like the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies competitive bidding program, under which lower payment

rates went into effect on July 1, 2008. This program will produce significant savings for Medicare and beneficiaries by obtaining lower prices through competitive bidding. The legislation would leave the Federal Supplementary Medical Insurance Trust Fund vulnerable to litigation because of the revocation of the awarded contracts. Changing policy in mid-stream is also confusing to beneficiaries who are receiving services from quality suppliers at lower prices. In order to slow the growth in Medicare spending, competition within the program should be expanded, not diminished.

For decades, we promised America's seniors we could do better, and we finally did. We should not turn the clock back to the days when our Medicare system offered outdated and inefficient benefits and imposed needless costs on its beneficiaries.

Because this bill would severely damage the Medicare program by undermining the Medicare Part D program and by reducing access, benefits, and choices for all beneficiaries, particularly the approximately 9.6 million beneficiaries in MA, I must veto this bill.

I urge the Congress to send me a bill that reduces the growth in Medicare spending, increases competition and efficiency, implements principles of value-driven health care, and appropriately offsets in physician spending.

GEORGE W. BUSH.

THE WHITE HOUSE, *July 15, 2008*.

The SPEAKER pro tempore. The objections of the President will be spread at large upon the Journal, and the veto message and the bill will be printed as a House document.

The question is, Will the House, on reconsideration, pass the bill, the objections of the President to the contrary notwithstanding?

The gentleman from Michigan (Mr. DINGELL) is recognized for 1 hour.

Mr. DINGELL. Madam Speaker, for purposes of debate only, I yield 30 minutes to my dear friend, the gentleman from Texas (Mr. BARTON).

Madam Speaker, I also yield 15 minutes of my time to my dear friend, the gentleman from New York (Mr. RANGEL), and I ask unanimous consent that he be allowed to control that time.

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

There was no objection.

Mr. DINGELL. Madam Speaker, once again, the House has before it an irresponsible, flint-hearted veto sent by the White House, which has participated in no way in bringing us to the point where we are today.

The legislation before us is critical to ensuring access to high-quality physician services for Medicare beneficiaries. If we fail to override this veto, physicians will face a 10 percent pay cut, which will jeopardize access to care for seniors and for the disabled. If we fail to override this veto, low-income beneficiaries will lose out on additional protections and benefits in the traditional Medicare programs, such as coverage for more preventive benefits.

□ 1445

Finally, if we fail to override this veto, we will miss out on an opportunity to begin addressing the most egregious abuses made by the private health plans operating under Medicare. Private Fee-for-Service (PFFS) plans, one type of Medicare Advantage plan, do not have to sign providers to be a part of their networks. The result of this is that beneficiaries have no idea which physicians accept payments for their plans. And if the physician does not accept payment, the physician and the beneficiary are left holding the bag. These plans create tremendous uncertainty, confusion and hardships for all concerned, beneficiaries and providers.

I urge Members to vote to override the President's veto.

Madam Speaker, I reserve the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I ask unanimous consent to yield 15 minutes of the 30 minutes that I control to the ranking member of the Ways and Means Committee, Mr. MCCRERY of Louisiana.

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

There was no objection.

Mr. BARTON of Texas. Madam Speaker, I rise in support of the President's veto. I know that's not a popular position to take on this floor since only 59 Members of this body supported the President when the vote was to pass the bill a month or so ago, but I think the position that I take is the right position on policy.

The bill before us, if the veto is not sustained, would delay—and I'm being charitable to use that verb—the reform of competitive bidding for durable medical equipment. It would delay that for 18 months, which in all probability would kill a program that would save billions and billions of dollars if implemented.

We have over 300 successful bidders for durable medical equipment that are not now going to be able to provide that. We have a program that, according to the Government Accountability Office, 10 percent of all the expenditures are for fraud, and we're going to perpetuate that program. The bill before us delays the reform of competitive bidding. I think that's a mistake.

The bill before us does prevent a, I believe, 10 percent cut going into effect for our physicians, and that's a good thing. I don't think any Member of this body wants our physicians that provide services for our Medicare and Medicaid beneficiaries to have to take a payment cut. So that is the one socially redeeming value of this bill. But it doesn't permanently fix the system, it simply delays the cut for another year. And next year it will be 20 percent, I think 20.7 percent. So there is no long-term fix for that, it's another kick-the-can-down-the-road for one more year.

There are some changes in the way pharmacies are reimbursed or are paid for or priced for their prescription drugs, a reform called Average Manufacturing Price, which I think is a good reform. We have had some consultations with the pharmaceutical community and the pharmaceutical manufacturers about how to actually calculate that price, but that reform replaced the system that was ridden with inequity and subject to quite a bit of gamesmanship. The bill before us would revert, as I understand it, back to the old system, which I think is a mistake.

So I know it's not politically popular to say we ought to stand on principle and do the right thing, but that's the position that I'm taking. I think that's the position the President is taking. So when the vote comes, I would hope that people would look at the underlying issues and vote to sustain the President's position on this, which is the position that's the best public policy for all Americans.

I haven't talked about Medicare Advantage. My good friend from Louisiana I think will make those points, but it's obvious that this bill significantly impacts, in a negative way, Medicare Advantage, which is a program that 10 million of our senior citizens have chosen to participate in to receive their Medicare benefits.

With that, Madam Speaker, I reserve the balance of my time.

Mr. RANGEL. Madam Speaker, I ask unanimous consent that the remainder of the time that I use be yielded to Mr. STARK, the chairman of the Subcommittee on Health, and he would have the right to distribute it to Members that he recognizes.

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

There was no objection.

Mr. RANGEL. Madam Speaker, I rise in support of the veto, of the President demonstrating once again a reckless, mean-spirited disregard of the health of our children, our poor folks, and now the aging. And yet I stand on the floor proud of the fact that we're on the brink of a new day, where people like Chairman STARK, working with Chairman DINGELL and Chairman PALLONE, will be able to create a system where, whether you're old or young or live in rural or urban areas, that health care is going to be a priority, and we don't have to come to this floor and fight each other as to who can be the meanest in denying people health care.

And so I just want the people to know that this really isn't a question of Republican and Democrats because, to some extent, we're united in sending a message to the President: Think about what you're doing to the American people and try to help us to move forward. I hope I'm not violating the rules by saying that.

When TED KENNEDY got out of his sick bed and walked over to the Senate

floor, it wasn't a Democratic Senator speaking to a bipartisan Senate. It was the voice of someone who has demonstrated compassion for all of the things that all of us believe in. As a result of that, he has brought us together. Let us stay together; and let's send a message to the President, his days of doing us harm are very, very limited.

I yield the balance of my time to Chairman STARK.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind Members to avoid making improper references to the President.

Mr. MCCRERY. Madam Speaker, I yield myself so much time as I may consume.

Madam Speaker, I'm glad that you admonished Members to not improperly invoke the President's name. I don't think Chairman RANGEL really thought through what he said there at first about the President being mean-spirited with this veto. I disagree with the policy in this bill, but I don't think Mr. STARK or Mr. DINGELL or any of my colleagues were mean-spirited in putting together flawed policy. And I think the more that we recognize that we're all here, including the President, for the same reason, and that's to make this country a better place, the quicker we will get on to solving the bigger problems of the country on a bipartisan basis. So I appreciate the Speaker's admonition.

As I say, I don't agree with the policy that's in the bill, but I do commend those who worked on solving at least the immediate problem of the pending cut to physicians. It is an intractable problem, very, very difficult for us to deal with, both substantively and politically. So I recognize that this was a tough process, a very difficult process to bring legislation to the floor that at least solved the immediate problem. But I think this bill represents missed opportunities. I think it is premised on false choices, and surely does nothing to protect the long-term solvency of the Medicare program, which we are going to have to tackle eventually in the Congress.

I support reversing the physician pay cuts that are scheduled under current law, but there is a right way to do it and a wrong way. I think this bill represents the wrong way. According to CBO, more than 2 million seniors will lose the Medicare health plan that they have today if this bill becomes law.

Now, as these provisions are fully implemented, I believe Members of Congress will begin hearing from seniors around the country, angry, confused, wanting to know why we passed a bill that has taken away their health care plan. The last time we made changes that negatively impacted these kinds of plans, we certainly heard from seniors in our offices, and they were not happy.

Now, maybe if in this bill we permanently fix the problems of the flawed Sustainable Growth Formula, then we might be willing to make that trade to put up with a few angry seniors because we really did something the right way, we permanently fixed the problem. But this bill doesn't do that; it is another just-kick-the-can-down-the-road. And, in effect, we make the problem worse because, as my colleague from Texas said earlier, the next time Congress has to address this in just a year from now, the physicians will be facing a 20 percent cut in reimbursement. That's what this bill puts in place. That's what this bill sets up the Congress for in about a year.

So I don't believe that the policy that is used in this bill to pay for this temporary fix is the appropriate policy. And I believe seniors will not be happy with us for having just used their health care plans to kick this can down the road.

Now, I'm retiring, Madam Speaker, at the end of this Congress; I won't be here next year. But I am hopeful that sooner, and not later, Members of the House and Senate, on a bipartisan basis, will decide that year-to-year rentals of this patch no longer make sense and roll up their sleeves in a concerted effort to develop a long-term solution to ensure that the Medicare program will be able to serve seniors for generations to come. I don't hold any hope that we're going to do that this year, but I do believe that this legislation, if there is a silver lining, by creating this even higher cliff for physicians, will probably get Congress closer to that bipartisan cooperation to solve the problem.

With that, Madam Speaker, I reserve the balance of my time.

GENERAL LEAVE

Mr. DINGELL. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks on the legislation before us.

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

There was no objection.

Mr. DINGELL. Madam Speaker, I yield 2 minutes to my distinguished colleague and friend, Mr. PALLONE, chairman of the Health Subcommittee of the Commerce Committee.

Mr. PALLONE. Madam Speaker, last week, Congress sent to the President a commonsense proposal that passed both Chambers with strong bipartisan support. The bill that we sent to President Bush was a balanced approach that would keep Medicare working for America's seniors, doctors and taxpayers.

This bill makes a number of improvements to Medicare that have been long overdue. The bill expands access to services for beneficiaries and provides additional financial assistance for low-income seniors. This bill also staves off the 10.6 percent cut to physicians' payments that are being implemented right now by CMS.

What this bill does not do is make drastic cuts to Medicare Advantage; it makes very modest and sensible reforms to the program. Now, do I think that we should do more to reform Medicare Advantage? The answer is yes. Because the Bush administration has created a bias in favor of Medicare Advantage.

I would like to make reference to yesterday's New York Times editorial called Medicare's Bias. It says, ''Many of the private plans that participate in the huge government-sponsored health insurance program for older Americans have become a far too costly drain on Medicare's overstretched budget.''

''These private plans—that now cover a fifth of the total Medicare population—receive large subsidies to deliver services that traditional Medicare provides more cheaply and more efficiently by paying hospitals and doctors directly. Congress was right—for reasons of equity and of fiscal sanity—to pass a bill that would at least begin to remove some of these subsidies.''

Madam Speaker, now is the time to vote to protect health care for the elderly and disabled. Now is the time to vote to protect fair reimbursements for our Nation's doctors and pharmacists. And now is the time to vote to protect Medicare. Now is the time to vote to override the President's misguided veto.

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the distinguished minority whip, Mr. BLUNT of Missouri.

Mr. BLUNT. Madam Speaker, I thank the gentleman for yielding and for his leading this debate today.

I think we all know what's going to happen today, but we don't know what this debate is all about. The gentleman just mentioned that one out of five people on Medicare now take advantage of Medicare Advantage. This is not a debate about the insurance companies and the doctors, this is a debate about competition.

Now, there is a legitimate division on the floor of this House about whether competition and patient choice is part of the key to the future of Medicare.

□ 1500

I believe it is, and I think we could have taken care of the providers in a way that didn't step in and impact competition. In my district alone—and, in fact, in rural districts and minority districts, that's where that one out of five Americans live. In my district alone 28,000 people take advantage of the opportunity to be part of Medicare Advantage. Half of them take advantage of the opportunity to select their own doctor. That opportunity goes away if this bill becomes law.

I intend to vote ''no'' today not because I don't respect the providers but because I think this is a terrible way to solve this problem that could be solved otherwise.

Mr. STARK. Madam Speaker, I yield myself 2 minutes.

I would like to concur and respond to my friend from Louisiana, we are just

kicking the can down the road, but we have been doing that under his party's leadership for the past 8 years or so. And the truth is that none of us, the distinguished ranking member, the distinguished ranking member of the Health Subcommittee, the distinguished Chair of the Health Subcommittee, have any idea how we're going to solve this physician reimbursement for the long run, and we don't have time. But I think we have all agreed on a bipartisan basis that it is an issue that we have to address as quickly as possible. So we do recognize that this is a temporary fix, and we do recognize the serious problem of reimbursing physicians, but I don't think there's any chance that we could get that done in the time left to us in this session.

And some of the things that we have added, not all of the things we have passed in the CHAMP Act, but there is mental health parity for seniors, which means that they no longer have to pay a 50 percent co-pay for mental health but a 20 percent co-pay, as they would for other services. There are preventative care opportunities for Medicare beneficiaries. There is support for low-income beneficiaries. There is work toward resolving medical disparities, an issue which is of concern to many people in this country. There is electronic prescribing, e-prescribing, as it's called, which we think will be safer and more cost effective in the distribution for pharmaceuticals.

As to the durable medical equipment bidding, I want to correct a statement made earlier. It isn't going to cost the taxpayers anything. The CBO has told us that the way this bill is designed, the durable medical equipment providers will pay for this at their option to take an across-the-board cut in their reimbursement rather than have a bidding system which they felt was unworkable and not realistic.

The SPEAKER pro tempore. The gentleman's time has expired.

Mr. STARK. I yield myself an additional 30 seconds, Madam Speaker.

So while I think that it's not everything that we wanted and that we voted for in this House on a somewhat less strong bipartisan basis a year ago, we have made some bipartisan steps down the road. We got bipartisan support in the Senate. And what I hope, recognizing that many of us would do each of these things somewhat differently, a vast majority of us here and in the other body have come together as I have not seen in the past 10 or 12 years to work out a bipartisan agreement to proceed, and I hope that is a harbinger of the future.

Madam Speaker, I reserve the balance of my time.

Mr. MCCRERY. Madam Speaker, I yield 2 minutes to the distinguished ranking member of the Health Subcommittee of the Ways and Means Committee, the gentleman from Michigan (Mr. CAMP).

Mr. CAMP of Michigan. I thank the gentleman for yielding.

Madam Speaker, this is not some huge legislative victory, as some would suggest. Instead, it's about maintaining the status quo.

I am committed to finding a way around this unworkable physician payment system that we have now, which rewards volume over quality. Every 15 minutes doctors have to see somebody else. That system's just plain wrong. But let's be honest. This bill only buys us about 18 months, and where has that gotten us before, as the gentleman points out?

I would like to quote the distinguished chairman of the Ways and Means Health Subcommittee, who said back in 2006: ''I am glad that this bill includes a temporary update for physicians, giving us a little breathing room heading into next year. But we're still going to have to do some very heavy lifting in order to dig ourselves out of the $250 billion hole Republicans created by kicking the can down the road the last few years. In the next Congress, I hope my colleagues on the other side of the aisle work with me to address this problem once and for all.''

Well, now we can add Democrats to the list of those digging the hole and kicking the can down the road. And at what cost? CBO estimates that up to 2 million seniors, mostly low income, will permanently, permanently, lose their current health coverage under this bill for a temporary 18-month increase in pay for physicians. Not addressing any of the longstanding problems in terms of rewarding value and not volume.

I can't in good conscience support this bill that pits seniors against physicians. It's a lose-lose proposition and I will vote to sustain the President's veto.

Mr. DINGELL. Madam Speaker, I yield myself 15 seconds.

My colleagues on the other side talk about Medicare Advantage. Medicare Advantage gets somewhere between 11 and 30 percent more than they are supposed to get and more than regular Medicare gets. That's absolutely wrong. If we support this veto, we would continue that outrage. This is something that needs to be corrected.

Madam Speaker, I am now happy to yield to my dear friend, the distinguished majority leader, Mr. HOYER, for 1 minute.

Mr. HOYER. I thank the chairman for yielding and would observe, as I have before on this floor, that there is no Member of this House who has been involved any more deeply, any more passionately, any more effectively to protect, preserve, and expand the availability of health care to the American people more than my friend JOHN DINGELL, the chairman of the committee. I want to congratulate him. Not only has he done that, but his father before him did that as well.

Madam Speaker, last week we watched as Senator TED KENNEDY returned from the treatment of his brain cancer to cast his vote in favor of this vital Medicare bill. I don't have to tell you how many of us in both Chambers were moved to see that lifelong crusader for health care come back to cast one more vote for America's seniors.

With that as inspiration, the Senate joined the House in voting by overwhelming margins for legislation that would and does replace a 10.6 percent payment cut for thousands of doctors in Medicare with a 1.1 percent increase, a cut that would put at risk coverage and availability of doctors for our seniors. The bill extends expiring provisions and bonus payments critical to rural communities and providers. The bill expands the preventive services that are available to our seniors. The bill phases mental health parity into the Medicare program. And it improves protections and assistance programs for our low-income seniors, about whom all of us are concerned.

Three hundred and fifty-five of us in this House voted to pass this legislation. Three hundred and fifty-five in an overwhelming bipartisan vote which said this is good legislation, our people need it, and we're going to pass it. Sixty-nine Members of the United States Senate stood up and supported this piece of legislation. And I was pleased to see so many Republicans lining up with us. This is an overwhelmingly bipartisan bill as it was sent to the President of the United States.

Preventing these Medicare cuts isn't a Republican issue or a Democratic issue. It's an issue of protecting and preserving the health care that over 44 million seniors count on, depend on, and, yes, deserve. And our message to the President was unambiguous: We will stand with our seniors and our health care providers, our military families and our disabled. And when it comes to protecting and preserving the health care they depend on, we will put aside party politics and we will stand together. Three hundred and fifty-five of us, sixty-nine in the Senate.

Today President Bush decided that the overwhelming majority of the Congress was wrong. He will have to explain, however, to America's seniors why he was so willing to stand between them and their health care.

But, thankfully, we don't have to take ''no'' for an answer. Thankfully, the Constitution provides us with the ultimate policy-making authority. And I expect, hope, and urge that the 355 of us that stood for this legislation just a short time ago will do so again today, not in opposition to the President but as a proponent of legislation which seeks to solve a problem and to provide health care for our seniors.

I urge my colleagues on both sides of the aisle to override this misguided veto. And with their support, this bill for our seniors will become law and they will be better for it.

Mr. BARTON of Texas. Madam Speaker, I want to yield 3 minutes to a member of the Energy and Commerce Committee, the gentleman from Michigan (Mr. ROGERS).

Mr. ROGERS of Michigan. Madam Speaker, I rise with a little bit of apprehension today, but this is really a horrible way to do what we're trying to do today, and we've known that every year certainly since I have been a Member of Congress. I think this is my eighth time trying to fix what is really a bad system of telling doctors every year you're going to be cut unless we do something. A horrible system. I think we all agree we have to do something.

But something really spectacular happened today and I don't think in a good way. For the first time since I've been in Congress, we've decided that we're going to fix it as we have every single year since I have been here except we are going to cut senior citizens off from their programs in Medicare, for the first time since I have been here, and that we're going to do that today. And I scratch my head a little bit. We have always been able to come together in a bipartisan way and say we can fix it for the doctors without taking it out of the seniors. We don't have to punish the patients to help the doctors. And I know they can get on planes and they are doing okay financially and they can fly here and lobby us and talk to us and get in our ears, and that's important. And you know what? They should. Because every single year we tell them don't invest in your company because we are not going to tell you their business, their business of providing medical services. Don't invest in that because we're not sure if we are going to cut you 10 percent or give you 2 percent. Pretty hard to make that investment decision to go to health information technology that we know will save lives or add a new staff member that they know they might be not able to pay for if we don't get our act together, which tells us why this system is so horrible. But because we failed to act, this Congress failed to act, I think the provision starts tomorrow with a 10 percent cut. We said 2 million poor seniors in this country, you're going to get a letter in the mail that says you no longer have service under Medicare Advantage. Think about the fear and the confusion. Do we have to do that? Is that the best that we can do here in this Chamber and call it a bipartisan effort?

Ten million seniors depend on Medicare Advantage. They voluntarily signed up. And after this bill, 200,000 of them that live in Michigan will have fewer choices, reduced benefits, higher out-of-pocket costs.

Half of the Medicare Advantage enrollees have incomes below $20,000 a year. Imagine the fear when your electric bills are going up because we haven't done anything here in this Congress, when your gasoline prices are over $4 and maybe your kids don't even come to see you anymore. But, oh, by the way, we are going to give you this letter and we are going to celebrate that in a bipartisan way we have stood up and said the heck with you, you're going to have to deal with it on your own, you 10 million seniors. Can't we do better? I think we can.

So when the President vetoed this, it wasn't about mean spiritedness and taking things away and we're not going to help those seniors. It was about please renegotiate. If for the last 7 years we could come together and say we can help you doctors without punishing you senior citizen patients, why can't we do that today? It's the first time that we have had to do that since I have been in Congress. I know we can do better. And when you're done, think of this: Fully 70 percent are minorities making under $20,000 on Medicare Advantage.

The SPEAKER pro tempore. The gentleman's time has expired.

Mr. BARTON of Texas. Madam Speaker, I yield the gentleman an additional 30 seconds.

Mr. ROGERS of Michigan. I thank the chairman.

Madam Speaker, 70 percent are minorities making under $20,000. They'll get that letter in the mail. I doubt that they'll be celebrating the warmth and the fuzzy feeling that we are all feeling today because 355 people tried to read a bill that we only had 24 hours to read.

Please, sustain the President's veto. It doesn't mean it's over. It means we get to negotiate a bill that protect doctors, as they should, allows them to make investments in the future of health information technology and other things without facing a 20 percent cut. By the way, if we did nothing, it would be a 15 percent cut by the end of next year. Because of this bill, it's a 20 percent cut.

We have to do better. I will vote to sustain. I would urge you to sustain the President's veto.

□ 1515

Mr. STARK. Madam Speaker, I would like to yield 1 minute to the distinguished gentleman from California (Mr. BECERRA).

Mr. BECERRA. I thank the gentleman for yielding.

Madam Speaker, over 1 year ago, we were trying to figure out how we would resolve this situation where seniors were on the verge of losing access to their doctor and where doctors were fretting whether they would be able to get enough reimbursement to be able to continue to offer services to these seniors. And it's very difficult to come to consensus.

We almost went over the cliff. That 10 percent cut to doctors almost came to be. But today we have a chance after the President's veto to make sure that doctors will get their payment, seniors will get their services and then we can all move forward to try to deal with the major reforms to Medicare that we must make. Three hundred fifty-five to fifty-nine. That was the vote in the House some 3 weeks ago to pass this legislation. Sixty-nine to thirty in the Senate.

It's not often that you get a strong vote in the House. It's not often that you get a strong vote in the House and the Senate. This is bipartisan. This is bicameral. It is the type of consensus we need. We did something for our seniors who are modest income. We did something to make sure that we have better oversight over those doctors that are unscrupulous. And at the same time, we did this without adding a single cent to the deficit for a Federal budget which right now is in the hock for $400 billion. This is the right way to go. We will overturn the President's veto on a bipartisan basis.

Mr. MCCRERY. I yield 3 minutes to the gentleman from Kansas (Mr. MORAN).

Mr. MORAN of Kansas. I thank the gentleman from Louisiana.

Madam Speaker, I voted in favor of H.R. 6331 and will vote to override the President's veto today. This is a very important piece of legislation for those of us who care strongly about our communities and their survival. And in rural America the delivery of health care is in jeopardy. The pharmaceutical aspect of this bill is one that perhaps has been understated. But those of us who care about the community pharmacists believe that the direction that this bill provides in requiring a timely payment through prompt payments under part D and the elimination for 1 year of the average manufacturers' price, which will undercut the ability of pharmacists to deliver prescription drugs under Medicaid, and the elimination of bidding for durable medical equipment is awfully important.

Much of the focus is upon the elimination of the 10 percent reduction in reimbursement to our physicians for Medicare. And I want to quote from one of my physicians back home in Kansas in a letter to me dated July 7. ''It is with mixed emotions that I am writing to inform you of my intent to leave my Family Medicine practice in Kansas. I have reached the point where I am no longer willing to expose myself or my family to the risk of having to rely upon an increasingly unreliable (and poor) source of income; specifically Medicare. I do not have the margin to absorb others' incompetence or our government's capricious reimbursement. I am no longer willing to be a pawn in the ideological chess match in Washington and therefore as of today I will no longer accept Medicare patients.

''I am at a point in my career where I must consider my family as well as my retirement. We once again have been threatened with an across-the-board 10 percent cut. Congress and the Medicare system are taking advantage of good-intentioned physicians who are more interested in caring for patients and upholding and honoring the Hippocratic Oath than lining their pockets. I feel a sense of guilt, as though I am betraying my Medicare patients. I have realized, however, that it is not I that has betrayed the elderly, rather Congress.''

I think it's important for us to move forward with this legislation. It's a matter of survival for the delivery of health care to many seniors, particularly those who come from places like I do where the population is Medicare dependent. And I appreciate the gentleman from Louisiana giving me the opportunity to express my position and to indicate once again that I will override President Bush's veto.

Mr. DINGELL. Madam Speaker, at this time, I'm happy to yield to the distinguished gentlewoman from Colorado (Ms. DEGETTE) 2 minutes.

Ms. DEGETTE. Madam Speaker, although these much-needed updates for physician payments are the crux of today's bill, numerous improvements to the Medicare program and beneficiary protections are also included. It also provides incentives for physicians to use e-prescribing technology, and it extends and vastly improves low-income-assistance programs for very-low-income Medicare beneficiaries.

And it includes a 2-year reauthorization of the Special Diabetes Programs for Type 1 diabetes and for American Indians, which has been a priority of the Congressional Diabetes Caucus for many years. Thanks to over a decade of investment in the Special Diabetes Programs, we can point to tangible and significant progress, such as the creation of an artificial pancreas, that is improving the lives of many people.

And this multiyear reauthorization was just what we needed. I want to talk for a minute about Medicare Advantage though. Medicare Advantage was originally conceived of as a way to save money in the Medicare system. But the way it has evolved over the years, we now have 13 percent overpayments to the insurance companies that administer Medicare Advantage. There is no evidence that this money goes to the senior citizen beneficiaries. And there is further no evidence that if we cut these overpayments that these senior citizens are going to lose their insurance, because there is no evidence that they're getting that 13 percent overpayment.

Now I would suggest if there was a 13 percent overpayment to the traditional Medicare program, the other side would be having a fit because we would just be throwing money away. But, according to them, it's all right if we throw 13 percent away and give it to private insurance companies.

In my opinion, we need to bring our entire Medicare program into balance no matter how it is being administered. We need to be sure that it's ministered efficiently. And ultimately, we need to restore balance to our entire health care system. Vote ''yes'' to override this veto and restore the physician payments.

Mr. BARTON of Texas. Madam Speaker, could I inquire as to the time remaining on the four sides.

The SPEAKER pro tempore. The gentleman from Texas has 7 minutes, and the gentleman from Michigan has 8. The gentleman from Louisiana has 5½, and the gentleman from California has 9½.

Mr. BARTON of Texas. Madam Speaker, I don't have any speakers at this time, so I will reserve the balance of my time.

Mr. STARK. Madam Speaker, I'm pleased to yield 1 minute to the distinguished gentleman from North Dakota (Mr. POMEROY).

Mr. POMEROY. I thank the gentleman for yielding.

This debate has a familiar feel. Once again the President has vetoed legislation important to rural America, legislation that was supported by a broad bipartisan consensus in this body. We saw the same thing in the farm bill, overrode him once, overrode him twice, and we need to override today as well. Those that argue that rural interests are best served by standing with the President's position on this are arguing that we ought to pay insurance companies more, cut doctors, cut hospitals and somehow this produces a better health result. It doesn't stand up.

This bill provides very important reimbursements, not just to physicians, but also to struggling rural facilities representing the infrastructure for health care in rural America. Passing this bill and overriding the veto addresses physician payments. It addresses critical-access hospitals. It addresses sole-community hospitals. It addresses rural ambulance services. It addresses rural pharmacies. That is why the Rural Health Care Association supports the bill. It is why the Rural Health Care Coalition supports the bill. Please vote to override.

Madam Speaker, I rise in strong support of overriding the President's veto of H.R. 6331, the Medicare Improvements for Patients and Providers Act, legislation that strengthens the Medicare Program and maintains our commitment to rural America.

With an estimated 40 percent cuts in physician payment reductions under Medicare expected by 2016, Medicare's physician payment system is clearly broken. Because of the flawed Sustainable Growth Rate, 2008 Medicare physician payment rates are about the same as they were in 2001. This has prevented some physicians and the hospitals who employ them from making needed investments in staff and health information technology as well as created a great deal of uncertainty and instability for physicians and hospitals as they run their businesses.

H.R. 6331 takes an important step forward by reversing these previously scheduled cuts in Medicare payments over the next 18 months while also providing a 1.1 percent update for 2009. This translates to at least $30 million for North Dakota's doctors and hospitals over the next year and a half, bringing relief for many of our struggling hospital systems. I am hopeful that these 18 months will give Congress the time it needs to make commonsense and much needed reforms to the SGR system so that North Dakota hospitals and doctors will have the fairness and stability in Medicare payments they deserve.

H.R. 6331 also makes a strong commitment to maintaining access to important rural health services by investing in $3 billion in our vulnerable rural health care delivery system. Rural America continues to be challenged by shortages of health care providers, barriers to health care access, and geographic isolation. In my own home State of North Dakota, approximately 80 percent of the State is designated as a partial or full county Health Professional Shortage Area. In order to address these unique challenges, the Medicare Modernization Act (MMA) enacted special payment enhancements to make sure that rural health care facilities and providers have the resources they need to deliver quality care in their communities.

Unfortunately, many of these important provisions have expired and further assistance is needed to ensure that seniors living in rural America have access to quality, affordable health care. That is why Representative GREG WALDEN and I, as co-chairs of the bipartisan Rural Health Care Coalition, introduced H.R. 2860, the Health Care Access and Rural Equity (H-CARE) Act, legislation that addresses these and other barriers to quality health care by recognizing the unique characteristics of health care delivery in rural areas and assisting rural health care providers in their efforts to continue to provide quality care to rural Americans.

I am pleased that the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 incorporates many important provisions from H-CARE that will do much to protect the fragile rural health care safety net. More specifically, MIPPA will do the following:

Ensure that rural doctors are paid the same rate for their work as their urban counterparts by extending the 1.0 work floor on the Medicare work geographic adjustment applied to physician payments through 2009, bringing in $9 million to North Dakota;

Improve Medicare reimbursements for Critical Access Hospitals by directly increasing payments for critical lab services performed outside the hospital that will benefit North Dakota's 34 CAHs;

Boost reimbursements to sole community hospitals by updating the data used to calculate their Medicare reimbursements;

Protect access to rural ambulance services by providing rural ambulance providers an additional three percent of their Medicare reimbursement in order to help cover their costs;

Require prompt payment to rural pharmacies by Medicare prescription drug plans;

Extend a provision that allows 19 North Dakota hospital-based labs to directly bill Medicare for pathology services;

Expand access to telehealth services by allowing hospital-based renal dialysis facilities, skilled nursing facilities, and community mental health centers to be reimbursed under Medicare for telehealth services;

Reauthorize and expand the FLEX Grant Program to include a new grant program that could mean up to $1 million to Richardton, North Dakota, as they convert from their status as a Critical Access Hospital; and

Extend Section 508 of the Medicare Modernization Act which provides nearly $10 million a year to North Dakota hospitals to give them the resources they need to compete in an increasingly competitive labor market.

The Medicare Improvements for Patients and Providers Act is a good bill that has been endorsed by the National Rural Health Association and deserves every Member's support.

We should quickly override this veto so that our health care providers can get back to their business of caring for our seniors without the uncertainty that has been hanging over their heads for the last 2 weeks.

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

Mr. DINGELL. Madam Speaker, at this time I yield to the distinguished gentlewoman from California (Ms. SOLIS) 2 minutes.

Ms. SOLIS. Madam Speaker, today I rise with my colleagues to support the overriding of the President's veto on this legislation that will protect our seniors. Did you know that over 44 million vulnerable Medicare patients are depending on us to pass this bill? By vetoing the legislation, President Bush is ignoring the needs of our seniors, the disabled individuals and our doctors.

Less than a month ago, Congress passed the bill by a margin of 355–59. I voted for the bill so I could help ensure that 70,000 Medicare beneficiaries, patients in my district, would be able to receive their continued health care. The bill includes programs that help low-income Medicare patients, including low-income Latinos. Although Latinos make up only 6 percent of the overall Medicare beneficiaries, more than 14 percent are considered low-income seniors. Allowing a 10 percent cut would be devastating to patient providers practicing in communities like mine in East Los Angeles.

I have heard from many of my constituents that some California physicians, even in my own district, are considering not taking any more Medicare patients because of the inadequate reimbursement rate. Even less access would be imposed upon a community that is already faced with health care disparities and being able to access health care. Organizations across the country understand the importance of this piece of legislation including AARP and the American Medical Association.

I encourage all of my colleagues, Members of Congress, to help us override the President's misguided veto and to stand first and foremost for our seniors and those disabled Americans that are counting on our work here in the Congress.

Mr. STARK. Madam Speaker, I am delighted to recognize the gentlelady from Ohio (Mrs. JONES) for 1 minute.

Mrs. JONES of Ohio. I thank the gentleman for yielding.

I know sometimes we stand on this floor and we talk about health care for seniors in isolation. I stand here among my colleagues with many like me who have lost both of their parents. And but for Medicare and the services they received, their last health care probably would not have been as good or as great. We can stand here and talk about, well, the President didn't want to hurt anybody by overriding the veto. And we can stand here and talk about long-term policy down the line. But what we can't talk about is the health disparities that exist in our country and the study that was recently released that talked about minorities have more amputations than any other group of folks in America. And it doesn't talk about the issue of diabetes that overrides the minority communities across this country. Come on, y'all, let's get a life. Let's wake up, and let's help these seniors by overriding this veto.

And if we want to talk about better health care, better policy down the line, then let's do it. But let's not do it on the backs of the seniors who have worked all of their lives in order for us to be here to even be in Congress. Thank God I had a mom and a dad.

Mr. DINGELL. Madam Speaker, at this time, I yield to the distinguished gentlewoman from California, the vice chairman of the Subcommittee on Health, Mrs. CAPPS, 2 minutes.

Mrs. CAPPS. Madam Speaker, I rise in strong support of this veto override. It is apparent that President Bush has chosen to ignore the will of the American people and an overwhelming bipartisan majority in the House and the Senate. He would rather cozy up to his friends in the insurance industry than improve access to health care for our seniors, our frail seniors, and those with disabilities.

I am proud to support H.R. 6331, our seniors and our health care professionals who need this legislation. Yes, this is an 11th-hour fix, so it is not the best way to do business here. It allows me to express a strong word of appreciation for our Chairman DINGELL and chairman of the subcommittee, Mr. PALLONE, for their leadership in bringing to the floor and supporting a long-term solution which we passed in this House last year, known as the CHAMP Act, a comprehensive way to deal with challenges for our seniors on Medicare.

It is a solution that will bring us to where we should be in the long-term for reimbursing our physicians and those who provide services. So until we have a new administration in the White House, we have to do what we can to protect physicians and to protect their patients. H.R. 6331 does the right thing by preventing a 10 percent cut in reimbursements. And we all know the stories of our senior citizens who fear the loss of their provider, particularly in hard-to-serve areas like rural America.

I urge my colleagues to do the right thing, to vote to override the President's veto.

□ 1530

Mr. STARK. Madam Speaker, I am pleased to yield 1½ minutes to the gentleman from Illinois (Mr. EMANUEL).

Mr. EMANUEL. Madam Speaker, this isn't the cure-all for everything, but it is a step in the right direction, and we should take note.

It cracks down on fraud in Medicare which is one of the ways we make payments to doctors and seniors. It ensures that we don't overpay health insurance companies for the care you get for less money. It begins us on a process to make sure that we have an e-prescribe system. And most importantly, what this does is preserve the doctor and senior patient relationship. This is the right step to do.

Not only are we taking this step in helping Medicare and preserving the relationship between doctors and patients, it builds on the progress we have made by restoring $14 billion to veterans' health care.

Also, just the other day we reversed six of the President's rules and regulations as it relates to Medicaid. Unfortunately, we haven't taken that step as it relates to 10 million children and their health care program.

But this Congress, from Medicare to Medicaid to our veterans, has begun to take the steps that are necessary, that are important to health care reform, to ensure that people have access to the doctors that they need and the system that we have that once again preserves the relationship between doctors and patients.

So on a host of fronts, whether you want to crack down on fraud, whether we want to make sure that we are not overpaying insurance companies, whether we want to make sure we are preserving the relationship between doctors and their patients, this is the right step in the right direction, and I am proud that it is done in a bipartisan fashion, once again putting the American people first.

Mr. DINGELL. Madam Speaker, I yield at this time to the distinguished gentleman from Pennsylvania (Mr. ALTMIRE) 1 minute.

Mr. ALTMIRE. Madam Speaker, today's vote will be a significant victory for seniors, their doctors, and home medical suppliers. I am especially pleased that two important Medicare provisions that I spearheaded are included in this bill, and after this override will be enacted into law.

This bill delays for 18 months the ill-conceived Medicare durable equipment competitive bidding proposal that, if implemented, will do serious harm to small medical equipment suppliers in western Pennsylvania and around the country.

This bill also incorporates my legislation to provide prescription drug coverage to millions of low-income seniors by permanently eliminating the late enrollment penalty under Medicare part D.

Through his veto, President Bush demonstrates that he does not share our values on these important issues. But this bill is good for western Pennsylvania and good for the Nation, and I ask my colleagues to join me in overriding this veto today.

Mr. STARK. Madam Speaker, I am pleased to yield 1½ minutes to the distinguished gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. I thank the gentleman for his leadership.

''Pay more, get less,'' that's the Bush Medicare plan. The President's veto

means that taxpayers get an opportunity to pay more unnecessarily to subsidize private insurers, while seniors and the disabled get less.

Each person in privatized Medicare costs American taxpayers $1,000 more each year than the cost for one relying on the traditional, more efficient Medicare system. Without change, $150 billion will be wasted on unnecessary subsidies to highly profitable private insurers. Even Medicare's only actuary reports absolutely zero quantifiable savings have occurred through private Medicare, and that savings will never occur through private Medicare as currently set up, a waste of $150 billion bestowed on the insurers. That's the waste that President Bush is so intent on protecting through his veto. We take some of that unnecessary waste and we use it to pay physicians who are working hard and ought not to have a cut in their reimbursement rates, and more importantly, for the many people around this country who rely on those physicians to care for them.

The Administration has refused time and again to offer us any legislative fix on this waste in the so-called Medicare Advantage plan, which is nothing but a disadvantage to American taxpayers and Medicare recipients.

Today, we must overcome this continued obstructionism of the Administration and its allies here in the Congress. We should reject wasteful corporate welfare, protect our physicians, and override this veto.

Mr. DINGELL. Madam Speaker, I yield at this time 2 minutes to the distinguished gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. Madam Speaker, I thank the chairman of our committee, Mr. DINGELL, for his leadership on this issue and so many others.

There are two things that relate to health care that absolutely mystify me. The first is that any President, this President, would oppose insuring children in the United States of America. Fought that, fought that, fought that, would not expand and add 10 million children to the health care rolls in our country. I don't understand any President of the United States doing that.

And today, we are here to override his veto. Imagine, vetoing a bill that allows seniors to have doctors take care of them. It's one heck of a way to gut Medicare. There isn't any Medicare unless there are doctors to treat the patients. In this case, it is the seniors of our country.

I am proud that Republicans and Democrats are coming together to provide the vote to override that bad, bad idea. And it serves the country well because when we invest in our people, whether they are children or seniors, we strengthen our Nation.

I thank God for EDWARD KENNEDY and showing his tenacity to get up out of his sick bed to cast that vote which then injected some iron in the spine of Members of Congress. So I join with my colleagues gladly and proudly today to override the President's veto in order to sustain Medicare, to save money, but more importantly than anything else, to invest in their precious lives and to celebrate that generation that all of us hail that made America so strong and so good. Thank you, Congress, for providing the votes to do so.

Mr. STARK. Madam Speaker, I am pleased to yield 1 minute to the distinguished gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. We must overturn the President's veto, Madam Speaker. This time the President has gone too far. He is jeopardizing the health of over 44 million seniors.

This legislation is in the best interest of Medicare patients, physicians, pharmacies, and other care providers. Rolling back this administration's efforts to privatize Medicare is a critical first step in extending the program's long-term solvency.

In overturning the President's veto of this legislation, Congress has the unique opportunity to upend the years of this administration's destructive attempts to privatize Medicare. And if we don't, the risk of not implementing these modest but necessary Medicare changes is incalculable.

Low-income families stand to become further removed from basic medical care, services and drugs. Physicians stand to be forced out of practice. Pharmacies, overburdened by financial stress, will have to consider closing their doors or laying off workers, actions that will only further depress regional economic activity.

As the number of uninsured Americans climbs to new record highs and the economy continues to struggle, this is called for. We must come together, both sides of the aisle, and veto what the President has done.

Mr. STARK. Madam Speaker, I am pleased to recognize the distinguished gentleman from Wisconsin (Mr. KAGEN) for 1 minute.

Mr. KAGEN. Madam Speaker, I rise in support of overriding a veto that is misguided. And I have the honor of speaking here today for the nearly 90,000 people in northeast Wisconsin who are covered by Medicare, people who would otherwise have to pay more money out of their pocket to the insurance company rather than to where it really belongs, for their health care.

This is an opportunity to join together as Democrats and Republicans and do the right thing. Let's override this meaningless veto. Let's allow our President to do the right thing. President Bush needs our help; let's help him by overriding this veto.

Mr. STARK. May I inquire, Madam Speaker, are we prepared to close?

Mr. BARTON of Texas. Madam Speaker, the Energy and Commerce Republicans are prepared to close.

Mr. DINGELL. Madam Speaker, I have one speaker remaining who will close for us.

Mr. BARTON of Texas. Madam Speaker, I yield myself the balance of my time to close, and I believe I have 7 minutes, although I don't believe I will take 7 minutes.

Madam Speaker, I want to try to at least let the American people know what is going on here this afternoon.

I think everybody on both sides of the aisle are for our health care providers. We want our doctors to be fairly reimbursed. We want our hospitals to be fairly reimbursed. We want our pharmacists to be fairly reimbursed. We want our durable medical equipment suppliers to be fairly reimbursed. We want our Medicare and Medicaid beneficiaries and recipients to get quality health care and have the minimum copayments and out-of-pocket expenses necessary for those services. So we have 435 votes for good health care policy in America.

The bill before us is not a good government bill. It is an accountability avoidance bill, in my opinion. It is hard to read exactly what CBO scores this bill, but on subtitle D, provisions relating to part C, section 161, it says, phaseout of indirect medical education, that scores over 5 years a saving of $12.5 billion and over 10 years, $47.5 billion. That's a cut.

Now I am told, I can't prove it, but I am told that $20 billion to $25 billion of that is coming directly out of Medicare Advantage. Those are reimbursement cuts to the 10 million seniors who have chosen Medicare Advantage.

Now the statement has been made on the floor that we are overpaying Medicare Advantage. What happens when there is an overpayment is that 75 percent of that overpayment goes back into the benefit pool for the Medicare beneficiaries that choose that option, and 25 percent goes to the U.S. Treasury. It doesn't go to the insurance companies.

□ 1545

Seventy-five percent of an overpayment is reinvested in benefits for Medicare Advantage beneficiaries, and 25 percent goes as a savings to the taxpayers who are providing the funds. That sounds to me like a pretty good deal.

Now let's talk about the physicians. One of the few good things in the bill is that we are going to delay the physician reimbursement cut of 10 percent that was effective this year. It would have been effective July 1, I believe. That's a good thing.

But is there a reform in this package that sets a different formula for next year and the next year and the next year? No. Were there discussions on a bipartisan basis about that? No. Has any effort that I am aware of really been made to fix that program, to fix that fee schedule? No.

So what happens on the floor next year? We have a 20 percent cut that will go into effect if we don't do something between now and July of next year. That's not good government.

That's, as I said, accountability avoidance.

Let's talk about the pharmaceutical system. There is a good thing in this bill, I have to be honest about that. The prompt pay is a good thing. I support that. But the delay of the average manufacturing price reform is a bad thing. Is a bad thing.

Now I admit there are some problems with average manufacturing price, about definitions of what's included in the cost and what kinds of costs are included, but that's a technical detail that could be worked out. But to delay a true reform that tries to reimburse pharmacists for the true cost of the drugs, to me, is another avoidance in accountability.

Then let's talk about durable medical equipment. GAO says that 10 percent of everything that we pay for durable medical equipment through Medicare is fraud. What we do is delay for 18 months the competitive bidding system that we have been working on for over 10 years. Now it should tell us something that the industry apparently signed off on an across-the-board cut of about 10 percent in order to avoid competitive bidding.

That would tell me that we are overpaying right now for durable medical equipment and oxygen supplies, at least that much, if they are willing to accept an across-the-board cut instead of competitive bidding. The 300 suppliers that won the competitive bidding contracts, they are just out on a limb now. They probably have lawsuit remedies that will cost the taxpayer billions and billions of dollars more. So all we are doing is delaying the reforms that we have worked so hard in the past to implement for 1 year. For 1 year.

Now I understand the politics of that. Any time you tell a constituency, we're going to give you more money this year, that's probably a good thing politically. As I said at the start, I'm friends with the physicians in my district, I'm friends with the pharmacists in my district, I'm friends with the durable medical suppliers in my district, and they're good people. They're trying to provide good services.

But to simply delay some of these reforms for 1 year or 18 months at the costs that are going to be incurred, as I said at the start of my closing remarks, that's not good government, that's accountability avoidance.

I am very happy to support the President's veto. If by some stroke of good public policy we did sustain the veto, we would be happy to work with my friends on both sides of the aisle and in the other body to come up with some true reform, some true changes in public policy that were permanent and would fix this problem, because, mark my words, if we don't sustain the veto, we will be back here next year, and we will probably be doing the same thing that we are doing today.

That's not good government. I hope we will vote to sustain the President's veto.

Madam Speaker, I yield back the balance of my time.

Mr. STARK. Madam Speaker, I yield myself the balance of my time and urge a vote to override the veto.

It isn't everything that everybody wants, but it protects 40 million seniors from losing their access to primary care physicians, and it gives us time to deal with the reforms that are necessary in an orderly way.

We should put an end to the overpayment to Medicare Advantage, to stop giving them a blank check to provide services, which, in many cases, are second rate. Good managed care plans that are not for profit and come under the Medicare Advantage plan can exist at 98 percent of payment. There is no reason to overpay the charlatans who provide second-rate service and overbill the taxpayers by anywhere from 13 to 40 percent.

We have made some advantages and some benefits come together on a bipartisan basis to give us time to do the work that we should to make our Medicare system sustainable, expand its benefits, save money for the taxpayers and provide the kind of quality medical care to which our seniors are entitled. I urge a ''yes'' vote to override the veto.

Madam Speaker, I yield back the balance of my time.

Mr. MCCRERY. Madam Speaker, I yield myself the balance of my time.

I want to talk about two things quickly in closing. There has not been much said during this debate about part of the President's veto message that I think is important. So I am going to read that section from the veto message. It concerns the prescription drug program. The President says, ''The bill would constrain market forces and undermine the success that the Medicare Prescription Drug Program has achieved in providing beneficiaries with robust, high-value coverage—including comprehensive formularies and access to network pharmacies—at lower-than-expected costs. In particular, the provisions that would enable the expansion of ''protected classes'' of drugs would effectively end meaningful price negotiations between Medicare prescription drug plans and pharmaceutical manufacturers for drugs in those classes. If, as is likely, implementation of this provision results in an increase in a number of protected drug classes, it will lead to increased beneficiary premiums and copayments, higher drug prices, and lower drug rebates. These new requirements, together with provisions that interfere with the contractual relationships between part D plans and pharmacies, are expected to increase Medicare spending and have a negative impact on the value and choice that beneficiaries have come to enjoy in the program.''

I think that is an important consideration as we decide whether to sustain or override the President's veto.

Just one other item, and that's this question of paying the insurance companies more than the regular Medicare reimbursement. That has been often stated but still is not the case. By law, the margin over the regular Medicare payments have to go in these plans to beneficiary services or reduction of premiums or go back to the trust fund. That extra margin does not go to the insurance companies.

In fact, GAO did a study of the margins of profit of these insurance plans and Medicare Advantage and found that the average margin of profit was 5 percent, a margin that is considerably lower, I might add, than some other sectors of Medicare services. I just wanted to clear that up and urge all of my colleagues to consider this vote very carefully and urge them to sustain the President's veto.

Madam Speaker, I yield back the balance of my time.

Mr. DINGELL. Madam Speaker, at this time I yield to the distinguished Speaker of the House, Ms. PELOSI, the remainder of my time.

Ms. PELOSI. I thank the gentleman for yielding, I commend him for his extraordinary leadership on this subject.

Madam Speaker, I have not been able to watch the entire debate, because I was involved in meetings, but I hope it was made known to all who are following this debate how historic this is that we have Mr. DINGELL as part of the management of this bill and bringing this bill to the floor. He comes from a strong tradition of access to affordable, reliable health care for all Americans.

His father had it as his life's work in the Congress. Mr. DINGELL was a young Congressman at the time he sat and presided. He sat in the chair and presided and gaveled the passage of the Medicare bill. I don't know if that has been discussed here today, but I want to be sure that all who follow the record of Congress know of the long history, the family tradition and the tremendous leadership that Mr. DINGELL has provided in this regard.

I also want to commend Mr. PALLONE from the Energy and Commerce Committee for his work in this important legislation; Mr. STARK, the Chair of the committee of jurisdiction in the Ways and Means Committee. Thank you, Mr. STARK, for your leadership. I also commend Mr. RANGEL for the important work that he did to make this vote possible today.

People across America saw us pass this bill before the Fourth of July break, and it was celebrated by seniors who were concerned, and with people with disabilities, who were concerned about the impact of this however modest reform of Medicare. After the break, the Senate took up the bill once again. They failed with 59 votes the first time. You need 60 in the Senate, as you know.

The whole country was jubilant and applauded when Senator KENNEDY came to the floor, a fighter for America's seniors, a fighter for people with disabilities, a fighter for our children,

a fighter for working families in America. He left his own physical challenge behind to come to the floor of the Senate all the way from Massachusetts to be the 60th vote.

It was such an historic moment, and nine Republican Senators changed their votes on the strength of Senator KENNEDY's vote. It was 59 until he voted, and then he made the 60th, and then it became 69, and it was pretty exciting. People cheered, and everyone was tear filled and happy that this happened, affordable, reliable, health care for America's seniors and those with disabilities passed.

Then the President said that he would veto the bill. It was such a downer.

Here we are again today to come back to have an overwhelming bipartisan support in the Congress of the United States, in the House of Representatives, to say to the American people we understand the challenges they face. All of the seniors organizations and disabilities groups, of course, support this legislation, but just about every health-care providing group in our country supports this legislation as well, except one, and that is some in the health insurance industry. I guess the President is voting with them and not with America's seniors and those with disabilities when he vetoes the bill.

I am very proud of the work of, again, Mr. RANGEL, Mr. DINGELL, Mr. PALLONE, Mr. STARK. I thank them for their leadership. You have given us an opportunity to vote for the American people, not only as their representatives, but on their behalf, and we are all grateful to you for that. I urge a vote to override the veto.

Mr. MICA. Madam Speaker, I plan to vote to sustain the President's veto on H.R. 6331.

I wanted to clarify my action to sustain the President's veto on H.R. 6331, the Medicare Improvements for Patients and Providers Act of 2008. First let me say that I in no way support a 10.6 percent reduction in payment to our physicians that participate in Medicare, nor do I support the meager .5 percent increase to physicians in this legislation. Both the proposed cuts and the increase are an insult to one of our Nation's most honorable and vital professions.

I did not support this measure when it came before the House of Representatives because of the aforementioned reasons, and furthermore I think it is degrading to the medical profession to force physicians and medical professionals to come before Congress time and time again since 2002 and most recently in December of last year to plead with Congress not to cut their Medicare reimbursements for services rendered.

The override of this Presidential veto is not a victory for the medical profession, the American Medical Association or the hard working dedicated physicians that I represent. In fact passage of this measure over the President's veto only exacerbates the situation and in 18 months physicians will face the prospect of a 20 percent cut in their payment. Furthermore this bill takes an estimated $48 billion from the Medicare Advantage Program—a program designed to provide our seniors with choices.

It is imperative that Congress address the deteriorating condition of the Medicare program and enacts corrective measures that will keep this reoccurring nightmare cast upon our medical professionals from happening again in the future. What is even worse, the bill has proposed budget gimmicks that will contribute to further unnecessary increases in Medicare spending and aid in the further financial destruction of the Medicare program.

Congress must get serious and address the deficiencies in our Medicare system especially as we face an onslaught of baby boomers soon to be eligible for the program.

Mr. BACA. Madam Speaker, today, we find ourselves fighting for H.R. 6331, the Medicare Improvements for Patients and Providers Act of 2008.

It is with great pleasure that I stand here today in support of this necessary veto override measure, fighting and doing my part to protect our seniors, the disabled and the American people.

For months now, I have been actively listening to leaders in my district in San Bernardino, California, about the necessary need to pass H.R. 6331.

Congress has made it clear over the last weeks that we are standing our ground on behalf of the American family.

Unfortunately, President Bush is playing politics on the backs of our seniors and today vetoed H.R. 6331. This is unacceptable. Congress will not stand by and watch our seniors on Medicare get turned away next time they go see their doctor.

This is not about politics; it's about our struggling American families that are constantly choosing between putting food on the table and paying for medicines.

Today, I proudly will vote to override the President's veto and put America's seniors and their families first.

I urge my colleagues to vote for this veto override and remember that we are here to represent the families in our district that so desperately need help.

Mr. ETHERIDGE. Madam Speaker, I rise to express my support for this vote to override the President's veto of H.R. 6331, the ''Medicare Improvements for Patients and Providers Act of 2008.'' We cannot abandon Medicare's promise to America's seniors and disabled citizens that they would have access to high quality health care in their time of need.

As of July 1, physicians face a 10.6 percent cut in their payments from Medicare. As of July 1, patients undergoing a variety of medical treatments, from radiology to oxygen treatments, face a cutoff in services. As of July 1, the relationship between medical suppliers and the beneficiaries they serve is at risk.

Madam Speaker, this bill fixes all of these threats to Medicare and improves access in many other ways. Instead of a cut, it provides a slight increase in payment for physicians, ensuring doctors can continue providing Medicare services. Instead of cutting beneficiaries off from their medical services, it allows exceptions to current caps on medical therapy. It also ensures access to community pharmacies, by providing for fair and prompt payment for prescriptions.

Additionally, H.R. 6331 improves access to health services for all Medicare beneficiaries. It extends grants that rural health care providers can use to improve the quality of care facilities provide and to strengthen health care networks. It supports telehealth services in rural communities, improves access to ambulance services for small hospitals, and increases Medicare payments for community health centers.

By overriding the President's veto, Congress is standing with seniors and their ability to continue to see the doctors they know and trust. By overriding the veto, we are standing for better health care for all Medicare beneficiaries. I urge my colleagues to join me in continued support of this bill.

Mrs. CHRISTENSEN. Madam Speaker, today I rise in strong support of H.R. 6331—The Medicare Improvements for Patients and Providers Act. I also rise to urge all of my colleagues—on both sides of the aisle—to do what this President won't: to protect the millions of seniors and people with disabilities who rely on Medicare to preserve their health and well-being.

As a physician and as the Chair of the CBC Health Braintrust, I find it more than unfortunate that this President would veto a piece of sound health legislation that would help our Nation's most vulnerable, and that would prevent the catastrophic payment cuts to physicians. With this override, we will ensure that seniors and active-duty military personnel and retirees have access to doctors who they not only know, but who they trust.

Additionally, I feel strongly—as do more than 150 national organizations—that H.R. 6331 is a bill that needs to be enacted because it will reduce many of the health inequities that disproportionately and detrimentally affect millions of racial and ethnic minorities, as well as rural Medicare beneficiaries, by: strengthening the collection of data to better assess and identify solutions to health disparities; enhancing the scope of preventive and mental health benefits; bolstering low-income assistance programs for Medicare beneficiaries; improving access to quality health care for the millions of rural Americans—a disproportionate number of whom are racial and ethnic minorities—who currently experience insurmountable barriers to care; strengthening and reforming the Medicare Advantage plans without reducing access to the services needed by the tens of thousands of seniors who rely on them to stay healthy; and protecting access to pharmacies so that our seniors have consistent and reliable access to their medications and so that our pharmacies—particularly those in low-income communities—are reimbursed promptly and adequately by Part D programs.

Madam Speaker, this bill passed in the Senate 1 month after it passed in the House, and did so with a veto-proof margin.

We—as a Congress—have not had many successes with introducing and passing smart and sound health policies that are as socially and medically appropriate as they are fiscally responsible. This bill could be one such success and I therefore urge my colleagues to vote ''yes'' on this important bill.

Mr. CONYERS. Madam Speaker, I rise to voice my strong support for overriding the President's veto of H.R. 6331, the Medicare Improvements for Patients and Providers Act of 2008. This important legislation amends titles XVIII and XIX of the Social Security Act to extend, for 18 months, expiring provisions under the Medicare program. This bill prevents the implementation of a scheduled 10.6 percent cut in Medicare reimbursements for physicians and other health care professionals,

and extends the 0.5 percent payment update for 2008 and provides a 1.1 percent payment increase for physicians in 2009.

In addition to delaying reimbursement cuts, H.R. 6331 speeds up reimbursements for Medicare Part D claims and delays cuts to Medicaid generic prescription drug reimbursement. The bill also includes a delay in the flawed Medicare DMEPOS (durable medical equipment, prosthetics and supplies) competitive bidding program. H.R. 6331 also improves beneficiary access to preventive and mental health services by eliminating discriminatory co-payment rates for Medicare outpatient psychiatric services.

The reimbursement cuts that went into effect on July 1 have shaken the Medicare system to its very core. It boggles the mind to think that, with an aging population and a worsening physician shortage, this administration and congressional Republicans have turned their backs on hard-working physicians who care for millions of Medicare patients across the country.

I want to reassure Michigan's Medicare doctors that I will never turn my back on those who care for our parents and grandparents. I am proud that, with this vote, the Democratic majority is standing up for Michigan's Medicare doctors—a group of physicians who regularly make financial sacrifices when they accept Medicare patients. Our support stands in sharp contrast to the administration's position. Instead of encouraging our best and brightest doctors to participate in the Medicare program, the administration would encourage doctors to turn needy seniors away from their waiting rooms.

Similarly, I will never play politics with health security of those in our society who survived the Great Depression and won two world wars.

Madam Speaker, at this time the passage of H.R. 6331 is a simple necessity. We must protect our seniors and Medicare doctors while we work to achieve a comprehensive solution to our Medicare problems. I encourage my colleagues to support this veto override effort.

Mr. MARKEY. Madam Speaker, I rise today to urge a ''yes'' vote on overriding President Bush's veto of the urgently needed Medicare Improvements for Patients and Providers Act of 2008. Over the last several months, President Bush has had an opportunity to work with a bipartisan majority of Congress to enhance access to care for our Nation's seniors, disabled, and military families by preventing cuts in reimbursement to physicians.

The President had an opportunity to invest in our country's health by ensuring that seniors would continue to have access to physicians in the Medicare program. But instead, he opted to throw patients and physicians under the proverbial bus, all for the sake of padding the pockets of the Medicare Advantage program.

A veto of the President's override would not only improve seniors' access to health care, it would also increase investment in preventive health care, expand programs in rural communities, and guarantee mental health benefits. For our active-duty military personnel and military retirees, a veto override will ensure they have access to doctors they know and trust in the military health care program, Tricare.

This bill is supported by over 150 large organizations, and most importantly, by a vast majority of our Nation's seniors, disabled, military families, and physicians. We need to build on the success of this program and override this ill-timed and unconscionable veto.

At a time when the population of seniors seeking Medicare services continues to grow, what does the President do? He vetoes a bill written to prevent cuts to Medicare physicians, and in doing so, threatens seniors' access to Medicare providers. This is absolutely unacceptable.

To my Republican colleagues, who are considering how to vote on this bill today—given the overwhelming support for this bill from the patient and provider community, I urge you to reject the President's stand against patients and physicians in favor of the insurance industry and join the overwhelming majority of the American public who support this legislation.

It has been said that ''Health is the first wealth.'' Well, what does it say about our country when seniors, military families, and physicians are pushed aside for the interests of the insurance industry? Let's not put increased wealth for the insurance companies above the health of our seniors. We must give seniors the access to the health care that they need and deserve, and that is what today's veto override vote will accomplish.

I urge an ''aye'' vote to override this veto.

Mr. LEVIN. Madam Speaker, I urge the House to join me in voting to override the President's veto of the ''Medicare Improvement for Patients and Providers Act of 2008.''

A vote to override the President's veto of this bill is a vote in support of our seniors and their doctors. It is a vote in support of people who have worked hard, who have contributed, who have earned the best health care available to them at this stage of their lives. It is a vote that sends a clear message that politics should not get in the way of their access to the care they deserve.

H.R. 6331 prevents a pending 10 percent reduction in the payments physicians receive for treating Medicare patients. The bill also allows for the expansion of preventive care services under Medicare, reforms the pharmacy payment process for the benefit of our small community pharmacies, and delays and repairs a flawed competitive bidding process for durable medical equipment.

We must continue a vigorous effort to ensure that Medicare remains strong for all of the Nation's citizens. This bill honors that commitment without delaying difficult decisions about Medicare's funding future; it is fully paid for.

I encourage all of my colleagues to vote in favor of the veto override.

Ms. JACKSON-LEE of Texas. Madam Speaker, I rise today in strong support of overriding President Bush's veto of H.R. 6331, the ''Protecting the Medicaid Safety Net Act of 2008.'' I would like to thank my colleague from New York, Chairman CHARLES RANGEL and Congressman DINGELL for their leadership in this important issue.

This legislation could not come at a more crucial time. Americans are in need of support. Rising gas prices, food costs at an all time high, and a rocky housing market has pushed this great Nation toward an economic downturn. Families are clinging to basic necessities and quality healthcare is own of those essential needs.

I am pleased to see that there is no language that inhibits physician ownership of general acute care hospitals. I have worked tirelessly with members of leadership and with the Texas delegation to support general acute-care hospitals and their future development. Physicians who have decided to build in areas where often no other hospital will—should not be penalized for their commitment to work on the clinical and business side of health care.

General acute-care hospitals still need to be able to:

Maintain a minimum number of physicians available at all times to provide service;

Provide a significant amount of charity care;

Treat at least one-sixth of its outpatient visits for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment;

Maintain at least 10 full-time interns or residents-in-training in a teaching program;

Advertise or present themselves to the public as a place which provides emergency care;

Serve as a disproportionate share provider, serving a low-income community with a disproportionate share of low-income patients; and

Have at least 90 hospital beds available to patients.

This issue is of the utmost importance to me because I, like others in the Democratic Caucus, have hospitals and hospital systems such as University Hospital Systems of Houston in my district that would have been greatly affected by this provision.

For example, 2 years ago St. Joseph Medical Center, downtown Houston's first and only teaching hospital, was on the verge of closing its doors. However, a hospital corporation in partnership with physicians purchased it, and as a result of proper and responsible management, has made it the premier hospital in the region, with a qualified emergency room responsive to a heavily populated downtown Houston. St. Joseph Medical Center is also in the process of reopening Houston Heights Hospital, the fourth oldest acute care hospital in Houston. This hospital will be serving a large Medicare/Medicaid population.

I am committed to this issue and to the issue of health care for all Americans. Provisions that could end the expansion of truly compassionate hospital care in places like Texas, Maryland, New York, and California have no place in health care legislation.

What I do support is legislation that seeks to aid our elderly, our disabled, our veterans, our children and our indigent populations. I stand here today to show my support not only for the physicians and medical care providers of Houston, Texas, but for all of our health care providers across this country. We need them to continue to be able to care for our underserved and elderly—this bill allows them to do just that.

This bill provides a delay of 18 months for the competitive bidding program for durable medical equipment (DMEPOS). It also prevents the 10.6 percent pay cut to physicians that is scheduled to take place on July 1, and provides a 1.1 percent update starting January 1, 2009.

This bill also includes important beneficiary improvements such as Medicare mental health parity, improved preventive coverage, and enhanced assistance for low-income beneficiaries.

It contains provisions that will protect the fragile rural health care safety net. In my home state of Texas, we have not only great urban areas such as Houston, Dallas and

Austin, we have over 300 rural areas in Texas with cities such as Rollingwood and Hamilton.

Our rural health care providers are scheduled to receive steep cuts in Medicare reimbursement rates on July 1 unless we take action now. Such cuts are catastrophic in rural America, where a disproportionate number of elderly Americans live. These seniors are, per capita, older, poorer and sicker (with greater chronic illnesses) than their urban counterparts. Additionally, recruitment and retention of providers to much of rural America is often daunting. Provider shortages are rampant throughout many rural and most frontier regions.

Additionally, H.R. 6331 also includes several other critical provisions for rural providers which, cumulatively, create a rural package that will help protect both the rural health safety net and the health of tens of millions of seniors who call rural America home.

H.R. 6331 focuses on strengthening primary care and takes significant strides in protecting rural seniors' access to care by correcting certain long-standing inequities between rural and urban providers.

Thank you both for your continued concern for the health of rural Americans. So many enduring inequities in health care must be faced by rural patients and providers daily. H.R. 6331 offers critical assistance and will go far to improving the health of millions of rural Medicare beneficiaries.

Quality measures must continue to be adequately funded in order to promote quality, cost-effective health care for consumers and employers. The uncertainty of Medicare payments makes it increasingly difficult for surgeons and their practices to plan for the expenses that they will incur as they serve their patients.

The provisions included in H.R. 6331 would enable surgeons and surgical practices to plan for the rising costs that they will continue to face over the next year and a half.

By addressing payment levels through 2009, Chairman RANGEL has given us more time to study the payment issues surrounding Medicare and allow us to look at the systemic reforms needed to preserve access to quality surgical care and other physician services.

As a longtime advocate for universal health care, I believe we must continue to support our essential medical providers so that they can focus on patient care. We need more physicians as we seek to expand health care for all Americans. Yet, how can we expect to grow that workforce when we continue to cut their reimbursement levels? We must support our physicians so that they may support and care for their patients. We have to continue to look at how we can save Medicare and expand it to care for those who need it most. Finally, with the recent passing of Dr. Michael E. Debakey, I hope his life and legacy will inspire the Congress to continue to build up the system of the health in America for all Americans.

I urge my colleagues to join me in overriding the President's veto of this very important legislation.

Mr. FARR. Madam Speaker, I rise today in support of overriding the President's veto of this Medicare bill. I may not sit on the Ways and Means Committee but I have followed the progress of this bill minute-by-minute, it seems. The seniors in my community need this bill. The doctors in my community need this bill. If this country wants to assure affordable health care for its elderly, this country needs this bill.

The President's veto of this bill was a poorly cloaked nod to the insurance industry. While the rest of us are trying to find a way to reform the Medicare system, the White House is trying to find a way to privatize it. Whereas government has the charge of making sure the program delivers health care efficiently, private insurance has the charge of making sure the program brings a profit to shareholders. Taxpayer dollars should not be making insurance companies rich.

I urge all my colleagues to vote to override.

Mr. VAN HOLLEN. Madam Speaker, I rise in strong support of overriding the President's veto of the Medicare Improvements for Patients and Providers Act of 2008.

It is very unfortunate that the President has sided with the interests of certain big insurance companies against the health care needs of seniors. There are a number of important provisions in this legislation that will benefit more than forty-four million Medicare beneficiaries by preserving patient access to physicians, enhancing preventive and mental health benefits in the Medicare program, extending expiring provisions for rural and other providers, and improving assistance for low-income seniors. Unlike the President, Congress has put aside party politics and is protecting and preserving the health care that seniors depend on.

Madam Speaker, this is an issue that affects all Americans. I strongly urge my House colleagues to override the President's veto on this bipartisan legislation.

The SPEAKER pro tempore. Without objection, the previous question is ordered.

There was no objection.

The SPEAKER pro tempore. The question is, Will the House, on reconsideration, pass the bill, the objections of the President to the contrary notwithstanding?

Under the Constitution, the vote must be by the yeas and nays.

Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order: motion to suspend on House Resolution 1259; motion to suspend on House Resolution 1323; and passing H.R. 6331, the objections of the President to the contrary notwithstanding.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

CONGRATULATING THE HAMILTON COLLEGE CONTINENTALS ON WINNING THE NCAA DIVISION III WOMEN'S LACROSSE CHAMPIONSHIP

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1259, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. BISHOP) that the House suspend the rules and agree to the resolution, H. Res. 1259, as amended.

The vote was taken by electronic device, and there were—yeas 423, nays 0, not voting 11, as follows:

[Roll No. 489]

YEAS—423

Abercrombie	Conaway	Green, Al
Ackerman	Conyers	Green, Gene
Aderholt	Cooper	Grijalva
Akin	Costa	Gutierrez
Alexander	Costello	Hall (NY)
Allen	Courtney	Hall (TX)
Altmire	Cramer	Hare
Andrews	Crenshaw	Harman
Arcuri	Crowley	Hastings (FL)
Baca	Cuellar	Hastings (WA)
Bachmann	Culberson	Hayes
Bachus	Cummings	Heller
Baird	Davis (AL)	Hensarling
Baldwin	Davis (CA)	Herger
Barrett (SC)	Davis (IL)	Herseth Sandlin
Bartlett (MD)	Davis (KY)	Higgins
Barton (TX)	Davis, David	Hill
Bean	Davis, Lincoln	Hinchey
Becerra	Davis, Tom	Hinojosa
Berkley	Deal (GA)	Hirono
Berman	DeFazio	Hobson
Berry	DeGette	Hodes
Biggert	Delahunt	Hoekstra
Bilbray	DeLauro	Holden
Bilirakis	Dent	Holt
Bishop (GA)	Diaz-Balart, L.	Honda
Bishop (NY)	Diaz-Balart, M.	Hooley
Bishop (UT)	Dicks	Hoyer
Blackburn	Dingell	Hulshof
Blumenauer	Doggett	Hunter
Blunt	Donnelly	Inglis (SC)
Boehner	Doolittle	Inslee
Bono Mack	Doyle	Israel
Boozman	Drake	Issa
Boren	Dreier	Jackson (IL)
Boucher	Duncan	Jackson-Lee (TX)
Boustany	Edwards (MD)	Jefferson
Boyd (FL)	Edwards (TX)	Johnson (GA)
Boyda (KS)	Ehlers	Johnson (IL)
Brady (PA)	Ellison	Johnson, E. B.
Brady (TX)	Ellsworth	Johnson, Sam
Braley (IA)	Emanuel	Jones (NC)
Brown (SC)	Emerson	Jones (OH)
Brown, Corrine	Engel	Jordan
Brown-Waite, Ginny	English (PA)	Kagen
Buchanan	Eshoo	Kanjorski
Burgess	Etheridge	Kaptur
Burton (IN)	Everett	Keller
Butterfield	Fallin	Kennedy
Buyer	Farr	Kildee
Calvert	Fattah	Kilpatrick
Camp (MI)	Feeney	Kind
Campbell (CA)	Ferguson	King (IA)
Cannon	Filner	King (NY)
Cantor	Flake	Kingston
Capito	Forbes	Kirk
Capps	Fortenberry	Klein (FL)
Capuano	Fossella	Kline (MN)
Cardoza	Foster	Knollenberg
Carnahan	Foxx	Kucinich
Carney	Frank (MA)	Kuhl (NY)
Carson	Franks (AZ)	LaHood
Carter	Frelinghuysen	Lamborn
Castle	Gallegly	Lampson
Castor	Garrett (NJ)	Langevin
Cazayoux	Gerlach	Larsen (WA)
Chabot	Giffords	Larson (CT)
Chandler	Gilchrest	Latham
Childers	Gillibrand	LaTourette
Clarke	Gingrey	Latta
Clay	Gohmert	Lee
Cleaver	Gonzalez	Levin
Clyburn	Goode	Lewis (CA)
Coble	Goodlatte	Lewis (KY)
Cohen	Gordon	Linder
Cole (OK)	Granger	Lipinski
	Graves	