

This important piece of legislation outlines the United States' efforts to combat the devastating effects of AIDS, Malaria, and Tuberculosis on our global community.

I am extremely encouraged that this bill declares Tuberculosis control a major objective of U.S. foreign assistance programs—particularly, that this bill will encourage the development of a TB vaccine.

TB is the leading killer of people with HIV/AIDS, and the explosion of drug-resistant TB in sub-Saharan Africa threatens to halt and roll back our progress in combating both diseases.

In fact, the World Health Organization (WHO) reports that 1.7 million people died of tuberculosis in 2006, with 200,000 dying from HIV-associated TB.

The TB germ is constantly changing and drug resistant strains have been found in 28 countries on 6 continents.

Our current TB Vaccine, BCG, is more than 85 years old and is not compatible against pulmonary TB, which accounts for most TB cases.

Even right here in the United States, it is estimated that 10 to 15 million people in the U.S. have latent TB.

Therefore, developing a vaccine has important implications both internationally and domestically.

Studies also show that the ten year economic benefits of a TB vaccine that was only 75 percent effective could result in an estimated savings of \$25 billion; no one can deny that this is a significant amount.

This legislation is a good start in our critical battle against TB and we as a legislative body need to continue to work on TB efforts both internationally and right here at home.

I strongly urge my colleagues to support this bill.

Mr. BLUMENAUER, Mr. Speaker, I'm pleased that Congress has come together in a bipartisan and bicameral way to address the devastating impact of HIV/AIDS, tuberculosis, and malaria. The Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act reaffirms our commitment to fighting the causes and the spread of these terrible and largely preventable diseases.

Treating HIV/AIDS is more than taking prescription drugs. I applaud my colleagues in the House and Senate, particularly Chairman BERMAN and Ranking Member ROS-LEHTINEN, for recognizing that fighting HIV/AIDS means treating the person and not just the disease. The latest breakthrough medicines are worthless without access to food, water, and security.

This legislation makes the connection and contains an important section to address barriers that limit the start of and adherence to treatment services. There is specific recognition of the direct linkages between efforts to treat HIV/AIDS and nutrition, income security, and drinking water and sanitation programs.

We cannot treat HIV/AIDS without clean water. There is terrible irony in providing patients with advanced antiretroviral agents, and asking them to wash the life-saving pills down with a glass of water that may infect them with a life-threatening, water-borne illness. I am particularly proud that my simple amendment to add safe drinking water to the list of related activities vital to treatment is included here. This small addition shapes our approach to treatment in a realistic and profoundly positive way.

Much more must be done to deal with the global HIV/AIDS pandemic and the problem of lack of access to safe drinking water and sanitation, the world's leading preventable cause of death. The recognition of these important linkages is a critical step forward in our understanding and treatment of these diseases.

This bill is an important part of the tribute to our late colleagues, Chairman Lantos and Chairman Hyde.

Mr. HONDA. Mr. Speaker, today the House of Representatives will vote on H.R. 5501 the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.

As the Chairman of the Congressional Ethiopia and Ethiopian American Caucus, I strongly support this critical reauthorization of the President's Emergency Plan for AIDS Relief (PEPFAR). Although PEPFAR supports a global effort, no one can argue against the fact that the African continent has borne the brunt of the HIV/AIDS, TB, and Malaria epidemics. The litany of grim statistics documenting the ravages of HIV/AIDS, TB, and Malaria on dozens of African countries and millions of people is familiar to all of us committed to a morally righteous global war on poverty and disease. I have traveled to Ethiopia and witnessed first-hand the courage of a people nurturing a fledgling democracy in the face of terrible obstacles.

For me, what those statistics come down to is the human cost of disease, countless orphans, hollow-eyed children raising children in villages, cities, and countries devastated economically and spiritually by death and fear. I have seen the resiliency and courage of people who, with access to medicine and food, have raised themselves out of abject poverty. As the wealthiest country in the world we have an obligation to invest in the global community, and I support the passage of this bill.

Mr. BERMAN: I yield back the balance of my time.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 1362, the previous question is ordered.

Pursuant to section 2 of House Resolution 1362, further proceedings on the motion will be postponed.

RELATING TO THE HOUSE PROCEDURES CONTAINED IN SECTION 803 OF THE MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT OF 2003

Mr. HASTINGS of Florida. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 1368 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1368

Resolved, That section 803 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 shall not apply during the remainder of the 110th Congress.

The SPEAKER pro tempore. The gentleman from Florida is recognized for 1 hour.

Mr. HASTINGS of Florida. For the purpose of debate only, I yield the customary 30 minutes to my good friend,

the ranking Republican of the Rules Committee, Representative DREIER.

All time yielded during consideration of the rule is for debate only. I yield myself such time as I may consume.

I also ask unanimous consent, Mr. Speaker, that all Members be given 5 legislative days within which to revise and extend their remarks on House Resolution 1368.

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

There was no objection.

Mr. HASTINGS of Florida. Mr. Speaker, as the Clerk just read, House Resolution 1368 provides that section 803 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 shall not apply during the remainder of the 110th Congress.

This resolution is needed today because of a procedural gimmick which was stuck into the Republican Medicare prescription drug bill in the dead of night shortly before the bill found its way to the floor back in 2003. The provision was a way for Republicans to get conservatives in their party to support an unpopular bill that may very well be the largest campaign donor payback program in the history of this institution. However, even this provision failed to prevent one of the most shameful nights in the history of this institution as arms were twisted and threats delivered into the wee hours of the morning to get the votes needed to pass this bill.

Under current law, when the Medicare trustees project in two consecutive trustee reports that general revenues will exceed 45 percent of Medicare spending within a 7-year window, an expedited process is triggered to reduce the percentage. This expedited process, however, bypasses regular order in the House, as well as the Rules Committee. Once the percentage of Medicare funding coming from general revenues reaches 45 percent, the President is required to send legislation to the House and Senate that will address the matter. That bill must then be introduced by the House majority and minority leaders and referred to the appropriate committees.

The process by which that bill, or any bill meeting the requirements of the trigger, moves through the committee process and is discharged to the floor includes a privileged motion. The privileged motion requires only one-fifth of the House, or just 87 Members, to second the motion and force a vote on that motion that would bring the bill itself to the floor for a vote. Under the trigger, if this small minority of the House is successful and the motion passes the House, the bill would come to the floor within 3 legislative days and can be debated with up to 5 hours of general debate and 10 hours of debate on amendments.

Adding to the unprecedented nature of this provision, amendments are given blanket waivers with the only requirement being certification by the

Budget Committee that the bill will eliminate excess Medicare spending from general revenues. Astonishingly, the trigger waives the rules of the House and blocks Members from raising points of orders against the bill for earmark, PAYGO, or any other violation of House rules. All that a Member needs to do to force a vote on discharging a bill is introduce a bill titled "To Respond to a Medicare Funding Warning." As long as that bill meets the requirements of the Budget Committee, then anyone, Democrat or Republican, may seek to disrupt the proceedings of the House. Realize, if the House fails to pass this resolution today, it will leave itself vulnerable to chaos and extraordinary political gamesmanship.

We will lay the groundwork to effectively becoming the Senate, stalled and unable to act as a victim of its own rules and procedures. Every moment of every day here in session, under the guise of trying to fix Medicare, a Member could move to discharge a bill which includes provisions that have nothing to do with Medicare. The only way to avoid this chaos and potential shutdown of the House in the 110th Congress is for the House to pass this resolution today.

What is perhaps most troubling about this entire process, Mr. Speaker, is that Congress fixed the revenue problem in a more comprehensive manner last week when the House and Senate both voted to override the President's veto on the Medicare Improvements for Patients and Providers Act. In that bill, Democrats, in a bipartisan fashion, removed waste, fraud and abuse in the Medicare advantage plan without hurting seniors. Under our leadership, seniors continue to have access to their doctors and prescription drugs without having their premiums raised or coverage reduced.

Very occasionally, Mr. Speaker, many of us talk with different people in our constituency. Last week I had an opportunity to talk with a physician in this city named Stern. And Dr. Stern indicated to me that I should, among other things, fight real hard to have people understand how effective Medicare is and what a single payer plan could do for this Nation. We talked considerably about this, and I'm delighted that I had an opportunity to be edified by someone that is in this profession.

But because of this Medicare trigger provision, a provision which was not in the House or Senate bill and was slipped in the conference, I will repeat, slipped in the conference during the dead of night, and I was here, PETE STARK and DAVID DREIER, all of us were here when this happened, forced to deal with the legacy of, in my opinion, the misguided former majority.

I urge my colleagues, Mr. Speaker, to do the right thing and support this resolution.

I reserve the balance of my time.

Mr. DREIER. Mr. Speaker, I yield myself such time as I might consume.

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

Mr. DREIER. Let me begin by expressing my appreciation to my good friend, my Rules Committee colleague from Fort Lauderdale, for yielding me the customary 30 minutes. And I have to say that I rise in strongest possible opposition to this rule. Only under this new majority, Mr. Speaker, could an attempt to ensure fiscal responsibility be described as nothing more than a procedural gimmick, and only under this new majority, Mr. Speaker, can we once again be taking action that totally subverts what we're all about here, and that is an open and fair debate.

At issue today is a provision enacted by Republicans to ensure that Medicare is administered in an effective and a responsible way. When we created the prescription drug benefits for seniors, we included a provision to require regular reports on how Medicare is funded. We wanted to know, is the Medicare trust fund sufficient to cover the costs? Or are we drawing from the general Treasury to pay for it? And if we are, how much? If two consecutive reports indicated that over 45 percent of Medicare's costs would come from the general Treasury over the next 7 years, Congress would have to act. We did not mandate what steps Congress would have to take. We simply required that solutions be examined, debated and brought to a vote, something that seems to be anathema to this new majority.

We believed this provision was critically important because we, as Republicans, have two very important goals for Medicare.

□ 1715

First, it must effectively provide health care coverage for our seniors. Second, Mr. Speaker, it must be run efficiently and responsibly.

Today we are confronting exactly the scenario that concerned us and led to this point. We have had two consecutive reports indicating that Medicare will exceed the cost threshold for years to come. In accordance with the law, the President submitted a proposal to restore fiscal discipline while ensuring that seniors continue to receive high quality care. Under the rules of the House, we are approaching the deadline to consider the proposal. But this new majority leadership, unable or unwilling to address runaway costs, simply wants to make this attempt at good governance go away, completely vanish. The rule before us today would quash the provision requiring us to consider a legislative fix. It allows runaway entitlement spending to continue unabated.

Naturally, our good friends on the other side of the aisle are going to try to distract us from the facts today.

They are going to rail against the circumstances, as we have already heard from my friend from Fort Lau-

derdale surrounding the original prescription drug vote in an attempt to obscure the real issue. This is a favorite trick of theirs, Mr. Speaker. The Democratic majority leadership cannot defend their own actions, so they stir up fights about Republicans. They can thunder away about 5-year-old fights all they want, but it won't absolve them of the actions that they are trying to take here today. Today they are in charge. They are responsible for their actions as the majority. They cannot distract the American people from the fact when they were presented with a proposal for reforming the cost of Medicare, they decided to change the rules and ignore the problem. That's exactly what is happening here.

Mr. Speaker, we have a legislative fix that was submitted by the President of the United States and introduced by the majority and the minority leaders as required by the fiscal discipline procedures put into place by Republicans in this important bill. It recommends two steps to rein in skyrocketing costs. One, it lowers the government subsidy for prescription drug coverage for high-income seniors to save \$3.2 billion over 5 years. Second, it reforms the medical liability system and puts patients before trial lawyers, saving nearly \$4 billion.

Now, Mr. Speaker, I don't know that that is the panacea, but those are a good start and those are the proposals that the majority leader and the minority leader introduced as required under this law.

I know some people may not like those savings. Some of my friends on the other side of the aisle are enamored with the present liability system and believe that we need more litigation, not less. Others may feel that everyone, regardless of income, should get the full prescription drug subsidy.

There may be disagreement on these issues, but they are worthy of consideration and debate, which is what this institution is all about. Debate is exactly what was envisioned by this proposal. It provided for at least ten separate alternatives, each debatable for up to an hour. My friend is absolutely right, it could take 10 hours, but God forbid we spend 10 hours discussing an issue as important as this. We imposed no restrictions. Any proposal for reining in costs could be considered and debated. This is a foreign concept in the 110th Congress, but we actually believe that open, rigorous debate is the key to finding solutions to our most difficult challenges.

Unfortunately, the rule before us today continues a very troubling pattern: the Democratic majority leadership would rather duck and cover than stand and deliver on a very important issue for the American people.

In case the American people haven't noticed, Mr. Speaker, the House of Representatives has been locked in a legislative holding pattern. We have at least five appropriations bills which have been ordered reported by the Appropriations Committee. How many

have been considered on the floor during this very important traditional appropriation month? Not a single one. Zero. Nada. None.

The same is true for real energy legislation. Oh, we've had fig leaves on the floor like the one we had just a couple of hours ago. But the majority is not interested in debate on these measures. They bring controversial energy legislation that no one has ever seen to the floor, and then they impose ultra-restrictive rules so that Republicans, or Democrats, cannot offer their own ideas.

These flawed bills fail, of course, but the Democrats get to avoid a real debate on the important issues of conservation, alternative energy sources, and yes, new domestic supplies of oil.

This pattern continues today with this rule. Instead of having a real debate on legislation to reform the Medicare program, we are using the rules to completely avoid the program altogether.

The reason, Mr. Speaker, is simple. The Democratic majority leadership is more concerned about protecting their Members from tough votes than engaging in the honest and open debate they promised the American people when they won the majority nearly 2 years ago. They are more interested in maintaining their electoral fortunes than tackling the tough business of actually governing.

Now if press reports are to be believed, the Democratic majority plans to avoid the most basic responsibility we have as legislators: making decisions about our spending priorities. Instead of doing the business of passing appropriations bills and considering legislation on key issues like how we can get gasoline prices down and how we deal with Medicare, they are going to punt all of the tough choices until the next administration. I am just shaking my head and asking, Mr. Speaker, what is it that we are doing here and what is it that we are afraid of when it comes to doing our work in this 110th Congress?

We have an opportunity right here and right now to break this pattern. If we defeat this rule, we can have a real debate on alternatives to reform Medicare spending. We can start the business of governing and have a real debate on the real issue of fiscal responsibility, which is exactly what this provision is all about.

But if we pass this rule, it is another blow to responsible government. It is another example of how far the Democratic majority leadership has fallen from the principles that they ran on and promised the American people nearly 2 years ago.

Mr. Speaker, I urge my colleagues to vote "no" on the previous question and vote "no" on this rule.

Mr. HASTINGS of Florida. Mr. Speaker, I yield myself 30 seconds.

I want to say to my friend, the ranking member, everything debated in this House doesn't have to be a battle.

Turning off this provision is the correct thing to do, and I will tell you why.

The perceived problem with Medicare funding has already been addressed. Let me repeat that. The perceived problem with Medicare funding has already been addressed. The recently enacted Medicare Improvements for Patients and Providers Act fixed the funding of Medicare to keep it below the 45 percent trigger.

Let me refresh your memory. On July 15, the House voted to override the President's veto of this important legislation. Every single member of the Rules Committee, Democrat and Republican, voted to override.

Mr. Speaker, I yield 2 minutes to the distinguished gentleman from New Jersey (Mr. PALLONE), a member of the Energy and Commerce Committee and a champion of SCHIP, which required overriding twice a veto by the President.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Mr. PALLONE. I thank my friend from Florida, and I rise in support of this rule.

Since its inception, Democrats have been the party to keep Medicare working for America's seniors and disabled. Contrast that with Republicans when they were in charge. During their majority, Medicare funding increased dramatically so they could shower their pals in the insurance industry with higher reimbursements than regular Medicare, all in an effort to privatize the program.

Republicans are willing to look past all of that, pat themselves on the back and call themselves the party of fiscal responsibility because of some arbitrary policy that they inserted into the Medicare Modernization Act that pretends to address Medicare financing. This provision is more about smoke and mirrors than it is about ensuring Medicare remains intact.

Republicans say it is about cost containment; I say it is about cost shifting. The sad truth is that the 45 percent trigger is designed to reduce the obligation of the Federal Government to fund part of Medicare, thereby shifting more costs to beneficiaries.

Since taking control of Congress, Democrats have set out to put Medicare on a sustainable track. During our first year in charge, the House passed the CHAMP Act which would have extended Medicare solvency by 2 years by reducing wasteful overpayments to Medicare Advantage plans. And just a couple of weeks ago, we enacted the Medicare Improvements for Patient and Providers of 2008 against the President's objections.

According to the CBO, under that bill the 45 percent threshold would be first crossed in fiscal year 2014, 1 year later than under the prior law. So I say contrary to what my friends on the other side of the aisle are saying, the fact of

the matter is that Democrats are being fiscally responsible. Democrats are confronting Medicare's challenges, and we don't need an arbitrary policy that is a relic of the previous majority in order to do that.

Mr. DREIER. Mr. Speaker, I am happy to yield 1 minute to the very distinguished gentleman from Westchester, Ohio, our distinguished Republican leader, Mr. BOEHNER.

Mr. BOEHNER. I thank my colleague from California for yielding.

Mr. Speaker, just as the Democrat leadership of this Congress is sticking its collective head in the sand when it comes to energy legislation, it is doing the same with the entitlement crisis that we face.

My colleagues, ignoring this crisis won't make it go away. But this is just what the measure before us will do, allow us to ignore this big problem for just a little while longer.

Earlier this year, the Centers for Medicare and Medicaid Services warned that if Congress doesn't act, government health care spending will grow to over \$2 trillion by 2017. Medicare alone will account for almost one-quarter of this total. We can't afford that, our children can't afford that, and most certainly our grandchildren can't afford it.

But today, the majority is saying, well, we are just going to wait for the next generation of lawmakers to deal with this problem instead of doing what we should do now. The majority is also saying something else. They are saying thank you to their trial lawyer allies. This is something that they have said quite often during the last 2 years, as we all know. By not addressing the Medicare funding crisis in a comprehensive way, we are dodging fundamental liability reform that the entire health care system needs so sorely. Who gains? Trial lawyers. Who loses? Patients, doctors and taxpayers.

The majority leader said several months ago that he believed Medicare reform would be one of the most important issues for the next Congress and the next administration. Well, with the bill before us, it is clear that the majority leader meant what he said. But I think it is regrettable. It is irresponsible, and it is unfair to our children and theirs, not to mention the seniors who rely on this program today. They are going to bear the consequences of our refusal to step up and do the right thing.

I urge my colleagues to defeat this. Let's have the courage to do what the American people sent us here to do: to solve this entitlement crisis in a fair and bipartisan way.

Mr. HASTINGS of Florida. Mr. Speaker, before I yield to the next speaker, I won't respond to the distinguished minority leader, but I would like to submit the statements of the AARP and the National Committee to Preserve Social Security and Medicare in support of this resolution.

NATIONAL COMMITTEE TO PRESERVE
SOCIAL SECURITY AND MEDICARE,
Washington, DC, July 24, 2008.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the millions of members and supporters of the National Committee to Preserve Social Security and Medicare, we strongly urge you to support H. Res. 1368 when it comes to the House Floor. H. Res. 1368 would suspend section 803 of the Medicare Modernization Act of 2003 (known as the Medicare "trigger") for the remainder of the 110th Congress.

The Medicare "trigger" requires the Medicare Trustees to include a finding in their annual report whenever they project that general revenues will make up more than 45 percent of total Medicare funding within the first seven years of the 75 year valuation period. This finding was made in the two most recent annual reports, thus requiring the President to submit legislation to Congress to bring the federal contribution to Medicare down below the 45 percent threshold. The legislation is subject to expedited procedures designed to hasten its consideration. H. Res. 1368 would suspend the Medicare "trigger" through the remainder of the 110th Congress.

The 45 percent threshold at which the "trigger" is set was a completely arbitrary number included in the Medicare Modernization Act. There has never been a public debate on whether it is appropriate to establish a cap on the federal revenue contribution to the Medicare program at any level, nor has any policy rationale been identified for selecting 45 percent as that federal contribution limit. The fact that more than 45 percent of Medicare financing may come from general revenues poses no more of a problem in itself than the fact that 100 percent of the financing for defense, veterans' benefits, education or most other federal programs comes from general revenues. The problem facing Medicare is the cost of health care, not how the cost is allocated between revenue sources.

Limiting the federal government's contribution to the Medicare program ignores Medicare's financing structure, which was designed to rely on general revenues to finance about 75 percent of Part B and Part D. This structure allows the revenue raised by income taxes to shoulder a higher portion of the responsibility for Medicare's funding, placing the burden on a revenue source which is relatively progressive and taxes all income.

If general revenue contributions are limited, the burden would shift to beneficiaries, who are typically retirees on fixed incomes or the disabled, generally the least able to shoulder the burden of increased costs. In fact, about 70 percent of Medicare beneficiaries have incomes under \$25,000 and 85 percent have incomes under \$40,000. Nearly two-thirds of older households have incomes under \$20,000, and they are already spending 30–50 percent of their incomes on health care.

Arbitrarily cutting Medicare without getting at the root of the continuing upward trend of health care costs is a strategy for failure. It has real impacts on real people—most of whom have nowhere else to go for coverage and limited ability to pay higher medical costs, accounting for rising senior bankruptcies.

Measuring Medicare's financial health solely by considering the percentage of general revenues contributed to the program produces a meaningless number, which will nonetheless be used as a catalyst for policy decisions that could have a devastating effect on the health care of seniors and people with disabilities. For example, the 45 percent limit has been triggered, in part, because more beneficiaries are being treated in out-

patient settings than in hospitals. While this shift may disproportionately increase costs for Medicare Part B, which accelerates the date at which the cap will be reached, when compared with Part A, which is not counted in the limit, it is generally considered a positive development in health care.

A second major reason the cap was triggered is the Part D prescription drug program. Although Part D is providing needed drugs to millions of seniors, the cost of these drugs is still rising much faster than general inflation. We believe this is the result of the lack of a traditional Medicare drug option, which the Medicare Modernization Act specifically prohibited. In addition, the Act provided billions of dollars in subsidies in order to entice private insurance and drug companies into the Medicare program. While passage last week of H.R. 6331 helped trim some of the most egregious overpayments, billions in subsidies continue to flow to private companies. Both the rising cost of drugs and the private sector subsidies provide little or no benefit to Medicare enrollees, yet they contribute to the rise in costs both for beneficiaries and the federal government—and accelerated the date at which the cap was reached.

Finally, the legislation submitted by the President in response to the "trigger" could have devastating consequences to Medicare beneficiaries with little oversight by Congress. For example, Section 101(d) of the implementing legislation directs the Secretary of the Department of Health and Human Services to design and implement a new performance-based reimbursement system for all Medicare providers as well as a new "incentive" program intended to drive Medicare beneficiaries to selected providers under this new system. With this one provision, Congress would delegate to the Secretary unprecedented authority to change the way the Medicare program operates through the regulatory process, rather than reserving such important decisions for Congress and the Committees of jurisdiction.

The President's legislation also would dramatically expand Medicare means-testing through a provision that has been proposed repeatedly as part of the President's budget submission only to be rejected by Congress. Section 301 of the President's bill would expand means-testing to include the Part D program, a policy which many experts believe would be extremely difficult to administer, and further would not allow the income limits to rise to reflect inflation. Income limits that are not indexed ultimately affect far more people than the "wealthy" they are originally designed to cover—a fact well demonstrated by the current reach of the Alternative Minimum Tax.

Medicare faces challenges in the future, but they are not unique to the Medicare program—they reflect the same pressures driving health care costs for those under age 65. Addressing these challenges will not be advanced by a contentious debate on the share of program costs funded through general revenues. In fact, such a debate will distract from the true challenge of Medicare: determining how to provide high-quality health care for an aging population in an era of rising health care costs.

We strongly urge the House to suspend the Medicare "trigger" by passing H. Res. 1368 and focus instead on making health care affordable for all Americans.

Cordially,

BARBARA B. KENNELLY,
President & CEO.

AARP: MEDICARE TRIGGER IGNORES REAL
PROBLEM—SKYROCKETING HEALTH CARE
COSTS

WASHINGTON—David Sloane, AARP's Senior Vice President for Government Relations

and Advocacy, issued the following statement on a scheduled vote today in the House of Representatives to consider a bill brought on by the Medicare "trigger":

"The Medicare trigger is an unfortunate and misguided effort that could do more harm than good. That's why AARP supports the legislation being considered today by the House that would delay trigger action.

"Medicare's financial woes are symptomatic of the runaway costs of the overall health care system. Medicare's troubles can only be solved by systemic health care reforms.

"Arbitrary Medicare cuts will needlessly hurt millions of Americans without addressing the core problems. If Congress is serious about controlling spiraling health care costs, the way to go about it is to have a thoughtful debate on the systemic drivers of health care costs in this country, not to take a meat axe to Medicare in the middle of the night. Congress is gearing up for that debate next year, and we look forward to working on serious, bipartisan efforts to reform our health care system."

Mr. Speaker, I yield at this time 2 minutes to the gentleman from Arkansas (Mr. BERRY), a member of the Budget Committee.

Mr. BERRY. Mr. Speaker, I thank the gentleman from Florida for yielding.

I never rise that I don't encourage anyone that can hear me to keep in their hearts and minds and in their prayers our men and women in uniform and their families, and especially those on the battlefield today.

Having said that, it is interesting to hear our colleagues on the other side of the aisle talk about fiscal responsibility. It is interesting to hear them suddenly have an attack of concern about our children and grandchildren and the debt that is going to be passed on to them which includes pretty close to \$8 trillion that their party has built up and their Presidents have built up.

It is clear and has been for many years that the Republican Party intends to destroy Medicare any way it can. "Let it wither on the vine" were the very words that they used.

The interesting thing about this is we know how to fix these things. Health care is not so complicated we can't fix it. It is a matter of getting the collective, bipartisan political willpower to do the right thing.

□ 1730

This particular problem can be fixed with a very simple thing, just do away with the overpayment to the private health care plans, \$4.6 billion we overpay the private plans. Why would we want to be so generous to the insurance companies?

I certainly don't like the idea of my children and grandchildren having to pay off a debt that we incurred because we overpaid the insurance companies. What is so special, I wonder, about the insurance companies that we can't resist to take care of them over and over again?

I urge my colleagues to vote against this provision.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 3 minutes to

the very distinguished ranking Republican on the Committee on Ways and Means, the gentleman from Shreveport, Louisiana (Mr. McCRERY).

Mr. McCRERY. Mr. Speaker, I have some prepared remarks, but I want to address a couple of things that have been said, because I think it's important for the House to understand.

Number one, the gentleman from Florida said that we have already solved this problem, and he is right in one sense. There was enough of a pay-for in the last Medicare bill that we passed, that had we couched it properly, we could have used as a pay-for to get us within the window required by MMA, but we didn't do that. We didn't go through the proper procedure. So to suggest that we now can just do away with the rule because in some other bill we created enough funding that would have worked had we followed the proper procedure, I think, is a very tenuous argument.

The whole purpose of the provision, and the second thing I want to address, is this notion that this was slipped in in the dead of night, and it was just totally a Republican effort to somehow kill Medicare. I would say to the House that this suggestion was first made by the National Bipartisan Commission on the Future of Medicare that was chaired by Bill Thomas and John Breaux, a Republican and a Democrat.

So we didn't come up with this in the dead of night. It is something that had been circulating, and I thought it was a good idea then, I think it's a good idea now. It's regrettable that the House stands ready today to dispose of this very worthwhile rule.

All the rule was intended to do, it wasn't intended to kill Medicare. What it was intended to do is force us to face the problem every year, because we all know, those of us who are familiar with the program, familiar with the structure of the program and the financing of the program, know that more than 45 percent of general revenues are going to be used to pay the costs of this program very soon. Then it will be every year, and it will grow.

In fact, if we allow this program to go on autopilot, it will grow from about 2.7 percent of GDP this year to over 14 percent of GDP by the end of the 75-year CBO window, over 14 percent. We only take in revenues, total revenues, between 18 and 19 percent of GDP. So if we allow this program to just go like it is now without discussion or debate or reform, we are going to have to do away with most spending for defense, education, roads, highways, unless, of course, we have a dramatic increase in taxes.

Mr. Speaker, I appreciate the opportunity to tell this House that the product would be irresponsible.

Mr. Speaker, I strongly urge my colleagues to vote against this irresponsible change in the rules of the House.

The resolution before us today would prevent the House from having to hold any debate about the looming financial crisis facing

the Medicare program. Apparently, the Democrats don't want to talk about reforming a program that is slated to go bankrupt in 2019.

This rules change isn't about a specific proposal to change Medicare. What it would do is repeal a bipartisan provision that would force Congress to at least take note of Medicare's increasingly unsustainable financial situation and begin to consider solutions.

But instead of having an open discussion about how to address the out-of-control costs of this program, today's resolution allows the Congress to bury its head in the sand and kick the can down the road, letting a future Congress deal with this ever worsening problem. This is irresponsible.

The facts are clear. Medicare is facing bankruptcy. The combination of rising health care costs and an aging population have created a financial hurricane on the not-too-distant horizon.

Last year, Medicare spending totaled about 2.7 percent of our GDP. That figure will more than double by 2030 and hit 14.8 percent by the end of the CBO's 75-year budget window. Since total federal revenues, historically, have been between 18–19 percent, it is clear we cannot let Medicare spending increase on auto-pilot unless we are willing to substantially raise taxes or cut all other government spending.

The need for structural reform of Medicare is not just Republican rhetoric. In recent testimony before the Ways and Means Health Subcommittee, the non-partisan Medicare Payment Advisory Committee (MedPAC), which was created by Congress to advise us on Medicare payment issues, said that, "The [Medicare] program's shaky financial outlook is a strong impetus for change."

Now my colleagues on the other side of the aisle will claim that this 45 percent trigger was created by Republicans as a way to privatize or block grant the Medicare program. Let me remind them that this policy was first suggested by a bipartisan Medicare task force that was chaired by Democratic Senator John Breaux.

And let me also point out that there are many ways that we could solve this problem. But ducking it is surely not on that list.

Mr. Speaker, I urge my colleagues to reject this rule change. This problem will not go away just because we ignore it. The longer we wait to address it, the more difficult the solution will be.

Mr. HASTINGS of Florida. Mr. Speaker, at this time I am very pleased to yield 2 minutes to the distinguished gentleman from North Dakota, a friend of mine and classmate, a member of the Committee on Ways and Means, Mr. POMEROY.

Mr. POMEROY. I thank the gentleman for yielding.

Mr. Speaker, I have a great deal of respect for the preceding speaker, the ranking member of the Ways and Means Committee. The facts of what he said are absolutely correct. Health care costs are out of control. They are threatening the future of the Medicare program. They are threatening the future of U.S. health care.

But the issue before us is a trigger which would have one of two results, only one of two results, cut Medicare benefits or raise Medicare premiums on

our seniors. Now, if we are going to address, and we need to address the underlying systemic problems in our health care system, but this trigger, which would simply cut Medicare or raise seniors' premiums, is not the way to systemically address our problems.

I believe that it's incorrect to single out Medicare for this treatment, to single out seniors for the overall problem of broader health reform. We need to work together on health reform. I hope the next Congress will give us an opportunity to do that, but the months remaining in this Congress don't.

Look, we had to override the President's veto to prevent a 10 percent cut in physician reimbursements under Medicare, cuts that would have threatened universal access of our seniors under Medicare. We had to override a veto. So moving forward with a trigger mechanism that at this hour in the administration is going to cut Medicare or raise seniors' premiums is certainly not the way to address the broader issues of health care costs.

I look forward, as a member of the Ways and Means Committee, to working with my colleagues on both sides of the aisle as we address health care costs. Let's not have this trigger.

Mr. DREIER. Mr. Speaker, I just want to say we have a wide range of choices as to how we can cut spending.

At this time I am happy to yield 2 minutes to my very distinguished friend, the gentleman from Springfield, our distinguished Republican whip, Mr. BLUNT.

Mr. BLUNT. I thank my good friend for yielding.

Mr. Speaker, I heard my good friend say we ought to deal with this in the next Congress, and I wonder why, why the next Congress. Why not this Congress? The reason we are having this critical we must vote today, vote right now, is that we haven't taken advantage of this opportunity to move forward on reform. The notice came up weeks ago. In fact, the notice came up months ago, and that's when the majority could have brought a great debate to the floor instead of the debate about whether we should debate or not.

Over a decade ago, Congress created the National Bipartisan Commission on the Future of Medicare. One of the recommendations of the commission was to require a trigger so that the Medicare trustees in Congress will have to publicly debate whenever the Medicare program is in danger of becoming insolvent. The trigger is one of the many recommendations of this commission, not ideas just out of thin air, recommendations of this commission that were formally adopted as part of the Medicare prescription drug bill in 2003.

But this Congress seems to never miss an opportunity to miss an opportunity. I am very disappointed that the Democrat leadership has halted consideration of key legislation designed to safeguard the future of Medicare, reconsideration, in fact, that's required by law unless we today vote to say we

are not obeying that law. If not obeying that law is the right thing to do, I don't know what could be more important than having a discussion on the future of Medicare, unless it would be the future of energy, and we are not having that discussion either.

Let's debate it, let's talk about it, let's see what we can do. One of the ideas that we have put forward that apparently is particularly fearsome is medical liability reform. If this rule passes, we will avoid being forced to debate and vote on lawsuit abuse and its impact on seniors, taxpayers and doctors. Such a reform will lower health care costs for all Americans and save Medicare \$4.8 billion over the next decade.

The SPEAKER pro tempore. The time of the gentleman from Missouri has expired.

Mr. DREIER. I am happy to yield my friend an additional minute.

Mr. BLUNT. They don't want to debate means testing for wealthy seniors or more competition to serve patients. We could be doing all of those things today. We could be doing none of those things today. We could be debating whatever the majority wants to debate.

The point is we could be having a debate about the future of Medicare. First, we are afraid to debate energy. Now we are afraid to debate Medicare. What are we willing to debate on the floor of this House?

I want to have that debate. I oppose this vote to run away from those solutions.

Mr. Speaker, I would like to submit in the RECORD the statement of the Health Coalition on Liability and Access on this legislation. That states that medical liability reforms are a central part of reducing costs and improving access and quality in the Medicare program.

[From the Health Coalition on Liability and Access, July 24, 2008]

STATEMENT FROM HCLA CHAIR ON MEDICARE AND MEDICAL LIABILITY REFORM

WASHINGTON, DC.—HCLA Chair Shawn Martin issued the following statement regarding today's Congressional vote on Medicare:

"Today Congress will consider legislation pertaining to the so-called 'trigger' provision of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. Complying with the law's requirements, the President has put forward legislation, which includes medical liability reforms, to address the Medicare funding issue. The Health Coalition on Liability and Access believes that medical liability reforms are a central part of reducing costs and improving access and quality in the Medicare program.

"Medical lawsuit abuse drives up the cost of medicine for everyone. In fact, it's estimated that medical liability reform would save Medicare \$4.8 billion annually, not including savings from reductions in the practice of defensive medicine.

"Comprehensive medical liability reforms have a proven track record of success at the state level of reducing health care costs and increasing patient access to quality medical care. Controlling our nation's Medicare costs is one more reason America needs national medical liability reform."

Mr. HASTINGS of Florida. Mr. Speaker, I am very pleased at this time to yield 2 minutes to the distinguished gentleman from South Carolina, who is the chairperson of the Budget Committee, my good friend, Mr. SPRATT.

Mr. SPRATT. I thank the gentleman for yielding.

Mr. Speaker, we are here today because the Medicare Modernization Act of 2003 includes a trigger. That trigger is exercised when general fund revenues, as opposed to trust fund revenues, premiums and payroll taxes, exceed 45 percent of the Medicare program.

Once the Medicare trustees determine in two back-to-back reports that the 45 percent threshold will be crossed within 7 years, the administration must submit legislation "eliminating excess general revenue Medicare funding."

The trustees submitted their first such report last year, projecting that general revenues would fund 45.07 percent of Medicare in 2013, the last year of the 7-year window. This year the trustees issued a similar warning, and the administration sent Congress a bill to keep general revenues below 45 percent through 2013. According to CBO's analysis, the administration's bill will hold general revenues below 45 percent until 2014 by charging higher premiums to Medicare beneficiaries who make above a certain income level.

Instead of enacting the administration's proposals, the House and Senate enacted last week into law the Medicare Improvements for Patients and Providers Act of 2008 over the President's veto. CBO calculates that this new law will keep general revenues below the 45 percent threshold through 2014, just as the administration's bill would have. So substantively and for all practical purposes, we have met the trigger's financial requirements, and we have made this issue moot for the rest of this Congress.

I support the rule before us which would turn off the Medicare trigger for the remainder of this Congress. I find, as the chairman of the Budget Committee, the legislation we have just enacted "eliminates excess general revenue Medicare spending" and complies with the Medicare law's financial test. Consequently, there is no need or reason to exercise the trigger.

The SPEAKER pro tempore (Mr. CUELLAR). The time of the gentleman has expired.

Mr. HASTINGS of Florida. I yield the gentleman an additional 30 seconds.

Mr. SPRATT. I thank the gentleman.

I would add that the Children's Health and Medicare Protection Act would have accomplished and satisfied the law's requirement, also, if for technical reasons it had been entitled "a bill to respond to Medicare funding warning."

I support this resolution and urge its adoption.

Mr. DREIER. Mr. Speaker, may I inquire of the Chair how much time is remaining on each side.

The SPEAKER pro tempore. The gentleman from California has 14 minutes. The gentleman from Florida has 15.

Mr. DREIER. Mr. Speaker, obviously, through this extraordinary process, there is such a demand for time. We have so many committees of jurisdiction. It is a real challenge. We have only 14 minutes remaining; is that it?

The SPEAKER pro tempore. That is correct.

Mr. DREIER. At this time I am happy to yield 3 minutes to the distinguished ranking member of the Committee on Budget, the gentleman from Janesville, Wisconsin (Mr. RYAN).

Mr. RYAN of Wisconsin. I thank the gentleman.

Mr. Speaker, my chairman of the Budget Committee just spoke, and, yes, he did read that the CBO said that the bill that passed on the doc fix, according to the CBO, does satisfy the trigger.

So if you are satisfying the trigger, then why are you turning it off? If you are actually accomplishing the objective set out with this law, then why are you getting rid of this trigger? Why do we have this trigger?

We have this trigger. It's a funding warning because Medicare is going bankrupt. Medicare is a \$36 trillion unfunded liability. You know what it's going to be next year by this time? It's going to be \$38.4 trillion. Do you know what will happen in 5 years if we do nothing to save Medicare as the Democratic budget proposes to do? \$48 trillion unfunded liability.

The preceding paragraph in this CBO report goes on to specify that the judgment, the referee of the trigger, are the trustees. So why don't we take this bill off the floor, have the trustees verify what CBO says that maybe, in fact, this bill that you just passed, that we all passed, does satisfy the trigger, and don't turn off this funding warning. Turning off this funding warning is basically saying, ignore the fact that Medicare is going bankrupt. Make sure that Congress does nothing to fix this problem.

I might add that this CBO estimate relies on the fact that next year we are going to cut doctors by 21 percent in Medicare. The only reason this estimate holds up is if we guarantee a 21 percent payment cut to all doctors servicing Medicare. That's why we are in conformity with this trigger as CBO says.

CBO is not the referee of this. The trustees are, the trustees of Medicare.

Turning off this trigger is basically saying that we have no fiscal discipline, we have no intention of saving Medicare from bankruptcy, we have no intention of being good stewards of the taxpayer dollars, we have no intention of controlling spending.

□ 1745

We have every intention of making matters worse, not only by doing nothing, but adding more spending. That is reckless. That is fiscal abandonment.

The trigger was a bipartisan idea. A Democrat in the Senate and a Republican in the House came up with this idea to make sure that Congress saw fair warning and actually addressed these issues before it got out of control.

And so, instead of addressing these warnings, instead of bringing Medicare toward solvency, instead of making sure we can guarantee this program for seniors in the next generation, what are we doing in this Congress? We are sticking our heads in the sand. That is wrong. This shouldn't pass. You know better.

More to the point, if you think you are satisfying it, then why are you turning it off? That makes no sense.

The only opportunity, the only explanation is you don't want to have this tool of fiscal discipline. You don't want the American people knowing that you are actually contributing to the insolvency of Medicare, that you are actually making matters worse. That is wrong, and I urge defeat of this.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Mr. HASTINGS of Florida. Mr. Speaker, at this time I am very pleased to yield 2 minutes to the distinguished gentleman from California, who is the chairman of the Health Subcommittee, Mr. STARK.

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

Mr. STARK. I can only say that I have never heard people who have just won whine so loudly about the fact that they won. They didn't do it when they won the baseball game. I guess if I had a trophy for them, they might be happier.

But you are right. My friend, Mr. MCCRERY, and my friend, Mr. RYAN, are both right. We did solve, in 6331, all of the Rules Committee Democrats, the Republicans voted for it. The majority of the Ways and Means Republicans voted for it. The majority of the Energy and Commerce Republicans voted for it. We solved it.

They may be unhappy with the fact that we solved it because most Republicans would like to see Medicare privatized, and this was a plan that did not get enough votes out of the commission to be recommended. A couple of wild hares on the commission suggested it, but they couldn't get enough votes to make it a recommendation. So it has never been.

If you wanted to have a trigger for the Defense Department, and you wouldn't, I might support it. But you don't.

This is just, the trigger was just a method to try and privatize Medicare and let it wither on the vine. So you won. We have met the requirements in terms of the funds saved in 6331, the Republican speakers have attested to that.

So I would say, let's go home. We do have problems in Medicare. We are

vastly overpaying Medicare Advantage and getting nothing for it. We are vastly overpaying for the drug benefit because the Republicans wouldn't allow the Secretary to bargain for better prices. The Republicans have frustrated every attempt to save money in Medicare and make it a more efficient system. So I am willing to have that debate any time. And I think we will have to come back and do it.

But for now we have satisfied the requirements of the trigger. We were unable to get it done in a timely fashion.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. HASTINGS of Florida. I yield the gentleman an additional 30 seconds.

Mr. STARK. I urge the adoption of this rule, which will save us the problem of seeing beneficiaries pay more in taxes, which I don't think the Republicans want to do. And I think that it is time that we recognize that we, by a vast bipartisan majority, solved the issue, temporarily though it may be, and we will have to revisit it next year to make Medicare a more effective system.

Mr. DREIER. I yield myself 10 seconds, Mr. Speaker, to say to my very good friend that if, in fact, he is willing to have a debate any time on this issue, what he needs to do is vote "no" on this rule so that we can proceed with that debate.

At this time I am happy to yield 3 minutes to the very distinguished chairman of the Republican Study Committee, my friend from Dallas, Mr. HENSARLING.

Mr. HENSARLING. Mr. Speaker, before the Democrats became the majority party in this institution, they waxed eloquent about fiscal responsibility. The now-Speaker, NANCY PELOSI of California, the gentlelady said, "It is just absolutely immoral, immoral for us to heap those deficits on our children. No new deficit spending."

And before he became the majority leader, the distinguished gentleman from Maryland said, "There is no more single burden of responsibility more crucial to bear than tackling the deficit honestly and head on."

Mr. Speaker, that is what they said before they became the majority party. We have discovered, Mr. Speaker, their words were cheap. Their deeds are very expensive.

Since becoming the majority party 18 months ago, we have seen, under their watch, the Federal deficit double.

Mr. Speaker, under the Democrats' watch we have seen the single largest 1-year increase in the Federal debt.

Mr. Speaker, under the Democrats' watch we have seen the Federal Government's unfunded obligations go to the largest number ever, \$57.3 trillion.

Mr. Speaker, under the Democrats' watch we have seen the largest Federal budget ever.

Mr. Speaker, under the Democrats' watch, just yesterday, just yesterday a blank check was given to Fannie Mae and Freddie Mac that ultimately could cost the taxpayer \$5 trillion.

And not to be outdone, Mr. Speaker, today the Democrat majority turn off, turn off the Medicare trigger designed to save the program for the next generation. Again, Mr. Speaker, the Democrats' words were cheap. Their deeds are very, very expensive.

The trigger means that we begin the reform process in Medicare, and it also means that we will spend \$178 billion, almost a 7 percent increase, over the next 5 years. And how do we reform it?

Mr. Speaker, we ask that this body put patients and doctors before personal injury trial attorneys. That is what we do. And we ask that maybe the upper income of our Nation be able to pay a little bit more for their prescription drugs.

Now, what happens, Mr. Speaker, when the Democrats do nothing?

Well, according to the General Accountability Office, "The rising cost of government entitlements are a fiscal cancer that threatens catastrophic consequences for our country and could bankrupt America."

Mr. Speaker, I ask my colleagues on the other side of the aisle, join with us, put the next generation above the next election. Work with us to ensure that we can get better healthcare at a more reasonable cost. Do not get rid of this Medicare trigger that so many of us worked so hard to place in this valuable program.

Mr. HASTINGS of Florida. Mr. Speaker, at this time I would yield to my good friend, the distinguished gentleman from California (Mr. THOMPSON), who is a member of the Ways and Means Committee, 2 minutes.

Mr. THOMPSON of California. Mr. Speaker, I rise in support of this rule. The trigger is an arbitrary way to try and reform Medicare. Moreover, no hearings were ever held to determine whether the trigger was set at the right level of general revenues. The trigger was literally added in the back room during conference on the Medicare Modernization Act. It wasn't in the House bill. It wasn't in the Senate bill.

The chief actuary from the non-partisan Centers for Medicare and Medicaid Services testified before our committee that the trigger is judgmental, not scientific. He said there is no analytical rationalization for setting the trigger level funding at 45 percent. This trigger is politically, not policy, based.

We need to focus on system-wide issues to address costs in both private insurance and Medicare. The trigger is no substitute for real reform. We have taken important steps in this Congress to assure Medicare solvency. The CHAMP Act, which was passed last year by the House, included significant Medicare cost savings and extended the solvency of the hospital trust fund.

The bipartisan Medicare bill, the bill that became law after we overrode the President's veto, extended that solvency of Medicare and pushed back the date the trigger is pulled, while providing \$18 billion in beneficiary improvements for seniors.

I urge everyone to support this rule change so we can continue to work towards real reform in the next Congress.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 1½ minutes to my very good friend from Midland, Michigan, a hardworking member of the Ways and Means Committee, Mr. CAMP.

Mr. CAMP of Michigan. Mr. Speaker, I come from a large family. My wife and I have three children of our own, so I have seen little kids stick their fingers in their ears and shout "I can't hear you."

I never thought I would see the Congress do it, but that is exactly what the Democrats are asking us to do today, stick our fingers in our ears and shout at the Medicare trustees that we can't hear their warning. We couldn't hear it the first time they said it. We couldn't hear it the second time they said it, and we certainly don't hear it the third time they have said it.

The Democrats' response to the looming Medicare crisis is as childish as it is irresponsible. By repealing the Medicare warning, as this rule change would have us do, it is akin to be warned you are out of money and still going out for an expensive dinner and leaving the bill for the next group to sit down.

You know who gets stuck with the tab in this scenario? The American taxpayer, and it is a \$1.5 billion tab in the first year alone. But that is just the tip of the iceberg. Every year we fail to address entitlement reform, future generations are saddled with an additional \$2 trillion worth of debt.

With the Medicare Hospital Trust Fund set to go bankrupt in a decade, I, for one, cannot ignore, and I urge my colleagues not to ignore these Medicare warnings. We should reject this resolution, and we should begin to transform Medicare so it can continue to benefit future seniors.

Mr. HASTINGS of Florida. Mr. Speaker, at this time I am very pleased and privileged to yield 2 minutes to the gentleman from New York, who I feel knows as much or more about this issue than anyone, the chairman of the Committee on Ways and Means, Mr. RANGEL.

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

Mr. RANGEL. My colleagues, as we move toward the end of this legislative session, I would hope, at some point, that the minority just not be guided by blind ideology and to see whether we can prepare ourselves to work together in the future. In all of the years that we have had this administration, they have talked about the unfairness of taxes, and yet they have not seen their way clear even to suggest what we should do about it.

I know they are busy starting wars in various places, but it would seem as though the executive could take a deep breath.

They talk about entitlements, how we have to get rid of them, that it is

causing us to go into bankruptcy. And unless I missed something during my brief illnesses, they have never suggested what you do with Social Security; not a note, not anything private, not a call from Paulson saying, can we talk?

And now we talk about—

Mr. DREIER. Mr. Speaker, would the gentleman yield? I would be happy to yield additional time if my friend would yield to me.

Mr. RANGEL. Well, why don't you give me the additional time and—

Mr. DREIER. You yield to me, and then I would be happy to yield additional time.

Mr. RANGEL. How much time are you ready to negotiate here? We can work out something.

Mr. DREIER. That is exactly what my friend is arguing, and I am here and willing to do just that, on this issue and every single other issue.

Mr. RANGEL. Why would you wait until the last day? You know, you guys have been in office all this time, and now you want to talk. This is absolutely ridiculous. And we should resolve the problem by having a trigger, and cut across the board. Just have a trigger? Is that the way you think we are going to have a system?

How much time do you yield to me, my dear friend from California?

Mr. DREIER. I am happy to yield to my friend 30 seconds.

Mr. RANGEL. Thirty seconds? That is no time.

Mr. DREIER. I took 2 seconds and I'm yielding him 30. That's a pretty fair deal.

Mr. RANGEL. Well, all I am saying is that you are not setting a tone that we can work next year in an administration that totally are not blinded, whether you call it entitlements. We are talking about providing services for the 40 million people who really don't have it. So let's stop talking about what the heck you intend to accomplish in 2 weeks. It's over. Get over it. Forget about it. Do what you have to do politically, see what you can salvage, and let's come back next year and get the job done.

□ 1800

Mr. DREIER. May I inquire of the Chair how much time we have remaining on each side.

The SPEAKER pro tempore. The gentleman from Florida has 9 minutes. The gentleman from California has 6 minutes and 20 seconds.

Mr. DREIER. At this time I am happy to yield 1½ minutes to my very good friend who is a former member of the Rules Committee, Mr. GINGREY.

Mr. GINGREY. Mr. Speaker, I thank the gentleman for yielding, and I won't take all of my time.

I just want to say that I am tremendously opposed to this resolution. When we passed Medicare Modernization and the Prescription Drug Act back in November of 2003, I was a freshman Member of the House, a physician

Member of the House, and I felt very strongly that we needed to give our seniors a prescription drug benefit. They had been asking for it for years. The Democrats were in the majority most of those years. And yet in 2003, most of my colleagues on the other side of the aisle voted "no." I think it was their feeling, most of them, that the prescription drug benefit didn't go far enough.

On our side of the aisle, though, Mr. Speaker, there was great concern of cost, and I truly believe that the prescription drug part D and Medicare modernization would not have passed this body had not section 803 been in there, that trigger to say when we have spent so much, the President would have to come back and offer a solution to try to control the cost and no better way than the medical liability reform to cut down on all of the defensive medicine that doctors practice. It's not the premiums that they pay for malpractice, it is the defensive medicine. All of these tests that are unnecessary.

And then, of course, to means-test part D, just as it would have meant-tested part B for these so many years, if we were not means-testing part B, the monthly premium would still be \$15 a month instead of \$96.

Defeat this resolution. Bring fiscal responsibility to this body.

Mr. HASTINGS of Florida. Mr. Speaker, I am very pleased to yield 1 minute to the very distinguished gentleman from Texas, a member of my class and a member of the Committee on Ways and Means, Mr. DOGGETT.

Mr. DOGGETT. The President offers a very simple Medicare fix: Seniors pay more. Taking a bigger cut from our seniors and our disabled individuals for their drug benefit premiums is hardly a true fix.

You know, down in Texas, Mr. Speaker, we have steers that have been cut. They've been fixed. They've been fixed for all time, and that's the kind of fix that I think these Republicans have in mind for Medicare.

Contrast the President's fix on Medicare this week with the President's veto on Medicare last week. These Republicans are so eager to privatize Medicare, they're willing to spend \$1,000 of taxpayers' money every year for every person that they can get to leave traditional Medicare. By our overriding the President's veto, we saved billions of dollars in unnecessary waste. But there are tens of billions of dollars of additional waste right there in the system. And you know what? They deserve a Texas-type fix. They need to be fixed and removed.

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

Mr. HASTINGS of Florida. I yield the gentleman an additional 1 minute.

Mr. DOGGETT. The Medicare actuary's own reports show that that this \$1,000 waste per person per year that the Republicans insist on, that kind of waste, tens of billions of dollars of waste, does not produce any quantifiable benefit, any quantifiable saving

through this failed Republican experiment in privatizing Medicare.

Improving Medicare's finances requires more than a trigger like the President talks about to extend it for a year. We need a willingness to pull the trigger on Medicare waste that these Republicans have plugged in with these unnecessary subsidies that cost more and deliver less.

I say it has something to do with the energy bill, and they're right. These seniors have been drilled by the Republicans for the last 7½ years. Drill here, drill now. These seniors get drilled when they go to the gas station. They get drilled when they go to the grocery store. What this resolution is about is preventing the President from drilling them on their Medicare also.

Let's approve this resolution.

Mr. DREIER. Mr. Speaker, may I just inquire of my friend how many speakers he has on his side.

I have got to say that before I do, Mr. Speaker, we have the Committee on the Budget, Ways and Means, Energy and Commerce, the Rules Committee, all of which have jurisdiction on this. We've been limited to 30 minutes of debate on this side, and I just wondered if he might be interested in propounding a unanimous consent request that we extend the debate by maybe 5 minutes on each side.

Mr. HASTINGS of Florida. I do not yield for that purpose.

Mr. DREIER. The gentleman is going to have to object. I was asking unanimous consent if we might.

Mr. HASTINGS of Florida. I object.

Mr. DREIER. Mr. Speaker, so may I inquire again as to how much time is remaining on each side, Mr. Speaker.

The SPEAKER pro tempore. The gentleman from California has 4 minutes and 50 seconds. The gentleman from Florida has 7 minutes.

Mr. DREIER. May I just inquire how many speakers are on the other side.

Mr. HASTINGS of Florida. I am going to be the last speaker.

Mr. DREIER. At this time, Mr. Speaker, I am happy to yield 2 minutes to my very good friend from Georgia (Mr. PRICE).

(Mr. PRICE of Georgia asked and was given permission to revise and extend his remarks.)

Mr. PRICE of Georgia. I thank my friend and leader from California for yielding.

This do nothing, no energy Congress has perfected changing the rules to suit themselves. But this may take first prize.

Virtually all of us talk about the need for entitlement reform. Entitlement, that's those programs that comprise about 55 percent of the budget. I call it a "yes" moment at home. It's when the crowds say, Yes, yes, please. Some reform is needed. And the rules currently in place would allow for some real reform, especially in the area of lawsuit abuse reform, not cuts in Medicare. Not an increase in premiums.

As a physician for nearly 30 years, I understand clearly the need for liability

reform, and it's imperative not just to decrease malpractice costs but to end the practice of defensive medicine estimated to be greater than \$300 billion annually. That's \$300 billion of savings without any Medicare cut, without any increase in premiums.

Mr. Speaker, make no mistake, this vote today is about fiscal responsibility and ending frivolous lawsuit abuse. Let's work together. Americans want action on this issue, and they want it now. This proposed rules change means no reform.

Mr. HASTINGS of Florida. Mr. Speaker, at this time I did have an additional speaker, and I would ask to yield 1 minute to the distinguished gentleman from California (Mr. STARK).

Mr. STARK. I thank my friend from Florida for yielding, and I just wanted to make a point. It's been suggested several times by my friends across the aisle that over 75 years, the unfunded cost of Medicare, as they calculate it, is \$36 trillion. You know what? They're right.

But what they don't tell you is by the same calculation, the unfunded cost of the McCain-Bush tax cuts is more than \$100 trillion. So if you weren't giving away all of this money to the rich people and all of the Republicans who inherited money from their parents and never had a real job in their lives, maybe we could solve it. It would just take a third of the Bush-McCain tax cuts to solve the unfunded liability for the next 75 years for Medicare.

So when you talk about these things, folks, let's include all the other goodies that you're giving away.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to make their remarks to the Chair.

Mr. DREIER. Mr. Speaker, I yield myself 20 seconds to say to my friend that we have been constantly arguing that we're willing to sit down and talk about this and debate these issues at any time. And we're willing, and the two top dogs on the Ways and Means Committee have both said they're willing to do that; and we've been willing all along. And that's exactly what this provision is all about.

The fact of the matter is the tax cuts that have been put into place dramatically surge the flow of revenues to the Federal Treasury. We all know that. And we have a responsibility to look at anything we possibly can to bring about a fiscally responsible Medicare program and we're going to do that.

With that, Mr. Speaker, I would like to yield 1 minute to my very good friend from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Mr. Speaker, you know, it is so interesting serving on the Health Subcommittee at Energy and Commerce, and one of the things that we look at and are very concerned about, 11 years from now the Medicare trust fund could go bankrupt. That's

what we hear from the trustees. Health care spending is going to be 20 percent of the GDP as we go through the next 10 years.

And here we had a trigger, something that is a nugget of good government that is put into an entitlement bill. And look at what is happening? This is what you're wanting to take away. It is put there to look at the long-term solvency of this problem. And that is one of the things that we hear from our constituents every day. They have their money that they have earned, that they are putting in every month so that Medicare will be there for them when they retire.

And what do they get from you all? You're not wanting to come in and address this issue. You want to pull the trigger back.

I think it is irresponsible. I do think it is an abdication of our responsibility, and I would encourage those here to oppose that resolution.

Mr. HASTINGS of Florida. Mr. Speaker, I would inquire of my friend from California if he has any remaining speakers. I am the last speaker for our side, and I'm going to reserve my time until you have closed for your side.

Mr. DREIER. Let me say, Mr. Speaker, that we very clearly have an opportunity before us. We have an opportunity to defeat this rule so that we can do what it is that we came here to do. We have had a wide range of recommendations that have come here from the Medicare commission. And we have a proposal that is before us submitted by the majority leader and the minority leader as required under this law. It made two very important recommendations dealing with liability reform in ways which we could bring about fiscal responsibility of Medicare. That's what our charge is. That is what our job is as Members of the United States Congress.

The action that we are about to take in this House is to simply sweep it under the rug and pass off to the future what we were sent here to do right now. We're rapidly approaching the date by which time we need to begin taking action. That is July 30. And our colleagues, unfortunately, have chosen to turn their back on those who want to bring about a fiscally responsible solution to a challenge that we all know is looming.

Mr. Speaker, I urge my colleagues to defeat this rule so that we can move ahead and do the right thing for our seniors and for future generations.

With that, I yield back the balance of my time.

Mr. HASTINGS of Florida. Mr. Speaker, I yield myself the balance of the time.

Mr. Speaker, I have sat and stood here with great amusement as my colleagues on the other side of the aisle have come to the floor to oppose this resolution. After all, if it were not for their actions, this resolution wouldn't even be necessary.

The "45 percent Medicare trigger" was nothing more than a gimmick designed to gain the votes of conservative

Republicans for their Medicare prescription drug bill. It was drafted behind closed doors. I was here, Mr. Speaker. Mr. RANGEL tried to get into their conference. They locked the doors without any consultation with Mr. RANGEL of the Ways and Means Committee, members that were in the minority without any involvement or notification to the minority. It was then slipped into the conference at the last minute and had not passed the House or the Senate.

It's amazing, Mr. Speaker. My friends on the other side agreed to this trigger and preach fiscal responsibility and are now supporting a process which could force the House to allow legislation to the floor in clear violation of its PAYGO and earmark rules.

I was really amused that the distinguished gentleman that is head of the Republican Study Committee came in here as much as he talks about earmarks and is going to come here and talk about fiscal responsibility.

I was also amused that the last lady speaker who took it upon herself to talk about this measure but forgot, I guess, that she voted to override the President's veto last week.

But now they come to the floor to complain because their Members bought a pig in a poke. Give me a break.

□ 1815

The last time I checked, they were the dealer with all the cards in 2003.

Mr. Speaker, next Wednesday, Medicare will turn 43 years old. Since its founding, the program has provided health care to hundreds of millions of seniors, including my momma and my grandpapa.

Almost 35 percent of the people living in my district are senior citizens, and the overwhelming majority of them depend on Medicare.

Members have a choice today between reviving the Republican legacy of political and procedural gimmickry or standing up for seniors and sound public policy.

While Republicans choose to play games and engage in political hyperbole, my Democratic colleagues and I have chosen America's seniors.

I urge my colleagues to support this resolution.

Mr. HERGER. Mr. Speaker, I rise today in the strongest opposition to this dangerously irresponsible resolution.

For over 40 years, millions of seniors across America have enjoyed longer and healthier lives as a result of the health care provided through the Medicare program. Yet as a result of demographic changes and rising health care costs, Medicare is now in dire financial straits. The numbers are absolutely staggering. According to the most recent report by Medicare's Board of Trustees, Medicare's unfunded obligations have surpassed \$85 trillion. That's more than six times the annual output of our entire economy, and more than fifteen times the current federal debt held by the public.

We have a choice to make: Are we going to take action now to save Medicare for the fu-

ture? Or are we going to ignore the problem and hope that it just goes away? I understand that many members might prefer not to deal with this issue in an election year. But the Medicare funding warning trigger was designed precisely to force Congress to confront an issue that many would rather ignore. And that's what the American people sent us here to do: confront the tough challenges facing our country's future. Even when that means taking some political risks.

The President has proposed some fairly modest reforms to begin shoring up Medicare's future. I personally thought his suggestions made sense. But under the trigger rules, the Majority was entirely free to reject the President's ideas and develop their own proposal for reining in the growth of Medicare. Instead, the Majority has chosen to take the easy way out and do nothing. Today, we are sending a message to the American people that this Congress is simply not up to the task of solving our nation's problems.

The truth is, Mr. Speaker, we are gambling with our future. I believe we have an obligation to do our best to leave America better off for the generations that will follow us. I urge every member of Congress who feels the same way to join me in voting "no" on this resolution.

Ms. JACKSON LEE of Texas. Mr. Speaker, I want to first take a minute to thank my colleague Congressman ALCEE HASTINGS from Florida for working with leadership to this important legislation to the floor.

BACKGROUND ON THE LEGISLATION

In 2003, The Medicare Prescription Drug, Improvement and Modernization Act, MMA, was signed into law having a significant impact on Medicare beneficiaries and State Medicaid programs through changes affecting those dually eligible for both Medicare and Medicaid. The purpose of the section was to:

1. Provide a concise summary of the key provisions affecting those dually eligible and the States; and
2. Provide details of the demographic and Medicaid expenditure characteristics of the dually eligible, using data from ten States.

The MMA used to require that States take a practical new look at their programs in order to better prescription drug spending. Beginning in 2006, States will no longer provide and manage drug coverage for patients that currently represent, on average, about 50 percent of the State's Medicaid spending for drugs. This significant shift would have required that States reassess available resources and the most cost-efficient ways for employing those resources.

A determination of excess general funding, as required by §801 of P.L. 108-173, the MMA, is issued if general revenue Medicare funding is expected to exceed 45 percent of Medicare outlays for the current fiscal year or any of the next six fiscal years. If the determination is issued for two consecutive years, a warning is issued requiring certain presidential and congressional action (§802-§804 of MMA).

The warning alerts policy makers of one measure of the financial health of Medicare. It attempts to focus on the impact of Medicare revenues and outlays on the federal budget, by looking at Medicare's burden on the Treasury. However, such a determination was issued in both the 2006 and 2007 Medicare Trustee's reports and the Administration was required to submit a legislative proposal to this body to lower the ratio to the 45 percent level.

Section 803 of the MMA is also known as the Medicare Trigger because it expedites the process for considering legislation to cut Medicare provider payments or increase payroll taxes or beneficiary costs.

What we must ask ourselves is why some of our colleagues can vote against the MMA trigger while we struggle to provide coverage to the over 47 million uninsured and over 50 million underinsured in this country.

The "45 percent trigger" is a completely subjective measure. Medicare program was designed to be substantially financed by general revenues rather than payroll taxes. The fact that a sizable portion of Medicare's financing comes from general revenues is no more problematic than the fact that 100 percent of the defense budget comes from general revenues. Moreover, the reforms in Medicare included in the Medicare Improvements for Patients and Providers Act, MIPPA, which Democrats just enacted over the President's veto satisfy the 45 percent trigger test earlier this year, only fails to comply with certain technical requirements of the trigger provision (such as the name of the statute). Therefore, this is just another reason why it makes sense to suspend the Medicare trigger for the remainder of this Congress.

OVERVIEW OF HOW THE 45 PERCENT TRIGGER WORKS

The 45 percent trigger was slipped into the GOP-drafted Medicare Modernization Act (MMA) at the last minute in 2003.

The MMA defined what the 45 percent trigger was and, when it was triggered, required "Medicare Funding Warnings" and presidential legislation.

The 45 percent trigger is completely arbitrary and is not a sound measure of Medicare's fiscal health.

The 45 percent trigger was triggered by two consecutive Trustees Reports in 2007.

The President's proposed bill hits beneficiaries, rather than scaling back the overpayments to private Medicare Advantage plans.

Unlike the President's flawed bill, the Democratic-led Congress has just enacted a law that satisfies the 45 percent trigger, while protecting beneficiaries.

Furthermore, the Democratic-led Congress is committed to keeping Medicare strong and solvent well into the future.

HEALTHCARE CRISIS

The American health care crisis affects more than the Medicare recipients and indigent persons. It affects the millions of families who must decide between food, housing, and health coverage. Healthcare costs in the United States are increasing about 7 percent a year, twice the rate of inflation.

In Texas alone it has been estimated that we waste \$98 billion on administrative health costs. Administrative costs constitute 31 percent of health care expenditures. The deteriorating U.S. health care system is not only harming patients, but also businesses, and the economy with healthcare costs consuming over 15 percent of GDP. It affects thousands of small businesses who have to close their doors due to the overwhelming cost of not only providing health coverage to their employees, but to securing their own health insurance.

Across this great nation the health disparities between minority and majority populations are staggering. Most major diseases: diabetes, heart disease, prostate cancer, HIV/AIDS, low-birth weight babies—all hit the minority communities harder. Minorities consistently have

decreased access to care, and receive lower quality care, when they do have access. As the economy continues to falter and as the unemployment rate spikes, millions of Americans are losing their health insurance. That state of affairs will only make the health disparities worse.

Since I took office over a decade ago, I have worked to secure and support legislation to address the healthcare crisis particularly those facing our struggling Medicare and Medicaid recipients.

I have worked tirelessly to expand health coverage, improve the diversity of our health workforce, improve data collection on health disparities and then help reduce those disparities by promoting accountability and strengthening the institutions that serve minority communities. We must close the gap in our minority, immigrant, and rural communities by addressing the disparities that currently exist.

HEALTH LEGISLATION SPONSORED/COSPONSORED

As a Member of the H.R. 676 Universal Healthcare Caucus lead by Congressman CONYERS, the Women's Caucus, and the Children's Caucus, I have continued to carry the flag of Universal Health Care by introducing or supporting legislation that will help lay the groundwork towards universal access and quality healthcare.

In June, I introduced a health care reform bill that addressed some of the issues that continue to plague our health care system. The MEDICS Act is a House companion bill to Senator BAUCUS's Medicare legislation that sought to unite Congress on a push for crucial Medicare reform.

I am happy to announce that this legislation puts our health care system on the correct path of providing proper medical assistance for our Nation's low income, minority and rural populations. It also works toward resolving the primary care physician shortages as well as the racial and ethnic health disparities.

I have also supported national healthcare legislation such as H.R. 3014 and H.R. 676 which support the elimination of healthcare disparities and universal healthcare based on a single-payer model.

As Americans, we have a strong history, through science and innovation, of detecting, conquering and defeating many illnesses. Quality measures must continue to be adequately funded in order to promote quality, cost-effective health care for consumers and employers.

The Medicare/Medicaid system as well as the private insurance system is still not adequately addressing the cost, population growth, and patient population complexity of Americans. That is why we must look towards another solution.

I urge my colleagues to support our Medicare and Medicaid dependents and vote in support of H. Res. 1368.

Mr. DINGELL. Mr. Speaker, today we protect Medicare's future. The rule addresses a provision that was slipped into the Republican Medicare Modernization Act, MMA, in the dark of night. It was not in the version of the bill that was passed by the House or by the Senate. It is yet another example of Republican efforts to choke off Medicare—an automatic “trigger” that requires cuts to the program if general revenues contribute more than 45 percent of Medicare's revenues.

My colleagues on the other side of the aisle have long tried to end Medicare, and failing

that, to let it wither slowly on the vine. Newt Gingrich said as much in the 1990s, when he was Speaker of the House.

As required by the MMA provision, the President sent a bill to Congress in February with his proposal to meet the trigger requirements. His bill simply shifted costs to patients, and made no improvements to Medicare; a good example of why this “trigger” doesn't work.

Democrats know how to manage Medicare—my father wrote the original bill creating it, and we have been fighting to preserve, improve, and protect the program for nearly 50 years. We do not need gimmicks like an arbitrary “trigger” to do so.

Medicare has protected seniors, improved their health, and helped lift people out of poverty. We must ensure that Medicare beneficiaries continue to have access to their doctor of choice, high-quality hospital care, and prescription drug services.

I support this rule; and I urge my colleagues to eliminate the “trigger” requirements for the remainder of the year.

Mr. HASTINGS of Florida. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. DREIER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

REPORT ON H.R. 6599, MILITARY CONSTRUCTION AND VETERANS AFFAIRS APPROPRIATIONS ACT, 2009

Mr. EDWARDS of Texas, from the Committee on Appropriations, submitted a privileged report (Rept. No. 110-775) on the bill (H.R. 6599) making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2009, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore. Pursuant to clause 1, rule XXI, all points of order are reserved on the bill.

TOM LANTOS AND HENRY J. HYDE UNITED STATES GLOBAL LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA RE-AUTHORIZATION ACT OF 2008

MOTION OFFERED BY MR. BERMAN

The SPEAKER pro tempore. Pursuant to section 2 of House Resolution 1362, proceedings will now resume on the motion by the gentleman from California (Mr. BERMAN) to concur in the Senate amendment to the bill, H.R. 5501.

The Clerk will redesignate the motion.

The Clerk redesignated the motion.

The SPEAKER pro tempore. When proceedings were postponed earlier today, all time for debate had expired and the previous question was ordered.

The question is on the motion by the gentleman from California.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. BERMAN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on the motion to concur will be followed by 5-minute votes on adoption of H. Res. 1368; and motion to suspend the rules and adopt H. Res. 1296.

The vote was taken by electronic device, and there were—yeas 303, nays 115, not voting 17, as follows:

[Roll No. 531]

YEAS—303

Abercrombie	Davis (IL)	Israel
Ackerman	Davis, Lincoln	Issa
Aderholt	Davis, Tom	Jackson (IL)
Alexander	DeFazio	Jackson-Lee
Allen	DeGette	(TX)
Altmire	Delahunt	Jefferson
Andrews	DeLauro	Johnson (GA)
Arcuri	Dent	Johnson (IL)
Baca	Diaz-Balart, L.	Johnson, E. B.
Bachus	Diaz-Balart, M.	Jones (OH)
Baird	Dicks	Kagen
Baldwin	Dingell	Kanjorski
Barrow	Doggett	Kaptur
Bean	Donnelly	Kennedy
Becerra	Doyle	Kildee
Berkley	Dreier	Kilpatrick
Berman	Edwards (MD)	Kind
Berry	Edwards (TX)	King (NY)
Biggart	Ehlers	Kirk
Bilirakis	Ellison	Klein (FL)
Bishop (GA)	Ellsworth	Kline (MN)
Bishop (NY)	Emanuel	Knollenberg
Blumenauer	Emerson	Kucinich
Bonner	Engel	Kuhl (NY)
Bono Mack	English (PA)	Lampson
Boozman	Eshoo	Langevin
Boren	Etheridge	Larsen (WA)
Boucher	Farr	Larson (CT)
Boustany	Fattah	Latham
Boyd (FL)	Ferguson	LaTourette
Boyd (KS)	Filner	Lee
Brady (PA)	Forbes	Levin
Braley (IA)	Fortenberry	Lewis (CA)
Brown, Corrine	Fossella	Lewis (GA)
Butterfield	Foster	Lipinski
Capito	Frank (MA)	Loebsock
Capps	Frelinghuysen	Lofgren, Zoe
Capuano	Gerlach	Lowe
Cardoza	Giffords	Lungren, Daniel
Carnahan	Gilchrest	E.
Carney	Gillibrand	Lynch
Carson	Gonzalez	Mahoney (FL)
Castle	Gordon	Maloney (NY)
Castor	Green, Al	Markey
Cazayoux	Green, Gene	Marshall
Chandler	Grijalva	Matheson
Childers	Gutierrez	Matsui
Clarke	Hall (NY)	McCarthy (NY)
Clay	Hare	McCollum (MN)
Cleaver	Harman	McCotter
Clyburn	Hastings (FL)	McCrery
Cohen	Herseth Sandlin	McDermott
Cole (OK)	Higgins	McGovern
Conyers	Hill	McHugh
Cooper	Hinchey	McNerney
Costa	Hirono	McNulty
Costello	Hodes	Meek (FL)
Courtney	Hoekstra	Meeks (NY)
Cramer	Holden	Melancon
Crowley	Holt	Michaud
Cuellar	Honda	Miller (NC)
Cummings	Hoyer	Miller, George
Davis (AL)	Inglis (SC)	Mitchell
Davis (CA)	Inslee	Mollohan