natural resources, but we must also not harm our economy.

If you cannot identify the source, and control the source, you cannot effectively reduce ozone. I will vote against the Motion to Instruct Conferees on H.R. 6.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I yield back the balance of my time.

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

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON).

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

Mr. BARTON of Texas. 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 motion will be postponed.

GENERAL LEAVE

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this motion to instruct.

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

There was no objection.

□ 2000

MOTION TO INSTRUCT CONFEREES ON H.R. 1, MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

Mr. DAVIS of Florida. Mr. Speaker, I offer a motion.

The SPEAKER pro tempore (Mr. NUNES). The Clerk will report the motion.

The Clerk read as follows:

Mr. DAVIS of Florida, moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 1 be instructed to reject the provisions of subtitle C of title II of the House bill.

The SPEAKER pro tempore. Pursuant to clause 7 of rule XXII, the gentleman from Florida (Mr. DAVIS) and the gentleman from Virginia (Mr. CANTOR) each will control 30 minutes.

The Chair recognizes the gentleman from Florida (Mr. DAVIS).

Mr. DAVIS of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this motion instructs the House medicare conferees to reject the provision in the House Medicare bill that I believe can be fairly characterized as leading to the privatization of Medicare. The House leadership has cleverly described this provision by calling it premium support. But how much support this premium support provision truly provides beneficiaries should be the subject of an open, honest and detailed debate tonight out of respect for the Nation's seniors who simply want to see us get something done.

I also want to pause to point out that there are a number of Republicans and Democrats here in Congress who truly do want to find a middle ground, a compromise between the House and the Senate, between Democrats and Republicans, to achieve a long overdue Medicare prescription drug bill. Many of us have been very consistent in arguing that that is not achievable as long as the premium support issue, which is the subject of this motion, is part of a final bill. So the motion tonight is an attempt to remove a provision which many of us believe represents an obstacle to a compromise to a truly practical long overdue prescription drug benefit for our Nation's seniors.

Now, what the premium support provision does is to allow seniors in the year 2010 to have what is being described as a meaningful choice as to how to obtain their Medicare coverage. Not just for the drug benefit. This is for the entire Medicare program. And the concern I wish to express tonight on behalf of seniors throughout the United States, Democrats, Republicans, independents, seniors who really are not interested in politics but are simply interested in seeing a drug benefit that they can use, is that the premium support provision in the year 2010 forces seniors throughout the United States to make a choice as to how they are going to receive health care, and that this is going to be a problem for those seniors who have health issues.

I think one of the many things that we can agree upon tonight on the floor of the House of Representatives is that there are a number of seniors who have health issues as they approach the age of 65, or long before then; and that is what this debate is about.

I met with the incoming president of one of the major private insurance companies in Florida a few weeks ago, and it could have been any insurance company or any CO of an insurance company; and I said to him, if this were to become law in 2010 and my mom had some health issues and she went to you and tried to get insurance, would you offer her insurance? What he told me, and I respect his candor, is we really do not want people that have health issues in our policies. We are looking for healthy people. They are easier to insure, the risk is more certain, it is more affordable, it is easier to earn a reasonable profit; and so that is the type of beneficiary we are looking for.

And if somebody is in the private sector, I understand his point of view. He is trying to earn a profit on behalf of his company. And if the government does not force him to choose to accept people like my mom or somebody else's mom with some health problems, he is not going to do it. So what this debate is about tonight is what happens to that individual, somebody over 65 who has some health problems or develops health problems.

Now, Mr. Skully, who is the administrator of the Federal agency, the Center for Medicare and Medicaid Services, which has a slightly different name now, said in 2001, in the fullest candor, which I respect, that there was a problem with private plans charging higher copayments for those people with health risks that they did not want to accept, and that we who are entrusted in the Federal Government to provide a Medicare program that truly works should be concerned that private plans will use higher copayments and other devices to discourage people from signing up for their plans.

And that is exactly what I am talking about here tonight. Because under this premium support provision, which I would also refer to as a voucher, but it is whatever you choose to call it, in 2010 an individual with a health problem is going to have one of two choices: they can either try to get into a private plan, which again I would submit is not going to want them and is going to discourage them and is going to have the full ability under this bill to do that, and if that person with some health issues who is over 65, that Medicare beneficiary cannot get into the private plan, they are left with the crux, I would say the cruel result of the premium support plan.

I will attempt to explain that. And in the debate tonight, I hope we can reach some agreement as to what the facts are, and then we can debate the differences as to how we interpret those facts and where the values of our country lie in terms of how we treat this beneficiary and in terms of how Congress designs this plan.

The second choice that is available to that Medicare beneficiary, if the private plan rejects him, is they receive a voucher. Now, what that voucher represents in terms of value is a dollar figure that is based on the average cost of insuring a person who is in a private plan. Because in a private plan I think we can safely say those beneficiaries are going to be healthy, their health care bill, of course, is going to be less. It is going to be less expensive to insure them. So that individual who receives the voucher is going to receive a voucher that is equal in value to the average cost of a healthy beneficiary whose costs are lower.

Now, what does that all translate into? What that means is that with this voucher, if you have some health issues and therefore your health care bills are higher, that voucher is not going to provide to you enough money to get you through the month or to get you through the year. I believe it is fair to say that we face a situation where these Medicare beneficiaries with health problems that have been rejected by these private plans are going to get enough money to almost get them through the month or to almost get them through the year.

Matter of fact, the chief actuary who works for the CMS, the Federal health care agency, said in a piece of paper that under this premium support or voucher plan, that premiums could go up as much as 25 percent for this individual I am describing who could not get into a private plan and has to find another way to cover their health care costs. Twenty-five percent, that is a lot of money.

And remember, when we are talking about a Medicare beneficiary who has some health problems, we are talking about somebody who probably is having difficulty paying their other bills. They are fighting for their health, and they are probably getting into some serious financial duress. And under this premium support voucher plan, we are going to add to that duress. Because what you are left with is a Medicare beneficiary with health problems who at the end of the month or the end of the year their Medicare runs out.

And that is what we are debating tonight: Do we believe as a Congress that Medicare should ultimately leave that individual without the support they have always had when it gets to the end of the month or the end of the week? And I think the answer is clearly no.

The basis for the premium support, and I salute my colleagues on the Republican side who have been very clear in explaining what the purpose of this premium support provision is, is to reduce the cost of Medicare. You can call that reducing the rate of growth in Medicare, you can call it cutting Medicare, but what you can fairly say is this is about reducing the cost of Medicare.

And my colleagues, this is what it boils down to: Are we as a Congress going to reduce the cost of Medicare by saying to that Medicare beneficiary who is struggling to recover their health, that at the end of the week, at the end of the month, you are on your own? You are on your own; we wish you well. Medicare as we know it is no longer there to get you through the week. It is no longer there to get you through the month. We wish you well, and it is on your back that we are reducing the cost of Medicare.

I would suggest that that is an indefensible proposition; that there are seniors throughout the United States, Democrats, Republicans, independents, people who simply want the drug benefit, want the Medicare program they have come to know and trust who think it is fundamentally unfair that the growing number of seniors in this country who struggle with health issues after the age of 65 are forced to try to find the funds at the end of the week or the end of the month to meet the health care bills that we will no longer be able to meet for them through the Medicare program.

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

Mr. CANTOR. Mr. Speaker, I yield myself such time as I may consume, and I too am delighted to be here to debate with the gentleman from Florida the motion to instruct which he offered.

Mr. Speaker, I think there is a consensus in this body that we do something to save the Medicare program. All of us know the demographics, all of us know the health of the system itself is in jeopardy, and we must do something to reform the program to ensure its financial health and longevity.

It is interesting, Mr. Speaker, the gentleman from Florida insisted that we ought not go the route of market-based competition and we ought not allow the competition of private sector plans to come into play to give seniors a choice of how they want their health care delivered. But I heard no ideas come forth from the gentleman. Where is his solution?

I think it is fairly indicative that there is no solution coming from the other side, and that they probably, I do not want to put words in the gentleman's mouth, are satisfied with the status quo. But we cannot be satisfied with the status quo. We must reform the system. We must modernize it, and we must update it so that seniors can have a choice and seniors can have access to a prescription drug benefit.

So if we call premium support, as the gentleman said, a voucher, I think it is a characterization that perhaps may not adequately or accurately reflect what the House bill does. And let us start back from the very beginning when a bipartisan commission on the future of Medicare studied this. It concluded that the best way to reform Medicare was to provide beneficiaries with a choice of plans similar to the choice available to Members of Congress, the FEHBP plan, which we all have access to. And certainly I would think we would want to share that same type of health care with the millions of seniors out there who may not currently enjoy the same type of options under the plan.

But to talk to the gentleman's allegations that the House bill would only squeeze out the unhealthy seniors and would deny them access is simply not true. Absolutely not true. At 2010, when competition sets in, the rates that are set at that point are not just the average rates.

And since we are talking about the facts, and the gentleman says he hopes we can agree on the facts, the facts are that in the House bill the average rates are a blended rate, a blended rate of the then-private plan rates as well as the government rate that was used as a benchmark up until that point. And at that point we will then have market forces coming to bear, and we will enable plans to compete for business. And if plans can come in under that benchmark or that blended rate, then there will be a benefit for seniors to choose those plans because they, as well as the government, will be able to share in the savings in the costs of those premiums.

But to speak to the gentleman's conclusion, that if we have competition we will ultimately deny seniors health care, that is just preposterous. There are provisions, if he would look at the facts in the House bill, there are provisions which allow for an adjustment in premiums of the government program. No one ever said that there would not be an option in the government program. Nothing changes a senior's entitlement to Medicare. There is no change in entitlement.

And if, as the gentleman suggests, that perhaps there is a disproportionate number of the population of ill or more sick seniors that are in the government program, there is a provision in the bill which allows there to be an adjustment in the premium so as to avoid the exact problem the gentleman points out. Those are the facts.

And to conclude, Mr. Speaker, again, we have got to do something about Medicare. Medicare and the demographics supporting that program do not bode well given the current state of affairs. I do not hear a single solution coming from the other side, which seems to suggest that there perhaps may be an obstructionist plan not to allow Congress to pass a prescription drug benefit plan this year, but that is what America's seniors wants and that is what we must do.

The bill that passed the House offers us a way to reform the system, to achieve savings, to allow seniors to have choice in their health care, and choice just as we here in Congress enjoy in the FEHBP program.

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

□ 2015

Mr. DAVIS of Florida. Mr. Speaker, I yield 4 minutes to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, I have great respect for my colleague, the gentleman from Virginia (Mr. CANTOR), but when I listen to the arguments being made, I have to reject them outright. The gentleman talked about how Medicare is going broke and the gentleman said, What is the solution? Well, the solution is for the Republican leadership in the House and the Republican President to abandon their failed economic plan, which essentially over the last 2 years has been to create more and more tax cuts, drive the Federal Government into deficit, the biggest debt we have had in anybody's memory, and borrow all of the money from the Medicare trust fund so it goes broke.

Mr. Speaker, if we keep borrowing from the trust fund in order to pay for tax cuts for the wealthy, of course there is not going to be money in Medicare. The solution is easy, get rid of the tax cuts that are primarily favoring the well-to-do and corporate interests, and then Medicare and the trust fund will have money and there is a solution to the problem.

That is what we were doing when President Clinton was in office, we

were getting out of debt, and we had a balanced budget. The other side of the aisle created the problem, the economic downturn, and the situation where the trust fund does not have the money; so do not talk to me about solutions, they are easy: Get rid of the failed Republican economic plan.

I listened to what the gentleman said, and he was honest about the facts. He said in 2010 there is going to be a blended rate of the government plan and private plans, but what the gentleman fails to tell us is this blended rate is less than what traditional Medicare costs at that point. Because there is a voucher system in place, the senior who wants to stay in traditional Medicare is going to pay more. There is a blended rate with the traditional Medicare and the private plan. If the traditional Medicare costs more, seniors will have to pay out of pocket, and most seniors who want to stay in traditional Medicare will not have enough money to pay out of pocket. It could cost them $500 more a year, $1,000 more a year, $4,000 more a year, the sky is the limit. Increasingly, a lot of seniors will drop out and not be able to have traditional Medicare. That is why we say essentially what they are doing is trying to save money, and they are saving money by keeping money from access to traditional Medicare.

The gentleman talks about choice of plans. How is there a choice of a plan if you cannot afford to pay for the plan you want, which is traditional Medicare. And meanwhile, you lose your choice of doctor and your choice of hospital because the only way you can get your health care is by joining an HMO, a private plan. So you do not have a choice of plan because you cannot afford to stay in traditional Medicare. You do not have a choice of hospital or doctor because you have to go into an HMO to get your health care.

The facts are simple. The other side of the aisle is setting up a voucher. They do not care about the traditional Medicare program. They say it costs too much when, in reality, they have created the situation that is making it go broke, and it is not really broke, but certainly it will be if we continue with this economic policy.

I have to look at it from the point of view as a senior citizen. They want to privatize. So you have to say, we will give you a drug benefit, but you have to join an HMO to get the drug benefit. And you are sort of dangling the opportunity for a drug benefit out there, but in the course of getting that drug benefit you are setting up a program with this premium support or voucher which essentially privatizes Medicare and forces people out of the traditional Medicare program.

So it is really an effort to sort of ''behind the scenes'' get the seniors out of traditional Medicare and force them into HMOs by suggesting somehow we cannot afford traditional Medicare and that this is the only way to get a drug benefit.

I think they have to be honest about what they are doing. I support the motion of the gentleman from Florida (Mr. DAVIS) because it makes quite clear that on the Democratic side of the aisle, we do not want seniors forced into vouchers or forced into HMOs. We do not want them losing their choice of doctors or choice of hospitals, and we do not want to set up a situation where essentially we kill traditional Medicare. That is what the Republicans are all about, and that is why we need to support this motion to instruct.

Mr. CANTOR. Mr. Speaker, I yield myself such time as I may consume.

Just to respond to the gentleman from New Jersey's statements, first of all about the need for us to reverse the trend toward giving people and businesses back more of their hard-earned money, so they can invest that money creating opportunity, so we can actually grow this economy the way we are seeing it grow as a result of the Bush tax cuts that we have passed in this Congress. And setting that aside, Part A is funded by the trust fund, and Part A has a surplus in it. But Members know the demographics. Just like the Social Security situation, the demographics in this country are betting against us because as more and more people retire, less money will be paid into the program and more people will be on the back side benefiting from the program. That is the problem with Part A.

Part B is funded by general revenues. As we continue to put money into Part B, and we continue to see rising health care costs, estimates are that a third of people's income will be used in the next 20 or 30 years to fund the Medicare program. I do not think any of us want to see our children and grandchildren saddled with that kind of debt off into the future. That is why we have to act now. That is why we have to reform this program, we have to afford ourselves efficiencies, we have to save money, and we have at the end to provide seniors with a health care plan that affords them choices.

I will also tell the gentleman, I am having difficulty following the argument about the blended rate and about the fact that we are going to have a blended rate that reflects both private rates, as well as the rate in the government program. That is the beginning. That is the transition into the formula which after 5 years will then reflect basically the rates that are out there in the marketplace for the predominance of the public, the seniors who are in the private plans. And the gentleman just said the private plans will be cheaper, so if the private plans are cheaper, then the government plan and the fee to get into the government plan will reflect the costs offered by the private plan. I am having trouble with the sort of circular argument that you cannot have these private plans succeed because only the nonsick will enter them and will leave all of the sick people in the government-run program which we already said there are provisions in the bill to address that.

Also, we are talking about doing something to reform and better the program. We are talking about updating and modernizing the program. I hear nothing from the other side of the aisle which even suggests that we should go forward to offer seniors a real choice in health care just as we have as Members of Congress.

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

Mr. DAVIS of Florida. Mr. Speaker, I yield 5 minutes to the gentleman from Ohio (Mr. BROWN), the ranking member on the Subcommittee on Health.

Mr. BROWN of Ohio. Mr. Speaker, I thank the gentleman yielding me this time, and thank the gentleman for the good work he does on health care on the Committee on Energy and Commerce.

Mr. Speaker, I rise in support of the Davis motion. Under H.R. 1, Medicare, pure and simple, ends as we know it, as the gentleman from California (Mr. THOMAS) the chairman of the Committee on Ways and Means has predicted and has worked towards, it ends in 7 years. In 7 years, regardless of what Republicans tell us, Medicare will be replaced by a voucher to cover part of the premium for health insurance. As the voucher goes into effect, seniors out-of-pocket costs increase. Medicare no longer, under the plan of the gentleman from California (Mr. THOMAS), under H.R. 1, under the Republican plan, it no longer guarantees seniors and disabled Americans access to the health care that is deemed medically necessary for them. The government would contribute a set number of dollars to an HMO or some other health insurance; beneficiaries foot the rest of the bill. The government may, although they have not under HMOs so far, may save money; but every dollar the government saves comes out of middle-class and lower-income seniors' pockets.

So much for the Medicare entitlement, so much for guaranteed benefits, so much for choices that matter: Choice of hospital, choice of doctor. I love it when Members on the other side of the aisle say seniors want more choice. They want choice of hospital and doctor. That is what Medicare gives them. They are not asking for choice of insurance agent or insurance company or maybe even choice of glossy HMOs brochure, they want choice of hospital and choice of doctor. That is what Medicare has given seniors for 38 years.

I hear my friends on the other side of the aisle say Democrats do not have a solution. First of all, you have to tell me what the problem is before we offer the solution because Medicare clearly, except it does not have a prescription drug benefit and it is too expensive for some seniors, and we need to fix that, but other than that, seniors are happy with the way Medicare works. They have full physician choice, and they

have full hospital choice. I love how the other side of the aisle argues for market-based competition. That has certainly worked to keep the price of prescription drugs down. It is good for going to the grocery store and buying a new stereo, but it does not seem to be working for prescription drugs or HMOs.

Seniors would choose an HMO over traditional Medicare if traditional Medicare were funded as well as it should be, I do not think so. But what I think about this, Mr. Speaker, what I think about the Republican efforts to privatize Medicare and turn it into a voucher system to change, as the gentleman from California (Mr. THOMAS), the leading Republican expert in this Congress on Medicare says, to change, to end Medicare as we know it.

When I think about that, it dawns on me what the Republicans want to do. They have never, Republicans have never really appreciated and liked Medicare. In 1965 when Medicare was passed, only 11 Republicans in this whole body and the other body voted for it: Then-Congressman Bob Dole voted no, then-Congressman Gerald Ford voted no, then-Senator Strom Thurmond voted no, then-Congressman Donald Rumsfeld voted no. Republicans did not want to create Medicare.

Then many years later, the first time Republicans were in control of this body, the first thing Speaker Gingrich did, the first time they were in the majority, the first thing he tried to do was cut $270 million from Medicare. Why, to give a tax cut to the most privileged people in society, wealthy Americans. They do not like this program. They want to privatize this program. They want to turn Medicare over to private insurance companies, private HMOs, so instead of choice of physician and hospital, you will have choice of glossy insurance company brochure, you will have choice of insurance agent, choice of insurance company. That is not the kind of choice senior citizens want.

Mr. Speaker, every time since Mr. Gingrich in 1995 tried to cut Medicare, every other time Republicans have had an ability to do something to try and weaken Medicare, they have tried to do it. President Bush said in a State of the Union speech, he said if you want to get prescription drug coverage, you have to get out of Medicare and go into a private HMO to get it.

The Democrats simply want Medicare prescription drug coverage to be done through traditional Medicare, not turned over to insurance companies. When you look at what Republicans think about Medicare, the lack of support in 1965, the lack of support in 1993, the lack of support in 1999, the lack of support in 2003, you know the system works, you know the Republicans do not like a government program like that.

Mr. Speaker, I ask for support for the Davis motion to instruct. It makes sense. We want to preserve and protect Medicare, not privatize this system and turn it over to the insurance industry which just happens to give millions and millions of dollars to President Bush and to Republican candidates.

Mr. CANTOR. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, first I would like to call to the attention of the other side of the aisle, in H.R. 1 on page 260, line 18, in very bold print it says, ''No change in Medicare's defined benefit package. Nothing in this part or the amendments made by this part shall be construed as changing the entitlement to defined benefits under parts A and B of the act.''

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Again, nothing is going to change the entitlement for seniors to these benefits, as we said earlier in the House bill.

I would also, Mr. Speaker, at this time like to point out, the gentleman from Ohio says that Republicans do not like Medicare. It is interesting that we on the Republican side are the only ones, once we took majority in this House, who put preventive benefits into the Medicare package. We now have as current law colorectal cancer screening which seniors are entitled to, mammograms, pap smears, prostate screening. In the current bill that we have before us that is in the conference committee, there is an initial physical that will be offered to seniors. There is screening for diabetes, screening for cardiovascular disease provided to all seniors. All seniors. That is what the bill provides for.

As the gentleman also knows, there has been much discussion and much work on the part of the gentlewoman from Connecticut (Mrs. JOHNSON) in the area of chronic disease management. Together with these screening provisions and these benefits that are going to be offered to seniors, we will be able to address some of the potential for these diseases early on, thus saving an awful lot of money and lengthening seniors' lives. I find it hard to even digest the gentleman's suggestion that Republicans do not like Medicare.

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

Mr. DAVIS of Florida. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, I listened to what the gentleman said about the benefits. Surely we have all worked on a bipartisan basis to increase the benefit package. But the bottom line is it is the quality of care that suffers. We know that our seniors, many of them do not like to have to join an HMO where they are not necessarily provided with certain procedures. HMOs routinely deny seniors certain procedures, certain operations.

Clearly they are forced to have certain doctors and are limited in terms of their choice of doctors and hospitals. So when the gentleman says they are going to have a benefit package, sure they have the same benefit package, but that does not mean they have the same quality of care, it does not mean they can choose their doctor or choose their hospital. They may be denied an operation. They may be denied certain equipment. So do not tell me that just because you are guaranteed a certain benefit package that it does not make a difference when you want to stay in traditional Medicare as opposed to having to join an HMO. There is a big difference.

I just wanted to point out one thing, and I was going to ask my colleague from Ohio about this because he has been a leader on this issue. The gentleman from Virginia talked a lot about saving money, but the one big way that you could save money is if you had some kind of cost controls and you negotiated the prices of prescription drugs. The one thing that Republicans have refused to do as part of this package is to in any way control or limit costs in terms of the price of prescription drugs. I would venture to say to you that if you did not have this clause, you have a noninterference clause that says the Secretary of Health and Human Services or the Medicare administrator cannot negotiate price. We do it with the VA, we do it with the Defense Department, we do it with the military. That is one way of saving on cost. You absolutely refuse to do it. You prohibit it.

Mr. Speaker, I yield to the gentleman from Ohio (Mr. BROWN) because I know that he has often talked about this issue. It is clearly a way to save money.

Mr. BROWN of Ohio. I thank the gentleman from New Jersey for yielding. When you talk about cost savings, you can talk about a lot of things but the greatest opportunity we have to save money for the Medicare program is to put the prescription drug benefit inside Medicare and then use the buying power of 39 million Medicare beneficiaries to bring the price down. That is what the Canadians do. That is what the French and the Germans and the Japanese and the Israelis and the Brits do. They use the buying power of millions of seniors, of millions of citizens in their country to get the price down.

That is why Americans pay two and three and four times the price of prescription drugs that anybody else in the world pays. But probably the reason for that is, again, as the insurance industry, it goes back to who is helping the Republican Party. The drug industry has already given $60 or $70 million to President Bush's campaign and to House Republicans and Senate Republicans. That is why this prescription drug benefit, H.R. 1, and every other House bill that comes to this floor sponsored by the Republican leadership will never deal with the high cost of prescription drugs simply because the drug industry, who frankly is way, way too influential in this body, the drug industry simply will not let my Republican friends bring a bill to floor that will cost them a lot of money.

Mr. CANTOR. Mr. Speaker, I yield myself such time as I may consume.

I would just like to respond, number one, the gentleman from New Jersey suggests that the best way that we can control the escalation in cost in health care is essentially for the government to fix the price and for the government to be the player. That is essentially what we have got now in Medicare. We have got a one-size-fits-all government plan determining benchmarks, government determining reimbursement rates. I would just ask the gentleman whether he really believes that we have done anything to really control costs. I am not yielding to him right now. He can respond on his own time. Does he really believe that the costs have come under control and that we are facing a deflationary trend in the cost of health care?

Then I would like to also say that in terms of the accusations that we in some way through passing the House bill are forcing people into HMOs, there is no provision which forces anyone into an HMO. In fact, the bill takes great strides toward creating regional provider networks, so that individual Medicare beneficiaries will have the ability to go and seek care within the network. They can go outside the network. No one is forcing anyone into an HMO, which again goes back to the central point of what we are trying to do and that is to afford seniors a choice. Not everyone wants the same type of health care. And certainly I would suggest that no one wants a Canadian-style health care. No one wants to see a nationalized health care. It is almost like the other side calls for Hillary-care. No one wants that.

As far as the gentleman from Ohio in his discussion on the pharmaceutical end, I thought that the motion to instruct on the part of the gentleman from Florida related to part C, not part D.

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

Mr. DAVIS of Florida. Mr. Speaker, I yield myself 4 minutes.

I would like to briefly point out some of the things that clearly are not a part of this debate and then focus on some of the things on which there is some agreement here. This is not about nationalizing the health care system. The statement was made earlier that I am against market-based competition. Speaking simply for myself, I am not. That is not the issue here tonight. The issue is how do we answer the question to a Medicare beneficiary who has some health issues, who has been rejected by a private plan, how is she or he going to find a way to pay their bills at the end of the week, at the end of the month when the Medicare dollars that they receive now run out. That is the question.

The issue has been presented tonight as to whether we are against choice. I do not think it is whether we are against choice; it is whether what is being presented here is a false choice. I think we can agree that if you are a perfectly healthy Medicare beneficiary, this private plan may work for you. But if you are not, if you have reached 65 and you have had a history of some health problems or you are going to be experiencing them, I believe, as I stated earlier, that the insurance companies across this country will say that we do not choose to insure you; and this bill, and this point has not been refuted by the other side, does not force a private insurance company to accept somebody with health issues who is more expensive who they do not choose to insure because they do not think that person is sufficiently profitable. That private insurance company has a choice. They have a choice to say to that Medicare beneficiary, We do not want you. Instead, you take your voucher and you go off and you take care of your own health care.

It is also important to point out, there has been no disagreement on the other side, no even attempted disagreement as to the fact that the chief actuarial for Medicare has stated that under this premium support provision, that a Medicare beneficiary's premium could increase by as much as 25 percent. This is a fact. This is not in dispute. So notwithstanding these arguments about risk adjusters and blended rates and the bill saying whether it is defined benefit or defined contribution, the fact remains at the end of the day that when a private insurance company turns away somebody with health issues and their premium goes up by as much as 25 percent, that person is left in the cold, that person is left in the dark at the end of the week or at the end of the month when their voucher runs out.

The question remains whether we believe as a Congress, as Democrats, Republicans, as independents, as United States citizens, that it is humane to change Medicare as we know it and leave that person in the cold, in the dark when their voucher runs out. We can look at examples around the country of the Medicare+Choice plan that has been in effect, in my State, Florida, in many States where people who had no health problems enjoyed the benefits of the Medicare+Choice plan. But when as they got older they started to develop health problems and they were turned away by their private plan, thank goodness traditional Medicare was there as a fallback to provide to them the coverage that they had earned through paying a payroll tax, through the copayments and the premiums they paid. Thank goodness traditional Medicare was there. But if this premium support plan is adopted, that person will no longer have that benefit. They will have the voucher instead.

Finally, the gentleman, I think, credibly points out, where is the alternative? I wish I was in a position tonight to offer the alternative. I am forced only to offer a motion to instruct to remove parts of the bill, not to add them. This motion is offered in an attempt to take this very destructive issue off the table so we can get to what we are here today which is to create a reliable, affordable Medicare prescription drug benefit.

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

Mr. CANTOR. Mr. Speaker, I yield myself such time as I may consume. I just want to respond to the gentleman's remarks about discriminating against seniors and thereby denying them access. I think the gentleman will agree, again we are talking about facts, that current law already provides that under Medicare there can be no discrimination based upon age or based upon one's health. And in this bill there is a requirement that the plans that participate and opt to participate in the Medicare program must have uniform pricing and uniform premiums. There are safeguards. And so all this doomsday prediction that the gentleman offers is not going to occur because there are safeguards provided in the bill for that.

I would also like to point out to the gentleman that studies have shown that the poor that are existing now under the Medicare program, they by far are opting for the Medicare+Choice plans versus the standard Medicare program because they are, frankly, more affordable. Again, this is the marketplace at work. I think it brings us back full circle to the fundamental difference between the parties here. We believe that seniors are individuals and they deserve to have a choice and we should bring in the same type of choice that we all have as Members of Congress in the FEHBP, that seniors should also have that and with the safeguards that we have spoken about, seniors can have that choice just as we do, and not be suffering under a one-size-fits-all government-run program that, frankly, is going to run out of money. So we have got to do something.

The gentleman says he is only in a position to offer a motion to instruct. I have heard no solutions being offered by the gentleman or any of the speakers on the other side of the aisle other than some notion of recreating Hillary-care.

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

Mr. DAVIS of Florida. Mr. Speaker, I yield myself such time as I may consume.

I think we are getting closer to the facts here. This is about choice. This is about whether the beneficiary under current law can fall back on the traditional Medicare program. There has been no dispute that under this bill as the chief actuarial, the President's chief actuarial, has said, the premiums can increase by up to 25 percent. Nobody is disputing that. And nobody is trying to answer the question, what happens to that Medicare beneficiary whose premium increases by up to 25 percent who runs out of money under the voucher at the end of the week or at the end of the month.

With respect to solutions, which are not within the scope of the motion to instruct tonight, I think the gentleman should respond to the point that has been made a couple of times here, which is one of the ways to develop a more affordable prescription drug benefit is to give to the Federal Government the authority to negotiate a discount. Just as Secretary Rumsfeld, the Secretary of Defense, negotiates a discount when he buys a helmet or a hammer, just as Sam's Club negotiates discounts for the benefit of all the people we represent, why should the Federal Government not have the ability to negotiate a discount when it purchases prescription drugs for the benefit of our Medicare beneficiaries?

□ 2045

The answer in this bill is that this bill specifically prohibits the Secretary of HHS from negotiating any discount in the price of prescription drugs, and that is an unforgivable travesty in terms of our obligations to defend the taxpayers and the Medicare beneficiaries of this country who are paying horrific prices.

I would be happy to yield to the gentleman if he would care to defend the provision in this bill that specifically prohibits the Federal Government from negotiating any discount whatsoever in the price of prescription drugs.

Mr. CANTOR. Mr. Speaker, will the gentleman yield?

Mr. DAVIS of Florida. I yield to the gentleman from Virginia.

Mr. CANTOR. Mr. Speaker, I will be glad to respond to the question, because, again, we are talking about the philosophy. Do you want the government out there fixing prices? Do you want the government out there coming up with the formulary? That is what you are talking about. Many States across the country do that, they come up with a formulary, and we all know how difficult it is to get anything through this Congress.

So as the drug industry comes up with more and more miraculous life-saving and life-lengthening drugs, we will be stuck and mired in the bureaucratic process of approving a change in the formulary, so it will almost be impossible for that to happen.

Mr. DAVIS of Florida. Mr. Speaker, reclaiming my time, does the gentleman further believe the Secretary of Defense should not have the authority to negotiate any discounts when he is buying a helmet or a hammer, or is that a price control also?

I am happy to yield further to the gentleman to respond to that.

Mr. CANTOR. Again, I think that the Secretary of Defense and any other agency that negotiates on behalf of its agencies, its employees, has a mission. But we are talking about negotiating on behalf of the public and people out there that have different needs.

We are a market-based country. We are a country where people have the option to choose for themselves. We are not living in a country where I think, one would think, the government can decide which medicine, which prescription drugs you ought to have and which you ought not to have.

Mr. DAVIS of Florida. Mr. Speaker, reclaiming my time, I find it incredulous that the gentleman believes that the Federal Government should not take advantage of negotiating some discount, just as Sam's Club does to buy discounts on behalf of its customers, or just as the Secretary of Defense does. This is a disservice to the taxpayers of this country and the Medicare beneficiaries.

This is the type of debate we should be having in this body, as to how to develop an affordable Medicare benefit.

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

Mr. CANTOR. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, just to follow up on that, again, it goes to the fundamental difference between the two parties here, whether you think the government ought to be in there for you negotiating prices, or whether you ought to let the private sector and the plans that have an incentive to attract customers and attract seniors into the plan to make their formularies more attractive, if we are talking about prescription drugs, to give the market the incentive to do that for seniors. Let the seniors choose which plan is better for them, because if you have got the government doing it, there will be no choice. There will be a one-size-fits-all, government-run plan.

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

The SPEAKER pro tempore (Mr. NUNES). The gentleman from Florida (Mr. DAVIS) has the right to close and has 1½ minutes remaining, and the gentleman from Virginia (Mr. CANTOR) has 15 minutes remaining.

Mr. CANTOR. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would say to the gentleman and the Members on the other side, I have enjoyed the debate. I think it is always a healthy experience for this body and the country to have an active discussion on very important issues.

I happen to think that the Medicare reform bill that we hopefully will be voting on soon is probably one of the most important things we will do in our careers in this body, because it does affect so many people. It impacts them in an area of their lives in which everybody is concerned, and that is health care. So I appreciate the debate.

I would just like to underscore, once again, the bill that we have in place and that we have passed out of this body is a bill designed to shore up the failing actuarial numbers in Medicare and the fact that we are on a road to ultimate bankruptcy of the system if we do not do something to reform it and if we do not do something to allow seniors to continue to enjoy that benefit.

The way that this House has spoken, the way we will do that, hopefully, is through inviting in competition from the private sector, allowing seniors to choose health plans that best fit their own family and their own health care needs.

We also, as we have discussed, have in this H.R. 1 provisions which protect seniors and which ensure that they will have access to quality health care, and, at the same time, protection that there is never going to be any denying of the entitlement of Medicare to seniors.

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

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

Mr. Speaker, I think this has been a civil, productive debate as well. The purpose of the premium support provision is to try to reduce the cost of the Medicare program to the benefit of Medicare beneficiaries and the taxpayers, and that goal is a worthy goal.

We have heard debate tonight about one of the ways that can be achieved, by trying to negotiate discounts in terms of the price of prescription drugs. I think the argument on the other side is a philosophical argument, that somehow the government should not be involved in that, even though it works for the Secretary of Defense, it works for the VA, in a fashion that no one is questioning.

So where the debate ultimately ends up tonight is should we reduce the cost of Medicare on the back of that Medicare beneficiary who has been rejected by a private health care plan, by giving them a voucher that will not get them through the end of the week or the end of the month?

I think the answer is clearly no, and there has yet to be a single Member of Congress who has stood on the floor of this House and tried to squarely confront that question. And to say to that Medicare beneficiary, this is why you are on your own, this is why, as the chief actuarial of the Federal Government has said, your premium is going up 25 percent, you are on your own, there is not a humane acceptable answer to that.

This is not a Democrat or Republican proposition. This is about humanity. This is about whether Medicare as we know it is going to continue to address that person at a very difficult time in their life. We owe our seniors a choice, but not a false choice. We should respect them by being honest about what this bill does.

Mr. Speaker, I would urge adoption of the motion to instruct to reject the premium support provision of this bill.

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

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Florida (Mr. DAVIS).

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

Mr. DAVIS of Florida. 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.

CONTINUATION OF EMERGENCY POSED BY PROLIFERATION OF WEAPONS OF MASS DESTRUCTION AND THEIR DELIVERY SYSTEM—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 108–138)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on International Relations and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. Consistent with this provision, I have sent to the *Federal Register* for publication the enclosed notice, stating that the emergency posed by the proliferation of weapons of mass destruction and their delivery systems declared by Executive Order 12938 on November 14, 1994, as amended, is to continue in effect beyond November 14, 2003. The most recent notice continuing this emergency was signed on November 6, 2002, and published in the *Federal Register* on November 12, 2002 (67 Fed. Reg. 68493).

Because the proliferation of weapons of mass destruction and the means of delivering them continues to pose an unusual and extraordinary threat to the national security, foreign policy, and economy of the United States, I have determined the national emergency previously declared must continue in effect beyond November 14, 2003.

GEORGE W. BUSH.

THE WHITE HOUSE, *October 29, 2003.*

CONTINUATION OF NATIONAL EMERGENCY WITH RESPECT TO SUDAN—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 108–139)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on International Relations and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating the emergency is to continue in effect beyond the anniversary date. Consistent with this provision, I have sent the enclosed notice, stating the Sudan emergency is to continue in effect beyond November 3, 2003, to the *Federal Register* for publication. The most recent notice continuing this emergency was published in the *Federal Register* on October 31, 2002 (67 Fed. Reg. 66525).

The crisis between the United States and Sudan constituted by the actions and policies of the Government of Sudan that led to the declaration of a national emergency on November 3, 1997, has not been resolved. These actions and policies are hostile to U.S. interests and pose a continuing unusual and extraordinary threat to the national security and foreign policy of the United States. Therefore, I have determined it is necessary to continue the national emergency declared with respect to Sudan and maintain in force the comprehensive sanctions against Sudan to respond to this threat.

GEORGE W. BUSH.

THE WHITE HOUSE, *October 29, 2003.*

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. BURGESS) is recognized for 5 minutes.

(Mr. BURGESS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

LETTERS FROM CONSTITUENTS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

Mr. BROWN of Ohio. Mr. Speaker, 1838, former President, then-Congressman, John Quincy Adams came to the House floor because he was prohibited, as were the other Members of Congress, from debating the most important issue of the day.

Conservative leadership in the House of Representatives between 1838 and 1842 had passed a rule prohibiting and banning the discussion of slavery on the floor of the House of Representatives. Then-Congressman John Quincy Adams came to the floor, day after day, week after week, sharing letters from his constituents, many of them from women who could not vote in those days, sharing letters from his constituents asking, pleading with the House, that they debate the issue of slavery and that they ban and wipe away that blot on American history.

In some ways similarly today, Members of this House have not had the opportunity to debate the issues of Iraq, of keeping our troops safe in Iraq, of providing and supplying our troops, of the corruption and the incompetence in the Pentagon and in the Bush administration in supplying the troops and turning over so many public dollars to private contractors.

As a result, I would like to share some of those concerns. Since we are not debating the issues on the House floor, I would like share some of the concerns with letters from my constituents.

Sabba, from Richfield, Ohio, writes, ''The Bush administration had no concrete evidence confirming the weapons of mass destruction in Iraq. Bush completely disregarded the United Nations' dissenting opinion.''

You can see in letter after letter I am receiving in Ohio, and my colleagues, the gentleman from Ohio (Mr. STRICKLAND), the gentleman from Ohio (Mr. RYAN), the gentleman from Ohio (Mr. KUCINICH), the gentlewoman from Ohio (Ms. KAPTUR), the gentlewoman from Ohio (Ms. JONES) and Members from both parties in Ohio are receiving from all over the country, people's concerns that the President and the administration may not have leveled with the American people about all of these issues.

□ 2100

Margaret of Strongsville writes, ''Please don't throw money into a vast pit which will affect us all for another several generations.''

Margaret is referring to the $1 billion a week that the President is already spending in Iraq, a third of that money unaccounted for, going to private contractors, many of them the President's friends, and that is where she and so many others believe there is so much waste and so much pork.

Marvin of Akron, Ohio, says, ''The request must be carefully scrutinized and unnecessary expenditures removed.''

Thomas of Akron, Ohio, writes, ''How much debt is acceptable?''

What he is writing about is he understands, as most Members of this House do, I think, on both sides of the aisle, that the $87 billion is put on a government credit card. We are going to spend our children's and our grandchildren's money, in large part, because Congress has voted a tax cut for the wealthiest Americans. The average millionaire in this country, as Thomas knows from his letter, the average millionaire in this country gets a $93,000 tax cut. Half of Ohioans get no tax cut at all. Yet, we are not going to rescind that tax cut for the richest of Americans, for the American millionaires