

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 Ohio (Mr. BROWN) is recognized for 5 minutes.

(Mr. BROWN 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 Illinois (Mr. PORTER) is recognized for 5 minutes.

(Mr. PORTER 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 American Samoa (Mr. FALEOMAVAEGA) is recognized for 5 minutes.

(Mr. FALEOMAVAEGA 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 Washington (Mr. METCALF) is recognized for 5 minutes.

(Mr. METCALF 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 South Dakota (Mr. THUNE) is recognized for 5 minutes.

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

#### PRESCRIPTION DRUGS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Michigan (Ms. STABENOW) is recognized for 5 minutes.

Ms. STABENOW. Mr. Speaker, I rise once again to focus attention on the topic of prescription drugs. The topic of affordable prescription drugs for seniors is a critical one for families in Michigan and across the nation. Last summer I set up a hot line in Michigan asking those who had stories to tell to call and share them with me, and also for individuals to write me letters and send me copies of their prescription drug bills.

I have received hundreds from across the state, and I have heard heartbreaking stories from seniors about their struggles—about having to choose between putting food on the table and paying the utility bill or being able to get their medications. Because this is such a pervasive problem, it is critical that we pass prescription drug coverage under Medicare, that modernizes the Medicare program to cover the way health care is provided today.

On April 12 of this year, I led an hour of debate on the topic of prescription drug coverage for senior citizens, I read three letters from around the state from seniors who shared their personal stories. At that time, I made a

commitment to continue to read a different letter every week until the House enacts reform. This week I will read a letter from Paul and Lois Van Valkenburgh of Buckley, Michigan:

DEAR CONGRESSWOMAN STABENOW: You say three out of four Americans do not have adequate prescription drug coverage. My wife and I have no prescription drug coverage; how is that for not having adequate coverage? We have never found prescription drug insurance we could afford.

Attached to this letter are copies of our prescription drug bills. They cost us over \$2,200 per year, which we really cannot afford. If we had prescription drug coverage like people [who are not retired] (and make much more money than we), then we could afford to pay the premium on insurance coverage for prescription drugs. But the premium has got to be affordable and the deductible reasonable. . . .

Anything you can do to either lower the prices or get retired people a prescription drug insurance that's affordable will be appreciated.

Thank you for giving us this opportunity to talk to someone about this awful situation.

Sincerely yours,

PAUL AND LOIS VAN VALKENBURGH.

The Van Valkenburghs have a combined income of \$13,500 a year. Under the Democratic prescription drug plan which I have co-sponsored they would be entitled to significant help with their drug costs. I would like to thank the Van Valkenburghs for sharing their story, and on their behalf and the others that need this assistance, I will continue to work to pass an affordable, voluntary prescription drug benefit for all of our seniors during the 106th Congress.

#### THE MESSAGE MATTERS: WORDS THAT WORK

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

Mr. FOLEY. Mr. Speaker, as we enter the final stretch of legislative business for this Congress and as we prepare to engage in the campaigns back home, as a member of Florida and a member of the Committee on Ways and Means of Congress, I wanted to assure residents in Florida that, in fact, Republicans have initiated prescription drug coverage for seniors in our community.

Back in 1994, then Governor Lawton Chiles was running for reelection to the governorship and was being challenged by Jeb Bush. Governor Chiles ran negative ads saying, if Jeb Bush was elected the governor, he would take away Social Security.

Now, everyone knows the governor of a State does not control Social Security. But the scam worked and, in fact, Jeb lost. The governor went on later to apologize after a thorough investigation found that the campaign did, in fact, make those spurious claims that were false and misleading.

Now we are being told that if we do not elect a majority to the other side of the aisle that we will not see prescription drug coverage for senior citizens.

Let us put people before politics; and let us make certain that, at the end of

the day, we come together in a bipartisan fashion to bring about prescription coverage for our seniors.

In town hall meetings in Florida, I meet with seniors all the time of every political stripe, not just Republicans, but Democrats and Independents. Their first thought to me is, we do not want something free, but we certainly do not want to be forced into a government-run HMO-style system that makes everyone in the same system one size fits all. They would like access to prescription drugs. Yes, they would like lower pricing of prescription drugs.

In this House, we are trying to do that. We recognize the cost is becoming a big burden on many seniors in our community. But we want to make certain that we only cover the poorest and the sickest.

When the President's drug plan first came to our Committee on Ways and Means, there was no provision for catastrophic coverage. We are most concerned in our bill of finding a way for the sickest Americans who may have diabetes, who may have hypertension, who may have suffered from cancer, who may have to depend daily on a multiple dose of medications that they, in fact, have some safeguard against financial ruin.

Our bill does that. But our bill also provides a voluntary system in which they can decide whether they want to enroll in a new drug plan.

Senator EDWARD KENNEDY of Massachusetts stated that two-thirds of Americans currently have prescription drug coverage who are 65 and older. So it begs the question, why are we going to upturn, if you will, or turn over the entire prescription drug benefit to those two-thirds when it is really the one-third we should be seeking to remedy.

Those may again be the poorest. And we can help through our plan to provide for prescription drug coverage both through the States and the Medicaid system and through our innovative care.

Again, people before politics.

We want to put families back in charge of the decisions they make relative to their prescription coverage and their health care and what policies they may or may not want to join, not a forced plan by the Federal Government.

But we also have to recognize some of the other things that we have to consider, long-term care insurance, another serious issue facing Americans. We should not just be talking, Mr. Speaker, about prescription drugs. We have to face reality that our community and our country is growing older and that the need for long-term health care insurance or coverage will become even more profound in the years ahead.

Now, fortunately this Congress is on its way to paying down with surplus dollars, 90 percent of that surplus, to pay down the Federal debt. When we first came to Congress, many of us prescribed a bill that would in fact use