United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 108th CONGRESS, FIRST SESSION

Vol. 149 WASHINGTON, MONDAY, JUNE 16, 2003 No. 88

House of Representatives

The House met at 12:30 p.m. and was called to order by the Speaker pro tempore (Mr. BURGESS).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
June 16, 2003.

I hereby appoint the Honorable MICHAEL C. BURGESS to act as Speaker pro tempore on this day.

J. DENNIS HASTERT,
Speaker of the House of Representatives.

MORNING HOUR DEBATES

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to not to exceed 30 minutes, and each Member, except the majority leader, the minority leader, or the minority whip, limited to not to exceed 5 minutes.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 2 p.m.

Accordingly (at 12 o'clock and 32 minutes p.m.), the House stood in recess until 2 p.m.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. CULBERSON) at 2 p.m.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Lord our God, throughout the course of history, You have called forth people of Your own design to seize a moment of time and make a difference in the course of human events.

Sometimes You have raised up exceptional people, heroes in battle, learned scholars, powerful speakers and world leaders. At other times, You have simply used ordinary people faithful in their daily duties, doctors, laborers, parents or teachers, caught in a moment when a responsible decision, a strong voice or defined action was required of them. But always You have been faithful and Your people have responded in shaping this Nation.

In these exceptional times, You have called singular women and men to serve as Members in the House of Representatives of this 108th Congress. Be with them in their ordinary tasks of meeting people of divergent opinions and needs and representing a variety of peoples united as one Nation.

Forgetting themselves in their efforts to serve the best interests of others and the common good of this Nation, make of them exceptional people, who will be honored now and be remembered forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from California (Mr. FILNER) come forward and lead the House in the Pledge of Allegiance.

Mr. FILNER led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

MESSAGE FROM THE SENATE

A message from the Senate by Mr. Monahan, one of its clerks, announced that the Senate has passed with an amendment in which the concurrence of the House is requested, a bill of the House of the following title:

H.R. 2115. An act to amend title 49, United States Code, to reauthorize programs for the Federal Aviation Administration, and for other purposes.

The message also announced that the Senate insists upon its amendment to the bill (H.R. 2115) ''An Act to amend title 49, United States Code, to reauthorize programs for the Federal Aviation Administration, and for other purposes,'' requests a conference with the House on the disagreeing votes of the two Houses thereon, and appoints Mr. MCCAIN, Mr. STEVENS, Mr. BURNS, Mr. LOTT, Mrs. HUTCHISON, Mr. HOLLINGS, Mr. INOUYE, Mr. ROCKEFELLER, and Mr. BREAUX, to be the conferees on the part of the Senate.

The message also announced that the Senate has passed a bill and a concurrent resolution of the following titles in which the concurrence of the House is requested:

S. 1247. An act to increase the amount to be reserved during fiscal year 2003 for sustainability grants under section 29(l) of the Small Business Act.

S. Con. Res. 48. Concurrent resolution supporting the goals and ideals of ''National Epilepsy Awareness Month'' and urging support for epilepsy research and service programs.

FCC MUST BE HELD ACCOUNTABLE

(Mr. FILNER asked and was given permission to address the House for 1

Printed on recycled paper.

minute and to revise and extend his remarks.)

Mr. FILNER. Mr. Speaker, I rise today to express my concern and many of our concerns over the regulatory uncertainty wrought by the recent Federal Communications Commission so-called triennial review decision. In fact, the FCC has made so many mistakes recently, I think that the initial stands for ''Forget Consensus in Congress.''

In this case, the FCC missed the opportunity to bring clarity to the rules that promote facilities-based competition and would spur investment and create jobs. Instead, it has punted the decision to the States, all 50 of them. This move will force more State proceedings, more regulatory uncertainly, and without a doubt, more delay.

The telecommunications sector has certainly had its meltdown. It has already lost more than half a million jobs and $2 trillion in market value. And immediately after the February decision, the industry lost a total capital value of $15 billion. Wall Street certainly took note and downgraded the outlook for telecommunications companies. With this regulation stranglehold, these companies cannot effectively recover from recent losses, they cannot invest in expansion, and they cannot create or save American jobs. As many recent decisions show, we must hold the FCC more accountable.

HOUR OF MEETING ON TUESDAY, JUNE 17, 2003

Mr. NETHERCUTT. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 10:30 a.m. tomorrow for morning hour debates.

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

There was no objection.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 3 p.m. today.

Accordingly (at 2 o'clock and 6 minutes p.m.), the House stood in recess until approximately 3 p.m.

□ 1500

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. CULBERSON) at 3 p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

RECORD votes on postponed questions will be taken after 6:30 p.m. today.

BRUCE WOODBURY POST OFFICE BUILDING

Mr. CARTER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2254) to designate the facility of the United States Postal Service located at 1101 Colorado Street in Boulder City, Nevada, as the ''Bruce Woodbury Post Office Building''.

The Clerk read as follows:

H.R. 2254

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. BRUCE WOODBURY POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 1101 Colorado Street in Boulder City, Nevada, shall be known and designated as the ''Bruce Woodbury Post Office Building''.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the Bruce Woodbury Post Office Building.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. CARTER) and the gentleman from Illinois (Mr. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. CARTER).

GENERAL LEAVE

Mr. CARTER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the bill currently under consideration.

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

There was no objection.

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

Mr. Speaker, H.R. 2254, introduced by my distinguished colleague, the gentleman from the State of Nevada (Mr. PORTER), designates the facility of the United States Postal Service located at 1101 Colorado Street in Boulder City, Nevada, as the ''Bruce Woodbury Post Office Building.''

Mr. Speaker, this legislation honors a public servant whose contributions may not garner national attention; but in southern Nevada, few citizens are more highly regarded than Bruce Woodbury.

To those who live in and around the Third Congressional District of Nevada, Bruce Woodbury is known as a civic official who has been among the most influential in promoting the remarkable economic development of this booming region. He has chaired the Regional Transportation Commission of Southern Nevada for the last 11 years. In that capacity, his crowning achievement was securing the construction of the Las Vegas Beltway, probably the most ambitious transportation project ever in Clark County.

Bruce Woodbury also has served on the Clark County Commission in southern Nevada for 21 years. Mr. Woodbury has led this commission on the most important issues Clark County has had to face: health care, air and water quality, public transit, gaming, sanitation, and many others. His fellow commissioners have selected him to be the Chair of the Big Ben Water District Board of Trustees, the vice-chair of the Kyle Canyon Water District Board of Trustees, among several other posts.

Mr. Woodbury is also a partner at his law firm of Jolley, Urga, Wirth and Woodbury that has offices in Boulder City and in Las Vegas.

In his time away from work, he is also a member of the Boulder City Chamber of Commerce, Rotary Club, and Elks Lodge. Previously he has sat on the board of trustees at a bank, the Las Vegas chapter of the Red Cross, and the Nevada Special Olympics. Finally, he has been appointed to many state level councils, boards, and other panels, truly too numerous to name.

In whatever spare time that he can find, Mr. Woodbury loves to spend as much time as he can with his wife, Rose, and their seven children, Adam, Ashley, Benjamin, Melissa, Rebecca, Rodney and Wendy, and their seven grandchildren: Anna, Elias, Jess, Joseph, Samuel, and Silvie Jane.

I understand that the gentleman from Nevada, the sponsor of this legislation and former mayor of Boulder City, has worked together with Bruce Woodbury on countless efforts affecting the residents of southern Nevada. They have developed a close relationship, and I applaud my colleague from Nevada for his work on this meaningful measure. This post office in Boulder City, Nevada will hopefully soon be named after a truly wonderful, all-around American.

Therefore, I urge all Members to support the passage of H.R. 2254.

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

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

Mr. Speaker, as a member of the House Committee on Government Reform, I am pleased to join my colleague in consideration of H.R. 2254, which names a postal facility in Boulder City, Nevada, after Bruce Woodbury.

H.R. 2254, which was introduced by the gentleman from Nevada (Mr. PORTER) on May 22, 2003, has met the committee policy and has been cosponsored by all members of the Nevada delegation.

Mr. Woodbury is a native of Las Vegas, Nevada, and has lived in Boulder City for over 25 years. A distinguished community and civic-minded member of Boulder City, Mr. Woodbury has long been involved in city politics. As a member of the Clark County Commission for 21 years and the Regional Transportation Commission, Mr.

Woodbury has successfully tackled a number of challenging transportation projects.

As chairman of the Regional Transportation Committee, Commissioner Woodbury was a driving force behind the construction of the Las Vegas Beltway and reducing traffic delays.

I commend my colleague for seeking to honor the numerous contributions of Commissioner Bruce Woodbury in this manner. I note that H.R. 2254 also enjoys the support of the Honorable Robert S. Ferraro, mayor of Boulder City, and members of the entire city council.

Mr. Speaker, I certainly concur in the passage of this bill.

Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

Mr. CARTER. Mr. Speaker, I yield such time as he may consume to the honorable gentleman from the State of Nevada (Mr. PORTER), the sponsor of this legislation.

Mr. PORTER. Mr. Speaker, I rise today in support of H.R. 2254, legislation to name the United States Postal Service facility in Boulder City, Nevada, in honor of Clark County Commissioner Bruce Woodbury.

I introduced this legislation to pay tribute to one of southern Nevada's most distinguished citizens. I have worked closely with the members of the city council of Boulder City and the mayor of Boulder City, Robert Ferraro, to appropriately thank Commissioner Woodbury for his many contributions to the great State of Nevada and to our Nation.

Commissioner Woodbury is a native of Las Vegas and has resided in Boulder City, Nevada, since 1978. He is a graduate of Las Vegas High School and attended the University of Utah where he graduated Phi Kappa Phi, Phi Beta Kappa, and Magna Cum Laude. Mr. Woodbury then attended Stanford School of Law where he earned a Doctor of Jurisprudence and was a member of the Board of Editors of the Stanford Law Review.

In southern Nevada, Commissioner Woodbury has been active for many years as an outstanding civic leader. He has served as a member of the Clark County Commission for 21 years and on the Regional Transportation Commission of southern Nevada for 17 years, the last 11 as that body's chairman. He was also the founding father of the Clark County Regional Flood District and the Southern Nevada Water Authority.

Mr. Speaker, the impact and the magnitude of his contributions are seen by Nevadans every day. Commissioner Woodbury was instrumental in gathering support for the construction of the Las Vegas Beltway, the largest and most visible transportation project ever undertaken in Clark County's history. Through his leadership, Commissioner Woodbury has worked to minimize traffic delays, reduce inconvenience for drivers, and maintain access to local businesses. In addition, Mr. Woodbury has been very involved in local, civic, and youth organizations and is a proud father and grandfather.

It has been my privilege to work with Commissioner Woodbury on a variety of projects; and I can speak to his character as a leader, as a citizen, and as a friend.

Mr. Speaker, on a personal note, Bruce Woodbury is a quiet man. He actually was very embarrassed when I suggested we name the post office after him. Bruce does not like accolades. He is the first, the first man to give everyone else credit before taking credit for himself. Yes, he is quiet; but he is an effective leader, and he is one of the most visionary and caring individuals who has ever served as a public servant. His example sets the standard for all of us serving this great country.

Southern Nevada has grown almost threefold since Mr. Woodbury was elected, to almost 1.6 million people. There is not a project in Nevada that Mr. Woodbury has not touched, whether it be transportation, air quality, schools, health care, water quality, senior citizens, and taking care of our children.

As a matter of fact, when Bruce was first elected over 20 years ago, there was a major flood in southern Nevada. Bruce was there with a shovel helping citizens dig out their cars, their homes, their livestock, making sure they could get their families back in order. Bruce did not just sit back; Bruce then formed the Clark County Flood Control District. We have not had the same challenges that we had in 20 years because of Bruce Woodbury's leadership.

Let us talk about traffic for a second. Bruce travels to work about 20 miles every day and got tired of sitting around in traffic and decided to build and be the leader in developing the Las Vegas Beltway, because Bruce, although quiet, is effective and wanted to get the job done.

Mr. Speaker, as a Member of this body, I am truly honored to have served with Mr. Woodbury. He has been a mentor for me and many other public servants, and words truly cannot express my appreciation for all that he has done to improve the quality of life in Nevada.

I urge all of the Members of this body to support the legislation today.

Mr. CARTER. Mr. Speaker, I have no other speakers at this time. Again, I want to thank my colleague, the gentleman from Nevada, for introducing this important legislation; and I thank the gentleman from Illinois as well. I urge all Members to support the passage of this legislation.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. CARTER) that the House suspend the rules and pass the bill, H.R. 2254.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. CARTER. 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 and the Chair's prior announcement, further proceedings on this motion will be postponed.

COMMENDING MEDGAR WILEY EVERS AND MYRLIE EVERS-WILLIAMS FOR THEIR LIVES AND ACCOMPLISHMENTS

Mr. CARTER. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 220) commending Medgar Wiley Evers and his widow, Myrlie Evers-Williams, for their lives and accomplishments.

The Clerk read as follows:

H. CON. RES. 220

Whereas a pioneer in the fight for racial justice, Medgar Wiley Evers, was born July 2, 1925, in Decatur, Mississippi, to James and Jessie Evers;

Whereas, to faithfully serve his country, Medgar Evers left high school to join the Army when World War II began and, after coming home to Mississippi, he completed high school, enrolled in Alcorn Agricultural and Mechanical College, presently known as Alcorn State University, and majored in business administration;

Whereas, as a student at Alcorn Agricultural and Mechanical College, Evers was a member of the debate team, the college choir, and the football and track teams, was the editor of the campus newspaper and the yearbook, and held several student offices, which gained him recognition in Who's Who in American Colleges;

Whereas, while a junior at Alcorn Agricultural and Mechanical College, Evers met a freshman named Myrlie Beasley, whom he married on December 24, 1951, and with whom he spent the remainder of his life;

Whereas, after Medgar Evers received a bachelor of arts degree, he moved to historic Mound Bayou, Mississippi, became employed by Magnolia Mutual Life Insurance Company, and soon began establishing local chapters of the National Association for the Advancement of Colored People (referred to in this resolution as the ''NAACP'') throughout the Delta region;

Whereas, moved by the plight of African-Americans in Mississippi and a desire to change the conditions facing them, in 1954, after the United States Supreme Court ruled school segregation unconstitutional, Medgar Evers became the first known African-American person to apply for admission to the University of Mississippi Law School, but was denied that admission;

Whereas, as a result of that denial, Medgar Evers contacted the NAACP to take legal action;

Whereas, in 1954, Medgar Evers was offered a position as the Mississippi Field Secretary for the NAACP, and he accepted the position, making Myrlie Evers his secretary;

Whereas, with his wife by his side, Medgar Evers began a movement to register people to vote in Mississippi and, as a result of his activities, he received numerous threats;

Whereas, in spite of the threats, Medgar Evers persisted, with dedication and courage, to organize rallies, build the NAACP's membership, and travel around the country with Myrlie Evers to educate the public;

Whereas Medgar Evers' passion for quality education for all children led him to file suit

against the Jackson, Mississippi public schools, which gained him national media coverage;

Whereas Medgar Evers organized students from Tougaloo and Campbell Colleges, coordinated and led protest marches, organized boycotts of Jackson businesses and sit-ins, and challenged segregated bus seating, and for these heroic efforts, he was arrested, beaten, and jailed;

Whereas the violence against Medgar Evers came to a climax on June 12, 1963, when he was shot and killed in front of his home;

Whereas, after the fingerprints of an outspoken segregationist were recovered from the scene of the shooting, and 2 juries deadlocked without a conviction in the shooting case, Myrlie Evers and her 3 children moved to Claremont, California, where she enrolled in Pomona College and earned her bachelor's degree in sociology in 1968;

Whereas, after Medgar Evers' death, Myrlie Evers began to create her own legacy and emerged as a national catalyst for justice and equality by becoming active in politics, becoming a founder of the National Women's Political Caucus, running for Congress in California's 24th congressional district, serving as Commissioner of Public Works for Los Angeles, using her writing skills to serve as a correspondent for Ladies Home Journal and to cover the Paris Peace Talks, and rising to prominence as Director of Consumer Affairs for the Atlantic Richfield Company;

Whereas Myrlie Evers became Myrlie Evers-Williams when she married Walter Williams in 1976;

Whereas, in the 1990's, Evers-Williams convinced Mississippi prosecutors to reopen Medgar Evers' murder case, and the reopening of the case led to the conviction and life imprisonment of Medgar Evers' killer;

Whereas Evers-Williams became the first female to chair the 64-member Board of Directors of the NAACP, to provide guidance to an organization that was dear to Medgar Evers' heart;

Whereas Evers-Williams has published her memoirs, entitled ''Watch Me Fly: What I Learned on the Way to Becoming the Woman I Was Meant to Be'', to enlighten the world about the struggles that plagued her life as the wife of an activist and empowered her to become a community leader;

Whereas Evers-Williams is widely known as a motivational lecturer and continues to speak out against discrimination and injustice;

Whereas her latest endeavor has brought her home to Mississippi to make two remarkable contributions, through the establishment of the Evers Collection and the Medgar Evers Institute, which advance the knowledge and cause of social injustice and which encompass the many lessons in the life's work of Medgar Evers and Myrlie Evers-Williams;

Whereas Evers-Williams has presented the extraordinary papers in that Collection and Institute to the Mississippi Department of Archives and History, where the papers are being preserved and catalogued; and

Whereas it is the policy of Congress to recognize and pay tribute to the lives and accomplishments of extraordinary Mississippians such as Medgar Evers and Myrlie Evers-Williams, whose life sacrifices have contributed to the betterment of the lives of the citizens of Mississippi as well as the United States: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That—

(1) Congress commends Medgar Wiley Evers and his widow, Myrlie Evers-Williams, and expresses the greatest respect and gratitude of Congress, for their lives and accomplishments;

(2) Congress supports the establishment of a ''Medgar Evers National Week of Remembrance''; and

(3) copies of this resolution shall be furnished to the family of Medgar Wiley Evers and Myrlie Evers-Williams.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. CARTER) and the gentleman from Illinois (Mr. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. CARTER).

GENERAL LEAVE

Mr. CARTER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the concurrent resolution currently being considered.

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

There was no objection.

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

Mr. Speaker, House Concurrent Resolution 220, introduced by my distinguished colleague, the gentleman from the State of Mississippi (Mr. THOMPSON), commends Medgar Wiley Evers and his widow, Myrlie Evers-Williams for their lives and accomplishments. I am proud that this House is considering this legislation, because it can serve as an important history lesson to all of those who witness these proceedings here today.

Mr. Speaker, as legislative business began this afternoon, we recited the Pledge of Allegiance on this floor as we do every day. But today it seems especially appropriate to revisit that vow just before this House honors a man and a woman who have lived their lives based on the belief that in this country, more than anywhere else in the world, there should surely be ''liberty and justice for all.''

□ 1515

Mr. Speaker, Medgar Evers and Myrlie Evers-Williams are each remarkable civil rights leaders who have accomplished great deeds on behalf of countless Americans.

Medgar was born in Decatur, Mississippi, in 1925. He dropped out of high school at the age of 17 to join the Army during World War II. When he safely returned home, he completed high school and went on to attend and graduate from Alcorn A&M College. He landed a job with an insurance agency before becoming a field secretary to the National Association for the Advancement of Colored People in Jackson, Mississippi.

Medgar soon met a young Mississippi woman named Myrlie who also worked for the NAACP, and they married in 1951. Tragically, 12 years later, Medgar Evers was dreadfully shot and killed outside his home.

Despite this unbelievable heartbreak, Myrlie Evers-Williams has carried on. She soon moved to Claremont, California, with her three children to begin a new life. Among her many subsequent accomplishments Ms. Evers-Williams became the first black woman to serve on the Los Angeles Board of Public Works where she oversaw nearly 6,000 public employees and a budget of $400 million. In addition, she was the first woman elected to chair the NAACP in 1995 and continues to be a valuable asset to the association as chairman emeritus.

Mr. Speaker, I want to remind this House that last Thursday was the 40th anniversary of the tragic assassination of Medgar Evers that occurred on June 12, 1963. Early this afternoon, a national day of remembrance was observed at Medgar Evers' grave site in Arlington National Cemetery. This sober and beautiful event marked the end of the Medgar Evers National Week of Remembrance organized by the Medgar Evers Institute founded last year by Myrlie Evers-Williams. The week featured events across the State of Mississippi, including celebration of his life in Newton, a prayer and candlelight vigil in Jackson, and a symposium on his works and achievements in Tougaloo.

Mr. Speaker, for all these reasons, I urge all Members to support the adoption of House Concurrent Resolution 220 that honors the lives of these two fine people, Medgar Wiley Evers and Myrlie Evers-Williams. I sincerely thank my colleague from Mississippi for introducing this important resolution.

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

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I might consume.

I want to thank the gentleman from Texas for his remarks, and I am pleased to join with him as we consider H. Con. Res. 220, a bill commending Medgar Wiley Evers and his widow Myrlie Evers-Williams for their lives and accomplishments.

Mr. Speaker, on June 12, 1963, a black civil rights activist was murdered in front of his home and became a martyr for the cause. On that same day, that very same day, his wife became even more committed to the cause and to the work that they were doing.

Medgar Wiley Evers was born July 2, 1925, near Decatur, Mississippi, and attended school there until he was inducted into the Army in 1943. After serving in Normandy, France, he attended Alcorn College, where he met Myrlie Beasley of Vicksburg, Mississippi. They were married the next year on December 14, 1951.

After receiving his degree, Medgar Evers moved to Mound Bayou, Mississippi, during which time he began to establish local chapters of the NAACP throughout the Delta and organizing boycotts of gasoline stations that refused to allow blacks to use their restrooms.

He worked in Mound Bayou as an insurance agent until 1954, the year a Supreme Court decision ruled school desegregation unconstitutional. Despite

the Court's rulings, Evers applied for and was denied admission to the University of Mississippi Law School. His actions caught the attention of the NAACP's national office, and he was appointed Mississippi's first field secretary for the NAACP.

Medgar and Myrlie moved to Jackson where they worked together to set up the NAACP office, began to investigate violent crimes committed against blacks and rallied civil rights demonstrators and organized voter registration drives.

On June 12, 1963, a few hours after President Kennedy had made an extraordinary broadcast to the Nation on the subject of civil rights, Medgar Evers was shot in the back and killed. It was then that Myrlie Evers-Williams began her relentless search for her husband's killer.

Medgar Evers's accused killer, Byron De La Beckworth, a white segregationist, was tried and released after two hung jury mistrials. Despite these initial defeats, Myrlie Evers-Williams continued searching for new evidence in the case. Mr. Beckworth was finally convicted in 1994 and sentenced to life in prison.

In June of 1988, Myrlie Evers-Williams became the first black woman to be appointed to the Los Angeles five-member Board of Public Works. In 1995, she ascended to the national chairmanship of the NAACP and served until 1998. She had written two books, one, ''For Us, the Living,'' and two, ''Watch Me Fly: What I Learned on the Way to Becoming the Woman I was Meant to Be.''

One can look at the number of black elected officials in Mississippi—today the State that has more African Americans elected to public office than any other State in the Nation—and when we do that we see the work of Medgar and Myrlie. Look at the number of blacks enrolled in each of Mississippi's public and private institutions of higher learning, and we see the work of Medgar and Myrlie. We can look at the former Secretary of Agriculture, Mike Espy. We can look at State Senator David Jordan, and of course, we can look at the gentleman from Mississippi (Mr. THOMPSON), a Member of this body and the originator of this legislation.

When we look at all of that development, we see the work, we see the impact, we see the influence, we see the lives of Medgar and Myrlie Evers. So it is indeed altogether fitting and proper that, on this day, I am often reminded of the fact that the Constitution of the United States of America suggests that all men, I guess if we were writing it today, it would say ''all men and women, are created equal and endowed by their Creator with certain inalienable rights, and that among those would be life, liberty and the pursuit of happiness.''

Medgar and Myrlie Evers pursued rights, not only for themselves but rights for others, and as a result of that pursuit, he gave the most precious thing that one could ever have and the most precious thing that one could ever give, that is, indeed, his life. So I am pleased to join with those who would pause on this day to pay tribute to their lives and to their legacy.

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

Mr. CARTER. Mr. Speaker, I yield as much time as he may consume to the distinguished gentleman from Georgia (Mr. BURNS).

Mr. BURNS. Mr. Speaker, I rise today in support of House Concurrent Resolution 220, introduced by the gentleman from Mississippi (Mr. THOMPSON) and the gentleman from Mississippi (Mr. PICKERING.)

The resolution before us today commends two wonderful people for their wisdom and their vision. Medgar Wiley Evers and his widow Myrlie Evers-Williams were pioneers in the fight for racial justice. Today, we honor them for their efforts and recognize them for their accomplishments.

With a desire to change the conditions facing African Americans in Mississippi, Medgar Evers became the first African American to apply for admission to the University of Mississippi Law School. But in 1954, even after the United States Supreme Court ruled segregation unconstitutional, Mr. Evers was denied admission.

With his wife at his side, Medgar Evers began a movement to register voters in Mississippi. In spite of personal threats, he persevered. His dedication to the improvement of education for all children, regardless of race, led him to challenge the segregationist systems in Jackson, Mississippi public schools. He continued to challenge segregation at every level from educational services to bus seating.

Although Mr. Evers' life was tragically brought to a premature end, his widow Myrlie Evers-Williams remains an effective voice against discrimination and injustice. Through the establishment of the Evers Collection and the Medgar Evers Institute, she advances the knowledge of the many lessons learned through their lives and through their experiences.

This resolution is a way in which to remember the challenges that Myrlie Evers-Williams and Medgar Evers faced and overcame.

Mr. Speaker, I appreciate their work. I appreciate their sacrifice. I appreciate the fact that they pursued a life to improve the lives of African Americans, certainly in this Nation, but they also improved the lives of men, women and children of all races and all faces around the globe.

I urge my colleagues to support this resolution.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I might consume.

As I continue to listen and to hear of the great works and the exploits of Myrlie and Medgar Evers, it occurred to me that in order to have a full appreciation that one perhaps should have been living during that time. It just happened for me that I lived not very far from Mississippi at that time.

I was a young child growing up in the State of Arkansas and actually lived only about 25 miles from Mississippi, and so I knew a great deal about Mississippi and had relatives who lived in Mississippi, and so we would drive across the Mississippi River at Greenville and go and visit in places like Mound Bayou and Cleveland and Schuller and Lexington and Greenwood and all through the Delta back the other way.

There was an environment, there was an atmosphere, as a matter of fact, my brothers and I would sometimes kid ourselves because our father would never have to chastise us in the car to be quiet when we got to Mississippi. I mean, there was a feeling and once we crossed the bridge, we would immediately become silent, and he did not have to say, ''You all be quiet, sit down, do not do things.''

Then when one travels to Mississippi today, they see a very different Mississippi. They see a Mississippi that in many ways has transformed itself from the Mississippi of the past to the Mississippi of the present and moving on to the Mississippi of the future.

One can attribute much of that change to Medgar and Myrlie Evers. One can attribute much of that change to the era known as the civil rights period, the movement, the marches, the demonstrations, the willingness of people to say that change is so necessary until I am willing to run the risk of being violated or being mutilated of doing whatever it takes to move out of the dark ages to the brightness of possibility of what it is that tomorrow can and should bring.

I know, Mr. Speaker, that the gentleman from Mississippi (Mr. THOMPSON) should be walking in the door at any moment, but while he is about to walk into the door, I know one who was indeed a part of the struggle during that period and was an eloquent voice for civil rights and human rights and for the movement of all people then, as she is today.

Mr. Speaker, I am pleased to yield 6 minutes to the gentlewoman from the District of Columbia (Ms. NORTON).

□ 1530

Ms. NORTON. I very much thank the gentleman for yielding me this time, and I thank the chairman for bringing this bill forward; and, of course, I thank my good colleague, the gentleman from Mississippi (Mr. THOMPSON), for introducing this bill.

While this bill has national significance for our country, it has personal significance for me. Of course Medgar Evers is remembered for the sacrifice of his life for human rights in this country. I was an impressionable young law student who had been asked to come to the delta, not to Jackson, but to the delta to help prepare for what became the 1964 freedom summer

by doing a pilot for the voter registration schools that we would do ultimately for people on the farms who wanted to learn how to register and vote, a very hard thing to do in Mississippi at the time.

When I came, of course I came not to the delta first but to Jackson and was told to go to the office of the NAACP. I wanted very much to meet Medgar Evers, because it had been national publicity that the sit-ins had only that summer begun in Mississippi. We were through with the sit-ins in the rest of the country. We were on to the next stage of the civil rights movement. But I will tell you, Mississippi was another kettle of fish; and they had been beaten brutally for sitting in.

In the summer of 1963, I wanted to see this brave man. What Medgar Evers tried to do was to kidnap me from the delta. I was a law student at a time when there were very few African American law students, and he wanted me to work in the NAACP office. But I had promised Bob Moses in Greenwood, Mississippi, that I would come there. So instead, he took me all around Jackson to various places so that I could meet people in the Jackson movement.

He took me to his home to meet his extraordinary wife, Myrlie Evers, now Williams; and we met the children, the very little children. And then Medgar Evers took me to the bus station, put me on the bus for Greenwood, Mississippi, and the people got me off the bus in Greenwood, Mississippi, and took me to a farmer's house. And there I was on the morning of June 12.

The sharecropper and his wife had gone off to pick string beans, but they had told me the night before how to take a bath in a tin tub. I said, all right, that's something I have never done before, city girl that I am. And I shall never forget. This is one of the searing moments of my life, when the very young people from the Greenwood Student Nonviolent Coordinating office came and said, ''Eleanor, aren't you the student that came in last night? Medgar Evers has been shot and killed.''

Medgar Evers was shot and killed as he left, obviously, that night going back to his own home having put me on the bus. Well, when you're sitting in a tin tub your first day in the delta and you learn that one of the great heroes of the civil rights movement, who you just left 8 hours before, has been murdered, you have a memory that will last for a lifetime of a man who our country will remember for a lifetime.

Everybody was gone. People were off raising money. It turned out that I was the senior person. I became the senior person in the SNCC office because other young people were off in the north raising money, and it fell to me to call everybody together to go to the church to do what we always did when one of those terrible things happened in our country.

I want to say that as a young lawyer, young law student, I had to remind myself that I was going to law school because I had faith in the justice system of our country. It took 40 years, but, in fact, the killer of Medgar Evers was brought to justice. Myrlie Evers, all that time made it her business to press for justice and, in fact, got justice. She went on to become the Chair of the NAACP itself, carrying on the work of Medgar Evers.

I shall never forget this gentle man and how he described the brutality that he had faced, as if that is what you should expect and we have to keep going in until it gets done. And the interesting thing is it had gotten done, at least that part of it had gotten done, everywhere but in Mississippi. Mississippi was then a closed part of the country. It was what we meant by terrorism.

The murders of Cheney, Goodman, and Schwerner would occur thereafter; and there are untold murders that will never see the justice that Medgar Evers has since seen, for Myrlie Evers-Williams, for the Evers children who were left without a father, a man who had served in World War II, in Normandy; that the day would come when the House of Representatives would in fact recognize what he did for our country should restore, should restore the faith of those who sometimes lose faith in our justice system.

Justice was done in Mississippi, we will do justice throughout our country, and I thank the gentleman once again for yielding me this time.

Mr. DAVIS of Illinois. Mr. Speaker, may I inquire as to how much time we have left.

The SPEAKER pro tempore (Mr. CULBERSON). The gentleman from Illinois (Mr. DAVIS) has 6 minutes remaining.

Mr. CARTER. Mr. Speaker, I yield such time as he may consume to the gentleman from Mississippi (Mr. PICKERING), a cosponsor of this legislation.

Mr. PICKERING. Mr. Speaker, I come before the House as a proud cosponsor of this resolution to commend Medgar Wiley Evers and his widow, Myrlie Evers. I had the great privilege of coming from Arlington Cemetery where we gathered with people from all across the country, all across my State to remember the life and the legacy of Medgar Evers today. The gentleman from Mississippi (Mr. THOMPSON), who is the lead sponsor of this resolution, will soon join us.

It was 40 years ago that Mississippi lost one of her bright stars. His flame was extinguished by ignorance and hatred, yet his light shines on. Today, we do not mourn; we celebrate his life. We celebrate his courage; we celebrate his commitment for equal justice, equal protection, equality of opportunity, equality of education, and equal political rights.

And when we look at his legacy today, I am a son of Mississippi. I am 40 years old this year. In 2 months, I celebrate my 40th birthday. My first grade class was integrated. I had the great privilege of attending public schools that were integrated. Political rights came about not only through Medgar Evers but many others who struggled during that time so that Mississippi now, in many ways, is making progress, with the highest number of African American elected officials in the land.

So educationally, economically, and politically Medgar Evers' legacy lives on. My colleague asked the question, did he make a difference? Can one man make a difference? Today, I watched as Myrlie Evers, with her, her daughter, her children, her grandchildren, talked about the rich legacy of their father, her husband, of making a difference in my home State of Mississippi and across this country.

We from Mississippi love our State. We love our people. We want to overcome the sins and the struggles of the past. We want to find common ground. We want to find a dialogue. We want to find common values and a common purpose to move our State forward. Today, in remembrance of Medgar Evers and finding ways to reconcile the differences of the present, to overcome the wrong, we now look to the future of how we can come together as a State and as a people to honor Medgar Evers and the principles for which he stood: for freedom, for courage, from overcoming fear, to finding equal opportunity and equal rights.

Mr. THOMPSON of Mississippi. Mr. Speaker, will the gentleman yield?

Mr. PICKERING. I yield to the gentleman from Mississippi, my good friend and colleague, who is the lead sponsor of this; and I am glad that we could come to the floor and work together and remember a great Mississippian, Medgar Evers.

Mr. THOMPSON of Mississippi. Mr. Speaker, I thank the gentleman from Mississippi (Mr. PICKERING), my colleague, for this opportunity. I would like to pay tribute also to the gentleman from Illinois (Mr. DAVIS) and the gentlewoman from the District of Columbia (Ms. NORTON), who held the fort down while we were out at Arlington Cemetery paying a special tribute to the person we are honoring here today, as well as his widow, Myrlie Evers.

Mr. Speaker, I rise today in honor of America's most undercelebrated martyr of the civil rights movement, Medgar Wiley Evers. Born in Decatur, Mississippi, Medgar dedicated the 37 years of his life to the causes of racial equality and the equal opportunity movement. As a 15-year-old boy in Bolton, Mississippi, I recall one of Medgar's last televised speeches. He said, ''Tonight, the Negro plantation worker in the delta knows from his radio and television what happened today all over the world. He knows what black people are doing and he knows what white people are doing. He can see on the 6 o'clock news screen the picture of the 3 o'clock bite by the police dog. He knows about the new

free nation of Africa and he knows that a Congo native can be a locomotive engineer, but in Jackson he cannot even drive a garbage truck.''

Medgar spoke those words 40 years ago, Mr. Speaker, just days before his assassination. He described a time and place that many African Americans still know all too well. Medgar's legacy is one of opportunity. He often spoke of political, economic, and educational opportunities. Today, we are faced with many of the same challenges. While the poll tax and the literacy tests are no more, the Voting Rights Act, which was enacted 2 years before Medgar's assassination, is still needed to protect the interests of African Americans and other minorities.

I join my colleagues who have been on the floor here today in paying tribute to a great Mississippian, one who paid the ultimate sacrifice, Mr. Speaker, which is to give one's life for what he or she believes in. So part of what we commemorate today is not only Medgar Wiley Evers but his widow, who carried on in his stead. She headed the NAACP, she carried on a number of other organizations, and as we speak today, she has started the Medgar Evers Institute, which will carry on the life and legacy of her assassinated husband. For that we owe Medgar a debt of gratitude.

I am honored to stand here today, Mr. Speaker, and pay tribute and honor to a man who so many of us are indebted to. After all, Medgar was right: ''You can kill a man, but you can't kill an idea.''

Mr. Speaker, I rise today to honor America's most under-celebrated martyr of the Civil Rights Movement, Medgar Wiley Evers. Born in Decatur, MS, Medgar dedicated the 37 years of his life to the causes of racial equality and equal opportunity. As a 15-year-old boy in Bolton, MS, I recall one of Medgar's last televised speeches. He said:

Tonight the Negro plantation worker in the Delta knows from his radio and television what happened today all over the world. He knows what black people are doing and he knows what white people are doing. He can see on the 6:00 o'clock news screen the picture of a 3:00 o'clock bite by a police dog. He knows about the new free nations in Africa and knows that a Congo native can be a locomotive engineer, but in Jackson he cannot even drive a garbage truck.

He sees a city over 150,000, of which 40% is Negro, in which there is not a single Negro policeman or policewoman, school crossing guard, fireman, clerk, stenographer or supervisor employed in any city department or the Mayor's office in other than menial capacities . . .

What then does the Negro want? He wants to get rid of racial segregation in Mississippi life . . . The Negro citizen wants to register and vote without special handicaps imposed on him alone . . . The Negro Mississippian wants more jobs above the menial level in stores where he spends his money. He believes that new industries that have come to Mississippi should employ him above the laboring category. He wants the public schools and colleges desegregated so that his children can receive the best education that Mississippi has to offer.

40 YEARS WASN'T THAT LONG AGO

Medgar spoke those words 40 years ago, just days before his assassination. He described a time and place that many African-Americans still know all-too-well. Medgar's legacy is one of opportunity. He often spoke of political, economic and educational opportunities. Today, we are faced with many of the same challenges. While the poll tax and the literacy test are no more, the Voting Rights Act—which was enacted 2 years after Medgar's assassination—is still needed to protect the political interests of African-Americans and other minorities. Mississippi still trumps the rights of her African-American citizens by seizing their land in the name of economic development, then kicking them out of the development. For the last 28 years, Mississippi resisted the efforts of her African-American children to end discrimination at her colleges and universities. Medgar's legacy tells us to embrace the opportunity to make racial equality a reality.

Today, I encourage young people to continue the fight Medgar so bravely began. Medgar Evers is proof that sometimes the good die young. So, the least we can do is to live our lives in such a way that his dying will not have been in vain.

I want to commend Myrlie Evers-Williams and the Medgar Evers Institute for carrying Medgar's torch. As advocates for change, we understand that June 12, 1963, signaled the start of a new chapter in Mississippi and American history. I am proud to say that today, Congress will recognize the enormous contribution Medgar and Myrlie have made and continue to make to, not just Black history, but American history. Their tireless dedication to the disenfranchised is nothing less than admirable. No Mississippian did more to empower the disenfranchised than Medgar Evers.

For that, we all owe him a debt of gratitude. I am honored to stand here today and honor the man to whom so many of us are indebted. After all, Medgar was right—''You can kill a man, but you can't kill an idea.''

Mr. PICKERING. Mr. Speaker, how much time is remaining on our side?

The SPEAKER pro tempore. The gentleman from Texas (Mr. CARTER) has 7 minutes remaining, and the gentleman from Illinois (Mr. DAVIS) has 6 minutes remaining.

Mr. CARTER. Mr. Speaker, I ask unanimous consent to yield the balance of my time to the gentleman from Mississippi (Mr. PICKERING), for the purposes of control.

The SPEAKER pro tempore. Without objection, the gentleman from Mississippi will control the time.

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume to commend the gentleman from Mississippi (Mr. PICKERING) and the gentleman from Mississippi (Mr. THOMPSON) for introducing this legislation. I also want to commend the gentleman from Texas (Mr. CARTER) and say what a pleasure it has been to work with him this afternoon. I appreciated his comments and the pleasure of having the opportunity to work with him.

Mr. Speaker, I ask unanimous consent to yield the balance of my time to the gentleman from Mississippi (Mr. THOMPSON) to close out for our side.

The SPEAKER pro tempore. Without objection, the gentleman from Mississippi will control the time.

There was no objection.

Mr. THOMPSON of Mississippi. Mr. Speaker, I yield myself such time as I may consume.

Today, we have celebrated, in some respects, the 40th anniversary of the assassination of Medgar Wiley Evers who, in his lifetime, was misunderstood by a number of Americans.

□ 1545

But here we are 40 years from that date on the floor of Congress, many people watching us who probably had not been afforded the right to vote when he was assassinated, but this is the majesty and honor of this country that we serve in that, believe it or not, that hands who pick elected officials who used to pick cotton can now pick Members of Congress. It is in that spirit that we offer this resolution not only for Medgar Wiley Evers, but also for his widow, Myrlie Evers, who has carried on his life and legacy, his spirit and his enthusiasm for making this country a better place.

Ms. NORTON. Mr. Speaker, will the gentleman yield?

Mr. THOMPSON of Mississippi. I yield to the gentlewoman from the District of Columbia.

Ms. NORTON. Mr. Speaker, I want to simply say that perhaps the greatest monument to Medgar Wiley Evers would be to see the gentleman from Mississippi (Mr. THOMPSON) on this floor. The notion in 1963 that there could be an African American in the Congress of the United States from the State of Mississippi was very far removed from where we were. We were literally trying to get a cup of coffee and trying to teach people how to respond to the people at the voter registration place just to get the right to vote.

The gentleman from California (Mr. THOMPSON) is the first African American to be elected from the State since Reconstruction. In his own right, he is an historic figure and one that people who love freedom around the country are proud of, precisely because of the reputation of Mississippi. That is Mississippi before. The gentleman from California (Mr. THOMPSON) represents Mississippi after. This is a State where a third of the voters are African Americans, more voters are African Americans than in any other State, and one might expect that there would be more than one African American in Congress, and yet when the gentleman pressed through to become the first in the 20th century, it was a real landmark. Therefore, it seems to me it is appropriate that he would have made it back from the cemetery where Medgar Wiley Evers' life was commemorated to have this moment on the floor, which is perhaps the moment, the moment when the gentleman from Mississippi

rushed in to make sure he could speak on the floor of the House of Representatives.

If Medgar Wiley Evers lived for any moment, it is for this moment.

Mr. THOMPSON of Mississippi. Mr. Speaker, I appreciate the gentlewoman's comments.

Mr. Speaker, it was a different day. It is a date that if Medgar Wiley Evers were here, he would be very proud to see debate on this floor, to see individuals from all walks of life representing people here. This is what democracy is all about. I appreciate all that has been said. It is in this spirit that we move forward from this day, not just in my State, but in this country to make it indeed a better place.

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

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

Mr. Speaker, let me thank the gentleman from Mississippi (Mr. THOMPSON) for his leadership on the resolution today, for asking me to join with him, as we at the Arlington Cemetery joined together today not only with the gentleman from Mississippi (Mr. THOMPSON), but Senator COCHRAN, who led this resolution in the Senate last week, and Senator LOTT, who was present at the cemetery today, shows that not only does an idea live on, but the example of courage and also the attitude of wanting not only to love all people, to find a way that not only did we demand the equality and the freedom that God gives us, but then we find a way to work together and come together. I think the message from Myrlie Evers today and from the other speakers, from the gentleman from California (Mr. THOMPSON), is in the best sense not only the best example from Mississippi, but one of the best examples for our Nation as we try to heal the wounds and reconcile and work together, and to continue the work and the commitment of equal opportunity for all of our people and all of our citizens.

I am proud to represent the home of Edgar Evers in east central Mississippi, Newton County and Decatur. Last week, Mississippians from all over the State joined to celebrate his birthplace and to commemorate his life and his death 40 years ago, but it was in one of the regions that some of the most violent and hateful struggles, and now 40 years later, all races, all backgrounds, all political parties coming to pay tribute to Medgar Wiley Evers and his family. It is a tribute and example of what our Nation has become and what our State has become and is becoming, but it reminds us that we still have much to do, and that the commitment of Medgar Evers who has harassed, intimidated, beaten and who was eventually killed, that that example, that life lived, makes us all recommit and renew and hope for the great idea, the great ideal and the redemption and the potential and the promise of this country.

Mr. Speaker, I thank the gentleman from Mississippi (Mr. THOMPSON) for his leadership on this issue, and thank all of the Evers family for what they have meant to our home State and to our Nation.

Mr. SMITH of Washington. Mr. Speaker, I appreciate the opportunity to offer my thoughts on H. Con. Res. 220, a resolution commending Medgar Wiley Evers and his widow, Myrlie Evers-Williams, for their lives and accomplishments.

I strongly support this resolution to commend Medgar Evers and his widow, Myrlie Evers-Williams, who were true heroes in their fight for justice, peace, and civil rights.

Medgar and Myrlie set up the first NAACP office in Mississippi, and fought tirelessly to desegregate local businesses and schools. They advocated boycotts of businesses that discriminated against blacks, fought for the enforcement of Brown vs. Board of Education, and helped James Meredith gain admittance to the University of Mississippi. Their efforts made not only Mississippi a better place, made America a better place.

On June 12, 1963, Medgar Evers made the ultimate sacrifice for his beliefs—he was shot in the back and killed. Myrlie later wrote about their struggles and their life together in a book entitled ''For us, the Living'', which I read as a young man. Her story of how humble and decent people fought hard to make a real difference in the lives of millions inspired me.

I regret that I cannot be here in person to vote on this important resolution, but as we recognize the 40th anniversary of Medgar Evers' assassination and commend him and his widow, the reason why I'm not able to vote is a particularly special one. One June 11, my wife Sara and I welcomed a son into the world, whom we proudly named Jack Evers Smith.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in solidarity with my congressional colleagues to honor the enduring legacy of Medgar Evers and Myrlie Evers-Williams for their lives of service and commitment to racial equality.

Medgar Wiley Evers, was born on July 2, 1925 in Decatur, Mississippi. In 1943, Mr. Evers left high school early and joined the U.S. Army to faithfully serve his country during WWII. After completing his military duties, Mr. Evers completed his high school education and enrolled at Alcorn College in Mississippi. It was here, at Alcorn College, that he met his future wife Myrlie Beasley in 1950. The following year, on December 24, 1951, the two were married.

After completing his undergraduate education Evers and his wife moved to Mound Bayou, Mississippi where they both became deeply involved in the unfolding civil rights era. During his time in Mound Bayou, Evers helped to establish local chapters of the NAACP throughout the Delta and organize boycotts of local gas stations that refused to allow blacks access to their restroom facilities. In 1954, the legendary ruling of Brown vs. Board of Education was passed deeming school segregation of any form legally unconstitutional. Yet despite this groundbreaking legal victory, efforts to actualize the legislation by means of school integration proved to be difficult at best. Mr. Evers applied to and was subsequently denied admission to the University of Mississippi Law School. And while his efforts to integrate the state's oldest public university were constantly ridiculed and criticized by traditionalists, Evers's willingness to fight the racial injustices of the time attracted the attention of many, including the national office of the NAACP.

Mr. Evers was ultimately appointed as the first Field Secretary for the NAACP; Myrlie Evers was his assistant. With her by his side, Medgar Evers worked diligently to register voters in Mississippi. His desire to encourage and promote the political empowerment of African-Americans throughout the south made him the target of violent threats against his life. However, despite the vicious verbal attacks against him, Evers and his wife continued with dedication and courage. They organized rallies and educated the public about the injustices of racial discrimination and the inequality that continued to exist in the public school system. His desire for quality education for all children even led him to file suit against the Jackson, Mississippi public school system. From there, Mr. Evers proceeded to organize college students, coordinate protest marches, organize boycotts of businesses in Jackson, arrange student sit-ins, and challenge the segregated bus system.

Throughout his life, Mr. Evers maintained that ''violence is not the way.'' However even he was not able to avoid the violence that racial hatred produces. On June 12, 1963, Medgar Evers was shot and killed by an assassin's bullet in the driveway of his home in Jackson, Mississippi.

Myrlie Evers was known to say that ''you can kill a man, but you can't kill an idea.'' In the years after her husband's assassination, Myrlie Evers dedicated herself to the preservation of her husband's memory by promoting those same ideas for which he ultimately gave his life. Even after remarrying, Mrs. Evers is often remembered for the diligent and often lonely battle she waged to bring Medgar Evers's killer to justice. Two trials resulting in two hung juries allowed the accused gunman to walk free. It was in 1994 that Byron De La Beckwith was brought to trial for yet a third time and was ultimately found guilty of the murder of Medgar Evers, more than 30 years after the crime was committed. This was the moment for which she had hoped and prayed, and now she could peacefully move on with the next chapter of her life.

On Feb 18, 1995, Myrlie-Evers Williams became the first woman elected to chair the National Board of Directors of the NAACP, a position that she held until 1998. In 1999, she published her memoirs, entitled ''Watch Me Fly: What I Learned on the Way To Becoming the Woman I Was Meant To Be'', which chronicles her journey from being the wife of a civil rights activist to becoming an acclaimed community leader in her own right. Having lived some of the most difficult times in her life in the face of public scrutiny, Myrlie Evers-Williams has accepted the fate that has been handed to her. She says: ''I have reached a point in my life where I understand the pain and the challenges; and my attitude is one of standing up with open arms to meet them all.''

The contributions made by both Medgar Evers and Myrlie Evers-Williams to our society are immeasurable. Their tireless efforts to advocate for civil rights during a time when our Nation failed to enforce the fundamental principles of freedom, equality, and justice for all citizens, speaks to the enormous impact these

two individuals have had on our society. It is in this vein that I celebrate the life, legacy, and collective spirit of Medgar Evers and Myrlie Evers-Williams.

I would like to thank Representative THOMPSON for sponsoring this resolution and I wholeheartedly support H. Con. Res. 220.

Mr. WICKER. Mr. Speaker, the names Medgar and Myrlie Evers have been well known to me as a Mississippian since me youth. And there is no mistaking that the Mississippi of my youth was far different from today. Today's tribute to these two outstanding civil rights leaders provides an opportunity to look at the progress our State and our Nation have made in pursuit of equality, racial harmony, and reconciliation.

Medgar Evers was a man of principle who was not afraid to stand up for his convictions during a difficult time in our history. Myrlie Evers embodies the virtues of perseverance, faith, and belief in justice. Their legacy is one of courage and commitment to bring social change to Mississippi and to the Nation.

The impact Medgar Evers had on voting registration, black representation, and social justice is significant and lasting. Likewise, the effect Myrlie Evers-Williams has had as a national leader for all African Americans is a legacy to be cherished.

An on-line search for ''Medgar Evers'' returns 29,600 sites. Among them are ''Sergeant, U.S. Army''; ''Encyclopedia Britannica Guide to Black History''; ''The Writings of Medgar Evers''; and ''Medgar Evers College''. From the shores of Normandy as a World War II veteran to the back roads of the Mississippi Delta to the streets of New York City, Medgar Evers made a lasting impact.

Many people know the story of Medgar Evers and his wife Myrlie from the acclaimed movie, ''The Ghosts of Mississippi''. They were leaders throughout their lives and determined to pursue a better life for African Americans in a nonviolent manner. It is ironic that the man who so often said, ''Violence is not the way,'' would die a violent death outside his home in Jackson. As Medgar said before his death, ''Freedom has never been free . . . I love my children and I love my wife with all my heart, and I would die, die gladly, if that would make a better life for them.''

Even in death, Evers proved to be one of the most influential civil rights activists ever. His death led to John F. Kennedy's final push for a civil rights bill to ban segregation. It also sparked several marches in honor of Evers and in protest of the injustices of the South.

Hours after his death, his wife Myrlie addressed a crowd and said, ''Nothing can bring Medgar back, but the cause can live on.'' How prophetic she was that night. She went on to become the Chair of the NAACP, and she has created the Medgar Evers Institute, which is helping to continue fostering the principles by which he lived and died.

Medgar Evers would be proud of the progress we have made in our native State over these past 40 years. We celebrate his legacy today by acknowledging that more work remains to be done and resolving to join together to continue his vision of achieving racial harmony and equal opportunity for all.

Ms. LEE. Mr. Speaker, today I rise in support of H. Con. Res. 220 and to pay tribute to the life and works of Medgar Wiley Evers.

Medgar Evers was a true pioneer in the fight for racial justice in Mississippi.

Organizing for the NAACP meant defying the political establishment, founded on white supremacy. It was an act of supreme courage and frankly of patriotism: Medger Evers fought to make this country live up to its own ideals. He became the first known African-American person to apply for admission to the University of Mississippi Law School, and was denied admission.

As a result of that denial, Medgar Evers contacted the NAACP to take legal action, and found himself centered in a movement that he felt compelled to advance. As a result of this new commitment, Medgar Evers was offered a position as the Mississippi Field Secretary for the NAACP.

Mr. Evers established local chapters of the National Association for the Advancement of Colored People throughout the Delta region in order to change the social, political, and economic condition of African Americans.

Placing his life and family in jeopardy, he consistently put the movement for equality above his own safety and security.

While organizing students from Tougaloo and Campbell Colleges, leading protest marches for equal and quality education, organizing boycotts of Jackson businesses and sit-ins, and challenging segregated bus seating he was targeted by racist police and community groups, arrested beaten, and even jailed.

The violence against Medgar Evers climaxed on June 12, 1963, when he was shot and killed in front of his own home, dying in front of his own wife and children. Although the racist factions in the Deep South thought they had silenced the great hero and his message; this tragedy catapulted Myrlie Evers into the face of Southern institutionalized racism as she fought for 31 years to have Medgar Ever's killer, Byron De La Beckwith, brought to justice. He was convicted in 1994.

We stand and pledge allegiance that our country will strive to someday provide liberty and justice for all people. The murder of Medgar Evers and the pursuit of justice exemplifies this ongoing struggle and reminds us that the United States has a long, and dark past of racism that we must confront and continue to remedy with racial healing and understanding, with affirmative action, equal opportunity, and access to jobs and education.

Mr. BACA. Mr. Speaker, I rise in support of H. Con. Res. 220, a resolution commending the life and accomplishments of Medgar Evers and his widow, Myrlie Evers-Williams.

History sometimes overlooks great Americans and forgets amazing accomplishments. The actions of Medgar Evers and Myrlie Evers-Williams are too great, too significant to be forgotten. Their accomplishments and sacrifices should not only be footnotes. Their lives should be celebrated and honored.

H. Con. Res. 220 lets America remember the names of these civil rights heroes. Medgar Evers was field secretary of the Mississippi State NAACP and after Medgar's death Myrlie Evers-Williams became chair of the board of directors of the NAACP. They fought for civil rights. They fought for human rights. They fought for someone like me to be considered equal in the eyes of the law and in the eyes of my fellow Americans.

They set up economic boycotts of Jackson, Mississippi businesses that discriminated against African Americans. They worked for school desegregation, helping James Meredith become the first black student at the white-only University of Mississippi. Perhaps most importantly, they fought to secure voting rights for African Americans in the South.

Medgar Evers and Myrlie Evers-Williams suffered greatly for their courage. They endured shouts, jeers, and threats of violence. And then on June 12, 1963, Medgar Evers was assassinated by white supremacists.

Unfortunately, it wasn't until after his death that Medgar Evers won the NAACP's prestigious Springarn Medal in 1963. And it wasn't until 1970 that Medgar Evers College was founded as a senior college of the City University of New York.

But today we will start singing his praise. And we will not stop. Today, we can place Medgar Evers and his widow Myrlie Evers-Williams on the list of civil rights heroes. Their names should be spoken in line with Martin Luther King and Rosa Parks. People will know their stories. Know their deeds. And know their accomplishments.

It is time. It is time to remember and never forget these two great civil rights heroes. These two great Americans.

Mr. RANGEL. Mr. Speaker, I rise today to honor two of the Nation's most outstanding civil rights leaders, Medgar Evers and Mrylie Evers-Williams, on the 40th anniversary of the assassination of Medger Evers. During the 1950s and 1960s, at the height of the civil rights movement, Evers battled racial injustice in his home state of Mississippi by becoming a prominent member of the NACCP in Jackson, Mississippi. He inspired others to utilize peaceful methods of protest to speak out against racial inequality through boycotts, sit-ins, and demonstrations. Myrlie Evers-Williams stood by her husband in the fight for civil rights by serving as his partner in organizing public demonstrations and his secretary when he became Mississippi's first field secretary for the NAACP. After his assassination, she emerged as a prominent figure in the realm of public service by serving on the Los Angeles Board of Public Works and eventually becoming the chairwoman of the NACCP. It is for these reasons, that I wish to acknowledge these two accomplished individuals. As I provide a short biographical sketch of Medgar Evers and Myrlie Evers-Williams, I encourage you to read Myrlie Evers-Williams' published memoirs to better understand the amazing accomplishments of these two individuals.

Medgar Wiley Evers, the son of James and Jessie, was born in Decatur, Mississippi on July 2, 1925. Evers put his high school education on hold to serve his country in the Battle of Normandy during World War II. Once he returned the completed high school and then earned a bachelor's degree in business administration from Alcorn Agricultural and Mechanical College where he met Myrlie Beasley from Vicksburg, Mississippi who he later married on December 24, 1951. He gained recognition in Who's Who in American Colleges for his active participation in his college's choir, debate team, football and track teams and his service to the college's newspaper and student government offices. While he worked as an insurance salesman in Mound Bayou, Mississippi he began to establish small chapters of the NAACP in the Mississippi Delta region. During that time he also began coordinating boycotts of gas stations that prohibited African-Americans from using their bathrooms. When segregation in public schools was ruled unconstitutional with the

Brown vs. Board of Education of Topeka Supreme Court decision, Evers decided to apply to the University of Mississippi Law School being the first African-American to do so. He was denied admission thus his desire to fight racial injustice was further ignited. His rejection from the law school grabbed the attention of the NAACP's national office. Later that year, he was named the NACCP's first field secretary for Mississippi. He and his wife then moved to Jackson, Mississippi to establish the Jackson office of the NAACP. Because he was denied admission to the University's law school, he played an instrumental role in the admission of another African-American man James Meredith. In addition to encouraging and organizing African-American communities in Mississippi to participate in public demonstrations, he also urged them to take advantage of their voting rights because of his own voting experience in which he tried to vote in Decatur in 1946, but was turned away by white supremacists. Disregarding the numerous threats he received, Evers continued to publicly speak out against racial inequality, boycott discriminatory merchants, and encourage African-American communities in Mississippi to do the same until he was assassinated in his driveway on June 12, 1963. His brother Charles carried on his work with the NAACP after his death. In 1970, a senior college, part of the City University of New York, was named in his honor. Medgar Evers College is located in Crown Heights in Brooklyn, New York.

The tragic death of her husband led Myrlie Evers-Williams to move her family to California where she attended Pomona College. After earning her bachelor's degree in sociology, she began her career in public service as assistant director of planning and development for the Claremont College system. She later moved to Los Angeles to begin a job as the consumer affairs director for the Atlantic Richfield Company and in 1975 she married Walter Williams. In 1988, she became the first African-American woman to serve on the Los Angeles Board of Public Works when she was appointed by mayor Tom Bradley. During the early 1990s she pressured Mississippi prosecutors to reopen the case on her first husband's assassination. She eventually succeeded and finally in 1994, Medgar Evers's killer was found guilty by a jury and sentenced to life in prison. One year later, she was appointed the first female chair of the NAACP. Sadly, she also lost her second husband to prostate cancer that year. In 1999, her autobiography entitled, Watch Me Fly: What I Learned on the Way To Becoming the Woman I Was Meant To Be, was published. Her autobiography focuses on her life as the wife of a civil rights activist and a community leader.

Medgar Evers and Myrlie Evers-Williams have both made their mark in American history and will always be known for their pioneering efforts in American society.

Ms. WATSON. Mr. Speaker, I rise today in strong support of H. Con. Res. 220 that honors the lives and accomplishments of civil rights leaders Medgar Wiley Evers and his widow, Myrile Evers-Williams. I want to thank Congressman BENNIE THOMPSON for introducing and bringing this meaningful resolution to the floor.

Although their lives and contribution cannot be simply summarized in a few paragraphs, I want to nevertheless pay tribute to these two great civil rights leaders.

As a State senator from California representing parts of Los Angeles, I had the pleasure of working with Myrlie Evers-Williams during her tenure as a member of the Los Angeles Board of Public Works. As the first African American women on the Board, Myrlie oversaw the management of nearly $1 billion in city budget and a staff of 5,000 employees.

However, my admiration of Myrlie's work started over 50 years ago, when she partnered with her husband, Medgar Evers, to advance racial justice in the hostile environment of the 1950s. Medgar had been one of the early principle leaders of the civil rights movement, boldly registering to vote and applying for admission to the University of Mississippi Law School in the early 1950s. In 1954 Medgar became the Mississippi State field secretary for the NAACP and, together with Myrlie, they organized voter registration drives and civil rights demonstrations.

As visible leaders of the movement, the Evers became high-profile targets of terrorist acts of pro-segregationists. Despite the threats, the Evers' persisted with courage and the determination to educate the public. However, On June 11, 1963, Medgar Evers was fatally shot in front of his house, and hung juries eventually freed the killer.

Myrlie began creating her own legacy in carrying on the critical work left by Medgar. She emerged in the 1980s and 90s as a political leader and an activist, founding the National Women's Political Caucus, running for Congress, and serving on the board of Public Works in Los Angeles. In 1995, she became the first woman to chair the 64-member Board of Directors of the NAACP.

During her decades of activism, Myrlie never forgot the death of her husband. In the early 1990s she convinced Mississippi prosecutors to reopen Medgar Evers' murder case and eventually led to the conviction and life imprisonment of Medgar's killer in 1994—31 years after his murder.

The life of Myrlie Evers-Williams has been nothing short of extraordinary. In her autobiography, ''Watch Me Fly: What I learned on the way to Becoming the Women I was Meant to Be'', Myrlie stated that ''for thirty years, my focus had not wavered. Like a tree deeply rooted on the bank of a rushing river, I had not moved.'' It is this persistence, her unwavering will to fight for equality, her determination and dedication for social justice, that has moved me, moved this legislative body, and moved the course of this entire nation.

I salute you, Myrlie and Medgar, for all you have done, for fighting the good fight.

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

The SPEAKER pro tempore (Mr. CULBERSON). The question is on the motion offered by the gentleman from Texas (Mr. CARTER) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 220.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. CARTER. 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 and the Chair's prior announcement, further proceedings on this motion will be postponed.

CARL T. CURTIS NATIONAL PARK SERVICE MIDWEST REGIONAL HEADQUARTERS BUILDING

Mr. HAYES. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 703) to designate the regional headquarters building for the National Park Service under construction in Omaha, Nebraska, as the ''Carl T. Curtis National Park Service Midwest Regional Headquarters Building.''

The Clerk read as follows:

S. 703

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DESIGNATION OF CARL T. CURTIS NATIONAL PARK SERVICE MIDWEST REGIONAL HEADQUARTERS BUILDING.

The regional headquarters building for the National Park Service under construction in Omaha, Nebraska, shall be known and designated as the ''Carl T. Curtis National Park Service Midwest Regional Headquarters Building''.

SEC. 2. REFERENCES.

Any reference in a law, map, regulation, document, paper, or other record of the United States to the regional headquarters building referred to in section 1 shall be deemed to be a reference to the Carl T. Curtis National Park Service Midwest Regional Headquarters Building.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from North Carolina (Mr. HAYES) and the gentleman from California (Mr. FILNER) each will control 20 minutes.

The Chair recognizes the gentleman from North Carolina (Mr. HAYES).

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

Mr. Speaker, S. 703 designates a building under construction in Omaha, Nebraska, as the Carl T. Curtis National Park Service Midwest Regional Headquarters Building.

Carl T. Curtis was born near Minden, Nebraska in 1905. Upon graduating from the public schools in Minden, Curtis attended Nebraska Wesleyan University in Lincoln, Nebraska. After his graduation from Nebraska Wesleyan, he taught in the Minden public schools. Carl Curtis never attended law school, but he obtained his law degree by reading the law on his own and passing the bar exam in 1930. He was in private practice until 1939 when he went on to serve Nebraska and the country in Congress for the next 40 years. He was elected to the U.S. House of Representatives for the first of eight successive terms in 1938, and the United States Senate for four terms until 1979.

Carl Curtis is the only elected official in the history of Nebraska to win statewide office while losing both Omaha and Lincoln. In Nebraska politics, he was known as a giant killer, defeating two incumbent governors, one former governor, one governor-to-be, and two former House Members.

He was chairman of the Republican Conference in the Senate from 1975

until 1979. In Congress, he served on the Committees on Finance, Agriculture, Rules and Space, and led the drive for flood control and irrigation improvements along the Missouri River.

He is the author of one book, and the coauthor of a second book, both on public policy.

Carl T. Curtis passed away in 2000 and is survived by his wife, Mildred, son Carl, Jr., four grandchildren and five great-grandchildren. This is a fitting tribute to a dedicated public servant, and I urge my colleagues to support this legislation.

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

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

Mr. Speaker, I rise today also in support of S. 703. This designation that we do today is a fitting tribute to the distinguished career of Carl Curtis. As the gentleman from North Carolina (Mr. HAYES) stated, he served the citizens of Nebraska for eight terms in the House and four terms in the Senate. He was a strong advocate for small business, agriculture producers and Social Security reform. In fact, he predicted very early in his career that Social Security would be a serious financial problem if the government did not plan for the future. We know he was a devoted family man, dedicated public servant, and distinguished elected official, and so it is both fitting and proper that we honor his civic contributions with this designation. I urge passage of S. 703.

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

Mr. HAYES. Mr. Speaker, I yield such time as he may consume to the gentleman from Omaha, Nebraska (Mr. TERRY).

Mr. TERRY. Mr. Speaker, I rise in support of S. 703. I have very fond memories as a child of meeting our great Senator from the State of Nebraska, Carl Curtis. In Nebraska, of course, having served as long as he did, he was an icon; but he was known as a statesman who really fought for Nebraska, and agriculture specifically. He has an unparalleled record of service to Nebraska. He was elected to eight terms in the U.S. House of Representatives and four terms to the United States Senate. Those 40 years distinguished Senator Curtis as the Nebraskan with the longest time in service in the U.S. Congress.

□ 1600

Naming a National Park Service building after Senator Curtis is especially fitting. He was a tireless advocate for America's environment and natural resources. One of his greatest accomplishments was sponsoring the resolution that helped create the Pick-Sloan plan for the Missouri River, the Nation's first-ever authorized basin-wide project for flood control and irrigation. By the way, Mr. Speaker, the new National Park Service building is on the banks of the Missouri River. This Pick-Sloan plan has made funding possible for every Bureau of Reclamation project on the Missouri River since 1944. Senator Curtis also authorized legislation establishing Nebraska's third and latest national monument, the Agate Fossil Beds in the city of Harrison. Flood control for the Republican River Valley is another one of his valuable accomplishments.

As chairman of the Republican Conference from 1975 to 1979, Senator Curtis revamped the organization to be the research and information-based body that it is today. As ranking Republican on the Senate Finance Committee, he was instrumental in enacting the Tax Reform Act of 1976. He had a passion for savings. He really understood how important it was for American citizens and American families to save for the future. Hence, his tireless work on what became known as the Roth IRAs. Our Senator Curtis from the State of Nebraska was the originator of the concept. He was considered, because of this tireless work on tax issues, to really be the Senator to go to on those type of issues. He had the honor to serve as Senator Barry Goldwater's floor manager at the 1964 Republican National Convention. Prior to his service, he was a dedicated school teacher and self-educated practicing attorney.

Although he passed on 3 years ago, Senator Curtis remains an inspiration to Nebraskans and a cherished father, grandfather, and great grandfather in the hearts of his family and to his wife, Mildred.

Mr. Speaker, I urge my colleagues to join me in supporting S. 703 to honor Senator Curtis for his outstanding public service.

Mr. HAYES. Mr. Speaker, I yield such time as he may consume to another distinguished gentleman from Nebraska (Mr. OSBORNE).

Mr. OSBORNE. Mr. Speaker, as has been mentioned a couple of times, Carl Curtis served in Congress for 40 years, longer than any other Nebraskan in the history of our State. Carl was the Congressman representing the Fourth Congressional District in Nebraska for 16 years. It is kind of interesting to note that at one time Nebraska had five congressional districts. Today we have three. That has to do, of course, with the fact that Nebraska has not grown in population as fast as most other States. Carl was from the central part of the State and was very popular in rural areas. He paid a lot of attention to agriculture.

Carl was a close friend of my father's. I knew Carl quite well. Carl was not a large man in terms of physical stature; but in terms of the way he comported himself in terms of his contribution to the State, he was a person of great proportion. Carl was always well-dressed, he was always well spoken, he was courteous to a fault, and he was truly well respected and well liked by both sides of the aisle. He was not a partisan individual. I think the term ''statesman'' really represents Carl very well.

I understand that early on in his life he apparently had some aspiration of being a politician and thought that public speaking abilities were important, so having lived on a farm, he went out and rehearsed his speeches to farm animals. Whether that educated them very well or not, we may have had some of the smartest animals in Nebraska due to Carl's rhetoric. As was mentioned earlier, he did pass the bar by ''reading the law.'' I guess at one time you could do that. That is a little bit unusual, but at that time apparently you did not have to go to law school.

As the gentleman from Nebraska (Mr. TERRY) mentioned, probably the trademark legislation that Carl introduced was the Pick-Sloan project. At one time, the Missouri River ran wild every spring and there were numerous floods and whole villages got wiped out. Many people died. From Garrison Reservoir up in Montana to Sakakawea down in North Dakota and the whole series of dams in South Dakota, Oahe, a tremendous flood control project which now has great implications, of course, for recreation and barge traffic on the Missouri River down into Nebraska and Iowa was really very visionary and the most important thing that he did.

I think the gentleman from Nebraska (Mr. TERRY) mentioned that he was the floor manager at the Republican convention in 1964 where Barry Goldwater was nominated for President. Carl lived to age 95. Carl was bright and was articulate right up until the end. He was an amazing gentleman. His wife, Mildred, served on the Park Service board. So I think it is only fitting that because of his interest in flood control and Mildred's work on the Park Service board, that the National Park Service headquarters in Omaha be named after Carl. I along with others urge support of Senate 703.

Mr. FILNER. Mr. Speaker, I have no requests for time, and I yield back the balance of my time.

Mr. HAYES. Mr. Speaker, I want to once again thank the gentleman from Nebraska (Mr. OSBORNE) and the gentleman from Nebraska (Mr. TERRY) for bringing the distinguished Senator and House Member from the State of Nebraska to our attention for a most appropriate resolution. I recommend the strong support of the membership.

Mr. BEREUTER. Mr. Speaker, this Member rises in support of S. 703, which designates the regional headquarters building for the National Park Service under construction in Omaha, Nebraska, as the ''Carl T. Curtis National Park Service Midwest Regional Headquarters Building.'' This legislation, which was introduced by Senator CHUCK HAGEL, passed the Senate on April 11, 2003, and was approved by the House Committee on Transportation and Infrastructure on June 2, 2003.

Carl Curtis was born in 1905 near Minden, Nebraska. He served in the House from 1939 until 1955 and subsequently served in the Senate until his retirement from Congress in 1979. His 40 years of congressional service set a record for Nebraska, and he served with dedication and integrity. Carl Curtis passed away in 2000.

This Member recalls how as a thirteen year old on a family vacation he visited Senator Curtis's Washington, D.C. office. On this occasion, and always, he showed his deep Nebraska roots as he spoke glowingly and knowledgeably about Nebraska and our Seward County community.

Carl Curtis believed that elected public service was an honorable calling and he lived up to that conviction. This Member greatly appreciated and admired his commitment to public service and to representative democracy.

This Member urges his colleagues to support S. 703, which would provide a fitting tribute to this outstanding former legislator, since the new National Park Service regional office will be built on the banks of the Missouri River, a river which was the focus of important legislation on which Senator Carl Curtis showed crucial leadership on a number of occasions.

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

The SPEAKER pro tempore (Mr. CULBERSON). The question is on the motion offered by the gentleman from North Carolina (Mr. HAYES) that the House suspend the rules and pass the Senate bill, S. 703.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. HAYES. 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 and the Chair's prior announcement, further proceedings on this motion will be postponed.

GENERAL LEAVE

Mr. HAYES. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on S. 703, the matter just considered by the House.

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

There was no objection.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 4 o'clock and 6 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1831

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. PENCE) at 6 o'clock and 31 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 2254, by the yeas and nays;

H. Con. Res. 220, by the yeas and nays; and

S. 703, by the yeas and nays.

The first and third electronic votes will be conducted as 15-minute votes. The second electronic vote will be conducted as a 5-minute vote.

BRUCE WOODBURY POST OFFICE BUILDING

The SPEAKER pro tempore. The pending business is the question of suspending the rules and passing the bill, H.R. 2254.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. CARTER) that the House suspend the rules and pass the bill, H.R. 2254, on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 369, nays 0, not voting 65, as follows:

[Roll No. 276]

YEAS—369

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Andrews
Baca
Bachus
Baird
Baldwin
Ballance
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Becerra
Bereuter
Berkley
Berry
Biggert
Bilirakis
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Boswell
Boyd
Bradley (NH)
Brady (PA)
Brown (OH)
Brown (SC)
Brown, Corrine
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cantor
Capito
Capps
Cardin
Cardoza
Carson (OK)
Carter
Case
Castle
Chabot
Chocola
Clyburn
Cole
Collins
Conyers
Cooper
Costello
Crane
Crenshaw
Crowley
Culberson
Cummings
Cunningham
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
Davis, Jo Ann
Davis, Tom
DeFazio
DeGette
Delahunt
DeLauro
DeMint
Deutsch
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Dooley (CA)
Doolittle
Doyle
Dreier
Duncan
Dunn
Ehlers
Emanuel
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Fletcher
Foley
Forbes
Ford
Fossella
Franks (AZ)
Frelinghuysen
Frost
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gingrey
Goode
Goodlatte
Gordon
Goss
Granger
Graves
Green (TX)
Green (WI)
Grijalva
Hall
Harman
Harris
Hart
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hill
Hobson
Hoeffel
Hoekstra
Holden
Holt
Honda
Hooley (OR)
Hoyer
Hunter
Inslee
Isakson
Israel
Issa
Istook
Jackson (IL)
Janklow
Jefferson
John
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Keller
Kelly
Kennedy (MN)
Kennedy (RI)
Kildee
Kilpatrick
King (NY)
Kline
Knollenberg
Kolbe
Kucinich
LaHood
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
LoBiondo
Lowey
Lucas (KY)
Lucas (OK)
Lynch
Majette
Maloney
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCotter
McCrery
McDermott
McGovern
McHugh
McInnis
McIntyre
McKeon
McNulty
Meehan
Meek (FL)
Meeks (NY)
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Mollohan
Moore
Moran (KS)
Moran (VA)
Murphy
Murtha
Musgrave
Myrick
Napolitano
Neal (MA)
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Oberstar
Obey
Olver
Osborne
Ose
Otter
Owens
Oxley
Pallone
Pascrell
Pastor
Pearce
Pelosi
Pence
Peterson (MN)
Petri
Pickering
Pitts
Platts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Putnam
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Renzi
Reyes
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Saxton
Schakowsky
Schiff
Schrock
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shuster
Simmons
Simpson
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Snyder
Solis
Spratt
Stark
Stearns
Stenholm
Strickland
Stupak
Sullivan
Sweeney
Tancredo
Tanner
Tauscher
Taylor (MS)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Turner (OH)
Turner (TX)
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velazquez
Visclosky
Vitter
Walden (OR)
Walsh
Wamp
Watson
Watt
Waxman
Weiner
Weldon (PA)
Weller
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Young (AK)

NOT VOTING—65

Baker
Bell
Berman
Bishop (GA)
Boucher
Brady (TX)
Brown-Waite, Ginny
Cannon
Capuano
Carson (IN)
Clay
Coble
Cox
Cramer
Cubin
Davis (AL)
Deal (GA)
DeLay
Edwards
Frank (MA)
Gephardt
Gillmor
Gonzalez
Greenwood
Gutierrez
Gutknecht
Hinchey
Hinojosa
Hostettler
Houghton
Hulshof
Hyde
Jackson-Lee (TX)
Jenkins
Johnson (CT)
Kind
King (IA)
Kingston
Kirk
Kleczka
Lampson
Lipinski
Lofgren
Menendez
Millender-McDonald
Miller, George
Nadler
Ortiz
Paul
Payne
Peterson (PA)
Pryce (OH)
Rodriguez
Rush
Ryun (KS)
Sandlin
Smith (WA)
Souder
Tauzin
Taylor (NC)
Toomey
Towns
Waters
Weldon (FL)
Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. PENCE) (during the vote). Members are advised there are 2 minutes remaining in this vote.

□ 1852

Messrs. CUMMINGS, BLUMENAUER and MILLER of Florida changed their vote from ''nay'' to ''yea.''

So (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. KIRK. Mr. Speaker, on rollcall No. 276, due to mechanical problems on United Flight 618, I missed rollcall No. 276. Had I been present, I would have voted ''yea.''

COMMENDING MEDGAR WILEY EVERS AND MYRLIE EVERS-WILLIAMS FOR THEIR LIVES AND ACCOMPLISHMENTS

The SPEAKER pro tempore. The pending business is the question of suspending the rules and agreeing to the concurrent resolution, H. Con. Res. 220.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. CARTER) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 220, on which the yeas and nays are ordered.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 376, nays 0, not voting 58, as follows:

[Roll No. 277]

YEAS—376

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldwin
Ballance
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Becerra
Bereuter
Berkley
Berry
Biggert
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Boswell
Boyd
Bradley (NH)
Brady (PA)
Brown (OH)
Brown (SC)
Brown, Corrine
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cantor
Capito
Capps
Cardin
Cardoza
Carson (OK)
Carter
Case
Castle
Chabot
Chocola
Clyburn
Cole
Collins
Conyers
Cooper
Costello
Cox
Crane
Crenshaw
Crowley
Culberson
Cummings
Cunningham
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
Davis, Jo Ann
Davis, Tom
DeFazio
DeGette
Delahunt
DeLauro
DeMint
Deutsch
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Dooley (CA)
Doolittle
Doyle
Dreier
Duncan
Dunn
Ehlers
Emanuel
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Fletcher
Foley
Forbes
Ford
Fossella
Franks (AZ)
Frelinghuysen
Frost
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gingrey
Goode
Goodlatte
Gordon
Goss
Granger
Graves
Green (TX)
Green (WI)
Grijalva
Gutknecht
Hall
Harman
Harris
Hart
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hill
Hobson
Hoeffel
Hoekstra
Holden
Holt
Honda
Hooley (OR)
Hoyer
Hunter
Inslee
Isakson
Israel
Issa
Istook
Jackson (IL)
Janklow
Jefferson
John
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Keller
Kelly
Kennedy (MN)
Kennedy (RI)
Kildee
Kilpatrick
King (NY)
Kirk
Kline
Knollenberg
Kolbe
Kucinich
LaHood
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
LoBiondo
Lowey
Lucas (KY)
Lucas (OK)
Lynch
Majette
Maloney
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCotter
McCrery
McDermott
McGovern
McHugh
McInnis
McIntyre
McKeon
McNulty
Meehan
Meek (FL)
Meeks (NY)
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Mollohan
Moore
Moran (KS)
Moran (VA)
Murphy
Murtha
Musgrave
Myrick
Napolitano
Neal (MA)
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Oberstar
Obey
Olver
Osborne
Ose
Otter
Owens
Oxley
Pallone
Pascrell
Pastor
Pearce
Pelosi
Pence
Peterson (MN)
Petri
Pickering
Pitts
Platts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Putnam
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Renzi
Reyes
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Sandlin
Saxton
Schakowsky
Schiff
Schrock
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shuster
Simmons
Simpson
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Snyder
Solis
Spratt
Stark
Stearns
Stenholm
Strickland
Stupak
Sullivan
Sweeney
Tancredo
Tanner
Tauscher
Taylor (MS)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Turner (OH)
Turner (TX)
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velazquez
Visclosky
Vitter
Walden (OR)
Walsh
Wamp
Watson
Watt
Waxman
Weiner
Weldon (PA)
Weller
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Young (AK)

NOT VOTING—58

Bell
Berman
Boucher
Brady (TX)
Brown-Waite, Ginny
Cannon
Capuano
Carson (IN)
Clay
Coble
Cramer
Cubin
Davis (AL)
Deal (GA)
DeLay
Edwards
Frank (MA)
Gephardt
Gillmor
Gonzalez
Greenwood
Gutierrez
Hinchey
Hinojosa
Hostettler
Houghton
Hulshof
Hyde
Jackson-Lee (TX)
Jenkins
Johnson (CT)
Kind
King (IA)
Kingston
Kleczka
Lampson
Lipinski
Lofgren
Menendez
Millender-McDonald
Miller, George
Nadler
Ortiz
Paul
Payne
Peterson (PA)
Pryce (OH)
Rodriguez
Ryun (KS)
Smith (WA)
Souder
Tauzin
Taylor (NC)
Toomey
Towns
Waters
Weldon (FL)
Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are respectfully advised that there are 2 minutes remaining in this vote.

□ 1900

So (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

CARL T. CURTIS NATIONAL PARK SERVICE MIDWEST REGIONAL HEADQUARTERS BUILDING

The SPEAKER pro tempore (Mr. CULBERSON). The pending business is the question of suspending the rules and passing the Senate bill, S.703.

The Clerk read the title of the Senate bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from North Carolina (Mr. HAYES) that the House suspend the rules and pass the Senate bill, S. 703, on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 378, nays 0, not voting 56, as follows:

[Roll No. 278]

YEAS—378

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldwin
Ballance
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Becerra
Bereuter
Berkley
Berry
Biggert
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Boswell
Boyd
Bradley (NH)
Brady (PA)
Brown (OH)
Brown (SC)
Brown, Corrine
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cantor
Capito
Capps
Cardin
Cardoza
Carson (OK)
Carter
Case
Castle
Chabot
Chocola
Clyburn
Cole
Collins
Conyers
Cooper
Costello
Cox
Crane
Crenshaw
Crowley
Culberson
Cummings
Cunningham
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
Davis, Jo Ann
Davis, Tom
DeFazio
DeGette
Delahunt
DeLauro
DeMint
Deutsch
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Dooley (CA)
Doolittle
Doyle
Dreier
Duncan
Dunn
Ehlers
Emanuel
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Fletcher
Foley
Forbes
Ford
Fossella
Franks (AZ)
Frelinghuysen
Frost
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gingrey
Goode
Goodlatte
Gordon
Goss
Granger

Graves
Green (TX)
Green (WI)
Grijalva
Gutknecht
Hall
Harman
Harris
Hart
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hill
Hobson
Hoeffel
Hoekstra
Holden
Holt
Honda
Hooley (OR)
Hoyer
Hunter
Inslee
Isakson
Israel
Issa
Istook
Jackson (IL)
Jackson-Lee (TX)
Janklow
Jefferson
John
Johnson (CT)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Keller
Kelly
Kennedy (MN)
Kennedy (RI)
Kildee
Kilpatrick
King (NY)
Kirk
Kline
Knollenberg
Kolbe
Kucinich
LaHood
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
LoBiondo
Lowey
Lucas (KY)
Lucas (OK)
Lynch
Majette
Maloney
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCotter
McCrery
McDermott
McGovern
McHugh
McInnis
McIntyre
McKeon
McNulty
Meehan
Meek (FL)
Meeks (NY)
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Mollohan
Moore
Moran (KS)
Moran (VA)
Murphy
Murtha
Musgrave
Myrick
Napolitano
Neal (MA)
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Oberstar
Obey
Olver
Osborne
Ose
Otter
Owens
Oxley
Pallone
Pascrell
Pastor
Pearce
Pelosi
Pence
Peterson (MN)
Petri
Pickering
Pitts
Platts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Putnam
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Renzi
Reyes
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Sandlin
Saxton
Schakowsky
Schiff
Schrock
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shuster
Simmons
Simpson
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Snyder
Solis
Spratt
Stark
Stearns
Stenholm
Strickland
Sullivan
Sweeney
Tancredo
Tanner
Tauscher
Taylor (MS)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Turner (OH)
Turner (TX)
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velazquez
Visclosky
Vitter
Walden (OR)
Walsh
Wamp
Watson
Watt
Waxman
Weiner
Weldon (PA)
Weller
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Young (AK)

NOT VOTING—56

Bell
Berman
Boucher
Brady (TX)
Brown-Waite, Ginny
Cannon
Capuano
Carson (IN)
Clay
Coble
Cramer
Cubin
Davis (AL)
Deal (GA)
DeLay
Edwards
Frank (MA)
Gephardt
Gillmor
Gonzalez
Greenwood
Gutierrez
Hinchey
Hinojosa
Hostettler
Houghton
Hulshof
Hyde
Jenkins
Kind
King (IA)
Kingston
Kleczka
Lipinski
Lofgren
Menendez
Millender-McDonald
Miller, George
Nadler
Ortiz
Paul
Payne
Peterson (PA)
Pryce (OH)
Rodriguez
Ryun (KS)
Smith (WA)
Souder
Stupak
Tauzin
Taylor (NC)
Toomey
Towns
Waters
Weldon (FL)
Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. FRANKS of Arizona) (during the vote). Members are advised 2 minutes remain in this vote.

□ 1918

So (two-thirds having voted in favor thereof) the rules were suspended and the Senate bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

REPORT ON RESOLUTION WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON S. 342, KEEPING CHILDREN AND FAMILIES SAFE ACT OF 2003

Mr. SESSIONS, from the Committee on Rules, submitted a privileged report (Rept. No. 107–154) on the resolution (H. Res. 276) waiving points of order against the conference report to accompany the Senate bill (S. 342) to amend the Child Abuse Prevention and Treatment Act to make improvements to and reauthorize programs under that Act, and for other purposes, which was referred to the House Calendar and ordered to be printed.

PERSONAL EXPLANATION

Ms. JACKSON-LEE of Texas. Mr. Speaker, because of a rainstorm delay in Houston, I was unavoidably detained on rollcall vote No. 267, the Bruce Woodbury Post Office Building; and to my great disappointment, rollcall vote No. 277 to commend Medgar Wiley Evers and Myrlie Evers-Williams. If I had been present, I would have voted ''yea'' on rollcall No. 276 and ''yea'' on rollcall No. 277.

FORD MOTOR COMPANY CELEBRATES CENTENNIAL

(Mr. MCCOTTER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MCCOTTER. Mr. Speaker, 100 years ago today an innovative man named Henry and 11 pioneering entrepreneurs signed the articles of incorporation of the company destined to revolutionize the entire world. The innovative man was Henry Ford. And the company, an employer of 300,000 Americans, a global automotive leader and a cherished symbol of our Nation's entrepreneurial spirit and manufacturing might is, of course, the Ford Motor Company.

This past weekend, more than 1 million people from across the globe gathered on the grounds of the Ford Motor Company headquarters in Dearborn, Michigan, to celebrate the storied achievements of the first 100 years of the Ford Motor Company and its founder, Henry Ford, and to commence the company's next 100 years of unparalleled economic vitality under its current leader, William Clay Ford, Jr.

Mr. Speaker, let us, too, add our voices to those voices across America and the entire world and wish the Ford Motor Company a hale and heartfelt ''Happy Birthday.''

ROADLESS RULE ROLLBACK

(Mr. BLUMENAUER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BLUMENAUER. Mr. Speaker, people who care about the environment were heartened 2 weeks ago when the administration declared they would uphold the roadless area conservation rule. But alas, the other shoe dropped. Last week the administration announced it would be proposing new regulations to exempt Alaska's national forests from the rule, reopening them to logging and road-building. More troubling, the administration will also turn over significant authority over Federal forests to States, allowing governors to apply for exemptions.

As pointed out by the Boston Globe on June 15, the national forests are called that because they belong to the Nation as a whole, not to governors, and certainly not to an administration in Washington that has put a former timber lobbyist in charge of them. Now the Bush administration is doing its best to turn over large sections of the forest to timber companies in spite of a Clinton administration rule that would have protected them. The result is the largest, most extensive rulemaking in United States history is now being undertaken, and it is a tragedy.

WOMEN INVOLVED IN MIDDLE EAST PEACE PROCESS

(Ms. JACKSON-LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, in the backdrop of 50 Israelis and Palestinians losing their life, there was a glimmer of hope in Oslo, Norway, where I met with Palestinian women, leaders of government, along with Israeli women, members of the Knesset Israeli parliament. Although it started off with tense feelings, members walking out of the meeting, recounting the deaths of their loved ones, at the end these women stood together and committed themselves to a cooperative effort toward peace.

Mr. Speaker, I believe it is imperative that women be engaged in the peace process. That is why I will file

legislation to reignite the United Nations resolution which has not been implemented to create a peace commission comprised of women to be involved in the Middle East peace process and peace processes around the world.

I commend the fact that there is an envoy appointed by the President, but I would also commend the names of former Presidents Jimmy Carter, William Clinton and George Bush, and former Secretary of State Madeleine Albright to be engaged in this process that should not be a start and stop, but rather an ongoing process for peace.

Women bring a unique perspective to peace, and this Oslo, Norway summit, in cooperation with the Nobel Peace Institute, is imperative.

Mr. Speaker, in conclusion, I ask for an investigation into the findings of the weapons of mass destruction, and I believe we can do this in the name of truth.

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.

FIGHTING AUTISM

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

Mr. BURTON of Indiana. Mr. Speaker, normally when I come down here, I bring a litany of pictures, a poster, to show the children who have been damaged, their parents believe, by the mercury that has been used in children's vaccines.

Most Americans do not know this, but since the 1930s, many if not most of our vaccinations for children have contained a product called thimerosal, which is partially mercury, and Members know mercury is toxic to the human brain. As children started getting more and more vaccinations required by school boards across the country, the children got more and more mercury injected into their bodies. My grandson received nine shots in one day as an infant, and seven of those contained mercury. Within a matter of a couple of days he became autistic.

People do not know what autism is unless they have experienced it. He ran around flapping his arms. He was a normal child, would walk, talk, smile and laugh like other children, but he flapped his arms, ran around banging his head against the wall, lost his ability to communicate, and he would not look you in the eye anymore. He has had constant diarrhea or constipation, alternating between the two.

Parents across the country have experienced this. I have received thousands of letters from parents who have autistic children who are convinced that the mercury in these vaccines, which has a cumulative effect on the brain, was a contributing factor to their autism.

About 10 years ago, 1 in 10,000 children were adjudged to be autistic. Now it is 1 in 200. We have a 50-fold increase. It is the biggest epidemic that we can remember as far as children are concerned, and yet the American public is not aware of it. We really have to do something about it.

Back in the 1980s, in order to protect the pharmaceutical companies, we passed the Vaccine Injury Compensation Fund Program, and it protected the pharmaceutical companies against lawsuits, but in exchange there was money being put into a fund from each vaccination to take care of those children or adults damaged by vaccinations. It now has $1.8 billion in it. It was supposed to be a nonadversarial program, but it has become very adversarial.

The parents of these children who have had to mortgage their homes and sell their property to help their children, are going bankrupt to take care of their children, have not been able to get a dime out of the fund. And many of those parents did not get in within the 3-year time limit the law required because they were not aware that we had vaccination injury compensation program, and many were not aware that their children were adjudged autistic.

Mr. Speaker, we have to open that program up so that every parent has access to the fund. If we can prove that mercury was the culprit in their children's autism, they ought to be able to get funds from that fund to take care of their family and all of the expenses that they are incurring.

We need to get more money for the IDEA program to help with remedial education for these children that can be helped. If we do not deal with it right now, in 10–15 years when these children become adults, we are going to have a terrible problem because they will not be productive citizens. Many will have to be institutionalized, becoming a burden on the taxpayers. The parents of these children do not want to face that.

Mr. Speaker, we really need to address this issue in both the House and the other body to make sure that every parent has access to the Vaccine Injury Compensation Fund and has a fair hearing, their fair day in court.

□ 1930

GIs FRUSTRATED BY LACK OF RESPONSE TO MEDICAL NEED IN IRAQ

The SPEAKER pro tempore (Mr. FRANKS of Arizona). Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

Ms. KAPTUR. Mr. Speaker, this weekend in our local newspaper and across this country, a major story appeared with a photo that is unforgettable, a photo of Sergeant David Borell and Sergeant First Class Bryan Pacholski, both deployed outside of Baghdad, both members of the 323rd Military Police Company based in Toledo, Ohio, the center of my district. The title of the article is ''Children's Suffering Wounds GIs; Toledo Soldier Frustrated by Lack of Response to Medical Need.'' I am going to include this article, the full article, in the RECORD tonight along with Sergeant Borell's comments; also a letter I am sending to Secretary Rumsfeld this evening asking that based on these reports out of Iraq, I am requesting a personal meeting with the Secretary to propose an expedited schedule by the United States to establish temporary field hospitals in Iraq, perhaps in concert with our Arab allies, serving the wounded and the suffering.

With Baghdad's early fall, sufficient funds have been appropriated by our Appropriations Committee to accommodate these facilities. We can work with other organizations around the world, but without question the United States is in the lead now. It is important that we rise to this moral imperative. It is our sacred obligation to do so.

Let me report what Sergeant David Borell says, who, by the way, should get a promotion by the Department of Defense for his honor. He works close to a sign that reads: ''Working Together With the Iraqi People for Peace and Prosperity.'' That sign is placed near the North Gate to Sustainer Army Airfield northwest of Baghdad. He says, ''The implications of those words, 'Working Together With the Iraqi People for Peace and Prosperity,' it would seem, are far-reaching. Perhaps even all-encompassing. To me, it would seem to say that we, the Americans, are here to help. Help restore the Iraqi economy, help restore law and order, help the Iraqi people build anew that which has been taken from them. And, surely, help them in their times of dire need. Help them when there are truly none others for them to turn to.''

The photo says it all: ''Sergeant First Class Bryan Pacholski comforts Sergeant David Borell, both from Toledo.'' Why is he comforting Sergeant Borell? And it says, Sergeant Borell ''saw something that flies in the face of every moral lesson I have ever learned from my leadership in the military.'' He says, ''I used to be proud of what I'm doing and of being an American soldier, but after today I wonder if I will still be able to carry the title soldier with any pride at all. Or simply with the knowledge that a soldier couldn't even help three small severely burned children.'' He says, ''We came here to depose Saddam Hussein, a mission we accomplished. But the second mission was one of greater importance and purpose, to be part of a force that would serve to provide the Iraqi people with a freedom that they have never known.'' It seemed to him to be the noblest mission of all. In almost 14 years

of military service, the Army taught him many things, duty, honor, obligation; and though he was also taught to be a warrior, at the same time he thought he was taught to be a humanitarian. But he saw something during his service in the last week which caused him to question all of that.

While working at that North Gate, he was approached by an Iraqi father in need of assistance who took him to the back of his car where his wife and three children waited with a patience which could only have been borne out of a life of adversity. Once there, the father showed him his first son. He was a boy of 10 or 11 years of age. His eyes were a deep shade of brown, and he stared at the sergeant without tears. His mother held him in her arms and gently fanned him with a piece of cardboard both for comfort and to keep flies off of him. Across his body were wounds of unimaginable origin. Most of his legs and arms were singed clean of the top layers of flesh. His face was contorted with the same manner of burns. The sergeant says, ''I can only imagine the intensity of the pain he was in. He said nothing to me, but his eyes pleaded with me nonetheless. He was in need of help, the very help I was trained to offer.''

And so the sergeant called the doctors in the field and it took them an hour to arrive. In the front seat of this same car were his two sisters equally burned, one around 5 years old and the older 8 or 9. One blister on her right hand was the size of a baseball. Like their brother, they did not even complain. They made no sound at all. And the chain of command decided they deserved no treatment, and they turned them away.

Mr. Speaker, I would like to end my remarks tonight and read the last two sentences that say, ''The Army failed three young children in Iraq today for no reason. After today, I wonder if I will still be able to carry the title soldier with any pride at all, because this soldier couldn't even help three small children.''

Secretary Rumsfeld, we need your help. We need field hospitals in Iraq now.

SIRS: The following incident occurred on 13 June 2003. Any exposure you can create for this would be greatly appreciated. Also there when this happened were correspondents or representatives of FoxNews, the Associated Press, the New York Times, the LA Times, the Chicago Tribune, and various foreign media.

WORKING TOGETHER WITH THE IRAQI PEOPLE FOR PEACE AND PROSPERITY.

That's what the sign reads at the North Gate to Sustainer Army Airfield Northwest of Baghdad. The implications of those words, it would seem, are far-reaching. Perhaps even all-encompassing. To me, it would seem to say that we, the Americans, are here to help. Help restore the Iraqi economy, help restore law and order help the Iraqi people build anew that which has been taken from the. And, surely, help them in their times of dire need. Help them when there are truly none others for them to turn to.

As a military force, we came to this country under two pretenses. One, to rid the world of what has been termed a dire and immediate threat to world peace. This threat was embodied in Saddam Hussein and the Baath Party he led. We accomplished, if not completely, then at least practically, that goal. Saddam is no longer in a place of power here. Instead, we created, hopefully, a foundation for the Iraqi people to rule themselves. Our second pretense was much more enigmatic. We came to give the Iraqi people peace and freedom such as many Americans have known all their lives. This second mission was, to me, one of greater import and purpose. I came to be a part of that force that would serve to provide the Iraqi people with a freedom that they have never known. It seemed to me a noble mission at the least.

In almost 14 years of military service, the Army has taught me many things. Most of what I believe about duty, honor and obligation has come from those things I learned as a young soldier. I was taught to be a warrior and an unstoppable, indefatigable combat power, but, at the same time, to be a humanitarian. To give any assistance I could possibly provide to those people who were innocent of hostilities or even those who were not but who no longer represented a threat to U.S. forces. I learned that the American military was meant to be much more than a combat force. That we are a peacekeeping force, trained and equipped not only for the perils of combat, but also, and sometimes above all else to help. To build instead of destroy. I came to Iraq as a Military Policeman to rebuild and practice that which has been so deeply ingrained in me throughout those years of military service. And to be a part of that greater purpose I believe we all seek.

But today, I saw something which caused me to question exactly where the Army as an institution places it teachings. I saw something that flies in the face of every moral lesson I have ever learned from my leadership in the military. Moreover, it flew in the face of simple human dignity and obligation.

While working at that North Gate of Sustainer Army Airfield, not far from the sign at the entrance, I was approached by an Iraqi father in need of assistance. He took me back to his car where his wife and three children waited with a patience that could only have been born of a life of adversity. Once there, he showed me first his son. He was a boy of perhaps 10 or 11 years old. His eyes were a deep shade of brown and stared at me without tears. His mother held him in her arms and gently fanned his with a piece of cardboard both for comfort and to keep flies off of him. Across his body were wounds of unimaginable origin. Most of his legs and arms were singed clean of the top layers of flesh. His face was contorted with the same manner of burns. I can only imagine the intensity of the pain he was in. He said nothing to me, but his eyes pleaded with me nonetheless. He was in need of help. The very help that I was trained to offer. In fact, the very help I was taught, and fervently believe, it is my duty to offer. He didn't ask much, or so I thought. Only some relief from the pain that a boy his age should never have to endure.

But the damage didn't end there. In the front seat were his sisters. The youngest was around 5 years old and the older one around 8 or 9. They too were covered in burns. The five year old had hands covered with burns. The right half of her face had also been burned. On her right hand was a blister the size of a baseball. The eight year old suffered the same agonizing injuries. Both her arms and hands and the left side of her face were covered. Like their brother, they did not cry nor even complain. They made no sound at all. One look into their eyes, though, and no word of complaint was necessary. No verbal communication could possibly have conveyed the amount of pain or suffering they were going through. But, looking into their eyes, I knew that they were pleading with me to help. If not as an American soldier, trained and equipped to do so, than as a fellow human. They were asking me and they were asking America. I could not more ignore this pleading than if it were to have come from my own daughters. And it was my own daughters I saw when I looked at these young girls.

Without hesitation, I made contact with the only people available to me and requested assistance. My chain of command contacted the base hospital and, after what seemed an eternity to me but was more realistically probably only an hour or so, assistance finally came in the form of two Majors, both doctors, from the base hospital. But even an hour of so seemed too long to me. Judging from the traffic on the radio, there was apparently lengthy discussion as to whether or not any assistance at all would be forthcoming. But it did finally come, and I fully believed that these children would receive at least some care. At minimum, a token amount to relieve their suffering until something else could be done. My beliefs, my faith in the Army were not to be realized.

Both ''doctors'' looked briefly at the son. Perhaps a minute. No probing, no questioning as to the extent of the injuries. No discussion as to how they could help. And, without so much as a cursory examination of the girls, announced that there was nothing they could do. ''Long-term care'' is what they said was needed. ''These wounds are not life-threatening'' was emphatically pronounced. And, most injuriously to my conscience, that we, as Americans, had not caused the wounds and, thusly, would not treat them. I was informed that the ''rules of engagement'' for the treatment of local nationals was that the wounds had to threaten life, limb or eyesight or had to have been caused by Americans. The children were coarsely sent on their way with no treatment administered. I was left with nothing to answer the pleading of these children but to empty my first aid bag of anything useful to give their father. And empty it I did, but to what end? It wasn't enough and he and I both knew it.

What would it have cost us to treat these children? A few dollars perhaps. Some investment of time and resources. But are we not here for just that purpose? Did we not depose the ''evil regime''? Or did we just replace it with one of our own making? I cannot imagine the heartlessness required to look into the eyes of a child in horrid pain and suffering and, with medical resources only a brief trip up the road, ignore their plight as though they are insignificant. Only Iraqis seeking that which they should be able to provide themselves. ''We are not here to be the treatment center for the country.'' These words were actually spoken to me by one of the ''doctors''. But, if not us, then who? The local ''hospital'', if it can even be called that, had already refused them treatment. There was no one else.

The last time I checked, prior to the arrival of American and coalition forces, the Iraqi people had a government, albeit an appalling one. And they had an infrastructure, albeit a surely inadequate one. But, we, in our ''noble'' effort to give the Iraqi people freedom and secure peace for the world, have taken what little they had away. They no longer have any real form of government, and, lacking that, no true infrastructure. So who is to provide these things taken from them? By virtue of the morals and standards taught me by the Army, we, as Americans, are. It is we who are here to ''work together''. It is we who mean to give the Iraqis

''peace and prosperity.'' Apparently, working together does not mean medical treatment for children who have done nothing wrong and have nowhere else to turn.

I wear a silver bracelet on my arm. It was given to me by my wife before I was deployed here. On one side is engraved ''Duty, Honor, Country'' and on the reverse is ''With Love, Rachelle''. I wear it to remind me of why I'm here. Why I'm so far from my wife and children, why I'm sacrificing my time and my energy and placing myself at personal risk of injury or death. ''Duty, Honor, Country'' is what I have been taught for almost 14 years. But the Army failed 3 young children today for no reason. And, in so doing, they betrayed those values. I used to be proud of what I'm doing and of being an American soldier. After today, I wonder if I will still be able to carry the title ''soldier'' with any pride at all. Or simply with the knowledge that a ''soldier'' couldn't even help 3 small children.

David J. Borell,
Sergeant, US Army,
323rd Military Police Company,
Balad, Iraq,
North Gate Sustainer Army Airfield,
(Northwest of Baghdad)

[From the Toledo Blade, June 14, 2003]

CHILDREN'S SUFFERING WOUNDS GIS

TOLEDO SOLDIER WANTS TO HELP INJURED IRAQI CHILDREN

(By Joe Mahr)

Ohio Army National Guard Sgt. David Borell peered into a car outside his Iraqi base yesterday, and the Toledoan's mission seemed obvious.

There sat three children with burns on their arms, legs, and faces. One had layers of skin singed from his extremities. Another had a baseball-sized welt on her hand. The look in their eyes said one thing: Help.

The military police sergeant quickly radioed for medics, but it took about an hour for doctors to arrive. Even then, the doctors refused to help—saying the wounds weren't ''life threatening.'' And the sergeant could think only of how he'd react if it were his children back home suffering such pain.

After the doctors left, he broke down.

''I saw something that flies in the face of every moral lesson I have ever learned from my leadership in the military,'' he wrote in an e-mail sent to The Blade last night.

The 30-year-old's frustration is not the only angst among family, friends, and soldiers of Toledo's 323rd Military Police Company, which has been deployed for 16 of the past 20 months.

They've spent the past two months in Kuwait and Iraq—most of that time based on one of the hottest spots since the declared end of major combat: Balad, about 40 miles northwest of Baghdad.

They've been shot at, had rocks thrown at them, and endured triple-digit heat—with no formal date set for return. Back home, some of their loved ones have begun asking elected leaders to get the Army to set a return date, if only a tentative one, for a unit that could be in Iraq until January, and perhaps longer.

''We understand they've got to be there,'' said Brad Eckhart, whose wife is a medic with 323rd. ''But they're being jerked around, and that's really damaging morale.''

For Sergeant Borell, he said the frustration erupted during a shift guarding the north gate of the Sustainer Army Airfield—where the sign reads ''Working together with the Iraqi people for peace and prosperity.''

The 1991 Sylvania Southview High School graduate has made a career of the military, spending 13 years alternating between the regular forces an the Guard. He said the mission in Iraq seemed noble when the 323rd arrived: Toppling a cruel dictator who threatened world peace and helping the Iraqi people build a new country.

The latter mission seemed a more important and fitting role, he said, for an Army that taught him ''to be a warrior, and an unstoppable, indefatigable combat power, but, at the same time, to be a humanitarian.''

So he didn't hesitate when a father approached him outside the base gate yesterday to show the sergeant his injured children—who apparently were playing with explosive material.

''He took me back to his car where his wife and three children waited with a patience that could only have been born of a life of adversity,'' Sergeant Borell recalled.

The mother held a 10 or 11-year-old in her arms, fanning the boy's face with a piece of cardboard to keep the flies off and soothe what the sergeant described as ''wounds of unimaginable origin.''

''Most of his legs and arms were singed clean of the top layers of flesh,'' Sergeant Borell said. ''His face was contorted with the same manner of burns. I can only imagine the intensity of the pain he was in.''

In the front seat, a girl age 8 or 9 had her arms, hands, and the left side of her face covered with burns. Beside her was a girl about 5, the right side of her face covered with burns, and a baseball-sized welt on her hand.

They made no sounds, the sergeant said, but it didn't matter.

''No verbal communication could possibly have conveyed the amount on pain of suffering they were going through,'' he said. ''But looking into their eyes, I knew that they were pleading with me to help. If not as an American soldier, trained and equipped to do so, then as a fellow human. They were asking me and they were asking America.''

The sergeant passed on the request to his commanders, who contacted the base hospital, which eventually sent two doctors with the rank of major. They looked at the boy for ''perhaps a minute . . . and without so much as a cursory examination of the girls, announced that there was nothing they could do.''

The doctors told the sergeant that the wounds were not life-threatening, that the children needed long-term care, and that it wasn't the Americans' responsibility.

Sergeant Borell said that one doctor told him: ''We are not here to be the treatment center for the country.''

The local hospital already had refused to treat the children. So the sergeant gave the father all the supplies from his personal medical bag, and the father left.

''The last time I checked, prior to the arrival of American and coalition forces, the Iraqi people had a government, albeit an appalling one,'' the sergeant said. ''And they had an infrastructure, albeit a surely inadequate one. But, we, in our 'noble' effort to give the Iraqi people freedom and secure peace for the world, have taken what little they had away . . . So who is to provide these things taken from them?

The incident was the latest for a unit that has been anything but the old stereotype of ''weekend warriors.'' After the 2001 terrorist attacks, they spent 11 months guarding Fort Bragg, N.C. They returned home for four months, only to be called up for the Iraq war.

The military can't provide direct accounts of what the unit has experienced. But soldiers, in phone calls and e-mails to family and friends, talk about the night a convoy was ambushed by gunfire. Nobody was hurt. They talk of being on patrol and repeatedly having rocks hurled at them.

They now live in an old airport hangar, eating one hot meal a day and the rest from military Meals Ready to Eat, Mr. Eckhart said. They must still use ''field toilets.''

And rumors continue to circulate about the unit's fate. A Toledo TV station erroneously reported recently that the 323rd was coming home ''soon.'' Another rumor has the unit, or at least some members, headed to Kosovo after Iraq.

Their orders in Iraq are for 365 days, taking them to mid-January, 2004. The Army could keep them another year, but that's unlikely, said Maj. Neal O'Brien, of the Ohio National Guard.

''Obviously, the hope is that they're back earlier, and any day less than a year is a good day,'' he said. ''There's always a chance they could potentially be extended, but it's certainly not expected.''

Still, he said, the Ohio National Guard has no way of knowing a formal date of return because when a unit is mobilized for federal duty, the Army assumes complete control over the unit. And the Army isn't offering a date of return.

The National Guard leadership, based in Columbus, tries to keep in touch with its units in Iraq. But Lt. Col. Mike Ore said he hadn't yet heard of the incident with Sergeant Borell and didn't know if the soldier's account was accurate.

''I know the 323rd has been engaged in some pretty heavy stuff,'' Colonel Ore said.

In previous e-mails back home, Sergeant Borell talked of heat that reached 126 degrees and how the Iraqis had stockpiled weapons all over the country. U.S. troops tried to keep the Iraqi children from playing with the weapons, but it was difficult.

He didn't complain about military leadership until sending the latest e-mail to the media and his family last night, said his father, John Borell.

''For him to write that e-mail, it must have affected him greatly,'' his father said.

Sergeant Borell, a father of two and stepfather of one, ended his e-mail questioning why he was sacrificing his time, energy, and potentially his life.

''I used to be proud of what I'm doing and of being an American soldier,'' he said. ''After today, I wonder if I will still be able to carry the title 'soldier' with any pride at all. Or simply with the knowledge that a 'soldier' couldn't even help three small children.''

[From the Toledo Blade, June 15, 2003]

KAPTUR TO PRESS RUMSFIELD ON TOLEDO GI'S 'REALITY CHECK', IRAQI KIDS' WOUNDS SPARK POLICY DEBATE

(By Joe Mahr)

From his hot and dusty base in northern Iraq, Ohio Army National Guard Sgt. David Borell typed an e-mail criticizing the U.S. military's lack of treatment for severely burned Iraqi children.

A day later, the Sylvania native got the attention of his congressman, U.S. Rep. Marcy Kaptur (D., Toledo). She pledged yesterday to speak directly with the secretary of defense himself—an action that could rekindle an international debate over how much U.S. forces should, or even can, help injured Iraqis.

''[Sergeant Borell] is in the finest tradition of the American military,'' Miss Kaptur said yesterday. ''I am going to make sure that the fact that he gave a ground-zero reality check from there can guide policy-makers at the highest level.''

Sergeant Borell, of the Toldeo-based 323rd Military Police Company, complained Friday that he tried to get medical help for three children with severe burns on the arms, legs, and faces, but Army doctors told him that the children's wounds were not life-threatening and it was not the Americans' duty to help.

After having to send the family on its way without treatment, the sergeant broke down and had to be comforted by his platoon leader, Sgt. 1st Class Bryan Pacholski. The moment was captured by an Associated Press photographer, and the picture was printed yesterday in The Blade and newspapers across the country.

Upon seeing the picture and article in The Blade, Miss Kaptur said she shared the outrage of the 30-year-old military police sergeant. She said it's not only a moral duty for America, but a strategic one that can help build support in an Arab world that increasingly questions America's motives in Iraq.

''We are losing the battle for respect in that region,'' said Miss Kaptur, who opposed President Bush's decision to go to war. ''We might command the ground—or hold the ground for the moment—but we have to gain the hearts and minds of the people.''

Miss Kaptur's criticism was shared by some who contacted The Blade yesterday, such as Dave Pacholski, the brother of the sergeant who comforted Sergeant Borell Friday.

''I have two little ones, and I find it irresponsible on anybody's part to just walk away and say there's nothing they can do,'' he said. ''Not only is that ignorant, but it was totally against what doctors do.''

But others said the American military is doing the best it can in what is still a dangerous war zone, and they questioned whether anyone should pass judgment on a scenario before hearing the side of military officials, which was not available Friday or yesterday.

Maj. John Dzienny, a Toledo native now serving with U.S. Army special forces in Iraq, wrote in an e-mail that he has seen only ''compassion and resolve'' by American forces.

''It is the hope of all of us over here to see these people one day free and safe, just as we enjoy at home. These things take time, however, and it can strain the heart to not have an instant solution. All an individual can do is the best he or she can,'' he said.

It is not a new debate.

The nonprofit group Doctors Without Borders complained three weeks after U.S. troops rolled into Baghdad that the U.S.-led coalition hierarchy had failed to restart Iraq's health-care system.

The group's international council president, Dr. Martin Rostrup, not only blamed U.S. forces for failing to stop the looting at many hospitals, but for not setting up an administrative health system to replace Saddam's—which he said was required under the Geneva Convention.

''They are definitely responsible to see that basic services are put in place very rapidly so as to avoid suffering of people. And this has not taken place. After three weeks, the hospitals are in disarray and I find that unacceptable,'' he told reporters then, according to an Internet transcript of a May 3 news conference.

It's unclear now how much that's changed. The group's spokesman said yesterday that he could not provide an immediate assessment of Iraq's current health-care system.

And the human rights group Amnesty International has yet to pass judgment on whether the U.S.-led coalition is doing enough.

''The legal standard is a hard one to measure,'' group spokesman Alistair Hodgett said. ''But I think you can't read an account like that account [by Sergeant Borell] and not feel like the U.S. should be doing more.''

A U.S. military spokesman said Iraqis have a better health-care system now than before. Navy Lt. Cmdr. Matthew Klee, speaking on behalf of the U.S. Central Command, said yesterday that the military is doing the best it can to help as many civilians as possible in a country roughly the size of California.

''We are providing health care to Iraqis, but we don't have the infrastructure to support the entire Iraqi civilian population,'' said Commander Klee, who is based in Tampa.

He said he was unable to immediately provide the military's detailed rules for when its field hospitals must accept Iraqi civilians, but he said at the very least military hospitals treat any civilians with life-threatening injuries. The rest are referred to local, civilian-run hospitals.

He also said he was unable to immediately conform Sergeant Borell's account of the burned children not getting medical attention. But he said that, regardless, the military would not punish the sergeant for speaking out—a key worry of Congressman Kaptur.

''As long as he's speaking of his own personal opinions, he's more than welcome to do that,'' Commander Klee said. ''He just can't speak for the military. He can express his views. But when it comes to policy and official statements, that's really our bailiwick.''

Contacted vie e-mail at their base 30 miles northwest of Baghdad, other soldiers in the 323rd also were unable to confirm the sergeant's account of the incident. But 1st Sgt. Robert Orwig confirmed that the unit's Balad base treats only civilians injured by an American or who have an injury that could involve a loss of life, limb, or an eye.

Still, the 323rd soldiers routinely call the base hospital anyway when an injured Iraqi approaches, and let the hospital staff formally refuse to treat the injured.

''It is hard for our soldiers to have to turn the children away, but that is the guidance we have and have to go by,'' he said.

''This wasn't the first incident that children were sent away,'' he added. ''[It] probably won't be the last.''

Miss Kaptur, however, hopes it is the last.

She said she will seek out Defense Secretary Donald Rumsfeld as well as House leaders from both parties when she returns to Washington tomorrow. She said the military should be able to set up more field hospitals to treat wounded Iraqis until the Iraqi civilian hospitals can do the job.

If the U.S. military can't do it, Miss Kaptur said, other international groups or even American citizens should.

''I know the American people. We could fill a cargo plane out here at Toldeo Express and equip the first field hospital ourselves,'' she said.

As for Sergeant Borell, he wrote in an e-mail to The Blade yesterday that the Iraqi family hadn't returned yet to the base to seek help for their children.

''I imagine one refusal is enough for them,'' he said.

HOUSE OF REPRESENTATIVES,
Washington, DC, June 16, 2003.

Hon. DONALD H. RUMSFELD,
Secretary, Department of Defense,
The Pentagon, Washington, DC.

DEAR SECRETARY RUMSFELD: Based on these articles, I am requesting a personal meeting with you. I wish to propose an expedited schedule by the U.S. to establish temporary field hospitals in Iraq, perhaps in concert with our Arab allies, serving the wounded and suffering. With Baghdad's early fall, sufficient funds have been appropriated to accommodate these facilities.

In addition, UN health organizations, Doctors Without Borders, and Americans from all walks of life should be engaged in this moral imperative. Our forces, or those of coalition allies, can be used to secure the perimeters where such field health services would be offered.

As a representative from the Arab-American crescent that lies between Toledo, Ohio, Dearborn, Michigan, and Cleveland, Ohio, I know our region would rise to the occasion of equipping and staffing the first such hospital. Equally, America should match our commitment.

It is now our obligation. Thank you.

Sincerely,

MARCY KAPTUR,
U.S. Representative.

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

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

MEDICARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Tennessee (Mrs. BLACKBURN) is recognized for 5 minutes.

Mrs. BLACKBURN. Mr. Speaker, we have had a busy agenda since we started back into session in January. I am like a lot of freshmen. I feel like we have spent a lot of time looking at reform issues. That is something that my constituents want to see, and it is certainly something where I look forward to placing a good bit of my energy as we look for waste, fraud and abuse in government and look for opportunities to reform the system and to lower the cost of doing business with the government.

We have reformed education. We have lowered taxes. We have provided our Nation's military servicemen and women with a pay increase. And Republicans are now working to ensure that America's seniors have access to affordable, quality health care that will help lessen the financial burden of prescription medications.

Any effort to provide a prescription drug benefit absolutely must include a Medicare reform plan that not only preserves the system for today's seniors and for future generations but also provides seniors with a Medicare that is more efficient and flexible. Medicare must include the market-based incentives that have fueled research and development of products that are keeping us healthier longer and improving the lives of millions of Americans. There are three issues that virtually all senior citizens agree on. These three critical components of the reform initiative are affordability, access and choice. These are three premises that we need to be sure to include in our plan.

On the first point, affordability, Medicare reform legislation must make health care more affordable for seniors. Currently seniors are paying more on doctor visits and prescription drugs than they are on any other expenses combined. This is really intolerable. I think when we look at the reform to the Medicare system and think about

affordability, we need to be sure that whatever we do as we look at reforming Medicare must be affordable by the government so that we are not going to place a burden on our children and on future generations and create a system that just a few decades down the road cannot even be afforded.

No less important to our seniors is that we preserve their ability to have a choice. What I hear from my constituents is that they want the power to choose their physician and their hospital. For our rural communities, being able to choose a doctor means having a physician in their town. It does not mean having access to a physician that is 50, 100 or 200 miles away in some urban area. Too many of our seniors are forced to make frequent trips hours away from their homes in order to get routine primary medical care. More importantly, allowing seniors to choose their doctors is the right thing to do, and it is what we would all want to do for our families.

Most seniors also agree that access must be a reform priority. Once a Medicare enrollee chooses his or her doctor, they should be able to see that doctor on a regular basis, not to be shifted from one physician or one plan to another. Quality health care becomes less and less assured when a patient has to go from doctor to doctor or from clinic to clinic with consistency. We want to be sure that that access is readily available. We also want to be sure that access includes having access to new medications and to new technologies as research and development brings those forward. What I am hearing from a lot of the constituents in my district is that they would reject a one-size-fits-all universal-type plan. In Tennessee, we are familiar with what bad policy can do to health care. A few years back, Tennessee decided that state-managed health care was the way to go, and today the State is in a very difficult situation because of a health care system that is not providing access to many of the individuals that are enrolled in that system.

Some are going to come down to this floor and try to convince Americans that one giant health care system is what we should all support. I can tell you that my mother's health care needs are much different from my health care needs. My health care needs in Lawrence are different from those of many of my neighbors in Tennessee. What we can all agree on, though, is that a plan must be affordable, it must provide choices, and must be accessible. A one-size-fits-all plan has proven time and again not to reduce our health care needs, but to increase those costs.

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

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

EXCHANGE OF SPECIAL ORDER

Mr. BROWN of Ohio. Mr. Speaker, I ask unanimous consent to replace the gentleman from Illinois (Mr. EMANUEL).

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

There was no objection.

MEDICARE REFORM

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, my House Republican friends have managed to come up with a prescription drug bill that is even less generous and even more destructive to Medicare than last year's exercise. Under this year's bill, Medicare as we know it ends in 7 years. In 7 years, Medicare would be replaced by a voucher to cover part of the premium for health insurance. Let me repeat that. Under the Republican plan, Medicare would no longer provide guaranteed benefits in spite of their talk about more choice. It would instead give seniors a defined contribution voucher. So much for the Medicare entitlement. So much for guaranteed benefits for America's elderly. So much for the choices that matter. Choice of hospital, we have that today. Choice of physician, we have that today. Under the Republican plan, their voucher scheme would give seniors the choice, the choice, to enroll in whatever HMO happens to set up shop temporarily in their neighborhood. That is not the kind of choice seniors, who now can choose their doctor, who now can choose their hospital, it is not one-size-fits-all, it is seniors have full choice, it is not the kind of choice that seniors have today.

The Republican bill is a privatization bill. It is not a drug bill. It is an affront to seniors who depend on Medicare and to taxpayers whose money will be wasted paying off private insurance health plans, paying off HMOs in order to get them to participate in this Republican big insurance company, big drug company program.

Medicare vouchers are not a fiscally responsible alternative to Medicare. In fact, they will increase overall costs. The Republican plan reduces government spending by increasing out-of-pocket costs for seniors. Private premiums in this country are rising at about 15 percent compared to Medicare's about 4.1 percent increases. Administrative expenses for private insurance historically are 2½ times the administrative expenses of Medicare and Medicaid. So much for the argument that privatization is more efficient. Private insurance spending per enrollee has grown faster than Medicare in the last 30 years. If private drug plans can get better prices for drugs than Medicare, why is the drug industry lobbying for private plans? The only way privatizing Medicare can cut costs is by shifting those costs from the Federal Government onto the backs of seniors and their families.

Here are a couple of other hidden provisions in the House Republican drug bill. My colleagues increase Medicare costs for all seniors, not just those who enroll in drug coverage, by racheting up the Medicare part B premium. Seniors will continue to pay more and more and more under the Republican privatization give-it-to-the-insurance-companies health plan. They double-tax higher income seniors by income-relating Medicare coverage. They have dropped an even bigger doughnut hole in their coverage, cutting off benefits to seniors with higher drug costs. In other words, as their costs go up, the government no longer covers them. They cut reimbursement to hospitals which are already on shaky financial ground. I met with hospital administrators in Akron today and with physicians. They will tell you how it is going to be harder and harder for them to take care of their business providing the kind of health care to their patients at that hospital in Akron and other hospitals all over northeastern Ohio and all over this country.

The Republican plan leaves 40 percent of low-income seniors out of the bill's low-income assistance program. In summary, Mr. Speaker, the Republican prescription drug bill, the Republican plan is good for the drug companies. The Republican plan is good for the insurance companies; but the Republican plan is bad for seniors, it is bad for disabled Americans, it is bad for their families, it is bad for hospitals and other providers, and it is bad for the Nation as a whole.

□ 1945

TRIBUTE TO COLONEL TAD DAVIS

The SPEAKER pro tempore (Mr. FRANKS of Arizona). Under a previous order of the House, the gentleman from North Carolina (Mr. HAYES) is recognized for 5 minutes.

Mr. HAYES. Mr. Speaker, today I rise to recognize the accomplishments of Colonel Addison D. ''Tad'' Davis, IV. Colonel Davis is currently the garrison commander at Fort Bragg in my district of North Carolina. After 4 years of exemplary service at Fort Bragg, he is coming up here to the Pentagon. I and the entire Fort Bragg community will surely miss his presence at the epicenter of the universe.

Colonel Davis's military accomplishments speak for themselves. He is a 1978 graduate of the United States Military Academy and earned an MPA from Harvard University. He was a 1989–1999 U.S. Army War College fellow at the Hoover Institution, Stanford University. Colonel Davis most recently served as the executive officer to the assistant chief of staff for Installation Management. His military schooling includes the infantry officer basic and

advanced courses, U.S. Marine Corps Amphibious Warfare School, U.S. Army Command and General Staff College, the Armed Forces Staff College, and the NATO Peacekeeping Course.

During the past few years, Tad has overseen the deployment of thousands of troops, vehicles, and equipment in support of Operation Enduring Freedom and Iraqi Freedom. He has proven himself to be a model soldier, efficient administrator, and a dedicated officer. Colonel Davis has been an outstanding garrison commander, upholding Fort Bragg's legacy of being one of the Nation's finest military installations. As the ''mayor'' on post, soldiers and their families have a dedicated and devoted advocate giving 100 percent on their behalf. Whether it be issues relating to military construction, encroachment, domestic violence, saving the red-cockaded woodpecker, nurturing relations with the Fayetteville community, or force protection, to name a few, Colonel Davis has done an exemplary job of preparing for, reacting to, and handling the challenges presented to him.

I would like to speak of my friendship with and for Colonel Davis. It has been a privilege and honor to know and work with Tad and his lovely wife, Diane. They are much admired, respected, and appreciated friends. They have been involved both on and off post as integral members of the community. As Tad and Diane and their daughters, Amy and Sara, move up to the Washington, D.C. area, I want to thank them for their selfless service to Fort Bragg, the entire Nation, and wish them the absolute best in their future endeavors.

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

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

MEDICARE REFORM

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

Ms. SOLIS. Mr. Speaker, tonight I rise as Chair of the Congressional Hispanic Caucus Health Task Force and want to call the attention to the imposed impact that the so-called Medicare reform will have not only on the Latino community but across the Nation as well. Minority Medicare beneficiaries including Latinos are among the fastest-growing portions of this population, and they currently represent about 16 percent of the total Medicare population; but by the year 2025, Latinos are expected to account for 18 percent of the elderly population.

Yet time after time we ignore the needs of the community by creating packages that help HMOs and the private insurance industry and not necessarily our seniors. Just look at the proposed Republican Medicare prescription drug plan. They want to strip Medicare's foundation by forcing seniors to change plans, change doctors, change pharmacies, and even change the drugs that they take every 12 months. Not only are the enrollment procedures extremely complex, now we are asking our Nation's elderly to make incredible changes that many will feel uncomfortable about making into a program that does not even make drugs affordable for our seniors; and nearly 60 percent of Latinos live with families with incomes below 200 percent of the poverty level and 87 percent of the uninsured, that means working poor families, Latinos coming and trying to receive some type of health care benefit. Yet how can we even realistically say that we are attempting to improve the lives of all American seniors when the Latino elderly population, which is the fastest growing, will be the most susceptible in this privatized plan?

There are more than 214,000 Latino Medicare beneficiaries right now residing in the State of California that I represent. Fifty-five percent of Latino seniors covered under California's Medicare program report having little or no information about Medicare, including access to a toll-free Medicare number; and I say that specifically because we need to improve access to different communities in their respective languages so that we can really access and have the benefit of having all seniors participate in these programs.

Who is going to care for these beneficiaries when the Republicans impose unaffordable premiums, require spending of $250 before they receive any help at all? In some cases in my district that would be disastrous. It would mean not being able to pay their rent or be able to buy additional medicine that they need because $250 is a large amount for people in my district. It even prohibits, get this, the HHS Secretary, Secretary Tommy Thompson, from negotiating better prices. Hello? I thought that is what his job was there for. He was supposed to watch out for our interests.

We cannot ignore the 25 percent of Latinos compared to 10 percent of non-Latino whites who do not have supplemental insurance along with traditional Medicare, and in my district Latino seniors continuously share with me their concerns about the monthly Medicare premiums and the costs of prescription drugs. We have to make the prescription drug benefit an advantage for all Americans regardless of where they come from and regardless of what language they speak, and we need to help our country's seniors and people with disabilities navigate through an affordable system made easily available and meaningful to them and protecting their benefits. We need to protect the choices that they currently have because that is what really matters at the end of the day. We need to provide physician choice, pharmacy availability, and prescription drug selection. Let us not strip the security from our seniors. Let us work toward a program that helps improve all the lives of our seniors.

100TH ANNIVERSARY OF THE FORD MOTOR COMPANY

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

Mr. KENNEDY of Minnesota. Mr. Speaker, on this 16th day of June, 2003, as the Ford Motor Company celebrates its 100th anniversary, in the city of St. Cloud, Minnesota, which is in my congressional district, the world's oldest Ford dealership, Tenvoorde Ford, is celebrating its centennial as well.

Mr. Speaker, the story behind this century-old family-owned business is one that I think Members of the House should hear, and I rise today to share it with my colleagues and recognize such a remarkable achievement. In 1899, Stephen Tenvoorde and a friend brought the first automobile to St. Cloud, Minnesota. Back then they called them horseless carriages; and this machine, a Milwaukee Steamer, was the first anyone in central Minnesota had seen. So new was the horseless carriage, that Stephen had to bring it in the old oxen trail to get it from Minneapolis. From the buzz that resulted from the presence of this machine in St. Cloud, it was clear that the horseless carriage was something more than the latest technological leap forward. It was a change in our way of life.

The American love affair with the automobile, which thrives today, began that day at least for the people in central Minnesota who were there to see Stephen motoring around in his horseless carriage. There can be no doubt that Stephen Tenvoorde recognized the opportunity of this invention. A blacksmith and bicycle shop owner, this entrepreneur clearly knew that he was on the cusp of a fantastic new age. In fact, Mr. Speaker, 3 months before the first Model A would roll off the assembly line at Henry Ford's Detroit factory, Stephen Tenvoorde became a Ford franchisee. At that time he was the second person to sign a franchise agreement, but a month before the first dealer sold out and left the business. So today 100 years afterwards, Tenvoorde Ford is the oldest Ford dealership in the world.

The past 100 years have not always been easy for this family-run business. As the country has experienced bumps along the way, this family-run business has also run into challenges. Yet, Mr. Speaker, in the face of wars and the Great Depression, when people just were not buying cars, this business has overcome the challenges. Stephen Tenvoorde passed on the business to his son Cy in 1948 and Cy passed on the

dealership to his three sons, Jack, Paul, and David, who run the business today. And as the fourth generation prepares to enter into the family business in its centennial year, we appropriately observe this remarkable achievement. It is businesses like this that drive our economy and create jobs.

It is also fitting to note on this great occasion the valuable economic lessons that could be learned from the successes of Ford Motor Company. When Henry Ford entered the car market, it was the standard practice to build cars that only the wealthy could afford, the more expensive, the better. How else could a company maximize their profits? But Henry Ford's genius lay in the fact that he knew a better way. Ford understood that his company could make more money by selling more cars at a lower price than they could by selling a handful of cars to the wealthy. So he lowered the price of the Model T every year, and his sales and profits went through the roof. He even got the price low enough that my grandfather, Charles Kennedy, was able to buy the first Model T in my hometown of Murdock, Minnesota, in the early 1900s, possibly from Tenvoorde Ford.

Ford also knew that the more money people had in their pockets, the more cars they could buy. So what did Ford do? He increased his employees' wages to $5 a day so that every one of his workers could afford to buy his products, and they did, expanding the market for Ford cars to people who could never before have afforded one. Lower prices to increase profits and giving people more money to buy more goods, that was revolutionary thinking 100 years ago. This new approach to economics made men like Henry Ford and Stephen Tenvoorde business visionaries far ahead of their time.

The success of their business has proven that their practice worked back then, and it still works today. One hundred years later, we can see this free market approach in action. Since May 28 when the President signed the Jobs and Growth Tax Act into law, the stock market has been surging. In fact, today alone the Dow was up over 200 points and closed at the highest level of the year. The NASDAQ and S&P 500 also hit their highest levels.

The lessons are simple: give people more of their own money to spend, and they will build a stronger country. Give companies some relief from the cumbersome burdens government taxes out of them, and they lower prices and sell more goods. That was what we did with the Jobs and Growth Tax Act, and the results have been spectacular. In a free market, economics work in action. One hundred years ago Henry Ford knew. Stephen Tenvoorde knew it. And today, Mr. Speaker, we are the fortunate ones who can reap the rewards and the benefits of their knowledge.

I want to commend Stephen Tenvoorde and the generations that have followed for their hard work and dedication to automobile excellence over the past 100 years.

STATUS REPORT ON CURRENT SPENDING LEVELS OF ON-BUDGET SPENDING AND REVENUES FOR FY 2004 AND THE 5-YEAR PERIOD FY 2004 THROUGH FY 2008

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

Mr. NUSSLE. Mr. Speaker, I am transmitting a status report on the current levels of on-budget spending and revenues for fiscal year 2004 and for the five-year period of fiscal years 2004 through 2008. This report is necessary to facilitate the application of sections 302 and 311 of the Congressional Budget Act and section 501 of the conference report on the concurrent resolution on the budget for fiscal year 2004 (H. Con. Res. 95). This status report is current through June 13, 2003, and incorporates revisions to the budget resolution made on June 12, 2003, to reflect the enactment of the Jobs and Growth Tax Relief Reconciliation Act of 2003 (P.L. 108–27).

The term ''current level'' refers to the amounts of spending and revenues estimated for each fiscal year based on laws enacted or awaiting the President's signature.

The first table compares the current levels of total budget authority, outlays, and revenues with the aggregate levels set forth by H. Con. Res. 95. This comparison is needed to enforce section 311(a) of the Budget Act, which creates a point of order against measures that would breach the budget resolution's aggregate levels. The table does not show budget authority and outlays for fiscal year 2004 through 2008, because appropriations for those years have not yet been considered.

The second table compares the current levels of budget authority and outlays for discretionary action by each authorizing committee with the ''section 302(a)'' allocations made under H. Con. Res. 95 for fiscal year 2004 and fiscal years 2004 through 2008. ''Discretionary action'' refers to legislation enacted after the adoption of the budget resolution. A separate allocation for the Medicare program, as established under section 401(a)(3) of the budget resolution, is shown for fiscal year 2004 and fiscal years 2004 through 2013. This comparison is needed to enforce section 302(f) of the Budget Act, which creates a point of order against measures that would breach the section 302(a) discretionary action allocation of new budget authority of the committee that reported the measure. It is also needed to implement section 311(b), which exempts committees that comply with their allocations from the point of order under section 311(a).

The third table compares the current levels of discretionary appropriations for fiscal year 2004 with the ''section 302(b)'' suballocations of discretionary budget authority and outlays among Appropriations subcommittees. The comparison is needed to enforce section 302(f) of the Budget Act because the point of order under that section equally applies to measures that would breach the applicable section 302(b) suballocation.

The last table gives the current level for 2005 of accounts identified for advance appropriations under section 501 of H. Con. Res. 95. This list is needed to enforce section 501 of the budget resolution, which creates a point of order against appropriation bills that contain advance appropriations that are: (i) not identified in the statement of managers or (ii) would cause the aggregate amount of such appropriations to exceed the level specified in the resolution.

REPORT TO THE SPEAKER FROM THE COMMITTEE ON THE BUDGET—STATUS OF THE FISCAL YEAR 2004 CONGRESSIONAL BUDGET ADOPTED IN H. CON. RES. 95

[Reflecting action completed as of June 13, 2003—on-budget amounts, in millions of dollars]

	Fiscal year 2004	Fiscal years 2004–2008
Appropriate Level:		
Budget Authority	1,880,555	(1)
Outlays	1,903,502	(1)
Revenues	1,325,452	8,168,933
Current Level:		
Budget Authority	1,100,022	(1)
Outlays	1,424,727	(1)
Revenues	1,331,145	8,377,502
Current Level over (+)/under (−) Appropriate Level:		
Budget Authority	−780,533	(1)
Outlays	−478,775	(1)
Revenues	5,693	208,569

[1] Not applicable because annual appropriations Acts for fiscal years 2005 through 2008 will not be considered until future sessions of Congress.

BUDGET AUTHORITY

Enactment of measures providing new budget authority for FY 2004 in excess of $780,533,000,000 (if not already included in the current level estimate) would cause FY 2004 budget authority to exceed the appropriate level set by H. Con. Res. 95.

OUTLAYS

Enactment of measures providing new outlays for FY 2004 in excess of $478,775,000,000 (if not already included in the current level estimate) would cause FY 2004 outlays to exceed the appropriate level set by H. Con. Res. 95.

REVENUES

Enactment of measures that would result in revenue reduction for FY 2004 in excess of $5,693,000,000 (if not already included in the current level estimate) would cause revenues to fall below the appropriate level set by H. Con. Res. 95.

Enactment of measures resulting in revenue reduction for the period FY 2004 through 2008 in excess of $208,569,000,000 (if not already included in the current level estimate) would cause revenues to fall below the appropriate levels set by H. Con. Res. 95.

DIRECT SPENDING LEGISLATION—COMPARISON OF CURRENT LEVEL WITH AUTHORIZING COMMITTEE 302(a) ALLOCATIONS FOR DISCRETIONARY ACTION REFLECTING ACTION COMPLETED AS OF JUNE 13, 2003

[Fiscal years, in millions of dollars]

House Committee	2004		2004–2008 total		2004–2013 total	Outlays
	BA	Outlays	BA	Outlays	BA	
Agriculture:						
Allocation	0	0	0	0	(1)	(1)
Current Level	0	0	0	0	(1)	(1)
Difference	0	0	0	0	(1)	(1)
Armed Services:						
Allocation	70	34	70	70	(1)	(1)
Current Level	0	0	0	0	(1)	(1)
Difference	−70	−34	−70	−70	(1)	(1)
Education and the Workforce:						
Allocation	39	47	201	245	(1)	(1)
Current Level	0	0	0	0	(1)	(1)
Difference	−39	−47	−201	−245	(1)	(1)
Energy and Commerce:						
Allocation	−170	−170	439	439	(1)	(1)
Current Level	0	0	0	0	(1)	(1)
Difference	170	170	−439	−439	(1)	(1)
Financial Services:						
Allocation	0	375	0	1,250	(1)	(1)
Current Level	−1	−1	−2	−2	(1)	(1)
Difference	−1	−376	−2	−1,252	(1)	(1)
Government Reform:						
Allocation	−1	0	−3	−1	(1)	(1)
Current Level	0	0	0	0	(1)	(1)
Difference	1	0	3	1	(1)	(1)
House Administration:						
Allocation	0	0	0	0	(1)	(1)
Current Level	0	0	0	0	(1)	(1)
Difference	0	0	0	0	(1)	(1)
International Relations:						
Allocation	0	0	0	0	(1)	(1)
Current Level	0	0	0	0	(1)	(1)
Difference	0	0	0	0	(1)	(1)
Judiciary:						
Allocation	19	19	95	95	(1)	(1)
Current Level	0	0	0	0	(1)	(1)
Difference	−19	−19	−95	−95	(1)	(1)
Resources:						
Allocation	24	24	522	342	(1)	(1)
Current Level	0	0	0	0	(1)	(1)
Difference	−24	−24	−522	−342	(1)	(1)
Science:						
Allocation	0	0	0	0	(1)	(1)
Current Level	0	0	0	0	(1)	(1)
Difference	0	0	0	0	(1)	(1)
Small Business:						
Allocation	0	0	0	0	(1)	(1)
Current Level	0	0	0	0	(1)	(1)
Difference	0	0	0	0	(1)	(1)
Transportation and Infrastructure:						
Allocation	9,256	0	41,134	0	(1)	(1)
Current Level	0	0	0	0	(1)	(1)
Difference	−9,256	0	−41,134	0	(1)	(1)
Veterans' Affairs:						
Allocation	0	0	0	0	(1)	(1)
Current Level	0	0	0	0	(1)	(1)
Difference	0	0	0	0	(1)	(1)
Ways and Means:						
Allocation	20,626	20,054	24,079	23,876	(1)	(1)
Current Level	18,042	18,042	22,856	22,856	(1)	(1)
Difference	−2,584	−2,012	−1,223	−1,020	(1)	(1)
Medicare:						
Allocation	0	0	n.a.	n.a.	0	0
Current Level	0	0	n.a	n.a.	0	0
Difference	0	0	n.a.	n.a.	0	0

[1] Not applicable.

DISCRETIONARY APPROPRIATIONS FOR FISCAL YEAR 2004—COMPARISON OF CURRENT LEVEL WITH APPROPRIATIONS SUBCOMMITTEE 302(b) SUBALLOCATIONS

[In millions of dollars]

Appropriations Subcommittee	302(b) suballocations have not been issued as of June 13, 2003		Current level reflecting action completed as of June 13, 2003		Current level minus suballocations	
	BA	OT	BA	OT	BA	OT
Agriculture, Rural Development	(1)	(1)	14	5,036	(1)	(1)
Commerce, Justice, State	(1)	(1)	0	14,197	(1)	(1)
National Defense	(1)	(1)	17	137,684	(1)	(1)
District of Columbia	(1)	(1)	0	51	(1)	(1)
Energy & Water Development	(1)	(1)	0	9,198	(1)	(1)
Foreign Operations	(1)	(1)	0	13,804	(1)	(1)
Homeland Security	(1)	(1)	215	12,678	(1)	(1)
Interior	(1)	(1)	36	6,244	(1)	(1)
Labor, HHS & Education	(1)	(1)	21,378	91,973	(1)	(1)
Legislative Branch	(1)	(1)	0	671	(1)	(1)
Military Construction	(1)	(1)	0	7,680	(1)	(1)
Transportation-Treasury	(1)	(1)	31	41,247	(1)	(1)
VA-HUD-Independent Agencies	(1)	(1)	2,698	51,610	(1)	(1)
Grand Total	784,675	861,084	24,389	392,073	−760,286	−469,011

[1] Not applicable.

Statement of FY2005 advance appropriations under section 501 of H. Con. Res. 95 reflecting action completed as of June 13, 2003

[In millions of dollars]

	Budget authority
Appropriate Level	23,158
Current Level:	
Interior Subcommittee:	
Elk Hills	0
Labor, Health and Human Services, Education Subcommittee	
Employment and Training Administration	0
Education for the Disadvantaged	0
School Improvement	0
Children and Family Services (head start)	0
Special Education	0
Vocational and Adult Education	0
Treasury, General Government Subcommittee: Payment to Postal Service	0
Veterans, Housing and Urban Development Subcommittee:	
Section 8 Renewals	0
Total	0
Current Level over (+)/under (−)	
Appropriate Level	−23,158

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, June 16, 2003.

Hon. JIM NUSSLE,
Chairman, Committee on the Budget, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The enclosed report shows the effects of Congressional action on the fiscal year 2004 budget and is current through June 13, 20023. This report is submitted under section 308(b) and in aid of section 311 of the Congressional Budget Act, as amended.

The estimates of budget authority, outlays, and revenues are consistent with the technical and economic assumptions of H. Con. Res. 95, the Concurrent Resolution on the Budget for Fiscal Year 2004. The budget resolution figures incorporate revisions submitted by the Committee on the Budget to the House to reflect funding for the fiscal year 2003 supplemental appropriations act and the tax relief act of 2003. These revisions are authorized by sections 421 and 507 of H. Con. Res. 95, respectively.

Since my last letter, dated May 20, 2003, the Congress has cleared and the President has signed the following acts that changed budget authority, outlays, or revenues for 2004: the Unemployment Compensation Amendments of 2003 (Public Law 108–26), and the Jobs and Growth Tax Relief Reconciliation Act of 2003 (Public Law 108–27). The effects of these new laws are identified in the enclosed table.

Sincerely,

DOUGLAS HOLTZ-EAKIN,
Director.

Enclosure.

FISCAL YEAR 2004 HOUSE CURRENT LEVEL REPORT AS OF JUNE 13, 2003

[In millions of dollars]

	Budget authority	Outlays	Revenues
Enacted in previous sessions:			
Revenues	0	0	1,466,370
Permanents and other spending legislation	1,088,932	1,061,259	0
Appropriation legislation	0	345,754	0
Offsetting receipts	−366,436	−366,436	0
Total, previously enacted	722,496	1,040,577	1,466,370
Enacted this session:			
Emergency Wartime Supplemental Appropriations Act of 2003 (P.L. 108–11)	251	27,349	0
American 5-Cent Coin Design Continuity Act of 2003 (P.L. 108–15)	−1	−1	0
Unemployment Compensation Amendments of 2003 (P.L. 108–26)	4,730	4,730	145
Jobs and Growth Tax Relief Reconciliation Act of 2003 (P.L. 108–27)	13,312	13,312	−135,370
Total, enacted this session	18,256	45,390	−135,225
Entitlements and Mandatories: Budget resolution baseline estimates of appropriated entitlements and other mandatory programs not yet enacted	359,270	338,760	0
Total Current Level [1]	1,100,022	1,424,727	1,331,145
Total Budget Resolution	1,880,555	1,903,502	1,325,452
Current Level Over Budget Resolution	0	0	5,693
Current Level Under Budget Resolution	−780,533	−478,775	0
Memorandum:			
Revenues, 2004–2008:.			
House Current Level	0	0	8,377,502
House Budget Resolution	0	0	8,168,933
Current Level Over Budget Resolution	0	0	208,569

[1] For purposes of enforcing section 311 of the Congressional Budget Act in the House, the budget resolution does not include prior-year outlays of $508 million for Social Security administrative expenses. As a result, current level excludes these items.

Note.—P.L. = Public Law.
Source: Congressional Budget Office.

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 Indiana (Mr. PENCE) is recognized for 5 minutes.

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

PROVIDING FOR AMERICA'S VETERANS

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

Mr. STRICKLAND. Mr. Speaker, as we are in the safety and security of this Chamber tonight, we should not forget that at this very moment there are young Americans who are in harm's way in Iraq. Many have been killed and others, seem like, are placed in danger and are being killed certainly on a weekly basis; and we should never forget that. This war is not over. Danger continues to exist. Some of these young people will be wounded, and they will come back to this country, and they will join the ranks of the others who have served this country. They will be America's newest veterans, many of them with terrible injuries.

□ 2000

That is why I rise tonight to talk about the veterans, and especially about veterans health care in this country.

I am increasingly concerned as I talk to veterans in my own district, and I am from the State of Ohio, where we have about 11 million citizens in the State, but well over 1 million of those are veterans. About 10 percent of all of the citizens in the State of Ohio are veterans who have served their country in the military.

The facts are that this administration and this government is not doing what it should do to keep its word to our veterans and to provide them with the kind of high quality health care that they have been promised and that they are entitled to receive.

I would like to once again remind this Chamber of a proposal that has come from the President to greatly increase the financial burden that our veterans must carry in order to get health care through the VA system. The President has asked that a new $250 annual enrollment fee be imposed upon many of our veterans, those who are within the Priority Group 7 and Priority Group 8 veterans; a $250 annual enrollment fee, just to be able to participate in the VA system.

The President has asked that the cost that a veteran must pay for a prescription drug be increased from $7 a prescription to $15 a prescription, after we increased it from $2 to $7 just about a year-and-a-half ago. So that is an additional financial burden that many of our veterans will be expected to pay.

Then the President has asked that the cost of a clinic visit be increased from $15 a visit to $20 a visit.

This represents a rather substantial financial burden, and these burdens are going to be placed on veterans, many of them who make as little as $22,000 a year.

In addition to these financial burdens, a decision was made recently by the Secretary of Veterans Affairs to create a new priority group of veterans which is called Priority Group 8. These are veterans who have need for medical care but their conditions are not directly related to their military service, and they can make as little as $22,000 a year in certain regions of the country because the standard for the income levels changes regarding where the person lives. If they live in one part of the country, the standard may be a little different than it is in a different part of the country. But in my part of the country, where there is high unemployment and poverty, a veteran can make as little as $22,000 a year and be considered higher income and be told, ''You cannot participate in the VA health care service. You served our country and were discharged with an honorable discharge, but you make too much money, and you are in Priority Group 8, so you can no longer sign up for VA health care services.''

I just think that is wrong. We spend a lot of money around here, and it is just wrong that we would charge our veterans more for drugs, charge them more for the health care they need and the health care that many of them cannot get anywhere else. Many veterans have lost their jobs, they have been downsized, their plants have closed, and they simply have nowhere else to go.

So I call this to the attention of this Chamber, Mr. Speaker. I think we should take action to make sure that our veterans are properly cared for.

REFORMING MEDICARE AND PROVIDING PRESCRIPTION DRUG COVERAGE

The SPEAKER pro tempore (Mr. FRANKS of Arizona). Under the Speaker's announced policy of January 7, 2003, the gentleman from Georgia (Mr. BURNS) is recognized for 60 minutes as the designee of the majority leader.

Mr. BURNS. Mr. Speaker, I rise tonight to begin the discussion of probably one of the most critical things we will consider during the 108th Congress. Tonight we are going to begin to talk about a need that America has had for a long time, and that is a prescription drug benefit for our seniors and the reform of Medicare.

I am delighted that the Speaker has allowed me to represent the leadership tonight, along with other members of the freshman class, as we begin to talk about the things that are important to America, and to begin the discussion, to begin the debate and to work toward a solution to all of our seniors.

Mr. Speaker, to begin that discussion, I would like to yield to the distinguished gentlewoman from Michigan (Mrs. MILLER).

(Mrs. MILLER of Michigan asked and was given permission to revise and extend her remarks.)

Mrs. MILLER of Michigan. Mr. Speaker, Medicare was enacted in the 1960s to address a serious problem, and that problem, of course, was the lack of quality health care for our Nation's elderly.

In the past 40 years, Medicare has become actually one of the most popular Federal programs ever. But so much has changed in the days since Medicare was first enacted. In the 1960s, quality health care usually meant going to the doctor's office and receiving treatment for a particular ailment, and, in many cases, it meant hospitalization. But today, things are very much different. Advancement in the development and effectiveness of prescription drugs has made the trip to the doctor, and, more importantly, a trip to the hospital, unnecessary in many, many cases.

Prescription drugs are helping America's seniors to live longer lives, and healthier and happier lives as well. And yet, Medicare has not changed to cover those life-extending drugs, and too many seniors are being forced to make the impossible choice between their prescriptions and their other basic needs like food or rent. That, of course, is simply wrong. No senior should ever have to make the choice between bills and pills.

The high cost of prescription drugs are forcing seniors to find less expensive ways to get the drugs that they need. I represent a district that shares an international border with Canada. I was meeting actually just this morning with my counterpart in the Canadian Parliament. We spoke about a number of issues, and we spoke about health care generally. But, more specifically, we spoke about a cottage industry that is springing up, prescription drug outlets on the Canadian side of the border.

For many reasons, prescription drugs are less expensive in Canada, and many American seniors are driving across the Blue Water Bridge, in my district, between the cities of Port Huron and Sarnia, to have their prescriptions filled in Canada.

What happens is they receive a script from an American doctor. Then they have it transmitted to a Canadian doctor, and it is rewritten in Canada and filled at one of its Canadian pharmacies that literally dot the border area there now. Again, it is just simply wrong for America's seniors, that they have to go to such lengths just to get the drugs that they need.

So it is time for Congress to act. We must address the requirements of our senior population, and we need to bring Medicare in line with the medical system of the 21st Century.

When I was campaigning for this office, I met with literally thousands of senior citizens and I asked them what they thought they needed in a prescription drug benefit. Through those conversations, I came up with what I consider to be four main goals, four fundamental caveats that need to be met with any new benefit:

Number one, the benefit absolutely needs to be voluntary, so that many seniors who already have an existing drug benefit are not forced into a government plan that might not provide equal assistance that they have currently.

Number two, there needs to be immediate assistance so that seniors are no longer forced to make the decision between their prescription drugs and other needs.

Number three, it needs to be permanent so that it cannot be taken away or used as a political weapon against them in some future Congress.

Number four, it must substantially reduce out-of-pocket costs so that seniors can enjoy their retirement years and health and without draining their life savings to pay for drugs.

I am very hopeful that the plans that are now being debated by the other body, in the Committee on Energy and Commerce and the Committee on Ways and Means, will meet each of these tests. One of the big concerns about the prescription drug benefit being debated is, of course, the cost of such a program. In these very tight budgetary times, or at any time, for that matter, we must keep a very close eye on the bottom line.

But I truly believe that this benefit in the long run could actually save taxpayers money. How is that so? Because if we work together to keep seniors healthy through therapeutic drugs, we will actually lower the instances of hospitalization, which costs much more than giving seniors prescription drugs. Of course, that is the old adage that an ounce of prevention is worth a pound of cure. I think it is very appropriate in this instance.

I also truly believe that you can judge a society by the way that society treats its seniors. Our seniors have given so much to our Nation. Their hard work, their sacrifice is what has made America into the greatest country the world has ever known. These are the people that have fought wars, to defeat fascism, to defeat communism, to spread freedom across the globe. They have worked to build industry, to build strong communities, to raise their families that continue the American dream.

Our senior citizens deserve no less than our very best efforts to finally solve the problem of a prescription drug benefit within Medicare, because that is exactly what they have given us throughout their lives. I look forward to working with my colleagues to, once and for all, get the job done.

Mr. BURNS. Mr. Speaker, we have heard from the distinguished colleague from Michigan as she shares with us the challenges that her constituents face.

I would like to now yield to the distinguished gentlewoman from Florida (Ms. HARRIS), to gain a perspective from that area.

(Ms. HARRIS asked and was given permission to revise and extend her remarks.)

Ms. HARRIS. Mr. Speaker, despite the large amount of attention that

matters of national security have demanded, the House has remained steadfast in confronting the threats to security here at home. We passed decisive measures to revitalize our financial security and our economy. Moreover, we continue to confront the corporate greed that has threatened the life savings of millions of Americans. These dramatic efforts to restore America's economic security will mean little, however, until we address the moral obligation to our seniors. After all, they are the people who built America's prosperity in the first place.

The enactment of the Medicare program constituted a sacred pact with our seniors. It reflected our Nation's belief that the health concerns associated with advancing age should not raise the specter of grinding poverty. Nevertheless, while our society enjoys an unprecedented level of wealth and material comfort, our seniors still suffer sleepless nights worrying about how they will afford critical medical and life saving prescription drugs. Far too often, good politics has taken precedence over good policy. Meanwhile, men and women who spent their lives investing in this country have paid the price of political inaction.

Yet, thanks to the visionary leadership of the gentleman from Illinois (Speaker HASTERT), the gentleman from California (Chairman THOMAS) and the gentleman from Louisiana (Chairman TAUZIN), our seniors at least have reason to hope.

The Speaker has articulated four principles for improving Medicare and providing our seniors with a real prescription drug benefit.

First, we must lower the cost of prescription drugs now.

Second, all seniors must have prescription coverage.

Third, Medicare must have more choices and more savings.

Finally, Medicare must be strengthened for the future.

The bill that the gentleman from California (Chairman THOMAS) and the gentleman from Louisiana (Chairman TAUZIN) have proposed passes these four essential tests with flying colors. It recognizes our seniors deserve the right to choose their doctor, their health care plan and their prescription drug plan.

Most important, this bill completely covers the prescription drug costs of low income seniors, as well as the catastrophic medication needs of every senior. Further, it modernizes the Medicare system through the use of new technology, health, education and preventive care.

Mr. Speaker, I applaud our leadership for developing this outstanding legislation, and I look forward to a strong bipartisan effort to achieve its passage.

Mr. BURNS. Mr. Speaker, we enjoy in the freshman class two distinguished colleagues within the medical profession. Tonight I would like to yield to the distinguished gentleman from Texas (Mr. BURGESS), a medical physician who has treated thousands of patients and can speak authoritatively to this subject.

Mr. BURGESS. Mr. Speaker, I rise tonight to continue the dialogue about the important work that this House will undertake in regards to modernization of the Medicare program over these next 2 weeks.

For too long, seniors in this country have gone without a prescription drug benefit. We are at a point in time where the United States Congress is at the threshold of passing a comprehensive drug benefit for America's seniors. It is time, indeed, it is past time that we modernize the Medicare system. Medicare is a 38-year-old government program that has done little to adapt to the practice of medicine in the 21st Century.

There can be no doubt that Americans have benefited from the development of new and innovative medicines. New drugs can improve and extend lives. New drugs exist that can dramatically reduce cholesterol, fight cancer and alleviate debilitating arthritis.

For example, Mr. Speaker, there is a whole new class of medications that collectively are called selective estrogen receptor modulators. You perhaps know them by the other term as Aromatase inhibitors.

□ 2015

But, Mr. Speaker, these new class of medications are reducing breast cancer mortality, and they hold promise for actually one day preventing this disease.

Mr. Speaker, drugs that fight prostate cancer, diabetes, and other life-threatening diseases are not available as a basic part of Medicare, forcing beneficiaries to often make difficult choices related to their health. Medicare beneficiaries should have access to these drugs, just like so many of us have access to prescription medications through our own health plans.

Medicare was put in place to improve the health and well-being of America's seniors; and to that end it has functioned very well. But because the current program does not provide prescription drugs as part of its basic benefit, it is hard to say that Medicare, as is, continues to live up to that promise.

With nearly 40 million people enrolled in Medicare, it is important that we approach this issue with clarity and foresight. Many of my colleagues and, indeed, myself included, are concerned with the entitlement nature of this new program. If we are not careful, if this new entitlement is not implemented properly this, in fact, could threaten to imbalance future Federal budgets and displace other important priorities. However, the bill that has worked its way through the Committee on Commerce and the Committee on Ways and Means, the bill that they are working on this week, meets the needs of seniors today and into the future, and attempts to balance future Federal spending commitments.

But we must also be aware of other ways that we can hold down the price of prescription drugs and, further, the taxpayer resources that will be devoted to Medicare and a Medicare prescription drug benefit. The United States, through our trade representative, must actively work with foreign countries to dismantle their drug price control regimes and embrace free market principles. No longer should our uninsured and our elderly bear the cost of pharmaceutical research and development for France, Germany, Canada, Japan, and a multitude of other countries. By bringing the purchasing power of the Federal Government to bear, we should be able to positively impact the price of pharmaceuticals sold in this country through free market principles. However, if we do not get serious with other countries that put our most vulnerable citizens at risk, we will have been negligent in our obligation to protect the American people from the policies of foreign governments that can be described as predatory at best.

The Congress stands at the threshold of improving the lives of America's seniors. As we enter into this debate, we must remain vigilant to make sure that the program that we establish in the next weeks and months is accountable not only to the seniors that it serves today, but for those who foot the bill, but, most importantly, to the young people, to the citizens who will come after us in the generations to come.

Mr. Speaker, I thank my colleagues for their indulgence this evening. I feel obligated to bring up one other point. I heard a news report today that the drug Lipitor, a cholesterol-lowering medication, a study involved with type 2 diabetes, its effect was so promising in reducing the incidence of heart attacks and strokes that the study was in fact opened up and no longer were people given the placebo medication, but the actual drug was offered to all of the individuals enrolled in that study. It is that type of power, Mr. Speaker, that we need to make sure that we put in the hands of all of America's citizens.

I thank the gentleman from Georgia for putting this together this evening. I think this is an extremely important part of the debate that is going to go on over the next several weeks, and I look forward to participating at several levels.

Mr. BURNS. Mr. Speaker, I thank my colleague from Texas for his input and, like him, I look forward to the discussions and debates over the next several weeks as we work through this challenging process.

I have a colleague I would like to recognize now. I know the distinguished gentleman from Georgia, a physician, someone who again has treated thousands of patients in Georgia and understands the prescription medication field, understands Medicare, and can speak directly to the challenges we face. I yield to the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, as a physician Member of this 108th Congress, I just want to say that I practiced medicine, an OB-GYN practice, for over 28 years; and, of course, most of my patients were fairly young, in the child-bearing age range, and I did not really see a lot of Medicare patients. However, if I were back in that practice today and doing just the gynecology part of that specialty, my practice would be predominantly Medicare patients like my precious 85-year-old mom who has been on Medicare now for 20 years.

This program, as we all know, came to us in 1965. I was a freshman medical student in 1965. I really did not understand the system too well. But I knew that back then, prior to Medicare, physicians gave away a lot of their services. They made a lot of house calls. They took a bushel of corn sometimes in lieu of any other financial payment for their services; and they were glad to do that, especially for the neediest of our citizens, many of them seniors. In 1965, Medicare, in a way, was good for these doctors. They were able to get paid for some of this care that they were rendering and at least maybe break even.

Over the past 25, 30, 35 years, of course, medicine has changed very much now. And it is extremely difficult, especially for our primary care physicians, our family practice specialists, our general internists, our physicians who are treating cancer, our medical oncologists who see a lot of the seniors. They are not able to continue to provide this care. It is costing too much. The reimbursements are not there. And so many of our physicians, these primary care doctors that are so essential to our precious senior citizens, no longer can they afford to take Medicare patients. So as we go forward and talk about a prescription benefit for our seniors, we need to keep in mind that there have to be providers there, there have to be primary care physicians there to write these prescriptions.

So that is why I say that in this 108th Congress, of which I am proud, of course, to be a Member, a freshman Member, this President; this administration; this leadership; this Speaker of the House, the gentleman from Illinois (Mr. HASTERT); this majority leader, the gentleman from Texas (Mr. DELAY); this majority Republican Party, and, yes, hopefully the minority party and their leadership, we are ready. We need to address this issue, not only of providing a prescription benefit, especially for the neediest of our seniors, but also of reforming and revitalizing Medicare and bringing it from 1965 to the 21st century. We are dealing now really with what is the equivalent of an Edsel. It is time to get a Thunderbird on the market in regard to health care.

Let me just tell my colleagues, Mr. Speaker, and to all of the seniors who are out there, hopefully, listening to this great C-SPAN program tonight, let me tell my colleagues what is wrong with Medicare as it exists today. Not only did we not have any prescription benefit, no prescription benefit whatsoever in 1965, also there was no emphasis on preventive health care. One cannot go to the doctor today under traditional Medicare and have a routine screening physical examination done. One cannot go under Medicare and have a routine cholesterol screening, lipid profile to determine if you are on the verge and at risk of having a serious heart attack or a stroke. If you get that service, you pay for it out of your pocket. And, of course, many of our seniors can ill afford to do that.

And the other thing, and maybe most significant in regard to Medicare, is there is absolutely no catastrophic coverage. These seniors, maybe they can, many of them, afford to pay $2,000, $3,000, possibly $5,000 a year in out-of-pocket expenses for a prescription benefit. But once they get to the point of needing four or five or six medications, very expensive medications, I might add, just to sustain the quality of life and to relieve them from suffering, they can no longer afford that. And pretty soon, yes, they do reach the point where they have to choose between paying the rent, buying the groceries, paying the utilities, or getting their prescription drugs filled.

So this is the situation that we find ourselves in today. It is imperative that we do something for our seniors. This issue has been with us for several years, long before I became a Member of this Congress. But I am proud to stand here today as part of this majority, realizing that they understand the big picture. The gentleman from California (Mr. THOMAS), the gentleman from Louisiana (Mr. TAUZIN), the gentleman from Florida (Mr. BILIRAKIS), and the gentlewoman from Connecticut (Mrs. JOHNSON), they understand what needs to be done and they realize that this is not just one leg of a stool, but that there are three legs to this stool; and it includes not only a prescription drug benefit for our seniors, but of course it includes a reform of this outdated, antiquated, 1965-era health care system that looks nothing like what my colleagues and I and other Members of Congress have available to us under our Federal health insurance benefit plan.

We do not have to worry about being put in the poor house once we get into a situation of serious illness. We have prescription coverage after a copay. So this is the same thing that we want to offer to our seniors. I am proud of the commitment that we have this year, this year, today, hopefully within the next several weeks, that we will have a bill on President Bush's desk that he can sign to give this very, very important relief to our seniors and to reform of the Medicare system.

Mr. Speaker, I appreciate this opportunity to present this information tonight and to talk especially, especially to our senior citizens, our moms and dads, our grandparents and, indeed, us in the very near future. It is critical. We need to do it now, and we are going to get the job done.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. FRANKS of Arizona). The Chair would remind Members to direct their remarks to the Chair and not to the television audience.

Mr. BURNS. Mr. Speaker, since we do have two fine representatives of the medical profession with us tonight, I would like to have an opportunity to engage in a bit of a dialogue as we discuss the critical issue of prescription drug benefits and Medicare reform.

First of all, I would like to get the input on access. How important is it for our seniors to choose their physicians? And that is, I believe, a key point in the legislation that we are considering now. I yield to the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. Mr. Speaker, I thank the gentleman; in fact, I thank both of the gentlemen from Georgia for allowing me to speak on this. I will just have to say to the gentleman from Georgia, while I was listening to his comments, and they certainly were apropos, I think one of the most amazing things I heard was that the gentleman was a freshman medical student in 1965. I had no idea that there was someone who is that old who is serving in Congress.

Mr. GINGREY. Mr. Speaker, if the gentleman will yield, my wife told me not to dare admit that, but I did it anyway.

Mr. BURGESS. Well, I appreciate the gentleman bringing that up. My father was a surgeon and was practicing at the time; and I remember very well, as a very young child, watching the evolution of the genesis of Medicare.

But the gentleman from Georgia (Mr. BURNS) brings up a very good point and it is the point of access, and the gentleman from Georgia (Mr. GINGREY) touched on it a couple of times in his remarks, and that is that we certainly have suffered over the last 3 or 4 years with the way Medicare reimbursements have impacted physicians and physician practices; and the net result has been the loss of physicians to the Medicare system, and the net result of that has been loss of access for our patients.

Just like the gentle doctor from Georgia, my practice too was obstetrics and gynecology; but even within an obstetrics and gynecology practice, one would have ample opportunities for interacting with the Medicare population. I have written more than my share of prescriptions for drugs that will prevent osteoporosis, for example, a debilitating disease that unfortunately affects primarily women, with a 25 percent rate of fracture of the hip. Of course, as the gentleman knows, there is a 25 percent mortality rate within the first year after sustaining that hip fracture. So we have means at

our disposal for significantly improving the lives of seniors if we will only preserve the ability to have doctors there to see them and then, of course, the ability of the patients to afford the prescriptions that the doctors then write. I yield back to the gentleman from Georgia.

Mr. GINGREY. Well, I thank the gentleman from Texas. Some of the things I think that we need to point out is that, as I mentioned in my remarks earlier, in 1965, when this plan was devised, there was not a great emphasis on drug therapy. It seemed back then that the main emphasis on health care was the opportunity, of course, to see a physician, to see a health care provider; and many people did not do that because of lack of access, and there just was not that great emphasis on preventive health care certainly.

□ 2030

Then a lot of things were cured, quite honestly, by the surgical approach, and as we know today, surgery is extremely important, and our surgeons and our subspecialty surgeons do a great job, but thank goodness a lot of people today, and I think the gentleman from Texas (Mr. BURGESS) would agree with me, we would love to keep people out of the hospital.

We would love to be able to prevent very expensive surgery, and I can certainly give a personal testimony to that, having recently undergone open heart surgery. Maybe if 15 years ago I had been taking that drug to lower the cholesterol and improve that so-called lipip profile, or if I had been taking a little bit of a blood thinner or something to lower my blood pressure a little bit, I would not have had to undergo that very, very expensive somewhat dangerous and definitely painful surgical procedure.

That is why today it is so important, it is so important that our seniors at least have an opportunity not just to go to the emergency room to treat that episode of health emergency care or to be admitted to the hospital after a motor vehicle accident or those who need to after an extended period of stay go to a nursing home, they need prescription medication to keep them out of the hospital.

In the final analysis, we know the CBO, the committee on Medicare and Medicaid service and their actuarial services, we know that this prescription benefit, Mr. Speaker, will save money in the long run.

Mr. BURGESS. Mr. Speaker, if the gentleman would yield again for a moment, the gentleman from Georgia is exactly right, and I recognize we have other Members who want to speak to this, so I will be brief.

In 1965, the major health care expenditures that a senior might face would be the expense of a surgery or, if they got pneumonia and were hospitalized for 7 to 10 days, however long the drug therapy would run, and Medicare was put in place to protect the family from those very serious expenditures. Of course, the fact remains that nowadays, most of us are not going to die of our acute illnesses. We are going to live with chronic conditions and hopefully live with them for a long time, and that requires the interplay of prescription drugs.

One other thing I feel honor bound to mention is the issue of medical liability reform which we took up in this House 2 months ago, and I thought did a masterful job of getting a good bill out of this House, and off and on its way. I would implore members of the other body to look seriously at taking up this important legislation before much more time goes by because, as my colleagues know and as I know, the cost of defensive medicine really drives up the medical expenditures, not just for Medicare, but for private insurers as well, and we can no longer afford that type of very expensive defensive medicine in this country.

Again, I thank both the gentlemen from Georgia.

Mr. GINGREY. Mr. Speaker, if the gentleman will yield, just as a follow-up to what the gentleman from Texas (Mr. BURGESS) was saying about this other issue, and as everybody knows, we dealt with the HEALTH Act of 2003 earlier in this 108th Congress, H.R. 5, the Medical Malpractice Tort Reform Accountability Act, and of course, we hope that the other body will soon pass that and we will have that legislation before our President. He is so much supportive of this. Let me tell my colleagues the reason why he is so supportive.

The savings from bringing a level playing field, we are not in any way wanting to take away the right of anybody to have a redress of their grievances if they have been harmed by their medical care that they received at the practice, either from the physician or from the facility is below the standard of care. Absolutely, they should have their day in court, but just trying to level that playing field, and the estimation, Mr. Speaker, is that there would be $14 billion in savings to the Federal Government on what we pay reimbursement for Medicare and Medicaid and military and veterans benefits because, as the gentleman from Texas (Mr. BURGESS) pointed out, the number of unnecessary and duplicate tests that are ordered and procedures that are done, the doctors know they are not necessary, but they are forced into a position because of this risk, this tremendous risk of the next case putting them out of practice or causing that hospital, that rural hospital, to have to close its doors. That is the reason defensive medicine is being practiced, and it is costing us $14 billion. That is 5 percent of our estimated cost of this prescription benefit for our needy seniors.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. FRANKS of Arizona). The Chair would remind Members to refrain from improper references to the Senate.

Mr. BURNS. Mr. Speaker, I thank the distinguished gentleman from Georgia (Mr. GINGREY) and the gentleman from Texas (Mr. BURGESS) for their remarks.

I think it is important that we all recognize that the health care profession and the prescription drug industry have a lot at stake as we deal with this challenging issue, but I would like to remind the Chair that what we are dealing with here are some fundamental principles, that of affordability so that our seniors can have an affordable health care prescription drug plan and our seniors will be protected. It will be widely available to all of our seniors.

I think it is very important that we understand it is voluntary. I have heard critics of this plan say that we are going to force the senior into one plan or another. That is not true. The senior can choose from remaining in the current Medicare system or perhaps adopting a different approach, but certainly to give them the option of looking at some prescription drug coverage.

So this is a voluntary plan. This is a plan that deals with choice so they can choose a physician, choose a health care provider, and then effectively manage their own health care needs, and as my colleagues have also pointed out, that it must be sustainable so we can make sure that this plan is viable not only in 2004, but in 2014 and 2024 and 2048 and beyond.

I think these are key things that we have to remember as we continue this discussion and continue this dialogue and debate and mold the future of medical care for our seniors.

I would like to now yield to the distinguished gentleman from New Hampshire (Mr. BRADLEY).

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

Mr. BRADLEY. Mr. Speaker, I thank the gentleman very much for yielding to me.

Mr. Speaker, today I rise to discuss one of the most important topics that faces all senior citizens in our country, a Medicare prescription drug benefit. It is something that is long overdue, and we have the opportunity within a month or two months to do a good job of providing drug care for our senior citizens which they so desperately need.

Mr. Speaker, I have in my hand a letter from a constituent in Chester, New Hampshire, a constituent who knows all too well just how important this legislation is. She writes to me that while she is not of retirement age today, she has a friend who is not able to retire because her drug costs are simply too high, but of course, she needs these drugs because they are essential to her health.

Mr. Speaker, this is not an isolated story. This is a story that is being told at kitchen tables and in living rooms all across our country. It is a story

that is overwhelming for millions and millions of Americans who have fallen victim to the overwhelming costs of high drugs today because they are so essential to our health.

The facts do not lie. Prescription drugs costs have risen at a staggering rate. According to a study by Families U.S.A., which is a nonpartisan organization, the average senior citizen spent $1,200 on prescription drugs in the year 2000, but by the year 2010, that same senior citizen will spend $2,800. A Kaiser Family Foundation study found that between 1998 and 2000, the average prescription price increased more than three times the rate of inflation, and since 1995, the annual percentage increases in spending for prescriptions has been more than double the cost increases for hospitalization and doctors' care.

While many Americans have felt the effects of these sharp rises in costs, it is America's senior citizens who are forced to pay the greatest price. Seniors and other Medicare beneficiaries account for 43 percent of this Nation's total drug spending, even though they represent 14 percent of our Nation's population. In total, over 80 percent, 80 percent of America's retirees use a prescription drug every day. With costs increasing at such an alarming rate, more and more seniors are forced to choose between putting medicine in their cabinets and food on their tables. That is an unacceptable choice, and we have the chance to remedy the situation very quickly.

How will this legislation work? First of all, seniors will pay a $35 monthly premium and a $250 annual deductible, and then whether they use traditional Medicare fee-for-services or a private plan, after these initial costs, 80 percent of the next $2,000 of their drug costs will be covered. For many seniors, this means an immediate cost savings.

In addition to this initial benefit, there is a catastrophic benefit. Over $3,700 of costs for senior citizens will be fully compensated. Seniors will get 100 percent of this coverage, and this is incredibly important for those seniors who have very high bills.

At the other end of the spectrum, for 5 percent of senior citizens who have high incomes greater than $60,000 to begin with, the drug benefit is income sensitive on a sliding scale. What this provision does, Mr. Speaker, is ensure that those people with the greatest need and who have limited means are treated fairly and treated first, but those with the greater ability to pay for their drugs do so. It makes the program more cost effective not only for the seniors but for all taxpayers.

Finally, and just as importantly as everything else, this bill provides senior citizens with options. At least two prescription drug plans will be available to all seniors. They will have the ability to fill their prescriptions at the pharmacy that they choose, and in addition, regional preferred provider organizations will compete for beneficiaries, bringing market forces to bear, improving care and coordination and better choices. This, in turn, will also lower costs for seniors and for taxpayers.

In conclusion, Mr. Speaker, I strongly urge that my colleagues support this important legislation so that improved health care for senior citizens does not rely on financial sacrifices. The advancement of medical research and new drugs has better engaged treatment of many diseases that reduce hospitalization, reduce surgery and reduce nursing home care. Senior citizens are better able to live more productive and fulfilling lives, and because of these advancements, it will be made possible by a drug benefit and this important legislation if we act now.

Mr. GINGREY. Mr. Speaker, I just wanted to ask the gentleman from New Hampshire to go over once again because it is so important. His comments were so important in regard to our senior citizens fully understanding what is in this proposed legislation in regard to the neediest, and if the gentleman does not mind kind of repeating himself for emphasis in regard to those needy seniors and what they would have to pay, and what is the cap, if you will, above which they would not have to pay anything for those additional drugs?

Mr. BRADLEY. Mr. Speaker, the catastrophic coverage, the gentleman is absolutely correct. The cap starts at $3,700, and above that, on the sliding scale, senior citizens would have all drugs paid for based on income sensitivity.

On the other end of the scale, and to me what is very important, is that the Americans, the senior citizens who need this benefit the most will get the care first, and so for up to 135 percent of poverty, all drug costs are covered, and that is absolutely appropriate, that we give those senior citizens who have the greatest need for this drug benefit the care.

Mr. GINGREY. Mr. Speaker, if the gentleman will further yield, this is so important, and I am glad the gentleman from New Hampshire has brought this out because we hear sometimes from constituents proffering the argument that, well, why should we provide a prescription benefit for all seniors, many of whom already have a prescription drug benefit, either through their Medigap supplemental health insurance plan or possibly through their former employer?

□ 2045

And I think the statistic that I have heard quoted is it may be up to 65 percent of seniors that have some type of coverage, and I think the gentleman from New Hampshire agrees with me on that.

But explain to us why it is still necessary, even though 65 percent have some coverage, that there are certainly some gaps in their coverage. Would you not agree?

Mr. BRADLEY of New Hampshire. Well, Mr. Speaker, there certainly are gaps; and for those senior citizens that are at the low end of the spectrum, they often do not have any coverage whatsoever. And so this, unfortunately, and the gentleman, in his profession, knows this all too well, is forcing senior citizens into a terrible choice, paying their rent, their utilities, or having the prescriptions they need to have sound health. And that, in 2003, in the 21st century, is an unacceptable choice and something that we have the opportunity to remedy; and we should avail ourselves of the opportunity.

Mr. BURNS. Is it not correct that the proposals we are considering have not yet been cast in stone? They are still quite malleable; they are still under debate, and we are considering multiple options? And as a point of emphasis, I want to recognize that our neediest citizens, those who would be at or below poverty level, would have full benefit coverage. They would not have a need to pay any of the up-front costs. The premium would be waived, any of the co-pays would be waived as well as the $250 deductible.

So I believe what we are doing here is looking at the alternatives in this plan, debating it, discussing it, and making sure that what comes out is really in the best interest of America and of our seniors.

Mr. BRADLEY of New Hampshire. Well, certainly my understanding of the work the Committee on Energy and Commerce has done so far, as well as the Committee on Ways and Means, is to dedicate the drug benefit to the senior citizens that need it the most; and that certainly should be the principle that we try to enshrine in this legislation. Those that need it the most are the most deserving and where we should focus scarce resources on serving.

Mr. BURNS. I agree. I think the gentleman is 100 percent right. The proposals I have reviewed indeed focus this benefit on the neediest of America's seniors and ensures that, as the gentleman has suggested, they do not have to make a choice between paying the rent, buying the food, and then providing the prescription drugs that they need to have a high quality of life.

I thank the gentleman for his input, and I thank my good friend from Georgia for his point as far as making emphasis to ensure that America understands what we are talking about here.

Mr. BRADLEY of New Hampshire. I thank the gentleman, Mr. Speaker.

Mr. BURNS. Mr. Speaker, I thank the gentleman from New Hampshire (Mr. BRADLEY) for his input, and I now would like to recognize the gentleman from Utah (Mr. BISHOP) to give us a perspective from our western States.

Mr. BISHOP of Utah. Mr. Speaker, many years ago, when I was in high school, I got my first car. It was new and it was sleek and it was fun to drive, and more than anything I would like to have that car back today. There

is only one problem with having that car back today. It is broken. It does not run. For it to do anything at all, it would require a major overhaul.

That car is the same age as our Nation's Medicare system. And nostalgia for the good old days, which is why I want to have that car back, nostalgia may have warped some of our memories of what Medicare did or did not do or what it promised or did not promise to do; but nonetheless, our Medicare system today has the same problem. It is broken. It does not run. It needs some kind of major overhaul.

Shortly after my election, Henry Kafton, who is a neighbor who used to live around the corner from me in Brigham City, talked to me about Medicare. And I asked him to put his thoughts down on paper. He wrote me a very simple two-page letter, and he delivered it to me the day after Christmas of last year. I still have that letter with me. In fact, I have it with me here this evening, because Henry suggested some good commonsense approaches to solving the problem with Medicare.

However, in the third sentence of his letter, he put a perspective on the debate when he wrote, ''As much as we do not like to think of it, when you turn 65, in many ways you become a third class citizen.'' No American, Mr. Speaker, should ever have to feel less of a citizen because of their age. And, Mr. Speaker, I am happy to report the Republican leadership of this body will be presenting a bill to reform and modernize our Medicare which addresses many of the comments my good neighbor Henry talked about in his particular letter.

This bill may not be a panacea for our system, but we should also not be arrogant or critical enough to dismiss it out of hand, for it is attempting to adjust a program stuck in the 1960s mode of medical mismanagement for the past 40 years. I am encouraged that it will present a program that will have three important principles.

First, there will be a prescription drug policy which will apply to the neediest of our citizens as well as those, especially those, who have catastrophic pressing needs. Secondly, it would be based on the concept of choice and competition. The Medicare+Choice program will always be open for bid. And President Bush has been very consistent from the beginning in his emphasis that any kind of medical program we have in this country must be based on the concept of choice and competition. And, number three, it will be providing information to our seniors so that they can make informed choices.

I also have the opportunity of serving as a voluntary noncompensated board member of my local hospital. And though I am certainly not an expert in health care, my experience has taught me that all of those kinds of principles in developing a health care system has to be based on the idea of choice and information if it is going to be successful.

I also realize that we have a different delivery system than when Medicare was first established. We have changed how we care for people and where the emphasis is. Doctors and hospitals have made that change. Our Medicare system has not kept up with that change and therefore must be reformed in major, major ways.

Mr. Speaker, the Medicare plan that will be coming before this body will encapsulate those principles, and I am encouraged that it will include benefits for rural health care through the disproportionate share rates, and that physicians and hospitals as a goal will not endure reimbursement cuts.

Mr. Speaker, there are 185,603 senior citizens in my State anxiously awaiting this Congress to enact Medicaid reform and Medicare reform and prescription drug access, including my good friend Mr. Kafton. In the last line of his letter he wrote, ''I realize there is probably not much that can be done about this due to politics.'' Well, I am confident that the leadership of this Congress will break the political logjam of the past and make that statement simply inaccurate.

This will be the first step, the first step of many, to reform a Medicare delivery system and a medical delivery system for the seniors of our Nation, and I look forward to proceeding in that particular direction.

Mr. BURNS. If the gentleman will yield.

Mr. BISHOP of Utah. Only if you make it easy on me.

Mr. BURNS. Mr. Speaker, I wanted to point out one thing and highlight a comment the gentleman made. Sometimes we get caught up in perfection, and what we need are good commonsense approaches to problems in America. I think some of the critics of these proposals as we debate them would suggest that they do not go far enough or they do not do everything they should do, and indeed we may agree; but yet we must make sure that what we produce is a viable, sustainable, commonsense approach to the problems that your good friend points out in his letter.

Mr. BISHOP of Utah. The gentleman from Georgia is absolutely correct. We did not get into this situation overnight. It took 40 years to find us in the predicament that we are in right now. We will not solve this problem overnight. This will be the first step of many. But I am positive if we base it on the good common principles of choice, of information, of competition, that indeed we will move forward in the near future to improving our system and, hopefully, moving to that panacea that we are all looking for.

Mr. BURNS. Mr. Speaker, I thank the gentleman from Utah for his input. I appreciate his comments as we begin the discussion in Medicare reform and in the area of prescription drug benefits.

Mr. Speaker, I would like to review the key points that we wanted to discuss tonight and then summarize what we have discussed on the House floor to make sure that the American people and that the Congress understand the challenges that we face.

First of all, Mr. Speaker, we need to make sure that we understand the principles of strengthening and improving Medicare. We have to guarantee that all citizens, all of our senior citizens, have an affordable prescription drug benefit plan under Medicare. This is an important part, that the seniors that we have now have an affordable prescription drug plan. This needs to be a voluntary plan.

Critics would say that we are going to force a senior to do one thing or another. That is not true. The senior can choose which Medicare prescription plan best fits their needs or they can continue in the current plan if they so choose.

It helps our seniors to immediately reduce their prescription drug cost. Right now many of our seniors have to go out and they have to buy drugs at the highest price, Mr. Speaker. And this gives us an opportunity to provide them a negotiated prescription drug price so that it will immediately lower their cost. It provides special assistance, Mr. Speaker, and additional assistance to our low-income seniors who need this benefit most to ensure their high quality of life.

So, Mr. Speaker, as we begin this debate, let us make sure we understand that the first thing we have to do is to guarantee that all of our senior citizens have an affordable prescription drug benefit plan under Medicare and that it is going to be voluntary, Mr. Speaker.

The second principle we want to deal with, Mr. Speaker, is the fact that we need to protect the senior citizen's right to choose the physician, to choose the medical provider, to choose the druggist, to choose the benefit package that best meets their needs. It is going to provide our seniors with a range of options so that they can best meet their medical requirements.

It is going to cap out-of-pocket costs. I think that is extremely important. We have a catastrophic failure of our drug system now where you can just be eaten alive and into bankruptcy because of the prescription drug cost to our seniors. This is going to cap out-of-pocket costs so that our seniors will be protected and their families will be protected so they will not risk bankruptcy in case of a serious illness.

Now, we are going to debate the amount. I have seen multiple proposals. The Senate has a proposal. There has been several plans here in the House. But I assure you there will with a catastrophic cap on our seniors' cost for prescription drugs. So that as we protect the senior's right to choose, we give every senior an opportunity to pick the plan that best meets their need.

Finally, Mr. Speaker, we have to strengthen Medicare. We need to

strengthen Medicare for all of our seniors and for future generations. It is 2003; and as we work toward the resolution of this problem, we must ensure that it not only meets the needs of our current seniors but we also need to make sure that it will meet the needs of our future generations. We need to ensure the delivery of the needed health care services in both the rural environment and the urban environment.

Mr. Speaker, in the 12th district of Georgia, I have a large number of rural communities that have rural health care systems. I also have multiple urban centers of health excellence. But we have to make sure our rural communities have affordable health care, that they have a Medicare system that allows them to continue in business and service their communities. In order to do that, we will very well need to create some really significant structural improvements so that we can curb the runaway health care costs that have jeopardized Medicare's viability in the past. So we are working on those kinds of things.

I would like to emphasize the fact, as we begin and go through this debate, that there is going to be some give and take. There is going to be some discussion. There will be some things that are going to have to be worked out, but we are prepared to do that. The leadership here in this body, the Republicans, have offered a plan; and we will begin that discussion, that debate.

This evening we have had an opportunity here from a number of Members who have direct experience with health care. We have heard from the gentlewoman from Michigan (Mrs. MILLER); we have heard from the gentleman from Texas (Mr. BURGESS). We have heard from the gentleman from Georgia (Mr. GINGREY). And, Mr. Speaker, I would like to now yield to the gentleman from Georgia (Mr. GINGREY) for his comments on finalizing our discussion here this evening.

Mr. GINGREY. I thank the gentleman, my colleague from Georgia, Mr. Speaker. I really want to thank him for reserving this time tonight to give us this opportunity to present during this past hour what it is that we are all about.

I think my colleague did an excellent job of emphasizing something that is so important for all of us to keep in mind, which is that this is first of all an option that seniors have. And as the gentleman from Georgia was talking about, it would do very little good, in fact, it may do some harm to try to pass a stand-alone prescription benefit even for our neediest of seniors, even for our neediest of seniors, without bringing along with that in this Medicare modernization bill some significant changes.

The gentleman from Georgia talked about that and talked about the Medicare Advantage, which was the old Medicare+Choice, a new and enhanced Medicare+Choice, if you will. He talked about enhanced Medicare fee-for-service. These are the kinds of options that this President, this leadership, is bringing to the American public and bringing to our seniors.

□ 2100

But as the gentleman from Georgia emphasized, it is a choice. If a senior wants to stay in traditional Medicare, certainly they could do that, but they would be staying in a traditional health care delivery system which gave them no reimbursement for preventive health care and gave them no protection, as the gentleman from Georgia (Mr. BURNS) pointed out, from a catastrophic illness that could literally put them out of their home.

I wanted to ask the gentleman from Georgia to explain to us in the remaining few minutes in regard to the prescription benefit for those seniors who are scared to move into the Medicare Advantage or the enhanced Medicare, which I think would be a better service for them. But let us say they do want to stay in that traditional Medicare, it is an old shoe, it is comfortable, they are nervous about it initially, what benefit, what prescription drug benefit will they get? Is there a difference in the traditional Medicare and these enhanced plans?

Mr. BURNS. Mr. Speaker, certainly as we go through this debate, we will see options. But the gentleman is correct, seniors will have a choice. They can stay with the current Medicare plan, or choose to move forward. But I think we can agree, number one, there is going to be some form of a copay, some form of a limited amount of initial cost associated with this plan, but it is going to be nominal. We are looking at plans that may require a $250 or some small amount of initial cost share before they begin a part of this plan, and then moving on up to the core part of our plan to cover up to $2,000 of their health care costs. It is important to remember that the median cost to seniors today is about $1,285.

But I would like to close by pointing out that Medicare has not kept pace with medical care. Medical care has advanced tremendously, advanced over the last 40 years. Medicare has floundered. It has failed to keep pace with the needs of America's seniors. Talk is cheap and we have heard a lot of talk about Medicare reform and prescription drug plans over a number of years, but now it is time for action. It is time that we get the job done. The debate has begun. It is time that we make something happen here in Washington for our seniors. Let us put America's seniors first. Let us deliver on our promises. Let us implement a prescription drug benefit plan in a reformed Medicare package.

MEDICARE REFORM

The SPEAKER pro tempore (Mr. FRANKS of Arizona). Under the Speaker's announced policy of January 7, 2003, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I was very pleased to listen to my Republican colleagues for most of the last hour when they spoke about the issue of Medicare prescription drugs, and I intend to discuss the same subject; but I cannot help but begin the debate on this issue this evening by pointing out how radical the proposal is that the Republican House leadership is putting forth with regard to Medicare. Contrary to most of what we listened to and what was said by my Republican colleagues, the effort by the House Republican leadership to present a Medicare proposal is one that will, in my opinion, would effectively kill Medicare the way we know it. For those who think they would be able to stay in traditional Medicare and they would get a drug benefit that is basically linked to the traditional Medicare program that they are in, nothing could be further from the truth.

The fact of the matter is what the Republican leadership is putting forth in the House is nothing like traditional Medicare, and would make it very difficult if not impossible for most seniors to stay in traditional Medicare. Certainly if they were looking for any kind of drug benefit that was meaningful, they would have to go outside of traditional Medicare in order to secure it. I just wanted to, if I could, just refute some of the statements that were made by some of the Members. I listened to the last three or so speakers, and I just wanted to contrast what they said to what I believe they are really doing with their Medicare proposal.

The gentleman from Utah (Mr. BISHOP) said that Medicare is broken. It does not run. Well, let me say, Mr. Speaker, the opposite is true. Medicare is the best-run government program that we have, and one of the reasons that I believe why the House Republicans, particularly the leadership, want to say that Medicare is broken and does not run is because they want to set the stage to say this is a lousy program and we have to change it dramatically, as I say, radically, in order to improve it or in order to keep it as a program that is somehow good for seniors.

If they start out by saying Medicare is broken and does not run, the consequence is that we have to fix it; and I would say just the opposite is true. Most seniors feel very strongly that Medicare is run well and they benefit greatly from it. The only thing they want is to add a prescription drug benefit. They do not want to change it. They do not believe it is broken. The gentleman from Georgia (Mr. BURNS) went on to say that when you get to be 65 and you are eligible for Medicare, you become something like a second or

third-class citizen because of the nature of the kind of benefit that you get under Medicare.

Again, it is the same thing, to give the impression to the seniors that somehow Medicare is broken. What do they propose to do in order to fix it? They propose to privatize it. And when they say it is broken, they also talk about how it is running out of money, and the reason it is running out of money is because they have borrowed from the Medicare trust fund in order to pay for ongoing operations.

We all know that we have a debt that is $400 billion. They borrowed that from the Medicare trust fund. If they continue to borrow money from the Medicare trust fund, they make it so the money is not available and then they can come back and say that it needs to be fixed.

The gentleman from Georgia (Mr. BURNS) also said that we need choice and competition. Again, I would say that is a euphemism for privatization. If we look at what they are proposing to do with Medicare as well as the prescription drug benefit, they essentially want to get you out of the traditional Medicare by giving you a voucher, saying we will give you a certain amount of money and go out and try to buy a health care policy similar to Medicare with the money that we are going to give you. But if there is no plan that provides the type of health coverage that you want with that set amount of money, then would you have to pay more to stay in the traditional Medicare program.

Or if you want to get a prescription drug benefit, you would have to join an HMO or some kind of private plan in order to get the prescription drug benefit. It is amazing to me because I have listened to the President of the United States go out and talk about what he is trying to do with Medicare and how he would like to have a prescription drug program attached to Medicare. But if we look at what the House Republican leadership is doing, essentially they want to privatize Medicare. They want to get people out of traditional Medicare, and they will only give you a drug benefit if you opt to go out of traditional Medicare and join an HMO or some other kind of program that is not traditional Medicare.

Finally, the gentleman from Georgia (Mr. BURNS) mentioned three principles. He had here on the floor three charts. I wanted to debunk those three principles that he mentioned. First of all, for principle one, he said we have to guarantee that all seniors have an affordable prescription drug benefit under Medicare. He says one of the ways they are going to get that is to negotiate prices. Well, let me tell Members, they not only do not guarantee that all seniors have a prescription drug plan because you will not get it unless you join an HMO or somehow privatize, but they specifically say in their legislation which is going to be considered tomorrow in the Committee on Energy and Commerce, they specifically have a noninterference clause which prohibits the Medicare administration or the Secretary of Health and Human Services from negotiating prices. So this is not true, this principle that they are going to guarantee that seniors have an affordable drug plan. There is no way in the world that they allow the government to negotiate price and make the health plan affordable or make the prescription drug plan affordable.

The gentleman from Georgia said we will protect seniors with the right to choose a benefit package, and we will cap out-of-pocket costs. I would venture to say the opposite is true. They are essentially saying if you stay in traditional Medicare, you are going to have to pay more out-of-pocket costs if you want to stay in traditional Medicare.

Finally, principle three, the gentleman from Georgia said he wants to strengthen Medicare for future generations, make structural improvements to curb run-away costs. What they are getting to here is the cost. They think traditional Medicare costs too much. They want to borrow the money to spend on other programs and cut back on the costs by telling people we will give you a voucher, go out and buy your own private health insurance. If you want traditional Medicare, you have to pay extra.

This is nothing, Mr. Speaker, on the part of the Republican leadership, but what I would consider a sort of scam. In other words, you say that Medicare is broken, you say that it is costing too much money, you say it needs to be fixed, and so you come up with a privatization scheme, you come up with a voucher and tell people they have to get out of voucher if they want to get any kind of meaningful benefit, and you justify it by saying we have to do something to reform Medicare.

Last, the gentleman from Georgia (Mr. GINGREY) said people can stay in traditional Medicare if they want to and then he started talking about enhanced Medicare. Well, they may be able to stay in traditional Medicare if they want to, but it will cost a lot more out of pocket. I would venture to say that eventually traditional Medicare would wither on the vine. It would be too costly, and it would simply wither away. That is what the Republican leadership wants. They want to end Medicare. They are going to disguise this, but what this really is is a very radical way of trying to kill the way that we normally administer health care for seniors, and it is a very dangerous precedent that we have to look at in great deal.

Mr. Speaker, I am joined by the gentleman from Michigan (Mr. STUPAK) who has a long history of dealing with Medicare issues. We are very concerned what is happening this week in the Committee on Energy and Commerce with regard to Medicare, and I yield to the gentleman.

Mr. STUPAK. Mr. Speaker, I thank the gentleman for yielding. The gentleman and I did have an opportunity to listen to the last group speaking on the floor, and while they seemed very sincere, and I say this respectfully, they are freshmen Members, and they have been here for 6 months. The gentleman from New Jersey and I have been here for over 10 years, we sit on the Subcommittee on Health, and we have been through this debate a number of times.

When we look at it, much of the emphasis by the last group that spoke simply is not found in the bill that will be put forth before our committee starting at 1 p.m. tomorrow. It will be before the full committee starting at 1 p.m. Last year, we went 24 hours around the clock, actually it was 36 hours, we ended at 6:30 in the morning. The other group before us said the debate has begun. There will be no debate. When we start our markup tomorrow at 1, we will do our opening statements. Then we will start presenting amendments. We both have some amendments, other Democratic Members will have amendments. Some Republicans will have amendments. But I can tell Members standing here right now, of the Democratic amendments, none of them, or at least any meaningful Democratic amendment that is put forth will be accepted by the majority party. There will not be a debate. It will be their way or no way.

Mr. Speaker, let me be very clear. A few hundred feet from here the Senate is putting forth a bill that seems to have some bipartisan support, and many of us on the committee, Democrats and Republicans, have looked at it and we think there is an area which we can work with in the Senate bill.

The bill we start marking up tomorrow is not the Senate bill. It is not even close to the Senate bill. It does not reflect the Senate bill. The bill we see tomorrow that we will have in our committee and begin to markup will say this: It will privatize Medicare by 2010. It will force seniors into a voucher plan. In other words, seniors are going to get a voucher to purchase not only their prescription drugs, but also their Medicare.

□ 2115

If you cannot afford anything over and above that voucher, you are going to be left behind as they privatize a system that has served our seniors for so many years.

Thirdly, it will not cover every senior. This plan that is going to be put forth tomorrow, we looked at it tonight to get ready for it tomorrow, has a gap in it. Once you hit $2,000, you go off the coverage. You continue to pay your monthly premium, which is anticipated to be about $35, and you get no coverage for it, and you stay there until you incur up to $3,700 out of pocket, and then you kick back in. There is a gap. The gap is designed for most seniors who fall between the $2,000 and

$3,000, that is their out-of-pocket expense for prescription drug coverage, so you are going to be paying a premium and getting no coverage? It does not make any sense. It is truly a gap policy. We have had this debate before. So look very closely and watch the markup in the Committee on Energy and Commerce.

The last group talked about, the last group of Members wanting to debate it, I am happy to come down here Wednesday evening, I am sure the gentleman from New Jersey would, too, and let us talk about it. The reason why I say Wednesday is because Tuesday we start the markup at 1 o'clock; we will still be going most of the day Wednesday. So why not come back here and have a real good, honest debate about this bill, because the bill described, and again I think with all sincerity to the other group that was here earlier, just is not the bill we are working on tomorrow.

The House Republican prescription drug plan is not the Senate bill. Many of us have looked at the Senate bill. There are some areas we can work with, and we look forward to doing that. So while we seem to have some negotiating going on a few hundred feet away by the other body in the Capitol here, we will not even get a simple amendment to be offered tomorrow by many of us, will be defeated on a party-line vote, there will not be any debate, there will not be any negotiations, there will not be any working together.

Why is this bill suddenly coming on our calendar? I think the House Republican leadership realized that the Senate was gaining a little momentum, they do have a bill that is starting to take on some bipartisan cooperation here and they are farther ahead than the House is on Medicare. So what do they do? They roll out the plan they had last year which barely passed this House and did not go anywhere because it really does not provide prescription drug coverage for all Americans. It is not affordable. Many of us will be left behind.

When you take a look at it, I come from northern Michigan, a very rural district. I have half the State of Michigan. I am a very rural district. This scheme put forward by the Republicans tomorrow starting in our Committee on Energy and Commerce simply will not work. This plan puts seniors in the same dilemma as we saw last year. They will be asked to give up traditional Medicare and be forced into an HMO with a private insurance plan backing it up.

An HMO is nothing more than a private insurance plan. They want to take traditional fee-for-service Medicare, force you in this HMO and they say, when you do this, you will have choice. You can stay in your traditional plan, pay a heck of a lot more, or you go into our HMO. I am from northern Michigan. I do not have the Federal employees health insurance program. I said when I ran for office, I would not take any kind of health care from the Federal Government until all Americans had it. So I do not accept even their prescription drug plan we have here.

I have a plan that I have had in place for a long time. Unfortunately, this year this plan is doing much like the Republican plan. It has decided to put me in an HMO, a PPO, preferred physician organization. I can stay in my traditional plan, or I can go into the PPO. Being from northern Michigan where we have a small population base spread out over many, many miles, there are not enough people there to go into an HMO, or a PPO. So while I have this insurance card that says I get this 80/20 coverage, the reality is that none of the doctors or the pharmacies in my area participate in this PPO. Therefore, I have to pay out of pocket what the PPO will not pay. Since I am not in their plan, they do not get the reduced rate for me. So instead of being 80/20, I am paying about 50/50. Every time myself or my family have to go to the doctor, we have to shell out 50 percent and the so-called insurance or private insurance company will pay the other 50 percent. My deduction has gone up, they cover less; and since I am in a rural area where they do not have PPOs or HMOs, I have to pay more.

Look what happens when you go to these HMOs or PPOs. They are nothing but insurance plans. What has happened to the cost of insurance in the last couple of years? It has gone up 25, 35 percent. If we allow them to put in this voucher system and give every senior in this country a voucher and say, you would have your choice, go buy the plan you want, you are buying private insurance. They are not going to be able to afford it. Seniors are on a fixed income. They cannot afford a 25, 35 percent increase. No matter where I go in my district, and I was in my district today talking to the credit union league, the Blue Ox Credit Union chapter out of Alpena, Michigan, and what were they telling me? The cost of the health insurance has gone sky high. Not only are they concerned about prescription drug coverage that they would like to see for their parents and grandparents, but just the simple cost of insurance has gone up 25, 35 percent.

The local credit unions cannot even afford to cover their employees anymore. So we are going to force seniors, take away traditional Medicare, put them into this insurance plan, if you will, give them a voucher; whatever your voucher pays for, that is what you get. If you want anything more than that, you are going to have to pay for it. How are they ever going to keep up with these costs of insurance that we see in a private plan? It does not make any sense to me. Medicare is sound. Ninety-seven percent of all seniors in this country are part of Medicare. It is one of the best-run programs. Less than 1 percent of every dollar, less than one penny is used for the administration of the program. Sure it costs a lot of money. Seniors are living longer. That is the success of the Medicare program. Should we have a prescription drug benefit plan? You bet. We Democrats will be in the markup fighting for it. We are going to take a look at that Senate plan, and hopefully we can make it part of it.

I have always advocated the Federal Supply Service. In this country, the biggest purchaser of prescription drugs is the Federal Government. We provide drugs for the Veterans Administration, we provide drugs for Medicaid, we provide drugs for Indian Health Services and government services. There is an agency within the Federal Government called Federal Supply Service, FSS. The Federal Supply Service sits down and negotiates with the drug companies. Since we are the biggest purchaser, the Federal Government is, we get the best possible price, and we negotiate it with the drug companies for no matter what the medication is. We negotiate that price.

In a survey done by the Committee on Government Reform in my district, I am sure they have done it in the district of the gentleman from New Jersey, found that if we could use the Federal Supply Service price, use the purchasing power of the Federal Government and have the seniors go buy their drugs at their local pharmacy, we could reduce the cost of those drugs by 40 to 50 percent. For instance, if I do not have any insurance, let us take Zocor, to lower your cholesterol. The last time we did this survey which was in 2000, it was just over $100 for a 30-day supply of Zocor. If I am under the Federal Supply Service, the FSS, it costs $42.

Why can we not use the purchasing power for those seniors who do not have some kind of prescription drug coverage or MediGap policy and pass that on to them? We do not need a part D of Medicare. We do not need a new program that costs billions of dollars. The infrastructure is already set up. Why can we not do that? That will be one of the amendments we will be offering in our markup on prescription drug coverage. And I am sure like last time, the Democrats will vote for it, all the Republicans will vote against it, and we will end up losing that argument. But here is just a simple idea without creating more Federal Government, bigger bureaucracy: take the purchasing power of the Federal Government and pass it on to our citizens. It makes sense to me. But instead, we are going to have this big scheme, they are going to call it part D of Medicare, they are going to give you a voucher and move you into a private insurance company. They are going to provide you with this policy that has a gap in it between those who have 2 to $3,000 worth of coverage, you are going to pay your monthly premium but you get no coverage, it is called a gap policy, and then they are going to privatize Medicare with this voucher and it is not the Senate plan.

I would have thought they would at least bring forth the Senate plan, attempts to privatize Medicare by relying upon health insurance companies to offer Medicare benefits in rural areas. We already know it has failed. Rural areas are smaller, less population, we are spread out. These areas just are not appealing to big private insurance companies when they can operate with higher profits in densely populated areas.

Plus, let us face it. The HMOs, the PPOs, these private companies, if they are not forced to take everybody, they will cherry pick. They only want the healthiest seniors in their plan. They do not want those who have chronic illnesses or disease, or maybe cancer or heart disease running in their family; they do not want them part of their plan. Why? Because it costs too much money. So these programs of Medicare+Choice and HMOs and all this really just do not exist in rural areas for that reason, because the private companies pulled out when they realized they could not make any more money. They cherry pick and only want the healthiest ones. In fact, I think in the last year, if my memory serves me correctly, 400,000 Americans have lost their insurance coverage under Medicare, Medicare+Choice in this country, because they pull out. As soon as they stop making money, they pull out and they leave you. If you look at the Republican proposal that will be before our committee tomorrow, there is no way you get back in. If your HMO or PPO or Medicare+Choice plan pulls out of your area, what remedy do you have to get back into the system? There is not one. That is one of the problems with this bill.

So when we walk into the Committee on Energy and Commerce meeting starting at 1 o'clock tomorrow, you can be sure that we will be there to fight this amendment to protect Medicare so that it will be available to all seniors and all disabled Americans no matter where they live and no matter what their income is.

When you take a look at it, another part of this bill that bothers me tremendously is the Republican bill. Again we saw it last year. We debated it for 36 hours in committee. None of our amendments were made in order. But if you take a look at it, there is nothing there to reduce the price of prescription drugs. You give people a voucher, you have nothing to reduce the cost in increase of insurance, there is nothing there to reduce the price of your prescription drugs. The voucher might work for a year or two, but then the insurance is going to catch up to you and you are going to have to pay more for that voucher, and you are going to get less coverage for your pharmaceuticals.

The bill does not include any provision to hold down pharmaceutical prices that the big drug companies charge. There is not even a guarantee in the Republican bill as to what your monthly premium is going to be. In fact, I am glad the gentleman from New Jersey brought it up, there is also language in this bill that states, the Secretary of Health and Human Services will be forbidden from negotiating for better drug prices on behalf of the American people. What happened when we had the anthrax coming in here? Remember we had Cipro; we had companies who were willing to make Cipro for us. They wanted $3 a tablet. The Secretary of Health and Human Services did his job, went and negotiated; we have got Cipro now being produced to provide us all over the country. What did he do? He negotiated a price to about $1 a tablet, two-thirds of a savings they achieved just through simple negotiation, again going back to Federal Supply Service, used the purchasing power of the Federal Government to bring down the cost.

In this bill we will be marking up tomorrow, it is called the noninterference clause, which prevents the Secretary of Health and Human Services to negotiate on your behalf to lower your drug prices. When you get that voucher, who is going to stand and negotiate for you? The drug companies? The insurance companies? No, they have got a vested interest. So you would look to the Secretary of Health and Human Services, and you would think the Federal Government would be there, it is their plan, that they would be negotiating a price for you. They are forbidden from doing it.

There are many, many more interesting provisions in this Republican scheme that we will see over the next few days. This plan intends to, with all due respect, bribe private insurance into a scheme, that rural areas will be shunned under this plan, just as we have been in Medicare+Choice. This idea could result in rural seniors getting stuck with higher premiums compared to our counterparts or beneficiaries who live in the cities.

I will introduce an amendment just like I did last year, because we saw the same thing. My amendment last year ensures that seniors, no matter where they live, rural, urban, will not pay higher premiums than their counterparts in the cities. No matter where you live, my amendment will say, you will pay the same monthly premium, whether you live in New Jersey or Michigan, Detroit or Menominee, Michigan or Alpena, you are going to pay the same monthly premium. That will be an amendment we will bring. I can predict right now on a party-line vote, we will lose that amendment. So urban areas would pay less than the rural areas under the Republican scheme. If you are going to subsidize these companies, whether it is insurance companies or the pharmaceutical companies in the name of undercutting Medicare, it is reprehensible that you are going to stick it to the poor rural seniors who will have to pay more for a doomed experiment in privatization with Medicare, a system that has worked so well.

As I said earlier, the Republican plan has no set premium or cost sharing. In other words, insurance companies would design a prescription drug plan, deciding what to charge you and what drugs they want to cover. The Republican plan will in many cases deny coverage for medicines that a doctor may choose to prescribe for you and would really require seniors to change pharmacies or change coverage.

□ 2130

The Democratic plan that we will put forth, and there are going to be two or three of them, will guarantee prescription drug coverage under Medicare. It will guarantee fair drug prices. It will guarantee a premium of only $25 per month, $100 yearly deductible, and the maximum our beneficiaries would pay under the Democratic plan out of pocket is $2,000 per year. Some people say that we cannot do that, that is just too expensive. We just provided universal healthcare service for Iraq, in the Iraqi bailout bill. $79 billion we spent. In there was a provision to provide universal health service in Iraq. If we can provide universal health service and prescription drug coverage in Iraq, can we not do it here in this country? And will it cost us a few bucks? You bet, because we are a much better country, but I think it is something our seniors deserve and we will be there.

The Republican plan is not a real Medicare benefit. It is based upon a privatization model that has failed in my district and will fail throughout this country. We will continue to fight in the Committee on Energy and Commerce to ensure that every senior, regardless of where they live, will be able to obtain prescription drugs they require to live a healthy life and that this coverage will be provided through the Medicare program. No gimmicks, no so-called reform, which really means privatize it. It is going to be a straight-up proposal put forth by the Democrats. And I hope we can have a meaningful discussion in the committee, but having been here more than 10 years and having sat on this committee now for 9 years, the Health Subcommittee, when one party gets control, unfortunately any amendment put forth by the other party in good faith to even negotiate or bring forth a point is usually voted down on a party-line vote.

So once again, as I started tonight, and I appreciate the gentleman yielding to me, I would ask our Republican friends who spoke a little earlier, let us sit down Wednesday night here and let us have a debate on this, what plan really covers who, what, when, where and how. And I think that is only fair. By then we would have a day and a half debate in the Committee on Energy and Commerce. We can see the shape of the bill, and let us come back before the American people and debate the merits of the plan because there is no doubt in my mind, the plan that we will be seeing on this House floor is not

the plan the Senate is negotiating in a bipartisan manner. It is a bill that we saw last year which is a voucher system, which privatizes Medicare, has a gap in coverage, and for those of us in the rural areas it certainly will be discriminatory towards us not only in coverage, but also in price.

So with that I yield back to the gentleman from New Jersey. I thank him for the opportunity to be here tonight, and if he has any questions, I will stay for a little while longer. But I also see the gentleman from Washington (Mr. MCDERMOTT) has joined us. I am sure he has a lot of insight on this, being a physician, or a psychiatrist, I should say.

Mr. PALLONE. Mr. Speaker, but still a physician. I want to thank the gentleman from Michigan (Mr. STUPAK), and just before I yield to the gentleman from Washington (Mr. MCDERMOTT) because I am very pleased that he is with us this evening, not only because he is a physician, but also because he is on the Committee on Ways and Means which is the other committee that will be dealing with the markup of the Medicare bill tomorrow, I just wanted to highlight a couple things that the gentleman from Michigan said, though, because I think they really make the point so well.

First of all, I suppose we should not give the impression that we as Democrats do not have an alternative to the Republican bill, and, in fact, we do.

Essentially what we have said is look, we have no problem with traditional Medicare. We think Medicare works. We think that the only thing that needs to be done is to add a prescription drug benefit. So we as a Democratic Caucus have been saying let us just continue on with the existing Medicare program and let us add a prescription drug benefit, and we have proposed adding a new part D to Medicare that provides a voluntary prescription drug benefit to all Medicare beneficiaries and does not require them to join an HMO or a PPO or do any privatization or use a voucher or anything. It is very much modeled on part B, which pays for their doctor bills right now. They would simply pay a premium of $25 a month. They would have a deductible of $100 a year. Beneficiaries or seniors pay 20 percent. Medicare pays 80 percent. And the most they would spend out of pocket for that 20 percent is up to $2,000 per year at which case everything beyond that is paid for. And most importantly, we have a provision in our bill that would require the Secretary of Health and Human Services to negotiate price reductions.

So I just want to put it on the table that we do not see a problem just adding a drug benefit for everyone to traditional Medicare and continuing with traditional Medicare, which has been a very good program.

As my colleague from Michigan mentioned, the Senate, the other body, on a bipartisan basis has come up with a proposal that, in my opinion, is not as good as the House Democrats' proposal that I just mentioned, but because it does not provide as generous a benefit, I think it only provides 50 percent coverage of their costs and there is a higher deductible and there is a point when they have to pay everything out of pocket, but at least the other body, the Senate, has not done anything to privatize Medicare with their proposal. They can still stay in traditional Medicare. They can still get their prescription drug benefit under traditional Medicare. They do not have to join an HMO. They do not have to join a PPO.

I mean, I obviously like what the House Democrats have proposed better than the Senate, but the main thing is that the other body does not privatize Medicare and does not require them to join an HMO or a PPO to get a benefit.

We are wondering to ourselves where is all this coming from? Where are the House Republicans coming from, as the gentleman said, in that essentially they have rejected the Senate bill and they want to do all these things to end traditional Medicare and force seniors out of it?

There are two theories, and I will just mention two. One is it is strictly ideologically driven. They are just so bent on getting rid of traditional Medicare because it is a Government program that they will not look at the practical side of the fact that it works. That is one theory. Maybe some of them are driven by that. The other theory that I have is that they are in the pockets of the drug companies. We know that the drug companies now are spending all kinds of money as they have in the past to lobby because they do not want any kind of price reduction. They do not want any kind of a real benefit because they are fearful that somehow they are going to make less money.

So I do not know what the reason is, but the one thing that I have to mention is this effort to avoid any mention of price in the House Republican bill. And as the gentleman said, they go so far that they have this noninterference clause, and one of the first things that I did today was to try find out if they continued this noninterference clause that they had in the previous Congress that would prohibit the Secretary of Health and Human Services from negotiating price. And here it is, gentlemen. I am just going to read it. It says that the administrator of the program shall not interfere in any way with negotiations between PDP sponsors and Medicare advantage organizations and other organizations and drug manufacturers, wholesalers, or other suppliers of covered outpatient drugs.

So they are going to allow the competition of the marketplace, but they are not going to allow the Secretary or the Medicare or Health and Human Services to negotiate any kind of price reductions. They are forbidden from doing it. And again, I say it is just because the House Republican leadership is just in the pockets of the drug companies.

This was in the New York Times June 1, and it said: ''Lobbyists for the drug industry are stepping up spending to influence Congress, the States and even foreign governments as the debate intensifies over how to provide to prescription drug benefits to the elderly, industry executives say.

''Confidential budget documents from the leading pharmaceutical trade group show that it will spend millions of dollars lobbying Congress and State legislatures, fighting price controls'' . . .'' subsidizing ''like-minded organizations' and paying economists to produce op-ed articles and monographs in response to critics.

''The industry is worried that price controls and other regulations will tie the drug markets' hands as State, Federal and foreign governments try to expand access to affordable drugs.''

So I do not know if it is their right-wing radical ideology. I think it is probably because they are essentially being bought and sold by the drug companies.

But the bottom line is we are not going to see any price reductions here. And the issue of affordability, as the gentleman mentioned, is absurd when he talks about this huge gap. Between $2,000 and $3,700 a year, they are going to help them up to $2,000, but once they go over that up to $3,700, there is this huge doughnut hole, and we know that that is the biggest amount of money that seniors spend.

In other words, the biggest problem for seniors is not the catastrophic, which only hits a few people, or the $2,000 or under, which hits a lot, but most people can still afford to pay that. The biggest problem for the average middle class senior is this $2,000 and $3,700 a year. That is where they cannot pay. That is where they start to have to split the pills and go without whatever, and that is where the huge cost savings is that the Republicans are not providing coverage for that doughnut hole.

I have spoken too long, and I would like to recognize the gentleman from Washington (Mr. MCDERMOTT) who has been such a leader on this issue. And I want to say one thing if I could to him. I know he has always been an advocate for universal health care, and I agree with him that that is the real answer here, but it is really sad to see that we have a government program that works, that at least does provide universal coverage for seniors and now the Republicans want to destroy even that rather than trying to build and provide more coverage for people who are not seniors. They are even trying to destroy the very universal coverage program we have, that at least seniors have. So I yield to the gentleman.

Mr. MCDERMOTT. Mr. Speaker, I thank the gentleman from New Jersey (Mr. PALLONE) for not only yielding to me, but also for coming out here and doing this.

I think that a lot of people in this country right now do not realize how important tomorrow really is. This is the first time when we have got both the House and Senate working on the same issue, and my belief is the President of the United States has told them bring me a bill or you are never going home, because he knows if they do not do something on this issue of drug prescription prices and access to prescriptions, they are going to wind up losing the next election on that issue alone. So they are going to do something. So it is very important for people to watch what is going on here.

What is fascinating about what we are hearing tonight, we have heard my colleagues from Michigan and New Jersey talk about what is going on over in the Committee on Energy and Commerce. There are about 45 people over there, sitting and making amendments and working away and putting together a pie; and then over in another part of the building, there are another 50 of us in the Committee on Ways and Means.

We are making our pie, and somehow those pies have got to be put together. We cannot pass them both. So where is the real pie going to be made? I mean that is the question that people ought to wonder. Is it going to be in the Committee on Rules? Is what is going on in these two committees just for show? And then ultimately the majority leader will bring out the bill and say here it is, rubber-stamp it and let us get out of here. I think this process, as we listen to this, we realize why this is such a difficult process.

One of the things that my distinguished colleague from New Jersey brings up and echoed by the gentleman from Michigan, this business about the Secretary of Health and Human Services, on behalf of us as Americans, us taxpayers, is absolutely by law prohibited from going in and doing any negotiation. Now, when the Government negotiates for the Veterans' Administration, it is all right; and when the Government negotiates for a lot of other places, but in this one area we are going to put a fence around the pharmaceutical industry and say we are not going to use the power of the Government.

Now, that is one part of the bill. Then we go down a little further where the Republicans are promising that there will be two choices in everybody's district. Well, that is nice, but we have already heard from the gentleman from Michigan. Everybody knows what happened with the HMOs. Everybody was promised there will be a lot of HMOs and they will go out there and they will be competing. And pretty soon there was one and then there was none, and most people do not even have an HMO anymore.

So this idea that there are going to be two competing plans out there is a really nice idea. The insurance industry said we do not want it because we have never done this and we do not want to get into this. So the Republicans figured out a way to make it appealing to them. They said, look, go out there and be one of these companies and we will take 90 percent of the risk and they can take the profit. But, remember, once we have cut that deal with them, our Secretary of Health and Human Services on the side of the Government cannot even go in and negotiate as a part of something he is accepting 90 percent of the risk on. I mean, boy, talk about buying a pig in a poke. I cannot imagine a more senseless kind of arrangement for them to be trying to deal with this problem of pharmaceuticals.

□ 2145

Now, I think the other thing that people have to really understand, and I think the gentleman has already alluded to it, I sat on the Medicare Commission several years ago. We were planning to do some revamping of Medicare. It became very clear very soon that the leadership of that committee was interested in only doing one thing, and that is getting rid of the traditional Medicare program and giving everybody a voucher.

Right now, seniors have a guaranteed set of benefits, things that they can count on, and what was going on in that Medicare Commission was how can we shift from these guaranteed benefits to a guaranteed contribution. Those are all fancy government words. What that means is they looked across and said, how much is being spent all across the country? Well, the average is $4,500, so we will give $4,500 to every senior citizen in this country and let them go out and individually find an insurance company that will take them.

The government is not going to stand up and fight for them. The government is not going to try to drive down the prices. It is on you, grandma. Here is your $4,500, there is the street and the door, and go start. Go look.

Now, anybody who looks at that says to themselves, this cannot possibly work, anybody who has a parent. My dad died a few years ago, 3 years ago, at 93, and my mother is now 93. The idea of handing my mother a voucher and saying, Ma, you have got to go out and find yourself an insurance company, is so crazy, it shows so little understanding of older people and what their needs are. They do not want more choice; they want certainty.

My mother every once in awhile will call me up, there be some mail come up, and she will say, ''Jim, could you come over here and read this brochure and tell me if I should get into this or not? I don't know if it is a good idea or not.'' She cannot make those kind of decisions for herself. She is having a little trouble with her memory at 93.

She will say, ''You know, I used to be able to remember some things a lot better than I do now.''

You are going to send my mother out looking for this? Luckily, she has four kids in Seattle, so we will be there to help her. My mom will be taken care of. But there are a lot of older people in this country who are not fortunate enough to have somebody around to help them through this mystery that we are creating here for them.

Now, another funny thing about this, people have to really understand, in the Committee on Ways and Means, they have already written the bill. The bill is already printed. I heard about it because I said to one of the Republicans, ''Hey, what is in the bill?'' So he told me. He is giving me all of this stuff. I said, ''Is it written down somewhere? Could I go look at it?''

He said, ''It is upstairs in a locked room. If you go in there, you cannot take any paper or pencil or anything, and you can just read it, and that is all.''

So I asked the chairman, ''Could I get in there?''

He said ''No.''

I said, ''Why not?''

He said, ''Because you would go outside and tell the press right away.''

Now, here is the major social program in this country. I have been here 15 years, 13 years on the Committee on Ways and Means, and I am not given access to look at it one day before it is going to happen tomorrow.

Mr. PALLONE. I know the gentleman was on this Medicare Commission, and the commission basically rejected by a vote this voucher proposal. I just wish we could just develop it a little more, because I think this is the one thing that people just do not understand, that they probably would not even believe what the gentleman just said.

If I went to my constituents and asked five of them, did you hear what the gentleman from Washington (Mr. MCDERMOTT) said, they would not believe that is what the House Republicans are proposing. But it is, in fact, what they are proposing in this bill.

I basically said to a couple of my Republican colleagues exactly what the gentleman said. This was their response. I said, see if we can develop it. They said well, it is not exactly like that. I said, ''What happens if there is not anything? What happens if the senior goes out and tries to take this $4,500 voucher and tries to buy this private health insurance and it is not available?'' They said, ''Oh, it will be available, because we will make it profitable for them to go into this business.''

So, on further reflection, I understood. I wanted to get the gentleman's comment on this. What they will do? Because there is no defined benefit. Right now if you get Medicare, you have to get certain benefits and certain things. They will simply reduce the benefits. So maybe somebody eventually will be out there who will take the $4,500 and give your mother the insurance, because they will not provide what Medicare now provides. They will just cut back on the level of benefits, what she gets, whatever. So eventually

there will be some junk plan out there for her to purchase, because somebody who is looking to make a buck will come up with something.

But then my understanding is that, let us say that she can find some junk plan that does not provide any benefits that are meaningful or does not operate in a meaningful way. If she wants to stay in traditional Medicare, they are going to charge her more to do it. She will not be able to go back to the traditional Medicare because they will charge her the difference. They may charge her $500 or $1,000. She will be forced with the junk plan.

I want the gentleman to develop it a little. We do not really know.

Mr. MCDERMOTT. The bill is going to come out of your committee, but the one in our committee, I understand there is a provision in it that sets this as a goal for 2010. They are going to put it in the bill now. They figure everybody is going to forget about it. It will not affect anybody, so nobody will jump up and down before the next election, because 99.9 percent of the people will not understand it is in there, because it does not affect them.

What they want is to get it in place and started out there, and every imaginable problem one can think of I think will happen, because how does my mother, or how do I know what I should say to my mother? Mother, you should buy this plan.

Let us say they are in Seattle and there are maybe three plans, so we have some choice. And I say this one is a little more expensive, this is less expensive, this is really expensive. How do I know which one to tell her she should take? Do I know what her health care needs are going to be over the next 5 years?

Mr. PALLONE. But, at the same time, even though this is not until 2010 for the voucher for Medicare in general, they are essentially doing the same thing with prescription drugs. If you want to get a prescription drug benefit, you would have to join one of these private plans, or whatever it is. Otherwise you do not get the benefit.

So, by luring people with the prescription drug benefit, that that is the only way they can get it, if they go out and buy this drug only policy or join an HMO, effectively they are doing the same thing before 2010.

Mr. MCDERMOTT. They are using the drug benefit as a come-on. You see these ads from automobile sales, sales at Sears or something. There is always something that looks really good. It is a come-on. They are going to get people on the drug thing, because that is the thing people are hurting on most. But they have not looked at what it does to the other part of it, which takes away the benefits.

The home health care, that will be such a target to get rid of. Why have home health care? Either be in the hospital or go to a nursing home. Why should we be wasting our money? Can you just imagine how they would cut the benefits? You are in home health care and you have to take medication, and instead of having somebody come twice a day, if they might need to, you come every other day.

It is all those things that will be cut, little by little by little by little, and you and I will be stuck with our parents and their problems. Neither of my parents have cost me a dime.

Mr. PALLONE. Me neither.

Mr. MCDERMOTT. We bought a hearing aid for my mother. It cost $800. My brothers and I and my sister each threw in $200 and bought her a hearing aid. That is the only thing we had to do. People do not understand what they are cutting away now.

Mr. PALLONE. I yield to the gentleman.

Mr. STUPAK. As you were saying, if the Secretary of Health and Human Services cannot negotiate, so we give your mother, who is 93 years old, this voucher, who negotiates for her? It is $4,500. There is no guarantee it will not go up. What happens if it does go up?

So how do these plans, who are not under the care of the government, keep your costs down? They will restrict the access to the pharmaceuticals, because that is the most rapidly rising part of health care. So instead of providing that benefit, they will provide you with a voucher to take care of all your health care needs and then for the prescription drugs, if you have some left over, but only if that plan will cover the prescription drug you need.

It is really crazy. Any drug that is not in the plan's formulary would not be covered. Beneficiaries would have to pay then 100 percent out-of-pocket of the costs of that drug because it is not in their plan, it is not in that voucher that they got. I think the gentleman from Washington makes a great point, how do we know what mine, yours or your parents' health care needs will be 3 or 4 years from now? Once you go into these plans, can you come back in to traditional Medicare? Probably, but at a cost you cannot afford.

So, the points brought up tonight are well taken, and I appreciate the gentleman coming and joining us from the Committee on Ways and Means. As you do your markup, we will be doing ours. And do not feel too bad. Those on the Democratic side, we have not seen the Republican proposal. We know we will see it tomorrow at 1 o'clock. Then we will make some statements about it, and then when the real markup begins, they will slip a substitute in there so we will be scrambling to make sure our amendments are corresponding to the bill, but we do not even have the courtesy to see it before we even begin this markup. Probably the greatest program we can put forth right now is prescription drugs. Our parents, we, everyone needs it. But yet here we are, the night before the beginning of the markup, whether it is the Committee on Ways and Means or the Committee on Energy and Commerce, and we cannot see the bill.

Mr. PALLONE. We are speculating upon what is in it.

Mr. STUPAK. We are basing it upon past years' experience.

Mr. MCDERMOTT. It is like the story about the eight blind men describing an elephant. One is describing the leg, one is describing the trunk, and one is describing the ears. We really do not know what we are going to do tomorrow. They are going to try to come out here and run flim flam on people. ''You are going to get a drug benefit.'' What it is worth, or is it worth anything, people will have no idea. It will just be a line in a campaign ad.

Mr. PALLONE. I think I have been longer than even you.

Mr. MCDERMOTT. I think you and I came together.

Mr. PALLONE. Maybe. You remember before we came, the Congress had passed a catastrophic health care bill, and then, when we came, there was the clamor to repeal it and it was repealed. Essentially it reminds me of that, where the Republicans are saying we are going to give you a drug benefit, but when you look at the details, it is probably going to be a benefit that is not even worth the paper it is written on. For the next few years, everybody will think they are getting it. When it kicks in, they will realize it is not even worth having, and they will be outraged. That is what we faced when we came in 15 years ago, or whatever it is.

The other thing that is really bothering me, I listened to our Republican colleagues earlier and they talked about how Medicare is broke and it has to be fixed. The biggest problem with Medicare now is they are borrowing from the trust fund. If anything, they are going to make it go broke, because they keep borrowing it to pay for other costs. When my colleague from Washington mentioned the voucher, all I kept thinking was how this becomes budget driven.

In other words, say you give them $4,500 now. But next year, when they say we do not have the money for that, we cannot afford $4,500, so maybe you will continue to get the $4,500, but inflation will not keep up with it. Once you get into that voucher type system, you can regulate how much the government spends and just limit the amount of the voucher or the amount of the program so that essentially the whole Medicare program becomes budget driven, rather than what the real cost is. It is a way for them to calculate the cost and have it be budget driven. It is a very dangerous precedent.

Mr. STUPAK. The gentleman from Washington said when we get these bills tomorrow, we will start working on them, and we are not sure where we can go with them.

I think we can guarantee the American people a number of things we will not do. We will not provide a voucher system. At least the Democrats will fight to make sure there is no voucher system.

We will not privatize Medicare and shift you into an HMO or some other

insurance company plan, Medicare-Plus, Medicare-Choice, whatever it is going to be.

We will make sure that any prescription drug plan, at least from our side of the aisle, will not have a gap in it, so those who have from $2,000 to $3,700 out-of-pocket cost will not be paying a premium and get nothing in return for it.

We know that the plan we will be seeing tomorrow, whether it is Ways and Means or Energy and Commerce, is not the bipartisan plan being put forth by the Senate. In fact, in Energy and Commerce we will probably put that plan forth in a bipartisan manner to try to get a plan that will truly work.

We Democrats will continue to fight to make sure and ensure that every senior, regardless of where they live, will be able to obtain prescription drugs that they require to live a healthy life, and this coverage will be provided through a Medicare program that cannot be taken away or you are priced out of it.

Mr. PALLONE. I wanted to say when the gentleman was talking about rural areas before, I want to thank the gentleman for joining us, when the gentleman from Michigan was talking about rural areas, because I know your district in the northern part of Michigan, I have actually been there, is very rural. But the bottom line is you take my State, because you even mentioned HMOs may exist in densely populated areas. Of course, New Jersey is the most densely populated State in the country.

□ 2200

But what the gentleman mentioned about HMOs dropping seniors has happened in my State, in my district dramatically over the last few years. We have had, I think, something like 80,000 seniors in New Jersey who were in HMOs and who joined in order to get a prescription drug benefit who have been dropped. So I understand what the gentleman is saying, that rural areas in particular have a problem because they may not even have an HMO or PPO; but even in as densely a populated State like New Jersey where we have them, they have dropped the seniors at will. It is almost a joke to suggest that somehow, no matter where one is in the country, that these HMOs are going to provide a meaningful drug benefit. We do not know that they will.

Mr. STUPAK. Well, we have sat through the budget battles, the gentleman and I, and through the committee now for about 10 years; and we have seen first to start out was Medicare Choice, Medicare+Choice, Medicare Access; they always have these nice names. They said, okay, so many seniors can go into it. Every year we have never hit the target yet for what we have provided as an experiment. Because what happens is that they come in, start to insure in an area, see the costs are going up a little too much, and then they pull out, and then the seniors have to scramble to try and get coverage, and it just has not worked at all.

Mr. Speaker, it is not going to work for prescription drugs; and let us face it, they are going to get a prescription drug plan and if they take their plan, they are going to give up traditional Medicare, get a privatization of it, a voucher with a gap for prescription drug coverage. It is not going to work. It is not the Senate plan. They are not even guaranteed a price, and no one is there to help them out. They are on their own. This choice sounds great; but what seniors want is the security that Medicare provides, not some choice that they cannot understand or be able to predict what is going to happen 3 or 4 years from now.

Mr. PALLONE. Mr. Speaker, I really want to thank the gentleman, because I think that what the gentleman pointed out is that we are not ideologically driven in the way that the Republicans are on the other side. We just want to do what is practical.

The bottom line is we know that this privatization does not work. Medicare started back in the 1960s because most seniors were not insured and they could not get coverage, so the notion that you are going to get a voucher and go out and buy health insurance privately, it did not work 30 years ago, and it is not going to work today any more than it did then.

The same is true with the HMOs. We have had the experience with the HMOs, and they have dropped the seniors. I think in here they even make permanent the medical savings accounts, another thing that they talked about a few years ago which has not worked out. I think there are only a few thousand of them around the country, yet they are talking about them again.

The bottom line is that we as Democrats want to keep traditional Medicare. We just want to add a prescription drug benefit, and we want to make it one that is affordable and that everybody can take advantage of. And to the extent that the Republican proposals here in the House do not measure up to that, we simply have to speak out and say that it does not measure up and we should not allow them to destroy traditional Medicare.

Mr. Speaker, I want to thank the gentleman again.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. CARSON of Indiana (at the request of Ms. PELOSI) for today on account of official business.

Mr. KIND (at the request of Ms. PELOSI) for today on account of a previous family commitment.

Ms. LOFGREN (at the request of Ms. PELOSI) for today and June 17 and until 5:00 p.m. June 18 on account of son's graduation.

Mr. MENENDEZ (at the request of Ms. PELOSI) for today on account of personal matters.

Mr. ORTIZ (at the request of Ms. PELOSI) for today on account of a weather delay.

Ms. WATERS (at the request of Ms. PELOSI) for today on account of a death in the family.

Mr. SMITH of Washington (at the request of Ms. PELOSI) for today and the balance of the week on account of personal reasons.

Mr. NADLER (at the request of Ms. PELOSI) for today on account of personal reasons.

Ms. GINNY BROWN-WAITE of Florida (at the request of Mr. DELAY) for today on account of testifying before the Florida State Senate.

Mr. TOOMEY (at the request of Mr. DELAY) for today on account of official business.

SPECIAL ORDERS GRANTED

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

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

Ms. KAPTUR, for 5 minutes, today.

Mr. EMANUEL, for 5 minutes, today.

Mr. BLUMENAUER, for 5 minutes, today.

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

Mr. DEFAZIO, for 5 minutes, today.

Ms. SOLIS, for 5 minutes, today.

Mr. STRICKLAND, for 5 minutes, today.

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

Mrs. BLACKBURN, for 5 minutes, today.

Mr. BURTON of Indiana, for 5 minutes, June 23.

Mr. KENNEDY of Minnesota, for 5 minutes, today.

Mr. NUSSLE, for 5 minutes, today.

Mr. PENCE, for 5 minutes, today.

Mr. JONES of North Carolina, for 5 minutes, June 18.

The following Member (at his own request) to revise and extend his remarks and include extraneous material:

Mr. HAYES, for 5 minutes, today.

SENATE BILLS REFERRED

A bill and concurrent resolution of the Senate of the following titles were taken from the Speaker's table and, under the rule, referred as follows:

S. 1247. An act to increase the amount to be reserved during fiscal year 2003 for sustainability grants under section 29(l) of the Small Business Act; to the Committee on Small Business.

S. Con. Res. 48. Concurrent resolution supporting the goals and ideals of ''National Epilepsy Awareness Month'' and urging support for epilepsy research and service programs; to the Committee on Energy and Commerce.

ADJOURNMENT

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

The motion was agreed to; accordingly (at 10 o'clock and 3 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, June 17, 2003, at 10:30 a.m., for morning hour debates.

EXECUTIVE COMMUNICATIONS, ETC.

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

2672. A letter from the Administrator, Agricultural Marketing Service, Fruit and Vegetable Programs, Department of Agriculture, transmitting the Department's final rule—Requirements for the USDA ''Produced From'' Grademark for Shell Eggs [Docket No. PY–02–007] (RIN: 0581–AC241) received June 2, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2673. A letter from the Administrator, Agricultural Marketing Service, Fruit and Vegetable Programs, Department of Agriculture, transmitting the Department's final rule—Dried Prunes Produced in California; Revising the Regulations Pertaining to a Voluntary Prune Plum Diversion Program [Docket No. FV02–993–3 FR] received May 29, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2674. A letter from the Administrator, Agricultural Marketing Service, Fruit and Vegetable Programs, Department of Agriculture, transmitting the Department's final rule—Marketing Order Regulating the Handling of Spearmint Oil Produced in the Far West; Salable Quantities and Allotment Percentages for the 2003–2004 Marketing Year [Docket No. FV–03–985–1 FR] received June 2, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2675. A letter from the Administrator, Agricultural Marketing Service, Fruit and Vegetable Programs, Department of Agriculture, transmitting the Department's final rule—Raisins Produced From Grapes Grown in California; Reduction in Production Cap for 2003 Diversion Program [Docket No. FV03–989–3 FIR] received June 2, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2676. A letter from the Administrator, Tobacco Programs, Department of Agriculture, transmitting the Department's final rule—Flue-Cured Tobacco Advisory Committee; Amendment to Regulations [Doc. No. TB–02–14] (RIN: 0581–AC11) received June 2, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2677. A letter from the Administrator, Cotton Program, Department of Agriculture, transmitting the Department's final rule—Cotton Board Rules and Regulations: Adjusting Supplemental Assessment on Imports, (2003 Amendments) [Docket No. CN–03–002] received June 2, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2678. A letter from the Administrator, Cotton Programs, Department of Agriculture, transmitting the Department's final rule—Revision of User Fees for 2003 Crop Cotton Classification Services to Growers [CN–02–006] (RIN: 0581–AC17) received June 2, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2679. A letter from the Administrator, Agricultural Marketing Service, Fruit and Vegetable Programs, Department of Agriculture, transmitting the Department's final rule—Spearmint Oil Produced in the Far West; Increased Assessment Rate [Docket No. FV03–985–2 FIR] received June 2, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2680. A letter from the Administrator, Agricultural Marketing Service, Fruit and Vegetable Programs, Department of Agriculture, transmitting the Department's final rule—Hazelnuts Grown in Oregon and Washington; Establishment of Final Free and Restricted Percentages for the 2002–2003 Marketing Year [Docket No. FV03–982–1 FIR] received June 2, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2681. A letter from the Regulatory Contact, Grain Inspection, Packersand Stockyards Administration, Department of Agriculture, transmitting the Department's final rule—Fees for Official Inspection and Official Weighing Services (RIN: 0580–AA81) received May 29, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2682. A letter from the Assistant General Counsel for Regulations, Department of Housing and Urban Development, transmitting the Department's final rule—Appraiser Qualifications for Placement on FHA Single Family Appraiser Roster [Docket No. FR–4620–F–02] (RIN: 2502–AH59) received May 29, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

2683. A letter from the Director, Regulations Policy and Management Staff, Department of Health and Human Services, transmitting the Department's final rule—Change of Address; Technical Amendment—received May 22, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2684. A letter from the Attorney Advisor, NHTSA, Department of Transportation, transmitting the Department's final rule—Federal Motor Vehicle Safety Standards; Child Restraint Anchorage Systems [Docket No. NHTSA–2003–14711] (RIN: 2127–AI49) received May 29, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2685. A letter from the Senior Legal Advisor to the Bureau Chief, Media Bureau, Federal Communications Commission, transmitting the Commission's final rule—Amendment of Section 73.606(b), Table of Allotments, Television Broadcast Stations (Blanco, Texas) [MB Docket No. 02–280, RM–10558) received May 29, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2686. A letter from the Senior Legal Advisor to the Bureau Chief, Media Bureau, Federal Communications Commission, transmitting the Commission's final rule—Amendment of Section 73.606(b), Table of Allotments, Television Broadcast Stations, and Section 73.622(b), Table of Allotments Digital Television Broadcast Stations (Hibbing, Minnesota) [MB Docket No. 01–116, RM–10069] received May 29, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2687. A letter from the Senior Legal Advisor to the Bureau Chief, Media Bureau, Federal Communications Commission, transmitting the Commission's final rule—Amendments of Section 73.622(b), Table of Allotments, Digital Television Broadcast Stations (Belton, Texas) [MB Docket No. 02–271, RM–10441) received May 29, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2688. A letter from the Senior Legal Advisor to the Bureau Chief, Media Bureau, Federal Communications Commission, transmitting the Commission's final rule—Amendment of Section 73.622(b), Table of Allotments, Digital Television Broadcast Stations (Great Falls, Montana) [MM Docket No. 00–246, RM–9859] received May 29, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2689. A letter from the Senior Legal Advisor to the Bureau Chief, Media Bureau, Federal Communications Commission, transmitting the Commission's final rule—Amendment of Section .202(b), Table of Allotments, FM Broadcast Stations (Eldorado, TX) [MM Docket No. 01–273, RM–10284]; (Milan, NM) [MM Docket No. 02–43, RM–10384]; (Alpena, MI) [MB Docket No. 02–107, RM–10417]; (Channing, TX) [MB Docket No. 02–168, RM–10480]; (Escobares, TX) [MB Docket No. 02–169, RM–10481]; (Ozona, TX) [MB Docket No. 02–170, RM–10482]; (Rotan, TX)[MB Docket No. 0 2–172, RM–10484]; (Wellington, TX) [MB Docket No. 02–173, RM–10485]; (Memphis, TX) [MB Docket No. 02–175, RM–10487]; (Matador, TX) [MB Docket No. 02–176, RM–10488]; (Arthur, NE) [MB Docket No. 02–291, RM–10528]; (McLean, TX) [MB to the Committee on Energy and Commerce.

2690. A letter from the General Counsel, Federal Energy Regulatory Commission, transmitting the Department's final rule—Critical Energy Infrastructure Information [Docket Nos. RM02–4–000, PL02–1–000; Order No. 630] received March 24, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2691. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's final rule—General License for Import of Major Nuclear Reactor Components (RIN: 3150–AH21) received May 29, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2692. A communication from the President of the United States, transmitting a report including matters relating to post-liberation Iraq as consistent with the Authorization for Use of Military Force Against Iraq Resolution of 2002 (Public Law 107–243); (H. Doc. No. 108–85); to the Committee on International Relations and ordered to be printed.

2693. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting the Secretary's determination that six countries are not cooperating fully with U.S. antiterrorism efforts: Cuba, Iran, Libya, North Korea, Sudan, and Syria; to the Committee on International Relations.

2694. A letter from the Regulations Coordinator, Department of Health and Human Services, transmitting the Department's final rule—Testimony by Employees and the Production of Documents in Proceedings Where the United States is not a Party—received May 28, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Government Reform.

2695. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting the Department's final rule—Documentation of Nonimmigrants Under the Immigration and Nationality Act, As Amended—Additional International Organization (RIN: 1400–AB53) received May 22, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

2696. A letter from the Assistant Secretary, Bureau of Indian Affairs, Department of the Interior, transmitting the Department's final rule—Distribution of Fiscal Year 2003 Indian Re servation Roads Funds (RIN: 1076–AE34) received Jun 2, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2697. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule—Safety Zone; San Jacinto River, Houston, Texas [COTP Houston-Galveston–02–019] (RIN: 2115–AA97) received May 15, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2698. A letter from the Assistant Chief Counsel for Regulations, Department of Homeland Security, transmitting the Department's final rule—Temporary Suspension of the September 11th Security Fee and

the Aviation Security Infrastructure Fee [Docket No. TSA–2001–11120 and TSA–2002–111334; Amendment Nos. 1540–2 and 1511–1] (RIN: 1652–AA29) received May 23, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2699. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule—Modification of Class E Airspace; Circleville, OH; Correction [Docket No. FAA–2002–14179; Airspace Docket No. 02–AGL–08] received May 29, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2700. A letter from the Deputy General Counsel, Veterans Health Administration, Department of Veterans Affairs, transmitting the Department's final rule—Fisher Houses and Other Temporary Lodging (RIN: 2900–AL13) received February 21, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Veterans' Affairs.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

[Omitted from the Record of June 12, 2003]

Mr. MANZULLO: Committee on Small Business. H.R. 923. A bill to amend the Small Business Investment Act of 1958 to allow certain premier certified lenders to elect to maintain an alternative loss reserve; with an amendment (Rept. 108–153). Referred to the Committee of the Whole House on the State of the Union.

[Filed on June 16, 2003]

Mr. SESSIONS: Committee on Rules. House Resolution 276. Resolution waiving points of order against the conference report to accompany the bill (S. 342) to amend the Child Abuse Prevention and Treatment Act to make improvements to and reauthorize programs under that Act, and for other purposes (Rept. 108–154). Referred to the House Calendar.

Mr. GOODLATTE: Committee on Agriculture. House Joint Resolution 49. Resolution recognizing the important service to the Nation provided by the Foreign Agricultural Service of the Department of Agriculture on the occasion of its 50th anniversary (Rept. 108–155, Pt. 1). Referred to the House Calendar.

Mr. BOEHNER: Committee on Education and the Workforce. H.R. 660. A bill to amend title I of the Employee Retirement Income Security Act of 1974 to improve access and choice for entrepreneurs with small businesses with respect to medical care for their employees; with an amendment (Rept. 108–156). Referred to the Committee of the Whole House on the State of the Union.

DISCHARGE OF COMMITTEE

[The following actions occurred on June 13, 2003]

Pursuant to clause 2 of rule XII the Committee on Armed Services discharged from further consideration. H.R. 1497 referred to the Committee of the Whole House on the State of the Union.

Pursuant to clause 2 of rule XII the Committee on Armed Services discharged from further consideration. H.R. 1835 referred to the Committee of the Whole House on the State of the Union.

[The following action occurred on June 16, 2003]

Pursuant to clause 2 of rule XII the Committee on the Judiciary discharged from further consideration of H.R. 1950.

Pursuant to clause 2 of rule XII the Committee on International Relations discharged from further consideration. House Joint Resolution 49 referred to the House Calendar.

TIME LIMITATION OF REFERRED BILL

Pursuant to clause 2 of rule XII the following action was taken by the Speaker:

[The following actions occurred on June 13, 2003]

H.R. 1562. Referral to the Committee on Ways and Means extended for a period ending not later than June 27, 2003.

H.R. 2122. Referral to the Committee on Homeland Security (Select) extended for a period ending not later than June 27, 2003.

[The following actions occurred on June 16, 2003]

H.R. 1950. Referral to the Committees on Armed Services and Energy and Commerce extended for a period ending not later than July 11, 2003.

H.J. Res. 49. Referral to the Committee on International Relations extended for a period ending not later than June 16, 2003.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions were introduced and severally referred, as follows:

By Mr. NUNES:

H.R. 2471. A bill to amend title XVIII of the Social Security Act to modify the requirement under the Emergency Medical Treatment and Labor Act (EMTALA) with respect to medical screening examinations; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. TOM DAVIS of Virginia (for himself and Ms. NORTON):

H.R. 2472. A bill to amend the District of Columbia Home Rule Act to provide the District of Columbia with autonomy over its budgets, and for other purposes; to the Committee on Government Reform, and in addition to the Committees on Rules, and Appropriations, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. THOMAS (for himself and Mr. TAUZIN):

H.R. 2473. A bill to amend title XVIII of the Social Security Act to provide for a voluntary program for prescription drug coverage under the Medicare Program, to modernize the Medicare Program, and for other purposes; which was preferred jointly to the Committee on Energy and Commerce and Ways and Means.

By Mrs. EMERSON (for herself, Mr. MCGOVERN, Ms. KAPTUR, and Mr. WOLF):

H.R. 2474. A bill to require that funds made available for fiscal years 2003 and 2004 for the Bill Emerson and Mickey Leland Hunger Fellowships be administered through the Congressional Hunger Center; to the Committee on Agriculture, and in addition to the Committee on International Relations, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. SMITH of New Jersey (for himself, Mr. SIMMONS, Mr. BROWN of South Carolina, Mr. BAKER, Mr. MILLER of Florida, Mr. BOOZMAN, Mr. BRADLEY of New Hampshire, Ms. GINNY BROWN-WAITE of Florida, Mr. RENZI, Mr. MURPHY, Mr. GIBBONS, Mr. TOM DAVIS of Virginia, Mr. GOSS, Mr. LAHOOD, Mr. HEFLEY, Mr. JONES of North Carolina, Mr. PICKERING, Mr. PALLONE, Mr. GILLMOR, Mr. PEARCE, Mr. LOBIONDO, Mrs. JO ANN DAVIS of Virginia, Mr. TERRY, Mrs. KELLY, Mr. ISSA, Mrs. CAPITO, Mr. VITTER, Mr. CALVERT, Mr. JENKINS, Mr. GILCHREST, Mr. PAUL, Mr. KING of New York, Mr. HOUGHTON, Mr. PLATTS, Ms. HART, Mr. WILSON of South Carolina, Mr. WHITFIELD, Mr. HAYES, and Mr. SAXTON):

H.R. 2475. A bill to amend title 38, United States Code, to provide an enhanced funding process to ensure an adequate level of funding for veterans health care programs of the Department of Veterans Affairs, to establish standards of access to care for veterans seeking health care from the Department of Veterans Affairs, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. ENGEL (for himself, Mr. WELDON of Florida, Mr. MCNULTY, Mr. FROST, Mr. CASE, and Mr. PAUL):

H.R. 2476. A bill to amend title XVIII of the Social Security Act to provide for coverage of home infusion drug therapies under the Medicare Program; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FORD:

H.R. 2477. A bill to amend the Internal Revenue Code of 1986 to increase the exclusion equivalent of the unified credit allowed against the estate tax to $7,500,000 and to modify the estate tax rate schedule; to the Committee on Ways and Means.

By Mr. FRANK of Massachusetts:

H.R. 2478. A bill to reinstate the authority of the Federal Communications Commission and local franchising authorities to regulate the rates for cable television service; to the Committee on Energy and Commerce.

By Mrs. JOHNSON of Connecticut (for herself and Mr. OLVER):

H.R. 2479. A bill to authorize the Secretary of the Interior to provide to the States of Connecticut and Massachusetts technical and financial assistance for management of the Connecticut River in those States; to the Committee on Resources, and in addition to the Committee on Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. LEACH:

H.R. 2480. A bill to amend the Internal Revenue Code of 1986 to reduce estate and gift tax rates to 30 percent, to increase the exclusion equivalent of the unified credit to $10,000,000, and to increase the annual gift tax exclusion to $50,000; to the Committee on Ways and Means.

By Mrs. LOWEY:

H.R. 2481. A bill to amend the Internal Revenue Code of 1986 to reduce estate tax rates by 20 percent, to increase the unified credit against estate and gift taxes to the equivalent of a $2,500,000 exclusion and to provide

an inflation adjustment of such amount, and for other purposes; to the Committee on Ways and Means.

By Mrs. MALONEY (for herself and Mr. LEACH):

H.R. 2482. A bill to call for the cancellation of loans made to Iraq by multilateral financial institutions; to the Committee on Financial Services.

By Mr. MATHESON:

H.R. 2483. A bill to amend the Virgin River Dinosaur Footprint Preserve Act to allow funds available under that Act to be used for preservation, exploration, and preparation of paleontological resources for display, educational outreach, and related construction; to the Committee on Resources.

By Mr. MCINTYRE:

H.R. 2484. A bill to establish a program to provide assistance to institutions of higher education serving members of Indian tribes; to the Committee on Education and the Workforce.

By Mr. GEORGE MILLER of California (for himself, Mr. KILDEE, Mr. BISHOP of New York, Ms. WOOLSEY, Mr. OWENS, Mr. RYAN of Ohio, Mr. TIERNEY, Mr. DAVIS of Illinois, Mr. KIND, Mr. HOLT, Mr. VAN HOLLEN, and Ms. MCCOLLUM):

H.R. 2485. A bill to limit the applicability of the annual updates to the allowance for State and other taxes in the tables used in the Federal Needs Analysis Methodology for the award year 2004-2005, published in the Federal Register on May 30, 2003; to the Committee on Education and the Workforce.

By Mr. VISCLOSKY:

H.R. 2486. A bill to provide for the geographic reclassification of a county for purposes of equitable hospital payment rates under the Medicare Program; to the Committee on Ways and Means.

By Mr. ANDREWS:

H.J. Res. 60. A joint resolution proposing an amendment to the Constitution of the United States to authorize the line item veto; to the Committee on the Judiciary.

By Mr. COX (for himself, Mr. DELAY, Ms. PELOSI, Mr. BLUNT, Mr. LANTOS, Mr. GOODLATTE, Mr. FALEOMAVAEGA, Mr. VITTER, Mr. WICKER, Mr. WILSON of South Carolina, Mr. BURGESS, Mr. KING of Iowa, Mr. KENNEDY of Minnesota, Mr. MARKEY, Mr. FRANK of Massachusetts, Mr. BARTON of Texas, Mr. STEARNS, Ms. ROS-LEHTINEN, Mr. ROYCE, Mr. SMITH of Michigan, Ms. HARRIS, Mr. WELLER, Mr. BURTON of Indiana, Mr. SHADEGG, Mr. LINCOLN DIAZ-BALART of Florida, Mr. MARIO DIAZ-BALART of Florida, and Mr. SESSIONS):

H. Res. 277. A resolution expressing support for freedom in Hong Kong; to the Committee on International Relations.

By Mr. ENGEL (for himself, Mr. BILIRAKIS, Mr. LANTOS, Mr. KING of New York, Mr. BROWN of Ohio, Mr. MARKEY, Mr. WAXMAN, Mrs. CAPPS, Mr. GREENWOOD, Mr. COX, Mr. GUTKNECHT, Mr. TOWNS, Ms. SLAUGHTER, Mrs. MALONEY, and Mr. TERRY):

H. Res. 278. A resolution recognizing the contributions Lou Gehrig and his legacy have made in the fight against Amyotrophic Lateral Sclerosis; to the Committee on Energy and Commerce.

By Mr. SMITH of Texas (for himself, Mr. BONILLA, Mr. RODRIGUEZ, and Mr. GONZALEZ):

H. Res. 279. A resolution congratulating the San Antonio Spurs for winning the 2003 NBA Championship; to the Committee on Government Reform.

By Mr. SWEENEY:

H. Res. 280. A resolution congratulating Roger Clemens of the New York Yankees for pitching 300 major league wins; to the Committee on Government Reform.

MEMORIALS

Under clause 3 of rule XII,

97. The SPEAKER presented a memorial of the Legislature of the State of Maine, relative to H.P. 1191 Joint Resolution memorializing the Congress of the United States to recognize the valuable role AmeriCorps plays in Maine communities; to the Committee on Education and the Workforce.

PRIVATE BILLS AND RESOLUTIONS

Under clause 3 of rule XII,

Mr. MARKEY introduced a bill (H.R. 2487) for the relief of Esther Karinge; which was referred to the Committee on the Judiciary.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 8: Mr. KINGSTON and Mr. STEARNS.

H.R. 58: Mr. SCOTT of Georgia, Mr. WICKER, Mr. REHBERG, and Mr. MORAN of Kansas.

H.R. 141: Mr. BALLANCE and Ms. PELOSI.

H.R. 218: Mr. BACA.

H.R. 303: Ms. PELOSI, Mr. EMANUEL, Mr. CAPUANO, Mr. SCHIFF, Mrs. NAPOLITANO, and Mr. MEEKS of New York.

H.R. 371: Mr. MARKEY and Mr. MCGOVERN.

H.R. 466: Mr. SMITH of Texas.

H.R. 527: Mr. WILSON of South Carolina.

H.R. 577: Mr. MOORE.

H.R. 660: Mr. MICA, Mr. NEUGEBAUER, Mr. NEY, and Mr. GUTKNECHT.

H.R. 713: Mr. SPRATT.

H.R. 715: Mr. PORTER.

H.R. 721: Mr. CUMMINGS, Ms. WOOLSEY, Mr. BOOZMAN, and Mr. FILNER.

H.R. 734: Mr. KILDEE, Ms. NORTON, Mr. PASCRELL, Mr. OWENS, Ms. WOOLSEY, Ms. LEE, Ms. CARSON of Indiana, Ms. KAPTUR, Mr. PALLONE, Mr. WEXLER, Mr. SERRANO, Mr. PAYNE, Mr. HOLT, and Mr. MENENDEZ.

H.R. 779: Mr. NADLER.

H.R. 785: Mr. POMBO, Ms. JACKSON-LEE of Texas, and Mr. PALLONE.

H.R. 819: Mr. CARDOZA.

H.R. 828: Mr. PAYNE.

H.R. 847: Mr. LYNCH.

H.R. 852: Mr. MARKEY, Mr. BROWN of Ohio, Mrs. MALONEY, Ms. VELAZQUEZ, Mr. RANGEL, Mr. BELL, Ms. SCHAKOWSKY, Mr. HINCHEY, and Mr. OWENS.

H.R. 872: Mr. EHLERS.

H.R. 876: Mr. BRADY of Texas.

H.R. 879: Mr. WHITFIELD and Mr. BLUMENAUER.

H.R. 898: Mrs. CAPPS and Mr. STUPAK.

H.R. 919: Mrs. MILLER of Michigan and Mr. KLINE.

H.R. 931: Mr. PICKERING.

H.R. 934: Mr. PAYNE.

H.R. 941: Mr. MATSUI, Ms. MCCOLLUM, and Mr. MEEHAN.

H.R. 976: Mr. LANTOS.

H.R. 980: Mr. HONDA.

H.R. 997: Mr. ISAKSON, Mr. HALL, Mrs. CAPITO, Mr. OXLEY, Mr. HYDE, and Mr. COBLE.

H.R. 1008: Mr. BARTLETT of Maryland.

H.R. 1078: Mr. JONES of North Carolina, Mr. SCOTT of Georgia, and Ms. LORETTA SANCHEZ of California.

H.R. 1080: Mr. BARTLETT of Maryland and Mr. ANDREWS.

H.R. 1087: Mr. CALVERT.

H.R. 1103: Ms. MILLENDER-MCDONALD.

H.R. 1117: Mr. FEENEY.

H.R. 1125: Mr. BISHOP of New York, Mr. ENGEL, Mr. TURNER of Texas, Mr. BOSWELL, Mr. KELLER, Mr. MCINTYRE, and Mr. HOSTETTLER.

H.R. 1157: Mr. CLYBURN and Mr. CASE.

H.R. 1167: Mr. BUYER, Mr. VITTER, and Ms. CORRINE BROWN of Florida.

H.R. 1179: Mr. BAIRD and Mr. OTTER.

H.R. 1268: Mr. LIPINSKI.

H.R. 1294: Mr. SCHIFF and Mr. ANDREWS.

H.R. 1305: Mr. SHUSTER.

H.R. 1372: Ms. LORETTA SANCHEZ of California and Mr. GEPHARDT.

H.R. 1385: Mr. ABERCROMBIE, Mr. EMANUEL, and Mr. CONYERS.

H.R. 1442: Mr. MCDERMOTT and Mr. MICHAUD.

H.R. 1565: Mr. DOYLE.

H.R. 1580: Mr. FROST.

H.R. 1582: Mr. LAMPSON, Mr. HAYWORTH, and Mr. OXLEY.

H.R. 1613: Mr. NEY, Mr. OWENS, Ms. SCHAKOWSKY, and Mr. FATTAH.

H.R. 1657: Mr. BELL and Ms. LINDA T. SANCHEZ of California.

H.R. 1662: Mrs. MUSGRAVE.

H.R. 1688: Mr. DEFAZIO, Mr. ISRAEL, Mr. TIERNEY, Mr. MCGOVERN, Mr. PASCRELL, Mr. GEORGE MILLER of California, Ms. NORTON, Mr. CROWLEY, and Mr. DELAHUNT.

H.R. 1693: Mr. SENSENBRENNER.

H.R. 1710: Mr. NUSSLE, Mr. GERLACH, Mr. KANJORSKI, Mr. HALL, and Ms. MCCOLLUM.

H.R. 1723: Mr. GEORGE MILLER of California.

H.R. 1766: Mr. ENGLISH, Mr. WICKER, Mr. RAMSTAD, Ms. HART, Mrs. JO ANN DAVIS of Virginia, and Mr. HOBSON.

H.R. 1769: Mr. WATT, Mr. SHERMAN, and Mr. EMANUEL.

H.R. 1784: Mr. VITTER, Ms. KILPATRICK, Mr. EMANUEL, Mr. WU, and Mr. BOUCHER.

H.R. 1787: Mr. BURR.

H.R. 1828: Ms. Linda T. Sánchez of California, Ms. CORRINE BROWN of Florida, Mr. REYES, Mr. MEEK of Florida, Mr. ROGERS of Michigan, Mr. BILIRAKIS, and Mrs. NORTHRUP.

H.R. 1902: Mr. STRICKLAND and Mr. BRADLEY of New Hampshire.

H.R. 1945: Ms. ESHOO, Mr. MCGOVERN, Mr. MCDERMOTT, Mr. GEORGE MILLER of California, and Mrs. CAPPS.

H.R. 1999: Mr. EMANUEL, Mr. CARDOZA, Mr. POMEROY, Mr. EDWARDS, Ms. SOLIS, and Ms. PELOSI.

H.R. 2022: Mr. HOEFFEL.

H.R. 2028: Mr. NUSSLE.

H.R. 2034: Mr. CALVERT.

H.R. 2038: Mr. ABERCROMBIE and Ms. MCCOLLUM.

H.R. 2057: Mr. REHBERG.

H.R. 2071: Ms. LEE, Mr. KIND, Mr. NADLER, Mr. EVANS, and Ms. SCHAKOWSKY.

H.R. 2125: Mr. DOYLE.

H.R. 2172: Mr. GREEN of Wisconsin.

H.R. 2176: Mr. PETRI.

H.R. 2183: Mr. PAYNE, Ms. JACKSON-LEE of Texas, and Mr. BURNS.

H.R. 2198: Mr. SKELTON.

H.R. 2205: Mr. EMANUEL, Mr. SKELTON, Ms. MCCOLLUM, and Mr. SPRATT.

H.R. 2207: Ms. DELAURO.

H.R. 2221: Mr. CONYERS and Mr. GIBBONS.

H.R. 2233: Mr. KUCINICH and Mr. FILNER.

H.R. 2249: Mr. TOWNS.

H.R. 2250: Ms. JACKSON-LEE of Texas and Mr. DEFAZIO.

H.R. 2256: Mr. DOYLE, Mrs. MCCARTHY of New York, and Mr. OBERSTAR.

H.R. 2262: Mr. HASTINGS of Florida.

H.R. 2318: Mr. WHITFIELD.

H.R. 2328: Mr. MENENDEZ, Mr. RAHALL, Ms. BERKLEY, Ms. CORRINE BROWN of Florida, and Mr. HONDA.

H.R. 2330: Mr. FILNER.

H.R. 2351: Mr. RAMSTAD, Mr. HALL, Mr. KING of Iowa, and Mr. JONES of North Carolina.

H.R. 2361: Mr. BRADLEY of New Hampshire.

H.R. 2363: Mr. KUCINICH, Ms. CARSON of Indiana, Ms. LEE, Ms. SCHAKOWSKY, Ms. LINDA T. SANCHEZ of California, Mr. ENGEL, Mr. EMANUEL, and Mr. DAVIS of Tennessee.

H.R. 2377: Ms. MCCOLLUM, Mr. MCNULTY, Mr. STARK, Mr. PAYNE, and Mr. SCHIFF.

H.R. 2379: Mr. GILLMOR and Mr. MCINNIS.

H.R. 2404: Mrs. JONES of Ohio.

H.R. 2426: Mr. LANTOS, Mr. MCDERMOTT, and Ms. LORETTA SANCHEZ of California.

H.R. 2427: Mr. SIMPSON, Mr. KING of Iowa, Mr. HINCHEY, and Mr. ALLEN.

H.R. 2428: Mrs. JONES of Ohio.

H.R. 2429: Mr. HOLT and Mrs. JONES of Ohio.

H.R. 2432: Mr. ISTOOK.

H.R. 2462: Mr. OBERSTAR, Mr. UDALL of New Mexico, Ms. WOOLSEY, Mr. MORAN of Virginia, Ms. CORRINE BROWN of Florida, Mrs. DAVIS of California, Ms. MCCOLLUM, Mr. HONDA, Mr. LEACH, and Mr. PAYNE.

H.J. Res. 58: Mr. BLUMENAUER.

H. Con. Res. 4: Mrs. JO ANN DAVIS of Virginia.

H. Con. Res. 6: Mr. ETHERIDGE, Mr. SMITH of New Jersey, and Mr. KENNEDY of Rhode Island.

H. Con. Res. 98: Mr. CLAY.

H. Con. Res. 99: Ms. CORRINE BROWN of Florida.

H. Con. Res. 126: Mr. NEY, Mr. NEUGEBAUER, Mr. TERRY, and Mr. AKIN.

H. Con. Res. 175: Mr. KUCINICH and Mr. VAN HOLLEN.

H. Con. Res. 176: Mr. UPTON.

H. Con. Res. 209: Mr. BOOZMAN.

H. Con. Res. 213: Mr. KUCINICH, Mr. TIERNEY, Ms. LINDA T. SANCHEZ of California, and Mr. BECERRA.

H. Con. Res. 220: Ms. NORTON.

H. Res. 21: Mr. JACKSON of Illinois, Mr. THOMPSON of California, Mrs. CHRISTENSEN, and Mrs. MCCARTHY of New York.

H. Res. 103: Mr. SCHIFF.

H. Res. 136: Mr. LAHOOD, Mr. LARSEN of Washington, Mr. SESSIONS, and Mr. HENSARLING.

H. Res. 259: Mr. AKIN.

H. Res. 260: Mr. MCGOVERN, Mr. ABERCROMBIE, and Mr. WEXLER.

H. Res. 261: Mr. BLUMENAUER, Mr. FROST, Mr. SANDERS, and Mr. CUMMINGS.

H. Res. 267: Mr. KIND and Mr. HASTINGS of Washington.

H. Res. 273: Mr. SHERMAN, Ms. SLAUGHTER, and Mr. RYAN of Ohio.

AMENDMENTS

Under clause 8 of rule XVIII, proposed amendments were submitted as follows:

H.R. 1528

OFFERED BY: MR. THOMAS

AMENDMENT NO. 1: Page 35, line 18, strike ''2007'' and insert ''2005''.

Page 39, strike line 14 and all that follows through line 11 on page 40 (all of section 309 of the bill) and insert the following new section:

SEC. 309. HEALTH INSURANCE COSTS OF ELIGIBLE INDIVIDUALS.

(a) CONSUMER OPTIONS.—

(1) IN GENERAL.—Paragraph (2) of section 35(e) is amended by adding at the end the following new subparagraphs:

''(C) WAIVER BY ELIGIBLE INDIVIDUALS.—With respect to any month, clauses (i) and (ii) of subparagraph (A) shall not apply with respect to any eligible individual and such individual's qualifying family members if such individual—

''(i) does not reside in a State which the Secretary has identified by regulation, guidance, or otherwise as a State in which any coverage which—

''(I) is described in any of subparagraphs (C) through (H) of paragraph (1), and

''(II) meets the requirements of subparagraphs (A) and (B) of this paragraph,

is available to eligible individuals (and their qualifying family members) residing in the State, and

''(ii) elects to waive the application of clauses (i) and (ii) of subparagraph (A) of this paragraph.

''(D) ELECTION.—Any election made under subparagraph (C)(ii) shall be effective for the month for which such election is made and for all subsequent months.

''(E) TERMINATION.—Subparagraphs (C) and (D) shall not apply to any month beginning after December 31, 2004.''.

(2) NO IMPACT ON STATE CONSUMER PROTECTIONS.—Nothing in the amendment made by paragraph (1) supercedes or otherwise affects the application of State law relating to consumer insurance protections (including State law implementing the requirements of part B of title XXVII of the Public Health Service Act).

(b) STATE-BASED CONTINUATION COVERAGE NOT SUBJECT TO REQUIREMENTS.—Subparagraphs (A) and (B)(i) of section 35(e)(2) are each amended by striking ''subparagraphs (B) through (H)'' and inserting ''subparagraphs (C) through (H)''.

(c) EFFECTIVE DATE.—

(1) CONSUMER OPTIONS.—The amendment made by subsection (a) shall apply to months beginning after the date of the enactment of this Act.

(2) STATE-BASED CONTINUATION COVERAGE.—The amendments made by subsection (b) shall take effect as if included in section 201(a) of the Trade Act of 2002.

Page 45, after line 3, insert the following new section (and amend the table of contents accordingly):

SEC. 311. EXTENSION OF JOINT REVIEW OF STRATEGIC PLANS AND BUDGET FOR THE INTERNAL REVENUE SERVICE.

(a) IN GENERAL.—Paragraph (2) of section 8021(f) (relating to joint reviews) is amended by striking ''2004'' and inserting ''2009''.

(b) REPORT.—Subparagraph (C) of section 8022(3) (regarding reports) is amended—

(1) by striking ''2004'' and inserting ''2009'', and

(2) by striking ''with respect to—'' and all that follows and inserting ''with respect to the matters addressed in the joint review referred to in section 8021(f)(2).''.

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 108th CONGRESS, FIRST SESSION

Vol. 149 WASHINGTON, MONDAY, JUNE 16, 2003 No. 88

Senate

The Senate met at 2 p.m. and was called to order by the Honorable CRAIG THOMAS, a Senator from the State of Wyoming.

The PRESIDING OFFICER. The Chaplain will lead us in prayer. Today, we are pleased to have with us as guest Chaplain, Rabbi Arnold E. Resnicoff, U.S. Navy retired.

PRAYER

The guest Chaplain offered the following prayer:

Almighty God of freedom, who gave us the promise and the dream of liberty to be proclaimed throughout the land, we pause before this session to recall words spoken by a Senate nominee—Abe Lincoln—on this day, June 16, in 1858. ''A nation divided against itself cannot stand,'' he said, and we ''cannot endure half slave, half free.''

O Lord our God and God of generations past, we offer thanks for all the progress we have made since that historic speech, even as we recognize we still have more to do. Slavery, the institution, is no more. But let us unite in our resolve that none should be enslaved by prejudice or hatred that threatens the humanity and dignity we have fought to recognize and guarantee; that none, victimized by ignorance or discrimination, live lives half slave, half free.

Grant us and all our leaders the wisdom to debate and disagree, with civility and respect, the issues of the day. But give us, we pray, the wisdom and the faith we need to safeguard a nation united, not divided—indivisible, as we pledge—in our pursuit of liberty and justice for us all.

And may we say, Amen.

PLEDGE OF ALLEGIANCE

The Honorable CRAIG THOMAS, a Senator from the State of Wyoming, led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. STEVENS).

The assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, Monday, June 16, 2003.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable CRAIG THOMAS, a Senator from the State of Wyoming, to perform the duties of the Chair.

TED STEVENS,
President pro tempore.

Mr. THOMAS thereupon assumed the Chair as Acting President pro tempore.

SCHEDULE

Mr. MCCONNELL. Mr. President, today the Senate will begin consideration of S. 1, a prescription drug benefits bill, for debate only. There will be no votes during today's session. Today is an excellent opportunity for Senators to deliver their opening statements. We encourage all Senators to participate in this debate. Hopefully, Members will take the next day or two and deliver their opening remarks. The next vote will occur during Tuesday's session of the Senate and Members will be notified when that vote is scheduled.

PRESCRIPTION DRUGS AS PART OF MEDICARE

Mr. MCCONNELL. Mr. President, I will make a very brief opening statement and then our friend and colleague from Nebraska, Senator HAGEL, who has been extremely active and has a very innovative proposal to deliver prescription drugs to our seniors, is going to take over for this side for the remainder of the afternoon.

This is indeed a historic debate. ''Historic debate'' is a term perhaps over used in the Senate but that is not the case today. Today, after almost 40 years from Medicare's creation, we begin debate on legislation to help our most frail citizens acquire the miraculous but expensive prescription drugs they need.

For decades, we have witnessed the ever-expanding power of innovative pharmaceutical drugs both to cure and to treat. For decades, we have talked about providing our seniors, the poor and fragile of our society, the financial aid and means to acquire those wonder drugs. For years, colleagues on both sides of the aisle have talked of the need. Today, the talk ends and the action begins.

What begins today will be completed this year. There are many reasons but none greater than the leadership of one man, George W. Bush. He is the reason we are at this point in the Senate today. It is President Bush who has made the commitment, shown the leadership, and challenged the Congress to act that has made this day possible. Yet President Bush's Medicare effort, like that of past Presidents, might have been for naught except for the leadership of Dr. BILL FRIST. As a doctor and reformer in the 1997 Medicare Commission and now as Senate majority leader, he is uniquely qualified to make a difference, and a difference he has made in that his decisive leadership has resulted in this bill, S. 1, which we have before us today and will have before us for the next 2 weeks, if that is what it takes to get final action.

Other prescription drug bills have been before the Senate, but this is the first time the Senate considers a bill actually reported out of the Finance Committee with an overwhelming bipartisan vote. That is truly unprecedented and a further tribute to Dr. FRIST.

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Printed on recycled paper.

Success has many fathers and anyone would be hard-pressed to limit just one Democrat as critical to the success we have today. Senators BREAUX, BAUCUS, and KENNEDY have all been as unwavering as they have been untiring in their efforts to provide prescription drugs to our senior citizens. On our side of the aisle, Chairman GRASSLEY skillfully navigated this bill through the Finance Committee to a strong bipartisan vote. Senator NICKLES, the Budget chairman, is to be commended for ensuring full funding of the President's Medicare proposal in the budget and his tireless work to ensure the bill keeps faith with the President's original proposal and the future generations his proposal sought to protect. I look forward to continuing working with him to produce the best bill possible.

I want to say again the efforts of our colleagues, Senator CHUCK HAGEL and Senator JOHN ENSIGN, with their innovative proposal, which I hope will be thoroughly vetted in the course of this debate, are to be commended for their outstanding leadership on this issue. Combined, these efforts have produced a bill that will strengthen and improve Medicare and guarantee a prescription drug benefit. It will improve the quality of Medicare to guarantee its benefits for our parents and our children. It preserves traditional Medicare while allowing seniors to choose a benefit package that best fits their needs and gives them the same type of choices enjoyed by those of us in Congress and other Federal employees. It protects low-income seniors by giving them additional help in paying for prescription drugs. It protects all seniors from catastrophic drug costs. It addresses many of the problems associated with rural health care for our seniors on Medicare.

Debate on this bill will be difficult. Some will say it does too little. Others insist it does too much. Some will say the reforms go too far. Others will say the reforms do not go far enough. Where I stand is about where the President stands. He applauds the product but believes we need to do more reform, and I agree with that entirely. He believes in a fair competition between Government and the private sector to provide goods and services at the lowest costs, the private sector will win. I certainly agree with that, provided we craft this in a way that gets the private sector a chance.

He believes any reform of Medicare must begin with the infusion of private sector responsiveness and cost control. Again, I certainly agree.

The questions we share are: Will we achieve more reform? Will we ensure fair competition between the Government and the private sector? Will the reform we inject exceed the costs of the new benefit? That is what this debate is about. Today we begin to shoot with real bullets. This is no longer a ploy for the next election; this is about the next generation. This is not just about Medicare prescriptions; it is about Medicare preservation. This is not just about our parents and our grandparents; it is about our children and our grandchildren. If we keep this in mind, I believe we can produce a product that preserves the social contract of Medicare with our parents, as well as our children.

I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

PRESCRIPTION DRUG AND MEDICARE IMPROVEMENT ACT OF 2003

The ACTING PRESIDENT pro tempore. Under the previous order, the hour of 2 p.m. having arrived, the Senate will proceed to the consideration of S. 1 which the clerk will report.

The assistant legislative clerk read as follows:

A bill (S. 1) to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes.

The ACTING PRESIDENT pro tempore. The Senator from Nebraska.

Mr. HAGEL. Mr. President, I wish to acknowledge my colleague, the distinguished Republican assistant majority leader, for his remarks.

I see Senator KENNEDY in the Chamber.

Senator KENNEDY, thank you for your leadership.

I have a statement, and my understanding is that we will then rotate statements on both sides for the rest of the afternoon.

Over the next 2 weeks, the Senate will begin a historic effort to reform and strengthen Medicare. What we do here over the coming weeks will affect every American and future generations. Health care is a defining issue for our Nation. We must take the long view and recognize that if we do it right, the changes we make in health care, in the delivery of that care, will result in improved access to quality care and lower costs for Americans well into the future. This must be our objective.

The Senate Finance Committee bill represents a good solid beginning. The Senate Finance Committee, under the leadership of Chairman GRASSLEY and Ranking Minority Member BAUCUS, deserves great credit for its hard work and efforts in bringing the bill to the floor of the Senate. Over the next 2 weeks, the Senate will work with members to improve upon their bill.

Medicare is one of the two largest programs in the Federal Government. Today, Medicare covers over 40 million Americans, including 35 million over the age of 65 and nearly 6 million younger adults with permanent disabilities.

Medicare serves all eligible beneficiaries without regard to income or medical history. It is projected to pay out $269 billion in both Part A and Part B benefits this year. This accounts for 13 percent of the Federal budget and $1 out of every $5 spent in America on health care.

In 1965, when Medicare was created, only about half of America's seniors had health insurance and fewer than 25 percent had adequate hospitalization insurance. Now, because of Medicare, nearly all seniors have coverage. Medicare has been good for seniors and has become a dominant part of the U.S. health care system.

But Medicare does more for seniors than protect their health. Medicare improves their quality of life. Since Medicare was enacted, people are living longer and living better. Life in America has changed dramatically over the last 40 years, especially health care.

Medicine today addresses all conditions and diseases, with a special emphasis on preventive medicine and management of chronic conditions. This includes an emphasis on prescription drugs, diet, exercise, and lifestyle—health dynamics that were not given much consideration when Medicare was enacted in 1965.

Medical technology has exploded, and we have experienced a revolution in the development of new and effective pharmaceuticals. Outpatient treatment and prescription drugs have become mainstays of medical care, but the Medicare Program does not reflect these changes in health care. Like medicine itself, the Medicare Program must adjust and reform to address these new realities in health care delivery, consumer demand, and costs. Medicare is a 1960s model trying to operate in a 21st century world. Our goal in this debate is to bring this valuable program in line with today's health care needs in a responsible and sustainable program and prepare for the future.

As we look forward, we should also heed the lessons learned when Medicare was created. When Medicare was enacted in 1965, the Federal Government's lead actuary at the time projected that the hospital program, Medicare Part A, would grow to $9 billion by 1990. But the program actually ended up costing more than $66 billion by 1990. Even after adjusting for inflation and other factors, the cost of Medicare Part A in constant dollars was 165 percent higher than the official Government estimate according to the actuary who produced those numbers. In unadjusted dollars, actual costs were 639 percent above estimates.

A 1968 Tax Foundation study found that public spending on medical care had nearly doubled in just the first 3 years of Medicare. A recent example of these accelerating costs is that since 1999, drug prices have risen about 20 percent. The average cost of these lifesaving pharmaceuticals will likely continue to increase, placing further pressure on seniors with fixed incomes.

In addition to the internal problem of the changing realities of health care,

Medicare is facing a looming external program. The largest generation in American history, the baby boomers, is aging. These Americans—over 75 million—will be added to the Medicare rolls over the next few years. The baby boom generation has changed and shaped every market in which it has ever participated. Medicare health care will be no exception. We have a responsibility to address this demographic pressure now or risk the system collapsing under its own weight in the future.

The task before us is immense but so is the opportunity. Although Congress has been working with health care professionals, we must continue to listen carefully to those who know most about health care. We need to assure the American people that the promises made to them will be kept and that seniors on Medicare today will not be forced to change or lose their benefits, but for the future enhancement and viability of Medicare, changes will be required. The American people must have confidence in the medical reform process, the process we use to reform Medicare. This is important because as we move forward, all Americans, especially seniors, must then have confidence in the results.

Facing these challenges will require difficult decisions. There will be no perfect solutions. There will always be imperfect solutions at the end of the day. At the same time, we must be responsible with our efforts. We are adding a costly new benefit to America's largest health entitlement program. In making decisions, we must not discount or minimize what we know has worked and what has not worked.

Much of the debate over the next 2 weeks will focus on prescription drugs. Medicare does not currently cover outpatient prescription drugs. Adding a responsible, sustainable, and meaningful drug benefit is a top priority for most in the Senate. Seniors are expecting to spend nearly $1.9 trillion on drugs over the next 10 years. Clearly, the Federal Government simply cannot take on all of that expense. But seniors need help. They need help now. More than one-third of Medicare beneficiaries have no prescription drug coverage.

Mr. Joseph Antos of the American Enterprise Institute was quoted in the New York Times on Saturday as saying:

> These seniors are the last people in America who are paying retail. When I turn 65, I'd hate to be the only one in the pharmacy line who's not in some kind of pain.

Also in Saturday's New York Times, Mr. Dana Goldman of the RAND Corporation, said:

> What you really want to do is insure against very high expenditures. A catastrophic plan would be a cautious approach to sticking your toe in the water.

We should heed their advice as we move forward.

Any Medicare drug benefit must be sustainable. The benefit must deal with the realities that people are living longer and better, and have higher health care expectations than ever before.

A new drug benefit should strengthen public/private partnerships that work. Any new drug benefit must pay particular attention to those in greatest need who have no options today, but this should not be at the exclusion of other seniors.

We must take care that we do not inadvertently stifle innovation in the private pharmaceutical, medical research, and healthcare sectors.

We know advances in research and medicine have been the critical factors in our increased lifespans, better health, and improved quality of life. The public/private relationship in these areas has been essential to that success.

The United States leads the world in medical innovation. Our actions over the next 2 weeks must not jeopardize that continued innovation but, rather strengthen it for the future.

The special healthcare needs of rural areas are of great importance to me and many of my colleagues. What we do in this body over the next 2 weeks should enhance rural healthcare as well as urban healthcare.

Tough choices and difficult decisions will have to be made. Not everyone will agree with the choices we make, but we owe it to the American people to face these challenges and produce a reformed Medicare program that will take America's seniors well into the 21st Century. That is doable, and I look forward to working with my colleagues in this important effort.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Montana.

Mr. BAUCUS. Mr. President, let me begin by praising the chairman of the Senate Finance Committee, Senator CHUCK GRASSLEY, for his fine leadership and cooperative management of this bill. He has been very good. I know the folks in Iowa know that, but I want everybody else tuning in to know it as well. The chairman of the Senate Finance Committee, CHUCK GRASSLEY, has done a tremendous job. He deserves a lot of praise for this bill.

On that point, sometimes we fail to recognize just how historic some legislation is. This is truly a historic bill. This is not some garden variety piece of legislation that has come up and will pass in the Senate. This is a major expansion of Medicare—major. It is going to make a huge difference in the lives of many senior citizens in America. I again thank Senator GRASSLEY for his help putting this together.

I also thank many Senators who have helped bring us here today. Senator JOHN BREAUX from Louisiana has been tireless in his effort on the Medicare Commission and other efforts to get prescription drug benefits and to try to reform Medicare. His work has been indispensable.

Senator OLYMPIA SNOWE from Maine, Senator HATCH from Utah, Senator JEFFORDS from Vermont, have all contributed mightily to these efforts. It would take me a long time to go through all the efforts they have undertaken if I were to recite chapter and verse all they have done. It has been monumental.

Any discussion for the long struggle for improved health care in America would be absolutely incomplete without the mention of the longstanding effort of the Senator from Massachusetts, Mr. KENNEDY. Senator KENNEDY is on the floor. He is probably going to speak a little later. Without Senator KENNEDY and his efforts, I am not so sure we would be here today, on cusp of passing truly historic legislation.

We are here today to make a meaningful improvement in health care for our seniors. That is why we are here. We are here at last to bring prescription drug coverage to Medicare.

On July 30, the Nation will celebrate the 38th anniversary of the enactment of Medicare. Without exaggeration, Medicare is simply one of the most successful enterprises ever taken by a free people working through their government. Today we are about the business of making it even better.

Medicare took a long time in coming. Following the enactment of Social Security in 1933, progressives called unsuccessfully for a program of national health insurance. President Harry Truman repeatedly advocated national health insurance funded through payroll deductions, but as we know, his plan went nowhere. But the fact remains, retired Americans had a particularly difficult time getting health insurance in the private sector.

In 1951, planners at the Federal Security Agency, recognizing that difficulty, examined extending health insurance to this population. The idea slowly gained popularity in the 1950s.

Senator John Kennedy raised health care as a campaign issue in his successful 1960 Presidential campaign. Taking the reins of the Presidency from his fallen predecessor, President Lyndon Johnson spoke of moving, ''not only toward the rich society and the powerful society, but upward toward the Great Society.''

At the height of legislative action of President Johnson's Great Society in July 1965, Congress enacted Medicare into law in the Health Insurance for the Aged Act. With President Truman at his elbow, President Johnson signed the bill in Independence, MO. President Johnson at that time said, ''No longer will older Americans be denied the healing miracle of modern medicine.''

And President Truman told President Johnson, ''You have made me a very happy man.''

Since then, over the nearly four decades of its life, Medicare has improved the lives of over 100 million Americans. Medicare now provides health insurance coverage to more than 35 million seniors, virtually everyone aged 65 or older, and 6 million disabled enrollees for hospital or related care under the

Hospital Insurance Program. It covers nearly as many for doctors' services, outpatient hospital services, and other medical expenses under the Supplemental Medical Insurance Program.

Medicare has been a success. Health care expenses used to impoverish seniors. In conjunction with Social Security, Medicare has significantly reduced poverty among seniors. Despite progress on poverty among seniors, they are by no means an affluent group. From 2001 data, we can see that nearly two-thirds of Social Security beneficiaries rely on Social Security for most of their income. A third of beneficiaries rely on Social Security for 90 percent or more of their income. In 2001, the median income for all eligible households was $19,000, and one-fifth have incomes under $10,000; thus, vast numbers of America's seniors need Medicare and Social Security to keep out of poverty.

With the nearly universal health insurance coverage and decreasing poverty achieved by Medicare and Social Security, seniors are also living longer. Before Social Security and Medicare, in 1930, for example, a 60-year-old had a life expectancy of 77 years of age. In the year 2000, 70 years later, a 65-year-old-man could expect to live to 81 and a 65-year-old woman could expect to live to 84. Partly because of Medicare, more and more Americans are living into their late eighties and into their nineties.

Medicare has also improved the quality of seniors' lives. It has helped them to combat debilitating illnesses. It has helped them be free from pain. It has helped them to live fuller, better lives.

But the practice of medicine has also progressed since Congress set up the structure of Medicare. Prescription drugs have taken on a much greater role in maintaining health, replacing procedures, as has more prevention. Prescription drugs are just proportionately so much more important today than they were when Medicare was created.

The Congress that created Medicare did not envision that role of prescription drugs. Although former employers and other private insurance plans cover some seniors, about 10 million seniors have no prescription drug coverage at all.

Because seniors are not a wealthy group, for many this reality means a painful choice between filling their prescriptions and buying food.

I visited a community health center and talked to an internist—a doctor—the administrator of that health center. She told me she had to cut back on her medicine. She has to give up some of her medicine. Why? In order to pay for the medicines for her mother. Just think of it. A doctor who has to cut back on medicines for herself because they are so expensive and because her mother can't afford them. The doctor is sacrificing her health care to make sure her mother has prescription drug benefits. That is not an isolated incident. It is happening over and over again in America, and it is wrong.

Seniors should not have to choose among necessities in order to maintain their health. We can do something about that today.

To maintain Medicare's success, we must expand it to address the health care delivery structure that we have today. The bill that we bring to the floor would take a substantial step in that direction.

This bill would make available Medicare prescription drug insurance universally to all seniors. It maintains the important principle of universalism that has held together the remarkable social compact of Medicare and Social Security.

This bill would ensure that 44 percent of Medicare beneficiaries—those with the lowest incomes—would have truly affordable prescription drug coverage with minimal out-of-pocket costs. For these lower-income seniors with incomes up to 160 percent of the poverty level, co-payments would never exceed 20 percent of the cost of drugs.

Just think of that—never more than 20 percent.

This bill would make it so that an elderly retired couple in Great Falls, MT with an income of $16,000 a year, would be able to buy their prescription drugs without ever having to pay more than 10 percent of the cost of the drugs.

This bill would thus ensure that those who have been least able to receive what President Johnson called ''the healing miracle of modern medicine'' would now be able to do so. Millions of people would have a better quality of life. Lives would be saved.

This bill would create a strong government fallback. Seniors would have access to at least two private plans for a prescription drug benefit or the government would provide a standard fallback plan. If there is no true competition, then traditional Medicare would provide a fallback.

Now some have raised fears that the competition that this bill seeks to foster would lead to the privatization of Medicare. This is not so. The Department of Health and Human Services would continue to oversee these plans. The plans would operate within tightly-controlled limits. This bill includes strong consumer protections.

This bill does not tilt the playing field. This bill does not make private plans a better deal than traditional Medicare.

But those of us who believe in traditional Medicare should not fear the entry of private options. For either they will work and make things better for beneficiaries, or traditional Medicare will still be there. It is another opportunity. Either private plans will deliver the efficiencies that their advocates on the other side of the aisle promise for them—in which case the beneficiaries who choose them will get more value for their contributions—or traditional Medicare will still be there.

Others have found fault with the costs that this bill would ask beneficiaries to pay. Some have focused on what they call a break-even point—of a little more than a thousands dollars in drug spending—below which higher-income beneficiaries would spend more on the plan than they would receive in benefits. Yes, from a third to half of beneficiaries might spend more in a given year than they receive in benefits. But that means that from half to two-thirds will get more in benefits than they spend.

But it should not be surprising that some will pay more in premiums than they receive in benefits. That is the nature of insurance. We pay for insurance to protect against the risk of something that we hope will not happen. Most of us would be thankful if we do not encounter the ailments that require us to use our health insurance. Many would count that a blessing.

But this bill would provide a substantial subsidy for the health insurance need of Medicare beneficiaries. That is the nature of the cost of this bill. We as a society are choosing to make this insurance available at a substantial subsidy to all seniors.

For millions of Americans who are less fortunate, who have lower incomes and health needs, this bill will make a dramatic difference. For the 44 percent of Medicare beneficiaries with lower incomes, this plan would provide very affordable benefits. And remember that this lower-income population includes precisely the group most likely to be doing without prescription drug coverage today.

I acknowledge that some may have legitimate concerns with this bill. I note, in particular, that I and other drafters of the bill have become struck by CBO's high estimate of the percentage of beneficiaries whose former employers would drop their coverage, if Medicare started providing it. I would also like to find a way to make it so that seniors who were in a fallback plan could stay with that plan longer. I, for one, will look for opportunities during this process to address these concerns and improve the bill.

But this bill would create a $400 billion expansion of a major entitlement program. Yes, we could have done more with more money. But this is a historic opportunity to make a fundamental change for the better, for millions of Americans.

In so doing, this bill would finally do something that the overwhelming majority of industrialized nations have already done; that is, provide prescription drug benefits to their seniors.

Medicare took a long in coming. But it came quickly when it did. Sometimes, the time is simply ripe.

The Health Insurance for the Aged took several decades to come to the Senate floor in 1965. But when the Senate took it up in 1965, it finished its debate in 4 days—July 6 through July 9 of 1965—and passed the bill with 68 votes.

Starting today, we will spend 2 weeks on this debate. And we should. And I look forward to a full and open airing of the issues.

But in the end, I also look forward to passage of this new benefit, with substantial support from both sides of the aisle.

The time was ripe in the summer of 1965, when Congress enacted the Health Insurance for the Aged Act and created Medicare. I believe that the time is ripe again, today.

The time is ripe for a new chapter in the successful story of Medicare. And we begin that chapter today.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I want to at the opening of this debate and discussion recognize the guiding lights of this legislation, Senator GRASSLEY and Senator BAUCUS, for bringing this legislation to the floor.

This legislation in one form or another has been before the Finance Committee for 5 to 6 years in recent times, actually going back to 1978 when legislation was introduced by myself, Senator Thurmond, and others at other times. But this is a major breakthrough, as was pointed out by the Senator from Kentucky. This legislation is going to lead to conference and eventually it will be signed by the President of the United States.

So this is good news for all the seniors of this country. It isn't all that all of us would like to have achieved. But, nonetheless, it is a solid downpayment.

I will take a few minutes of the Senate's time to indicate what I find to be the most compelling reasons for the legislation, and also discuss areas which I hope in the time we have to debate that the Senate will give some focus and attention to.

But we should not minimize the extraordinary work that has been done by the chairman, and the ranking member, Senator BAUCUS of Montana, in moving this legislation through the committee; and also other members of the committee. I also add to that the majority leader, Senator FRIST. Senator FRIST is a member of the Committee on Finance but he is also on the Committee on Health, Education, Labor, and Pensions. He brings a very unique background and experience in health care policy matters. Clearly, he has had a very important influence in the shaping of this legislation. All of us welcome his involvement in the health care debate. We have worked together on a number of the bioterrorism pieces of legislation and in other areas. I think we are fortunate to have his expertise in the Senate on health care matters. We are grateful for his involvement in this legislation.

I was here in the spring of 1994 when the Medicare legislation was defeated. It was defeated by a significant number—I think 15 or 18 votes—at that particular time. And then I was here again in 1995—about 10 months later—when again the Senate considered the legislation, and it passed overwhelmingly; and a number of those who voted against it actually voted in favor of it.

The principal intervening event between 1964 and 1965 was the 1964 election, where this was front and center in terms of President Johnson's election. It had been in the 1960 election, but in 1964, given the fact that Medicare had been defeated, it was a matter of enormous concern to seniors.

As has been appropriately pointed out, it isn't just the seniors who are interested in this legislation, it is generational because so many of those who are not seniors are involved in the quality of life for those who are seniors. They are the children and the grandchildren, and they care very deeply that their parents and grandparents are going to live in peace and security and dignity.

When we passed the Medicare proposal, we gave the assurances to our seniors that if they played by the rules, paid into the health care system, paid into the Medicare system, that their health care needs would be attended to. That was true with regard to hospitalization. It was true with regard to physician services. We did not anticipate the third leg of that stool of Medicare was going to be the prescription drugs. Only about 3 percent of the total private insurance company plans at that time had a prescription drug program. It was not included.

And now, if you look at the needs of our senior citizens, we ask ourselves, why didn't we have the foresight to see that need? And why haven't we taken action in order to remedy that loophole?

It has taken a long time, but we are finding a strong downpayment in meeting that obligation today. I have always believed that every day we fail to pass a prescription drug program we are violating our commitment, our promise, our guarantee to the elderly people in this country in that solemn promise we made when we passed Medicare: Pay into the system, and you will be assured that your health care needs will be attended to. So it has been a long time in coming.

There are those who have been strongly opposed to a prescription drug program for ideological reasons. They are strongly opposed to Medicare. You can go back and look and read the history of the debates on Medicare—both in the past and the statements made in recent times, and as recently as in the past few weeks—where we have found Members, primarily our friends on the other side of the aisle, who do not believe in Medicare and who never believed we ought to have a prescription drug program that was rooted in the Medicare system.

There are recent times most of us can remember where statements were made. There was the Speaker of the House who talked about the Medicare system, that they wanted to see the Medicare system wither on the vine, and so there was an ideological commitment that said: If we are ever going to pass a prescription drug program, it has to be rooted not in Medicare, but it has to be rooted in the private sector, and we will do everything we can to make sure it is. We will provide all the financial incentives. We will effectively bribe individuals into the private sector or coerce them into the private sector and let the Medicare system wither over here.

If that was the program, there would not be anyone on this floor who would take stronger issue with it than I would, as one who has followed the Medicare system, believes in it deeply, and has seen the benefits it has provided to hundreds of thousands of the citizens of my own State of Massachusetts and around this country and knows the great sense of confidence our seniors have in this system and the Social Security system.

In fact, these are the men and women who brought us out of the Depression, who fought in the World Wars, who fought in Korea, who faced the challenge of nuclear terror and the dangers of the expansions of communism. They have sacrificed for their children and their grandchildren, and they are entitled, in the richest country in the world, to live in some security and dignity, and the lack of being able to get prescription drugs is denying them that opportunity. They believe in Social Security and the Medicare system. This legislation will give them the assurance that if that is their desire, they will be able to receive prescription drugs under Medicare. That is why I support this legislation. Those who believe it should be just a private system are not going to vote for this bill. They shouldn't vote for it because it isn't going to be a private system. We will have the opportunity to explain that in more detail.

I will take a moment to review some of the facts that are known to every senior citizen in this country. I think they are reflected on this chart I have in the Chamber.

First of all, let's look at what has happened in terms of the cost of the prescription drugs our seniors need.

The yellow on the chart shows the COLA for Medicare, Social Security. The blue shows the increased costs of prescription drugs over the same period of 1998, 1999, 2000, 2001, 2002, 2003, with the increased costs, respectively, being 10 percent, 19 percent, 16 percent, 15 percent, 14 percent, 13 percent. This all comes out of the income of individuals who effectively have fixed incomes, and this with a modest COLA.

You can see with these extraordinary escalations of costs what is happening to our seniors. Often on the floor we have seen and heard our good friend from Michigan, Senator STABENOW, who has provided great leadership—as have others—about the hard and harsh choices that are taking place in homes all over this country, where seniors are making choices between the prescription drugs which are vital to their health care and the food they need to eat, or in our part of the country, it is the heating so they can survive in the

winter, or in other parts of the country, it is the cooling to make life at least livable in the South.

There has been an extraordinary escalation and continuation of costs. We will have an opportunity during the debate and the discussion on this issue to consider legislation that has come out of our Human Resources Committee, out of the Health Committee, that was initiated by Senator MCCAIN and Senator SCHUMER that we addressed last year on the floor of the Senate and which passed the Senate, which will help and assist generic drugs to come further forward. And, in the meantime, over the period of these past months, with a lot of hard work, there is legislation that now has very broad support, which was virtually unanimous out of our committee, with the support of Senator GREGG, myself, and others who are strongly behind it. I supported it last time. We are hopeful of doing something in the totality, not only in the area of coverage, but also in the areas of cost. We are not going to solve all of the problems in either area, but this kind of debate and discussion is going to include both the issues of coverage and the issues of cost.

Let me review very quickly where we are in terms of the coverage for our senior citizens. Of the 38 million seniors, we know 13 million lack any kind of quality drug coverage. They are effectively on their own. They buy at the top price. They do not really get any deduction, and they are virtually without any kind of coverage. Another 10 million have employer-sponsored coverage. Another 5 million have Medicare HMO, 2 million are under the Medigap, and 3 million are under Medicaid.

I believe when we used to debate this issue in years past, we would say the only group among these seniors that was really guaranteed affordable, dependable, reliable prescription drugs were the 3 million under Medicaid. That is not true any longer. Let's see what has happened.

There is a general kind of profile of where our seniors are with regard to the quality of their drug coverage. Let's take, No. 1, the employer-sponsored programs. This will raise an issue on one of the challenges this current bill is facing. But let's just review very quickly what has happened in terms of employer-sponsored coverage in recent times. If you go back to 1988, it was about 80 percent. In 1994, only 40 percent of all the retirees were included in the program. Look at this, as shown on the chart: Going down from 1994 to 2002, now it is about 22 percent, and falling rapidly.

The bottom is falling out in terms of the kinds of guarantees for the millions of Americans who have employer-sponsored plans. So we have one large group of Americans with nothing. We have another group that has employer-sponsored plans, but the total number of programs now providing these is dropping down, and employers who have them in many instances are dropping them. So there is no guarantee for that group of Americans.

What about this other group of Americans, those with regard to the Medicare HMO? If you look at what is happening with regard to the Medicare HMO, you will find out the drug benefit is only offered as an option of the HMO. Thirty-four percent offer no drug coverage at all; more than 2 million Medicare beneficiaries lost their HMO coverage since 1999, so they are dropping. But this is the other insidious factor: 86 percent of HMOs limited the coverage to less than $1,000 in 2003; 70 percent limited coverage to $750 or less in 2003. So you can say on the one hand, some are covered with the employer-based system, but you can see that the system is at the point of collapse. Others say HMOs are offering coverage. But, they are dropping them on the first hand, and they are putting the blockage there to protect themselves, and that is, of course, a disaster for many other seniors.

We say we have the Medigap coverage that provides for 2 to 3 million. You all are familiar with the absolute explosion of the cost and increasing numbers. Both have dropped it.

This is the background. We find millions have no coverage. Even for those who have coverage there is uncertainty, even if they are employer based. If it is HMOs, we are finding increasing restrictions that make it unreliable. We have a whole population that is faced with a serious challenge and a serious need.

Now, what does this proposal do? How will our senior citizens under Medicare benefit under this program? What is basically the delivery mechanism that has been a key element in terms of trying to make sure we were going to give the assurances to our seniors that there will be somewhere, in any part of America, the guarantee that Medicare will be there but also permits the private plans, if they are in local areas, to be able to, if that is the desire at least, if they are going to meet the obligations? We will have a chance during the course of debate to review it. I know the ranking member and chairman have gone over in the markup those particular provisions that talk about the guarantees of the program and why the various kinds of conditions to make sure we are not going to have the excess charges and how we are going to have the standards and how we are going to have a good benefit package.

On the one hand, there is the traditional Medicare Program. The individual will be able to continue. The Government delivers the doctors, hospital, and other services. Then, in many areas, the individual will have a choice between two different private plans and a guaranteed fallback of the Medicare system, if the private plans are not successful. So there is the guarantee there. And in the cases where there is the Medicare Advantage and the private plans, you will have the PPOs and the local HMOs that will be able to submit the plans. We will have the guarantee on the one hand through the Medicare system, and the opportunity on the other. We will have an opportunity to go through it in greater detail.

Let me mention, for those who are watching this broadcast, what this can really mean to individuals. We know the average cost for seniors is $2,300. That is the average cost per year. As we have pointed out, and it has been mentioned earlier, the elderly are going to spend $1.7 trillion, $1.8 trillion over the next 10 years on drugs. This is only $400 billion, 24 or 25 percent. So we know there are large gaps. This will not be everything for everybody, but it is going to provide important coverage to about 35 to 40 percent of our elderly under Medicare, those of the lowest income who are in desperate need, and also be sensitive to those with catastrophic kinds of health needs. And it also provides some important relief for those in the middle, although not all of what we would like because individuals will for a period of time fail to get the coverage, the area that we call the donut, and then pick up coverage later on.

But let me use the example of a typical income which would be about $15,000 for a senior. This is the chart that will indicate what the savings would be. The typical one is $15,000. The typical prescription drug cost would be $2,300. The premium would be $420. Their cost sharing would be $1,250. They would save $600 in this program. I wish it was a good deal more, but that is $600 over the cost of the year.

Take that same individual, $15,000, they have $10,000 in health care costs. They would spend $400, and they would save $5,462 under the bill. This is a dramatic savings for those on the upper end, and let me tell you what it would be on the lower end.

Let's take an individual with $15,000 income who might have expenses at the lower level. I will have a chart for this. I am sorry I don't have it. What we are trying to do with each example is to give individuals who might be watching some idea as to what would happen to them. Say a senior with an income of $9,000 and they currently have monthly drug bills of $500. They would, under this bill, pay a total of $15 and have $484 in savings. Low-income people who have drug bills of $500 would have $484 of savings. If they are $12,000, they would have $468 in savings, if they spend $500. And if they are $13,500, which is the 160 percent of poverty on this thing, and had $500 a month, they would save themselves $416.

So we see for the very needy it is a very important benefit. For those who will be facing catastrophic drug costs, it is a great help. For those in the middle, it is some help but not all the help we would like to see, or that they deserve.

Beyond this, one of the other features I find enormously appealing is

what they call the card, the discount card that seniors will be issued. It is called the prescription card. It will be issued next January. Basically, what that will do, for approximately 5 million low-income seniors, if this bill gets passed and signed into law, basically, again, the 5 million low-income seniors, they will be able to get a card for $25 and be guaranteed up to $600 at their pharmacy. If they don't spend it all the first year, say only $400, the remaining $200 will kick over for the next year. That will begin immediately.

This legislation will take time. It will take 2 years before they are able to set up the various kinds of structures which I outlined earlier to achieve it.

There are important areas I am hopeful we can address in this area. This is $400 billion. It is a lot of resources. But we have also seen where this Senate has passed tax cuts for $2.3 trillion. This is $400 billion. So it does seem to me we ought to be able to find some way to help middle-income seniors more than we have by providing additional resources to this particular proposal. An effort certainly will be focused on that.

There is a second area which is of central concern. That is the retirees. The way this legislation has been constructed, there may be those companies that feel that rather than continue to provide coverage for retirees, this will be a way to drop them off and have them picked up under this program rather than meeting their obligations and their responsibilities under the agreements which they have had and committed themselves to over time.

We believe that is an area that needs focus and addressing during the course of the debate. You cannot get away from the fact that this legislation is, as Senator BAUCUS has pointed out, major legislation in terms of the unfinished business and in terms of Medicare, particularly in the area of prescription drugs. Many of us believe this is the life sciences century, where we have seen breakthroughs that are coming, like the mapping and sequencing of the human genome which has permitted us to be able to screen and inform people who might have a predisposition in terms of breast cancer, for example. We are considering legislation to make sure people will not be discriminated against in terms of employment and getting medical insurance because of these kinds of indications. But we are able to find out through the work on the human genome so much about the types of illnesses that people have proclivities to develop.

So we are in the century of the life sciences and breakthroughs. We have doubled our basic commitment in terms of basic research. We are seeing the breakthroughs in these extraordinary kinds of developments of pharmaceutical drugs that can be lifesaving and can relieve the most challenging and difficult illnesses and diseases that we face in the country and around the world. We are going to face a challenge about how we are going to get the best of those prescription drugs into the homes of people who need them. That will be a challenge. That will be a challenge for us here as a matter of national priority, I believe.

A defining aspect of our humanity and decency is whether we are prepared as a nation to make it a priority to be able to do that. This is a downpayment on that commitment. That is why this legislation is of essential importance and consequence and why I look forward to the next days in terms of the debate and discussion that we can move this process forward and move to making sure we are meeting the challenges that our seniors are facing in all parts of the country.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. SUNUNU). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. THOMAS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. THOMAS. Mr. President, I am pleased we now have gotten to the floor with this bill. Certainly, most everyone agrees that this may be one of the most important issues that we will undertake this year. Along with that, of course—which I guess is not unusual—it will be one of the most difficult. I think there is a strong feeling that this needs to be done. I believe that will drive us. We certainly have had a good deal of support from the administration, from the President, and from Secretary Thompson. So we have an opportunity to move forward.

This is a very difficult issue. It is one that is hard to deal with, to make sure that everybody is treated properly. It is hard to deal with in terms of costs. It is also hard to deal with in terms of different parts of the country and how you have a delivery system that fits everywhere. It will be a challenge, but I believe we have no greater domestic challenge than reforming Medicare and providing seniors with access to prescription drugs. We will hear a great deal of the same sort of conversation during this week. We will also find that there are different ideas about how this is done.

The committee approved a prescription drug bill last Thursday night after an all-day markup, which was interesting—by a substantial bipartisan majority, which is very good. So it is a promise that most of us have made to take a look at Medicare and to be able to strengthen it. It has been mentioned that it is more than 30 years old and hasn't been changed a great deal. The greatest change that has come about is in pharmaceuticals, which has become one of the most expensive aspects of health care and has not been covered under Medicare in the past.

So I think we have two things we are seeking to do, and I hope we don't lose sight of them. One is to make the Medicare delivery system work better. Second is to include a reasonable access to pharmaceutical drugs. The program we have had has been difficult in a number of ways. We have had more and more providers that will not provide care under Medicare because the fees have not been equal to what they get in the private sector, and therefore access is not available. That is a difficult issue, particularly in rural areas where there are not a lot of providers. So we have to make sure we have a plan that puts this kind of program basically in competition with the private health care sector. The program has been inefficient and, no doubt, we need to change some things, particularly with respect to chronic illness.

A relatively small percentage of the elderly use a very high percentage of the total expenditure. So it has to be oriented somewhat toward dealing with those things that we know are the most expensive, and this cannot be done without some special attention to those things. These are the people who need the most expensive drugs. We ought to have a plan in which seniors could choose what fits them best.

We will be continuing to have the general plan that is in place now. If people find they want to stay with it, they will be able to do that. Nobody will be forced to change—at least in the near future. But there will be another plan, an alterative. We have felt that we could follow the plan that is used by Federal employees, generally, as an option. That would be one where there would be a plan laid forth, where we would have different sorts of insurance coverage, and providers will bid on doing that job. Maybe we would take the lowest bids—maybe the three lowest bids, or whatever. It would be a little different—sort of a PPO program, preferred provider program. Some say if you have a PPO, it won't cover everybody. In Wyoming, there are not formal PPOs, but we still have coverage for Federal employees, and there will be an arrangement made so where they are without a form of specific PPOs, they will still be available in the private sector. So I think that is, indeed, the way it ought to be. If we follow that plan, I think it would be one that we can really make available.

One of the things we have been working on—and I happen to be chairman of the Rural Health Caucus—there has always been a considerable amount of difference in the health care programs between urban areas and rural areas. One of the things is, there has not been equity in payments. Payments in urban areas have been higher than in rural areas. They have thought the costs are not as high in rural areas. In fact, because of lower volume, they may be higher in rural areas than in urban areas.

I had an experience recently where an MRI in one town costs almost 50

percent more than the larger city simply because they didn't have the volume. This bill, by the way, has that sort of remedy in it so that we will have urban areas and rural areas that will have equity in the way they are handled. We hope we can do that.

Some have a concern about small counties. We have a situation now in Medicare where we deal with each county to determine the price of service. Here we will have 10 regions over the whole country, so it will be a broader base, which is the basis for insurance, to spread that over a broader number of people so that there is better equity for everyone. I think a lot of provisions in this bill will be much more advantageous for users than what we have had in the past.

We will all be talking about this bill in more detail. I hope we can make some changes and we can remember the objectives. There are so many details involved with Medicare and with health care, as a matter of fact, that I think we have to focus on what it is we are seeking to do and to stay with that.

I hope we can develop a vision of what we want this to be when we are through and try and stay within the parameters of that vision. The objectives will be to strengthen Medicare and provide accessible pharmaceuticals.

There are, as we go about our work, lots of issues involved in health care, many of them beyond Medicare. We have to deal with those issues at another time. I hope we do not try to remedy all problems in health care and get it confused with this program, which is a specific program. For instance, we had some amendments having to do with refugees and legal immigrants. That is an issue, and it is a tough issue, but it is not part of Medicare and we ought to separate those issues so we keep it that way. I hope we maintain our focus so unrelated issues do not become wrapped up in this bill.

We also need to be conscious of spending. We have a budget of $400 billion, an amazing amount of money. But when we compare it to health care costs, it is not huge. I did not think I would ever say $400 billion is not huge. Cost is something, and we have to do something that is efficient. Money is not endless, particularly when it relies largely on what you and I pay in every month. If we have total expenditures that continue out of control, we have to do something different as to how they are paid. We should keep that in mind.

One of the keys—even though we should recognize the needs of low-income people certainly, and that is in the plan and we should do that, as opposed to higher income people—I think it is important everyone who is a beneficiary have some responsibility. When we have a program paying for all of the health care, we get overutilization, without exception. So there has to be some first dollar payment in this program, even though it can be very small, I believe.

We need to take advantage of the opportunity with the volume of pharmaceuticals we will be using, for example, to hold down the costs somewhat. Health care has been going up almost 13 percent a year, which is much higher than almost every other activity. Part of it is because times change and we are doing things so people are healthier, and people are living longer partly because of that. Nevertheless, if you start adding up 13 percent a year on these costs, it would be an almost unmanageable program over time.

I already mentioned this will serve all eligible seniors, whether they are rural or urban. I am hopeful as we go through this very complicated and difficult program. I am very pleased, particularly serving on the committee of jurisdiction, to have been involved in this debate and to see we are as far along as we are, and I am very confident we are going to come out with a package. That, of course, is our responsibility and what we ought to do. As we do that, I hope we have a vision of where we want to be when it is over and take a look at the issues we do in the interim and see if they are going to contribute to providing that program we envision for the future. It is one that ought to strengthen the program. It is one that ought to be available to people all over the country. It is one that ought to recognize the special needs, particularly of very low-income people. It is one that ought to give choice of different kinds of programs so you can choose something that fits you.

I think we have to have a program that does not have runaway spending so that it destroys the whole program over time and that we also recognize related programs, whether it be VA or retirement. These had to be fit in so we could have a total package.

I am looking forward to 2 weeks of considerable debate. I think with all these various issues, we will, frankly, have hundreds of amendments, most of which will be dealt with, and that is good. But as we look at all these different issues, I suggest to my friends in the Senate that we try to focus on what we want the result to be and measure these amendments against that.

I am looking forward to the debate. I am sure most of us are. I think we can come up with a program that will be much better and provide services for the needy better than we have in the past.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. HATCH. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. HATCH. Mr. President, I rise to express my strong support for S. 1, the Prescription Drug and Medicare Improvement Act of 2003. Medicare beneficiaries have been waiting decades for a comprehensive and permanent prescription drug benefit. Debate on this legislation is truly a landmark occasion for America's seniors, the disabled, and the United States of America, including our own Senate. I congratulate both the Senate Finance Committee Chairman, Senator GRASSLEY, and the ranking member, Senator BAUCUS, on a job well done. Both of them worked well together. It has been bipartisan. They have done everything they possibly can to bring people together so that we can pass a bill out of the Senate, and they both deserve a lot of credit.

Both of them have been able to put together a Medicare prescription drug bill that not only has bipartisan support but was also approved by the Senate Finance Committee, both remarkable feats. I am so proud of both of them.

The majority leader, BILL FRIST, also deserves credit for his commitment to this issue. He is to be congratulated not only for his behind-the-scenes efforts to move this bill forward but also for his vision in developing with Senator BREAUX the model upon which many of the improvements in this bill are based. Of course, Senator BREAUX deserves a great deal of credit. He has consistently fought to try and get a prescription drug benefit bill, and of course was a member of the tripartisan group in the last Congress.

Finally, I would be remiss unless I recognized the central role the President played in this matter by insisting that Medicare drug coverage must be a top domestic priority. Many believed it could not be done, especially in this, a non-election year.

President Bush's persistence, his commitment, and, indeed, his leadership on this issue will prove those naysayers wrong.

At last, we will provide senior and disabled citizens across the country with the prescription drug coverage they need.

In fact, prescription drug coverage for Medicare beneficiaries has been one of my top priorities, as well, and think everyone knows.

I was the principal cosponsor with then-Chairman Bill Roth of the 1997 legislation creating the Bipartisan Medicare Commission.

That commission, as my colleagues are aware, was charged with making recommendations on how to improve the current Medicare program.

And although commission members were unable to report a recommendation due to the ''super-majority'' vote requirement, the work they did laid the groundwork for efforts to improve Medicare by including the private competition that could provide prescription drug coverage.

Through their leadership on the commission, my friend and colleague, Senator JOHN BREAUX, and our House colleague, Ways and Means Committee

Chairman BILL THOMAS, were instrumental in laying the groundwork for Medicare prescription drug legislation.

More recently, I worked closely with Chairman GRASSLEY, Senator SNOWE, Senator BREAUX, and Senator JEFFORDS in an effort to develop a centrist, Medicare prescription drug bill that the Congress could adopt free from partisan politics. This was an 18-month effort.

We called our effort ''tripartisan,'' because Senators participated from the Democratic, Republican and Independent parties.

I took great pride in our effort, which I believe would have passed the Senate but for election-year maneuvering.

The goal of the tripartisan legislation was to provide all Medicare beneficiaries with quality drug coverage through private health plans. In addition, the tripartisan bill gave seniors and the disabled a choice in health coverage: They could have traditional Medicare, a Medicare+Choice plan or a new enhanced Medicare plan.

It was truly a labor of love. We are proud of that effort and the fact that it laid the foundation for S. 1, the Prescription Drug and Medicare Improvement Act of 2003, which we are considering today.

I predict that S. 1 will not only pass by the Senate by the end of the month, it will be signed into law at the end of the summer. What a difference a year makes.

S. 1 builds on several important foundations we laid in the tripartisan initiative.

And, in many ways, it is far superior to our tripartisan initiative.

It offers beneficiaries a meaningful and reliable drug benefit through the private sector with reasonable and fair cost-sharing. Beneficiaries will have the ability to obtain the drugs of their choice without Government interference and with better coverage choices.

In contrast to last year's bill, the measure we have before us today provides beneficiaries with several choices: A stand-alone drug benefit, a drug benefit through a Preferred Provider Option, PPO, or a drug benefit through an HMO.

Those who do have drug coverage will have the choice of remaining in the existing plans or choosing a Medicare prescription drug benefit. S. 1 also offers beneficiaries a temporary drug discount card available to seniors no later than January 1, 2004. This drug card would be in operation until the Medicare prescription drug benefit is fully implemented.

In sum, S. 1 offers additional assistance to those who cannot afford to purchase their prescriptions.

In a country as prosperous as ours, we can no longer tolerate situations where seniors have to split their pills in half or cannot fill necessary prescriptions because they do not have the money.

A land as great as ours owes it to needy seniors and disabled to help these individuals who many times cannot help themselves.

Another important point is that S. 1 also ensures access to drug benefits for beneficiaries who live in rural areas. This is a must-do for my home State of Utah. S. 1 provides reliable coverage everywhere in America. Wherever there is Medicare coverage, there will be Medicare prescription drug coverage.

In addition, this bill includes important consumer protections. Every plan offered to Medicare beneficiaries will have to be certified by the Federal Government.

A key point is that S. 1 recognizes the role of employers in providing their retirees with health coverage. Let me make it perfectly clear that the intent of this plan is not to disrupt that important relationship between employers and their retirees. We should encourage employers to continue to offer retiree health coverage.

Finally, I must note that this legislation does nothing to dismantle or weaken the traditional Medicare program. The bill offers beneficiaries more coverage options, and does nothing to disrupt the existing physician-patient relationship. That is a fundamental principle that was very important to me as I worked with committee members to draft this legislation.

At this point, I would like to take some time to go into the details of the principles I have just outlined. First, and most important, this legislation provides beneficiaries with more coverage choices.

Let me emphasize, S. 1 does not, I repeat, does not, take anything away from Medicare beneficiaries. If beneficiaries like what they have, they may keep their current coverage. However, if they want coverage similar to private health insurance, S. 1 offers them this choice.

Those remaining in traditional Medicare will be able to receive prescription drug coverage equal to that received by beneficiaries who elect to receive their prescription drug coverage through the new MedicareAdvantage program. MedicareAdvantage is the new name for the current Medicare+Choice program, also known as Medicare Part C.

As my colleagues are aware, today we have Medicare Part A, which is for hospitalizations, and Part B, which is for outpatient and physician coverage.

This legislation will then add Part C, for Medicare Advantage. And, beginning on January 1, 2006, a Medicare prescription drug benefit will be established under a new program which will be codified as Part D of Medicare.

Beneficiaries will have the choice of either adding a new stand-alone drug plan to their current coverage, delivered through fee-for-service reimbursement or they may participate in a program which integrates their basic medical coverage with added pharmaceutical benefits through either a health maintenance organization, HMO, or a preferred provider organization, PPO.

There will be a new Center for Medicare Choices established at the Department of Health and Human Services, with an administrator who will oversee both the new drug plan under Medicare Part D and the new MedicareAdvantage program under Medicare Part C.

To operate the prescription drug plan, the Administrator will create at least 10 regions throughout the country, which must be at least the size of a state. States will not be allowed to be divided among regions.

Private-sector entities will bid to provide coverage. For PPOs, they will contract to provide the entire spectrum of Medicare services, including drug coverage, for the region. For HMOs, they will contract to provide Medicare services, including drugs, for a county.

If a beneficiary elects to remain in the traditional Medicare program, he or she may receive pharmaceutical assistance through a new add-on program which will be administered by a private insurer who has been certified by the government to provide coverage in that region. Many have been concerned that in some areas of the country there will not be private sector entities that wish to provide this new coverage. I share that concern, especially after my own State's experience with Medicare+Choice program.

For this reason, we worked very hard to make certain that there was a safety net, a ''fall-back'' plan that would provide seniors with the coverage they need if no private sector plans came forward.

I will discuss how the fall-back operates in a few minutes, but I did want to assure my constituents that there will be safety net if it is needed.

Another assurance this bill provides to our constituents is that beneficiaries will be allowed to change plans on an annual basis. We do not want any beneficiary to feel that he or she is locked into a program that is not a good fit. So, I have insisted that the flexibility to change plans was present in the bill, and I am pleased it was included.

As I mentioned earlier, one important principle of our plan is that beneficiaries who continue in traditional Medicare or those who enter a new integrated plan should have the same level of coverage.

So beneficiaries can either purchase standard coverage form an insurer or they will have the benefit of participating in a new HMO or PPO plan that includes pharmaceutical coverage valued at the equivalent amount of the subsidy the government is providing for the stand-alone plan.

In 2006, standard coverage would have a $275 annual deductible. For spending over the deductible up to $4,500, beneficiaries would pay one half, and the government the other half.

Eighty-eight percent of Medicare beneficiaries will not reach this limit of $4500 in 2006.

Even so, the plan envisions generous subsidies for beneficiaries who cannot afford their drug coverage, in this case those with incomes less than 160 percent of the federal poverty level.

However, for those with incomes at the above 160 percent of the federal poverty level, there would be no government subsidy for out-of-pocket expenditures once drug costs in total reach $4,500, of which the government would have paid roughly half once the deductible was satisfied.

As a protection against extremely high drug costs, which can prove catastrophic to a beneficiary, we have included a provision limiting a beneficiary's spending to 10 percent of costs once their out-of-pocket expenditures for drugs reaches $3,700.

We want this program to be as affordable as possible for beneficiaries. Indeed, the committee was torn.

We needed to make certain that the program is affordable to Federal taxpayers and does not exceed the $400 billion we have planned for in our budget.

On the other hand, we wanted the coverage to be meaningful and really help seniors and disabled who need assistance.

This is one reason the bill contemplates an affordable, national average premium for pharmaceutical assistance of $35 per month. I know this can be very confusing—even for those of us who drafted the bill—so I want to take this opportunity to explain the standard drug plan and the actuarial equivalent drug plan—the two types of drug plans that will be offered to Medicare beneficiaries.

First, both the standard drug plans and the actuarial equivalent drug plans would have the same deductible.

Second, beneficiary out-of-pocket expenditures would be the same in both the standard and actuarial equivalent plans.

Both the stand-alone drug plan and the MedicareAdvantage PPO plan could offer beneficiaries standard coverage that is described in the statute, or they can offer differing coverage as long as certain provisions are met: The actuarial value of the prescription drug plan would have to be at least equal to the actuarial value of the standard plan; and the coverage would be designed to cover the same percentage of costs up to the initial benefit limit as that provided under the standard plan. Again, the limits on beneficiary out-of-pocket expenses and annual deductibles would be the same in both the standard plan and the actuarial equivalent plan.

Finally, actuarially-equivalent plans would be allowed to vary the monthly beneficiary premium and the beneficiary copayments. In addition, if these plans wanted to offer additional benefits to seniors, they may do so and the beneficiary would be responsible for paying additional costs.

In sum, a beneficiary is permitted to choose a drug plan that best suits his or her health care needs.

In S. 1, we are offering seniors choice in drug coverage. Medicare beneficiaries may stay in traditional Medicare fee-for-service and receive their drug plan through a stand-alone drug plan. Or, they may receive their drug coverage through the new MedicareAdvantage program either through an HMO or the new PPO option.

The plans offered through MedicareAdvantage are integrated health plans which means these plans are similar to private health insurance which combines health and drug benefits in one insurance plan. In order to encourage plans to participate as stand-alone drug plans, interested entities would submit bids to the administrator. This bid would include information on benefits, the actuarial value of the prescription drug coverage, the service area for the plan, and the monthly premium.

Plans could submit bids to provide coverage for a specific region, as established by the Administrator, or the entire area covered by Medicare. Plans could also submit bids for more than one region and they may also bid nationally.

A plan would not be accepted by the Secretary unless the premium, for both standard coverage and for any additional benefits, accurately reflected the actuarial value of the benefits.

The administrator will work with bidding plans so a region will have at least with two stand-alone drug plans that will offer prescription drug coverage to Medicare beneficiaries in an area. These contracts would be awarded for 2 years. Finally, the stand-alone drug plans would be required to accept some level risk.

If only one plan, or even no plans, are unwilling to offer stand-alone prescription drug coverage within a region, the Administrator will enter into an annual contract with an entity to provide a prescription drug fallback plan. This fallback plan, which would be given a 1 year contract, would offer Medicare beneficiaries the standard drug plan.

We have designed this fallback plan to ensure that seniors will have prescription drug coverage across the country. In addition, seniors could be offered prescription drug coverage through a MedicareAdvantage HMO or PPO.

During the Finance Committee mark-up, an amendment was offered that would have given the fallback plan a two-year contract instead of a one-year contract.

While I am sympathetic to some of the concerns raised about the administrative difficulties surrounding choosing a fallback plan within a few months, I do not believe that a 2-year fallback plan is the solution.

I believe that having a two-year fallback plan makes it even more difficult to encourage other private plans to bid in a region. As a result, a two-year fallback plan could prevent a private plan from ever wanting to enter the region and beneficiaries are left with a fallback plan that does not offer much flexibility. Therefore, I would strongly oppose such an amendment.

With regard to the low-income, I believe that we should provide additional assistance to the low-income Medicare beneficiaries when it comes to prescription drug coverage. S. 1 provides additional subsidies for drug coverage for Medicare beneficiaries under 160% of the federal poverty level, individuals with income limits of $14,368 for individuals and $19,360 for couples.

Let's face it, these beneficiaries, in many cases, are struggling with their bills and are barely making ends meet. These are the individuals who are deciding between paying the rent and paying for food. This population makes up 37.4 percent of Medicare beneficiaries.

S. 1 continues to provide drug coverage for the dual eligible population, those who are currently eligible for both Medicare and Medicaid, through the Medicaid program.

Dual eligibles have incomes that are below 74 percent of the Federal poverty level—annual income limits are $6,555 for individuals and $8,848 four couples.

During the Committee's consideration of S. 1, I authored a provision that would reward states that already provide both Medicare and Medicaid coverage for low income individuals between 74 percent and 100 percent of the Federal poverty level.

For the 19 States that have expanded their Medicaid coverage to these seniors, the Federal Government would pay for the Medicare Part A cost-sharing of these beneficiaries. The provision is important because it gives incentives to States that expand their dual eligible programs.

This legislation provides these beneficiaries who are below 160 percent of poverty with additional subsidies for their drug coverage.

There are some who are concerned about the Federal Government heavily subsidizing this population because drug coverage is so expensive. In my opinion, providing additional assistance to these lower-income beneficiaries is the right thing to do. End of story.

With regard to the comprehensive drug program, some have expressed concern that the program will not begin until January 1, 2006. I understand the concerns of those who advocate for immediate coverage for seniors. That's why we created the Medicare Prescription Drug Discount Card available to Medicare beneficiaries no later than January 1, 2004 and would provide discounts up to 25 percent on their prescription drugs.

Medicare beneficiaries would be charged an annual enrollment fee of $25 and could only be enrolled in one endorsed card program. The prescription drug card program would continue to operate for at least 6 months after the implementation of the Medicare Prescription Drug Benefit Plan.

At the beginning of 2004 and 2005, low-income beneficiaries under 135 percent of poverty would be given $600 per year for their drug expenses. These beneficiaries would be permitted to carry any left-over money from year to year. Additionally, spouses may share their drug cards.

I worked very hard to make certain that our new plan does not disadvantage rural areas such as my home state of Utah. The bill before us provides assurances that any Medicare beneficiary, regardless of where he or she lives, will have access to prescription drug coverage.

For example, the legislation requires that at least two stand-alone drug plans would be offered to Medicare beneficiaries in each region. And, if only one plan, or worst case scenario, no plans, bid to offer stand-along coverage, there will be a fallback plan to provide prescription drug coverage. No beneficiary, regardless of where he or she lives, would be without prescription drug coverage.

In addition, for those living in rural areas, the MedicareAdvantage plans will offer beneficiaries a maximum of three PPO plans per region. If PPOs decide not to bid in a specific area, these beneficiaries still will have coverage through traditional Medicare and will also have optional prescription drug coverage.

S. 1 also gives the Secretary of Health and Human Services the discretion to make adjustments in geographic regions so there will not be a large discrepancy in Medicare prescription drug premiums across the country.

However, our first and foremost goal in S. 1 is to provide drug coverage to those who currently have no coverage. We need to help beneficiaries first, but we also need to continue our work with the employer community to ensure that they will continue to offer retiree health benefits.

Finally, I want to take a minute to talk about traditional Medicare and why I believe that the PPO option under the MedicareAdvantage program is the better choice.

Most will agree that the current Medicare program is an archaic system that still looks very much like the program when it was created in 1965. Do any of you remember what was popular in 1965? Most of you probably do not but, unfortunately, I do.

What we are trying to do in S. 1 is provide seniors with the same health choices available to those under 65 today, and not offer them only health choices that were available in 1965! While most seniors are comfortable with the current Medicare coverage, traditional Medicare is outdated in several ways. Besides not offering seniors prescription drug coverage, it does not provide protections for the sickest beneficiaries. To me, that is a major flaw of the program. Most drug plans offer catastrophic coverage for seniors once they spend a certain amount of money for their health care costs. Not traditional Medicare. Medicare requires the sickest seniors to continue to pay for their health coverage out of pocket without assistance.

In addition, beneficiaries currently receive their coverage through Medicare Part A, which covers hospital expenses, and Medicare Part B, which covers providers' expenses, such as physicians. There are deductibles for Medicare Part A, which is $840 in 2003, per spell of illness.

Simply put, this means that a beneficiary who is admitted to the hospital for different illnesses ends up paying this hospital deductible more than once per year. The Medicare Part A program also has copayments and other beneficiary cost-sharing that could be very expensive. On top of it, beneficiaries also must pay a $100 annual deductible for Medicare Part B, along with beneficiary copayments for these services.

The bottom line? Medicare beneficiaries are paying two different deductibles each year for different health services. How fair is that to seniors? And why should seniors be the only ones who have to adhere to such a crazy system?

Private health insurance does not operate like this. Those under 65 do not have to pay arbitrary copayments and deductibles. They have prescription drug coverage in many cases. And they typically do not have to pay extra money out of pocket if they are seriously ill.

I believe that Medicare beneficiaries should have those same choices and that's why we created the MedicareAdvantage program in S. 1.

MedicareAdvantage improves the choices offered to beneficiaries. They would have their choice of coverage in MedicareAdvantage through HMOs, the same Medicare+Choice plans many have been offered or the new preferred provider organization, better known as PPOs.

MedicareAdvantage PPOs would have a network of providers that will agree to offer Medicare beneficiaries coverage for benefits in the traditional Medicare program. Through this PPO system, beneficiaries will be able to see their same doctors, and go to the same hospitals.

If these medical providers are in the PPO network, the beneficiaries will pay the standard coverage for participating network providers. If they do not participate in the PPO network, seniors will pay more to see them. The important point is that, through PPOs, beneficiaries would still be able to see the doctor of their choice.

Similar to the regions created for the Medicare prescription drug benefit, S.1 also creates 10 regions for PPO coverage. To make things simpler, the secretary of Health and Human Services would be allowed to use the same regions as the ones established for the prescription drug program.

Again, these regions must include at least one State—and parts of one State could not be divided up into separate regions. A maximum of three PPO plans per region would be offered to Medicare beneficiaries. The HHS Secretary would calculate what the benchmark payment from the federal government would be for these new PPOs. This benchmark would be based on the higher payment of traditional Medicare FFS or the Medicare+Choice payment for the specific region.

The MedicareAdvantage PPO will provide beneficiaries with the health coverage that is similar to private health insurance. Instead of the crazy patchwork of deductibles and copayments imposed on beneficiaries in traditional Medicare, it would offer them a combined deductible, instead of separate deductibles like traditional Medicare.

MedicareAdvantage PPOs will offer beneficiaries with catastrophic health coverage. If beneficiaries choose the PPO option, they will not longer be completely responsible for bills associated with catastrophic illnesses. The PPO plans would determine appropriate levels of beneficiary cost-sharing—deductibles, catastrophic limits and copayments, not the federal government.

In addition, plans under the MedicareAdvantage program will provide beneficiaries with coordination of care.

It is unfortunate that the traditional Medicare program does not have any disease management or chronic care management programs available for all Medicare beneficiaries. This is something many of us had hoped to improve for years.

Under S. 1, MedicareAdvantage plans will create disease management programs and, in my opinion, do a much better job of monitoring the health care needs of individual Medicare beneficiaries than traditional Medicare.

In the worst case scenario, if PPO plans do not offer coverage for a specific region, the Medicare beneficiary would have traditional Medicare coverage along with a prescription drug benefit. Seniors will always have health insurance coverage and the option of prescription drug coverage as well.

Before I close, I want to address one of other important priority of mine.

Although we have worked for several years to pass a Medicare prescription benefit in the Senate, we have worked just as long to pass a Medicare regulatory reform bill.

That is why I am delighted that the ''Prescription Drug and Medicare Improvement Act of 2003'' includes ''The Medicare Education, Regulatory Reform and Contracting Improvement Act'' a bill that I am introducing this year in the Senate. This bill is called MERCI [mercy] because it provides regulatory relief for Medicare providers and improved services for beneficiaries.

Medicare's antiquated regualtions—three times longer than the U.S. tax

code—prevent providers from delivering health care efficiently and beneficiaries from receiving the care they need.

Secretary Thompson has said, ''Patients and providers alike are fed up with excessive and complex paperwork. Rules are constantly changing. Complexity is overloading the system, criminalizing honest mistakes and driving doctors, nurses, and other health care professionals out of the program.''

Failure or just the perception of failure to follow Medicare's needlessly complex rules can result in audits, withholding of payments, and crippling of a physicians' practice. Furthermore, obsolete restrictions on Medicare contracting authority impose burdens and inefficiencies on contractors, taxpayers, providers and beneficiaries.

This bill improves the Medicare program for beneficiaries and provides by clarifying regulations, rewarding quality and by enhancing services.

The bill decreases waste, fraud and abuse in Medicare in ways that are just and fair for beneficiaries, contractors, and providers by eliminating retroactive application of regulatory changes, and by expediting the appeals processes for beneficiaries, providers, and suppliers of Medicare services.

It improves communication between HHS and both Medicare providers and beneficiaries by enhancing central toll-free telephone services and providing for provider and beneficiary ombudsmen. It increases competition, improves service and reduces costs by providing for a competitive bidding process for Medicare contractors that takes into account performance quality, price and other factors that are important to beneficiaries.

And, it decreases Medicare billing and claims payment errors by improving education and training programs for Medicare providers and at the same time creates an expedited appeals process for Medicare claim denials.

These provisions will improve the delivery of health care services to Medicare beneficiaries by enhancing the efficiency of the program for all concerned.

It is high time that we made Medicare more user-friendly. I want to thank my colleagues Senators Grassley and Baucus for working with me on these provisions.

In conclusion, I believe that this will assist all Medicare beneficiaries, especially those without prescription drug coverage, by providing them with a choice of quality prescription drug coverage and a choice of quality health coverage. Passing this legislation is the right thing to do for our seniors.

It is remarkable to me that close to a year ago, we were having the same debate on the Senate floor.

Last year's outcome was a major disappointment to me and my tripartisan colleagues. At the time, I honestly believed that last year was our final chance to make improvements to the Medicare program for a long time.

But here we are, almost a year later, debating this important issue once again. Thankfully, we have a Finance Committee chairman who has been able to guide this legislation through the Senate in a timely manner. Thankfully, we have a President who made Medicare prescription drug coverage for seniors one of his top priorities.

This year is different than 2002.

This year, we have accomplished what we could not accomplish last year.—We have put partisan politics aside and written a bill that is truly bipartisan.

And because of this bipartisan effort, I believe a Medicare prescription drug benefit will become a reality for Medicare beneficiaries across the country. The wait for Medicare prescription drug coverage will soon be over thanks to the hard work of the Senate Finance Committee, especially Senator GRASSLEY, Senator BAUCUS, Senator SNOWE, Senator BREAUX and Senator JEFFORDS.

This is a historic time for the United States Senate.

I notice my esteemed colleague who has done so much in the field of health care in the House, and who has started anew here in the Senate in many ways, is here to speak.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, before he leaves the floor, I just want to commend the distinguished Senator from Utah on all his extraordinary work in the health care field. If you look at what the Senator from Utah has achieved in the S–CHIP area, his work that led to the Hatch-Waxman legislation, and what he has done on a whole host of health care issues, the senior Senator from Utah has made an extraordinary contribution.

As we begin this discussion on Medicare reform, I commend the Senator from Utah on an excellent statement. I think the Senate will have another success over the next few weeks. After the Senator's success on S–CHIP, Hatch-Waxman, community health centers, and other areas, there will be yet another significant milestone the Senator from Utah will have helped to achieve in the health care area. He and I are working on a variety of initiatives now. I commend the Senator on an excellent statement and wish to associate myself with his remarks.

Mr. HATCH. Mr. President, I thank my colleague. He is a definite leader in health care. I enjoy working with him and appreciate his kind remarks.

Mr. WYDEN. Mr. President, a Congress that can find hundreds of billions of dollars in money for tax cuts and the money to rebuild a foreign country must find a way to make Medicare work better for the Nation's vulnerable senior citizens. That is what the next two weeks are all about, and they are historic weeks for the Senate.

Updating Medicare is an issue I have felt very strongly about for several decades because my public service career began in the early 1970s, when I served as codirector of the Oregon Gray Panthers and ran the Oregon Legal Services Program for the elderly. Back then, the old saw was that Medicare was just half a loaf. Of course, from its beginning, Medicare did not cover eyeglasses, hearing aids, dental care, and a host of services that are so important to vulnerable older people. But of particular concern, even then, was the fact that medicine, in so many instances, was both unaffordable and inaccessible. Now the Senate has an opportunity to do something about that in providing a real measure of relief for the Nation's older people. I believe over the next couple of weeks what the country is going to ask is not what a particular philosophical approach of a Senator was, but whether that Senator was part of an effort to find the common ground in finally getting real results for the Nation's older people.

Senator OLYMPIA SNOWE and I offered the first bipartisan amendment to the budget resolution to fund a Medicare prescription drug program back in 1999. We followed that action up by introducing the first bipartisan proposal called SPICE, the Senior Prescription Insurance Coverage Equity Act. I am very proud to be able to stand on the floor today and say that because of the dedication of members of the Finance Committee, the leadership of both sides, many of the provisions Senator SNOWE and I have been advocating for a number of years have been included in the legislation the Senate will vote on over the next couple of weeks.

We were concerned then that traditional Medicare not be skimpy, that it be a good benefit package, and that it would be affordable for older people. Suffice it to say, under the legislation the Senate will be considering, traditional Medicare will survive. The millions of seniors who want to take that program will be able to do so. Traditional Medicare will not wither. It will not vanish as a result of being underfunded or having provisions that would make it less attractive for seniors to choose.

A number of important consumer protection provisions are included in this legislation, something I think is absolutely critical if you are going to allow private plans to play a bigger role in delivering this benefit.

I have had a great interest in this area since the distinguished minority leader, Senator DASCHLE, and I wrote a Medigap law a number of years ago which eliminated a lot of the unscrupulous practices that were taking place in the insurance market designed to supplement Medicare. Now there are standardized benefit packages for these Medigap supplements, and a lot of the abusive activity that used to go on, that used to exploit older people, has been eliminated.

Many of the consumer protections in this legislation have been borrowed from the Medicare Choice Program,

really building on what Senator DASCHLE and I wrote into the Medigap law years ago, and are a significant step in the right direction.

I think there are also important steps included in this legislation to make medicine more affordable to the Nation's older people. It seems to me by giving seniors more choices, you make it possible for seniors to have the opportunity to get medicine that is more affordable because for a private plan to attract a senior subscriber, that private plan is going to have deliver medicine in an affordable way. So there will be a concrete incentive to actually hold down the cost of medicine because those private plans will not be in a position to make money, they will not be in a position to be profitable if they cannot attract seniors by keeping down the cost of medicine.

So it is important that this legislation be enacted. I have always felt Government really comes down to people, and it comes down to those who tell us exactly what their experience has been with health care and various other areas of Government.

What has really colored my judgment on this issue are the accounts I have heard from seniors, many of them going back to my days with the Gray Panthers. Not long ago a woman from my hometown of Portland, with $806 in monthly income, had prescription drug bills totaling $150 a month, and she got no help from Medicare whatsoever. My staff and I inquired about how she was able to get by, and her answer was just heartbreaking. She said: I just do without, and I pray.

I do not think that is good enough. As I said earlier, I think a country and a Congress that can find hundreds of billions of dollars for tax cuts and a hundred billion dollars or so to rebuild a foreign country can do better by seniors on Medicare. So this legislation provides an opportunity to do that.

I think there are a number of important issues for the Senate to zero in on as we begin this debate, the first of which is the cost. A number of Senators have said this legislation is costly and it will be difficult to finance in the years ahead. What I would say, Mr. President and colleagues, is this country cannot afford not to cover this vital service for older people.

Not very long ago a physician in Hillsboro, OR, wrote me and said he put a senior citizen in the hospital for something like six weeks because that person could not afford their medicine on an outpatient basis. That is pretty bizarre by anybody's standards. If a senior is hospitalized, they get their medicine covered under part A of the Medicare program. But, of course, if the senior faces a serious health problem and is not hospitalized, they have to resort to outpatient services, and Medicare part B historically has not picked up the bill for drugs.

So what we saw in Hillsboro, OR, not long ago is that it costs thousands and thousands of dollars for a senior to be hospitalized in order to get the Medicare benefit. It would have cost a small fraction of that if the drugs were covered on an outpatient basis.

When seniors and others wonder about the cost of this benefit, and for Senators who are asking if the Nation can afford prescription drug relief for older people, my message is, America cannot afford not to do this. America cannot afford inaction and having older people hospitalized, facing serious health problems simply because they are not able to get medicine in a cost-effective kind of way.

Second, as we look at this issue, we ought to understand that older people are getting hit by a double whammy when they try to afford their medicine. First, Medicare does not cover their purchases. But secondly, the older people of this Nation are subsidizing those who do have bargaining power, the health plans and big buyers who are using bargaining power to knock the price down. What we have been trying to do, going back to the days when Senator SNOWE and I introduced the SPICE legislation, is give seniors some bargaining power, a chance to be on a level playing field with the big buyers, with the HMOs, with those who have bargaining clout. This legislation puts seniors on a more level playing field so that they are able to better afford their medicine and that is a step in the right direction.

There are going to be a number of issues that will come up in the course of the debate. One that my State feels very strongly about is the fact that Medicare's payment system penalizes those who have been efficient. Historically, States such as Oregon that have been innovative in the health care area have taken concrete steps to hold costs down. You would think the Federal Government would reward them. You would think the Federal Government would give them a break for stressing cost containment. The reality has been just the opposite. The Medicare Program has penalized States for holding costs down.

This legislation doesn't do as much as I would like it to do to remove the penalties against those who have been efficient, and I am hopeful that as we consider the legislation more can be done in that area.

It does take significant steps to address the question of rural health care, something that has been particularly important to me. Senator SMITH and I have included it in our bipartisan agenda for the State of Oregon. All who represent States like ours know that States that are largely rural find it extremely hard for seniors to get the care they need. Very often they don't have hospitals or doctors in close proximity and clearly need extra help in order to ensure that our rural communities survive. The fact is, without rural health care, you cannot have rural life. I am not prepared to sit by and let rural communities become sacrifice zones. That is why the provisions in this legislation to provide better reimbursement for rural health care are heartening.

The provisions in the legislation for rural health take strong steps forward. It would adjust hospital payments to account for the higher costs associated with low-volume hospitals. It makes changes to what is known as the ''swing bed concept'' which will help critical-access hospitals, and it creates a floor for geographic payments for physicians and offers improvements for rural health clinic reimbursement.

More needs to be done to assure that provider reimbursement is adequate. Better reimbursements obviously keep more qualified doctors and other providers in the Medicare system. That, of course, provides more choice and better care for the Nation's older people.

I have been involved in a number of efforts with respect to trying to help seniors with their prescription drugs over the years. I have been involved in measures to expand access for generic drug coverage. I have been involved in efforts to give more bargaining power to public programs, particularly the Medicaid Program, and the program for the Veterans Administration. I have believed, even most recently with the drug Taxol, which is the largest and biggest selling cancer drug in history, that the Government has to do a better job of striking a balance between the need to get drugs to market quickly and be sensitive to making sure that medicine is affordable and that the interests of taxpayers are protected.

But all of those steps together, which have been of some help in terms of making medicine more affordable for older people, do not rival what the Congress is facing now in terms of modernizing the Medicare Program and providing concrete relief to the millions of the country's elderly who are watching now and urging the Congress, after years of partisan action, to actually produce results and address their drug costs.

The fact is, Medicare reform isn't easy. No Senator walks away with everything he or she wants. But there is a chance now to make sure seniors don't walk away empty handed. It is not going to be inexpensive. There will be some who want to spend more. Certainly, I have believed the key issue for all these years has been to try to find the common ground, to act on a bipartisan basis—Senators BAUCUS and GRASSLEY have done that—and we must not let this legislation go by the wayside once more.

For my part, I will do anything over the next couple weeks to build the bridges that are necessary to make health care more accessible and more affordable for the Nation's older people. This is the issue I care the most about, the question of making health care more affordable and more accessible. We have the most talented, dedicated, and caring health care providers on Earth. They deserve a Congress that

does a better job of setting in place the governmental policies that allow them to deliver the best and most affordable health care that is possible. This has been my goal since I came to the Congress. This is the issue that has been most important to me throughout my years in public service.

More than 25 years ago, when I was codirector of the Oregon Grey Panthers, we were talking then about what it would take to modernize the program, to turn that program that began as just half a loaf into a program that would deliver the best possible services to the Nation's older people. You cannot do that without covering prescription drugs for vulnerable elderly. This is an opportunity, if not to do everything that needs to be done, to take substantial steps in the right direction.

I urge my colleagues over the next couple of weeks to work together on a bipartisan basis to finally accomplish the reforms that are necessary.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. KYL. Mr. President, I rise to address this historic opportunity for strengthening Medicare and providing prescription drug benefits for our seniors. I am pleased that as a member of the Finance Committee I was able to participate in the construction of the legislation which is before us now and to be able to speak to this historic legislation on the first day we are considering it.

My understanding is that as of Wednesday we will be able to begin offering amendments to the legislation, and I know it is the leader's intention that we complete it before the end of the following week so that the bill can be merged with the House bill which should be adopted at roughly the same time. We can go to a conference committee, iron out whatever differences we have, and get this bill to the President as soon as possible. It is the President who has led on this initiative and who has promised the American people that we are going to provide both a new prescription drug benefit for America's seniors and a strengthening of Medicare so that we know that this program can continue on into the long-distant future and not be troubled by financial problems that we can see on the very short-term horizon.

So this Medicare reform legislation, S. 1, that is before us now offers us a historic opportunity, one I think we must be very careful not to squander. In that regard, let me discuss, first of all, the problems we are going to be trying to deal with here, the way the Finance Committee bill attempts to deal with them, and then I will conclude with some concerns I have about some changes I believe we are going to need to make to ensure this will work for the benefit of our Nation's seniors.

First, let me discuss the need. There are a couple of key things to keep in mind here. Just as with the Social Security system, of which Medicare is actually a part, Medicare cannot continue to pay the benefits we have promised America's seniors, primarily because of the good news that America's seniors are living longer, and we are finding more and more ways to treat their diseases and illnesses, all of which, of course, costs money. But we should not consider that bad news. In fact, we consider it a very fortunate dilemma that we face, in which we are not only able to prolong life but enhance the quality of life for our seniors. That is the reason we want to deal with this problem now.

But as seniors are living longer, this is going to provide a greater financial burden on taxpayers, and we find that the number of taxpayers paying for it is actually decreasing in relative size. Therefore, we see a financial insolvency for Medicare not too far down the road. In fact, by the year 2026, the system will be, technically, out of balance. By 2012 or 2013, we are going to have to begin paying out of the trust fund for Medicare, which means that the general fund is going to have to be tapped to help to pay for the Medicare funding and the hospital insurance program is going to be in debt. The long-term costs for Medicare are staggering when you stop and think about it, although, again, this can be looked at as good news since we are finding ways to treat our illnesses. And while it costs money, it still preserves our quality and length of life. Therefore, we should be happy for this condition. But it will cost money.

To give you an idea, over the next 75 years, the average deficit of the hospital insurance program is 2.4 percent of taxable payroll, which is 71 percent greater than the projected funds coming into the program over the same period. So we have a huge deficit we are going to face in how to fund our Medicare commitments to seniors.

In addition, when Medicare was created in 1965, it was a very different program than Americans have become accustomed to now. For one thing, it didn't have a drug benefit. We are all committed, I think, to the proposition that we have to add a drug benefit to Medicare, among other things, because now, unlike in 1965, treating through prescription drugs, through medication, has become really the preferred option in most cases. We no longer need acute surgical care, for example, to treat many situations. We are able to control the illnesses through the use of medications. Isn't that a much more humane and satisfying way to treat diseases than through some intrusive kind of treatment, such as surgery?

So medical advances have permitted us to accomplish a great goal. We are going to have to add this benefit to Medicare, however, if we are to achieve the degree of success we would like to achieve. Nobody who has health insurance in the private sector has a structure like Medicare does today. For example, in the private sector, you usually only have one deductible for your insurance. And then your copayment—if it is for drugs or some other kind of benefit—is usually at the front end of most of those services. Most of the time in the private sector, people have catastrophic insurance coverage. In other words, you will pay a deductible and there will be some copayment for the other services you derive along the way. But if your illness is so severe as to cause huge medical costs, that catastrophic care is paid for with your private sector insurance premium. Not so with Medicare.

With Medicare, it is almost exactly the opposite. There are two deductibles, one for part A and one for part B, for hospital stays and physician services. It is especially complicated for hospital stays. And you have high copayments under Medicare that are toward the back end of the coverage. You have no catastrophic coverage at all, as a result of which seniors have had to go through a distribution of Medigap insurance, private sector coverage, coverage sometimes from their employer, and the Government's Medicare Program and, in some cases, some even do without. There is no drug benefit today as a part of Medicare.

So all of this has to be dealt with. Clearly, we cannot continue to work with a program that is not going to be able to treat our senior citizens as we have moved into the 21st century, which is the historic opportunity we are presented with. The first way to respond to that is to add a drug benefit to Medicare. Clearly, as I said, we are all committed to doing that.

S. 1 provides a generous universal benefit for prescription drugs. I think, given our budget constraints, the bill put together by the chairman and ranking member of the Finance Committee is a very good start to providing that kind of universal benefit of covered pharmaceuticals.

Now, importantly, the way the bill is constructed, no senior will have to leave the traditional Medicare. The first option is you can stay right where you are, and there is a drug benefit added to traditional Medicare. It will have the same actuarial value as the drug benefit added to the alternative choices that will also be provided now. For those who are satisfied with Medicare, except they would like to have a drug benefit, that is precisely what will be available to them. For those who would like to or are used to having a private sector insurance plan, that option or alternative will be available as well. You don't have to choose it, but if you do choose it, it will have a drug benefit with the same actuarial value as that provided or added to the traditional Medicare. But it will also have a variety of other kinds of options.

For example, you will probably have just one premium, one deductible, and copayment then for some of the services at the front end. There will probably be catastrophic coverage at the back end. In other words, you will be

protected against the very large medical expenses you may face. That catastrophic coverage will be part of the premium and part of the subsidized care from the Government.

This new option that is being provided is primarily being structured like the preferred provider organizations, or PPOs, which currently serve a lot of our population in the private sector today. If you are part of an employer-based insurance plan, for example, chances are you are enrolled in a PPO, or preferred provider organization. What is this? It is an insurance plan that pays you benefits with a premium, deductibles, and copays, as I said. There is provided a list of physicians you can go to, including specialists, generalists, and so on. Ordinarily, you can even go to a physician not on the list, but you may have to pay a little bit more for the coverage. In other words, the insurance will pay up to a certain amount and you may have to pay the difference. It is your choice. If you want to do that, you can. If you don't want to, you don't have to do that. That is what a lot of us are used to.

There is a third kind of insurance, called the HMO, or managed care. Some people are very happy with the Medicare version of that. It is called Medicare+Choice. That is only available in certain parts of the country. We are not touching that. If you are happy with Medicare+Choice and you are in that, you will be able to continue to participate in that. As a matter of fact, it is hoped there will be more of those kinds of plans operating as a result of the private insurance option that will be made available. But nobody has to participate in that if they don't want to.

The drug benefit that will be provided will have the same actuarial value as that of the PPOs and of traditional Medicare. Think of it in terms of traditional Medicare on one hand, plus a drug benefit and this new option of PPOs on the other hand. It, too, will have the same actuarial value drug benefit.

On the PPO, however, there will be more integrated care. In other words, there will be a group of physicians who are taking care of you and they may have you do more preventive care, more tests. It would be to their benefit to not have to pay a lot of money for your heart attack, for example, so they want to keep you healthy and not get that heart attack. It enables you to take care of yourself in such a way that, hopefully, you will not have the heart attack. Under traditional care, you may not go to the doctor until you are really sick, at which point, of course, then are you not only going to be in trouble but there will be higher bills to pay.

The idea of PPOs is maybe to reduce the overall cost of providing the care by taking care of you better so, of course, you will be more healthy, which is to the benefit of everybody.

It is not going to work out that way for everybody, but at least the alternative or the option is there. Therefore, if you decide this is a better option for you, you will be able to participate in the PPO.

I identified the need briefly, and I went into some description of the alternative plans provided in this legislation. Let me turn now to the one concern I have because I think we all want to make sure that if we are going to provide an alternative, it works.

If we are really going to strengthen Medicare so people will have options or have choices, we expect those choices to provide better care, perhaps for a lesser amount of money, perhaps not, but better care should be the primary goal here. If we are going to attract people to enroll in that option, then we have to make sure it works.

One of the concerns some of us have is that the way the bill is structured currently, it is less likely to succeed than it would if it were as the President originally proposed it. Let me go into a bit more detail what I am talking about.

One of the problems with Medicare today is that we have price controls on the health care providers. The Government decides exactly how much it is going to reimburse doctors, for example, and that is how much they get reimbursed. The problem with that is we are trying to control costs, and so the Government keeps ratcheting down what we pay the doctors until we find the doctors are deciding not to treat Medicare patients anymore, until they decide they just cannot afford to continue to be part of Medicare.

At this point, because we want to make sure seniors have plenty of health care providers available to take care of them—and, frankly, we do not want to put any of the health care providers out of business, obviously—then all of a sudden we are going to pay more to allow them to stay in operation, and that costs a lot of money. We put that back into the system. Then we begin to ratchet down what we pay again. It is the traditional problem of price controls.

Nobody knows better than the market what the price of a good or service ought to be, but some bureaucrats, the idea goes, know better than the market. Whenever it is tempting for us to think that, we ought to look to history for a lesson. Price controls never work.

Think of it in the way earthquakes occur. We have the great tectonic plates of the country, and they are constantly under stress. We may go for quite a long time without an earthquake, but if we have those tectonic plates stressing, all of a sudden, it is going to get to the point where they just cannot stand to be together anymore, and they are going to move. That creates an earthquake.

It is a lot like that when it comes to price controls. We may be able to keep the lid on prices for a while, but the inevitable pressure will increase to the point that eventually something has to give. One thing that can give is that we no longer have the providers willing to provide the service because they are not getting paid enough to stay in business. Therefore, we have a little revolution on our hands where people say: Look, they are all leaving the practice. We want to be cared for; can't you pay them more money? The Government says: OK, we will do that. We provide the money. What have we saved?

It would have been much simpler to have allowed the market to work along the way so that the providers could be reimbursed what they need to stay in practice, the beneficiaries of care continue to be provided that care, and we have a more stable financial situation as well.

Price controls simply do not work, and they have not worked in Medicare where we have tried to control the prices of the providers.

What makes us think that controlling the prices of the PPOs is going to be any more successful? It clearly is not going to be, and yet that is, in effect, what we have in this bill.

We have said we want to provide a private sector option, and then we place price controls on how much we are going to pay the providers. Some people say we might as well just stick with the current system of price controls on the providers. If we are going to provide a real private sector alternative, then do not turn around and cap the prices we are going to pay.

The Government has a legitimate obligation to keep prices down, and I will get to that in a moment. But by the same token, we have an obligation to provide high-quality health care. If we are going to make the decision to provide an alternative to traditional Medicare, one which provides choices for people and relies upon the private sector to design plans that best meet the needs of different seniors all over this country, then we need to let those plans work.

The way the administration designed it was that in deciding which PPOs would be allowed to provide the services, they would simply allow a competitive bid process. The plan is to have approximately 10 regions in the United States, to have the country divided; 50 States divided into 10 regions. Think of it as roughly 5 States per region, although that is not exactly how it will work out.

In each region, if you are an insurance company and you want to provide this alternative to Medicare, you would bid and the three companies that provided the lowest bids would have the opportunity to provide this care. They would then be reimbursed by the Government at the level of the middle bid.

In other words, if you had $10,000 for the top bid and $9,000 for the middle bid and $8,000 for the third bid, then all three companies would be reimbursed at the $9,000 per patient level, speaking hypothetically, of course. That competitive bidding process would enable

the insurance companies to figure out how much money they need to make to stay in business, but also how little they can charge in order to get the business.

It is the same process that any company undergoes. For example, a construction company wanting to build a highway bids on the highway. If they bid too high, they are not going to get the job. If they bid too low, they are not going to be able to pay all their workers and make a go of it. So they have to calculate what it is going to take to stay in business, to make a little profit, and still get the business. That is what encourages them to be careful with how they spend their money—to be economical, frugal, and thoughtful with what they do, and keep the customer happy.

The same thing happens with insurance companies. When the Government comes along and says, We are not going to take the three lowest bids, we are going to put a cap on how much you can bid, they have totally distorted the process. So if the Government came along and said, for example, that $10,000, $9,000 and $8,000, no, we are not going to do that, we are going to say no company can bid more than $8,000, what is that going to do? The company that bid $10,000 is going to say: We cannot make any money at that; we cannot even serve the patients; and we are not going to try to fool anybody and go into debt. So we are not going to bid.

The company that bid $9,000 is going to say: I do not know if I can make it work. We had better not bid for the same reasons.

The company that bid $8,000 is going to say: We can make a go; the Government says we cannot bid more than $8,000; we are going to bid that. What kind of choice do the consumers have? One company.

What if the Government decides it knows best and the bureaucrats decide to set the level at $7,000? Then how many companies are going to bid? This is precisely the problem the Congressional Budget Office identified.

The Congressional Budget Office said when you set the bid at the Medicare payment level, which is the way the bill is constructed, that is what the level is going to be, you may end up with nobody bidding. Do you know what the Congressional Budget Office says the participation rate is going to be under the bill? Two percent. Effectively nobody is going to bid. Nobody is going to be able to participate because the Medicare level—remember the price control level I talked about before—that level is going to be the level set under the bill.

What they are saying is almost nobody is going to be able to work under that artificial capped rate. So only 2 percent of the people are going to participate in these plans. The plans are not going to be able to provide a robust enough benefit, a benefit that attracts people into the plan. What are the plans going to do? Obviously, they are not going to participate. What kind of option have we created?

There are some on the far left, I suppose, who will say that is great; that proves the only thing that works is a Government, one-size-fits-all medical benefit, and we can finally get to the single-payer system some wanted to do all along. Those, on the other hand, who want to see the private market system work, will say: No, let's try to adjust the bill; it will not take a huge adjustment, to be sure it can actually work. The way we would adjust it is we would simply substitute this Medicare capped rate, the price control rate, for that which the President originally proposed; mainly, take the three lowest bids. The bids still have to be low enough to get the business, so there is still a big incentive to keep the cost down, but at least you know you are going to get some people bidding.

The estimate in this instance is the participation would be somewhere between 30, 40, or maybe even more than 40, 48 percent, something like that, 43 percent. That is a lot more people participating in the plan. It at least would have a chance to work then.

It seems to me, if we are dealing between estimates of 2 percent on one hand and over 40 percent on the other hand, that is too big a difference for us to be rushing to pass this bill.

Nobody knows for sure what the answer is. Will it be 2 percent? Will it be 40 percent? If we are dealing with that kind of uncertainty, it seems to me we should not be rolling the dice, especially since what is at stake is the quality of health care for our senior citizens. We ought to take our time and do it right.

As I said, fortunately we have the answer in front of us. It is what the President originally proposed, take the three lowest bids and then use the middle of those three bids. We could easily substitute that for what is in the bill today. If I had my druthers, we would even go one step further.

Those of us who say what we are providing for our seniors is very much like what Members of Congress get in health care are almost right but not quite. Under the FEHBP, the Federal Employees Health Benefits Plan, all of us, plus the other 10 million Federal employees, get a chance to enroll in one of several PPOs.

Do the PPOs that provide the care for Federal employees, including Members of Congress, have price caps on them? No. Do they even have to take the three lowest bids? No. Whatever companies would like to bid that will offer the benefits that the Government promises to its employees, if they are qualified companies and they offer the benefits, it does not matter what they bid; they get to offer those benefits to the employees.

Now, if they bid way too high, they can still bid and they can still offer the plan, but none of us are going to join because it will cost too much money. So they still have to be reasonable. But if they want to participate at a rate higher than some of the other plans, they can try. If they can sell their product, then who is hurt? Not so with Medicare. What the President has said is in order to keep the costs down, we are going to take the three lowest bids. Well, that is not as good as what the Federal employees have, but we believe it is a system that can be made to work. What cannot work is to go to the lowest common denominator, and that is the Medicare artificially controlled, capped price control rate that CBO says will not work. That is the change we are working with the chairman and the ranking member of the committee and the administration to effectuate in this legislation. We have to get the score from the Congressional Budget Office; that is to say, they have to tell us how much the two different versions would cost so that we would know and be able to fold that into the $400 billion budgeted amount with which we have to work. It is my hope over the next few days that we will be able to do that and be able to offer an amendment that can be supported by all of us that would permit a more plausible scenario for the preferred provider organizations to succeed so that we can honestly say to our seniors they have two legitimate options.

They can stay in traditional Medicare or there is a good PPO option, their choice, and have some confidence that the PPO option will actually work and will be a good option for them.

I am going to close with this thought: Whenever there is a third party paying for something that is near and dear to you, you have to be very careful because that third party is going to have a dual loyalty. If it is an employer or the Federal Government, let's say, and they are buying your health insurance, they want to take care of you, your employer wants you to be happy and healthy, and in a plan like Medicare, the Government certainly wants to take care of the senior citizens, but there is another motivating factor for either the employer or the Government. What is it? It is, how much does it cost me? The employer can only afford to pay so much for the health care of his or her employees. The Government, because it is taxpayer money, can only afford to pay so much for the care it provides to senior citizens under Medicare. So you always have to ask the question: If I am relying upon my employer's provided insurance or the Government's provided insurance, am I getting the best quality care I can get? Reasonably. Am I getting affordable, high quality care? It is a question you should always be asking because when a third party pays, there are mixed loyalties.

If I am paying for it all out of my own pocket, and I can afford to do that, then I am going to pay for good care for me and my family. But if I am paying for a complete stranger's care just ask yourself: Do I care quite as much? Am I going to be quite as concerned

about the quality of care or am I going to be at least equally motivated by how much it costs?

Being concerned about saving money, am I going to maybe skimp and save a little bit? What is the result of that skimping and saving? Is it going to be a lower quality care?

When we set a price and say you can only bid so much, what is the potential effect of that? It is lower quality care. That is the tradeoff we have to be very careful of. We are buying care for senior citizens and we have to be very careful that in our concern about wasting taxpayer dollars and being able to afford this quality care, that quality does not suffer as a result.

I submit the best way to do that, when the third party, the Government, is paying for the bulk of this care, is not to set a price cap because the inevitable result will be the ratcheting down of the prices and very uneven, if not poorer, quality care but, rather to allow the insurance companies to bid what they think they have to to win the contract but enough to provide high-quality care.

Will that cost less than traditional Medicare? A lot of people at CMS, the Government-run Medicare system, think it will be actually less than traditional Medicare. Will it be more than traditional Medicare? It might be. CBO thinks it will be more. The experts are not sure. I suggest that actually there is no one answer. It will depend upon how things evolve. So we cannot know for sure one way or the other.

So why should bureaucrats or Senators think we are so smart as to be able to predict this in advance when, again, one Government agency says 2 percent and another one says over 40 percent? Clearly, the experts are in disagreement. Why would we be so arrogant as to think we know best and can set those prices? Let the market work and determine what can be bid for companies to stay in business but provide high-quality care. Then let the customer, the consumer, the seniors, decide are they getting their money's worth or not. If they think this is a good deal for them, they will choose that option. If they think it is not, they always have the traditional Medicare option to stick with. So it is the best of all worlds.

That is what this is all about, not trying to shoehorn everybody into a one-size-fits-all plan. Regions of the country are different. Urban versus rural is different. The needs of seniors are different. There are so many different factors that we should not presume to know best. We need to be willing to spend what it takes for high-quality care. The only way we are going to know what that amount is, is to let the market work, not to impose an artificial control on it. That is why I think we are going to have to make a change in this bill.

Fortunately, it is a relatively modest change, but I think it is a critical change because it could mean the difference between a successful Medicare Program and one which is not, and we will have missed a historic opportunity to strengthen Medicare if we fail to address these kinds of issues in the legislation that we are dealing with over the course of the next 2 weeks.

I thank the chairman and ranking member of the Finance Committee for their hard work, the administration for the work it has put in, my colleagues who have worked a lot on this, and I am hoping over the next several days we will be able to come together in a bipartisan way to craft a plan that truly provides new drug benefits for our seniors, choices that they will like and appreciate, and a private sector alternative that has a chance at working.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Mr. President, today the Senate begins a truly historic debate on landmark legislation that will make affordable, comprehensive prescription drug benefits available to our Nation's seniors as well as to people with disabilities who receive Medicare benefits. This legislation is long overdue, but I am confident the Senate will, in fact, approve it before the Fourth of July. That is good news for our Nation's seniors.

The Prescription Drug and Medicare Improvement Act that the Finance Committee approved last week represents the most significant expansion of the Medicare Program in its 38-year history. I commend the chairman, the ranking member, and the other members of the Finance Committee, including my senior colleague, Senator SNOWE, for their hard work in devising and developing this important package.

We now have an unprecedented opportunity to make the improvements necessary to ensure that the Medicare Program can provide peace of mind to our Nation's seniors and true health security, not only to the 40 million American seniors who rely on Medicare today but to future generations as well. We want a strong Medicare Program that meets the needs of our grandparents, our parents, and our children's generation.

With recent advances in research, prescription drugs can become literally a lifeline for patients whose drug regimen protects them from becoming sicker. Prescription drugs reduce the need to treat serious illness through hospitalization and surgery. Soaring prescription drug costs, however, have placed a tremendous financial burden on millions of our seniors who must pay for these necessary drugs out of their own pockets. Monthly drug bills of $300, $400, or even $500 are not at all uncommon for older seniors living on limited incomes.

For example, Emery Jensen of Gorham, ME, has an annual drug bill of about $4,600. That is about one-quarter of the entire income he and his wife receive from Social Security. Another constituent from coastal Maine sent me a 2-page list of the medications her husband took over an 8-month period before he died. The total cost: Nearly $4,000. More and more, I am hearing disturbing accounts of older Americans who are running up huge high-interest credit card bills in order to buy medicine they could not otherwise afford. Even more alarming are the accounts of patients who are either skipping doses to stretch out their prescriptions or forced to choose between paying the bills or buying the pills that keep them healthy.

I will never forget an elderly woman coming up to me in the grocery store in Bangor and saying to me she was only able to get half the number of pills her doctor had prescribed because otherwise she would not be able to buy the food she needed. No senior in our country should be forced to choose between putting food on their table and buying the pills they need to remain healthy.

It is critical we bring Medicare into line with most private sector insurance plans and expand the program to include coverage for prescription drugs. The legislation before the Senate today will make prescription drug coverage a permanent part of Medicare. This is an important improvement over previous versions of this bill which had sunset dates which would have created tremendous anxiety for our seniors on whether this would be only a temporary program.

This bill will make this coverage permanently part of Medicare. It provides a comprehensive prescription drug benefit that will be available to all seniors in Medicare, regardless of where they live. Moreover, that benefit will be equal for everyone, both for those who choose to stay in the traditional program as well as for those seniors who elect one of the new programs, the new plan options available in the Medicare Advantage Program which is modeled after the Federal Employees Health Benefits Program.

Beginning in 2006, seniors will be able to get comprehensive prescription drug coverage, including both upfront and catastrophic protection, for $35 a month premium. Moreover, low-income seniors will receive generous subsidies and get additional protections and assistance. The more than 9 million seniors nationwide, including 60,000 seniors living in Maine, who have incomes below 135 percent of the poverty level will not have to pay any premium to secure coverage. That 135 percent of poverty equals $12,120 for a single person and $16,360 for a couple. It is important we provide that extra assistance for these very low income elderly people who would be hard pressed even to afford that $35 a month. Unfortunately, this is not going to happen overnight. It will take some time for this new benefit to come online.

To provide some interim assistance, starting next year seniors will get prescription drug discount cards that will

save them between 15 and 25 percent on each drug purchase. Lower income seniors will receive a benefit of $600 on top of that starting next year.

There are also some other significant features in this bill. Medicare's reimbursement systems have historically tended to favor large urban areas and failed to take into account the needs of more rural States. This simply is not fair to States such as New Hampshire, which the Presiding Officer represents so ably, or my home State of Maine.

Ironically, Maine's low payment rates are also the result of its long history of providing cost effective high-quality care. We have a strange system where, if you delivered care in a low-cost manner, the formula actually penalizes you for doing so. In the early 1980s, lower than average costs in Maine were used to justify lower Medicare payments to doctors and hospitals. Since then, Medicare's payment policies have only served to widen the gap between low- and high-cost States.

This is an issue on which I have been working my entire time in the Senate. I remember in the previous administration meeting with the head of what was then called the Health Care Financing Administration and her telling me that in fact the State of Maine ranked dead last in Medicare reimbursements. Since that time, I have worked hard to improve the reimbursements to Maine, and now we are up to about 46, but that still represents a tremendous inequity.

I am, therefore, particularly pleased the legislation before the Senate takes steps to strengthen the health care safety net by increasing Medicare payments to physicians and hospitals in rural States such as Maine to help even out the reimbursement and eliminate the inequities that have hurt rural States.

According to the American Hospital Association, the provisions in this bill will increase Medicare payments to hospitals in Maine by approximately $63 million over the next 10 years. That is a step in the right direction. It will be particularly helpful for our small community hospitals which are struggling to make ends meet. Those same hospitals tend to serve a population that is older, poorer, and sicker, so they particularly suffer when Medicare reimbursements are unfair because they simply do not cover the cost of treating this older, poorer, sicker population.

This legislation also restores funding to some extent for home health. That benefit has been cut far more deeply and abruptly than any benefit in the history of the Medicare Program. Earlier this month, 54 Senators, at my request, joined me in sending a letter to the chairman and the ranking member of the Finance Committee asking that they avoid any further cuts in home health care and extend the additional payment for home health services in rural areas that expired on April 1 of this year.

I am pleased the legislation before the Senate does provide for a full inflation update for home health agencies and also extends the rural add-on that is vital to sustaining home health care in rural areas of our country. Surveys have shown the delivery of home health services in rural areas can be as much as 12 to 15 percent more costly because of the extra travel time required to cover long distances between patients, higher transportation expenses, and other factors.

While I am disappointed the Finance Committee reduced the add-on payment from 10 percent to 5 percent, at least it has been extended, and that will help to ensure that Medicare patients in rural areas continue to have access to home health care services.

The Prescription Drug and Medicare Improvement Act was approved by the Finance Committee by a strong 16 to 5 bipartisan vote. I think that bodes very well for the future of this legislation. At long last, this legislation holds out real hope to our seniors that they will finally receive an affordable, comprehensive Medicare prescription drug benefit.

Since the cost of providing a meaningful drug benefit will only increase as time passes, it is imperative that we act now. I am pleased the majority leader has scheduled this legislation and set a goal of its passage before we adjourn for the July 4 recess.

Our senior citizens deserve no less from us. We must act. I am confident we will act to provide a long overdue prescription drug benefit.

I yield the floor and I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. FITZGERALD). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. CORNYN. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. CORNYN. Mr. President, I ask unanimous consent I be permitted to speak as in morning business for no longer than 15 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

IMMIGRATION PROGRAM FOR THE 21ST CENTURY

Mr. CORNYN. Mr. President, I rise today to say a few words about our Nation's immigration policy.

The United States has been built on the labor, industry, and initiative of immigrants. The immigrant character that undergirds our country and enriches our society is expressed through our art, music, and culture—the fulfillment of one of America's greatest gifts to the world: the promise of thriving multi-ethnic democracy. In every war America has fought, from the Revolutionary War to Operation Iraqi Freedom, brave immigrants have fought alongside American-born citizens, with distinction and with courage.

And throughout history, those who have longed for the blessings of liberty have looked to America as a beacon of hope, freedom, and the opportunity of a better life.

The American Dream itself is rooted in the immigrant spirit. What sets this country apart is our conviction that life, liberty, and the pursuit of happiness are not just American rights, but the gift of a benevolent Creator to all humanity. And so America has always welcomed immigrants from every shore, saying: ''Give me your tired, your poor, your huddled masses yearning to breathe free.''

Yet for too long, we have failed to address the flaws in our nation's current immigration policy. This issue is even more urgent in a post 9/11 world. Special interest groups dominate the discourse, employing the potent but morally repugnant rhetoric of fear.

We must acknowledge that we have done far too little to reform a system that cries out for change. The fruit of our current immigration policy is death, danger, and denial.

For immigrants willing to risk their lives for the opportunity to live here in America, exploitation at the hands of human smugglers can mean a slow and painful death.

According to some estimates, there at as many as ten million individuals who are in this country illegally; our homeland security demands an accounting of the identities of these individuals, their reason for being here, and whether they pose a danger to our citizens. And we can no longer afford to deny both the sheer number of undocumented immigrants in our country and the extent of our economy's dependence on the labor they provide.

Our relationship with Mexico, an important ally and trading partner, is a prime example of the ramifications of the tired old status quo. The stated desire of our Mexican friends for general amnesty for the millions of undocumented immigrants here in America is an untenable position in support of an unrealistic policy.

Instead, the guest worker program I propose acknowledges the vital role hard-working immigrants play in our economy and creates a comprehensive program, which will serve as an important step toward reestablishing respect for our laws and restoring dignity to immigrants who work here. It will enhance America's homeland security, facilitate enforcement of our immigration and labor laws, and protect millions who labor today outside the law. This program will benefit all participating nations and their citizens who wish to work in the United States and contribute to our Nation's prosperity.

Our immigration policy must adapt to modern realities. An effective guest worker program will acknowledge that millions of undocumented men and women go to work every day in America in violation of our immigration law, outside the protection of our labor law, and without any way of our Government knowing who, or where they are.

My proposal will encourage undocumented immigrants to come out of the shadows, to work within the law, and then to return to their homes and families with the pay and skills they acquire as guest workers in the United States. It will help guest workers receive the health care they need, without overburdening already strained health care providers.

It will protect immigrants from exploitation and from violence. And guest workers will no longer fear the authorities, but rather will come to see the law as an ally, not an enemy.

I have always believed that, as Americans, our patriotism isn't just expressed by flying the flag. It's about more than that. Patriotism means we all share in an ideal that is larger than ourselves. In all of our differences, there are some things we all have in common. In all our diversity, each of us still has a bond with all humanity.

We must bring our broken immigration system into the 21st century. We must move transient workers out of the shadows. We must ensure the security of our borders.

We must act for the sake of the rule of law, for the sake our homeland security, for the sake of immigrants who endure exploitation and even death for a chance to share in the blessings of American liberty—in hope, freedom, and the opportunity of a better life.

Mr. President, I yield the floor. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. CORNYN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate proceed to a period for morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

ADDITIONAL STATEMENTS

TRIBUTE TO STEVE REED

• Mr. MCCONNELL. Mr. President, I rise today to pay tribute to an accomplished Kentuckian, Mr. Steve Reed. A native of Hart County, KY, Steve is a respected attorney, inspiring mentor, and loving husband and father of three.

In 2000 Steve became Kentucky's first African-American U.S. attorney. Some of his most significant work as U.S. attorney included fighting the methamphetamine problem in western Kentucky. Steve quickly recognized the problem and requested Federal funds to open an office in western Kentucky to combat meth production. With the new funding, he directed a program that more than doubled the number of labs raided from the previous year. Through Steve's efforts and the cooperation of local law enforcement agencies, Kentucky's young people are better protected and more criminals are being prosecuted.

In addition to serving as U.S. attorney, Steve has supported higher education as a member of the University of Kentucky board of trustees since 1994. In September 2002, Steve became the board's first African-American chairman. He is dedicated to increasing the stature of academics throughout the university and Commonwealth. He is working to create stronger ties between private business and the university's research programs, and Steve has pushed for more minority and financial aid scholarships. Because of UK's prominence, Steve's efforts have not just affected the school but also have had a positive impact throughout the rest of Kentucky's educational system.

Steve grew up in poverty as one of seven children raised by his single mother. His maternal grandmother, Mama Verda, expected greatness from Steve, and emphasized the importance of always doing the right thing. He excelled in high school and moved on to Western Kentucky University where he tutored a fellow student. After earning a psychology degree, he attended UK Law School. Through his hard work and discipline, it is no surprise that Steve has achieved such success.

We are indebted to Steve for his service to the Commonwealth of Kentucky in fighting drugs and supporting education. He stands as a model of hard work and discipline. I ask my colleagues in the Senate to join me in honoring Steve Reed for his dedicated service.•

FRANKLIN HOTEL CELEBRATES 100TH ANNIVERSARY

• Mr. JOHNSON. Mr. President, it is with great honor that I rise today to congratulate the Franklin Hotel in Deadwood, SD, which celebrated its 100th anniversary of service on June 4, 2003.

The Franklin Hotel has been a welcome destination for visitors to the Black Hills region and has catered to guests since its doors opened in 1903. For locals and tourists alike, the past several years have seen a resurgence and interest in history, and the setting the Franklin provides to learn more about Black Hills history continues strong to this day. Whether the visitor was a well-known actor from Hollywood taking a break from daily shooting, noted public servants and athletes visiting the area on business or personal time, or the visiting family from Anywhere, USA or the world, experiencing the professional and welcoming, friendly attitudes of the Franklin Hotel staff is just another reason of making a Black Hills visit one to remember.

In many respects, board of directors president Bill Walsh is as much of an institution in South Dakota as the Franklin Hotel. The two are inseparable when it comes to colorful personalities and both are foundations in the promotion and advocacy of South Dakota and Black Hills tourism. It would be all too easy for Bill to be just concerned about the promotion of the Franklin Hotel. Instead, he has been a stalwart advocate for projects impacting and benefiting Deadwood, the entire Black Hills, and South Dakota. One of Bill's highest priorities is making sure as many people as possible put Deadwood, the Black Hills, and South Dakota on their travel itinerary.

Over the years, I have appreciated Bill's valuable insight on politics, current affairs, tourism, and the economy. I have always appreciated his wit, his hospitality and, most of all, his friendship. Many who gathered for the centennial anniversary celebration have special memories of Bill and the Franklin Hotel. Many local residents will probably never forget that as the Grizzly Gulch fire tickled the edges of Deadwood and as people streamed out of town under evacuation orders last summer, the doors of the Franklin stayed open with a confident Bill Walsh sitting on the porch of the Franklin with a freshly-lit stogie in hand.

I want to take this opportunity to acknowledge Bill and other members of the board of directors, Jo Roebuck-Pearson, Mike Trucano, French Bryan, and Taffy Tucker. I also want to congratulate MacKenzie Roebuck-Walsh, who co-owns the hotel along with her parents, Bill and Jo. Finally, I want to acknowledge the Franklin Hotel staff and the community of Deadwood on the centennial anniversary of the hotel. This event is but another chapter in the living legacy of one of South Dakota's cherished destinations.

I am proud to have this opportunity to honor Bill Walsh and the Franklin Hotel for its 100 years of outstanding service. It is an honor for me to share with my colleagues the strong commitment to history the Franklin Hotel has provided. I strongly commend the staff and board of directors for their years of hard work and dedication, and I am very pleased that their substantial efforts are being publicly honored and celebrated.•

LOCAL LAW ENFORCEMENT ACT OF 2003

• Mr. SMITH. Mr. President, I rise today to speak about the need for hate crimes legislation. On May 1, 2003, Senator KENNEDY and I introduced the Local Law Enforcement Act, a bill that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society.

I would like to describe a terrible crime that occurred in Prince William, VA. On November 1, 2001, a 26-year-old and his 25-year-old friend were charged with a hate crime after assaulting a 46-year-old Pakistani taxi driver. The driver had picked up the pair and, during the ride to a nearby motel, the two

passengers verbally accosted him. Upon their arrival, the frightened driver exited his car and tried to flee, but the pair caught hold of him and began beating him in the motel parking lot.

I believe that Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.●

TRIBUTE TO FORT KNOX GAME WARDENS

● Mr. MCCONNELL. Mr. President, I rise today to recognize the volunteers of the Fort Knox Game Warden Program for their longstanding commitment to the community. These volunteers assist the Provost Marshal, the Hunt Control and the Range Control offices in maintaining the hunting program's outstanding safety record by enforcing the Fort Knox and Kentucky Fish and Game regulations on the base's 170 square miles.

The program's loyal volunteers have an active role in the community, especially during the deer-hunting season when they operate the deer check stations and monitor hunter activities. Their efforts also have enhanced the natural habitat of the area's wildlife. Throughout the program's 50-year life, volunteers have planted food plots, developed wildlife sanctuaries and reintroduced wild quail to the environment.

These unsung heroes actively devote time to serving the post's six hunting zones consisting of 109,000 acres. They help protect both small and large game including squirrel, dove, rabbit, quail and turkey. In addition to the three weekends available each year for adult firearms deer hunting, the Game Warden Program sponsors a youth gun hunt for one weekend each year.

I would like to acknowledge each of the volunteers for their time and commitment protecting the community and surrounding environment: Donald Buhl, George Phelps, Bob Sherrard, Jack Baxter, Bill Schweiss, Alfred Maruszewski, Michael Dages, Charlie Flowers, Wayne Walters, Gerald Sasser, Jr., Daniel Clifford, Tim Dages, Kenny Kine, Ron O'Bannon, Harold Scott, Walter Sholar, Hugh Harris, William Magruder, James Elliott, Robbie Ammons, James Miller, Jackie Payne, Willard Campbell, Joseph Banks, Michael Gaddie, Richard McQuillen, Mary McQuillen, Wayne Creekmore, Gary Thompson, Martha Campbell, Karl Rohland, Ace Clark, James Prather, Mark McNutt, Kelley Argabright, Dr. Gerald Sasser, Tony Parsley, Crockett Banks, Dwayne Campbell, and Rodney Circle.

The Fort Knox Game Warden Program and its volunteers have faithfully served the community for many years, and their contributions should not be overlooked. On behalf of myself and my colleagues in the Senate, I thank them for their dedicated service to the Commonwealth of Kentucky.●

IN RECOGNITION OF CAPTAIN GABRIEL GRIESS

● Mr. NELSON of Nebraska. Mr. President, I rise today to offer my congratulations to a Nebraska native son. This gentleman is among the many who honor our Nation through their service in our Armed Forces and I am very pleased to have this opportunity to pay tribute to him.

As our Nation faces threats abroad and our military men and women fight to keep us safe, it is important for us to never forget the sacrifices made in our defense. These men and women give up a great deal to protect our Nation and we owe them a debt of gratitude that can never be fully repaid.

Today, it is my honor to offer my heartfelt congratulations to one of their number, CAPT Gabriel Griess, a hometown Nebraska hero. Captain Griess is a proud member of the U.S. Air Force and he has recently been named the 15th Air Force Company Grade Officer of the Year for 2002. This was no easy accomplishment as the criteria for the award ensures that only the best of the best are eligible for consideration. To meet those criteria, Captain Griess had to show clear drive, pursuit of self-improvement, and involvement in base and community activities. Captain Griess met and exceeded all expectations.

He was awarded this title based on his dedication, leadership, and professionalism. Captain Griess' military history speaks volumes about the confidence placed in him by his superiors. He was deployed twice in 2002 in support of Operation Enduring Freedom; given missions such as tracking down al-Qaida leaders, and evacuating critically injured troops from combat zones. He provided support during Operation Anaconda by flying in critical supplies, destroying al-Qaida strongholds, and providing air support for ground troops. He has earned three Air Medals and two Aerial Achievement Medals for his valiant work.

But perhaps more importantly, he has won the respect of his peers. As an instructor navigator with the 317th Airlift Group at Dyess Air Force Base in Texas, he is recognized as the ''go to'' guy, an officer who will work as part of the team to meet the challenges ahead.

As our military efforts continue in Iraq, Afghanistan, and other regions around the world, we rely on the men and women in uniform to make our Nation safe. With soldiers, sailors, airmen, and marines of the caliber of Captain Griess, I can say with complete confidence our Nation is secure.

I congratulate Captain Griess on this recognition he has so deservedly received. It is truly an honor for him and his family.●

IN RECOGNITION OF MOSAIC

● Mr. NELSON of Nebraska. Mr. President, today I would like to offer my best wishes and support for the beginning of a new organization—Mosaic. On July 1, 2003, Bethphage, founded in Axtell, NE, in 1914, and Martin Luther Home Society, founded in Sterling, NE, in 1925 will come together to form Mosaic. These two organizations bring decades' worth of experience to the field of developmental disabilities, and I applaud their previous efforts while looking forward to a successful partnership. I have enjoyed a great working relationship with Sharon Walters and Bethphage and appreciate the positive things they have brought to the State of Nebraska. Mosaic will be supporting and advocating for more than 3,700 people in 16 States with an annual budget of approximately $165 million. They also provide support in Great Britain, as well as participating in an international alliance called IMPACT. Congratulations, Mosaic.●

A TRIBUTE TO BAKER'S CREEK

● Mrs. HUTCHINSON. Mr. President, in the recent years, there have been many tributes dedicated to celebrating members of what Tom Brokaw so rightly called ''The Greatest Generation.'' Succeeding generations have honored the men and women who led America to victory during World War II, who did nothing less than save the world. The events of World War II have become a shining moment in American history, and the stories of battles and life on the home front are well known by most Americans. However, many stories remain untold, and many heroes remain unrecognized.

As we count on our soldiers, sailors, airmen, marines, and coast guardsmen to defend our Nation in today's time of war, we have a renewed appreciation of the sacrifices made by our men and women in uniform and their families.

Our recent military operations in Afghanistan and Iraq provide an excellent backdrop to tell a story from World War II involving a little-known Texas hero. It is my hope we can join together to honor this man and those whose lives were lost on the fateful day he survived.

June 14 is an historic day in the life of our Nation. On this day in 1775, the United States Army was born. Two years later, broad red stripes on a field of white, and bright stars on a field of blue were officially adopted as our country's banner. In 1949, President Truman signed an Act of Congress officially declaring June 14 as National Flag Day to honor our colors. June 14 also marks a somber anniversary, one that few of us know.

Sixty years ago, on June 14, 1943, 40 Americans were killed when their B–17C airplane crashed in a field near Baker's Creek, five miles south of Mackay in Queensland, Australia. The plane belonged to the 46th Troop Carrier Squadron, Fifth U.S. Air Force.

The men aboard the aircraft were returning to combat zones in New Guinea after their brief rest-and-recreation known as R&R at the American Red Cross Center in Mackay. Wartime censorship and reasons of military security prevented the incident from ever being reported in the United States. It was classified until 1958.

Families of those who were killed were never informed how their loved ones perished. Information was so closely guarded they were only told their soldier died in the Pacific while fighting for their country.

Little is known of the crash outside Mackay. Remarkably, one of the 41 men aboard the aircraft survived the crash. He is Foye Kenneth Roberts of Wichita Falls, TX. At the time of the accident, it was the worst plane crash in the Southwest Pacific theater. Australians regard it as their worst aviation disaster.

In May 1992, a monument was built by local citizens at Baker's Creek to mark the B–17C crash site. Thousands of Americans soldiers spent their R&R at Mackay, and many became longtime friends of local families. When the Baker's Creek memorial was unveiled on May 11, 1992, only the names of the six aircrew and the sole survivor were known. A complete list of casualties did not exist in U.S. or Australian archives.

After extensive, painstaking research, a plague with the names of all casualties was rededicated on June 14, 1995. Their names are: Sgt. Carl A. Cunningham, T/5 George A. Ehrmann, F/0 William C. Erb, Sgt. David E. Tileston, Sgt. Dean H. Busse, Pfc. Jerome Abraham, S/Sgt. Frank E. Whelchel, S/Sgt. Lovell D. Curtis, 1/Lt. Vern J. Gidcumb, Pfc. Norman J. Goetz, T/Sgt. Leo E. Fletcher, Pfc. Frederick C. Sweet, Pfc. Kenneth W. Mann, Pfc. Charles M. Williams, Cpl. Marlin N. Metzger, Pfc. Vernon Johnson, Capt. John O. Berthold, Cpl. Charles W. Sampson, Cpl. Franklin F. Smith, Maj. George N. Powell, Pfc. Arnold Seidel, 2/Lt. Jack A. Ogren, Cpl. Jacob O. Skaggs, Jr., Pvt. James E. Finney, T/Sgt. Alfred H. Fezza, Sgt. Donald B. Kyper, Pfc. Frank S. Penska, Sgt. Anthony Rudnick, Cpl. Raymond H. Smith, T/5 William A. Briggs, Pfc. John W. Parker, Pvt. Charles D. Montgomery, S/Sgt. Charlie O. LaRue, Cpl. Foye K. Roberts (Sole Survivor) S/Sgt. Roy A. Hatlen, S/Sgt. John W. Hilsheimer, Cpl. Edward Tenny and Pfc. Dale Van Fosson. Since the Memorial's unveiling, an effort has been made to locate the final resting places of the victims, and to trace their family relatives. The search continues today.

The men who lost their lives that day and the one who survived, regarded themselves as ordinary men. We know better. They like so many before and after them, answered our Nation's call to arms. We needed them and they came. Many went, some gave all.

These men renewed for the ''Greatest Generation'' the cherished American ethos of service to Nation. They came from farms and factories, from city streets and country lanes. In doing so, they transcended from ordinary men with common dreams to extraordinary citizens with uncommon valor. Their example enabled our young men and women today to take up arms when we needed them for Operation Iraqi Freedom. Regrettably, some of them made the ultimate sacrifice as well.

It is my fervent hope this June 14, along with the salute to the Army and our grand flag, that we also salute the men who gave their lives at Baker's Creek. We owe a special thanks to the Baker's Creek Memorial Association for keeping their memories alive and for helping their families discover their loved ones' fate.●

TRIBUTE TO SHARLA MOFFETT BEALL

● Mr. CRAPO. Mr. President, I rise to express my appreciation to Sharla Moffett Beall, my Fisheries, Wildlife, and Water Subcommittee staff director, as she returns to her home State of Oregon. Sharla has been an important member of my Senate staff. Her counsel and efforts will be missed.

There is no one in the Senate more knowledgeable on Endangered Species Act issues; issues of real significance to Idaho and the Nation. She has been a tireless advocate for meaningful solutions to recover endangered and threatened salmon species in the Pacific Northwest. She has helped me to lead the fight against bad policies, such as the total maximum daily load rule proposed in 2000, and for good policies, like habitat conservation plans and streamlining of the consultation process.

When I became chairman of the subcommittee, I had little doubt about who I wanted as staff director. I first worked with Sharla when she was professional staff for the House Agriculture Committee. I knew that in Sharla, I had someone experienced, professional, effective, and with a keen legislative sense. She also shared my political philosophy and passion for fish and wildlife issues.

It has also been rewarding to see Sharla start a family during her time as staff director. In her first year on my staff, she married another Oregon native, Jim Beall; during the second year, they had her first child, Anna-Sophia; and just last year a second daughter, Alexandra-Skye, was born. They are a wonderful and loving family.

The Senate has a tough time competing with two beautiful daughters. I will miss Sharla and her family. I wish them all the best, but I know this is not farewell. She will continue to be a valued friend and advisor.●

RECOGNITION OF WJJY–FM FOR RECEIVING THE NAB CRYSTAL RADIO AWARD

● Mr. COLEMAN. Mr. President, I am pleased to recognize a distinguished Minnesota radio station, WJJY–FM, for winning 2003 National Association of Broadcaster's Crystal Radio Award, commending its commitment to community service.

WJJY–FM, based in Brainerd, MN, won a National Association of Broadcaster's Crystal Award, recognizing its continued charitable efforts in the Brainerd community. This award marks the third time the National Association of Broadcasters has recognized WJJY's dedication to service. The station also won a Crystal Award in 2001 and the prestigious NABEF Service to America Award in 1999.

WJJY–FM is active in charitable fundraising, supporting food drives, and providing public service announcements for the community. In 2002 the station set a fundraising record for the Brainerd area by raising $940,500 for the community. WJJY–FM helped collect 7,500 pounds of food for the Salvation Army, gathered 1,300 clothing items for needy families, and broadcasted over 7,350 public service announcements. In addition, WJJY holds the annual Radiothon to End Child Abuse, which raised a record-setting $66,520 in 2002.

WJJY–FM represents a tradition of corporate dedication to community service in the State of Minnesota. Since 1999, 4 Minnesota stations have received the Service to American Award, and since 1987, 17 have received Crystal Awards. This tradition of service is an important Minnesota legacy. Public-private partnerships like these are what truly get things done and leave a lasting positive impact on our state.

I would like to commend WJJY–FM for its diligent efforts to improve the community which it serves.●

COMMENDING COLQUITT COUNTY PACKERS FOR STATE CHAMPIONSHIP

● Mr. CHAMBLISS. Mr. President, I rise today to commend the outstanding hard work, dedication, and team work of the Colquitt County High School baseball team for winning this year's State championship.

This week, the Colquitt County Packers won the Georgia High School Association's Class AAAAA State championship by a stunning victory at Ike Aultman Field, and I couldn't be more proud. This is an exceptional accomplishment not only for the team and high school, but also for the entire Colquitt County community. Winning this year's State championship was the first Packer State championship since 1997 when the team defeated Lassiter High in three games for the first baseball title in Packer history.

I am so proud of each and every team member for their great success. I am especially proud of Packer head coach Jerry Croft for his leadership, devotion, and guidance.

Because Colquitt County has been my home for over 30 years, it gives me great pleasure to share this huge accomplishment of the Packers with my

colleagues in the Senate and with the American people.●

RECOGNITION OF KDWB–FM FOR RECEIVING THE NABEF SERVICE TO AMERICA AWARD

● Mr. COLEMAN. Mr. President, I am pleased to recognize a distinguished Minnesota radio station, KDWB–FM, for winning the 2003 National Association of Broadcasters Education Foundation's Service to Amerca Award, commending its commitment to community service.

This award recognizes KDWB–FM's alliance with the University Pediatrics Foundation. For 8 years KDWB, based in Minneapolis, has produced and hosted numerous fundraising events to support the foundation, raising $1.5 million.

In 1999 KDWB and the University Pediatrics Foundation used these funds to open the KDWB University Pediatrics Family Center within the University of Minnesota's Department of Pediatrics. The center serves children living with chronic conditions such as cerebral palsy, sickle cell anemia, and spina bifida, and provides clinical care, research, and emotional support services to the children and their families.

KDWB represents a tradition of corporate dedication to community service in the State of Minnesota. Since 1999, four Minnesota stations have received the Service to America Award. This tradition of service is an important Minnesota legacy. Public-private partnerships like these are what truly get done and leave a lasting positive impact on our state.

I would like to commend KDWB–FM for its diligent efforts to improve the communities which it serves.●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Ms. Evans, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid from the Senate message from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

MESSAGE FROM THE HOUSE

At 2:01 p.m., a message from the House of Representatives, delivered by Mr. Hays, one of its reading clerks, announced that the House agrees to the amendments of the Senate to the bill (H.R. 1308) to amend the Internal Revenue Code of 1986 to end certain abusive tax practices, to provide tax relief and simplification, and for other purposes, with amendments.

The message also announced that the House insists upon its amendments to the Senate amendments to the bill (H.R. 1308) to amend the Internal Revenue Code of 1986 to end certain abusive tax practices, to provide tax relief and simplification, and for other purposes, and asks a conference with the Senate on the disagreeing votes of the two Houses thereon; and appoints the following Members as the managers of the conference on the part of the House:

For consideration of the House amendments to the Senate amendments to the House bill, and modifications committed to conference: Mr. THOMAS, Mr. DELAY, and Mr. RANGEL.

ENROLLED BILLS AND JOINT RESOLUTION SIGNED

The message further announced that the Speaker has signed the following enrolled bills and joint resolution:

H.R. 1625. An act to designate the facility of the United States Postal Service located at 1114 Main Avenue in Clifton, New Jersey, as the ''Robert P. Hammer Post Office Building.''

S. 763. An act to designate the Federal building and United States courthouse located at 46 Ohio Street in Indianapolis, Indiana, as the ''Birch Bayh Federal Building and United States Courthouse.''

S.J. Res. 8. A joint resolution expressing the sense of Congress with respect to raising awareness and encouraging prevention of sexual assault in the United States and supporting the goals and ideals of National Sexual Assault Awareness and Prevention Month.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. CAMPBELL, from the Committee on Indian Affairs, with amendments:

S. 555. A bill to establish the Native American Health and Wellness Foundation, and for other purposes (Rept. No. 108–72).

By Mr. HATCH, from the Committee on the Judiciary, with an amendment in the nature of a substitute:

H.R. 1954. A bill to revise the provisions of the Immigration and Nationality Act relating to naturalization through service in the Armed Forces, and for other purposes.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Ms. COLLINS (for herself, Mr. LIEBERMAN, Mr. STEVENS, Mr. VOINOVICH, Mr. DURBIN, Mr. DEWINE, and Ms. LANDRIEU):

S. 1267. A bill to amend the District of Columbia Home Rule Act to provide the District of Columbia with autonomy over its budgets, and for other purposes; to the Committee on Governmental Affairs.

By Mr. KENNEDY (for himself, Mr. DASCHLE, Mr. JEFFORDS, Mr. EDWARDS, Mr. REED, Mrs. CLINTON, Mrs. MURRAY, Mr. BINGAMAN, and Mr. DODD):

S. 1268. A bill to provide for a study to ensure that students are not adversely affected by changes to the needs analysis tables, and to require the Secretary of Education to consult with the Advisory Committee on Student Financial Assistance regarding such changes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. GRASSLEY:

S. 1269. A bill to amend the Internal Revenue Code of 1986 to clarify the status of professional employer organizations and to promote and protect the interests of professional employer organizations, their customers, and workers; to the Committee on Finance.

By Mr. JOHNSON (for himself and Mr. COCHRAN):

S. 1270. A bill to amend title XVIII of the Social Security Act to provide for coverage of medication therapy management services under Part B of the medicare program; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. CORNYN (for himself and Mrs. HUTCHISON):

S. Res. 171. A resolution recognizing that the San Antonio Spurs are the 2002–2003 National Basketball Association champions and congratulating the team for its outstanding excellence, discipline, and dominance; considered and agreed to.

ADDITIONAL COSPONSORS

S. 168

At the request of Mrs. FEINSTEIN, the name of the Senator from Virginia (Mr. WARNER) was added as a cosponsor of S. 168, a bill to require the Secretary of the Treasury to mint coins in commemoration of the San Francisco Old Mint.

S. 170

At the request of Mr. VOINOVICH, the names of the Senator from Mississippi (Mr. COCHRAN) and the Senator from Virginia (Mr. ALLEN) were added as cosponsors of S. 170, a bill to amend the Federal Water Pollution Control Act to authorize appropriations for State water pollution control revolving funds, and further purposes.

S. 453

At the request of Mrs. HUTCHISON, the name of the Senator from South Dakota (Mr. DASCHLE) was added as a cosponsor of S. 453, a bill to authorize the Health Resources and Services Administration and the National Cancer Institute to make grants for model programs to provide to individuals of health disparity populations prevention, early detection, treatment, and appropriate follow-up care services for cancer and chronic diseases, and to make grants regarding patient navigators to assist individuals of health disparity populations in receiving such services.

S. 459

At the request of Mr. LEAHY, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 459, a bill to ensure that a public safety officer who suffers a

fatal heart attack or stroke while on duty shall be presumed to have died in the line of duty for purposes of public safety officer survivor benefits.

S. 525

At the request of Mr. LEVIN, the name of the Senator from New York (Mrs. CLINTON) was added as a cosponsor of S. 525, a bill to amend the Nonindigenous Aquatic Nuisance Prevention and Control Act of 1990 to reauthorize and improve that Act.

S. 656

At the request of Mr. REED, the name of the Senator from New Jersey (Mr. CORZINE) was added as a cosponsor of S. 656, a bill to provide for the adjustment of status of certain nationals of Liberia to that of lawful permanent residence.

S. 678

At the request of Mr. AKAKA, the name of the Senator from Arkansas (Mr. PRYOR) was added as a cosponsor of S. 678 , a bill to amend chapter 10 of title 39, United States Code, to include postmasters and postmasters organizations in the process for the development and planning of certain policies, schedules, and programs, and for other purposes.

S. 695

At the request of Ms. COLLINS, the name of the Senator from Nebraska (Mr. NELSON) was added as a cosponsor of S. 695, a bill to amend the Internal Revenue Code of 1986 to increase the above-the-line deduction for teacher classroom supplies and to expand such deduction to include qualified professional development expenses.

S. 780

At the request of Mr. LOTT, the names of the Senator from Michigan (Mr. LEVIN) and the Senator from Michigan (Ms. STABENOW) were added as cosponsors of S. 780, a bill to award a congressional gold medal to Chief Phillip Martin of the Mississippi Band of Choctaw Indians.

S. 818

At the request of Mr. KERRY, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 818, a bill to ensure the independence and nonpartisan operation of the Office of Advocacy of the Small Business Administration.

S. 894

At the request of Mr. WARNER, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. 894, a bill to require the Secretary of the Treasury to mint coins in commemoration of the 230th Anniversary of the United States Marine Corps, and to support construction of the Marine Corps Heritage Center.

S. 899

At the request of Mrs. HUTCHISON, the name of the Senator from Massachusetts (Mr. KENNEDY) was added as a cosponsor of S. 899, a bill to amend title XVIII of the Social Security Act to restore the full market basket percentage increase applied to payments to hospitals for inpatient hospital services furnished to medicare beneficiaries, and for other purposes.

S. 1001

At the request of Mr. BIDEN, the names of the Senator from Oregon (Mr. SMITH) and the Senator from Illinois (Mr. DURBIN) were added as cosponsors of S. 1001, a bill to make the protection of women and children who are affected by a complex humanitarian emergency a priority of the United States Government, and for other purposes.

S. 1108

At the request of Mrs. CLINTON, the name of the Senator from Tennessee (Mr. ALEXANDER) was added as a cosponsor of S. 1108, a bill to establish within the National Park Service the 225th Anniversary of the American Revolution Commemorative Program , and for other purposes.

S. 1120

At the request of Mr. BAUCUS, the names of the Senator from Washington (Ms. CANTWELL) and the Senator from Massachusetts (Mr. KERRY) were added as cosponsors of S. 1120, a bill to establish an Office of Trade Adjustment Assistance, and for other purposes.

S. 1127

At the request of Ms. STABENOW, the name of the Senator from Michigan (Mr. LEVIN) was added as a cosponsor of S. 1127, a bill to establish administrative law judges involved in the appeals process provided for under the medicare program under title XVIII of the Social Security Act within the Department of Health and Human Services, to ensure the independence of, and preserve the role of, such administrative law judges, and for other purposes.

S. 1136

At the request of Mr. SPECTER, the name of the Senator from South Carolina (Mr. GRAHAM) was added as a cosponsor of S. 1136, a bill to restate, clarify, and revise the Soldiers' and Sailors' Civil Relief Act of 1940.

S. 1143

At the request of Mrs. HUTCHISON, the name of the Senator from Hawaii (Mr. INOUYE) was added as a cosponsor of S. 1143, a bill to amend the Public Health Service Act to direct the Secretary of Health and Human Services to establish, promote, and support a comprehensive prevention, research, and medical management referral program for hepatitis C virus infection.

S. 1206

At the request of Mr. BOND, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. 1206, a bill to amend title XVIII of the Social Security Act to provide for special treatment for certain drugs and biologicals under the prospective payment system for hospital outpatient department services under the medicare program.

S. 1236

At the request of Mr. CAMPBELL, the names of the Senator from Utah (Mr. HATCH) and the Senator from Wyoming (Mr. ENZI) were added as cosponsors of S. 1236, a bill to direct the Secretary of the Interior to establish a program to control or eradicate tamarisk in the western States, and for other purposes.

S. 1247

At the request of Mr. KERRY, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 1247, a bill to increase the amount to be reserved during fiscal year 2003 for sustainability grants under section 29(1) of the Small Business Act.

S. 1255

At the request of Mr. KERRY, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of S. 1255, a bill to amend the Small Business Act to direct the Administrator of the Small Business Administration to establish a pilot program to provide regulatory compliance assistance to small business concerns, and for other purposes.

S. CON. RES. 25

At the request of Mr. VOINOVICH, the names of the Senator from Maine (Ms. COLLINS) and the Senator from Oklahoma (Mr. INHOFE) were added as cosponsors of S. Con. Res. 25, a concurrent resolution recognizing and honoring America's Jewish community on the occasion of its 350th anniversary, supporting the designation of an ''American Jewish History Month'', and for other purposes.

S. CON. RES. 55

At the request of Ms. SNOWE, the name of the Senator from Illinois (Mr. FITZGERALD) was added as a cosponsor of S. Con. Res. 55, a concurrent resolution expressing the sense of the Congress regarding the policy of the United States at the 55th Annual Meeting of the International Whaling Commission.

S. RES. 153

At the request of Mrs. MURRAY, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. Res. 153, a resolution expressing the sense of the Senate that changes to athletics policies issued under title IX of the Education Amendments of 1972 would contradict the spirit of athletic equality and the intent to prohibit sex discrimination in education programs or activities receiving Federal financial assistance.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. GRASSLEY:

S. 1269. A bill to amend the Internal Revenue Code of 1986 to clarify the status of professional employer organizations and to promote and protect the interests of professional employer organizations, their customers, and workers; to the Committee on Finance.

Mr. GRASSLEY. Mr. President, today I am reintroducing the Professional Employer Organization Workers Benefits Act of 2003—legislation that I sponsored in the last Congress. This legislation clarifies certain tax rules

for Professional Employer Organizations, PEOs, and will allow PEOs to provide retirement and health benefits for workers at small and medium-sized businesses. By eliminating uncertainty in the current rules, it will also improve the administration of our tax system.

The PEO legislation makes it clear that a PEO that is certified by the IRS as meeting certain rigorous standards will be able to offer employee benefits and remit Federal employment taxes for workers performing services for the PEO's business customers. The bill has won the support of representatives of the small business community, including the National Federation of Independent Business (NFIB), and has been endorsed by an array of employee benefits experts, such as the American Benefits Council, ABC, the American Society of Pension Actuaries, ASPA, and the Employers Council on Flexible Compensation, ECFC. The legislation also has the support of the National Association of Professional Employer Organizations, NAPEO—the largest organization representing the interests of PEOs. Significantly, then-Internal Revenue Service Commissioner Rossotti stated last year that the IRS believes that the PEO bill could provide useful clarification of the federal employment tax and employee benefits obligations of PEOs and their clients.

A well-run PEO provides the expertise and the economies of scale necessary to provide health, retirement and other services to small businesses in an affordable and efficient manner. For many of these workers, the PEO's pension or health plan represents benefits that the worker would not have received from the small business directly because they were too costly for the small business to afford on its own.

We must take every opportunity to encourage businesses to provide retirement and health benefits to their employees through whatever means possible. PEOs offer one creative way to bridge the gap between what workers need and what small businesses can afford to provide them. For example, Merit Resources, based in Iowa, is a PEO that has provided important benefits to many workers in my state. The clarifications provided in the bill I am introducing today would provide PEOs like Merit with the certainty they need. Certainty that will ensure that they can continue to serve small businesses and provide benefits to the workers at those businesses.

I look forward to working with the Administration and my colleagues, on both sides of the aisle, on these important issues. I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1269

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Professional Employer Organization Workers Benefits Act of 2003''.

SEC. 2. NO INFERENCE.

Nothing contained in this Act or the amendments made by this Act shall be construed to create any inference with respect to the determination of who is an employee or employer—

(1) for Federal tax purposes (other than the purposes set forth in the amendments made by section 3), or

(2) for purposes of any other provision of law.

SEC. 3. CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATIONS.

(a) EMPLOYMENT TAXES.—Chapter 25 of the Internal Revenue Code of 1986 (relating to general provisions relating to employment taxes) is amended by adding at the end the following new section:

''SEC. 3511. CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATIONS.

''(a) GENERAL RULES.—For purposes of the taxes imposed by this subtitle—

''(1) a certified professional employer organization shall be treated as the employer (and no other person shall be treated as the employer) of any work site employee performing services for any customer of such organization, but only with respect to remuneration remitted by such organization to such work site employee, and

''(2) the exemptions and exclusions which would (but for paragraph (1)) apply shall apply with respect to such taxes imposed on such remuneration.

''(b) SUCCESSOR EMPLOYER STATUS.—For purposes of sections 3121(a) and 3306(b)(1)—

''(1) a certified professional employer organization entering into a service contract with a customer with respect to a work site employee shall be treated as a successor employer and the customer shall be treated as a predecessor employer, and

''(2) a customer whose service contract with a certified professional employer organization is terminated with respect to a work site employee shall be treated as a successor employer and the certified professional employer organization shall be treated as a predecessor employer.

''(c) LIABILITY WITH RESPECT TO INDIVIDUALS PURPORTED TO BE WORK SITE EMPLOYEES.—

''(1) GENERAL RULES.—Solely for purposes of its liability for the taxes imposed by this subtitle—

''(A) the certified professional employer organization shall be treated as the employer of any individual (other than a work site employee or a person described in subsection (e)) who is performing services covered by a contract meeting the requirements of section 7705(e)(2)(F), but only with respect to remuneration remitted by such organization to such individual, and

''(B) the exemptions and exclusions which would (but for subparagraph (A)) apply shall apply with respect to such taxes imposed on such remuneration.

''(d) SPECIAL RULE FOR RELATED PARTY.—Subsection (a) shall not apply in the case of a customer which bears a relationship to a certified professional employer organization described in section 267(b) or 707(b). For purposes of the preceding sentence, such sections shall be applied by substituting '10 percent' for '50 percent'.

''(e) SPECIAL RULE FOR CERTAIN INDIVIDUALS.—For purposes of the taxes imposed under this subtitle, an individual with net earnings from self-employment derived from the customer's trade or business (including a partner in a partnership that is a customer), is not a work site employee with respect to remuneration paid by a certified professional employer organization.

''(f) REGULATIONS.—The Secretary shall prescribe such regulations as may be necessary or appropriate to carry out the purposes of this section.''.

(b) EMPLOYEE BENEFITS.—Section 414 of such Code (relating to definitions and special rules) is amended by adding at the end the following new subsection:

''(w) CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATIONS.—

''(1) PLANS MAINTAINED BY CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATIONS.—

''(A) IN GENERAL.—Except as otherwise provided in this subsection, in the case of a plan or program established or maintained by a certified professional employer organization to provide employee benefits to work site employees, then, for purposes of applying the provisions of this title applicable to such benefits—

''(i) such plan shall be treated as a single employer plan established and maintained by the organization,

''(ii) the organization shall be treated as the employer of the work site employees eligible to participate in the plan, and

''(iii) the portion of such plan covering work site employees shall not be taken into account in applying such provisions to the remaining portion of such plan or to any other plan established or maintained by the certified professional employer organization providing employee benefits (other than to work site employees).

''(B) SPECIAL EXCEPTIONS IN APPLYING RULES TO BENEFITS.—

''(i) IN GENERAL.—In applying any requirement listed in clause (iii) to a plan or program established by the certified professional employer organization—

''(I) the portion of the plan established by the certified professional employer organization which covers work site employees performing services for a customer shall be treated as a separate plan of the customer (including for purposes of any disqualification or correction),

''(II) the customer shall be treated as establishing and maintaining the plan, as the employer of such employees, and as having paid any compensation remitted by the certified professional employer organization to such employees under the service contract entered into under section 7705, and

''(III) a controlled group that includes a certified professional employer organization shall not include in the controlled group any work site employees performing services for a customer.

For purposes of subclause (III), all persons treated as a single employer under subsections (b), (c), (m), and (o) shall be treated as members of the same controlled group.

''(ii) SELF-EMPLOYED INDIVIDUALS.—A work site employee who would be treated as a self-employed individual (as defined in section 401(c)(1)), a disqualified person (as defined in section 4975(e)(2)), a 2-percent shareholder (as defined in section 1372(b)(2), or a shareholder-employee (as defined in section 4975(f)(6)(C)), but for the relationship with the certified professional employer organization, shall be treated as a self-employed individual, disqualified person, a 2-percent shareholder, or shareholder-employee for purposes of rules applicable to employee benefit plans maintained by such certified professional employer organization.

''(iii) LISTED REQUIREMENTS.—The requirements listed in this clause are:

''(I) NONDISCRIMINATION AND QUALIFICATION.—Sections 79(d), 105(h), 125(b), 127(b)(2) and (3), 129(d)(2), (3), (4), and (5), 132(j)(1), 274(j)(3)(B), 401(a)(4), 401(a)(17), 401(a)(26), 401(k)(3) and (12), 401(m)(2) and (11), 404 (in

the case of a plan subject to section 412), 410(b), 412, 414(q), 415, 416, 419, 422, 423(b), 505(b), 4971 4972, 4975, 4976, 4978, and 4979.

''(II) SIZE.—Sections 220, 401(k)(11), 401(m)(10), 408(k), and 408(p).

''(III) ELIGIBILITY.—Section 401(k)(4)(B).

''(IV) AUTHORITY.—Such other similar requirements as the Secretary may prescribe.

''(iv) WELFARE BENEFIT FUNDS.—With respect to a welfare benefit fund maintained by a certified professional employer organization for the benefit of work site employees performing services for a customer, section 419 shall be treated as not listed in clause (iii)(I) if the fund provides only 1 or more of the following:

''(I) Medical benefits other than retiree medical benefits.

''(II) Disability benefits.

''(III) Group term life insurance benefits which do not provide for any cash surrender value or other money that can be paid, assigned, borrowed or pledged for collateral for a loan.

''(v) EXCISE TAXES.—Notwithstanding clause (iii), the certified professional employer organization and the customer contracting for work site employees to pay services shall be jointly and severally liable for the tax imposed by section 4971 with respect to failure to meet the minimum funding requirements and the tax imposed by section 4976 with respect to funded welfare benefit plans.

''(vi) CONTINUATION COVERAGE REQUIREMENTS.—For purposes of applying the provisions of section 4980B with respect to a group health plan maintained by a certified professional employer organization for the benefit of work site employees:

''(I) TERMINATION OF EMPLOYMENT EVENTS.—Each of the following events shall constitute a termination of employment of a work site employee for purposes of section 4980B(f)(3)(B):

''(aa) The work site employee ceasing to provide services to any customer of such certified professional employer organization.

''(bb) The work site employee ceasing to provide services to one customer of such certified professional employer organization and becoming a work site employee with respect to another customer of such certified professional employer organization; and

''(cc) The termination of a service contract between the certified professional employer organization and the customer with respect to which the work site employee performs services, provided, however, that such a contract termination shall not constitute a termination of employment under section 4980B(f)(3)(B) for such work site employee if, at the time of such contract termination, such customer maintains a group health plan (other than a plan providing only excepted benefits within the meaning of sections 9831 and 9832 or a plan covering less than two participants who are employees).

''(II) TERMINATION EVENT CONSTITUTING A QUALIFYING EVENT.—If an event described in subparagraph (vi)(I) also constitutes a qualifying event under section 4980B(f)(3) with respect to the group health plan maintained by the certified professional employer organization for the affected work site employee, such plan shall no longer be required to provide continuation coverage as of any new coverage date.

''(III) NEW COVERAGE DATE WHEN TERMINATION EVENT CONSTITUTES QUALIFYING EVENT.—For purposes of subclause (II), a new coverage date shall be the first date on which—

''(aa) the customer maintains a group health plan other than a plan described in section 4980B(d), a plan providing only excepted benefits within the meaning of sections 9831 and 9832, or a plan covering less than two participants who are employees, or

''(bb) a service contract between such customer and another certified professional employee organization becomes effective under which worksite employees performing services for such customer are covered under a group health plan of such other certified professional employee organization, other than a plan described in section 4980B(d), a plan providing only excepted benefits within the meaning of sections 9831 and 9832, or a plan covering less than two participants who are employees.

''(IV) EFFECT OF CUSTOMER-MAINTAINED PLAN.—As of a new coverage date described in subclause (III)(aa), the customer shall be required to make continuation coverage available to any qualified beneficiary who was receiving (or was eligible to elect to receive) continuation coverage under a certified professional employer organization's group health plan and who is, or whose qualifying event occurred in connection with, a person whose last employment prior to such employee's qualifying event was as a work site employee providing services to such customer pursuant to a service contract with such certified professional employer organization.

''(C) EFFECT OF NEW SERVICE CONTRACT WITH CERTIFIED PEO.—As of a new coverage date described in subclause (III)(bb), the second certified professional employee organization shall be required to make continuation coverage available to any qualified beneficiary who was receiving (or was eligible to elect to receive) continuation coverage under the first certified professional employer organization's group health plan and who is, or whose qualifying event occurred in connection with, a person whose last employment prior to such employee's qualifying event was as a work site employee providing services to the customer pursuant to a service contract with the first certified professional employer organization.

''(vii) CONTINUED COVERAGE FOR QUALIFIED BENEFICIARIES.—As of the date that a certified professional employee organization's group health plan first provides coverage to one or more work site employees providing services to a customer, such group health plan shall be required to make continuation coverage available to any qualified beneficiary who was receiving (or was eligible to receive or elect to receive) continuation coverage under a group health plan sponsored by such customer if, in connection with coverage being provided by the organization's plan, such customer terminates each of its group health plans, other than a plan or plans providing only excepted benefits within the meaning of sections 9831 and 9832 or covering less than two participants who are employees.

''(viii) EFFECT OF TERMINATION OF PEO STATUS.—The termination of a professional employer organization's status as a certified professional employer organization—

''(I) shall constitute an event described in section 4980B(f)(3)(B) for any work site employee performing services pursuant to a contract between a customer and such professional employer organization, but

''(II) no loss of coverage within the meaning of section 4980B(f)(3) occurs unless, in connection with such termination of status as a certified professional employer organization, the individual formerly treated as a work site employee performing services for the customer pursuant to a contract with such professional employer organization ceases to be covered under the arrangement of the professional employer organization that had been, prior to such termination of status, the group health plan of such organization.

''(ix) PERSON LIABLE FOR TAX.—For purposes of the liability for tax under section 4980B, the person or entity required to provide continuation coverage under this clause (vi) shall be deemed to be the employer under section 4980B(e)(1)(A).

''(2) PLANS MAINTAINED BY CUSTOMERS OF CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATIONS.—If a customer of a certified professional employer organization provides (other than through such organization) any employee benefits, then with respect to such benefits—

''(A) work site employees of the organization who perform services for the customer shall be treated as leased employees of such customer,

''(B) such customer shall be treated as a recipient for purposes of subsection (n), and paragraphs (4) and (5) of subsection (n) shall not apply for such purposes, and

''(C) with respect to such work site employees, sections 105(h), 403(b)(12), 422, and 423 shall be treated as a benefit listed in subsection (n)(3)(C).

''(3) PLANS MAINTAINED BY COMPANIES IN SAME CONTROLLED GROUP AS CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION.—In applying any requirement listed in paragraph (1)(B)(iii), a controlled group which includes a certified professional employer organization shall not include in such controlled group any work site employees performing services for a customer. For purposes of this paragraph, all persons treated as a single employer under subsections (b), (c), (m) and (o) shall be treated as members of the same controlled group.

''(4) RULES APPLICABLE TO PLANS MAINTAINED BY CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATIONS AND PLANS MAINTAINED BY THEIR CUSTOMERS.—

''(A) SERVICE CREDITING FOR PARTICIPATION AND VESTING PURPOSES.—In the case of a plan maintained by a certified professional employer organization or a customer, for purposes of determining a work site employee's service for eligibility to participate and vesting under sections 410(a) and 411, rules similar to the rules of paragraphs (1) and (3) of section 413(c) shall apply to service for the certified professional employer organization and customer.

''(B) COMPENSATION.—

''(i) IN GENERAL.—Except as provided in clause (ii), for purposes of subsection (s) and section 415(c)(3), or other comparable provisions of this title based on compensation which affects employee benefit plans, compensation received from the customer with respect to which the work site employee performs services shall be taken into account together with compensation received from the certified professional employer organization.

''(ii) EXCEPTION.—For purposes of applying sections 404 and 412 to a plan maintained by a certified professional employer organization, only compensation received from the certified professional employer organization shall be taken into account.

''(C) ELIGIBLE EMPLOYERS.—The provisions of sections 457(f)(1)(A) and (B) apply to a work site employee performing services for a customer that is an eligible employer as defined in section 457(e)(1). The preceding sentence shall not apply in the case of a plan described in section 401(a) which includes a trust exempt from tax under section 501(a), an annuity plan or contract described in section 403, the portion of a plan which consists of a transfer of property described in section 83, the portion of a plan which consists of a trust to which section 402(b) applies, or a qualified governmental excess benefit arrangement described in section 415(m).

''(5) SPECIAL RULES WHERE MULTIPLE PLANS.—

''(A) IN GENERAL.—For purposes of applying section 415 with respect to a plan maintained by a certified professional employer organization, the organization and customers of such organization shall be treated as a single employer, except that if plans are maintained by a certified professional employer organization and a customer with respect to a work site employee, any action required to be taken by such plans shall be taken first with respect to the plan maintained by the customer.

''(B) MINIMUM BENEFIT.—If a minimum benefit is required to be provided under section 416, such benefit shall, to the extent possible, be provided through the plan maintained by the certified professional employer organization.

''(6) TERMINATION OF SERVICE CONTRACT BETWEEN CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION AND CUSTOMER.—

''(A) IN GENERAL.—

''(i) TREATMENT OF SUCCESSOR PLAN.—If a service contract between a customer and a certified professional employer organization is terminated and work site employees of the customer were covered by a plan maintained by the organization, then, except as provided in regulations, any plan of another certified professional employer organization or the customer which covers such work site employees shall be treated as a successor plan for purposes of any rules governing in-service distributions.

''(ii) TREATMENT AS SEVERANCE FROM EMPLOYMENT AND SEPARATION FROM SERVICE.—If a service contract between a customer and a certified professional employer organization is terminated, and there is no plan treated as a successor plan under clause (i), then such termination shall be treated as a plan termination with respect to each work site employee of such customer.

''(B) DISTRIBUTION RULES APPLICABLE TO SUBPARAGRAPH (A)(ii).—Except as otherwise required by this title, in any case to which subparagraph (A)(ii) applies, the certified professional employer organization plan may distribute—

''(i) during the 2-year period beginning on the date of such termination (in accordance with plan terms) only—

''(I) elective deferrals and earnings attributable thereto,

''(II) qualified nonelective contributions (within the meaning of section 401(m)(4)(C)) and earnings attributable thereto, and

''(III) matching contributions described in section 401(k)(3)(D)(ii)(I) and earnings attributable thereto,

of former work site employees associated with the terminated customer only in a direct rollover described in section 401(a)(31), and

''(ii) after such 2-year period, amounts in such plan in accordance with plan terms.''.

(c) CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION DEFINED.—Chapter 79 of such Code (relating to definitions) is amended by adding at the end the following new section:

''SEC. 7705. CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATIONS.

''(a) IN GENERAL.—For purposes of this title, the term 'certified professional employer organization' means a person who applies to be treated as a certified professional employer organization for purposes of sections 414(w) and 3511 and who has been certified by the Secretary as meeting the requirements of subsection (b).

''(b) CERTIFICATION.—A person meets the requirements of this subsection if such person—

''(1) demonstrates that such person (and any owner, officer, and such other persons as may be specified in regulations) meets such requirements as the Secretary shall establish with respect to tax status, background, experience, business location, and annual financial audits,

''(2) represents that it will satisfy the bond and independent financial review requirements of subsections (c) on an ongoing basis,

''(3) represents that it will satisfy such reporting obligations as may be imposed by the Secretary,

''(4) represents that it will maintain a qualified plan (as defined in section 408(p)(2)(D)(ii)) or an arrangement to provide simple retirement accounts (within the meaning of section 408(p)) which benefit at least 95 percent of all work site employees who are not highly compensated employees for purposes of section 414(q),

''(5) computes its taxable income using an accrual method of accounting unless the Secretary approves another method,

''(6) agrees to verify the continuing accuracy of representations and information which was previously provided on such periodic basis as the Secretary may prescribe, and

''(7) agrees to notify the Secretary in writing of any change that materially affects the continuing accuracy of any representation or information which was previously made or provided.

''(c) REQUIREMENTS.—

''(1) IN GENERAL.—An organization meets the requirements of this paragraph if such organization—

''(A) meets the bond requirements of subparagraph (2), and

''(B) meets the independent financial review requirements of subparagraph (3).

''(2) BOND.—

''(A) IN GENERAL.—A certified professional employer organization meets the requirements of this paragraph if the organization has posted a bond for the payment of taxes under subtitle C (in a form acceptable to the Secretary) that is in an amount at least equal to the amount specified in subparagraph (B).

''(B) AMOUNT OF BOND.—

''(i) IN GENERAL.—For the period April 1 of any calendar year through March 31 of the following calendar year, the amount of the bond required is equal to the greater of:

''(I) 5 percent of the organization's liability for taxes imposed by this subtitle during the preceding calendar year (but not to exceed $1,000,000), or

''(II) $50,000.

''(ii) SPECIAL RULE FOR NEWLY CREATED PROFESSIONAL EMPLOYER ORGANIZATIONS.—During the first three full calendar years that an organization is in existence, subclause (I) of clause (i) shall not apply. For this purpose—

''(I) under rules provided by the Secretary, an organization is treated as in existence as of the date that such organization began providing services to any client which were comparable to the services being provided with respect to worksite employees, regardless of whether such date occurred before or after the organization is certified under section 7705, and

''(II) an organization with liability for taxes imposed by this subtitle during the preceding calendar year in excess of $5,000,000 shall no longer be described in this clause (ii) as of April 1 of the year following such calendar year.

''(3) INDEPENDENT FINANCIAL REVIEW REQUIREMENTS.—A certified professional employer organization meets the requirements of this subparagraph if such organization—

''(A) has, as of the most recent audit date, caused to be prepared and provided to the Secretary (in such manner as the Secretary may prescribe) an opinion of an independent certified public accountant as to whether the certified professional employer organization's financial statements are presented fairly in accordance with generally accepted accounting principles, and

''(B) provides to the Secretary an assertion regarding Federal employment tax payments and an examination level attestation on such assertion from an independent certified public accountant not later than the last day of the second month beginning after the end of each calendar quarter. Such assertion shall state that the organization has withheld and made deposits of all taxes imposed by chapters 21, 22, and 24 of the Internal Revenue Code in accordance with regulations imposed by the Secretary for such calendar quarter and such examination level attestation shall state that such assertion is fairly stated, in all material respects.

''(4) SPECIAL RULE FOR SMALL CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATIONS.—The requirements of paragraph (3)(A) shall not apply with respect to a fiscal year of an organization if such organization's liability for taxes imposed by subtitle C during the calendar year ending on (or concurrent with) the end of the fiscal year were $5,000,000 or less.

''(5) FAILURE TO FILE ASSERTION AND ATTESTATION.—If the certified professional employer organization fails to file the assertion and attestation required by paragraph (3) with respect to a particular quarter, then the requirements of paragraph (3) with respect to such failure shall be treated as not satisfied for the period beginning on the due date for such attestation.

''(6) AUDIT DATE.—For purposes of paragraph (3)(A), the audit date shall be six months after the completion of the organization's fiscal year.

''(d) SUSPENSION AND REVOCATION AUTHORITY.—The Secretary may suspend or revoke a certification of any person under subsection (b) for purposes of section 414(w) or 3511, or both, if the Secretary determines that such person is not satisfying the representations or requirements of subsections (b) or (c), or fails to satisfy applicable accounting, reporting, payment, or deposit requirements.

''(e) WORK SITE EMPLOYEE.—For purposes of this title—

''(1) IN GENERAL.—The term 'work site employee' means, with respect to a certified professional employer organization, an individual who—

''(A) performs services for a customer pursuant to a contract which is between such customer and the certified professional employer organization and which meets the requirements of paragraph (2), and

''(B) performs services at a work site meeting the requirements of paragraph (3).

''(2) SERVICE CONTRACT REQUIREMENTS.—A contract meets the requirements of this paragraph with respect to an individual performing services for a customer if such contract is in writing and provides that the certified professional employer organization shall—

''(A) assume responsibility for payment of wages to the individual, without regard to the receipt or adequacy of payment from the customer for such services,

''(B) assume responsibility for reporting, withholding, and paying any applicable taxes under subtitle C, with respect to the individual's wages, without regard to the receipt or adequacy of payment from the customer for such services,

''(C) assume responsibility for any employee benefits which the service contract may require the certified professional employer organization to provide, without regard to the receipt or adequacy of payment from the customer for such services,

''(D) assume shared responsibility with the customer for firing the individual and for recruiting and hiring any new worker,

''(E) maintain employee records relating to the individual, and

''(F) agree to be treated as a certified professional employer organization for purposes of sections 414(w) and 3511 with respect to such individual.

''(3) WORK SITE COVERAGE REQUIREMENT.—

''(A) IN GENERAL.—The requirements of this paragraph are met with respect to an individual if at least 85 percent of the individuals performing services for the customer at the work site where such individual performs services are subject to 1 or more contracts with the certified professional employer organization which meet the requirements of paragraph (2).

''(B) SPECIAL RULES.—For purposes of subparagraph (A)—

''(i) WORK SITE.—The term 'work site' means a physical location at which an individual generally performs service for the customer or, if there is no such location, the location from which the individual receives job assignments from the customer.

''(ii) CONTIGUOUS LOCATIONS.—For purposes of clause (i), work sites which are contiguous locations shall be treated as a single physical location.

''(iii) NONCONTIGUOUS LOCATIONS.—For purposes of clause (i), noncontiguous locations shall be treated as separate work sites, except that each work site within a reasonably proximate area must satisfy the 85 percent test under subparagraph (A) for the individuals performing services for the customer at such work site. In determining whether noncontiguous locations are reasonably proximate, all facts and circumstances shall be taken into account.

''(iv) WORK SITES 35 MILES OR MORE APART.—Any work site which is separated from all other customer work sites by at least 35 miles shall not be treated as reasonably proximate under clause (iii).

''(v) DIFFERENT INDUSTRY.—A work site shall not be treated as reasonably proximate to another work site under clause (iii) if the work site operates in a different industry or industries from such other work site as determined by the Secretary.

''(f) EMPLOYER AGGREGATION RULES.—

''(1) IN GENERAL.—For purposes of subsections (c)(2)(B)(ii), (c)(4) and (e), all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 shall be treated as 1 person.

''(2) PLANS MAINTAINED BY COMPANIES IN SAME CONTROLLED GROUP AS CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION.—For purposes of subsection (b)(4), if certified professional employer organizations are part of a controlled group, then the certified professional employer organizations (but no other member of the controlled group) shall be treated as 1 person.

''(3) QUALIFIED PLANS.—For purposes of subsection (b)(4)—

''(A) a qualified plan (as defined in section 408(p)(2)(D)(ii)) which is maintained by, or an arrangement to provide a simple retirement account (within the meaning of section 408(p)) to, a customer with respect to a work site employee performing services for such customer shall be treated as if it were maintained by the applicant, and

''(B) work site employees who do not meet the minimum age and service requirements of section 410(a)(1)(A) (or who are excludable from consideration under section 410(b)(3)) shall not be taken into account.

''(g) DETERMINATION OF EMPLOYMENT STATUS.—Except to the extent necessary for purposes of section 414(w) or 3511, nothing in this section shall be construed to affect the determination of who is an employee or employer for purposes of this title.

''(h) REGULATIONS.—The Secretary shall prescribe such regulations as may be necessary or appropriate to carry out the purposes of this section and sections 414(w) and 6503(k).''.

(d) CONFORMING AMENDMENTS.—

(1) Section 45(B) of such Code (relating to credit for portion of employer social security taxes paid with respect to employees with cash tips) is amended by adding at the end the following new subsection:

''(e) CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATIONS.—For purposes of this section, in the case of a certified professional employer organization that is treated, under section 3511, as the employer of a worksite employee who is a tipped employee, the credit determined under this section does not apply to such organization, but does apply to the customer of such organization. For this purpose the customer shall take into account any remuneration and taxes remitted by the certified professional employer organization.''.

(2) Section 707 of such Code is amended by adding at the end the following new subsection:

''(d) PAYMENTS TO CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATIONS.—If a partnership that is a customer of a certified professional employer organization (as defined in section 7705) makes a payment to such an organization on behalf of a partner, and the payment, if made directly to the partner, would be treated as a guaranteed payment under section 707(c), the partnership shall treat the payment as if it were a guaranteed payment made to a partner. To the extent that the relevant partner receives all or any portion of such a payment, such partner shall be treated as receiving a guaranteed payment for services under section 707(c).''.

(3) Section 3302 of such Code is amended by adding at the end the following new subsection:

''(h) TREATMENT OF CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATIONS.—If a certified professional employer organization (as defined in section 7705) (or a client of such organization) makes a payment to the State's unemployment fund with respect to a work site employee, such organization shall be eligible for the credits available under this section with respect to such payment.''.

(4) Section 3303(a) of such Code is amended—

(A) by inserting 'and' at the end of paragraph (3),

(B) by inserting immediately after paragraph (3) the following new paragraph:

''(4) a certified professional employer organization (as defined in section 7705) is permitted to collect and remit, in accordance with paragraphs (1), (2), and (3), contributions during the taxable year to the State unemployment fund with respect to a work site employee.'', and

(C) in the last sentence—

(i) by striking ''paragraphs (1), (2), and (3)'' and inserting ''paragraphs (1), (2), (3), and (4)'', and

(ii) by striking ''paragraph (1), (2), or (3)'' and inserting ''paragraph (1), (2), (3), or (4)''.

(5) Section 6053 of such Code (relating to reporting of tips) is amended by adding at the end of subsection (c) the following new paragraph:

''(8) CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATIONS.—For purposes of any report required by this section, in the case of a certified professional employer organization that is treated, under section 3511, as the employer of a worksite employee, the customer with respect to whom a worksite employee performs services shall be the employer for purposes of reporting under this section and the certified professional employer organization shall furnish to the customer any information necessary to complete such reporting no later than such time as the Secretary shall prescribe.''.

(e) CLERICAL AMENDMENTS.—

(1) The table of sections for chapter 25 of such Code is amended by adding at the end the following new item:

''Sec. 3511. Certified professional employer organizations.''.

(2) The table of sections for chapter 79 of such Code is amended by inserting after the item relating to section 7704 the following new item:

''Sec. 7705. Certified professional employer organizations.''.

(f) REPORTING REQUIREMENTS AND OBLIGATIONS.—The Secretary of the Treasury shall develop such reporting and recordkeeping rules, regulations, and procedures as the Secretary determines necessary or appropriate to ensure compliance with the amendments made by this Act with respect to entities applying for certification as certified professional employer organizations or entities that have been so certified. Such rules shall be designed in a manner which streamlines, to the extent possible, the application of requirements of such amendments, the exchange of information between a certified professional employer organization and its customers, and the reporting and recordkeeping obligations of the certified professional employer organization.

(g) USER FEES.—Subsection (b) of section 10511 of the Revenue Act of 1987 (relating to fees for requests for ruling, determination, and similar letters) is amended by adding at the end thereof the following new paragraph:

''(4) CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATIONS.—The fee charged under the program in connection with the certification by the Secretary of a professional employer organization under section 7705 of the Internal Revenue Code of 1986 shall not exceed $500.''.

(h) EFFECTIVE DATES.—

(1) IN GENERAL.—The amendments made by this Act shall take effect on the later of—

(A) January 1, 2005, or

(B) the January 1st of the first calendar year beginning more than 12 months after the date of the enactment of this Act.

(2) CERTIFICATION PROGRAM.—The Secretary of the Treasury shall establish the certification program described in section 7705(b) of the Internal Revenue Code of 1986 not later than 3 months before the effective date determined under paragraph (1).

(3) TRANSITION ISSUES.—For years beginning before the effective date specified in paragraph (1), subject to such conditions as the Secretary of the Treasury may prescribe, employee benefit plans in existence on the date of the enactment of this Act shall not be treated as failing to meet the requirements of the Internal Revenue Code of 1986 merely because such plans were maintained by an organization prior to such organization becoming a certified professional employer organization (as defined by section 7705 of such Code (as added by subsection (c) of this section)).

By Mr. JOHNSON (for himself and Mr. COCHRAN):

S. 1270. A bill to amend title XVIII of the Social Security Act to provide for coverage of medication therapy management services under Part B of the Medicare program; to the Committee on Finance.

Mr. JOHNSON. Mr. President, I am pleased to introduce legislation today that will provide for important health care quality and medication safety improvements in the Medicare program. The Medication Therapy Management

Services Coverage Act of 2003 will enhance the Medicare program by providing coverage of pharmacists' medication therapy management services for those beneficiaries at risk for potential medication problems due to the presence of multiple or complex chronic diseases. These services, which are coordinated in direct collaboration with physicians and other health care professionals, help patients make the best possible use of their medications.

The members of this body know very well the vital role that today's powerful and effective medications play in the maintenance of health and well-being of our Nation's seniors. The substantial and important discussion now underway on how best to craft and implement a prescription drug benefit for Medicare beneficiaries is an explicit recognition of this vital role. But access to the medications, even at the most affordable prices possible, is only one part of the solution to achieving the kinds of health care outcomes that patients and their health care providers desire. That is where today's pharmacists play a pivotal role.

In addition to the important and continuing responsibility for assuring accurate, safe medication dispensing and counseling services, pharmacists now provide many direct patient care, consultative, and educational services. Forty states, the Veterans Administration, and the Indian Health Service, among others, all recognize the value of collaborative medication therapy management services as a way to provide optimal patient care using the specialized education and training of pharmacists. In addition, several state Medicaid programs have active demonstration projects or waiver programs in place that deliver these important services to their citizens.

More specifically, in its June 2002 report to the Congress, the Medicare Payment Advisory Commission noted that it "sees potential for a Medicare drug therapy management benefit to facilitate access to an important health care service for some beneficiaries" and recommended to Congress that the Secretary of Health and Human Services ". . . assess models for collaborative drug therapy management services in outpatient settings." This is a very important recommendation, because there is no more vulnerable group than our Nation's seniors when it comes to the potential for medication-related problems and the presence of multiple chronic diseases. If other health care systems and programs provide such services, Medicare must be reformed to provide them as well. Indeed, Medicare should be the leader in this regard.

The pharmacist's specialized training in medication therapy management has been demonstrated repeatedly to improve the quality of care patients receive and to control health care costs associated with medication complications. As an essential infrastructure component of any type of Medicare prescription drug benefit, it makes sense to take this proven initial step to improve the medication use process for our seniors. This will serve all Medicare beneficiaries by ensuring that each precious dollar, regardless of who is paying the "bills for the pills," is spent wisely on a safe and effective medication regimen. This is a benefit that we can all support and deliver now, as we work to also resolve the economic and political challenges in crafting a truly effective and affordable prescription drug benefit.

Because pharmacists improve the efficacy and cost-effectiveness of medication regimens and reduce medication-related problems and adverse effects, the addition of their services represents real value and enhances the prospects of achieving both an affordable Medicare drug benefit and improved health outcomes for Medicare beneficiaries. In fact, numerous studies over the past decade have demonstrated returns on investments of up to $17.00 for every single dollar invested in the provision of pharmacists' clinical and patient care services.

Our legislation provides a logical and very affordable first step in establishing the essential infrastructure of a Medicare prescription drug benefit. As the 1999 Institute of Medicine report "To Err is Human: Building a Safer Health System" stated:

> Because of the immense variety and complexity of medications now available, it is impossible for nurses and doctors to keep up with all of the information required for safe medication use. The pharmacist has become an essential resource . . . and thus access to his or her expertise must be possible at all times.

Our legislation will assure that the Medicare program leads, rather than follows, on this important health care quality issue. Pharmacists' collaborative medication therapy management services can and will make a real difference in the lives of Medicare beneficiaries. I urge my colleagues on both sides of the aisle to give this proposal their very serious consideration.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 171—RECOGNIZING THAT THE SAN ANTONIO SPURS ARE THE 2002–2003 NATIONAL BASKETBALL ASSOCIATION CHAMPIONS AND CONGRATULATING THE TEAM FOR ITS OUTSTANDING EXCELLENCE, DISCIPLINE, AND DOMINANCE

Mr. CORNYN (for himself and Mrs. HUTCHISON) submitted the following resolution; which was considered and agreed to:

S. RES. 171

Whereas the San Antonio Spurs are the undisputed 2002–2003 National Basketball Association champions and thus the basketball champions of the world;

Whereas the San Antonio Spurs are one of America's preeminent sports franchises and have now won their second NBA Championship in 5 years;

Whereas this exceptionally gifted team is guided by Greg Popovich, one of the most successful coaches in the last decade of professional basketball, who has now led the San Antonio Spurs to NBA championships twice in the last 5 years, who was named the winner of the Red Auerbach Trophy as the NBA Coach of the Year for the 2002–2003 season, and who is the first Spurs coach in franchise history to earn the Auerbach Trophy;

Whereas the San Antonio Spurs National Basketball Association championship was characterized by a remarkable team effort, led by the series' Most Valuable Player, Tim Duncan;

Whereas it is appropriate and fitting to congratulate David Robinson, who will now retire after 14 years with the San Antonio Spurs; and

Whereas it is appropriate and fitting to now offer these athletes, their coaches, and the great fans of the City of San Antonio and Bexar County, Texas, the attention and accolades they have earned: Now, therefore, be it

Resolved, That the Senate congratulates the entire 2002–2003 San Antonio Spurs team and its coach Greg Popovich for their remarkable achievement, and their excellence, discipline, and dominance.

AMENDMENTS SUBMITTED & PROPOSED

SA 927. Mr. EDWARDS (for himself, Mr. HARKIN, and Mr. PRYOR) submitted an amendment intended to be proposed by him to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; which was ordered to lie on the table.

SA 928. Mr. CORNYN (for Mr. CRAPO) proposed an amendment to the bill S. 520, to authorize the Secretary of the Interior to convey certain facilities to the Fremont-Madison Irrigation District in the State of Idaho.

TEXT OF AMENDMENTS

SA 927. Mr. EDWARDS (for himself, Mr. HARKIN, and Mr. PRYOR) submitted an amendment intended to be proposed by him to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

"MINIMUM STANDARDS FOR ELIGIBLE ENTITIES

"SEC. 1860 . (a) IN GENERAL.—The Secretary shall not award a contract to an eligible entity under this part unless the Secretary finds that the eligible entity agrees to comply with such terms and conditions as the Secretary shall specify, including the following:

"( ) DISCLOSURE REQUIREMENTS:

"(a) ACCESS TO NEGOTIATED PRICES.—

"DISCLOSURE.—The eligible entity shall disclose to the Administrator (at the time of bid submission under section 1860F and annually thereafter for the duration of the contract, in a manner specified by the Administrator) all discounts or rebates or other remuneration of price concessions made available to the eligible entity or an agent thereof by any source. The provisions of section

1927(b)(3)(D) shall apply to information disclosed to the Administrator under this paragraph. The annual disclosure to the Administrator shall include, but shall not be limited to—

''(A) the value, nature, and amount of any rebate, discount, price concession or other form of direct or indirect remuneration provided to the eligible entity, or any agent thereof (such as formulary access fees, formulary market share movement fees, pharmacy and therapeutic fees, disease or patient management programs, administrative fees, data processing fees, direct or indirect educational grants, mail order supplier fees, or other forms of remuneration or compensation) during the preceding calendar year by a drug manufacturer, packer, distributor, pharmacy or other entity; and

''(B) sufficient financial information to allow the Administrator to publish annually specific information on the total amount of discounts, price concessions or other remuneration passed through to enrollees, as well as the total revenues, operating costs and net profit (expressed both in dollar and percentage terms) of the eligible entity for each regional contract.

''(b) Eligible entitles shall report the same information to the General Accounting Office, which is directed to report annually to Congress on the status of the value, nature, and amount of any rebate, discount, price concession or other form of direct or indirect remuneration provided to the eligible entity, or any agent thereof.

''(c) AUDITS AND REPORTS.—To protect against fraud and abuse and to ensure proper disclosures and accounting, the Administrator shall on an annual basis audit the financial statements and records of the eligible entity or organization. Notwithstanding the provisions of section 1927(b)(3)(D), for each contract with an eligible entity the Administrator shall publicly report the aggregate results of such audits, as well as the disclosures made in subparagraph (d)(2)(B) of this section

''(2) USE OF REBATED FUNDS TO REDUCE COSTS TO BENEFICIARIES.—

''(A) The eligible entity agrees to allocate funds provided to the entity or retained by the entity from a rebate, discount, other reduction in price or a return of an overpayment in the amount it is required to tender to acquire covered pharmaceuticals as defined in Sec. 1860 __ so that the amount paid by the participating beneficiary or its predecessor in interest to obtain covered pharmaceuticals is reduced in a proportion that is equal to not less than half of the rebated, discounted, refunded, or otherwise retained amount and that the rebate, discount, other reduction in price or retained amount be applied to the covered pharmaceutical class, category, active ingredient, or other combination thereof for which the rebate, discount, other reduction in price or retained amount was provided or otherwise made available by the manufacturer, distributor, or other party in interest.

''(a) FAILURE TO COMPLY OR PROVISION OF FALSE INFORMATION.—Any eligible entity that enters into a contract under this part that knowingly fails to comply with the terms and conditions of this section or that knowingly provides false information related to the terms and conditions of this section is subject to a civil money penalty in an amount not to exceed $100,000 for each instance in which funds described in section (A) were not allocated in the prescribed manner or where the eligible entity knowingly provides false information related to actions required pursuant to section (A). Such civil money penalties are in addition to other penalties as may be prescribed by law. The provisions of section 1128A (other than subsections (a) and (b)) shall apply to a civil money penalty under this subparagraph in the same manner as such provisions apply to a penalty or proceeding under section 1128A(a).''.

SA 928. Mr. CORNYN (for Mr. CRAPO) proposed an amendment to the bill S. 520, to authorize the Secretary of the Interior to convey certain facilities to the Fremont-Madison Irrigation District in the State of Idaho; as follows:

On page 2, lines 14 and 15, strike ''(Contract No. 1425–0901–09MA–0910–093310)'' and insert ''(Contract No. 1425–01–MA–10–3310)''.

On page 3, line 10, strike ''No. 1425–0901–09MA–0910–093310'' and insert ''No. 1425–01–MA–10–3310''.

On page 4, lines 1 and 2, strike ''1425–0901–09MA–0910–093310'' and insert ''1425–01–MA–10–3310''.

On page 4, line 6, strike ''7–0907–0910–090W0179'' and insert ''7–07–10–W0179''.

NOTICES OF HEARINGS/MEETINGS

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY

Mr. DOMENICI. Mr. President, I announce that the Committee on Agriculture, Nutrition, and Forestry will conduct a meeting on June 18, 2003 in SR–328A at 9 a.m. The purpose of this meeting will be to discuss the nomination of Thomas Dorr to be Under Secretary of Agriculture for Rural Development.

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. DOMENICI. Mr. President, I would like to announce for the information of the Senate and the public that a hearing has been scheduled before the Committee on Energy and Natural Resources.

The hearing will be held on Tuesday, June 24, at 10 a.m. in Room SD–366 of the Dirksen Senate Office Building.

This is the first in a series of hearings devoted to the improved understanding of the governance of the Department of Energy laboratories and approaches to optimize the capability of those laboratories to respond to national needs.

The purpose of this first hearing is to evaluate changes over time in the relationship between the Department of Energy and its predecessors and contractors operating DOE laboratories and sites to determine if these changes have affected the ability of scientists and engineers to respond to national missions.

Because of the limited time available for the hearings, witnesses may testify by invitation only. However, those wishing to submit written testimony for the hearing record should send two copies of their testimony to the Committee on Energy and Natural Resources, United States Senate, Washington, D.C. 20510–6150.

PRIVILEGES OF THE FLOOR

Mr. KENNEDY. Mr. President, I ask unanimous consent that privileges of the floor be granted during the consideration of this legislation to Stacey Sachs, Debra Whitman, Jennifer Loukissas, David Dorsey, Prema Arasu, and Eric Sapp.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. HATCH. Mr. President, I ask unanimous consent that a member of my staff, Alan Fishman, and my legislative fellow, Dr. Jon Tilburt, be granted the privilege of the floor during debate on S.1, the Prescription Drug and Medicare Improvement Act of 2003.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. HATCH. Mr. President, I ask unanimous consent that the following staff members be allowed on the Senate floor for the duration of the debate on the Prescription Drug and Medicare Improvement Act of 2003: Nicholas J. Podsiadly, Collen Haddow, and Molly Zito.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. WYDEN. Mr. President, I ask unanimous consent that Thad Kousser, a legislative fellow in my office, be granted floor privileges for the duration of the debate on Medicare reform.

The PRESIDING OFFICER. Without objection, it is so ordered.

RECOGNIZING THAT THE SAN ANTONIO SPURS ARE THE 2002–2003 NATIONAL BASKETBALL ASSOCIATION CHAMPIONS

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 171, which was submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The assistant legislative clerk read as follows:

A bill (S. Res. 171) recognizing that the San Antonio Spurs are the 2002–2003 National Basketball Association champions and congratulating the team for its outstanding excellence, discipline, and dominance.

There being no objection, the Senate proceeded to consider the resolution.

Mr. CORNYN. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motion to reconsider be laid upon the table; and that any statements relating to this matter be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 171) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 171

Whereas the San Antonio Spurs are the undisputed 2002–2003 National Basketball Association champions and thus the basketball champions of the world;

Whereas the San Antonio Spurs are one of America's preeminent sports franchises and have now won their second NBA Championship in 5 years;

Whereas this exceptionally gifted team is guided by Greg Popovich, one of the most successful coaches in the last decade of professional basketball, who has now led the San Antonio Spurs to NBA championships twice in the last 5 years, who was named the winner of the Red Auerbach Trophy as the NBA Coach of the Year for the 2002–2003 season, and who is the first Spurs coach in franchise history to earn the Auerbach Trophy;

Whereas the San Antonio Spurs National Basketball Association championship was characterized by a remarkable team effort, led by the series' Most Valuable Player, Tim Duncan;

Whereas it is appropriate and fitting to congratulate David Robinson, who will now retire after 14 years with the San Antonio Spurs; and

Whereas it is appropriate and fitting to now offer these athletes, their coaches, and the great fans of the City of San Antonio and Bexar County, Texas, the attention and accolades they have earned: Now, therefore, be it

Resolved, That the Senate congratulates the entire 2002–2003 San Antonio Spurs team and its coach Greg Popovich for their remarkable achievement, and their excellence, discipline, and dominance.

THE CALENDAR

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate proceed en bloc to the immediate consideration of the following Energy bills: Calendar No. 124, S. 246; Calendar No. 125, S. 500; Calendar No. 127, S. 625; Calendar No. 128, S. 635; Calendar No. 129, H.R. 519; Calendar No. 130, H.R. 733; and Calendar No. 131, H.R. 788.

There being no objection, the Senate proceeded to consider the bills en bloc.

Mr. CORNYN. Mr. President, I further ask unanimous consent that, where applicable, the committee amendments be agreed to, the bills, as amended, if amended, be read a third time and passed, the motions to reconsider be laid upon the table, and that any statements relating to the bills be printed in the RECORD, with the above occurring en bloc.

The PRESIDING OFFICER. Without objection, it is so ordered.

LAND HELD IN TRUST FOR THE PUEBLO OF SANTA CLARA AND THE PUEBLO OF SAN ILDEFONSO IN THE STATE OF NEW MEXICO

The Senate proceeded to consider the bill (S. 246) to provide that certain Bureau of Land Management land shall be held in trust for the Pueblo of Santa Clara and the Pueblo of San Ildefonso in the State of New Mexico, which had been reported from the Committee on Energy and Natural Resources, with amendments, as follows:

[Strike the parts shown in black brackets and insert the parts shown in italic.]

S. 246

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DEFINITIONS.

In this Act:

(1) AGREEMENT.—The term ''Agreement'' means the agreement entitled ''Agreement to Affirm Boundary Between Pueblo of Santa Clara and Pueblo of San Ildefonso Aboriginal Lands Within Garcia Canyon Tract'', entered into by the Governors on December 20, 2000.

(2) BOUNDARY LINE.—The term ''boundary line'' means the boundary line established under section 4(a).

(3) GOVERNORS.—The term ''Governors'' means—

(A) the Governor of the Pueblo of Santa Clara, New Mexico; and

(B) the Governor of the Pueblo of San Ildefonso, New Mexico.

(4) INDIAN TRIBE.—The term ''Indian tribe'' has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

(5) PUEBLOS.—The term ''Pueblos'' means—

(A) the Pueblo of Santa Clara, New Mexico; and

(B) the Pueblo of San Ildefonso, New Mexico.

(6) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

(7) TRUST LAND.—The term ''trust land'' means the land held by the United States in trust under section 2(a) or 3(a).

SEC. 2. TRUST FOR THE PUEBLO OF SANTA CLARA, NEW MEXICO.

(a) IN GENERAL.—All right, title, and interest of the United States in and to the land described in subsection (b), including improvements on, appurtenances to, and mineral rights (including rights to oil and gas) to the land, shall be held by the United States in trust for the Pueblo of Santa Clara, [New Mexico.] *New Mexico, as part of the Santa Clara Reservation.*

(b) DESCRIPTION OF LAND.—The land referred to in subsection (a) consists of approximately 2,484 acres of Bureau of Land Management land located in Rio Arriba County, New Mexico, and more particularly described as—

(1) the portion of T. 20 N., R. 7 E., Sec. 22, New Mexico Principal Meridian, that is located north of the boundary line;

(2) the southern half of T. 20 N., R. 7 E., Sec. 23, New Mexico Principal Meridian;

(3) the southern half of T. 20 N., R. 7 E., Sec. 24, New Mexico Principal Meridian;

(4) T. 20 N., R. 7 E., Sec. 25, excluding the 5-acre tract in the southeast quarter owned by the Pueblo of San Ildefonso;

(5) the portion of T. 20 N., R. 7 E., Sec. 26, New Mexico Principal Meridian, that is located north and east of the boundary line;

(6) the portion of T. 20 N., R. 7 E., Sec. 27, New Mexico Principal Meridian, that is located north of the boundary line;

(7) the portion of T. 20 N., R. 8 E., Sec. 19, New Mexico Principal Meridian, that is not included in the Santa Clara Pueblo Grant or the Santa Clara Indian Reservation; and

(8) the portion of T. 20 N., R. 8 E., Sec. 30, that is not included in the Santa Clara Pueblo Grant or the San Ildefonso Grant.

SEC. 3. TRUST FOR THE PUEBLO OF SAN ILDEFONSO, NEW MEXICO.

(a) IN GENERAL.—All right, title, and interest of the United States in and to the land described in subsection (b), including improvements on, appurtenances to, and mineral rights (including rights to oil and gas) to the land, shall be held by the United States in trust for the Pueblo of San Ildefonso, [New Mexico.] *New Mexico, as part of the San Ildefonso Reservation.*

(b) DESCRIPTION OF LAND.—The land referred to in subsection (a) consists of approximately 2,000 acres of Bureau of Land Management land located in Rio Arriba County and Santa Fe County in the State of New Mexico, and more particularly described as—

(1) the portion of T. 20 N., R. 7 E., Sec. 22, New Mexico Principal Meridian, that is located south of the boundary line;

(2) the portion of T. 20 N., R. 7 E., Sec. 26, New Mexico Principal Meridian, that is located south and west of the boundary line;

(3) the portion of T. 20 N., R. 7 E., Sec. 27, New Mexico Principal Meridian, that is located south of the boundary line;

(4) T. 20 N., R. 7 E., Sec. 34, New Mexico Principal Meridian; and

(5) the portion of T. 20 N., R. 7 E., Sec. 35, New Mexico Principal Meridian, that is not included in the San Ildefonso Pueblo Grant.

SEC. 4. SURVEY AND LEGAL DESCRIPTIONS.

(a) SURVEY.—Not later than 180 days after the date of enactment of this Act, the Office of Cadastral Survey of the Bureau of Land Management shall, in accordance with the Agreement, complete a survey of the boundary line established under the Agreement for the purpose of establishing, in accordance with sections 2(b) and 3(b), the boundaries of the trust land.

(b) LEGAL DESCRIPTIONS.—

(1) PUBLICATION.—On approval by the Governors of the survey completed under subsection (a), the Secretary shall publish in the Federal Register—

(A) a legal description of the boundary line; and

(B) legal descriptions of the trust land.

(2) TECHNICAL CORRECTIONS.—Before the date on which the legal descriptions are published under paragraph (1)(B), the Secretary may correct any technical errors in the descriptions of the trust land provided in sections 2(b) and 3(b) to ensure that the descriptions are consistent with the terms of the Agreement.

(3) EFFECT.—Beginning on the date on which the legal descriptions are published under paragraph (1)(B), the legal descriptions shall be the official legal descriptions of the trust land.

SEC. 5. ADMINISTRATION OF TRUST LAND.

[(a) IN GENERAL.—Beginning on the date of enactment of this Act—

[(1) the land held in trust under section 2(a) shall be declared to be a part of the Santa Clara Indian Reservation; and

[(2) the land held in trust under section 3(a) shall be declared to be a part of the San Ildefonso Indian Reservation.

[(b) APPLICABLE LAW.—

[(1) IN GENERAL.—The trust land shall be administered in accordance with any law (including regulations) or court order generally applicable to property held in trust by the United States for Indian tribes.

[(2) PUEBLO LANDS ACT.—The following shall be subject to section 17 of the Act of June 7, 1924 (commonly known as the ''Pueblo Lands Act'') (25 U.S.C. 331 note):

[(A) The trust land.

[(B) Any land owned as of the date of enactment of this Act or acquired after the date of enactment of this Act by the Pueblo of Santa Clara in the Santa Clara Pueblo Grant.

[(C) Any land owned as of the date of enactment of this Act or acquired after the date of enactment of this Act by the Pueblo of San Ildefonso in the San Ildefonso Pueblo Grant.

[(c) USE OF TRUST LAND.—

[(1) IN GENERAL.—Subject to the criteria developed under paragraph (2), the trust land may be used only for—

[(A) traditional and customary uses; or

[(B) stewardship conservation for the benefit of the Pueblo for which the trust land is held in trust.

[(2) CRITERIA.—The Secretary shall work with the Pueblos to develop appropriate criteria for using the trust land in a manner that preserves the trust land for traditional and customary uses or stewardship conservation.

[(3) LIMITATION.—Beginning on the date of enactment of this Act, the trust land shall

not be used for any new commercial developments.

[SEC. 6. EFFECT.

[Nothing in this Act—

[(1) affects any valid right-of-way, lease, permit, mining claim, grazing permit, water right, or other right or interest of a person or entity (other than the United States) that is—

[(A) in or to the trust land; and

[(B) in existence before the date of enactment of this Act;

[(2) enlarges, impairs, or otherwise affects a right or claim of the Pueblos to any land or interest in land that is—

[(A) based on Aboriginal or Indian title; and

[(B) in existence before the date of enactment of this Act;

[(3) constitutes an express or implied reservation of water or water right with respect to the trust land; or

[(4) affects any water right of the Pueblos in existence before the date of enactment of this Act.]

(a) APPLICABLE LAW.—The trust land shall be administered in accordance with laws generally applicable to property held in trust by the United States for Indian tribes.

(b) PUEBLO LANDS ACT.—The following shall be subject to section 17 of the Act of June 7, 1924 (25 U.S.C. 331 note; commonly known as the ''Pueblo Lands Act''):

(1) The trust land.

(2) Any land owned as of the date of enactment of this Act or acquired after the date of enactment of this Act by the Pueblo of Santa Clara in the Santa Clara Pueblo Grant.

(3) Any land owned as of the date of enactment of this Act or acquired after the date of enactment of this Act by the Pueblo of Santa Ildefonso in the San Ildefonso Pueblo Grant.

(c) USE OF TRUST LAND.—Subject to criteria developed by the Pueblos in concert with the Secretary, the trust land may be used only for traditional and customary uses or stewardship conservation for the benefit of the Pueblo for which the trust land is held in trust. Beginning on the date of enactment of this Act, the trust land shall not be used for any new commercial developments.

SEC. 6. EFFECT.

Nothing in this Act—

(1) affects any valid right-of-way, lease, permit, mining claim, grazing permit, water right, or other right or interest of any person or entity (other than the United States) in or to the trust land that is in existence before the date of enactment of this Act;

(2) enlarges, impairs, or otherwise affects a right or claim of the Pueblos to any land or interest in land based on Aboriginal or Indian title that is in existence before the date of enactment of this Act;

(3) constitutes an express or implied reservation of water or water right for any purpose with respect to the trust land; or

(4) affects any water right of the Pueblos in existence before the date of enactment of this act.

The committee amendments were agreed to.

The bill (S. 246), as amended, was read the third time and passed.

S. 246

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DEFINITIONS.

In this Act:

(1) AGREEMENT.—The term ''Agreement'' means the agreement entitled ''Agreement to Affirm Boundary Between Pueblo of Santa Clara and Pueblo of San Ildefonso Aboriginal Lands Within Garcia Canyon Tract'', entered into by the Governors on December 20, 2000.

(2) BOUNDARY LINE.—The term ''boundary line'' means the boundary line established under section 4(a).

(3) GOVERNORS.—The term ''Governors'' means—

(A) the Governor of the Pueblo of Santa Clara, New Mexico; and

(B) the Governor of the Pueblo of San Ildefonso, New Mexico.

(4) INDIAN TRIBE.—The term ''Indian tribe'' has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

(5) PUEBLOS.—The term ''Pueblos'' means—

(A) the Pueblo of Santa Clara, New Mexico; and

(B) the Pueblo of San Ildefonso, New Mexico.

(6) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

(7) TRUST LAND.—The term ''trust land'' means the land held by the United States in trust under section 2(a) or 3(a).

SEC. 2. TRUST FOR THE PUEBLO OF SANTA CLARA, NEW MEXICO.

(a) IN GENERAL.—All right, title, and interest of the United States in and to the land described in subsection (b), including improvements on, appurtenances to, and mineral rights (including rights to oil and gas) to the land, shall be held by the United States in trust for the Pueblo of Santa Clara, New Mexico, as part of the Santa Clara Reservation.

(b) DESCRIPTION OF LAND.—The land referred to in subsection (a) consists of approximately 2,484 acres of Bureau of Land Management land located in Rio Arriba County, New Mexico, and more particularly described as—

(1) the portion of T. 20 N., R. 7 E., Sec. 22, New Mexico Principal Meridian, that is located north of the boundary line;

(2) the southern half of T. 20 N., R. 7 E., Sec. 23, New Mexico Principal Meridian;

(3) the southern half of T. 20 N., R. 7 E., Sec. 24, New Mexico Principal Meridian;

(4) T. 20 N., R. 7 E., Sec. 25, excluding the 5-acre tract in the southeast quarter owned by the Pueblo of San Ildefonso;

(5) the portion of T. 20 N., R. 7 E., Sec. 26, New Mexico Principal Meridian, that is located north and east of the boundary line;

(6) the portion of T. 20 N., R. 7 E., Sec. 27, New Mexico Principal Meridian, that is located north of the boundary line;

(7) the portion of T. 20 N., R. 8 E., Sec. 19, New Mexico Principal Meridian, that is not included in the Santa Clara Pueblo Grant or the Santa Clara Indian Reservation; and

(8) the portion of T. 20 N., R. 8 E., Sec. 30, that is not included in the Santa Clara Pueblo Grant or the San Ildefonso Grant.

SEC. 3. TRUST FOR THE PUEBLO OF SAN ILDEFONSO, NEW MEXICO.

(a) IN GENERAL.—All right, title, and interest of the United States in and to the land described in subsection (b), including improvements on, appurtenances to, and mineral rights (including rights to oil and gas) to the land, shall be held by the United States in trust for the Pueblo of San Ildefonso, New Mexico, as part of the San Ildefonso Reservation.

(b) DESCRIPTION OF LAND.—The land referred to in subsection (a) consists of approximately 2,000 acres of Bureau of Land Management land located in Rio Arriba County and Santa Fe County in the State of New Mexico, and more particularly described as—

(1) the portion of T. 20 N., R. 7 E., Sec. 22, New Mexico Principal Meridian, that is located south of the boundary line;

(2) the portion of T. 20 N., R. 7 E., Sec. 26, New Mexico Principal Meridian, that is located south and west of the boundary line;

(3) the portion of T. 20 N., R. 7 E., Sec. 27, New Mexico Principal Meridian, that is located south of the boundary line;

(4) T. 20 N., R. 7 E., Sec. 34, New Mexico Principal Meridian; and

(5) the portion of T. 20 N., R. 7 E., Sec. 35, New Mexico Principal Meridian, that is not included in the San Ildefonso Pueblo Grant.

SEC. 4. SURVEY AND LEGAL DESCRIPTIONS.

(a) SURVEY.—Not later than 180 days after the date of enactment of this Act, the Office of Cadastral Survey of the Bureau of Land Management shall, in accordance with the Agreement, complete a survey of the boundary line established under the Agreement for the purpose of establishing, in accordance with sections 2(b) and 3(b), the boundaries of the trust land.

(b) LEGAL DESCRIPTIONS.—

(1) PUBLICATION.—On approval by the Governors of the survey completed under subsection (a), the Secretary shall publish in the Federal Register—

(A) a legal description of the boundary line; and

(B) legal descriptions of the trust land.

(2) TECHNICAL CORRECTIONS.—Before the date on which the legal descriptions are published under paragraph (1)(B), the Secretary may correct any technical errors in the descriptions of the trust land provided in sections 2(b) and 3(b) to ensure that the descriptions are consistent with the terms of the Agreement.

(3) EFFECT.—Beginning on the date on which the legal descriptions are published under paragraph (1)(B), the legal descriptions shall be the official legal descriptions of the trust land.

SEC. 5. ADMINISTRATION OF TRUST LAND.

(a) APPLICABLE LAW.—The trust land shall be administered in accordance with laws generally applicable to property held in trust by the United States for Indian tribes.

(b) PUEBLO LANDS ACT.—The following shall be subject to section 17 of the Act of June 7, 1924 (25 U.S.C. 331 note; commonly known as the ''Pueblo Lands Act''):

(1) The trust land.

(2) Any land owned as of the date of enactment of this Act or acquired after the date of enactment of this Act by the Pueblo of Santa Clara in the Santa Clara Pueblo Grant.

(3) Any land owned as of the date of enactment of this Act or acquired after the date of enactment of this Act by the Pueblo of Santa Ildefonso in the San Ildefonso Pueblo Grant.

(c) USE OF TRUST LAND.—Subject to criteria developed by the Pueblos in concert with the Secretary, the trust land may be used only for traditional and customary uses or stewardship conservation for the benefit of the Pueblo for which the trust land is held in trust. Beginning on the date of enactment of this Act, the trust land shall not be used for any new commercial developments.

SEC. 6. EFFECT.

Nothing in this Act—

(1) affects any valid right-of-way, lease, permit, mining claim, grazing permit, water right, or other right or interest of any person or entity (other than the United States) in or to the trust land that is in existence before the date of enactment of this Act;

(2) enlarges, impairs, or otherwise affects a right or claim of the Pueblos to any land or interest in land based on Aboriginal or Indian title that is in existence before the date of enactment of this Act;

(3) constitutes an express or implied reservation of water or water right for any purpose with respect to the trust land; or

(4) affects any water right of the Pueblos in existence before the date of enactment of this act.

BEAUFORT, SOUTH CAROLINA, STUDY ACT OF 2003

The Senate proceeded to consider the bill (S. 500) to direct the Secretary of the Interior to study certain sites in the historic district of Beaufort, South Carolina, relating to the Reconstruction Era, which had been reported from the Committee on Energy and Natural Resources, with an amendment to strike all after the enacting clause and inserting in lieu thereof the following:

[Strike the part shown in black brackets and insert the part shown in italic.]

S. 500

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

[SECTION 1. SHORT TITLE.

[This Act may be cited as the ''Beaufort, South Carolina, Study Act of 2003''.

[SEC. 2. DEFINITIONS.

[In this Act:

[(1) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

[(2) STUDY AREA.—

[(A) IN GENERAL.—The term ''study area'' means the area comprised of historical sites in the historic district of Beaufort, South Carolina, relating to the Reconstruction Era.

[(B) INCLUSIONS.—The term ''study area'' includes—

[(i) the Penn School;

[(ii) the Old Fort Plantation on the Beaufort River;

[(iii) the Freedmen's Bureau in Beaufort College;

[(iv) the First Freedmen's Village of Mitchellville on Hilton Head Island;

[(v) various historic buildings and archaeological sites associated with Robert Smalls;

[(vi) the Beaufort Arsenal; and

[(vii) other significant sites relating to the Reconstruction Era.

[SEC. 3. SPECIAL RESOURCE STUDY.

[(a) IN GENERAL.—The Secretary shall conduct a special resource study of the study area to assess the suitability and feasibility of designating the study area as a unit of the National Park System.

[(b) APPLICABLE LAW.—The study required under subsection (a) shall be conducted in accordance with section 8(c) of Public Law 91–383 (16 U.S.C. 1a–5(c)).

[(c) REPORT.—Not later than 3 years after the date on which funds are made available to carry out the study under subsection (a), the Secretary shall submit to the Committee on Resources of the House of Representatives and the Committee on Energy and Natural Resources of the Senate a report that describes—

[(1) the findings of the study; and

[(2) any conclusions and recommendations of the Secretary.

[SEC. 4. THEME STUDY.

[(a) IN GENERAL.—The Secretary shall conduct a national historic landmark theme study to identify sites and resources in the United States that are significant to the Reconstruction Era.

[(b) CONTENTS.—The theme study shall include recommendations for commemorating and interpreting sites and resources identified by the theme study, including—

[(1) sites that should be nominated as national historic landmarks; and

[(2) sites for which further study for potential inclusion in the National Park System should be authorized.

[(c) REPORT.—Not later than 3 years after the date on which funds are made available to carry out the study under subsection (a), the Secretary shall submit to the Committee on Resources of the House of Representatives and the Committee on Energy and Natural Resources of the Senate a report that describes—

[(1) the findings of the study; and

[(2) any conclusions and recommendations of the Secretary.

[SEC. 5. AUTHORIZATION OF APPROPRIATIONS.

[There are authorized to be appropriated such sums as are necessary to carry out this Act.]

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Beaufort County, South Carolina, Study Act of 2003''.

SEC. 2. DEFINITIONS.

In this Act:

(1) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

(2) STUDY AREA.—The term ''study area'' means the historical sites in Beaufort County, South Carolina, relating to the Reconstruction Era including—

(A) the Penn School;

(B) the Old Fort Plantation on the Beaufort River;

(C) the Freedman's Bureau in Beaufort College;

(D) the first Freedman's Village of Mitchellville on Hilton Head Island;

(E) various historic buildings and archaeological sites associated with Robert Smalls;

(F) the Beaufort Arsenal; and

(G) other significant sites relating to the Reconstruction Era.

SEC. 3. SPECIAL RESOURCE STUDY.

(a) STUDY.—The Secretary shall conduct a special resource study of the study area to assess the national significance, suitability and feasibility of designating the study area as a unit of the National Park System in accordance with section 8(c) of Public Law 91–383 (16 U.S.C. 1a–5(c)).

(b) REPORT.—Not later than 3 years after the date on which funds are made available to carry out the special resource study, the Secretary shall submit to Congress a report that describes the findings of the study and any conclusions and recommendations of the Secretary.

SEC. 4. THEME STUDY.

(a) STUDY.—The Secretary shall conduct a national historic landmark theme study to identify sites and resources in the United States that are significant to the Reconstruction Era, and shall include recommendations for commemorating and interpreting sites and resources identified by the theme study such as sites that should be nominated as national historic landmarks and sites that warrant further study for potential inclusion in the National Park System.

(b) REPORT.—Not later than 3 years after the date on which funds are made available to carry out the theme study, the Secretary shall submit to the Congress a report that describes the findings of the study and any conclusions and recommendations of the Secretary.

SEC. 5. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appointed such sums as are necessary to carry out this Act.

The committee amendment, in the nature of a substitute, was agreed to.

The bill (S. 500), as amended, was read the third time and passed.

TUALATIN RIVER BASIN WATER SUPPLY ENHANCEMENT ACT OF 2003

The Senate proceeded to consider the bill (S. 625) to authorize the Bureau of Reclamation to conduct certain feasibility studies in the Tualatin River Basin in Oregon, and for other purposes, which had been reported from the Committee on Energy and Natural Resources, with an amendment, as follows:

[Strike the part shown in black brackets and insert the part shown in italic.]

S. 625

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Tualatin River Basin Water Supply Enhancement Act of 2003''.

SEC. 2. AUTHORIZATION TO CONDUCT FEASIBILITY STUDIES.

(a) The Secretary of the Interior is authorized to conduct the Tualatin River Basin water supply feasibility study in order to—

(1) identify ways to meet future water supply needs for agriculture, municipal and industrial uses;

(2) identify water conservation and water storage measures;

(3) identify measures that would improve water quality, and enable environmental and species protection; and,

(4) where appropriate, evaluate integrated water resource management and supply needs in the Tualatin River Basin in the State of Oregon.

(b) The federal share of the costs of the study authorized by this section shall not exceed 50 per centum of the total, and shall be non-reimbursable and non-returnable.

(c) Activities funded under this Act shall not be considered a supplemental or additional benefit under the Act of June 17, 1902 [(82 Stat. 388)] *(32 Stat. 388)* and all Acts amendatory thereof or supplementary thereto.

SEC. 3. AUTHORIZATION OF APPROPRIATIONS.

There are authorized such sums as necessary to carry out the purposes of this Act.

The committee amendment was agreed to.

The bill (S. 625), as amended, was read the third time and passed, as follows:

S. 625

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Tualatin River Basin Water Supply Enhancement Act of 2003''.

SEC. 2. AUTHORIZATION TO CONDUCT FEASIBILITY STUDIES.

(a) The Secretary of the Interior is authorized to conduct the Tualatin River Basin water supply feasibility study in order to—

(1) identify ways to meet future water supply needs for agriculture, municipal and industrial uses;

(2) identify water conservation and water storage measures;

(3) identify measures that would improve water quality, and enable environmental and species protection; and,

(4) where appropriate, evaluate integrated water resource management and supply needs in the Tualatin River Basin in the State of Oregon.

(b) The federal share of the costs of the study authorized by this section shall not exceed 50 per centum of the total, and shall be non-reimbursable and non-returnable.

(c) Activities funded under this Act shall not be considered a supplemental or additional benefit under the Act of June 17, 1902 (32 Stat. 388) and all Acts amendatory thereof or supplementary thereto.

SEC. 3. AUTHORIZATION OF APPROPRIATIONS.

There are authorized such sums as necessary to carry out the purposes of this Act.

PIONEER NATIONAL HISTORIC TRAILS STUDIES ACT

The Senate proceeded to consider the bill (S. 635) to amend the National Trails System Act to require the Secretary of the Interior to update the feasibility and suitability studies of four national historic trails, and for other purposes, which had been reported from the Committee on Energy and Natural Resources, with an amendment to strike all after the enacting clause and inserting in lieu thereof the following:

[Strike the parts shown in black brackets and insert the parts shown in italic.]

S. 635

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

[SECTION 1. SHORT TITLE.

[This Act may be cited as the ''Pioneer National Historic Trails Studies Act''.

[SEC. 2. REVISION OF FEASIBILITY AND SUITABILITY STUDIES OF EXISTING NATIONAL HISTORIC TRAILS.

[The National Trails System Act is amended by inserting after section 5 (16 U.S.C. 1244) the following new section:

[''SEC. 5A. REVISION OF FEASIBILITY AND SUITABILITY STUDIES OF EXISTING TRAILS FOR POSSIBLE TRAIL EXPANSION.

[''(a) DEFINITIONS.—In this section:

[''(1) ROUTE.—The term 'route' includes a trail segment commonly known as a cutoff.

[''(2) SHARED ROUTE.—The term 'shared route' means a route that was a segment of more than one historic trail, including a route shared with an existing national historic trail.

[''(b) GENERAL RULES.—

[''(1) STUDY REQUIREMENTS AND OBJECTIVES.—The study requirements and objectives specified in section 5(b) shall apply to a study required by this section.

[''(2) COMPLETION AND SUBMISSION OF STUDY.—Not later than three complete fiscal years after the date of the enactment of this section, the Secretary shall complete and submit to Congress the studies required by subsections (c) through (g). In the case of a study added to this section after that date, the study shall be completed and submitted to Congress not later than three complete fiscal years after the date of the enactment of the law adding the study to this section.

[''(c) OREGON NATIONAL HISTORIC TRAIL.—The Secretary of the Interior shall undertake a study of the routes of the Oregon Trail, as generally depicted on the map entitled 'Western Emigrant Trails 1830/1870' and dated 1991/1993, and such other routes of the Oregon Trail that the Secretary considers appropriate, to determine the feasibility and suitability of designation of one or more of the routes as components of the Oregon National Historic Trail. The routes to be studied under this subsection include the following:

[''(1) Whitman Mission route.

[''(2) Upper Columbia River.

[''(3) Cowlitz River route.

[''(4) Meek cutoff.

[''(5) Free Emigrant Road.

[''(6) North Alternate Oregon Trail.

[''(7) Goodale's cutoff.

[''(8) North Side alternate route.

[''(9) Cutoff to Barlow Road.

[''(10) Naches Pass Trail.

[''(d) PONY EXPRESS NATIONAL HISTORIC TRAIL.—The Secretary of the Interior shall undertake a study of the approximately 20-mile southern alternative route of the Pony Express Trail from Wathena, Kansas, to Troy, Kansas, and such other routes of the Pony Express Trail that the Secretary considers appropriate, to determine the feasibility and suitability of designation of one or more of the routes as components of the Pony Express National Historic Trail.

[''(e) CALIFORNIA NATIONAL HISTORIC TRAIL.—The Secretary of the Interior shall undertake a study of certain Missouri Valley, central, and western routes of the California Trail, as generally depicted on the map entitled 'Western Emigrant Trails 1830/1870' and dated 1991/1993, and such other and shared Missouri Valley, central, and western routes that the Secretary considers appropriate, to determine the feasibility and suitability of designation of one or more of the routes as components of the California National Historic Trail. The routes to be studied under this subsection include the following:

[''(1) MISSOURI VALLEY ROUTES.—

[''(A) Blue Mills-Independence Road.

[''(B) Westport Landing Road.

[''(C) Westport-Lawrence Road.

[''(D) Fort Leavenworth-Blue River route.

[''(E) Road to Amazonia.

[''(F) Union Ferry Route.

[''(G) Old Wyoming-Nebraska City cutoff.

[''(H) Lower Plattsmouth Route.

[''(I) Lower Bellevue Route.

[''(J) Woodbury cutoff.

[''(K) Blue Ridge cutoff.

[''(L) Westport Road.

[''(M) Gum Springs-Fort Leavenworth route.

[''(N) Atchison/Independence Creek routes.

[''(O) Fort Leavenworth-Kansas River route.

[''(P) Nebraska City cutoff routes.

[''(Q) Minersville-Nebraska City Road.

[''(R) Upper Plattsmouth route.

[''(S) Upper Bellevue route.

[''(2) CENTRAL ROUTES.—

[''(A) Cherokee Trail, including splits.

[''(B) Weber Canyon route of Hastings cutoff.

[''(C) Bishop Creek cutoff.

[''(D) McAuley cutoff.

[''(E) Diamond Springs cutoff.

[''(F) Secret Pass.

[''(G) Greenhorn cutoff.

[''(H) Central Overland Trail.

[''(3) WESTERN ROUTES.—

[''(A) Bidwell-Bartleson route.

[''(B) Georgetown/Dagget Pass Trail.

[''(C) Big Trees Road.

[''(D) Grizzly Flat cutoff.

[''(E) Nevada City Road.

[''(F) Yreka Trail.

[''(G) Henness Pass route.

[''(H) Johnson cutoff.

[''(I) Luther Pass Trail.

[''(J) Volcano Road.

[''(K) Sacramento-Coloma Wagon Road.

[''(L) Burnett cutoff.

[''(M) Placer County Road to Auburn.

[''(f) MORMON PIONEER NATIONAL HISTORIC TRAIL.—The Secretary of the Interior shall undertake a study of certain routes of the Morman Pioneer Trail, as generally depicted on the map entitled 'Western Emigrant Trails 1830/1870' and dated 1991/1993, and such other routes of the Mormon Pioneer Trail that the Secretary considers appropriate, to determine the feasibility and suitability of designation of one or more of the routes as components of the Mormon Pioneer National Historic Trail. The routes to be studied under this subsection include the following:

[''(1) 1846 Subsequent routes A and B (Lucas and Clarke Counties, Iowa).

[''(2) 1856–57 Handcart route (Iowa City to Council Bluffs).

[''(3) Keokuk route (Iowa).

[''(4) 1847 Alternative Elkhorn and Loup River Crossings in Nebraska.

[''(5) Fort Leavenworth Road, including the Ox Bow route and alternates in Kansas and Missouri (Oregon and California Trail routes used by Mormon emigrants).

[''(6) 1850 Golden Pass Road in Utah.

[''(g) SHARED CALIFORNIA AND OREGON TRAIL ROUTES.—The Secretary of the Interior shall undertake a study of certain shared routes of the California Trail and Oregon Trail, as generally depicted on the map entitled 'Western Emigrant Trails 1830/1870' and dated 1991/1993, and such other shared routes that the Secretary considers appropriate, to determine the feasibility and suitability of designation of one or more of the routes as shared components of the California National Historic Trail and the Oregon National Historic Trail. The routes to be studied under this subsection include the following:

[''(1) St. Joe Road.

[''(2) Council Bluffs Road.

[''(3) Sublette cutoff.

[''(4) Applegate route.

[''(5) Old Fort Kearny Road (Oxbow Trail).

[''(6) Childs cutoff.

[''(7) Raft River to Applegate.''.]

SECTION 1. REVISION OF FEASIBILITY AND SUITABILITY STUDIES OF EXISTING NATIONAL HISTORIC TRAILS.

Section 5 of the National Trails System Act (16 U.S.C. 1244) is amended by inserting the following new subsection:

''(g) The Secretary shall revise the feasibility and suitability studies for certain national trails for consideration of possible additions to the trails.

''(1) IN GENERAL.—

''(A) DEFINITIONS.—In this subsection:

''(i) ROUTE.—The term 'route' includes a trail segment commonly known as a cutoff.

''(ii) SHARED ROUTE.—The term 'shared route' means a route that was a segment of more than one historic trail, including a route shared with an existing national historic trail.

''(B) STUDY REQUIREMENTS AND OBJECTIVES.—The study requirements and objectives specified in subsection (b) shall apply to a study required by this subsection.

''(C) COMPLETION AND SUBMISSION OF STUDY.—A study listed in this subsection shall be completed and submitted to the Congress not later than three complete fiscal years from the date funds are made available for the study.

''(2) OREGON NATIONAL HISTORIC TRAIL.—

''(A) STUDY REQUIRED.—The Secretary of the Interior shall undertake a study of the routes of the Oregon Trail listed in subparagraph (B) and generally depicted on the map entitled 'Western Emigrant Trails 1830/1870' and dated 1991/1993, and of such other routes of the Oregon Trail that the Secretary considers appropriate, to determine the feasibility and suitability of designation of one or more of the routes as components of the Oregon National Historic Trail.

''(B) COVERED ROUTES.—The routes to be studied under subparagraph (A) shall include the following:

''(i) Whitman Mission route.

''(ii) Upper Columbia River.

''(iii) Cowlitz River route.

''(iv) Meek cutoff.

''(v) Free Emigrant Road.

''(vi) North Alternate Oregon Trail.

''(vii) Goodale's cutof.

''(viii) North Side alternate route.

''(ix) Cutoff to Barlow road.

''(x) Naches Pass Trail.

''(3) PONY EXPRESS NATIONAL HISTORIC TRAIL.—The Secretary of the Interior shall undertake a study of the approximately 20-mile southern alternative route of the Pony Express Trail from Wathena, Kansas, to Troy, Kansas, and such other routes of the Pony Express Trail that the Secretary considers appropriate, to determine the feasibility and suitability of designation of one or more of the routes as components of the Pony Express National Historic Trail.

''(4) CALIFORNIA NATIONAL HISTORIC TRAIL.—

''(A) STUDY REQUIRED.—The Secretary of the Interior shall undertake a study of the Missouri Valley, central, and western routes of the California Trail listed in subparagraph (B) and generally depicted on the map entitled 'Western Emigrant Trails 1830/1870' and dated 1991/1993, and of such other and shared Missouri Valley, central, and western routes that the Secretary considers appropriate, to determine the feasibility and suitability of designation of one or more of the routes as components of the California National Historic Trail.

''(B) COVERED ROUTES.—The routes to be studied under subparagraph (A) shall include the following:

''(i) MISSOURI VALLEY ROUTES.—

''(I) Blue Mills-Independence Road.

''(II) Westport Landing Road.

''(III) Westport-Lawrence Road.

''(IV) Fort Leavenworth-Blue River route.

''(V) Road to Amazonia.

''(VI) Union Ferry Route.

''(VII) Old Wyoming-Nebraska City cutoff.

''(VIII) Lower Plattsmouth Route.

''(IX) Lower Bellevue Route.

''(X) Woodbury cutoff.

''(XI) Blue Ridge cutoff.

''(XII) Westport Road.

''(XIII) Gum Springs-Fort Leavenworth route.

''(XIV) Atchison/Independence Creek routes.

''(XV) Fort Leavenworth-Kansas River route.

''(XVI) Nebraska City cutoff routes.

''(XVII) Minersville-Nebraska City Road.

''(XVIII) Upper Plattsmouth route.

''(XIX) Upper Bellevue route.

''(ii) CENTRAL ROUTES.—

''(I) Cherokee Trail, including splits.

''(II) Weber Canyon route of Hastings cutoff.

''(III) Bishop Creek cutoff.

''(IV) McAuley cutoff.

''(V) Diamond Springs cutoff.

''(VI) Secret Pass.

''(VII) Greenhorn cutoff.

''(VIII) Central Overland Trail.

''(iii) WESTERN ROUTES.—

''(I) Bidwell-Bartleson route.

''(II) Georgetown/Dagget Pass Trail.

''(III) Big Trees Road.

''(IV) Grizzly Flat cutoff.

''(V) Nevada City Road.

''(VI) Yreka Trail.

''(VII) Henness Pass route.

''(VIII) Johnson cutoff.

''(IX) Luther Pass Trail.

''(X) Volcano Road.

''(XI) Sacramento-Coloma Wagon Road.

''(XII) Burnett cutoff.

''(XIII) Placer County Road to Auburn.

''(5) MORMON PIONEER NATIONAL HISTORIC TRAIL.—

''(A) STUDY REQUIRED.—The Secretary of the Interior shall undertake a study of the routes of the Mormon Pioneer Trail listed in subparagraph (B) and generally depicted in the map entitled 'Western Emigrant Trails 1830/1870' and dated 1991/1993, and of such other routes of the Mormon Pioneer Trail that the Secretary considers appropriate, to determine the feasibility and suitability of designation of one or more of the routes as components of the Mormon Pioneer National Historic Trail.

''(B) COVERED ROUTES.—The routes to be studied under subparagraph (A) shall include the following:

''(i) 1846 Subsequent routes A and B (Lucas and Clarke Counties, Iowa).

''(ii) 1856–57 Handcart route (Iowa City to Council Bluffs).

''(iii) Keokuk route (Iowa).

''(iv) 1847 Alternative Elkhorn and Loup River Crossings in Nebraska.

''(v) Fort Leavenworth Road; Ox Bow route and alternates in Kansas and Missouri (Oregon and California Trail routes used by Mormon emigrants).

''(vi) 1850 Golden Pass Road in Utah.

''(6) SHARED CALIFORNIA AND OREGON TRAIL ROUTES.—

''(A) STUDY REQUIRED.—The Secretary of the Interior shall undertake a study of the shared routes of the California Trail and Oregon Trail listed in subparagraph (B) and generally depicted on the map entitled 'Western Emigrant Trails 1830/1870' and dated 1991/1993, and of such other shared routes that the Secretary considers appropriate, to determine the feasibility and suitability of designation of one or more of the routes as shared components of the California National Historic Trail and the Oregon National Historic Trail.

''(B) COVERED ROUTES.—The routes to be studied under subparagraph (A) shall include the following:

''(i) St. Joe Road.

''(ii) Council Bluffs Road.

''(iii) Sublette cutoff.

''(iv) Applegate route.

''(v) Old Fort Kearny Road (Oxbow Trail).

''(vi) Childs cutoff.

''(vii) Raft River to Applegate.''.

The committee amendment, in the nature of a substitute, was agreed to.

The bill (S. 635), as amended, was read the third time and passed.

SAN GABRIEL RIVER WATERSHED STUDY ACT

The bill (H.R. 519) to authorize the Secretary of the Interior to conduct a study of the San Gabriel River Watershed, and for other purposes, was considered, read the third time, and passed.

McLOUGHLIN HOUSE NATIONAL HISTORIC SITE ACT

The Senate proceeded to consider the bill (H.R. 733) to authorize the Secretary of the Interior to acquire the McLoughlin House National Historic Site in Oregon City, Oregon, and to administer the site as a unit of the National Park System, and for other purposes, which had been reported from the Committee on Energy and Natural Resources, with an amendment in the nature of a substitute and an amendment to the title.

[Strike the part shown in black brackets and insert the part shown in italic.]

H.R. 733

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

[SECTION 1. SHORT TITLE; DEFINITIONS.

[(a) SHORT TITLE.—This Act may be cited as the ''McLoughlin House National Historic Site Act''.

[(b) DEFINITIONS.—For the purposes of this Act, the following definitions apply:

[(1) ASSOCIATION.—The term ''Association'' means the McLoughlin Memorial Association, an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from taxation under section 501(a) of such Code.

[(2) CITY.—The term ''City'' means Oregon City, Oregon.

[(3) HISTORIC SITE.—The term ''Historic Site'' means the McLoughlin House National Historic Site which is described in the Acting Assistant Secretary of the Interior's Order of June 27, 1941, and generally depicted on the map entitled ''McLoughlin House National Historic Site'', numbered 007/80,000, and dated 12/01/01, and includes the McLoughlin House, the Barclay House, and other associated real property, improvements, and personal property.

[(4) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

[SEC. 2. FINDINGS.

[Congress finds the following:

[(1) On June 27, 1941, Acting Assistant Secretary of the Interior W.C. Mendenhall, by means of the authority granted the Secretary under section 2 of the Historic Sites Act of August 21, 1935, established the McLoughlin Home National Historic Site, located in the City.

[(2) Since January 16, 1945, the site has been known as McLoughlin House National Historic Site.

[(3) The Historic Site includes the McLoughlin House and Barclay House, which are owned and managed by the Association.

[(4) The Historic Site is located in a Charter Park on Oregon City Block 40, which is owned by the City.

[(5) A cooperative agreement was made in 1941 among the Association, the City, and the United States, providing for the preservation and use of the McLoughlin House as a national historic site.

[(6) The Association has had an exemplary and longstanding role in the stewardship of the Historic Site but is unable to continue that role.

[(7) The Historic Site has been an affiliated area of the National Park System and is worthy of recognition as part of the National Park System.

[SEC. 3. MCLOUGHLIN HOUSE NATIONAL HISTORIC SITE.

[(a) ACQUISITION.—The Secretary is authorized to acquire the Historic Site, from willing sellers only, by donation, purchase with donated or appropriated funds, or exchange, except that lands or interests in lands owned by the City may be acquired by donation only.

[(b) BOUNDARIES; ADMINISTRATION.—Upon acquisition of the Historic Site, the acquired property shall be included within the boundaries of, and be administered as part of, the Fort Vancouver National Historic Site in accordance with all applicable laws and regulations of the National Park System.]

SECTION 1. SHORT TITLE; DEFINITIONS.

(a) SHORT TITLE.—This Act may be cited as the ''McLoughlin House Addition to Fort Vancouver National Historic Site Act''.

(b) DEFINITIONS.—For the purposes of this Act, the following definitions apply:

(1) CITY.—The term ''City'' means Oregon City, Oregon.

(2) MCLOUGHLIN HOUSE.—The term ''McLoughlin House'' means the McLoughlin House National Historic Site which is described in the Acting Assistant Secretary of the Interior's Order of June 27, 1941, and generally depicted on the map entitled ''McLoughlin House, Fort Vancouver National Historic Site'', numbered 389/92,002, and dated 5/01/03, and includes the McLoughlin House, the Barclay House, and other associated real property, improvements, and personal property.

(3) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

SEC. 2. MCLOUGHLIN HOUSE ADDITION TO FORT VANCOUVER.

(a) ACQUISITION.—The Secretary is authorized to acquire the McLoughlin House, from willing sellers only, by donation, purchase with donated or appropriated funds, or exchange, except that lands or interests in lands owned by the City may be acquired by donation only.

(b) MAP AVAILABILITY.—The map identifying the McLoughlin House referred to in section 1(b)(2) shall be on file and available for inspection in the appropriate offices of the National Park Service, Department of the Interior.

(c) BOUNDARIES; ADMINISTRATION.—Upon acquisition of the McLoughlin House, the acquired

property shall be included within the boundaries of, and be administered as part of, the Fort Vancouver National Historic Site in accordance with all applicable laws and regulations.

(d) NAME CHANGE.—Upon acquisition of the McLoughlin House, the Secretary shall change the name of the site from the ''McLoughlin House National Historic Site'' to the ''McLoughlin House''.

(e) FEDERAL LAWS.—After the McLoughlin House is acquired and added to Fort Vancouver National Historic Site, any reference in a law, map, regulation, document, paper, or other record of the United States to the ''McLoughlin House National Historic Site'' (other than this Act) shall be deemed a reference to the ''McLoughlin House'', a unit of Fort Vancouver National Historic Site.

The committee amendment, in the nature of a substitute, was agreed to.

The bill (H.R. 733), as amended, was read the third time and passed.

The title was amended so as to read: ''A bill to authorize the Secretary of the Interior to acquire the McLoughlin House in Oregon City, Oregon, for inclusion in Fort Vancouver National Historic Site, and for other purposes.''

GLEN CANYON NATIONAL RECREATION AREA BOUNDARY REVISION ACT

The bill (H.R. 788) to revise the boundary of the Glen Canyon National Recreation Area in the States of Utah and Arizona was considered, read the third time, and passed.

FREMONT-MADISON CONVEYANCE ACT

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 126, S. 520.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 520) to authorize the Secretary of the Interior to convey certain facilities to the Fremont-Madison Irrigation District in the State of Idaho.

There being no objection, the Senate proceeded to consider the bill.

Mr. CORNYN. Mr. President, I ask unanimous consent that the Crapo amendment No. 928, which is at the desk, be agreed to; that the bill, as amended, be read a third time and passed, and the motions to reconsider be laid upon the table; and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 928) was agreed to, as follows:

AMENDMENT NO. 928

(Purpose: To make technical corrections)

On page 2, lines 14 and 15, strike ''(Contract No. 1425–0901–09MA–0910–093310)'' and insert ''(Contract No. 1425–01–MA–10–3310).''

On page 3, line 10, strike ''No. 1425–0901–09MA–MA–0910–093310'' and insert ''No. 1425–01–MA–10–3310''.

On page 4, lines 1 and 2, strike ''1425–0901–09MA–0910–093310'' and insert ''1425–01–MA–10–3310''.

On page 4, line 6, strike ''7–0907–0910–09W0179'' and insert ''7–07–10–W0179''.

The bill (S. 520), as amended, was read the third time and passed, as follows:

S. 520

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Fremont-Madison Conveyance Act''.

SEC. 2. DEFINITIONS.

In this Act:

(1) DISTRICT.—The term ''District'' means the Fremont-Madison Irrigation District, an irrigation district organized under the law of the State of Idaho.

(2) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

SEC. 3. CONVEYANCE OF FACILITIES.

(a) CONVEYANCE REQUIREMENT.—The Secretary of the Interior shall convey to the Fremont-Madison Irrigation District, Idaho, pursuant to the terms of the memorandum of agreement (MOA) between the District and the Secretary (Contract No. 1425–01–MA–10–3310), all right, title, and interest of the United States in and to the canals, laterals, drains, and other components of the water distribution and drainage system that is operated or maintained by the District for delivery of water to and drainage of water from lands within the boundaries of the District as they exist upon the date of enactment of this Act, consistent with section 8.

(b) REPORT.—If the Secretary has not completed any conveyance required under this Act by September 13, 2004, the Secretary shall, by no later than that date, submit a report to the Congress explaining the reasons that conveyance has not been completed and stating the date by which the conveyance will be completed.

SEC. 4. COSTS.

(a) IN GENERAL.—The Secretary shall require, as a condition of the conveyance under section 3, that the District pay the administrative costs of the conveyance and related activities, including the costs of any review required under the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.), as described in Contract No. 1425–01–MA–10–3310.

(b) VALUE OF FACILITIES TO BE TRANSFERRED.—In addition to subsection (a) the Secretary shall also require, as a condition of the conveyance under section 2, that the District pay to the United States the lesser of the net present value of the remaining obligations owed by the District to the United States with respect to the facilities conveyed, or $280,000. Amounts received by the United States under this subsection shall be deposited into the Reclamation Fund.

SEC. 5. TETON EXCHANGE WELLS.

(a) CONTRACTS AND PERMIT.—In conveying the Teton Exchange Wells pursuant to section 3, the Secretary shall also convey to the District—

(1) Idaho Department of Water Resources permit number 22–7022, including drilled wells under the permit, as described in Contract No. 1425–01–MA–10–3310; and

(2) all equipment appurtenant to such wells.

(b) EXTENSION OF WATER SERVICE CONTRACT.—The water service contract between the Secretary and the District (Contract No. 7–07–10–W0179, dated September 16, 1977) is hereby extended and shall continue in full force and effect until all conditions described in this Act are fulfilled.

SEC. 6. ENVIRONMENTAL REVIEW.

Prior to conveyance the Secretary shall complete all environmental reviews and analyses as set forth in the Memorandum of Agreement referenced in section 3(a).

SEC. 7. LIABILITY.

Effective on the date of the conveyance the United States shall not be liable for damages of any kind arising out of any act, omission, or occurrence relating to the conveyed facilities, except for damages caused by acts of negligence committed by the United States or by its employees, agents, or contractors prior to the date of conveyance. Nothing in this section may increase the liability of the United States beyond that currently provided in chapter 171 of title 28, United States Code.

SEC. 8. WATER SUPPLY TO DISTRICT LANDS.

The acreage within the District eligible to receive water from the Minidoka Project and the Teton Basin Projects is increased to reflect the number of acres within the District as of the date of enactment of this Act, including lands annexed into the District prior to enactment of this Act as contemplated by the Teton Basin Project. The increase in acreage does not alter deliveries authorized under the District's existing water storage contracts and as allowed by State water law.

SEC. 9. DROUGHT MANAGEMENT PLANNING.

Within 60 days of enactment of this Act, in collaboration with stakeholders in the Henry's Fork watershed, the Secretary shall initiate a drought management planning process to address all water uses, including irrigation and the wild trout fishery, in the Henry's Fork watershed. Within 18 months of enactment of this Act, the Secretary shall submit a report to Congress, which shall include a final drought management plan.

SEC. 10. EFFECT.

(a) IN GENERAL.—Except as provided in this Act, nothing in this Act affects—

(1) the rights of any person; or

(2) any right in existence on the date of enactment of this Act of the Shoshone-Bannock Tribes of the Fort Hall Reservation to water based on a treaty, compact, executive order, agreement, the decision in Winters v. United States, 207 U.S. 564 (1908) (commonly known as the ''Winters Doctrine''), or law.

(b) CONVEYANCES.—Any conveyance under this Act shall not affect or abrogate any provision of any contract executed by the United States or State law regarding any irrigation district's right to use water developed in the facilities conveyed.

MOSQUITO ABATEMENT FOR SAFETY AND HEALTH ACT

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 137, S. 1015.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 1015) to authorize grants through the Centers for Disease Control and Prevention for mosquito control programs to prevent mosquito-borne diseases, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. CORNYN. Mr. President, I ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 1015) was read the third time and passed, as follows:

S. 1015

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Mosquito Abatement for Safety and Health Act''.

SEC. 2. GRANTS REGARDING PREVENTION OF MOSQUITO-BORNE DISEASES.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.), as amended by section 4 of Public Law 107–84 and section 312 of Public Law 107–188, is amended—

(1) by transferring section 317R from the current placement of the section and inserting the section after section 317Q; and

(2) by inserting after section 317R (as so transferred) the following:

''SEC. 317S. MOSQUITO-BORNE DISEASES; COORDINATION GRANTS TO STATES; ASSESSMENT AND CONTROL GRANTS TO POLITICAL SUBDIVISIONS.

''(a) COORDINATION GRANTS TO STATES; ASSESSMENT GRANTS TO POLITICAL SUBDIVISIONS.—

''(1) IN GENERAL.—With respect to mosquito control programs to prevent and control mosquito-borne diseases (referred to in this section as 'control programs'), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States for the purpose of—

''(A) coordinating control programs in the State involved; and

''(B) assisting such State in making grants to political subdivisions of the State to conduct assessments to determine the immediate needs in such subdivisions for control programs, and to develop, on the basis of such assessments, plans for carrying out control programs in the subdivisions.

''(2) PREFERENCE IN MAKING GRANTS.—In making grants under paragraph (1), the Secretary shall give preference to States that have one or more political subdivisions with an incidence, prevalence, or high risk of mosquito-borne disease, or a population of infected mosquitos, that is substantial relative to political subdivisions in other States.

''(3) CERTAIN REQUIREMENTS.—A grant may be made under paragraph (1) only if—

''(A) the State involved has developed, or agrees to develop, a plan for coordinating control programs in the State, and the plan takes into account any assessments or plans described in subsection (b)(3) that have been conducted or developed, respectively, by political subdivisions in the State;

''(B) in developing such plan, the State consulted or will consult (as the case may be under subparagraph (A)) with political subdivisions in the State that are carrying out or planning to carry out control programs;

''(C) the State agrees to monitor control programs in the State in order to ensure that the programs are carried out in accordance with such plan, with priority given to coordination of control programs in political subdivisions described in paragraph (2) that are contiguous;

''(D) the State agrees that the State will make grants to political subdivisions as described in paragraph (1)(B), and that such a grant will not exceed $10,000; and

''(E) the State agrees that the grant will be used to supplement, and not supplant, State and local funds available for the purpose described in paragraph (1).

''(4) REPORTS TO SECRETARY.—A grant may be made under paragraph (1) only if the State involved agrees that, promptly after the end of the fiscal year for which the grant is made, the State will submit to the Secretary a report that—

''(A) describes the activities of the State under the grant; and

''(B) contains an evaluation of whether the control programs of political subdivisions in the State were effectively coordinated with each other, which evaluation takes into account any reports that the State received under subsection (b)(5) from such subdivisions.

''(5) NUMBER OF GRANTS.—A State may not receive more than one grant under paragraph (1).

''(b) PREVENTION AND CONTROL GRANTS TO POLITICAL SUBDIVISIONS.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to political subdivisions of States or consortia of political subdivisions of States, for the operation of control programs.

''(2) PREFERENCE IN MAKING GRANTS.—In making grants under paragraph (1), the Secretary shall give preference to a political subdivision or consortium of political subdivisions that—

''(A) has—

''(i) a history of elevated incidence or prevalence of mosquito-borne disease;

''(ii) a population of infected mosquitoes; or

''(iii) met criteria determined by the Secretary to suggest an increased risk of elevated incidence or prevalence of mosquito-borne disease in the pending fiscal year;

''(B) demonstrates to the Secretary that such political subdivision or consortium of political subdivisions will, if appropriate to the mosquito circumstances involved, effectively coordinate the activities of the control programs with contiguous political subdivisions;

''(C) demonstrates to the Secretary (directly or through State officials) that the State in which such a political subdivision or consortium of political subdivisions is located has identified or will identify geographic areas in such State that have a significant need for control programs and will effectively coordinate such programs in such areas; and

''(D) is located in a State that has received a grant under subsection (a).

''(3) REQUIREMENT OF ASSESSMENT AND PLAN.—A grant may be made under paragraph (1) only if the political subdivision or consortium of political subdivisions involved—

''(A) has conducted an assessment to determine the immediate needs in such subdivision or consortium for a control program, including an entomological survey of potential mosquito breeding areas; and

''(B) has, on the basis of such assessment, developed a plan for carrying out such a program.

''(4) REQUIREMENT OF MATCHING FUNDS.—

''(A) IN GENERAL.—With respect to the costs of a control program to be carried out under paragraph (1) by a political subdivision or consortium of political subdivisions, a grant under such paragraph may be made only if the subdivision or consortium agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than ⅓ of such costs ($1 for each $2 of Federal funds provided in the grant).

''(B) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in subparagraph (A) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

''(C) WAIVER.—The Secretary may waive the requirement established in subparagraph (A) if the Secretary determines that extraordinary economic conditions in the political subdivision or consortium of political subdivisions involved justify the waiver.

''(5) REPORTS TO SECRETARY.—A grant may be made under paragraph (1) only if the political subdivision or consortium of political subdivisions involved agrees that, promptly after the end of the fiscal year for which the grant is made, the subdivision or consortium will submit to the Secretary, and to the State within which the subdivision or consortium is located, a report that describes the control program and contains an evaluation of whether the program was effective.

''(6) AMOUNT OF GRANT; NUMBER OF GRANTS.—

''(A) AMOUNT OF GRANT.—

''(i) SINGLE POLITICAL SUBDIVISION.—A grant under paragraph (1) awarded to a political subdivision for a fiscal year may not exceed $100,000.

''(ii) CONSORTIUM.—A grant under paragraph (1) awarded to a consortium of 2 or more political subdivisions may not exceed $110,000 for each political subdivision. A consortium is not required to provide matching funds under paragraph (4) for any amounts received by such consortium in excess of amounts each political subdivision would have received separately.

''(iii) WAIVER OF REQUIREMENT.—A grant may exceed the maximum amount in clause (i) or (ii) if the Secretary determines that the geographical area covered by a political subdivision or consortium awarded a grant under paragraph (1) has an extreme need due to the size or density of—

''(A) the human population in such geographical area; or

''(B) the mosquito population in such geographical area.

''(B) NUMBER OF GRANTS.—A political subdivision or a consortium of political subdivisions may not receive more than one grant under paragraph (1).

''(c) APPLICATIONS FOR GRANTS.—A grant may be made under subsection (a) or (b) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

''(d) TECHNICAL ASSISTANCE.—Amounts appropriated under subsection (f) may be used by the Secretary to provide training and technical assistance with respect to the planning, development, and operation of assessments and plans under subsection (a) and control programs under subsection (b). The Secretary may provide such technical assistance directly or through awards of grants or contracts to public and private entities.

''(E) DEFINITION OF POLITICAL SUBDIVISION.—In this section, the term 'political subdivision' means the local political jurisdiction immediately below the level of State government, including counties, parishes, and boroughs. If State law recognizes an entity of general government that functions in lieu of, and is not within, a county, parish, or borough, the Secretary may recognize an area under the jurisdiction of such other entities of general government as a political subdivision for purposes of this section.

''(f) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated $100,000,000 for fiscal year 2003, and such sums as may be necessary for each of fiscal years 2004 through 2007.

''(2) PUBLIC HEALTH EMERGENCIES.—In the case of control programs carried out in response to a mosquito-borne disease that constitutes a public health emergency, the authorization of appropriations under paragraph (1) is in addition to applicable authorizations of appropriations under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002.

''(3) FISCAL YEAR 2004 APPROPRIATIONS.—For fiscal year 2004, 50 percent or more of the funds appropriated under paragraph (1) shall be used to award grants to political subdivisions or consortia of political subdivisions under subsection (b).''.

SEC. 3. RESEARCH PROGRAM OF NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Subpart 12 of part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by adding at the end the following section:

''METHODS OF CONTROLLING CERTAIN INSECT AND VERMIN POPULATIONS

''SEC. 463B. The Director of the Institute shall conduct or support research to identify or develop methods of controlling insect and vermin populations that transmit to human diseases that have significant adverse health consequences.''.

SEC. 4. REPORT.

Not later than 180 days after the date of enactment of this Act, the Secretary of Health and Human Services, after consultation with the Administrator of the Environmental Protection Agency shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report containing the following:

(1) A description of the status of the development of protocols for ensuring the safety of the blood supply of the United States with respect to West Nile Virus, including—

(A) the status of the development of screening mechanisms;

(B) changes in donor screening protocols; and

(C) the implementation of surveillance systems for the transmission of the virus via the blood supply.

(2) Recommendations for improvements to be made to the safety of the blood supply based on the development of protocols pursuant to paragraph (1), including the need for expedited review of screening mechanisms or other protocols.

(3) The benefits and risks of the spraying of insecticides as a public health intervention, including recommendations and guidelines for such spraying.

(4) The overall role of public health pesticides and the development of standards for the use of such pesticides compared to the standards when such pesticides are used for agricultural purposes.

EXECUTIVE CALENDAR

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate immediately proceed to executive session to consider the following nominations on today's Executive Calendar: All nominations on the Secretary's desk.

I further ask unanimous consent that the nominations be confirmed en bloc, the motions to reconsider be laid upon the table, the President be immediately notified of the Senate's action, and the Senate then return to legislative session.

The PRESIDING OFFICER. Without objection, it is so ordered.

The nominations considered and confirmed are as follows:

AIR FORCE

PN359 Air Force nominations (14) beginning PAUL L. CANNON, and ending FRANK A. YERKES, JR., which nominations were received by the Senate and appeared in the CONGRESSIONAL RECORD of February 25, 2003

PN441 Air Force nomination of Lawrence Mercandante, which was received by the Senate and appeared in the CONGRESSIONAL RECORD of March 24, 2003

PN442 Air Force nominations (2) beginning STANLEY J. BUELT, and ending CHRISTOPHER W. CASTLEBERRY, which nominations were received by the Senate and appeared in the CONGRESSIONAL RECORD of March 24, 2003

PN456 Air Force nominations (6) beginning GARY D. BOMBERGER, and ending WARREN R. ROBNETT, which nominations were received by the Senate and appeared in the CONGRESSIONAL RECORD of March 26, 2003

PN461 Air Force nominations (43) beginning MICHAEL F. ADAMES, and ending SCOTT A. ZUERLEIN, which nominations were received by the Senate and appeared in the CONGRESSIONAL RECORD of March 26, 2003

PN587 Air Force nomination of Jefferson L. Severs, which was received by the Senate and appeared in the CONGRESSIONAL RECORD of May 1, 2003

LEGISLATIVE SESSION

The PRESIDING OFFICER. Under the previous order, the Senate will return to legislative session.

ORDERS FOR TUESDAY, JUNE 17, 2003

Mr. CORNYN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand in adjournment until 9:30 a.m., Tuesday, June 17. I further ask unanimous consent that following the prayer and the pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and the Senate then begin a period of morning business until 10 a.m. with the time equally divided between the two leaders or their designees, provided that at 10 a.m. the Senate resume consideration of S. 1, the prescription drug benefits bill. I further ask unanimous consent that the Senate recess from 12:30 p.m. to 2:15 p.m. for the weekly party lunches.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROGRAM

Mr. CORNYN. For the information of all Senators, tomorrow, following morning business, the Senate will resume consideration of S. 1, the prescription drug benefits bill. It is hoped that Senators will continue to make their opening remarks on this legislation. Rollcall votes are possible on Tuesday, and Members will be notified when the first vote is scheduled.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. CORNYN. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that the Senate stand in adjournment under the previous order.

There being no objection, the Senate, at 5:26 p.m., adjourned until Tuesday, June 17, 2003, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate June 16, 2003:

FEDERAL ENERGY REGULATORY COMMISSION

SUEDEEN G. KELLY, OF NEW MEXICO, TO BE A MEMBER OF FEDERAL ENERGY REGULATORY COMMISSION FOR THE REMAINDER OF THE TERM EXPIRING JUNE 30, 2004, VICE CURT HEBERT, JR., RESIGNED.

DEPARTMENT OF HOMELAND SECURITY

C. SUZANNE MENCER, OF COLORADO, TO BE THE DIRECTOR OF THE OFFICE FOR DOMESTIC PREPAREDNESS, DEPARTMENT OF HOMELAND SECURITY. (NEW POSITION)

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT AS THE CHIEF OF STAFF, UNITED STATES ARMY, AND APPOINTMENT TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTIONS 688, 601 AND 3033:

To be general

GEN. PETER J. SHOOMAKER (RETIRED), 0000

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral (lower half)

CAPT. MARK A. HUGEL, 0000

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES AIR FORCE UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

LARRY J. MASTIN, 0000

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES AIR FORCE UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

ROBERT L. DAUGHERTY JR., 0000
WILLIAM D. HACK, 0000
DAVID L. LASALLE, 0000
JOHN J. PERNOT, 0000
CHARLES V. RATH JR., 0000

ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY MEDICAL CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be colonel

KENNETH S. AZAROW, 0000

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

MICHAEL F. MCDONOUGH, 0000

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY AS CHAPLAIN UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

WILLIAM T BARBEE JR., 0000
JAMES A BENSON, 0000
LARRY E BLUM, 0000
ORMAN W BOYD, 0000
KAREN D BRANDON, 0000
SCOTT R CARSON, 0000
BRENT V CAUSEY, 0000
PHILLIP C CONNER, 0000
STEPHEN P DEMIEN, 0000
THOMAS E ENGLE, 0000
DONALD W EUBANK, 0000
THOMAS G EVANS, 0000
PETER J FREDERICH, 0000
DAVID H HANN, 0000
JOEL C HARRIS, 0000
WILBERT C HARRISON, 0000
RANDALL P HOLMES, 0000
FRANKLIN L JACKSON JR., 0000
STEVEN L JORDAN SR., 0000
STEPHEN D KELLEY, 0000

PAUL R KERR, 0000
THOMAS E KILLGORE, 0000
YOUN H KIM, 0000
WILLIAM H LIPTROT JR., 0000
PAUL R LOOPER, 0000
DAVID A NEETZ, 0000
JIM L PITTMAN, 0000
BARRY W PRESLEY, 0000
DENNIS L PROFFITT, 0000
JOSE A RODRIGUEZ, 0000
DAVID M SCHEIDER, 0000
PEARLEAN SCOTT, 0000
JONATHAN E SHAW, 0000
ALLEN M STAHL, 0000
MARTIN F STEISSLINGER, 0000
THOMAS B WHEATLEY III, 0000
BARRY M WHITE, 0000
MITCHELL S WILK, 0000
KENNETH W YATES, 0000

IN THE NAVY

THE FOLLOWING NAMED OFFICERS FOR ORIGINAL REGULAR APPOINTMENT AS PERMANENT LIMITED DUTY OFFICERS TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTIONS 531, AND 5589:

To be lieutenant

RAUL D. BANTOG, 0000
DONNA M. BAPTISTE, 0000
WILLIAM T. BEECHWOOD, 0000
RICHARD M. BURKHAMMER, 0000
RICK L. CHAMBERS, 0000
NORMAN H. CHASSE, 0000
CARRICK B. CHENEY, 0000
DONALD E. CISSELL, 0000
MIKE A. DEHOYOS, 0000
WILLIAM T. DORRIS JR., 0000
HAROLD W. EMPSON, 0000
PETER R. GERYAK, 0000
JEAN A. GREGG, 0000
TERRY F. HALL, 0000
WILLIAM C. HASHEY, 0000
ROBERT K. HAYES, 0000
CHRISTOPHER M. HENVIT, 0000
GREGORY W. HORSHOK, 0000
DONALD JOHNSON, 0000
BRIAN F. KOSKO, 0000
MICHAEL J. KRAFT, 0000
RICHARD G. LANIER, 0000
DAVID A. LAUFFENBURGER, 0000
GREGORY P. LOUK, 0000
MICHAEL B. MARTINEZ JR., 0000
DIANE C. MOLL, 0000
JAMES R. MOON, 0000
THOMAS E. NELSON, 0000
JOHN E OLANOWSKI, 0000
PATRICK O. PADDOCK, 0000
JUAN A. PAGAN, 0000
PATRICK A. PARK, 0000
LAWRENCE D. PARKS, 0000
HERMAN S. PRATT III, 0000
WILLIAM A. REVAK, 0000
CHARLES T. ROUGHSEDGE, 0000
WILLIAM M. SCHAEFER, 0000
DAVID J. SCHESCHY, 0000
NIGEL A. SEALY, 0000
JEFFREY C. SERVEN, 0000
SIATUNUU SIATUNUU JR., 0000
ROBIN G. TERRELL, 0000
WILLIAM H. TROUTMAN, 0000
EDDIE L. WEST, 0000
CHRISTOPHER A. WILLIAMS, 0000
DONNA M. WILLOUGHBY, 0000

CONFIRMATIONS

Executive nominations confirmed by the Senate June 16, 2003:

AIR FORCE NOMINATIONS BEGINNING PAUL L. CANNON AND ENDING FRANK A. YERKES, JR., WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 25, 2003.

AIR FORCE NOMINATION OF LAWRENCE MERCANDANTE.

AIR FORCE NOMINATIONS BEGINNING STANLEY J. BUELT AND ENDING CHRISTOPHER W. CASTLEBERRY, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 24, 2003.

AIR FORCE NOMINATIONS BEGINNING GARY D. BOMBERGER AND ENDING WARREN R. ROBNETT, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 26, 2003.

AIR FORCE NOMINATIONS BEGINNING MICHAEL F. ADAMES AND ENDING SCOTT A. ZUERLEIN, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 26, 2003.

AIR FORCE NOMINATION OF JEFFERSON L. SEVERS.

EXTENSIONS OF REMARKS

HONORING THE PUBLIC SERVICE OF JANE GARCIA

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Ms. LEE. Mr. Speaker, I rise on this day to pay tribute to an extraordinary community leader, Ms. Jane Garcia. I take great pride in honoring Jane for her twenty-five years of tenacious advocacy on behalf of the poor, and for her dedication to organizing and empowering the immigrant community in its struggle for greater access to health care.

The monumental integrity and deep compassion that has come to characterize Jane's legacy of service to her community are deeply rooted in the lessons she learned while growing up in the Chicano Movement. Jane's lifelong commitment to insuring that every woman, man and child has access to culturally and linguistically appropriate healthcare, and her belief that healthcare is a fundamental right not an economic privilege were inspired by the civil rights activism of Cesar Chavez, Dr. Martin Luther King Jr., and Dolores Huerta.

Recognizing the importance of organizing and empowering the immigrant community in its efforts to secure the promises of equality and justice made by our nation's founders, Jane has tirelessly worked to improve the quality of life for the most vulnerable members of her community. Among her many public policy victories, Jane courageously and fiercely led the successful battle to preserve prenatal healthcare for low-income immigrants during former Governor Wilson's draconian era of budget cutbacks.

Inspiring and empowering those whose lives she touches, Jane rises to positions of leadership where she effectively challenges the status quo, contributes to policy reform, and advocates for equality and justice for all. She has provided skillful and passionate guidance to a plethora of community service organizations in California, doing so most visibly through her twenty-five years with La Clinica de La Raza—Fruitvale Health Project.

Under her skillful tutelage and direction, what began as a grassroots health clinic more than thirty-eight years ago has become the premiere Latino community health center in the nation. During her tenure as Chief Executive Officer of La Clinica, the organization's budget has grown from $3 mullion in 1983 to over $28 million today. The combination of Jane Garcia's focused administrative style and limitless compassion has allowed La Clinica to greatly expand the services available to its patients. La Clinica now provides high-quality healthcare services to over 17,000 families annually, making it a critical and irreplaceable component of the healthcare safety net in Alameda County. Soon, La Clinica will be assuming the dental facility at Children's Hospital in Oakland, making La Clinica one of the largest dental providers in Northern California. It is the largest employer in East Oakland and was recently listed as the sixth largest non-profit employer in the East Bay by the East Bay Business Times.

Jane's relentless efforts, her ongoing dedication, and her long-term vision made La Clinica's impressive growth possible. Thus, it is fitting that we honor Jane's twenty-five years of unyielding commitment to public service in the same year that we will be celebrating the grand opening of the historic Fruitvale Transit Village, which will be anchored by La Clinica's newest and largest facility. Jane is truly the personification of Cesar Chavez' famous motto: ''Si Se Puede!''.

Mr. Speaker, I am honored to recognize my good and long-time friend, Jane Garcia, and I take pride in joining the people of California's 9th Congressional District in celebrating and honoring her twenty-five years of service to our community.

ANNUAL ESSAY CONTEST WINNERS, ILLINOIS

HON. HENRY J. HYDE

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. HYDE. Mr. Speaker, every year in my district, I ask students in grades 8th and 12th to participate in an essay contest. This year's contest focused on the issue of energy and national security. Specifically, this year's essay question was as follows: ''How important is energy to our economy and our national security?''

I am pleased that so many students chose to enter this essay contest. Unfortunately, however, there can only be one winner in each group: 8th grade and 12th' grade. This year's 8th grade winner was Dina LaSala, who attends St. Charles Borromeo School in Bensenville, Illinois. The 12th grade winner was Jane Urban, who attends Glenbard West High School in Glen Ellyn, Illinois.

This is Miss LaSala's essay, entitled ''How Important Is Energy to Our Economy and Our National Security?'':

In aftermath of September 11th terrorist attacks, Americans are asking our government to strengthen national security. The immediate focus must be to secure our homeland from future attacks, but we also must take steps to safeguard the long-term health of our economy, the livelihood of America's workers and our environment.

Earlier this year, President Bush sent Congress his National Energy Plan, a blueprint for ensuring America's future against the perils of an unstable world. The plan includes 105 recommendations on improving energy efficiency and conservation, protecting the environment, diversifying our energy supplies through development of renewable resources, and reducing our reliance on foreign energy. A bipartisan majority in the United States House of Representatives passed this plan in August. It is imperative the Senate does likewise.

A key component of the president's plan is the development of energy resources on federal lands, including the coastal plain of the Arctic National Wildlife Refuge (ANWR.) ANWR is considered the nation's largest potential new oil field and was specially designated by Congress for further study of its oil and gas potential in 1980.

At a time when our country is experiencing an economic downturn, development of this area would give a major boost to our economy and American workers, directly or indirectly creating as many as 735,000 new jobs across the country, including 135,000 construction jobs.

It would also give American greater energy independence at a time when more than half of our nation's oil comes from foreign sources, a figure that is rising and could exceed 65 percent imports by the year 2020. The United States needs oil imports, but the current crisis underscores the importance of having our own healthy domestic supply. A conservative estimate is that ANWR would yield 7.7 billion barrels of oil, an amount roughly equal to 20 years of imports from Saddam Hussein's Iraq. The higher end estimates equal 50–year's worth. ANWR could easily provide more than 20 percent of our domestic oil production.

This is especially important considering United States' energy production is not keeping up with our growing consumption, creating a rapidly increasing gap between domestic supply and demand. Over the next 20 years, even with increased conservation programs, United States' domestic oil production is calculated to decline by 1.5 million barrels per day, while demand will increase by 6 million barrels per day.

Earlier this year, we saw the effect energy shortages can have on our economy and quality of life. Californians experienced rolling blackouts. Gas prices rose to new highs last spring and summer. At a time like this, we must not turn our back on an important domestic source of energy.

We can develop a small portion of ANWR while guarding the environment. The administration is urging that the ANWR legislation impose the toughest environmental standards ever applied to oil production. For example, it would limit the surface disruption caused by drilling to only 2,000 acres of the 1.5 million set aside for oil exploration within the 19.6 total acres contained in ANWR.

The men and women who work in the oil fields will be specially trained to protect the environment. This will ensure a well-qualified work force will take every precaution necessary to preserve the environment integrity of the Arctic Coastal Plain. In addition, oil-field technology has advanced significantly in the 30 years since oil development began on Alaska's Prudhoe Bay. We have the capacity to extract oil while still protecting the Arctic ecosystem by increasing the length of directional drills and allowing for smaller and more compact production pads.

With American ingenuity and innovative technologies, we can protect the environment and provide energy security. We have the opportunity to take action before we face a devastating crisis. We must embrace a long-term energy plan that allows for protection of our environment, more efficient use of energy and increased development of domestic energy sources. Our long-term national security depends on it.

This is Miss Urban's essay, entitled ''Liquid Gold Lacks Luster in the New Economy'':

Oil has often been referred to as ''liquid gold,'' but this commodity can also be an extremely volatile and obstreperous substance plaguing the United States. America's continued dependence on foreign oil is a serious threat to the success of its economy as well as to the security of the nation, especially as the war on terrorism is waged on Iraq and the flow of this ''liquid gold'' is disrupted. Not only must Americans understand this serious energy problem, but also new and viable solutions must be crafted in order to prevent the United States' dependence on foreign oil from becoming an oil slick into disaster.

The economic implications of dependence on foreign oil are staggering, especially when the U.S. has not been able to disentangle itself from oil providers, such as the member nations of OPEC, who directly oppose the American way of life. Unless the United States is able to wean itself from a constant flow of OPEC oil, the economy will continue to struggle well after the war against Iraq is over. Some of the fluctuations in the oil market come, surprisingly, not from foreign pricing, but from internal governmental regulations. In September of 2000, President Clinton released thirty million barrels of oil from the government oil reserves in order to alleviate high prices. While this action was a temporary fix for rising prices, when President George W. Bush replenished the thirty million barrels, oil prices rose significantly, more than the release in 2000 lowered them. Thus, governmental regulation of oil has not proved helpful, but rather this kind of intervention only further aggravates problems in the United States as it endures rising oil prices. Overall, the issue of economic repercussions for U.S. dependence on foreign oil is long lasting and serious for the future of the U.S. economy.

National security is greatly compromised as the U.S. continues to depend on foreign oil supplies. Nothing proves this point more than the risks involved with a war in Iraq and the possible loss of oil reserves for the United States' consumption. According to a House Committee on International Relations hearing on oil diplomacy of June 20, 2002, Spencer Abraham, the Secretary of Energy, stated that the U.S. holds only 2 percent of the world's oil reserves while the Middle East has nearly two-thirds of the World's oil reserves. These discouraging numbers leave the United States in a very delicate international relationship with oil-rich nations, complicating America's ability to insure its national security while facing a continuing threat from terrorism.

Both for the economy and in regard to national security, new sources for oil need to be discovered to eliminate the degree of dependence the United States has on foreign oil. To that end, some possibilities for new directions in energy supply include using cleaner more efficient fuels, utilizing renewable fuel sources, opening new geographic regions for oil, expanding duel refining, building nuclear power plants, and developing new technology in the transportation industry. Cleaner, more efficient fuels not only allow for greater environmental protection, but they also provide for better miles per gallon, a standard that has already been raised to alleviate energy crises in Europe and will help Americans drive farther using less oil. Renewable energy resources include air, water, and solar sources, all of which are both environmentally friendly and readily available. While some of these alternatives have initially high costs, their long-term benefits might far outweigh the initial expense. New geographic regions for oil include much of Central America, Mexico, Venezuela, Canada, Russia, Africa and the Caspian Basin. These areas of the world do not pose as great a threat, both politically and economically, as the OPEC nations. An expansion of fuel refining would allow the United States to process and use more fuel than in the past and the United States could use more of the oil it already has, but has not yet processed. Nuclear power plants are a potential source for more energy, as long as they are made safer and provide for safe disposal of their waste. The transportation industry should be given greater funding and freedom to explore the development of hydrogen cell fuel sources as well as electric powered hybrid cars and solar powered cars. These types of development further alleviate the strain on the nation's resources. Finally, the nation as a whole needs to be come more mindful about energy consumption and greater efforts and campaigns could be launched to help people car pool, take public transportation, or walk whenever possible. To that end, public transportation systems need to be expanded and improved so as to accommodate these new changes in energy use. When all of these efforts are combined, American's reliance on the Middle East for oil can be greatly reduced while American oil prices are held at reasonable levels.

The impact of these solutions will positively affect both the economy and national security of the United States. Efforts on the part of the government and the energy industry, as well as individual Americans, will bring greater energy independence in the United States. Though oil is ''liquid gold,'' it lacks luster as long as the United States' economy and national security are compromised by America's dependence on foreign energy sources. A significant reduction of such dependence will be achieved as the United States ''brings home the gold'' through a variety of production methods.

HONORING GEORGE TCHOBANOGLOUS, PH.D., P.E.

HON. GEORGE RADANOVICH

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. RADANOVICH. Mr. Speaker, I rise today to recognize George Tchobanoglous, Ph.D., P.E. for being selected as the recipient of the Athalie Richardson Irvine Clark Prize for excellence in water-science research. The National Water Research Institute, will honor him at an award ceremony and lecture to be held Thursday, July 17th in Orange County, California.

The prize is one of only a dozen water prizes awarded worldwide. It has been recognized as one of the most prestigious awards in the world by the International Congress of Distinguished Awards. George is the tenth recipient of this award.

Dr. Tchobanoglous is a Professor Emeritus of Civil and Environmental Engineering at the University of California, Davis. Through his research, publications, public service, and international activities he has made significant contributions to the practice of environmental engineering. He is recognized for having advanced the use of new technologies in four key areas: construction of wetlands for wastewater treatment, the application of alternative filtration technologies, ultraviolet disinfection for wastewater reuse applications, and decentralized wastewater management. George is also the author or coauthor of over 350 publications, including 12 textbooks that are used at numerous colleges and universities in the United States. The textbook, Wastewater Engineering: Treatment, Disposal, Reuse, is one of the most widely read textbooks in the environmental engineering field by both students and practicing engineers.

Mr. Speaker, I rise today to recognize Dr. George Tchobanoglous for his excellence in the field of water-science research. I invite my colleagues to join me in wishing Dr. Tchobanoglous many years of continued success.

HONORS ZENA TEMKIN AS SHE CELEBRATES HER 80TH BIRTHDAY

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Ms. DELAURO. Mr. Speaker, it is with great pleasure that I rise today to join the many family, friends, and community members who have gathered to honor one of Connecticut's true living treasures, and my dear friend, Zena Tempkin, as she celebrates her 80th birthday. Born in England, Zena moved to the United States at a young age. Growing up in Detroit and attending college in Atlanta, Zena and her husband, Is, made Connecticut their home following World War II.

For as long as many of us can remember, Zena has been a driving force in Connecticut's political arena. A woman ahead of her time, Zena served as a State Representative in Connecticut's General Assembly from 1959 to 1962. She served as a delegate in two national conventions and has served as a political advisor to some of Connecticut's most influential elected officials including former Senator Abraham Ribicoff and former Governor Ella T. Grasso. Her unwavering energy and dedication has made her a true friend to many of those in Connecticut who have run and served in public office. I consider myself fortunate to have benefited from her wisdom and counsel, both when I worked for Senator CHRISTOPHER DODD and later in my own run for elected office. Her friendship has been invaluable and she has, and continues to be, an inspiration and role model for me.

Even more than her contributions in the political arena, Zena has long been an active member of her community. Our communities would not be the same without volunteers whose efforts and compassion are dedicated to improving the lives of others. Throughout her life she has dedicated countless hours to a variety of service organizations and has helped to shape our community. When you consider that she is also the mother of three, was an active member of her family business, and, at one time, a small business owner herself—Zena truly sets a standard for public service that we should all strive to achieve.

Connecticut has been fortunate to have someone like Zena working so hard on our behalf. She has left an indelible mark on our community and a legacy that is sure to inspire generations to come. I am honored to rise today to join her husband, Is; her children; Bruce, Alan, and Nan; and all of those who have gathered today to extend my very best wishes to Zena Temkin on her 80th birthday.

Congratulations and warmest wishes for many more years of health and happiness.

HONORING ARNELL HINKELL

SPEECH OF

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 12, 2003

Ms. LEE. Mr. Speaker, I rise today to honor a great community leader and activist, Ms. Arnell Hinkell. Arnell Hinkell, who is tackling the obesity epidemic among teens by supporting efforts in communities throughout California to encourage healthy lifestyles, has earned the nation's highest honor for community health leadership.

Hinkell is among the outstanding individuals from across the country selected this year to receive a Robert Wood Johnson Community Health Leadership Program (CHLP) award.

Hinkell, executive director of the California Adolescent Nutrition and Fitness Program in Berkeley, CA., founded CANFit in 1993 with funds from the settlement of a lawsuit charging a breakfast cereal manufacturer with deceptive advertising. Her mission is to prevent obesity and chronic disease by helping people adopt healthy habits while young.

Drawing on her experience as a nutritionist, chef and organic farmer, Hinkell created a program that promotes healthy eating and activity to 10-to-14-year-olds from low-income, minority families—groups that historically have poor diets and suffer disproportionately from health problems such as heart disease and diabetes.

CANFit has provided grants to more than 60 youth organizations, scholarships to 90 low-income students studying in health fields, and fitness and nutrition training workshops to more than 500 people across California.

What makes CANFit unique is that its work goes far beyond the dissemination of information, said Hinkell's nominator.

Projects CANFit has supported include a Cambodian recipe book, nutrition and fitness curriculum for Korean-language schools, a fast food survival guidebook, an American Indian surf camp, and a hip hop video promoting healthy eating and physical activity.

From the beginning, Hinkell has emphasized community ownership of CANFit projects and insisted that youth be involved in planning and evaluating each one. She has grown CANFit from a small endowment that many thought would not survive into one of the most innovative and uncompromising nutrition education and community capacity-building programs in the country, said her nominator.

Hinkell is working with the Washington, D.C.-based policy group Forum for Youth Investment to make youth nutrition and fitness part of the national youth development agenda. She also coordinated development of a national model, adopted by the U.S. Department of Agriculture and the Centers for Disease Control and Prevention, for improving nutrition and physical activity for the adolescent poor.

Community by community, these leaders are showing us the face of America's new safety net, said Catherine Dunham, director of the Boston-based Robert Wood Johnson Community Health Leadership Program. While larger, better endowed institutions must restrict or close services under the weight of severe budget cuts, these leaders' programs—that provide health services where the need is great—remain strong because they are woven from and into the very fabric of the community.

The program awards $1.2 million each year to individuals who have overcome significant challenges to expand access to health care and social services to underserved members of their communities. Hinkell and this year's other winners will be honored at a June 10 event in Washington, D.C. She will receive $105,000 to enhance her program and $15,000 as a personal award.

Hinkell was chosen from among 274 candidates for this year's honor. Since 1992, the program has given 110 awards to community leaders in 43 states, Puerto Rico and the District of Columbia. This year's award winners represent urban and rural areas of California, Kansas, Maryland, Massachusetts, New Mexico, Texas and Virginia. They were nominated by community leaders, health professionals, government officials and others inspired by their work in providing essential health services to their communities.

The Community Health Leadership Program is a program of the Princeton, N.J.-based Robert Wood Johnson Foundation, the largest private philanthropic organization dedicated to improving health and health care for Americans.

COMMENDATION OF THE VILLAGE OF ADDISON, ILLINOIS

HON. HENRY J. HYDE

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. HYDE. Mr. Speaker, on March 27, my district office in Addison, Ill., was completely destroyed by a fire. Only a few cherished career mementos survived, and even then, they were severely damaged by heat, smoke and water. Thankfully, no one was injured by the early morning fire.

After assessing our loss, my district staff's thoughts immediately turned to the citizens of my district. How could we continue to serve them locally without a roof over our heads or even something as simple as pen and paper?

That's when the Village of Addison and particularly, Mayor Larry Hartwig, immediately stepped forward to offer their assistance free of charge. The Village opened the doors of its Village Hall, offering my staff a temporary place to call home. Office space was immediately made available, allowing us to resume district operations within a day. Had we had to search for other office space, the delay in resuming, operations would have been much longer. The Village also graciously offered my staff everything it needed to continue serving my constituents. From desks and chairs, to phone lines, copiers and fax machines, we had it all.

Therefore, Mr. Speaker, I rise today to commend the Village of Addison for unselfishly offering aid and comfort to my district staff in our hour of need. Paraphrasing the great movie, ''It's a Wonderful Life,'' I can only say that I am indeed the richest man in town with friends like these in Addison, Illinois.

HONORING THOMAS C. BARILE

HON. GEORGE RADANOVICH

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. RADANOVICH. Mr. Speaker, I rise today to posthumously recognize Thomas C. Barile for his years of service to his country and community. Tom recently passed away on Thursday June 3rd.

Tom was known for his visionary work in education. He worked as an educator with the Madera Unified School District (MUSD) for 32 years. He served as a 6th grade teacher, resource teacher, vice-principal, and principal. Barile is credited with starting the MUSD science fair; writing, developing and implementing a standards based curriculum; and bringing technology to the classrooms.

Tom served in the U.S. Air Force for five years as a Staff Sergeant with an Honorable Discharge. He was a volunteer on the Fresno County Sheriff's Department Search and Rescue Team where he served as commander of the Snowmobile Team and was a member of the Mountaineering Team. Tom was very active with the U.S. Forest Service and he was responsible for developing 250 groomed snowmobile trails. He also helped to build nine bridges, design trails, organize work crews, and have equipment donated to the Sierra National Forest. He was named chairman of the Sierra Nevada Access, Multiple-Use & Stewardship Coalition.

He is survived by his wife Maureen Barile; his sons Paul and David; and his three grandsons.

Mr. Speaker, I rise today to recognize Thomas C. Barile for his extraordinary service and years of dedication. I invite my colleagues to join me in posthumously honoring Tom Barile for his commitment to the students of Madera and for his work with the U.S. Forest Service.

HONORING CHIEF MELVIN H. WEARING ON THE OCCASION OF HIS RETIREMENT

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Ms. DELAURO. Mr. Speaker, I am honored to rise today to join residents of New Haven who have gathered today to celebrate the long and distinguished career of Chief Melvin H. Wearing who is retiring after thirty-five years of dedicated service to the New Haven Police Department. As an advocate, a community leader, and a friend, Mel Wearing has dedicated his career to the betterment of this region.

Chief Wearing joined the Department as a patrolman in 1968, and through hard work and perseverance he worked his way up through the ranks. As a Sergeant, he was the commanding officer of the Narcotics Enforcement Unit and while a Lieutenant served as the Chief of Detectives for the Investigative Services Unit. He would go on to become the first African-American to serve as the Assistant Chief of Police and, in 1997, was sworn in as New Haven's first African-American Chief of

Police. Throughout his career, Chief Wearing has demonstrated a unique commitment to the Department, the City, and the families of New Haven—a dedication which is reflected in the myriad of honors, commendations, and awards which have been presented to him throughout his tenure.

Chief Wearing was a leader in working with children traumatized by violence. He was a founding member of the Yale Child Study Center's Child Development/Community Policing Program (CDCP), and he spent countless hours teaching others how to deal with children and families who were exposed to violent crime. Chief Wearing's involvement with this project helped it to become a national and international model for community based policing.

Under Chief Wearing's leadership, the Department has been recognized locally, nationally and internationally. The New England Community-Police Partnership, the Federal Bureau of Investigation, and the International Association of Chiefs of Police are just a few of the agencies and organizations that have honored Chief Wearing and the Department for their work here in New Haven. He was twice asked to address audiences at the White House on children exposed to violent crime, he was the featured speaker at the 1999 National Summit on Children Exposed to Violence, and he co-authored the important book ''The Police-Mental Health Partnership: A Community-Based Response to Urban Violence.'' Chief Wearing is clearly one of the most respected law enforcement officials in the country. New Haven has certainly been fortunate to have him call our city home for so many years.

For all of his good work and many invaluable contributions to our community. I am proud to rise today to join his wife, Tina; his children, Tracy, Melvin, Jackie, and Sharon; his grandchildren Marcus and Maurice; and many others to extend my heart-felt congratulations to Chief Melvin H. Wearing as he celebrates his retirement. His is a legacy that will inspire many generations to come. And I hope he accepts my very best wishes to him and his family for many more years of health and happiness.

HONORING JUDY CELESTE HACK MARRON

HON. BARBARA LEE

OF CALIFORNIA

HON. ELLEN O. TAUSCHER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Ms. LEE. Mr. Speaker, I rise today to honor a wonderful woman, Ms. Judy Marron. The beloved wife of Owen Marron, Judy passed on May 12, 2003 after a hard-fought battle against cancer.

A third generation Sacramentan, Judy was born February 8, 1940. She completed high school and two years of college in Sacramento before beginning her career with the State of California. In 1980, while parenting and working for the Department of Transportation, Judy returned to school to earn her bachelors degree. She received a B.A. in Business Administration in 1985.

Judy married Owen Marron in 1974 and from 1975 to 1978 she devoted her energies to raising their four youngest children. In 1978, Judy returned to employment as a clerk with the California Department of Transportation, rising through the ranks to become executive secretary to the director of the department.

In 1984, she served as a national recruiter of engineers for the Department of Transportation. In 1987, Judy moved to the California Department of Health, where she held various positions before retiring as building manager for the department headquarters in Berkeley.

Mrs. Marron worked tirelessly to integrate women into the building trades and increased the access of disabled individuals to employment at the Berkeley facility. Following retirement she was retained as a consultant for various special projects, including the new health facility under development in Richmond.

She was an ardent advocate for the rights of working people, women and disabled individuals, and contributed much to the labor movement. She assisted husband Owen as executive secretary-treasurer of the Central Labor Council of Alameda County by coordinating records and minutes of meetings, assisting with the logistics of marches and rallies, and electoral activities such as phone banks and precinct walks, Labor Day picnics, the 1995 visit of President Bill Clinton, and Unionist of the Year events, until Owen's retirement in 1999. She is survived by devoted husband Owen; children Denise Cheely, Mike Proaps, Barney, Dorie, Rick, and Mike Marron, grand children Billy, Kayla, Austin, Cody, Isabella, Corinna, Josh and Shelly, brothers William Hack and Jim Hack, and loving pets Chester and Fraidy.

Finally, as we honor Mrs. Marron today, I want to thank her for being an exemplary role model, administrator, and hero. I take great pride in joining Judy's family, friends and colleagues to recognize and salute the accomplishments and contributions of Judy Celeste Hack Marron.

AMISTAD AMERICA

HON. STEPHANIE TUBBS JONES

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mrs. JONES of Ohio. Mr. Speaker, I rise today to honor Amistad America and the Freedom Schooner Amistad as it makes its first voyage to Cleveland, Ohio. The schooner, under the leadership of Captain William Pinkney, is a wooden re-creation of the 19th century Spanish cargo ship, La Amistad. It serves as a maritime ambassador for racial reconciliation and human rights education and fosters cooperation and unity among people of diverse backgrounds. Since its launch, the Amistad has touched the lives of thousands of people.

The Freedom Schooner Amistad was conceived, built and launched to celebrate the legacy of The Amistad Incident of 1839. Fifty-three Africans, who were illegally kidnapped from West Africa and sold into the transatlantic slave trade, staged a revolt against injustice and embarked on a quest for freedom. Their human-rights struggle culminated in a case in which former President John Quincy Adams successfully argued before the United States Supreme Court on behalf of the captives. In 1841, the 35 surviving Africans returned to Africa.

I was privileged to attend the opening of the Amistad in Connecticut in 2000. Due to illness, Rev. Allison Phillips, pastor emeritus of Mt. Zion Congregational Church, was not able to attend the event. This year, Rev. Phillips has the pleasure of welcoming the schooner to the city of Cleveland.

In 2003, the Amistad makes its first Great Lakes Tour after touring ports along the East Coast and Gulf of Mexico. The docking of the schooner in Cleveland presents a rare opportunity for the public to gain new perspectives on racial justice and freedom. The schooner will offer a wonderful historic and educational experience for the residents of Cleveland and of North East Ohio. I would especially like to thank Key Bank and the United Church of Christ for their diligent work in bringing the Freedom Schooner Amistad to Cleveland.

IN HONOR OF DR. BILL K. TILLEY

HON. DENNIS A. CARDOZA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. CARDOZA. Mr. Speaker, I rise today to honor Dr. Bill K. Tilley, who has served the people of Merced for fourteen years as superintendent of the Merced Union High School District. Under his leadership, the Merced Union High School District has developed into a place where people share a vision that all students have a right to the highest quality and most rigorous education possible.

Dr. Tilley was born during the summer of 1939 in a small coal-mining town in West Virginia, and moved to Washington State in 1953, He attended Western Washington State University where he earned his Bachelors of Arts in Education and subsequently his Masters Degree in School Psychology and Education in 1967. Dr. Tilley then moved to Iowa City where he completed his Ph.D. in Educational Psychology and School Administration and spent the most of the next twenty years working as a school administrator in Minnesota. Wisconsin, Illinois, and Washington.

In 1989, Dr. Tilley moved to Merced and joined the Merced Union High School District as superintendent. Under his leadership, the District has forged the first high school partnerships with the University of California at Merced, the District's college preparatory and Advanced Placement course offerings have more than tripled, disabled students are incorporated into the daily life of the school and enjoy a rich, meaningful educational experience alongside their peers, and the District has achieved one of the lowest dropout rates in the state. Dr. Tilley has worked to ensure that the District has acquired and developed a top quality faculty, a faculty that is knowledgeable of the state standards and is fully committed to assuring that all students meet those standards.

Perhaps Dr. Tilley's most notable accomplishment is that he was able to secure the last fully funded state high school in California for the people of Merced and then a few years later engineered a successful bond campaign that built another. Dr. Tilley's lasting devotion to the students of Merced has left a lasting impression on the community, two state of the

art high schools. In addition, Dr. Tilley's sound leadership has left the school district fiscally sound in a time when school districts across the state are struggling to survive.

Through all of these accomplishments, Dr. Tilley sends a clear message that our children count, that poverty is not a barrier to the American dream, and that our children have a right to the very best education.

As Dr. Tilley's family and friends joined him to celebrate his retirement as superintendent of the Merced Union High School District, we as residents of Merced County will never forget the lasting impression he has made on the education of our youth. I ask all of my colleagues to join me and recognize my friend, Dr. Bill K. Tilley for his service to the United States as an educator, builder, and citizen.

HONORING REVEREND SAMUEL JOEL ESPINOZA TREVINO UPON HIS RETIREMENT

HON. TOM DAVIS

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. TOM DAVIS of Virgina. Mr. Speaker, I would like to take this opportunity to pay tribute to Reverend Samuel Joel Espinoza Trevino upon his retirement from St. Stephens Church after over forty years of dedicated service to the Christian community.

Reverend Samuel Joel Espinoza Trevino was born in Monterrey, Mexico to a family of deeply religious convictions. His father, Reverend Edelmiro J. Espinoza served both the Monterrey pastorate in the Mexican Methodist Church and later the Holy Trinity Church of downtown Mexico City. His father was also responsible for establishing the Instituto Evangelistico de Mexico as a school for pastors of all denominations devoted to serving both the church and the Christian community.

Reverend Espinoza studied ministry at Vennard College in Iowa where he learned English and familiarized himself with American culture. Upon completing his ministry, the Reverend returned to Mexico City as a teacher and an adrainistrator of his father's ''Instituto.'' Additionally, he worked with a Christian literature ministry at the Cruzada Mexicana en Cada Hogar, while he also traveled Mexico preaching and teaching in churches for special campaigns and courses.

In 1969, Reverend Espinoza and his wife moved to Harrisonburg, Virginia where the Reverend completed his Master's degree of Divinity from Eastern Mennonite Seminary while he simultaneously served as an assistant pastor at Waynesboro U.M. and Otterbein U.M.

By 1993, Reverend Espinoza and his wife had come to St. Stephens Church, which he has continued to serve over the years. Rev. Espinoza's tenure here has been characterized by a number of reforms and progressive programs that have served to revolutionize the religious agenda at St. Stephens. The Reverend is responsible for the inception of a Children's Church program. Furthermore, he has started a Disciple Bible Study and expanded the St. Stephens' Sunday School programs. Finally, he both envisioned and completed the construction of a new Sanctuary, which includes facilities devoted to fellowship and educational activities.

Mr. Speaker, in closing, I wish the very best to Reverend Espinoza as he is recognized for his years of service to the Christian community. During his many years of service, he certainly has earned the respect and gratitude of hundreds of parishioners, and I call upon all of my colleagues to join me in applauding his career of good works.

IN RECOGNITION OF THE EIGHTIETH ANNIVERSARY OF JOHN H. HARLAND COMPANY

HON. DENISE L. MAJETTE

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Ms. MAJETTE. Mr. Speaker, I rise today to congratulate John H. Harland Company, a leader in financial and industrial services, on its eightieth anniversary.

Established in 1923 in Atlanta, Georgia, John H. Harland Company is a leading provider of products and services to their chosen segments of the financial and educational markets. Harland has a long history of adapting to changes in the industry and, in doing so, has helped to create numerous opportunities for itself and its employees nationwide.

As a leading check printer, Harland was instrumental in the development of Magnetic Ink Character Recognition (MICR) technology in the 1950s. In the 1960s, Harland introduced the first scenic check, now a staple of the banking world. Today, Harland is one of the fastest-growing software companies in the financial industry. More than 85 percent of all schools in the United States use at least one educational product through Harland's Scantron subsidiary. And of the 5,000 John H. Harland Company employees, more than 20 percent are employed in Georgia alone, continuing the positive financial impact to the state that founder John H. Harland himself began.

Mr. Speaker, I ask my colleagues to join me in applauding John H. Harland Company and its 5,000 employees for 80 years of growth and innovation, contribution and achievement.

RELATING TO CONSIDERATION OF SENATE AMENDMENTS TO H.R. 1308, TAX RELIEF, SIMPLIFICATION, AND EQUITY ACT OF 2003

SPEECH OF

HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 12, 2003

Ms. SCHAKOWSKY. Mr. Speaker, I rise in opposition to this rule which would adopt a Motion to Go to Conference on H.R. 1308, The All-American Tax Relief Act of 2003. Here we go again. President Bush and the House Republican leadership are once again showing their contempt for working families that are struggling to make ends meet in our sluggish economy. This rule is a shameful effort to deny assistance to the 6.5 million families and their 12 million children who earn between $10,500 to $26,000 a year. Nearly 674,000 children and 378,000 families, or one in four children back in my home state of Illinois, would have qualified for this aid Nationwide, one million of these kids are the children of veterans or active members of the armed forces. Is this how the Republican leaderships and the Bush Administration wish to repay the brave men and women who have put their lives on the line to serve their country? We should defeat this rule and immediately adopt the Senate-passed legislation which would provide immediate aid to these hard working families.

Just a few weeks ago, President Bush and Republican leaders passed another job killing tax bill that provided even more tax cuts for millionaires. Behind closed doors, Vice President Cheney and Republican leaders in Congress deliberately left millions of children behind to pay for tax cuts for millionaires and tax dodging corporations. This was not an accident or an oversight. A House Ways and Means Committee spokesperson confessed, ''Adjustments had to be made.'' Of course, no adjustments had to be made to the nearly $604,000 tax break recieved by Vice President CHENEY or the $332,000 given to Treasury Secretary John Snow. In fact, the total tax savings for President Bush, Vice President CHENEY, and the Cabinet could be up to $3.2 million. The Bush Administration showed their true colors. This callous decision outraged the American public. People all around the country demanded fairness.

The United States Senate was shamed into passing a Democratic proposal to provide those low-income families with their well-deserved child tax credit that was removed in a secret deal by Vice President Cheney. Instead of doing the right thing and passing the Senate bill, the House Republican leadership is trying to pass another budget busting $82 billion tax bill that will increase our growing national debt. When President Bush took office we had a $5.6 trillion ten-year surplus. We now have a $2 trillion deficit over the same period of time. According to CBO, the President's tax cut not the war on terrorism accounts for the growth in deficit.

This bill is a gimmick. It is a delay tactic. The Republican leadership knows that this price tag is unacceptable to many in the Senate. No wonder the House Republican leadership is not even allowing members of the people's house an opportunity to offer any amendments today. If they allowed amendments we might pass child care tax credit for the 12 million children of the working class who have been sacrificed to make room for the Bush class. This begs the question, why do President Bush, Vice-President CHENEY, and House Republicans have so much contempt for working families?

The House Republican Leadership opposes the Senate bill because the lower income hard working families do not deserve a tax cut, they say, because they do not pay taxes. That is a lie and an insult to the millions who are teacher aids, home heath care workers, and child care providers. They pay sales tax, they pay excise taxes, they pay taxes on gasoline, and they pay a payroll tax, they pay taxes for which there is never a cut, never a special break. These are also the same families that struggle to pay their rent and provide for their children. We should help these families immediately.

Put the interests of working families before the needs of the Bush class. Vote instead for hard working families. Defeat this rule.

CONGRATULATING THE JACKSONVILLE PROVIDENCE STALLIONS ON CLASS A STATE BASEBALL CHAMPIONSHIP

HON. ANDER CRENSHAW

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. CRENSHAW. Mr. Speaker, I rise today to laud the accomplishments of a group of young men from my congressional district that attend Providence School in Jacksonville, Florida.

Mr. Speaker, in just the sixth year of this school's existence, their baseball team has won the Class A state baseball championship. This is no small feat in the state of Florida, for ours is a state known for great baseball and baseball greats such as Fred McGriff, Alex Rodriquez, and Chipper Jones. This year the state of Florida had 50 men on Major League Baseball spring training rosters.

This group of fourteen young men and five coaches compiled a 26–2 record on the way to their state championship, and along the way won the American Plumbing Classic in Jacksonville, the district, and regional championships. For some on this team, these winning ways are nothing new as Providence was District champion and Regional runner-up in 2001 and made the State Final Four in 2002.

Mr. Speaker, while the crowning moment of this team's season came at the end of a 7–2 win over Orangewood Christian at Tampa's Legend's Field, it was more than just 28 games that went into this championship. For most of these young men, this championship started at age 5 or 6 and has continued through many spring and summer league games since. This championship came with the help and sacrifices of family, friends and multiple coaches, many of whom are volunteers. This victory came at the expense of free time, other school functions, and even some blood, sweat, and a few tears.

It takes a lot to be a champion and this team, their family, friends, and coaches have all shown they know what it takes.

I wish continued success to all fourteen of these young men who make up the Providence School's baseball team: Kellyn Townsend, Joshua Maxwell, Kyle Wilson, Austin Heilig, Travis Martin, Jordan Bowser, Tim Aldridge, Connor Hodges, Steven Turner, Hunter Robinson, Ryan Kramer, Blake Gerber, Tim Brown, and Robert Hardee. I also wish continued success to Head Coach Billy Bell and his four assistants: Mark Aldridge, Greg Larrick, Jim Martin, and Mac Mackiewitz.

THANKING MR. MICHAEL ELLIOTT FOR HIS SERVICE TO THE HOUSE

HON. ROBERT W. NEY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. NEY. Mr. Speaker, on the occasion of his retirement on July 7th, we rise to thank Mr. Michael Elliott for his outstanding service to the U.S. House of Representatives over the past 16 years.

Over the years, Mike has provided outstanding customer support to Members, Committees, Leadership and Support Officers of the House. He began his career with the House on March 25, 1987 and served this great institution in numerous capacities, most notably with House Information Resources (HIR) under the office of the Chief Administrative Officer.

In 1987, he was hired as a User Support Specialist to provide technical support; specifically hardware troubleshooting and repairs for PCs, printers, monitors and system units in all House offices. In this position, Mike became a certified Apple Macintosh technician and served as Team Leader for all Macintosh support. He remained in that position until 1995. Since 1995 he has worked as a Technical Support Representative servicing Member offices. Mike is highly skilled and very proficient in providing office automation and technical services to House offices. His professionalism and work ethic is a true demonstration of excellence and dedication to providing passionate customer service. His technical skills and breadth of knowledge of House office operations enabled Mike to provide and advise others in providing effective resolutions.

I know all of you join me in extending our thanks and appreciation to this invaluable member of the House family. We wish the very best to Mike and his wife Susan as they pursue the next phase of life.

RECOGNIZING VOLUNTEER AND JEFFERSON AWARD RECIPIENT LEANNA RICHARD ALFRED

HON. CHRISTOPHER JOHN

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. JOHN. Mr. Speaker, many people serve the needs of their community, not searching for public recognition. Their reward is the knowledge that those in need have been helped. Mrs. Leanna Richard Alfred of Lafayette, Louisiana is one such individual.

Friends and colleagues have described her as a terrific role model with a warm smile and a loving personality—a motherly figure, always prepared to lend a helping hand to those in need.

Mrs. Alfred is being honored this week in Washington, DC with the distinguished Jefferson Award. Given by the American Institute for Public Service, this national award is granted to ''ordinary people who do extraordinary things without expectation of recognition or award.''

Through a partnership with local media sponsor KLFY–TV in Lafayette, Louisiana, Mrs. Alfred's efforts were brought to the Institute's attention. This award is not the first for Mrs. Alfred, but it is a very special honor. In 1972, Jacqueline Kennedy Onassis, Senator Robert Taft, Jr. and Sam Beard founded the American Institute for Public Service to establish a Nobel Prize for public and community service.

Mrs. Alfred's work is directed toward children in our community. She sponsors several annual events—fashion shows, a Christmas Ball, and basketball tournaments—to offer African-American children in the area avenues to showcase their unique talents. Her events often provide scholarships for area youngsters to advance their education, as well as trophies and certificates of achievement. Her motto is ''Making a Difference,'' and that is just what she does on a daily basis.

I congratulate Mrs. Leanna Richard Alfred for her dedication to making our community an area in which young people can strive, succeed, and know that they are cherished.

CONGRATULATING EMMETT LEDBETTER FOR EARNING THE DISTINGUISHED FLYING CROSS

HON. JOHN S. TANNER

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. TANNER. Mr. Speaker, I rise today to recognize and honor an American patriot, Emmett Ledbetter of Jackson, Tennessee. Mr. Ledbetter recently received the Distinguished Flying Cross Award for his bravery and heroism while serving our nation as a top turret gunner and flight engineer during World War II.

As a member of the 455th Bomb Group and the 743rd Bomb Squadron, Mr. Ledbetter flew the greater part of his 50 combat missions in the months leading up to the historic D-Day landing on the beaches of Normandy. Based out of an airfield near Cerignola, Italy, the 455th Bomb Group completed missions throughout Romania and Austria against the German occupiers.

No stranger to military decorations, Mr. Ledbetter received the Presidential Unit Citation twice for missions in Austria as well as the EAME Theater Ribbon and the Air Medal honoring his military prowess throughout the War.

On one such occasion, for which he has now earned the Distinguished Flying Cross, a bomb was found to be caught in the rear of the airplane on a return trip from a mission in Vienna. Facing a serious threat to the safety of the airplane, Mr. Ledbetter and another crewmember, in a moment of bravery, put on oxygen masks and entered the bomb bay, walking across a narrow catwalk at an altitude of 20,000 feet. Once inside, they forced the explosive off the rack, saving the airplane and its crew.

Following this mission, Mr. Ledbetter was recommended to receive the Distinguished Flying Cross, but because of clerical procedures, his award was delayed. Now, almost 60 years after this heroic accomplishment, Mr. Ledbetter has received the recognition he deserves, having finally been awarded the Distinguished Flying Cross on February 13, 2003.

Mr. Speaker, at this difficult time in our nation's history, I know you and our colleagues join me in thinking about and praying for our troops. I hope you will also join me in honoring a man who fought for this country in a different war to guarantee the safeties and freedoms we all cherish so much. We salute Emmett Ledbetter for his honorable career serving our nation and congratulate him on the long-deserved Distinguished Flying Cross Award.

PERSONAL EXPLANATION

HON. JAMES L. OBERSTAR

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. OBERSTAR. Mr. Speaker, on Wednesday, June 4, I attended an important announcement at the U.S. Department of Labor concerning the funding of a vital initiative to assist dislocated workers and retirees in Minnesota pay for their health care expenses.

As a result, I was unable to cast my vote on the rule (H. Res 257) for the Partial Birth Abortion Ban legislation. Had I been present, I would have voted ''aye'' on rollcall vote 236 because I strongly supported the need for the House to consider this important pro-life legislation.

IN HONOR OF THE RETIREMENT OF DR. BARBARA BENSON OF THE DELAWARE HISTORICAL SOCIETY

HON. MICHAEL N. CASTLE

OF DELAWARE

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. CASTLE. Mr. Speaker, I rise today to recognize the achievements of Dr. Barbara Benson upon her retirement as the executive director of the Delaware Historical Society. Dr. Benson has served as the organization's executive director for thirteen years and as staff librarian for ten years prior. She has left the history of Delaware on display for many future generations to cherish and explore our rich heritage.

Dr. Benson is a recognized scholar in her field who set high performance standards for every task she undertook at the Delaware Historical Society. During Dr. Benson's tenure, the Delaware Historical Society grew in both its collections and membership. Furthermore, Dr. Benson led the organization's purchase of the old Woolworth 5 & 10 next to the town hall, which now proudly serves as the Delaware History Museum.

Dr. Benson has challenged Delawareans to think, learn and grow. Delawareans have been called upon to connect Delaware's history with their own lives and relate their own experiences with the future of Delaware's history.

Mr. Speaker, I commend Dr. Benson for challenging the residents of Delaware and for sharing her knowledge with us. The legacy Dr. Benson has left us through her work at the Delaware Historical Society is not one that will soon be forgotten.

HONORING IRVING I. STONE

HON. STEPHANIE TUBBS JONES

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mrs. JONES of Ohio. Mr. Speaker, I rise today to honor Irving I. Stone, founder of American Greetings Corporation, whose generosity to his community and abroad is constantly remembered. Mr. Stone's involvement with the company started when he was a young boy. His father sold postcards from a horse and buggy. Immediately after graduating high school, he became a salesman. He made the largest sale of the company at age 19 to the management of Cleveland's Euclid Beach Park.

In the 1930's, Stone convinced his father that the company should design and print its own cards. In order to implement this, he started the American Greetings Creative Department, one of the largest art studios in the country. Irving Stone continued to bring innovative ideas to the company and retailers, making the greeting card industry what it is today.

More important than his accomplishments with his company was his commitment to his community by participating with many civic organizations: Chairman of the Board, Hebrew Academy of Cleveland; Member of the Board of Directors, Young Israel of Cleveland; Board Member, Cleveland Institute of Art and Bar Ilan University; Regional Board Member, Liberty Mutual Insurance; Founding Trustee for Life, Cleveland Jewish News.

It is because of his commitment to the community and desire to see it move forward in the future that the Young Israel of Greater Cleveland will honor Mr. Stone by dedicating the Synagogue to him on June 22, 2003. Irving I. Stone was an outstanding man who will always be remembered for his outstanding good deeds to his community and beyond.

HONORING RIPLEY, OHIO, THE PARKER SOCIETY, ANN HAGEDORN FOR KEEPING THE HEROIC STORIES OF THE UNDERGROUND RAILROAD ALIVE

HON. ROB PORTMAN

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. PORTMAN. Mr. Speaker, I rise today to recognize and honor the Village of Ripley, the Parker Society and author Ann Hagedorn, for working so tirelessly to commemorate the lives and stories of people who risked life and property for the cause of freedom: the conductors on the Underground Railroad. The Village of Ripley and Ann Hagedorn were honored during the Salute to Trailblazers Underground Railroad event on Capitol Hill in March.

The Village of Ripley is in Brown County, Ohio, which I represent. It is home to two former conductors on the Underground Railroad, Presbyterian minister Reverend John Rankin, and freed slave, John Parker. Both the Rankin house and Parker house have been restored and help tell the story of how hundreds of slaves escaped via the Underground Railroad. Today in Ripley, the Parker Historical Society is comprised of many dedicated people, committed to preservation of the homes, artifacts, and stories of the brave people who believed so strongly in freedom for all.

The mission of the National Underground Railroad Freedom Center, located in Cincinnati, Ohio, is to educate the public about the struggle to abolish slavery and secure freedom for all people. For many years, the Parker Society has worked tirelessly to restore the John Parker House, collecting artifacts, and recounting the life and history of John Rankin, John Parker, and the heroes of the Underground Railroad. Ann Hagedorn's recent book, Beyond The River, recounts in gripping detail the history of bravery and determined resolve of ordinary people who accomplished extraordinary deeds. The Brown County Commissioners had extraordinary vision and were particularly supportive of the Parker Society's restoration efforts.

All of us in Southwest Ohio join in congratulating the Village of Ripley, the Parker Society, Ann Hagedorn, and the Brown County Commissioners for their vision in keeping the heroic stories of the Underground Railroad alive.

RECOGNIZING THE COMMUNITY LEADERSHIP OF GROVER AND BETTY POTEET

HON. JOHN S. TANNER

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. TANNER. Mr. Speaker, I rise today to recognize the accomplishments of two outstanding leaders and dear friends, Grover and Betty Poteet. The service they have provided over the years resonates throughout our community.

Both natives of Spring Hill, Mr. and Mrs. Poteet now live in Trenton, Tennessee. They have three children, Melinda Poteet Goode, Doug Poteet, and Melia Poteet Anderson. They are also the proud grandparents of Garner Goode and Crockett Goode. Together, Grover and Betty earned the 1999–2000 Citizens of the Year Award, presented by the Trenton Elks Lodge.

Grover graduated from Spring Hill High School in 1955 and served in the United States Army from 1955–1957. Grover has contributed so much to his community, including his service as a member of the Gibson County Court from 1974–1994. Grover also showed his compassion for people by serving as a member of the National Guard Equal Opportunity Race Relations Council. He is currently chair of the Gibson County Lake/Water Board Authority and was recently honored with the Trenton Elks Dedicated Service Award for 2002–2003.

Betty graduated from Spring Hill High School in 1957 and began working at the Milan Army Ammunition Plant, a career that lasted 45 years. Betty also served for 15 years as the parade director for the Trenton Teapot Parade, one of the biggest local festivals in Tennessee. Her tireless community work earned her the Tennessee National Guard's Hard Worker of the Year Award for 1994–1995.

The Poteets have always been very active leaders in Tennessee, through heavy involvement in the Democratic Party at the local and state level. Their love for our democratic process helps make West Tennessee a great place to live.

Time and time again, Grover and Betty Poteet have proven their love for our neighbors in Trenton and Gibson County. Their dedication has always been and will continue to be appreciated. Mr. Speaker, please join me in honoring the accomplishments and dedication of two fine leaders and my friends, Grover and Betty Poteet.

TRIBUTE TO THE BRONX COUNCIL ON THE ARTS

HON. JOSÉ E. SERRANO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. SERRANO. Mr. Speaker, it is with great joy that I rise today to pay tribute to the Bronx Council on the Arts, which is currently celebrating its 40th anniversary. Recognized nationally as a leading arts service organization, providing cultural services and arts programs, BCA serves a multicultural constituency in excess of 1.2 million residents.

The Bronx Council on the Arts was founded in 1962 with the mission of encouraging and increasing the public's awareness and participation in the arts, and to nurture the development of artists, arts and cultural organizations. Indeed, throughout its 40 years of service BCA has accomplished its stated mission.

In April of 2000, The Bronx Council on the Arts received the Governor's Arts Award for its contributions to the burgeoning artistic panorama of the Bronx. They joined the ranks of Peter Martins of the New York City Ballet, filmmakers Ismail Merchant and James Ivory, photographer Cindy Sherman and many other celebrated artists and art institutions.

The Bronx Council on the Arts serves more than 250 arts and community organizations and 5,000 artists. Through its various grant programs and services, BCA has given over $1 million to individual artists and arts organizations in order to support literary, media, performing and visual arts projects. In addition, BCA coordinates arts and education services in public schools throughout the Bronx.

Mr. Speaker, the Bronx Council on the Arts is truly a Miracle in the Bronx. Bill Aguado, the Executive Director, put it best when he stated: ''This isn't supposed to be happening in the Bronx or anywhere else for that matter. Poverty, crime, drugs—those are expected, but to pick up a paint brush, raise a voice in song, fill a page with words or lift a foot to dance and say, 'I am a Bronx artist,' seemed absurd. Things have changed a lot.''

For the rich contributions this organization has made not only to the Bronx but also to the world of art, I ask my colleagues to join me in celebrating the Bronx Council on the Arts' 40th birthday.

H.R. 2475—THE VETERANS HEALTH CARE FULL FUNDING ACT

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. SMITH of New Jersey. Mr. Speaker, today, along with Representative ROB SIMMONS of Connecticut, Chairman of the Veterans' Affairs Subcommittee on Health, and three dozen other cosponsors, I am introducing H.R. 2475, the Veterans Health Care Full Funding Act, legislation to ensure full funding for the Department of Veterans Affairs' health care system.

This bill would fulfill the central recommendation of the President's Task Force To Improve Delivery of Health Care for Our Nation's Veterans, which reported an alarming mismatch between demand for services and available resources that threatened the quality of VA health care. The Task Force recommended that the veterans' health care funding process should be overhauled in order to achieve full funding.

As early as 1993, national veterans organizations were calling for guaranteed funding for VA health care. Last year I introduced H.R. 5250, legislation to achieve that goal by funding VA health care through a permanently fixed formula, one possible approach recommended by the President's Task Force.

The legislation we are introducing today takes the other major approach identified by the Task Force, establishing an independent board of experts on health care economics, with an independent budget and staff, to determine the annual funding levels necessary for veterans' medical care and to be included in the Administration's budget.

Under our legislation, a three-member Funding Review Board would be appointed by the Secretary of Veterans Affairs for staggered 15-year terms. The Board would have full access to VA's economic, actuarial and other data relevant to determining health care funding, as well as the Office of Management and Budget's (OMB) economic and forecasting analysis, but would be independent of both.

The Board would produce an annual budget request and a budget forecast for funding necessary to provide full health care benefits in a timely and cost-efficient fashion to all enrolled veterans in Priority Groups 1-7, primarily those injured or disabled while serving their nation, or with low income levels. The amount calculated by the Board for the next fiscal year would become the President's budget request submitted to Congress. From that point forward, the congressional budget and appropriations process would remain unchanged.

To ensure that veterans are receiving timely care, the legislation would require VA to provide care in a timely manner; if VA is unable to furnish care to veterans who need it within reasonable timeframes, it would be obligated to contract for that care with private sector health care providers.

In order to promote fiscal discipline within VA health care, the Board would be required to identify areas where VA program efficiencies and savings can be achieved, as well as be required to consider recommendations from OMB.

Mr. Speaker, for at least the past five years, veterans' usage of VA health care services has surpassed every Administration estimate—Republican and Democrat. The continuing rise in demand for VA health care services has been driven by many factors, including VA's establishment of over 650 new and more convenient VA community-based outpatient clinics for primary care, improved safety and quality of care, and the availability of VA prescription drug benefits. VA has become an increasingly important supplier of prescription drugs to veterans, particularly senior veterans who lack a drug benefit from the Medicare program.

Further evidence of the urgent funding needs of VA health care comes from a report issued last year measuring the amount of time veterans are waiting for medical services. According to VA's report, there were nearly 300,000 veterans waiting for initial medical appointments, half of whom were waiting 6 months or more; and the other half having no appointment at all. While the VA has indicated progress is being made to reduce this waiting list, the Secretary's decision to halt enrollment of Priority 8 veterans for the remainder of this year is another clear indicator that VA is not properly equipped to handle the current demand for medical services because it lacks the funding to do so.

The President's Task Force (PTF) was established in May, 2001 to improve collaboration and resource sharing between the Departments of Defense and Veterans Affairs health care systems. Within months of the start of its deliberations, the Task Force discovered that a mismatch between demand for VA health care services and available resources prevented VA and DOD from achieving the full advantages of sharing and threatened the quality of VA health care. The PTF recommended in its report that the current budget and appropriations process be reformed. Let me quote from the report:

> The Federal Government should provide full funding to ensure that enrolled veterans in Priority Groups 1 through 7 (new) are provided the current comprehensive benefit in accordance with VA's established access standards. Full funding should occur through modifications to the current budget and appropriations process, by using a mandatory funding mechanism, or by some other changes in the process that achieve the desired goal.

The PTF identified two possible approaches to addressing current problems with the funding process: make veterans health care funding a mandatory budgetary item, or create an independent Board of experts, actuaries, or other outside officials to dispassionately review needs and determine funding levels. Both approaches would have the same goal: to achieve full funding to meet demand in a timely manner.

Mr. Speaker, the Veterans Health Care Full Funding Act would accomplish this goal by establishing a funding process similar to one already used by the Department of Defense. Our legislation is modeled on a provision in the 2001 Floyd Spence Defense Authorization Act, Public Law 106–398, popularly known as ''TRICARE for Life.'' Under this legislation, an outside panel of experts and actuaries was established to determine future funding levels to meet health care needs of military retirees and their families in the TRICARE program. Our legislation is modeled on this successful program.

In addition, our legislation would codify standards for veterans' access to health care. Without a requirement that VA meet reasonable access standards, veterans could continue to be denied access to care regardless of any funding. I would like to recognize and thank my colleague on the Veterans' Affairs Committee, Representative GINNY BROWN-WAITE, who has introduced separate legislation, H.R. 2357, to achieve this very goal. The standards established in the Brown-Waite bill are incorporated in the legislation we are introducing today.

The VA budget for fiscal year 2003 contained a record $2.6 billion increase in the funding of medical care for our Nation's veterans and this year, based upon our Committee's recommendations, the House approved another record veterans budget, increasing overall veterans spending by $6.2 billion, including about a $3 billion increase for medical care. But even with these historic increases,

VA may not be able to meet demand for medical services.

Mr. Speaker, with the introduction of the Veterans Health Care Full Funding Act, H.R. 2475, we hope to move beyond debate and discussion and finally get on the fast track to legislative action. It's time to fix the funding system for veterans' health care. I urge all my colleagues to carefully review and consider supporting the Veterans Health Care Full Funding Act, H.R. 2475, to provide dependable, stable and sustained funding to meet the health care needs of veterans of our armed forces. They deserve no less from a grateful nation.

IN RECOGNITION OF THE 50TH ANNIVERSARY OF THE MEMORIAL BAPTIST CHURCH OF WILLITS, CALIFORNIA

HON. MIKE THOMPSON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. Mr. THOMPSON of California. Mr. Speaker, I rise today to recognize Memorial Baptist Church of Willits as this congregation celebrates the 50th anniversary of its founding.

W.F. Harrison, a Baptist layman who worked in a Leggett sawmill, identified the need for a Baptist Church in Willits. Ralph Rummings, a seminary student studying for foreign missionary work, was persuaded to start the mission and work at the sawmill for $25 a week. So, a few logging families formed the hub of the church, which has since grown to a congregation of 150 people.

Memorial Baptist Church became an official congregation on June 21, 1953. The church's first minister was Pastor Russell R. Morris, a seminary student who later became a missionary to Lebanon, Jordan and Israel. The first church services were held at the Leake Recreation Hall. Land was purchased in 1954 and the church building was completed in 1956.

Over the course of the past 50 years, the church has played an important spiritual role in Willits and has enriched the lives of many people. Although the congregation has endured philosophical differences over the years, it has remained united in its ministry, serving the needs of the congregation and the community.

Memorial Baptist has provided humanitarian assistance to people through local, national and international programs and activities. Currently, the church is an active participant in the Brown Bag Lunch Program of Willits, the Willits Community Services & Food Bank and the Community Benevolence Fund. The Women's Mission/Ministries group supports overseas projects, assists women in becoming self-supporting and provides funds to teach English to new immigrants.

Mr. Speaker, we honor this church for its many contributions to our community. For fifty years the church has been a shining example of patriotism and valor, a place where all are welcome. It is appropriate at this time that we recognize Memorial Baptist Church on the occasion of its 50th anniversary.

TRIBUTE TO OJAY HANSEN WORRELL

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. McINNIS. Mr. Speaker, it is with a solemn heart that I stand before this body of Congress and this nation today to pay tribute to the life and passing of Ojay Hansen Worrell, an outstanding citizen from my district. Ojay was an active member of the Glenwood Springs community and he will be remembered as a respected businessman, an honored veteran, and a dedicated family man. Ojay passed away recently at the age of 79, leaving a legacy of leadership for his community to follow.

Ojay was born in Oklahoma City but moved to Glenwood Springs, Colorado when he was only four years old. He graduated from Garfield County High School and later married his high school sweetheart Marcella. Ojay joined the Navy and served our country during World War II, returning home to receive his bachelor's degree in Business Administration from the University of Colorado. Ojay found success in the business field, owning and operating Holland Auto Parts for over 30 years.

Ojay eventually began work in public service, serving on the Glenwood Springs City Council, as well as serving two years as the city's mayor. He was also involved in the Veterans of Foreign Wars, the Elks Lodge, and the Kiwanis Club. When not working in the community, Ojay enjoyed fishing, hunting, and area athletics.

Mr. Speaker, I am honored to pay tribute to Ojay Worrell before this Congress and this nation. His hard work, enthusiasm, and leadership in the community will be sorely missed. My thoughts and prayers go out to Ojay's family and friends as they mourn his loss.

TRIBUTE TO FRANK MODICA

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. McINNIS. Mr. Speaker, it is with a solemn heart that I stand before this body of Congress and this nation to pay tribute to Frank Modica, an outstanding citizen from my district. Frank was an active member of the Trinidad community and he will be remembered as a respected businessman, an honored veteran, and a dedicated family man. Frank passed away recently at the age of 79, leaving a legacy of leadership in the Trinidad community.

Frank was a lifelong resident of Trinidad, graduating from Trinidad High School in 1938. Two years later, he married his wife Jane, a union that would last for the next 62 years. Several years later, Frank answered his country's call to duty, serving in the Army during World War II. Upon his return to the states, Frank worked with a number of companies, eventually owning Modica Trucking, The East Side Inn, and Modica Brothers Red-E-Mix.

Frank was also active in the Catholic Church, the Veterans of Foreign Wars, and the Trinidad Planning Commission. When he was not busy within the community, he enjoyed hunting, fishing, bowling and gardening.

Mr. Speaker, I am honored to pay tribute to Frank Modica before this body of Congress and this nation. His hard work, enthusiastic attitude, and leadership will be missed. My thoughts and prayers go out to Frank's family and friends.

TRIBUTE TO IRVING JAQUEZ

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. McINNIS. Mr. Speaker, I am honored to stand before this body of Congress and this nation today to pay tribute to Irving Jaquez, the long-time warden of the Trinidad Correctional Facility in Trinidad, Colorado. Irving will soon be retiring as warden of the prison, where his leadership will be truly missed. I want to honor his many contributions here today.

Irving worked his way up through the ranks of the Colorado Department of Corrections, starting as a correctional guard. From there, he served as a correctional sergeant, lieutenant, case manager, admissions officer, housing supervisor, deputy warden, and warden. During his time at the prison, Irving was responsible for a mass transfer of prisoners, as 326 inmates had to be moved into the new maximum-security prison in Canon City. Like all of his work, the transfer was carefully planned and went off without a hitch.

Irving saw the prison system go through numerous changes through his many years of service. Irving worked hard to eliminate the potential for escapes from his facility. Recently, however, he has focused on the problem of contraband in prisons. As always, Irving works hard to protect the safety of his guards and protect the safety of the prisoners as well.

Mr. Speaker, I am proud of Irving's contributions to the Colorado Department of Corrections. His detailed and efficient management style has led to a well-run, well-organized prison, providing the utmost safety for prisoners and Trinidad citizens alike. Thank you, Irving, for your hard work and dedication.

RECOGNIZING THE ACCOMPLISHMENTS OF GARY CAMPBELL

HON. FRED UPTON

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. UPTON. Mr. Speaker, I rise today to recognize the accomplishments of Gary Campbell, who is retiring after 34 years of service to education in Southwest Michigan. Earning his degree through Western Michigan University, the largest institution of higher education in Michigan's Sixth District, Gary has shown his commitment to the education of countless children over a four-decade span. Gary began his career at Edwardsburg Public Schools where he taught high school courses for three years. His keen intellect and strong work ethic soon propelled him to school administration. He has served as Superintendent

of Lakeshore Public Schools for over 10 years. Behind the scenes, Gary has been extremely active within the communities of Southwest Michigan, becoming involved with such organizations as the Lakeshore Rotary Club, Lakeshore Chamber of Commerce, Council for World Class Communities, Community Partnership for Lifelong Learning, and the Lakeshore Excellence Foundation. Constantly working to contribute to his community, Gary has truly earned my admiration and the respect of the entire South West Michigan Community. Congratulations, Gary! We wish you continued success! Go Lancers!

HONORING AMERICA'S FATHERS FOR THEIR DEDICATION TO THEIR WIVES AND CHILDREN

HON. JOSEPH R. PITTS

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. PITTS. Mr. Speaker, I rise today to pay tribute to America's fathers.

Mr. Speaker, we often hear negative comments about fathers and fatherhood. We hear a lot about ''deadbeat dads'' and absent fathers.

It's easy to forget that there are millions of American fathers who love their wives and their children. They get up every morning and go to work to support their families. They go to baseball games and ballet performances and school plays. They help their kids with their homework, chaperone proms and mow the lawn. They treat their wives with respect and model healthy relationships. They make sacrifices and invest in the next generation.

Current research shows that these daily acts of responsibility and faithfulness have a major impact on child well-being. We also know that marriage is the foundation of responsible fatherhood, and that fathers who are married to the mothers of their children are more likely to be involved in their children's lives.

According to the National Fatherhood Initiative:

The best predictor of father presence is marital status. Compared to children born within marriage, children born to cohabiting parents are three times as likely to experience father absence, and children born to unmarried, non-cohabiting parents are four times as likely to live in a father-absent home.

In a longitudinal study of 2,500 children of divorce, twenty years after the divorce less than one-third of boys and one-quarter of girls reported having close relationships with their fathers. In contrast, seventy percent of youths from the comparison group of intact families reported feeling close to their fathers.

But, we don't need statistics to tell us that committed, involved father's are essential to the preservation of the family.

Yesterday, thousands of families in my district celebrated Father's Day. Amid all the distractions of our society, many stopped, for just a minute, to honor ''Dad.''

It seems that politics and social change and the faddish nature of our culture have not been able to erase the enduring value of fatherhood and the imprint that father's have in my district and across this great nation.

TRIBUTE TO TIMOTHY TYMKOVICH

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. McINNIS. Mr. Speaker, I am honored to stand before this body of Congress and this nation today to pay tribute to Timothy Tymkovich, who will soon become the next federal appellate judge for the Tenth Judicial Circuit. A Colorado native, Timothy has spent his career practicing law and serving the people of Colorado. I am proud to stand today and congratulate Timothy on his appointment.

Timothy began his distinguished law career at the University of Colorado School of Law, where he became the managing editor of the University's Law Review. Upon graduation in 1982, Timothy worked for Chief Justice William H. Erickson of the Colorado Supreme Court. He was appointed as Colorado's Solicitor General in 1991, working with both Republicans and Democrats effectively. He left that post in 1996, returning to practice law in the private sector. In addition to his time in the courtroom, Timothy has served on the Governor's Columbine Review Commission and currently chairs the Colorado Board of Ethics.

Mr. Speaker, Timothy Tymkovich is an outstanding member of the Colorado community who certainly deserves the praise of this body of Congress and this nation. The commitment he has given to Colorado and to the practice of law clearly shows his dedication to justice. Timothy will be a fantastic judge in the Tenth Circuit and it is my pleasure to congratulate him here today.

TRIBUTE TO SARAH SHANK

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. McINNIS. Mr. Speaker, I rise before this body of Congress today to pay tribute to a courageous and benevolent young woman from my district. Sarah Shank of Durango, Colorado was diagnosed with a rare form of cancer three years ago at the age of eleven. When the disease went into remission the following year, Sarah decided she wanted to dedicate her time and efforts to help other affected children and their families combat cancer.

With the help of her family, Sarah founded ''Country Kids With Cancer,'' an organization that provides emotional support to kids battling cancer and financial help to their families. People who live in rural areas, such as Sarah's family, often have to travel long distances to get treatment. ''Country Kids With Cancer'' works with Children's Hospital in Denver to identify and help such families with travel related expenses, which can be very expensive and are rarely covered by insurance.

Even though Sarah still deals with health-related problems stemming from cancer, she works hard to raise funds by speaking to neighbors at the local mall, hosting chili cook-offs, and organizing a charity golf tournament. Her efforts have directly helped nine families so far, and she is working to help more.

Mr. Speaker, I am truly honored to recognize Sarah Shank here today. That she would work so hard on behalf of others—after all she has been through—speaks volumes about her character. Sarah embodies the spirit of sharing and service that helped build this great nation, and I commend her for her leadership, thank her for her community service, and wish her all the best in her future endeavors.

TRIBUTE TO MIKE McGUIRE

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. McINNIS. Mr. Speaker, I am honored to stand before this body of Congress and this nation to pay tribute to Mike McGuire, a Colorado State Patrolman who will be retiring after eight years of distinguished service. Mike served in Durango, Colorado as a Community Resource Officer, where he worked with area schools to promote automobile safety.

Mike joined the State Patrol in 1995, and was quickly promoted to Community Resource Officer. It was there that Mike worked with organizations such as the Colorado Department of Transportation and Mothers Against Drunk Driving, teaching the virtues of seat belt use and driver safety. He works as an instructor in the ''Alive at 25'' program, which gives ticketed drivers the option of a lesser fine if they attend a safety class. Mike was also instrumental in the formation of the Victim Impact Panel for Drunk Drivers, a panel that consists of family and friends of people who have been killed by a drunk driver.

Mr. Speaker, Mike McGuire is the type of person whose dedication and commitment to improving safety has made a difference in the lives of many young Coloradans. The Durango community has greatly benefited from Mike's hard work and perseverance, and I thank him for his efforts. Good luck, Mike, in all of your future endeavors.

INTRODUCTION OF THE IRAQI FREEDOM FROM DEBT ACT

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mrs. MALONEY. Mr. Speaker, today with my colleague Representative JIM LEACH, I am introducing the Iraqi Freedom from Debt Act. This legislation consists of 'findings' and two major initiatives. It requires the U.S. to negotiate in the IMF, World Bank and other appropriate multilateral development institutions for relief of the debts owed by Iraq to these institutions. Secondly, it includes a sense of Congress that the President should urge France and Russia and all other public and private creditors to relieve the debts owed to them by Iraq.

I will speak in more detail on the merits of the bill later this week. I urge my colleagues to support this worthy legislation.

INTRODUCTION OF THE ENSURING COLLEGE ACCESS FOR ALL AMERICANS ACT

HON. GEORGE MILLER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. GEORGE MILLER of California. Mr. Speaker, I am pleased to submit, with my colleagues Representatives KILDEE, OBEY, OWENS, BISHOP, WOOLSEY, RYAN of Ohio, TIERNEY, DANNY DAVIS, KIND, HOLT, VAN HOLLEN and MCCOLLUM, the Ensuring College Access for all Americans Act.

Higher education is essential to ensure America's economic prosperity, national security, health and the success of individuals. Yet, as college enrollments swell, states slash higher education budgets and tuition continues to skyrocket, millions of American students and families continue to struggle to pay for a college education.

Despite these pressures, late last month the Bush administration decided to revise methods to determine student financial need, which will force a significant number of students and families to pay a higher price for a college education. As the June 13th New York Times article, ''Change in Aid Formula Shifts More Costs to Students'', documents, these revisions to the Federal needs analysis methodology for the 2004–2005 award year will result in substantially higher college costs for a large number of American students.

These updates, which were completed by the Department of Education without review or approval by the Congress, effectively will eliminate Pell grant eligibility for needy students or will reduce Pell grant awards or the amount of subsidized loans these students can receive. These changes will force students to mortgage their future by going further into debt to attend college.

At a time when the costs of attending college are growing higher every month, as states and private institutions raise tuition and other costs, I question the timing of these revisions.

The Department of Education's revisions to the allowance for State and other taxes are based on three-year-old data. At the time these numbers were compiled, our country had yet to enter the downward economic spiral that we find ourselves in today. Students are going to be denied critically needed financial aid because of the poor performance of the economy. Unfortunately, the failure of the Bush Administration to ensure economic viability has now come to rest on the backs of needy college bound students.

The Ensuring College Access for all Americans Act will reverse the Administration's revision and make certain that students are not denied critical financial aid. I strongly urge my colleagues to join me in honoring this tradition by supporting the Ensuring College Access for all Americans Act. It is an important step to making certain that all Americans can access a college education.

TRIBUTE TO DR. DONALD F. WHALEN

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. MCINNIS. Mr. Speaker, I am honored to stand before this body of Congress and this nation to pay tribute to an outstanding citizen from my district. Donald Whalen of Durango, Colorado has touched countless lives. He has served as a coach, friend, and mentor to the students of Fort Lewis College. The respect for Donald in the Durango area cannot be overstated, and it is for this reason that Fort Lewis College has dedicated their gymnasium to him.

Donald has committed his life to Fort Lewis, serving in numerous leadership positions within the school. He has worked as a physical education teacher, head coach of the men's golf and basketball teams, director of athletics, and interim school president. While performing these duties, Donald has always made time for his students. He provides them with friendship, advice, counseling, and has an attentive ear. One student even refers to Donald as ''Mr. Everything.''

Mr. Speaker, Donald Whalen is an outstanding member of his community, a man who certainly deserves recognition before this body of Congress and this nation. The hard work and dedication that Donald has given to Fort Lewis has positively impacted the lives of many students. It is clear that Donald has influenced America's youth, and I hope that his message of kindness, generosity, and resiliency will spread. Thank you, Donald, for your dedication to the community.

TRIBUTE TO LOUISE FICCO

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. MCINNIS. Mr. Speaker, I would like to take this opportunity to pay tribute to Louise Ficco and thank her for her many contributions to Ouray, Colorado. Louise has spent over 30 years helping the less fortunate in the Ouray County Public Health Office and, as she plans her retirement, I am honored to speak of her contributions here today.

Louise began her service in Ouray in the early 1970's, helping the County Nurse with bookkeeping, and eventually expanded her duties to include home services and immunizations. Louise then began work in the ''Women, Infants, and Children'' division of the office, providing care for young mothers and their children. Her coworkers describe Louise as a ''people person,'' doing everything necessary to make her patients comfortable. The Health Department was so worried about losing Louise that they have asked her to remain on as a consultant for the next four months.

Mr. Speaker, Louise Ficco has spent her life giving back to others. Public service is truly a noble calling which Louise has wholeheartedly embraced. Thank you, Louise, for your hard work and dedication to Ouray. I wish you all the best in your future endeavors.

TRIBUTE TO THERESA MCKINNEY

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. MCINNIS. Mr. Speaker, I stand before you today to recognize the almost four decades that Theresa McKinney of Rocky Ford, Colorado has contributed to the children of my state. For the last twelve years, Theresa has been kitchen manager at Rocky Ford High School, rising early in the morning to begin her many hours of cooking as she oversees the nutrition of Rocky Ford's children. Theresa will soon be retiring from her service at Rocky Ford, and I am proud to speak of her accomplishments here today.

Theresa has seen many kids come and go in her years at Rocky Ford and I know she will miss the spirit and laughter that the children have brought into her life. Her dedication to the school system has provided the children with an exemplary model of hard work. Theresa always arrived early and worked hard until her job was done.

Mr. Speaker, it is an honor to recognize the contributions Theresa has made to the well being of Colorado's children. Her hard work and dedication to Rocky Ford High School is certainly deserving of recognition before this body. Theresa, I wish you well in all of your future endeavors.

TRIBUTE TO RAY CANDELARIA

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 16, 2003

Mr. MCINNIS. Mr. Speaker, I am honored to stand before this body of Congress and this nation today to pay tribute to a man who was willing to sacrifice in the service of our country. Ray Candelaria of Cortez, Colorado served this nation in World War II, going on to dedicate his time and effort toward the betterment of the Cortez community.

In order to serve his nation during a time of need, Ray left high school early to enlist in the Armed Forces. Ray joined up shortly after the attack on Pearl Harbor, serving in the Army for two years. He was injured and returned home, where he became active in numerous veterans' causes. Ray served as Commander of the Ute Mountain Post of the American Legion, Chairman of the Ute Mountain Rodeo Parade, and currently commands the Disabled American Veterans Post. His hard work and dedication to veteran's affairs have truly made Ray a leader in the Cortez community.

On May 22, 2003, Ray walked across the stage at Montezuma-Cortez High School and received his diploma after 60 years of service. He was one of several veterans who took advantage of a new Colorado law that enables those who fought in World War II to receive full high school diplomas.

Mr. Speaker, it is an honor to recognize Ray Candelaria and commend him for his service to our country. He and the other heroes of ''the greatest generation'' defeated totalitarianism and fascism, ensuring the freedom of all Americans. Ray left the simple pleasures of life in Colorado for the serious work of defending this great nation and it gives me immense pleasure to honor Ray and offer my congratulations on his graduation. Our country will always be grateful for his service.

SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate on February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Committee—of the time, place, and purpose of the meetings, when scheduled, and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Tuesday, June 17, 2003 may be found in the Daily Digest of today's RECORD.

MEETINGS SCHEDULED

JUNE 18

9 a.m.

Agriculture, Nutrition, and Forestry

To hold hearings to examine the nomination of Thomas C. Dorr, of Iowa, to be Under Secretary of Agriculture for Rural Development.

SR–328A

9:30 a.m.

Governmental Affairs

To hold hearings to examine the nominations of Fern Flanagan Saddler, Judith Nan Macaluso, Joseph Michael Francis Ryan III, and Jerry Stewart Byrd, all of the District of Columbia, each to be an Associate Judge of the Superior Court of the District of Columbia.

SD–342

10 a.m.

Banking, Housing, and Urban Affairs

To hold hearings to examine the New Basel Capital Accord, a proposal issued by the Basel Committee on Banking Supervision to make final modifications for a new capital adequacy framework.

SD–538

Health, Education, Labor, and Pensions

Employment, Safety, and Training Subcommittee

To hold hearings to examine proposed legislation authorizing funds for the Workforce Investment Act.

SD–430

Indian Affairs

To hold oversight hearings to examine Native American sacred places.

SR–485

2 p.m.

Banking, Housing, and Urban Affairs

Business meeting to consider S. 498, to authorize the President to posthumously award a gold medal on behalf of Congress to Joseph A. De Laine in recognition of his contributions to the Nation, and the proposed Check Truncation Act of 2003.

SD–538

2:30 p.m.

Judiciary

Antitrust, Competition Policy and Consumer Rights Subcommittee

To hold hearings to examine the NewsCorp/DirecTV deal, focusing on global distribution.

SD–226

Foreign Relations

East Asian and Pacific Affairs Subcommittee

To hold hearings to examine the development of democracy in Burma, to be immediately followed by full committee hearings to examine the nominations of Robert W. Fitts, of New Hampshire, to be Ambassador to Papua New Guinea, Solomon Islands, and Vanuatu, and Greta N. Morris, of California, to be Ambassador to the Marshall Islands.

SD–419

4 p.m.

Foreign Relations

To hold hearings to examine the nominations of John E. Herbst, of Virginia, to be Ambassador to Ukraine, Tracey Ann Jacobson, of the District of Columbia, to be Ambassador to Turkmenistan, and George A. Krol, of New Jersey, to be Ambassador to the Republic of Belarus.

S–116, Capitol

JUNE 19

9:30 a.m.

Commerce, Science, and Transportation

Business meeting to consider S. 865, to amend the National Telecommunications and Information Administration Organization Act to facilitate the reallocation of spectrum from governmental to commercial users, S. 1234, to reauthorize the Federal Trade Commission, S. 1244, to authorize appropriations for the Federal Maritime Commission for fiscal years 2004 and 2005, S. 247, to reauthorize the Harmful Algal Bloom and Hypoxia Research and Control Act of 1998, S. 1106, to establish National Standards for Fishing Quota Systems, S. 861, to authorize the acquisition of interests in undeveloped coastal areas in order to better ensure their protection from development, S. 1152, to reauthorize the United States Fire Administration, S. 189, to authorize appropriations for nanoscience, nanoengineering, and nanotechnology research, S. 877, to regulate interstate commerce by imposing limitations and penalties on the transmission of unsolicited commercial electronic mail via the Internet, S. 1046, to amend the Communications Act of 1934 to preserve localism, to foster and promote the diversity of television programming, to foster and promote competition, and to prevent excessive concentration of ownership of the nation's television broadcast stations, and the nomination of Annette Sandberg, of Washington, to be Administrator of the Federal Motor Carrier Safety Administration, Department of Transportation,and other pending calendar business.

SR–253

Judiciary

Business meeting to consider pending calendar business.

SH–216

10 a.m.

Banking, Housing, and Urban Affairs

To hold hearings to examine the growing problem of identity theft and its relationship to the Fair Credit Report Act.

SD–538

Governmental Affairs

To hold hearings to conduct an initial review of the ULLICO matter, focusing on self-dealing and breach of duty.

SD–342

10:15 a.m.

Health, Education, Labor, and Pensions

To hold hearings to examine teacher union scandals, focusing on closing the gaps in union member protections.

SD–430

2:30 p.m.

Energy and Natural Resources

Public Lands and Forests Subcommittee

To hold oversight hearings to examine grazing programs of the Bureau of Land Management and the Forest Service, focusing on grazing permit renewal, BLM's potential changes to grazing regulations, range monitoring, drought, and other grazing issues.

SD–366

Intelligence

To hold closed hearings to examine certain intelligence matters.

SH–219

JUNE 24

9:30 a.m.

Governmental Affairs

To hold hearings to examine the cost of federal health programs by curing diabetes.

SD–342

10 a.m.

Banking, Housing, and Urban Affairs

To hold hearings to examine bus rapid transit and other bus service innovations.

SD–538

Energy and Natural Resources

To hold hearings to examine changes over time in the relationship between the Department of Energy and its predecessors and contractors operating DOE laboratories and sites to determine if these changes have affected the ability of scientists and engineers to respond to national missions.

SD–366

Governmental Affairs

To hold hearings to examine controlling the cost of Federal Health Programs by curing diabetes, focusing on a case study.

SH–216

Indian Affairs

Business meeting to consider pending calendar business.

SR–485

2:30 p.m.

Armed Services

Personnel Subcommittee

Health, Education, Labor, and Pensions

Children and Families Subcommittee

To hold joint hearings to examine support for military families.

SD–106

JUNE 25

10 a.m.

Energy and Natural Resources

Business meeting to consider pending calendar business.

SD–366

Judiciary

To hold oversight hearings to examine the Inspector General's Report on the 9/11 detainees.

SD–226

JUNE 26

9:30 a.m.

Commerce, Science, and Transportation

Business meeting to consider S. 1218, to provide for Presidential support and coordination of interagency ocean science programs and development and coordination of a comprehensive and integrated United States research and monitoring program, proposed legislation authorizing funds for National

Highway Traffic Safety Administration, proposed legislation authorizing funds for the Federal Motor Carrier Safety Administration, and proposed legislation authorizing funds for recreational boating safety programs.

SR–253

Governmental Affairs

To hold hearings to examine the need for Federal real property reform, focusing on deteriorating buildings and wasted opportunities.

SD–342

Governmental Affairs

To hold hearings to examine federal real property reform.

SD–342

2 p.m.

Foreign Relations

To hold hearings to examine the Department of State's Office of Children's Issues, focusing on responding to international parental abduction.

SD–106

JULY 9

10 a.m.

Indian Affairs

To hold oversight hearings to examine the Indian Gaming Regulatory Act.

SD–106

JULY 16

10 a.m.

Indian Affairs

To hold hearings to examine S. 556, to amend the Indian Health Care Improvement Act to revise and extend that Act.

SR–485

JULY 23

10 a.m.

Indian Affairs

To hold hearings to examine S. 556, to amend the Indian Health Care Improvement Act to revise and extend that Act.

SR–485

Judiciary

To hold oversight hearings to examine certain pending matters.

SD–226

JULY 30

10 a.m.

Indian Affairs

To hold hearings to examine S. 578, to amend the Homeland Security Act of 2002 to include Indian tribes among the entities consulted with respect to activities carried out by the Secretary of Homeland Security.

SR–485

POSTPONEMENTS

JUNE 24

10 a.m.

Health, Education, Labor, and Pensions

Substance Abuse and Mental Health Services Subcommittee

To hold hearings to examine proposed legislation authorizing funds for the Substance Abuse and Mental Health Services Administration, Department of Health and Human Services.

SD–430

Daily Digest

Senate

Chamber Action

Routine Proceedings, pages S7905–7942

Measures Introduced: Four bills and one resolution were introduced, as follows: S. 1267–1270, and S. Res. 171. **Page S7926**

Measures Reported:

S. 555, to establish the Native American Health and Wellness Foundation, with amendments. (S. Rept. No. 108–72)

H.R. 1954, to revise the provisions of the Immigration and Nationality Act relating to naturalization through service in the Armed Forces, with an amendment in the nature of a substitute. **Page S7926**

Measures Passed:

Recognizing the San Antonio Spurs: Senate agreed to S. Res. 171, recognizing that the San Antonio Spurs are the 2002–2003 National Basketball Association champions and congratulating the team for its outstanding excellence, discipline, and dominance. **Pages S7933–34**

Pueblo of Santa Clara Trust Act: Senate passed S. 246, to provide that certain Bureau of Land Management land shall be held in trust for the Pueblo of Santa Clara and the Pueblo of San Ildefonso in the State of New Mexico, after agreeing to the committee amendments. **Pages S7934–35**

Beaufort, South Carolina Study Act: Senate passed S. 500, to direct the Secretary of the Interior to study certain sites in the historic district of Beaufort, South Carolina, relating to the Reconstruction Era, after agreeing to the committee amendment in the nature of a substitute. **Page S7936**

Tualatin River Basin Water Supple Enhancement Act: Senate passed S. 625, to authorize the Bureau of Reclamation to conduct certain feasibility studies in the Tualatin River Basin in Oregon, after agreeing to the committee amendment. **Page S7936**

Pioneer National Historic Trails Studies Act: Senate passed S. 635, to amend the National Trails System Act to require the Secretary of the Interior to update the feasibility and suitability studies of four national historic trails, after agreeing to the committee amendment in the nature of a substitute. **Pages S7937–38**

San Gabriel River Watershed Study Act: Senate passed H.R. 519, to authorize the Secretary of the Interior to conduct a study of the San Gabriel River Watershed, clearing the measure for the President. **Page S7938**

McLoughlin House National Historic Site Act: Senate passed H.R. 733, to authorize the Secretary of the Interior to acquire the McLoughlin House in Oregon City, Oregon, for inclusion in Fort Vancouver National Historic Site, after agreeing to the committee amendment in the nature of a substitute. **Pages S7938–39**

Glen Canyon National Recreation Area Boundary Revision Act: Senate passed H.R. 788, to revise the boundary of the Glen Canyon National Recreation Area in the States of Utah and Arizona, clearing the measure for the President. **Page S7939**

Fremont-Madison Conveyance Act: Senate passed S. 520, to authorize the Secretary of the Interior to convey certain facilities to the Fremont-Madison Irrigation District in the State of Idaho, after agreeing to the following amendment proposed thereto: **Page S7939**

Cornyn (for Crapo) Amendment No. 928, to make technical corrections. **Page S7939**

Mosquito Abatement for Safety and Health Act: Senate passed S. 1015, to authorize grants through the Centers for Disease Control and Prevention for mosquito control programs to prevent mosquito-borne diseases. **Pages S7939–41**

Prescription Drug and Medicare Improvement Act: Senate began consideration of S. 1, to amend title XVIII of the Social Security Act to make improvements in the Medicare program, to provide prescription drug coverage under the Medicare program. **Pages S7906–22**

A unanimous-consent agreement was reached providing for further consideration of the bill at 10 a.m., on Tuesday, June 17, 2003. **Page S7941**

Nominations Confirmed: Senate confirmed the following Nominations:

Routine lists in the Air Force. **Page S7941**

Nominations Received: Senate received the following nominations:

Suedeen G. Kelly, of New Mexico, to be a Member of Federal Energy Regulatory Commission for the remainder of the term expiring June 30, 2004.

C. Suzanne Mencer, of Colorado, to be the Director of the Office for Domestic Preparedness, Department of Homeland Security. (New Position)

1 Army nomination in the rank of general.

1 Navy nomination in the rank of admiral.

Routine lists in the Air Force, Army, Navy.

Pages S7941–42

Message From the House: **Page S7926**

Additional Cosponsors: **Pages S7926–27**

Statements on Introduced Bills/Resolutions: **Pages S7927–32**

Additional Statements: **Page S7923**

Amendments Submitted: **Pages S7932–33**

Notices of Hearings/Meetings: **Page S7933**

Privilege of the Floor: **Page S7933**

Adjournment: Senate met at 2 p.m., and adjourned at 5:26 p.m., until 9:30 a.m., on Tuesday, June 17, 2003. (For Senate's program, see the remarks of the Acting Majority Leader in today's Record on page S7941.)

Committee Meetings

No committee meetings were held.

House of Representatives

Chamber Action

Measures Introduced: 16 public bills, H.R. 2471–2486; 1 private bill, H.R. 2487; and 5 resolutions, H.J. Res. 60; and H. Res. 277–280 were introduced. **Pages H5407–08**

Additional Cosponsors: **Pages H5408–09**

Reports Filed: Reports were filed today as follows:

Filed on June 12, H.R. 923, amended, to amend the Small Business Investment Act of 1958 to allow certain premier certified lenders to elect to maintain an alternative loss reserve. (H. Rept. 108–153);

H. Res. 276, waiving points of order against the conference report to accompany the bill (S. 342) to amend the Child Abuse Prevention and Treatment Act to make improvements to and reauthorize programs under that Act (H. Rept. 108–154);

H.J. Res. 49, recognizing the important service to the Nation provided by the Foreign Agricultural Service of the Department of Agriculture on the occasion of its 50th anniversary (H. Rept. 108–155 Part 1); and

H.R. 660, to amend title I of the Employee Retirement Income Security Act of 1974 to improve access and choice for entrepreneurs with small businesses with respect to medical care for their employees, amended (H. Rept. 108–156). **Page H5407**

Speaker Pro Tempore: Read a letter from the Speaker wherein he appointed Representative Burgess to act as Speaker Pro Tempore for today. **Page H5369**

Recess: The House recessed at 12:32 p.m. and reconvened at 2 p.m. **Page H5369**

Meeting Hour—Tuesday, June 17: Agreed that when the House adjourns today, it adjourn to meet at 10:30 a.m. on Tuesday June 17 for morning-hour debate. **Page H5370**

Recess: The House recessed at 2:06 p.m. and reconvened at 3 p.m. **Page H5370**

Suspensions: The House agreed to suspend the rules and pass the following measures:

Bruce Woodbury Post Office Building, Boulder City, Nevada: H.R. 2254, to designate the facility of the United States Postal Service located at 1101 Colorado Street in Boulder City, Nevada, as the "Bruce Woodbury Post Office Building" (agreed to by 2/3 yea-and-nay vote of 369 yeas with none voting "nay", Roll No. 276); **Pages H5370–71, H5380–81**

Commending Medgar Wiley Evers and his widow, Myrlie Evers-Williams: H. Con. Res. 220, commending Medgar Wiley Evers and his widow, Myrlie Evers-Williams, for their lives and accomplishments (agreed to by 2/3 yea-and-nay vote of 376 yeas with none voting "nay", Roll No. 277); and **Pages H5371–78, H5381**

Carl T. Curtis National Park Service Midwest Regional Headquarters Building, Omaha, Nebraska: S. 703, to designate the regional headquarters building for the National Park Service under construction in Omaha, Nebraska, as the "Carl T. Curtis National Park Service Midwest Regional

Headquarters Building'' (agreed to by 2/3 yea-and-nay vote of 378 yeas with none voting ''nay'', Roll No. 278)—clearing the measure for the President.

Pages H5378–80, H5381–82

Recess: The House recessed at 4:06 p.m. and reconvened at 6:31 p.m. **Page H5380**

Senate Message: Message received from the Senate today appears on page H5369.

Referral: S. 1247 was referred to the Committee on Small Business and S. Con. Res. 48 was referred to the Committee on Energy and Commerce.

Page H5405

Amendment: Amendment ordered printed pursuant to the rule appears on page H5409.

Quorum Calls—Votes: Three yea-and-nay votes and recorded votes developed during the proceedings of the House today and appear on pages H5380–81, H5381, and H5381–82. There were no quorum calls.

Adjournment: The House met at 12:30 p.m. and adjourned at 10:03 p.m.

Committee Meetings

CONFERENCE REPORT—KEEPING CHILDREN AND FAMILIES SAFE ACT

Committee on Rules: Granted, by voice vote, a rule waiving all points of order against the conference report to accompany S. 342, Keeping Children and Families Safe Act of 2003, and against its consideration. Testimony was heard from Representative Hoekstra.

BALANCING SECURITY AND COMMERCE

Select Committee on Homeland Security: Subcommittee on Infrastructure and Border Security held a hearing on Balancing Security and Commerce, Testimony was heard from Robert Bonner, Commissioner, Bureau of Customs and Border Protection, Department of Homeland Security; and Richard M. Stana, Director, Homeland Security and Justice, GAO.

COMMITTEE MEETINGS FOR TUESDAY, JUNE 17, 2003

(Committee meetings are open unless otherwise indicated)

Senate

Committee on Environment and Public Works: Subcommittee on Fisheries, Wildlife, and Water, to hold hearings to examine S. 525, the National Aquatic Invasive Species Act of 2003, to amend the Nonindigenous Aquatic Nuisance Prevention and Control Act of 1990 to reauthorize and improve that Act, 9:30 a.m., SD–406.

Committee on Finance: to hold hearings to examine the implementation of the U.S. Bilateral Free Trade Agreements with Singapore and Chile, 10 a.m., SD–215.

Committee on Foreign Relations: to hold hearings to examine the Convention for the Unification of Certain Rules for International Carriage by Air, done at Montreal, May 28, 1999 (Treaty Doc. 106–45), Protocol to Amend the Convention for the Unification of Certain Rules Relating to International Carriage by Air Signed at Warsaw on October 12, 1929, done at The Hague September 28, 1955 (The Hague Protocol) (Treaty Doc. 107–14), Stockholm Convention on Persistent Organic Pollutants, with Annexes, done at Stockholm, May 22–23, 2001 (Treaty Doc. 107–05), Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade, with Annexes, done at Rotterdam, September 10, 1998 (Treaty Doc. 106–21), Agreement Between the Government of the United States of America and the Government of the Russian Federation on the Conservation and Management of the Alaska-Chukotka Polar Bear Population done at Washington, October 16, 2001 (Treaty Doc. 107–10), Agreement Amending the Treaty Between the Government of the United States of America and the Government of Canada on Pacific Coast Albacore Tuna Vessels and Port Privileges done at Washington on May 26, 1981 (the ''Treaty''), effected by an exchange of diplomatic notes at Washington on July 17, 2002, and August 13, 2002 (the ''Agreement''). Enclosed is the report of the Secretary of State on the Agreement and a related agreement, effected by an exchange of notes at Washington on August 21, 2002, and September 10, 2002, amending the Annexes to the Treaty (Treaty Doc. 108–01), and Amendments to the 1987 Treaty on Fisheries Between the Governments of Certain Pacific Island States and the Government of the United States of America, with Annexes and agreed statements, done at Port Moresby, April 2, 1987, done at Koror, Palau, March 30, 1999, and at Kiritimati, Kiribati, March 24, 2002. Also transmitted, related Amendments to the Treaty Annexes, and the Memorandum of Understanding (Treaty Doc. 108–02), 9:30 a.m., SD–419.

Committee on Governmental Affairs: business meeting to consider pending calendar items, 10 a.m., SD–342.

Committee on the Judiciary: to hold hearings to examine the FTC study on barriers to entry in the pharmaceutical marketplace, 10 a.m., SD–226.

Full Committee, to hold hearings to examine whether personal and national security risks compromise the potential of Peer-to-Peer File-Sharing Networks, 2 p.m., SD–226.

Committee on Rules and Administration: to hold hearings to examine Senate Resolution 151, requiring public disclosure of notices of objections (holds) to proceedings to motions or measures in the Senate, 9:30 a.m., SR–301.

Committee on Veterans' Affairs: to hold hearings to examine the nominations of Alan G. Lance, Sr., of Idaho, and Lawrence B. Hagel, of Virginia, both to be a Judge of

the United States Court of Appeals for Veterans Claims, 2:30 p.m., SR–418.

Select Committee on Intelligence: to hold hearings to examine the nomination of Frank Libutti, of New York, to be Under Secretary for Information Analysis and Infrastructure Protection, Department of Homeland Security, 2:30 p.m., SH–219.

Special Committee on Aging: to hold oversight hearings to examine Section 202 housing, focusing on efforts to do the right thing for seniors through better government, 10 a.m., SD–628.

House

Committee on Agriculture, Subcommittee on Conservation, Credit, Rural Development and Research, hearing to review Biotechnology in Agriculture; followed by consideration of H.R. 1907, to amend the Food Security Act of 1985 to ensure the availability of funds to provide technical assistance for certain conservation programs of the Department of Agriculture, 11 a.m., 1302 Longworth.

Committee on Appropriations, to consider the following: Revised Suballocation of Budget Allocations Report, Fiscal Year 2003; Suballocation of Budget Allocations Report, Fiscal Year 2004; Homeland Security Appropriations for Fiscal Year 2004; and the Military Construction Appropriations for Fiscal Year 2004, 10 a.m., 2359 Rayburn.

Committee on Education and the Workforce, hearing on ''The ULLICO Scandal and Its Implications for U.S. Workers,'' 10:30 a.m., 2175 Rayburn.

Subcommittee on Workforce Protections, hearing on H.R. 1583, Occupational Safety and Health-Fairness Act of 2003, focusing on Small Business and Workplace Safety, 2 p.m., 2175 Rayburn.

Committee on Energy and Commerce, to consider the Medicare Prescription Drug and Modernization Act of 2003, 1 p.m., 2123 Rayburn.

Committee on Financial Services, Subcommittee on Financial Institutions and Consumer Credit, hearing on the role of FCRA in employee background checks and the collection of medical information, 10 a.m., 2128 Rayburn.

Subcommittee on Housing and Community Opportunity, to continue hearings on Section 8 Housing Assistance Program: Promoting Decent Affordable Housing for Families and Individuals who Rent, 2 p.m., 2128 Rayburn.

Committee on Government Reform, Subcommittee on Government Efficiency and Financial Management, hearing on ''Federal Debt Management—Are Agencies Using Collection Tools Effectively?'', 2 p.m., 2154 Rayburn.

Committee on International Relations, to mark up the following: a resolution expressing support for freedom in Hong Kong in advance of the July 9 meeting of the Legislative Council of Hong Kong on the matter of Article 23; and H. Res. 260, requesting the President to transmit to the House of Representatives not later than 14 days after the date of the adoption of this resolution documents or other materials in the President's possession relating to Iraq's weapons of mass destruction, 10 a.m., 2172 Rayburn.

Subcommittee on Europe, hearing on the Future of Transatlantic Relations: A View from Europe, 1:30 p.m., 2172 Rayburn.

Committee on the Judiciary, Subcommittee on Courts, the Internet, and Intellectual Property, hearing on H.R. 2344, Intellectual Property Restoration Act of 2003, 4:30 p.m., 2141 Rayburn.

Committee on Resources, Subcommittee on National Parks, Recreation and Public Lands, hearing on the following bills: H.R. 1399, Black Canyon of the Gunnison National Park and Gunnison Gorge National Conservation Area Boundary Revision Act of 2003; H.R. 1616, Martin Luther King, Junior, National Historic Land Exchange Act; and H.R. 1964, Highland Stewardship Act, 2 p.m., 1334 Longworth.

Committee on Rules, to consider H.R. 8, Death Tax Repeal Permanency Act of 2003, 1 p.m., H–313 Capitol.

Committee on Veterans' Affairs, to continue hearings on the Report of the Administration's Task Force to Improve Health Care Delivery for our Nation's Veterans, 10 a.m., 334 Cannon.

Committee on Ways and Means, to mark up the following: the Medicare Prescription Drug and Modernization Act of 2003; and H.R. 2351, Health Savings Account Availability Act, 2 p.m., 1100 Longworth.

Permanent Select Committee on Intelligence, Subcommittee on Technical and Tactical Intelligence, executive, briefing on NSA Operations, 2:30 p.m., H–405 Capitol.

Next Meeting of the **SENATE**

9:30 a.m., Tuesday, June 17

Senate Chamber

Program for Tuesday: After the transaction of any morning business (not to extend beyond 10 a.m.), Senate will continue consideration of S. 1, to amend title XVIII of the Social Security Act to make improvements in the Medicare program, to provide prescription drug coverage under the Medicare program.

(Senate will recess from 12:30 p.m. until 2:15 p.m. for their respective party conferences.)

Next Meeting of the **HOUSE OF REPRESENTATIVES**

10:30 a.m., Tuesday, June 17

House Chamber

Program for Tuesday: Consideration of suspensions:

(1) H.R. 658, Accountant, Compliance, and Enforcement Staffing Act;

(2) S. Con. Res. 43, Support for Activities to Provide Decent Homes for the People of the United States; and

(3) H. Res. 171, commending the University of Minnesota Duluth Bulldogs for winning the NCAA National Collegiate Women's Ice Hockey Championship;

Consideration of the conference report on S. 342, Keeping Children and Families Safe Act (rule waiving points of order, one hour of debate).

Extensions of Remarks, as inserted in this issue

HOUSE
Cardoza, Dennis A., Calif., E1262
Castle, Michael N., Del., E1265
Crenshaw, Ander, Fla., E1264
Davis, Tom, Va., E1263
DeLauro, Rosa L., Conn., E1260, E1261
Hyde, Henry J., Ill., E1259, E1261
John, Christopher, La., E1264
Jones, Stephanie Tubbs, Ohio, E1262, E1265
Lee, Barbara, Calif., E1259, E1261, E1262
McInnis, Scott, Colo., E1267, E1267, E1267, E1268, E1268, E1268, E1269, E1269, E1269, E1269
Majette, Denise L., Ga., E1263
Maloney, Carolyn B., N.Y., E1268
Miller, George, Calif., E1269
Ney, Robert W., Ohio, E1264
Oberstar, James L., Minn., E1265
Pitts, Joseph R., Pa., E1268
Portman, Rob, Ohio, E1265
Radanovich, George, Calif., E1260, E1261
Schakowsky, Janice D., Ill., E1263
Serrano, José E., N.Y., E1266
Smith, Christopher H., N.J., E1266
Tanner, John S., Tenn., E1264, E1265
Tauscher, Ellen O., Calif., E1262
Thompson, Mike, Calif., E1267
Upton, Fred, Mich., E1267

Congressional Record The *Congressional Record* (USPS 087–390). The Periodicals postage is paid at Washington, D.C. The public proceedings of each House of Congress, as reported by the Official Reporters thereof, are printed pursuant to directions of the Joint Committee on Printing as authorized by appropriate provisions of Title 44, United States Code, and published for each day that one or both Houses are in session, excepting very infrequent instances when two or more unusually small consecutive issues are printed one time. ¶Public access to the Congressional Record is available online through *GPO Access*, a service of the Government Printing Office, free of charge to the user. The online database is updated each day the Congressional Record is published. The database includes both text and graphics from the beginning of the 103d Congress, 2d session (January 1994) forward. It is available through GPO Access at www.gpo.gov/gpoaccess. Customers can also access this information with WAIS client software, via telnet at swais.access.gpo.gov, or dial-in using communications software and a modem at (202) 512–1661. Questions or comments regarding this database or GPO Access can be directed to the GPO Access User Support Team at: E-Mail: gpoaccess@gpo.gov; Phone 1–888–293–6498 (toll-free), 202–512–1530 (D.C. area); Fax: 202–512–1262. The Team's hours of availability are Monday through Friday, 7:00 a.m. to 5:30 p.m., Eastern Standard Time, except Federal holidays. ¶The Congressional Record paper and 24x microfiche will be furnished by mail to subscribers, free of postage, at the following prices: paper edition, $217.00 for six months, $434.00 per year, or purchased for $6.00 per issue, payable in advance; microfiche edition, $141.00 per year, or purchased for $1.50 per issue payable in advance. The semimonthly Congressional Record Index may be purchased for the same per issue prices. To place an order for any of these products, visit the U.S. Government Online Bookstore at: bookstore.gpo.gov. Mail orders to: Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954, or phone orders to (866) 512–1800 (toll free), (202) 512–1800 (D.C. Area), or fax to (202) 512–2250. Remit check or money order, made payable to the Superintendent of Documents, or use VISA, MasterCard, Discover, American Express, or GPO Deposit Account. ¶Following each session of Congress, the daily Congressional Record is revised, printed, permanently bound and sold by the Superintendent of Documents in individual parts or by sets. ¶With the exception of copyrighted articles, there are no restrictions on the republication of material from the Congressional Record.

POSTMASTER: Send address changes to the Superintendent of Documents, Congressional Record, U.S. Government Printing Office, Washington, D.C. 20402, along with the entire mailing label from the last issue received.