

lives sublime. And, departing, leave behind us, Footprints on the sands of time." Yes, Maynard has left great footprints. He left footprints as he left high school at 15 years of age to attend Morehouse College as an early admissions student, when he graduated from Morehouse College with a degree and went on to North Carolina Central University Law School, where he earned a law degree at a very early age. He had a deep baritone voice which he honed singing in the Morehouse College Glee Club. When he graduated from law school, he put that voice to work as a lawyer with the Emory Neighborhood Law Office practicing legal aid.

Maynard was a very, very astute and committed lawyer to the poor. He represented the poor in Atlanta when they were evicted, when they were hounded by debt collectors. He represented them when they had family problems, domestic problems. He handled divorce cases.

I followed him at the Emory Neighborhood Law Office, and I inherited a number of his cases as he moved on to leave even greater footprints.

When he went to the City of Atlanta and became Vice Mayor, inspiring all of us at what this young man could do in terms of leadership for his city, he left footprints there, and it was just a matter of time before he was drafted to make the run for Mayor, and Mayor he was, Mayor of the City of Atlanta where he transformed Atlanta into a world class, world renowned city.

He instituted affirmative action with city contracting. He proved that minorities and women could and would under his watch participate as partners in building Atlanta to greatness.

He developed a national demonstration project in his methods of implementing affirmative action in Atlanta which was followed across the country as other mayors and other cities began to follow the example and the road map that Maynard Jackson left, the footprints that he left there in the sands of time.

He was a leader in so many respects. He founded the Georgia Association of Black Elected Officials, which was an organization that helped to bring leadership and to strengthen all of the black elected officials in Georgia and, again, allowed Georgia to lead the Nation in growing a crop of African American elected officials so that he could put flesh and put life into the Voting Rights Act that was brought into being by the civil rights movements out of Atlanta and across the country.

He was one who could be said to have been born with a silver spoon in his mouth. He was from a well-to-do, upper middle class African American family. He was a son of a Baptist preacher, the grandson of one of the icons of Georgia history, John Wesley Dobbs, grand master of the Prince Hall Masons of Georgia, a leader in his own right in political undertakings throughout the State.

He was the nephew of Mattiwilda Dobbs, opera singer, one of the few Af-

rican American opera singers in the 1950s.

He was a mentor, a bond attorney. He was a friend to so many, a helpful person. He helped young individuals who were interested in going into business or who were interested in running for office. He exemplified all that was good.

Yes, he was a great man, not because of the titles he carried, not because of the degrees that he had earned, the businesses that he started. He was great because he measured by the true standard of greatness set by Jesus, who said he who is great among you shall be your servant and who is the greatest shall be servant unto all.

Maynard Holbrook Johnson measured up. He was indeed great. We mourn his loss. We thank God and we thank his family that he came this way, that he helped make this world a little more of hope, a little less of fear and certainly much, much better because he traveled here.

CHILD TAX CREDIT

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

Ms. DELAURO. Mr. Speaker, it was exactly a month ago that the House passed a \$350 billion tax cut, a tax cut that promised working families, those families who make between \$10,500 and \$26,600, it promised them a child tax credit, and these are our families who pay taxes, payroll taxes, sales taxes, property taxes, excise taxes.

Something happened on the way to the bill signing by the President of the United States. The Republican majority stole that child tax credit from 6.5 million families, 12 million children. Why? To make room for a \$93,000 tax cut for millionaires; 183,000 millionaires will get that amount in a tax cut. So I say happy anniversary.

A week from today, 25 million families in this country will begin to receive their refunds in the mail, but not these six-and-a-half million families hardworking, tax paying families. These families are being held hostage, used as little more than a bargaining chip in the Republicans' never ending obsessive quest to cut taxes and cut them only for the wealthiest people.

Among these families who will not be receiving this tax credit are 200,000 military families, men and women who if we open the paper we can see are still fighting a war. We are losing almost every single day one GI. They are fighting this war in Iraq. They do not deserve to be held hostage by this majority, a majority that has made no bones about their complete and their utter indifference to these families' plight.

The people who have been excluded, these are some of the hardest working people in the country, people who earn minimum wage. They often work two or three jobs just to get by to help

their families, and when we think about it for a moment, every minimum wage earning mother in this country paid more taxes than the Enron Corporation did. Enron Corporation paid no taxes in the last 4 out of 5 years. Every one of these families have paid more in taxes than a multibillion dollar corporation.

Make no mistake, this is an all out assault on millions of decent families in this country who work hard. They play by the rules, but this majority cannot put partisan politics aside and act simply and decisively to restore to these families the tax relief that they have rightfully earned, and it is an outrage but it also speaks volumes about their values and their priorities.

It has now been a month since this majority stole this child tax credit from these families. This calendar that is here tonight is here to remind this majority of those six-and-a-half million families that they hold hostage every day because they refuse to simply do what is right.

We will count down to July 1 when 25 million families are going to get the child tax credit, but these hardworking families are not. Every day this injustice is not corrected, every day they ignore the needs of honest, hardworking families in this country, is another day Democrats will be talking about this on the House floor. Every day the House takes up another bill that cuts taxes for the wealthiest people in this country is another day that we will be talking about this on the TV, on the radio and in the newspapers.

□ 2030

Every day will be another day that this will not go away, and it will not go away until this House has done something about it.

So I want to let my Republican colleagues know in no uncertain terms that the clock is ticking. We do not need to see a 2-month anniversary of this injustice. The time to act is now. Twelve million children are waiting.

MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

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

Mr. GINGREY. Mr. Speaker, I rise tonight to talk about one of my favorite subjects, health care, and in particular to talk about the Medicare Prescription Drug and Modernization Act of 2003.

I am surely thankful this evening that I have this opportunity to talk about something which truly should be a bipartisan issue, the health of our Nation. I am particularly pleased that it is bipartisan on a day like today, when I learned before boarding a plane to come back to the Congress that a

great man in Georgia had fallen. Former mayor, three-term Mayor Maynard Jackson has died. And I stand here tonight with a great deal of humility following some of the speakers who have already paid tribute to Mayor Jackson: the minority leader, the gentlewoman from California (Ms. PELOSI); the gentlewoman from California (Ms. WATSON); the gentlewoman from California (Ms. WATERS); and my colleagues and friends from the Georgia delegation, the gentleman from Georgia (Mr. LEWIS); the gentleman from Georgia (Mr. BISHOP); the gentleman from Georgia (Mr. SCOTT); and the gentlewoman from Georgia (Ms. MAJETTE).

Maynard Jackson was a great Georgian and a great American. For me to stand up here this evening and talk about the many things that he has accomplished would be a little bit redundant. I could talk about his efforts to bring the Olympics to the city of Atlanta in 1996, and he of course played a great part in that; but that is just a small thing that Mayor Jackson has done, and it would be not nearly enough just to point to that. My colleagues have done a wonderful job tonight in describing him and their deep friendship with him.

Let me just say that all Georgians mourn tonight the passing of Mayor Maynard Jackson, and we extend our heartfelt sympathy to his family. I would like to actually take just a few seconds of my time tonight for a moment of silence in tribute to Mayor Maynard Jackson.

I thank my colleagues.

Mr. Speaker, America has the world's best health care system because it relies on innovations of the private sector. A competitive free market system provides incentives to develop better drugs, better treatments, better care, and better forms of health care delivery. The President's framework for Medicare reform would apply the best practices of the private health care market to Medicare.

As successful as Medicare has been, it has not kept pace with dramatic improvements in health care because it is a government program, immune to many market forces. Medicare still does not provide seniors with an outpatient prescription drug benefit, full coverage for preventive care, or limits on high out-of-pocket expenses. As a result, our seniors lack many of the choices and benefits available to millions of Americans who have private health insurance.

Mr. Speaker, I would like to call on some of my doctor colleagues in this body who are with me tonight to talk about Medicare and the reform that we are going to pass in H.R. 1. So at this time I would yield to my colleague, the gentleman from Pennsylvania (Mr. MURPHY), to address this topic.

Mr. MURPHY. Mr. Speaker, I thank the gentleman from Georgia for yielding time. Mr. Speaker, I rise today to voice my support for the Medicare pre-

scription drug bill that will be considered by the House later this week.

In the coming days, we are going to hear a lot of reasons why this bill is so important to our seniors. And, frankly, many of those reasons are correct. This is an important and long-overdue bill. I would like to say that prior to coming to Congress I was honored to serve as a State Senator in Pennsylvania, and there I served as chairman of the Committee on Aging and Youth, where we constantly worked to provide much-needed services for all seniors, but especially low-income seniors in Pennsylvania.

I should note that, in Pennsylvania, over 15 percent of our population is age 65 and older. Some of my colleagues might be surprised to learn that only Florida has a higher percentage of seniors age 65 or older. Access to prescription drugs means a lot to Pennsylvania seniors, as it does throughout the Nation; but in Pennsylvania we are fortunate to have a comprehensive State pharmaceutical assistance program that has been in existence since 1984. It is referred to as PACE and also PACENET.

For the last 19 years, low-income seniors in Pennsylvania have enjoyed access to affordable prescription drugs funded through the lottery program. Pennsylvania's PACE and PACENET programs currently serve about 220,000 seniors, spending about \$500 million a year. It is the second largest program in the Nation. I have spoken to many of my constituents that have used PACE and PACENET over the years, and they have all told me one thing: it is a good program, they trust it, and it makes a huge difference in their lives.

Other seniors in Pennsylvania, as well as throughout the Nation, are asking, however, is there something else that can be done to assist them? Even in some small way, given the cost of prescription drugs for so many of them, very often over a thousand dollars a year, they need some assistance. And, Mr. Speaker, I want to point out that we are not just talking about quality-of-life issues. These drugs are often about life and death itself, and this is why this legislation is so incredibly important to our seniors.

When I won my election to this House of Representatives, one of my top priorities was to ensure that States with pharmaceutical assistance programs would be protected under this bill. That is extremely important because over a dozen States dedicate funds to provide some level of pharmaceutical assistance for the elderly. It is important for those citizens to know that Congress is working to protect those States that have invested so much. Some of the neighboring States to Pennsylvania, New York, New Jersey, nearby Connecticut, Florida, so many States have these programs and have invested so much. So seniors are asking us, will we still have some of these benefits, and the answer is yes.

I am pleased how closely Pennsylvania's delegation has worked together

on this issue, and I particularly appreciate the Chair of the Subcommittee on Health of the Committee on Ways and Means, the gentlewoman from Connecticut (Mrs. JOHNSON), her guidance, support, and leadership on this issue. This legislation will fully integrate PACE and PACENET for Pennsylvania and other State pharmaceutical assistance programs into the new Medicare prescription drug benefit.

This means that for low-income seniors in Pennsylvania they will continue to enroll in and benefit from PACE and PACENET even if they have a choice of other plans to participate in. It gives PACE and PACENET the opportunity to continue to wrap around those programs and make sure that low-income seniors can continue to benefit from them. It also creates a commission so that PACE, PACENET, and Medicare are integrated into a single seamless benefit. Pennsylvania will have a seat on that commission, ensuring minimal disruption for PACE and PACENET beneficiaries.

Let us not forget that when people are in their 70s, 80s, and 90s, the last thing they need to juggle is how to deal with prescription drug benefits. They need a single seamless entity, whether it is a magnetic card they can swipe or whatever. The pharmacist and the physician will know what that senior's coverage is and will be able to help them in the simplest possible way to make sure they have access to that coverage.

For Pennsylvania, an integrated benefit means Medicare will share a significant portion of PACE and PACENET drug costs, and this freezes up additional funding for PACE and PACENET, possibly some \$200 million a year. So the General Assembly can both shore up the financing of those programs in Pennsylvania as well as expand eligibility into higher-income levels, good news to many seniors, who up to this point have been paying out of pocket or trying to pay for other insurance policies.

But this bill is not just good for Pennsylvania citizens; it is good for all of our seniors. I would like to focus on another important aspect of this bill. Our seniors cannot afford to wait any longer. We in Congress must act to create a Medicare prescription drug benefit because seniors should never have to choose between food and drugs. The unfortunate truth is that seniors without drug coverage are more likely to skip doses or go without filling a prescription.

According to a 2002 study of seniors in eight States, among those with serious health problems, such as congestive heart failure and diabetes, one-third of those who lacked drug coverage reported skipping dosages in order to make their prescriptions last longer. What this means is that rather than controlling their diseases, they are more likely to end up in the hospital for expensive procedures.

In addition, access to newer prescription drugs has been shown to lower

spending on other services, such as hospital care, due to fewer inpatient stays. Prescription drug coverage just makes sense. And if a senior does not take their medication, they are more likely to fall ill and end up in the hospital.

I fully expect over the next couple of days that, despite people calling for bipartisan cooperation, which sometimes, unfortunately, are just words in this town, people will try to poke holes in this bill. They will say it does not cover enough; it is not all things to all people. Mr. Speaker, I do not think there is a single piece of legislation that ever comes out of this assembly that everybody agrees on all portions of. But seniors have been asking for help, and it is important to them that we say help is on the way. It is time to dedicate our energies not just to rhetoric and partisan politics to use this as a mechanism to attack each other. Because seniors see right through this. One elderly gentleman told me, my eyes may be failing, but sometimes we are not as dumb as you think we are. We know what is going on, and we need help and we need it now. So it is important we pass this bill.

It is 2003, and seniors deserve comprehensive insurance coverage that includes prescription drugs. I urge my colleagues to join me in voting for this bill later this week. It is important, it is necessary, and it is critical we do it now. I thank my colleague.

Mr. GINGREY. I thank, Mr. Speaker, the gentleman from Pennsylvania (Mr. MURPHY), who, of course, talked a lot about the prescription drug benefit and how important a part of this Medicare reform that piece is, and indeed it is.

I want to call my colleagues' attention to this poster to my left in regard to, of course, strengthening Medicare. There are some other points that I want to make that I think are extremely important and that the President and the leadership of this Congress know all too well. Of course, my colleague from Pennsylvania was talking about the prescription drug benefit for our seniors, but this plan does so much more than that. So much more than that.

The Republican plan preserves Medicare for the future. We all know of the actuarial studies. We know of the bipartisan Commission on Medicare Reform. Everybody knows that if we do not do something in this legislation about preserving Medicare for the future that by the year 2030 the program, particularly the trust fund, the hospital trust fund, will be completely insolvent.

□ 2045

Then the other thing about this reform is the very, very important point of giving seniors choices. What this bill will give to our seniors is a choice to remain if they want to remain in traditional Medicare, fee-for-service, something they are comfortable with. If they are not ready for a change, yes, they can remain in traditional Medi-

care and get the complete prescription drug benefit that the gentleman from Pennsylvania (Mr. MURPHY) was talking about. So this is very important. This is not a one-legged or two-legged stool; it is a three-legged approach, and we are going to have a good program for our seniors.

Of course the gentleman from Pennsylvania (Mr. MURPHY) was talking about sometimes a senior in his district could not see very well or hear very well or maybe their limbs are aching and they do not get around as well as they used to; but if Members come to my district and my town hall meetings, Members know they are thinking and are smart and understand this issue and want relief and want it now. That is what H.R. 1, the Medicare Prescription Drug and Modernization Act of 2003, is going to give to them.

Now, let us talk a little bit about some of these seniors. The gentleman from Pennsylvania (Mr. MURPHY) did a great job of touching on that and talking about some of the people in his district. Let me point out in this poster, providing for catastrophe, assistance for seniors in need, provisions in this legislation assist seniors facing catastrophic medical costs. Let me give an example of some folks in my district that are facing catastrophic medical costs.

Mr. and Mrs. Grady Jenkins are senior citizens who live in Rome, Georgia, in Floyd County, northwest Georgia, the heart of my district. Mr. Jenkins is 79. He is a World War II Navy veteran, and he worked at Georgia Craft, a paper mill. He and his wife have to pay \$1,200 a month for their medicine. After they pay for their medicine and their living expenses, they can barely afford to eat. This could easily be a picture of Mr. and Mrs. Grady Jenkins. They are worried because the cost of fuel for heating and air keep rising. They do not know how they are going to make it.

Let me give another example, again in the 11th Congressional District of Georgia, George and Vera Rohr live in Buchanan in Haralson County. Mr. Rohr is a 72-year-old veteran and a Purple Heart recipient. He worked and retired from Lockheed. They are drawing Social Security, and they have a supplement. Unfortunately, he suffered an aneurysm last year; and with the doctor bills and the medicine they both have to take, they have depleted their savings, and now they are struggling to make ends meet. They go from paycheck to paycheck. She tries to pick up odd jobs when she can just to buy the groceries.

Horace Cline was a pharmacist for 49 years in Cave Springs, Georgia. He remembers a time when it only cost 50 cents to fill a prescription. Now he sees antibiotics that cost more than \$10 a pill. He does not see how people can afford their medicine. Most of his elderly patients are on a fixed income, and most have three or four prescriptions a day to take. Many people have more

than that. The average 75-year-old senior is taking 4½ prescription medications a day, and many of these do cost \$10 a pill. This cannot stand.

In his little community, this pharmacist, he hears tragic stories every day of people sacrificing basic needs to buy the drugs they or their spouses need to stay alive. He remembers a little lady that only received \$400 a month from her husband's retirement fund. Her prescriptions cost \$300 a month, hardly leaving anything for food. He said it is not uncommon for people to ask for a stronger dose of the medicine so they can buy fewer pills and break them in half to be able to afford them.

Mr. Speaker, if you have ever tried to break apart one of these pills, let me say it is not easy. It is not easy for some of our weight-lifting friends, much less our senior citizens who are not so strong any more. People are improvising anywhere they can just to be able to afford the medicine and the doctor bills.

Mr. Speaker, it is a great honor to be in this 108th Congress, to be a freshman Member of a great group of men and women. I have great respect for Members on both sides of the aisle. I have a special deep respect for some of my physician colleagues who are Members of the 108th Congress, and one in particular, a freshman like myself who for many years practiced obstetrics and gynecology in Texas. He has only delivered fewer babies than I have because he has not been at it as long as I have.

Mr. Speaker, I yield to the gentleman from Texas (Mr. BURGESS) to speak on this very important issue.

Mr. BURGESS. Mr. Speaker, I thank the gentleman for yielding; and I would add to what the gentleman has just said, he is quite right, we do have a good class on both sides of the aisle and certainly a lot of people look to our freshman class for leadership on this and other issues.

I thank the gentleman from Georgia (Mr. GINGREY) for inviting me to talk about this important work that this House has undertaken to improve the Medicare program. The gentleman of course knows that Medicare is a 38-year-old government program, having been there at its inception. I came along a little later.

Mr. GINGREY. Mr. Speaker, I must say I absolutely deny being there at the inception of Medicare; maybe it was close, but not at the inception.

Mr. BURGESS. Mr. Speaker, I thank the gentleman for pointing that out. Medicare is a 38-year-old program, but unfortunately it has done little to adapt to the practice of medicine. There is no doubt that Americans have benefited from the development of new and innovative medications. These new drugs can improve and extend lives. It is a simple fact that fewer and fewer of us will die from acute illnesses, but more and more of us will be living with chronic conditions which mean the use of medications.

Drugs exist that can dramatically reduce cholesterol, fight cancer, and alleviate debilitating arthritis. Potent cancer-fighting drugs are reducing breast cancer mortality rates with great success. An entire new class of medicines, collectively known as selective estrogen receptor modulators, are reducing breast cancer mortality rates and one day may see an expanded role in the actual prevention of this disease.

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 decisions related to their health. Medicare beneficiaries should have access to these drugs, just like so many of us have access to prescription drugs through our own health plans. Medicare was established to improve the health and well-being of America's seniors.

Because the current program does not provide prescription drugs as part of its basic benefit, it is hard to say that Medicare as-is lives up to that promise. With nearly 40 million people enrolled in Medicare and the number of Americans over 65 expected to increase substantially over the coming years, it is important that we approach this issue with clarity and foresight. We should be aware that if this Medicare change is not done right the first time, we could be leaving for our children and grandchildren a commitment that will be difficult, if not impossible, to meet.

This new entitlement, if not implemented properly, could threaten to imbalance future Federal budgets and displace other important priorities.

The bill that the Committee on Energy and Commerce and the Committee on Ways and Means approved last week tries to meet the needs of seniors today and on into the future and attempts to balance the future Federal spending commitments, but we must also be aware of ways that we can hold down the price of prescription drugs and further the taxpayer resources that will be devoted to a Medicare prescription drug benefit.

The United States, through our trade representatives, must work with foreign countries to dismantle their drug price control structures 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.

It is time to deal seriously with other countries that put our most vulnerable citizens at risk. We acknowledge our obligation to protect the American people from policies of foreign governments that can be described as predatory at best. And if we cannot hold down the price of drugs through mar-

ket principles, the taxpayer will suffer. Because of the decisions made by this Congress, the beneficiary could bear more and more of their medical costs, and the health of all Americans could suffer because of less access to innovative drug therapies. This Congress stands at the threshold of improving the lives of America's seniors today and of course tomorrow's seniors as well.

Mr. Speaker, this is the first and possibly the only chance that we will have to get it right. We debate this Medicare bill largely through the lens of how we think our entire health care system should be reformed. We must implement commonsense, market-based reforms to hold down the cost of care and improve the doctor-patient relationship.

Bills such as H.R. 2114, the Health Access and Flexibility Act, would increase access to medical savings accounts for all Americans and grant States the flexibility to provide Medicaid and children's health insurance program recipients with health coverage under an MSA model by providing Americans with incentives to hold down medical spending through mechanisms such as a medical savings account and giving them more flexibility in how they spend their own money on medical costs. We can do a better job of containing the cost of health care and achieve better health outcomes.

And so it is with the current debate. We must all ask ourselves the question whether this legislation will meet the health needs of seniors and be accountable to taxpayers for the generations that will follow us. We are here debating this issue because of the absence of action, the absence of action by prior Congresses; but the failure of past Congresses and administrations must not hinder us from these two goals.

Mr. Speaker, we stand at the threshold of implementing important reforms that will impact the health of millions of Americans; but the gentleman from Georgia (Mr. GINGREY) is right, we need to do it now and we need to do it right.

Mr. GINGREY. Mr. Speaker, I thank the gentleman from Texas (Mr. BURGESS) and, of course, the gentleman brings up some very good points about other reforms that this Republican majority, this administration and this leadership are going to present to the American public.

The gentleman mentions the new and improved medical savings account. These are not for our seniors, and we are here tonight primarily talking about what we are doing to reform and improve Medicare, both the traditional fee-for-service and the Medicare advantage and the enhanced fee-for-service option; but also as the gentleman from Texas (Mr. BURGESS) points out, we are thinking much broader. We are thinking about what we can do for younger workers so they can plan for their future, so they can plan for the day that they become a senior. That is what the

gentleman is talking about with regard to medical savings accounts which are so important because so much of the money that is spent on health care in this country today is going toward extended care and skilled nursing facilities as an example, many times after prolonged hospital stays.

The current Medicare program has no catastrophic coverage whatsoever. After an individual has spent 60 or 90 or at the very most 120 days in the hospital in any lone year, there is no coverage. Our seniors have no coverage; and whatever nest egg that mom or dad or grandparents have accumulated it is gone, it is exhausted. In many instances when they have to go to an extended nursing care facility for a prolonged stay those benefits are extremely limited and there is no money left to pay for it. The part paid for by Medicare is very limited.

□ 2100

So what happens to these individuals? They do not get thrown out on the street. Thank God, we are more compassionate in this country than that. We would never let that happen. But they become indigent. They literally become indigent. Then they are Medicaid eligible and so much of that Medicaid money which, of course, being a Federal-State cost sharing, in some instances 60-40, maybe 50-50, very expensive, and where are most of the dollars going? They are going to pay those bills in these extended care facilities.

The gentleman from Texas is so right. I am so appreciative, Mr. Speaker, to the gentleman from Texas for pointing that out to us. We are doing more than just reforming Medicare for the future and providing a prescription drug benefit for our seniors. We are going to make sure that those who will become our seniors in the future and ad infinitum will have a way to pay for things like extended care insurance. This is so very important and I am so appreciative of the gentleman from Texas for bringing that up.

Mr. BURGESS. If the gentleman will yield, of course this is a little bit off the subject but so terribly important that we make our constituents aware, especially those who are younger or middle-aged that the time to look into long-term care insurance, not a program that will be provided by the government but something that you should do as being a responsible member of society, the time to look into providing for long-term care for yourself and your spouse, the time to do that is now. I again recognize that that is a little bit off our subject tonight, but it does tie into the greater knowledge that at some point the Federal Government's ability to pay for everything that is going to be required possibly could be outstripped. By someone being responsible and providing for themselves and their families now with long-term care insurance, this is the time to do it for individuals our age and a little bit younger.

Mr. GINGREY. I thank the gentleman for bringing that to our attention because he is so right, and to have someone like the gentleman from Texas who has spent an entire career practicing medicine, being there every day and, of course, as an OB-GYN every night and every weekend as well, he understands the big picture. That is why it is so important to have Members like the gentleman from Texas bringing this information forward.

I see the gentlewoman from Florida (Ms. GINNY BROWN-WAITE) has joined us, the former Speaker pro tem of the Assembly in the great State of Florida. I yield to her on this very important subject. I thank the gentlewoman from Florida for being with us tonight.

(Ms. GINNY BROWN-WAITE of Florida asked and was given permission to revise and extend her remarks.)

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I would just like to correct the previous speaker. I was the President pro tem of the Florida Senate, not the Assembly or the House. It was the Florida Senate. When I was a Florida Senator, we had an option that we pushed for and actually achieved. That was, we offered prescription assistance to low-income seniors. When we were developing the bill, of course we had to live within a budget. We lived within the budget. I can just tell you that it is almost like I can predict what will happen. We will hear from the other side that it is not enough. For those people who are benefitting, something is better than nothing. The plan started out relatively small and it grew and it expanded. But we were helping the very low-income seniors in the State of Florida.

I rise today to remind my colleagues of the extreme importance of providing a prescription drug benefit for our seniors on Medicare. I cannot emphasize enough what a difference having a prescription drug benefit will make in the lives of our seniors, especially those low-income seniors, many of whom reside in Florida. I have a large number of seniors who are retired who regularly call my office, who regularly stop me in the grocery store and after church to tell me of the problems that they are having paying for their prescription drugs that equate to a quality of life. Seniors who rely on Medicare have nothing to help defray the cost of their prescription drugs, the majority of them. Some do have prescription drug programs, but the majority of them have only Social Security in my congressional district and they truly do need the help that a good prescription drug bill will provide. Seniors covered by Medicare right now are probably the select few who are paying retail prices for their prescription drugs. You and I might go to the pharmacy and pay either a small copay or a very small fraction of the cost of our drugs. We would go ballistic if a pharmacist told us that the prescription that we needed, quote, wasn't covered. Well, guess what? Seniors face this every single day.

A constituent called just as I was leaving the office this morning and told me how she has to pay \$7.50 per pill for just one of her prescriptions. For people on a fixed income or anyone, for that matter, that is an enormously expensive drug. Yet this is a prescription drug, costly as it is, that my constituent needs to stay alive.

Mr. Speaker, I am new to this body. I have not been around for years of debate on this issue in this House. I was not here for the two previous sessions where there was a successful vote to bring a prescription drug benefit to our seniors. Maybe that makes me idealistic, maybe less jaded, whatever you want to call it. But I just cannot envision going home and telling my constituents, justifying to them, or trying to justify to them why Congress cannot give them a prescription drug benefit. I hope that I never have to try to justify that.

The previous occupant of the congressional seat from Florida's Fifth District voted against the prescription drug bill that was there in 2002. I made a commitment early on that I would vote for a prescription drug bill. The prescription drug bill that has been worked through two committees, both Ways and Means and Energy and Commerce, is coming along very well. It is a bill that I have some reservations about, but the reservations are mainly about the cost. But we should begin a program and we should actually probably tie that program to the \$400 billion that we have appropriated to make sure that we stay within the budget guidelines.

Mr. Speaker, I again ask the Members of this House to join me in voting for the prescription drug bill that will be before us later on this week. It is important, I think, not just for a State like Florida where there are many senior citizens, I have the fourth highest senior population in this whole Congress, but it is important to every senior who struggles to meet those prescription drug costs.

Mr. GINGREY. I thank the gentlewoman from Florida. The gentlewoman from Florida brought up a couple of, I think, really, really good points, and that is the fact that our seniors who are not on a plan, and they are probably close to 30 percent, by anybody's estimate, probably 30 percent of our seniors have absolutely no coverage whatsoever. They do not have so-called MediGap or supplemental insurance. They are not getting a retirement health benefit that includes prescription medications from their employers. Thank goodness, many in that group are not poor enough to be dual eligible; that is, eligible for both Medicare and Medicaid. Those dual eligibles, of course, have a prescription benefit. And so we do have maybe 65, maybe 70 percent of our seniors do have a prescription drug benefit, but even those, Mr. Speaker, probably spend at least 50 percent out of pocket, what they have to pay. That 50 percent when you are

talking about being on four or five or six pills a day and some of them costing \$9 and \$10, that mounts up in a hurry and that is where you get into these situations where people are having to choose between groceries and their medications. That is a very sad, dangerous situation.

I really appreciate the gentlewoman from Florida bringing up the fact that when these seniors go to their internist, to their primary care physician, indeed, yes, occasionally to their OB-GYN and get a prescription, but sometimes it is not just one prescription. They have these multi-system diseases. Sometimes there are two or three things that are failing at the same time. It takes these medications to keep our seniors healthy and well. So when they go to that pharmacist, as kind, as caring, as loving as the local corner druggist may be, they have got a handful of prescriptions, they do not have a plan to help them get a discount with volume purchasing and that sort of thing. There is no pharmacy benefit manager for them. They are paying sticker price. Our seniors know it. They are paying sticker price. It is pretty painful when they go back to that car and maybe they were only able to get half of that prescription filled or as we pointed out earlier, I think, one of the speakers mentioned that our seniors sometimes will ask for double the dose or maybe quadruple the dose so they can go home and get out that little pen knife and cut that pill in half or in quarters so they can stretch the budget, if you will. It is a very dangerous situation. Mistakes can be made, sometimes catastrophic, tragic mistakes.

The gentlewoman from Florida is bringing out a very important point, that these seniors are getting no breaks in the marketplace. We need to give it to them. That is what we are going to do in this prescription drug benefit under Medicare modernization.

Ms. GINNY BROWN-WAITE of Florida. If the gentleman will yield, actually in my district it is more like 50 percent of the seniors have no retirement prescription drug plan. I have many low-income seniors who have a little bit above their Social Security income, or just their Social Security income. My mother-in-law is a perfect example. She only has Social Security. If it were not for her children helping her, she would be one of those seniors making those very dangerous decisions. But not every family can help and not every family is willing to help. And so for the sake of the seniors who truly need assistance, this is the right thing to do and it is the right time to do it. I am sure that when we go home over the Fourth of July break that we will be hearing from our constituents throughout the Nation, thanking us for taking this step and keeping our fingers crossed that we come out with a great bill, between the Senate proposal and the House proposal that we truly will have a bill that will help seniors desperately in need of assistance.

Mr. GINGREY. I thank the gentlewoman. Mr. Speaker, no Member of this body understands this better than the gentlewoman from Florida. The Sunshine State is where all of us want to go to retire and live out a very, very healthy life there in that beautiful State of Florida. She has got probably a disproportionate number of her constituents who are our beloved senior citizens. She knows of what she speaks. I really appreciate her bringing that to us.

I would like to at this time recognize once again my physician colleague in the House, the gentleman from Texas.

Mr. BURGESS. I thank the gentleman for yielding. I would like to point out that when this Member retires, of course, he plans to go to the Lone Star State and make his retirement there, but his comments are well taken. The gentleman from Georgia knows this very well. He pointed out that an occasional senior will see their OB-GYN and, of course, they see their OB-GYN for monitoring and diagnosing conditions such as osteoporosis. Those medicines for osteoporosis, now fortunately a lot of those are administered on a weekly basis. But if a senior goes home with that prescription and finds it is too expensive to fill, the next time that doctor is going to be aware that the medicine has not been taken is when the follow-up bone density study is done 12 or 23 or 24 months later and no improvement or in fact a worsening of the condition has occurred because the medication could not be afforded by the patient, putting them at serious risk for hip fracture and all of the costs attendant with that. Of course as the gentleman knows, there is a 25 percent mortality within the year of that hip fracture for some groups of seniors.

This is a terribly important point. Although the gentlewoman from Florida is quite correct, there are some concerns about the cost of the bill, there are also concerns about the cost of doing nothing. Certainly the gentleman from Georgia and I both recognize that.

I also feel obligated to mention one other aspect, and we have talked about this before on the floor of this House, that is, of course, the bill H.R. 5 which we passed last March. Getting meaningful medical liability reform in this country will do so much to improve the affordability of not just Medicare but health care in general. The cost of defensive medicine in this country, according to one study that was done out at Stanford in 1996, is nothing short of staggering and it is really almost beyond my comprehension that we could expect to have any type of meaningful Medicare reform with cost containment without somehow getting our arms around the problem of the expense of medical liability in this country and the expense of the practice of defensive medicine.

Mr. GINGREY. I wanted to ask the gentleman, I am glad he brought that point up, about medical malpractice

premiums and what it is doing and, of course, has resulted in a lot of defensive medicine practiced not just by our physicians like myself and the gentleman from Texas, Mr. Speaker, but also by the hospitals, by our facilities who are forced to protect themselves, to order in many instances a lot of tests that they really feel are not absolutely necessary but it is done in the interest of defending themselves against possibly a frivolous lawsuit that could be devastating to either that individual practitioner or to that little rural hospital in our small communities, and like my 17 counties in the 11th Congressional District of Georgia, many of these hospitals as an example, these rural hospitals, disproportionate-share hospitals that see so many Medicare and Medicaid patients, they are going to end up closing their doors.

□ 2115

And I really appreciate the gentleman from Texas, that Lone Star State mecca where actually, as he pointed out, every day is a good day to be in Texas, not just during retirement years. But I wanted to ask the gentleman from Texas about the cost and what kind of estimates, if any, do we have on the cost of defensive medicine without getting a good tort reform bill passed?

Mr. BURGESS. Mr. Speaker, I am going to apologize to the gentleman from Georgia. I do not have those figures at my fingertips. The last time I looked at that study by McKissick out of Stanford, for two diagnostic groups within the State of California, only that being chest pain and acute myocardial infarction, the cost was in the billions; and when we extrapolate that over hundreds of diagnostic codes over the 50 States, obviously that is a significant number of dollars.

Mr. GINGREY. Mr. Speaker, to the gentleman from Texas, I appreciate that. And that is exactly right, when we extrapolate that, and I have gotten verification of these numbers from the gentlewoman from Connecticut, the chairman of the Health Subcommittee under the Committee on Ways and Means who has done so much work on this bill, and I really commend her leadership. She has indicated to me that defensive medicine is costing the Federal Government and indeed the taxpayers of this country \$14 billion estimated over the next 10 years. That would go a long way toward paying for this prescription benefit that we are going to be offering this year.

Mr. Speaker, the gentleman from Texas was talking earlier about the cost of prescription drugs and what we can do about that. Of course we are going to be providing a good prescription benefit for not just our neediest seniors. Of course the program is weighted toward them as well it should be, but we are providing a benefit for all of our seniors. But along with that, along with that, as the gentleman

pointed out, it is very, very important that we address this issue of the cost of prescription medication. I think most people in this country, certainly the seniors that have to go and purchase those expensive drugs, know that it is just too much; and we need to continue to work very hard, as the gentleman from Texas points out, to get the market forces working to bring the price down, to make the pharmaceutical industry compete, as well they should and they are doing; and that is what we want.

We do not want government price controls. We want the market to determine, and we want of course these businesses, pharmaceutical businesses to have an opportunity to make a fair profit to recover, as the gentleman from Texas pointed out, the tremendous cost involved in research and development; and that of course is something that I think is extremely important. But we definitely feel that the competitive forces of the marketplace will bring prices down. And certainly, as we pointed out earlier, when a senior is part of a group, as we know, with the wonderful organization many of our seniors have memberships in AARP and they have a drug discount card.

In fact, I would like to just point out if I can get everyone's attention on one of the posters to my left, this is the typical medical prescription card which seniors will have, and they will be issued by a number of organizations. And with those cards if we did nothing else, and we are doing much more, as we pointed out earlier, but if we did nothing else, just the opportunity to buy as a group and the force of the marketplace, it is going to bring down the price of prescription drugs for all Americans but especially for our seniors.

Mr. Speaker, I wanted to spend a little bit of time talking about the Medicare program; and of course the gentleman from Texas mentioned a little earlier that the gentleman from Georgia, myself, was there from the inception of Medicare, and my wife told me to be sure to let the Members of this body know that of course I was there from the inception. I was just a very precocious first grader, but I do remember very well in 1965 when the Medicare bill was first passed, and the emphasis then in most health care was seeing one's physician, occasionally of course being admitted to the hospital for a needed surgical procedure. Nobody thought too much really in 1965 about the fact that here in 2003 that people would be on maybe four or five drugs. The average person 75 years old could be on that much medication. So there just really was not the emphasis in 1965, but things changed. Things have changed in many other aspects of our society. When I was in college, we used a slide rule. Nobody even knows what a slide rule is today. Our automakers gave us an Edsel, and now we have the new and improved and revised and beautiful Thunderbird. We need to

do that with Medicare. We truly need to do that with Medicare.

I have been practicing long enough to see some significant changes; and I have seen managed care, health maintenance organizations with a great emphasis on preventative healthcare, preventative healthcare; and I applaud that because it is extremely important. If we wait to treat people when an episode of poor health or an accident has occurred, then it is so expensive, not to mention the tragedy and the suffering and the loss of life that occurs, but just the expense of waiting until a person is so sick and they show up in the emergency room, that paradigm has got to shift. That paradigm has got to shift.

I tell my colleagues in the House, Mr. Speaker, of my experience recently of going through so-called open heart surgery that I was faced with right after winning this election to the Congress, and now I am on five prescription medications every day. I am not a senior citizen yet. I am not Medicare-eligible. But I know they are very, very expensive, very expensive; and it just makes me think how important it would have been for me and how important it is for our seniors who maybe just turned 65 to be able to get the medications that they need to strengthen their bones, to prevent osteoporosis, to lower that blood pressure so they do not have a premature heart attack or a stroke and end up in a nursing home for the rest of their lives.

So things are changed. Society has changed. And now I do not think there are many physician colleagues of mine in this great United States who would not agree that a prescription benefit is every bit as important as a hospital benefit or a surgical benefit, and we have got to make that change. And that is what this President is doing. That is what this administration, that is what this leadership, what the gentleman from Illinois (Speaker HASTERT) and the gentleman from Texas (Mr. DELAY) and the chairmen of our committees of jurisdiction, the gentleman from California (Mr. THOMAS) of the Committee Ways and Means and the gentleman from Louisiana (Mr. TAUZIN) of the Committee on Energy and Commerce, and their subcommittee Chairs are bringing to us. They are bringing not just this prescription benefit, but they are also bringing an option for change so that our seniors can get the same health care benefit that we, Members of Congress, have available to us and that all Federal employees have available to them, to be able to go to enhanced fee for service or a Medicare advantage plan where there is an emphasis on preventative health care, where they can get a routine physical done, where they can get their blood screened for lipid profile and cholesterol so that we will know early, early on, if they are at great risk for developing one of these serious illnesses. That is what it is all about. Colonoscopies, mammograms,

things that will keep people healthy and prevent them from getting so far down the line with an illness that they cannot recover.

So that is what we call, Mr. Speaker, compassionate conservatism. That is what this President and this administration and this Republican majority and this leadership is all about, and that is what we are going to bring to the seniors of this country. We are going to bring a prescription benefit that is weighted toward the needy, that has a catastrophic cap; and, yes, that cap is going to vary depending on a person's income or net worth, as well it should. I think it is only appropriate that we take care of our neediest first, but all seniors need the same kind of benefit that I enjoy and other Members of Congress and Federal employees enjoy.

So that is a very, very big part of this program. It is not just providing a prescription benefit but also giving our seniors an opportunity and an option. Of course, they can remain in traditional Medicare, which we all know about a comfortable pair of shoes and we get used to something and change is difficult. I know change was difficult for me when I gave up a medical career to join the Congress and get on this rather steep learning curve. It is scary. It is scary, and maybe some of our seniors will decide to stay in traditional-fee-for-service Medicare, but they will have a prescription drug benefit. They will have the same prescription drug benefit.

What they will not have in that traditional paradigm is they will not have any catastrophic coverage. They will still have catastrophic coverage of course for the prescription benefit, but not for other costs involved like hospital stay or nursing home stay; and that is what we are trying to avoid by giving them an opportunity to join one of these other options where it is a competitive environment and an opportunity for these plans to compete against each other and lower the cost at the same time they are providing this preventative health care benefit like I mentioned, routine physicals, routine screening, and, yes, indeed, catastrophic coverage so that people who have worked all of their lives to build a little nest egg not become destitute and burdens on society in their senior years. That is not right. That destroys their dignity.

□ 2130

And if I do anything in this Congress, I am going to work hard to make sure that that does not happen to our seniors.

So in conclusion, Mr. Speaker, I want to thank my colleagues who are with me tonight to discuss this tremendously important issue. We do not have the perfect plan. Yes, bills can be improved, and that is what the committee process is all about. That is why we have two committees of jurisdiction and very intelligent people working on

this bill to perfect it. This is so much better, Mr. Speaker, this is so much better than what we have currently. I am just very proud of our leadership, and I am very proud to be supportive of the Medicare Prescription Drug and Modernization Act of 2003.

REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS

Mr. LINCOLN DIAZ-BALART of Florida (during Special Order of Mr. GINGREY), from the Committee on Rules, submitted a privileged report (Rept. No. 108-174) on the resolution (H. Res. 292) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2555, DEPARTMENT OF HOMELAND SECURITY APPROPRIATIONS ACT, 2004

Mr. LINCOLN DIAZ-BALART of Florida (during Special Order of Mr. GINGREY), from the Committee on Rules, submitted a privileged report (Rept. No. 108-175) on the resolution (H. Res. 293) providing for consideration of the bill (H.R. 2555) making appropriations for the Department of Homeland Security for the fiscal year ending September 30, 2004, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPUBLICAN PRESCRIPTION DRUG BILL OUTLAWS BULK PURCHASING POWER TO NEGOTIATE LOWER DRUG PRICES

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

GENERAL LEAVE

Mr. LANGEVIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include therein extraneous material on the subject of this Special Order.

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

There was no objection.

Mr. LANGEVIN. Mr. Speaker, tonight I am pleased to be joined by many of my Democratic colleagues to discuss the lack of cost control provisions in the prescription drug bill before the United States House of Representatives, H.R. 2473. In particular, I feel that it is so essential that we call