

by the government with pharmaceutical companies to bring down the cost of the drugs.

Now, let me address the first question. Privatization of this proposed drug benefit is a very bad thing. It would, instead of establishing a drug benefit in Medicare, a guaranteed benefit set by the government, responsible to the Congress as all of the rest of Medicare has been situated and constituted for the past 40 some years, the Republican plan would set up a prescription drug plan through private insurance companies and HMOs.

Now, those companies have a pretty bad track record in terms of delivering the same product year after year at the same price. In fact, they do not. And in the Medicare+Choice program, at least in the Philadelphia area that I represent, the private HMOs have been increasing the costs of Medicare+Choice, taking away the benefit, making a program that they offered a very elaborate benefit at a relatively low cost and taking away those benefits and increasing the costs.

The same thing would happen if we set up a prescription drug program through a privatized insurance based system.

The second thing wrong with this privatization is after 10 years they will privatize Medicare itself through this voucher concept that would have vouchers made available in a particular area based upon all of the bidding done by private companies and HMOs as well as Medicare. And that balanced figure, that blended figure would be the voucher provided for an individual to purchase Medicare. And what would happen is the companies would undercut Medicare, they would attract younger seniors and healthier seniors, they would be allowed, therefore, to save money because they would not be paying as many bills, and each year in each cycle of bidding those private companies would be able to drop their premiums lower than what Medicare would have to charge. Medicare would be stuck with older seniors and sicker seniors and it would be the end of Medicare as we know it. That is what this is going to be achieved if we allow the privatization of Medicare in this bill.

The second major problem is the prohibition on negotiating with the drug companies for lower prices. I do not get it. I do not understand it. What is the point of setting up a Medicare based prescription drug plan if we do not use the Federal Government's bargaining power to negotiate with the large pharmaceutical companies for a lower price? That is the whole point. That is why other countries that have large bargaining units negotiating with the pharmaceutical companies have much lower prices than we do.

The Committee on Government Reform under the ranking member, the gentleman from California (Mr. WAXMAN), just did a study in my district. The seniors in the 13th Congressional

District of Pennsylvania benefit paid twice as much for their drugs as seniors pay for the very same drugs on average in Canada, England, France, Germany and Italy, twice as much because those countries have a combination of bargaining power that they use to negotiate with the drug companies for lower prices.

This Republican bill prohibits such negotiation by the Secretary of HHS with the drug companies. That is nonsensical and that alone is a good reason to vote no. Those are two reasons. There are many more. We should defeat this bill. Pass the substitute proposed by the gentleman from New York (Mr. RANGEL) and the gentleman from Michigan (Mr. DINGELL) and give seniors a real prescription drug program.

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

(Mr. SIMMONS 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 Minnesota (Mr. GUTKNECHT) is recognized for 5 minutes.

(Mr. GUTKNECHT 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 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.)

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.)

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

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

#### REVISIONS TO THE 302(A) ALLOCATIONS AND BUDGETARY AGGREGATES ESTABLISHED BY THE CONCURRENT RESOLUTIONS ON THE BUDGET FOR FISCAL YEAR 2004

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 submit for printing in the CONGRESSIONAL RECORD revisions to the 302(a) allocations and budgetary

aggregates established by H. Con. Res. 95, the Concurrent Resolution on the Budget for Fiscal Year 2004. The authority to make these adjustments is derived from Section 404 of H. Con. Res. 95 (H. Rept. 108-71).

As reported, H.R. 2555, the Homeland Security appropriations bill for fiscal year 2004, provides new budget authority of \$890,000,000 for medical countermeasures against biological terror attacks. That appropriation would be authorized under a bill (H.R. 2122) that has been reported to the House by the Committees on Energy and Commerce and Government Reform. Section 404 of the budget resolution permits the Chairman of the Budget Committee to increase the allocation to the House committee that provides such budget authority pursuant to a reported authorization bill in an amount not to exceed \$890,000,000 in budget authority for fiscal year 2004 and outlays flowing therefrom.

While I am concerned that the reported bill provides an advance appropriation for fiscal year 2005 of \$2.528 billion that, if enacted, could be limited next year to achieve budgetary savings for the fiscal year 2005 appropriations bill, I will exercise my discretion under the budget resolution and increase the fiscal year 2004 allocation to the House Committee on Appropriations since the requirements of Section 404 of the budget resolution have been met. I therefore increase the fiscal year 2004 302(a) allocation to the House Committee on Appropriations by \$890,000,000 in new budget authority and \$258,000,000 in outlays, making the allocation to that Committee \$785,565,000,000 in budget authority and \$861,342,000,000 in outlays.

Questions may be directed to Dan Kowalski at 67270.

#### MEDICARE BILL WILL HARM CANCER PATIENTS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mrs. CAPPS) is recognized for 5 minutes.

Mrs. CAPPS. Mr. Speaker, the Medicare bill that we will vote on this week is a bad bill. It undercuts this critical program that has been provided health care to millions of seniors. It provides spotty coverage that will not help these seniors with their expensive medications. And it reneges on a promise that we have made to America's seniors by ending Medicare as we have known it. But I want to talk about a particularly objectionable provision in this bill that has not gotten much attention. The part that cuts funding for cancer care.

The Medicare bill is supposed to make it easier for patients to get health care, but it will actually make it harder for cancer patients to get the care they need. Cancer is a scourge that has touched nearly every person and family in this country. Cancer patients and their loved ones have a very strong loyalty to the medical professionals, this whole team of oncology care givers who deliver what is so often brutal treatment. This is especially true of the often unsung heroes of quality cancer care, oncology nurses.

As a nurse and someone who lost a daughter to cancer, I have seen firsthand essential contributions made by these amazing men and women who monitor and support, deftly guide the delicate treatment regimen. But the House Medicare bill has a provision that will cut half a billion dollars from cancer care in America.

Anyone who thinks you can take this much money away from cancer care and not endanger the quality is fooling themselves. The bill does correct an overpayment for oncology drugs that goes on today. Medicare's system of paying for cancer drugs charges cancer payment and the government too much and doctors too much. There is no disagreement on that or on that it needs to be fixed. But while we have paid too much for cancer drugs, Medicare drastically underpays the oncology practice costs. The oncology community has been using this overpayment for medications as a way to make up for the underpayment in oncology services. And we should fix this overpayment for medications because the patients should not be overcharged for their medications. Of course, Medicare and taxpayers should not be overcharged either. But we also have to make sure oncologists are paid properly for their services.

Cancer care has changed a great deal since the creation of Medicare. In fact, most of cancer care has been developed since Medicare was created, moving out of the hospital and into doctors' offices and clinics where having oncology nurses and support staff are even more important. They are the frontline providers of cancer care, managing therapies and side effects, helping to keep seniors out of the hospital, saving the Medicare program money, providing counseling to patients and their families and conducting clinical trials and research to improve and advance cancer treatment.

Yet, while patients value this high-quality hands-on loving care, Medicare dramatically undervalues and underpays the cancer care given by these nurses, pharmacists, social workers, and lab technicians who are part of the multidisciplinary cancer team.

Without adequate resources, the reality is that physicians will be unable to sustain the provisions of quality care and will reduce their practices or close them entirely. The first services to be let go will be oncology nurses. In addition to cutting funds from cancer care, the new payment system in this bill will make many cancer patients, 60 percent of the seniors on Medicare, go to the oncologists twice as often, frail, sick seniors doing this. It will actually cause cancer patients to pay more out of pocket costs and wait longer for treatment, increasing their health risks. It is so wrong.

The gentleman from Georgia (Mr. NORWOOD) and I joined with the cancer community to craft legislation to resolve inequities in the cancer care system and address concerns about the

overpayment for oncology drugs. And we work hard during the recent markup to try to correct the Medicare bills flawed cancer provision.

Our proposal offers a more accurate payment for oncology drugs and would direct Medicare to establish new payments amounts for physician services related to the treatment of cancer patients, including the added work performed before and after patient visits and consultations. It is so essential. It recognizes the true cost of providing cancer care.

We will all go home after we pass this Medicare bill, and we will have to face our constituents. I, for one, do not want to tell the cancer patients in my district that Congress has decided to curtail their treatment and endanger their care. I hope no one here will.

Just listen to what the cancer community is saying about the House and Senate bills. Ellen Stovall of the National Coalition of Cancer Survivorship says, "Instead of expanding access to life saving drugs, these bills limit access to cancer treatments for some of the most seriously ill Medicare beneficiaries."

Susan Braun of the Susan G. Komen Breast Cancer Foundation says, "The millions of cancer patients in this country who rely upon Medicare need to know that their access to care will be severely disrupted if these bills go through."

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They are going to hold us accountable, and they should.

Mr. Speaker, I hope that all my colleagues will join me in fixing these unfair and shortsighted provisions of this Medicare bill.

The SPEAKER pro tempore (Mr. GARRETT of New Jersey). Under a previous order of the House, the gentleman from California (Ms. WATSON) is recognized for 5 minutes.

(Ms. WATSON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

(Ms. JACKSON-LEE of Texas addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. WEXLER 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 Arkansas (Mr. BERRY) is recognized for 5 minutes.

(Mr. BERRY 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 North Carolina (Mr. BALLANCE) is recognized for 5 minutes.

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

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

(Mr. SANDLIN 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 Ohio (Mr. STRICKLAND) is recognized for 5 minutes.

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

TIME IS NOW FOR REAL, MEANINGFUL, AFFORDABLE MEDICARE PRESCRIPTION DRUG BENEFIT

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

Mr. HONDA. Mr. Speaker, the elderly and disabled have waited long enough for a prescription drug benefit in Medicare and for relief from the high cost of prescription drug prices. While the Republicans have been busy voting on permanent tax cuts, seniors throughout the country have been waiting for Congress to take action on prescription drugs. All seniors need relief from prescription drug prices, and they need it now.

However, the Republican prescription drug bill completely fails the test of a real Medicare drug benefit. The Republican bill has no guaranteed minimum benefit, no guaranteed, affordable monthly premium, and no guarantee of fair drug prices. To add insult to injury, their bill leaves a huge coverage gap. Seniors who need more than \$2,000 worth of drugs must pay one hundred percent out-of-pocket, and keeping paying premiums, until they reach the \$3,500 out-of-pocket cap.

Mr. Speaker, the Democrats have an alternative we hope to offer. Under the Democratic plan, seniors and individuals with disabilities will be able to keep making the choices that matter to them. Seniors won't be forced to join an HMO. They won't have to join a private insurance plan that will restrict their access to needed drugs, deny coverage for the medicine their doctors prescribe, or force them to change pharmacies. And unlike the Republican plan, our plan has no gap—beneficiaries will always have coverage.

Mr. Speaker, the time is now for a real, meaningful, and affordable Medicare prescription drug benefit. Unfortunately, it looks like this Republican-led House won't be providing one anytime soon.