

pleased to continue that more here today.

In the 1990s, as Secretary of State of Rhode Island, I led the effort to upgrade our State's voting equipment, and I know firsthand the benefits that modernized election systems can have on voter turnout and civic participation. I encourage my colleagues to support this motion to instruct so that we can realize the vision of the Help America Vote Act and restore confidence in our Nation's elections.

Mr. Speaker, I thank the gentleman for yielding me time.

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

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

Mr. Speaker, I would like to thank my good friend, the gentleman from Rhode Island (Mr. LANGEVIN) for his comments and my thanks for his extraordinary work on behalf of America and all of us. And I apologize for the faux pas. I guess I had the primary on the brain and did not recognize the great State of Rhode Island but no offense was meant.

Mr. Speaker, I did not offer this motion to instruct to rehash the 2000 election debacle. We have plenty of opportunity to do that in 2004. But I did offer the motion to highlight and remind Members of the commitment that this body made last year to reform our country's election system. I offered this motion so that the thousands of my constituents and others around the U.S. who were demonized, demoralized and disenfranchised after the 2000 election can go to bed tonight knowing that Congress is serious about ensuring their votes are not only counted but actually count.

I have already introduced the next generations of election reform in the form of the Voter Outreach and Turnout Expansion Act. The VOTE Act allows no excuse absentee voting, requires early voting opportunities, not less than 3 weeks prior to the general election day, requires adequate notification to voters who submit incomplete voter registration forms by mail, treat election day as a Federal holiday, and provides leave time for private employees to vote on Election Day.

These are the ideas of the present, and we task ourselves in making them the realities of the future.

Mr. Speaker, States are eager to implement the improvements required by the law, but they have insufficient resources to meet these goals. Today, we will reaffirm our commitment and appropriate the necessary funding to the Help America Vote Act that Congress guaranteed to States last year.

A dependable and reliable election system remains the linchpin in the integrity of our democracy, and we have no choice but to protect it. I urge my colleagues to vote yes on this motion to instruct.

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

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

The SPEAKER pro tempore (Mr. ROGERS of Alabama). Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

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

The motion to instruct was agreed to.

A motion to reconsider was laid on the table.

SPECIAL ORDERS

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

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

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

SENIORS DESERVE BETTER PRESCRIPTION DRUG COVERAGE

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, last night I took a special order, and I talked about what seniors are going to pay under the new Medicare prescription drug program if it is passed in its present form; and I understand it is coming out of committee just a little bit different than that we said last night, but the end result is the same. They are changing the annual deductible from \$275 to \$250, but the seniors will be paying 25 percent of the next \$2,250 minus the annual deductible. So the seniors for \$1,500 in coverage will be paying \$1,170, and that is not well known by most of the seniors with whom I have talked. And then there is a doughnut hole which goes up to \$5,100, and seniors will pay an additional \$2,850 with no coverage for that.

That means seniors up to \$5,100 under the new prescription drug benefit will pay \$4,020 and the government will pay \$1,500.

Now, that is not what I think seniors are expecting. I think they are expecting coverage that is much broader than that; and I think they are going to be very unpleasantly surprised when they realize that they will be paying a tremendous amount of money for very small amount of coverage.

Now, above the \$5,000 level, the catastrophic health care benefit kicks in, and that is 95 percent of that. But the average senior pays about \$1,800 year in prescription drug costs, and they will

not reach that level. There will be very few that reach that level. So most seniors, if they pay \$5,000 for their prescription drugs in a given year, the average senior, they will pay \$4,020 and the Federal Government will pay \$1,500. I think they will be very angry when they find out that is the case.

I believe we should pass a bill that takes care of those who are uninsured, who do not have prescription drug coverage. Right now, 76 percent of American seniors have some form of prescription drug coverage. And the program that we are talking about in most cases is going to give them less coverage than what they already have. Now, the 24 percent of the seniors that do not have coverage, we should deal with them. We should help them. Those who are indigent, those who have health problems where they cannot get coverage, we need to take care of those. But those who are already covered, I do not believe our government should start taking care of.

The cost of this program is estimated to be somewhere around \$400 billion over 10 years. I have another chart which I am not bring forward right now, but it shows what happened with Medicare. Medicare when it was passed in 1965 cost \$3 billion. Two years ago in the year 2001, Medicare cost \$241 billion. That is an 80 times increase.

□ 2045

It went up 80 times since 1964. The Medicaid program which we passed in Indiana under duress started out, we thought, costing a few million. We estimated a top figure of \$20 million. It has cost well over \$1 billion just for Indiana's share, and it has gone up about 70 times since 1969.

Anybody who thinks that this donut hole is not going to be a big issue to seniors is sorely mistaken, in my opinion; and I believe that they will demand that this donut hole, this \$2,850 that is not covered, will shrink. When that happens, there is going to be a tremendous increase in the cost of this program. I believe the \$400 billion price tag for 10 years is very low. I believe it will be more than double that, maybe up to \$1 trillion over 10 years, but only time will tell.

The other thing that really concerns me is we are paying \$70 billion to American industry so that they will not dump their retired employees on the Federal Government program. The fact of the matter is I believe long term the businessmen and industrialists in this country are going to say we do not know what Congress is going to do tomorrow, and they are going to start dumping their employees on the Federal program anyhow; and when that happens, the retirees are going to see the program that they are under with their previous employer go out the window, and they are going to be put on the government program.

Their coverage right now under their retired benefits with their previous employer is probably much, much better.

In fact, I am sure it is much better than what they are going to get on the Federal program, and so the \$70 billion buyout or payout they are going to give to industry I do not think is going to stop the dumping of employees on to this program out of independent industrial programs that are covered by private industry and companies.

I think it is very realistic to believe those people will be put on the government program. So that is another cost that will be added to this program over the next 10 years.

This is an open-ended entitlement. The floor, the floor is \$400 billion. There is no ceiling. They will tell you there are some cost controls in it, but the fact of the matter is there really will not be, not over the long period of time; and the ultimate result of this is going to be an entitlement that is going to be like Medicare, like Medicaid. It is going to be out of control. It is not going to provide the benefits that the seniors anticipate, and I think they are going to be very, very angry.

So I would just like to say to my colleagues, tomorrow or the next day when we decide to vote on this bill, think about what the seniors' reaction is going to be. In 1988 we passed a catastrophic health care bill. Only 11 Members, as I recall, voted against it. I was one of the 11, and 1 year later we repealed it because the seniors were so angry when they found out what was in it. I think they are going to be angry with this bill as well, and I hope my colleagues will take that into consideration.

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

(Mr. PAUL 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 the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

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

DISAPPOINTMENT AND OUTRAGE OVER RECENT RULING OF FCC

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Virginia (Mrs. JO ANN DAVIS) is recognized for 5 minutes.

Mrs. JO ANN DAVIS of Virginia. Mr. Speaker, today I rise to express my disappointment and outrage with the recent ruling by the Federal Communications Commission deeming the use of obscene language acceptable on television. Last month, the FCC ruled the use of what has been termed the "F word" in a live interview was not inappropriate, and its use in this case was

deemed acceptable. While I understand this FCC ruling addresses a specific instance, I strongly caution my colleagues to the dangerous precedent that this ruling sets.

This profane word has long been deemed inappropriate by American society and consequently has not been permitted on broadcast television and radio, and its use factors into movie ratings. However, with this recent FCC ruling, we are opening the door to a whole new world of what is deemed acceptable for television audiences.

I ask my colleagues, then, what are our standards? Where do we draw the line? If the use of this expletive is appropriate in this one instance, what is to deter additional uses of it in similar instances, and at what point does it remain inappropriate?

Again, I urge my colleagues to tread carefully and be mindful of what this ruling means for the future. We are sending the children of America mixed signals about what is decent behavior when we make exceptions to our standards, and I certainly do not think that we need to further complicate the complex period of childhood and adolescence.

Mr. Speaker, I ask then, why do we even have an FCC if they are not going to uphold rules of decency? Why do we even as a society even make laws if they are not going to be followed? Turning a blind eye to this assault on decency will do a great disservice to America and damage the integrity of our airwaves.

Mr. Speaker, the American public is currently under siege in their own homes. Every day, the Internet brings unsolicited and inappropriate material into the household through the dissemination of pornography. Our e-mail accounts are flooded with pornographic spam, making it necessary to utilize various controls and software to protect our children from being exposed to such obscene material.

I am encouraged by the Attorney General's efforts in combatting this problem, specifically the recent increased number of prosecutions for adult obscenity and pornography. Additionally, my colleagues in Congress are actively working on language to curb spam solicitations and to further protect Americans from unsolicited e-mails. In doing so, we will stop not only those annoying advertisements but also keep indecent images out of sight of our children. It is through such efforts that we are able to take important steps against the onslaught of sexual offenses that so often stem from obscenity and pornography.

The common decency of America is being tested, as little by little we are broadening the definition of acceptable and decent behavior. It is imperative that we now pause to carefully examine the decisions being made today that will ultimately impact the accepted standards of tomorrow.

PRICE AND AFFORDABILITY OF PRESCRIPTION DRUGS

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

Mr. EMANUEL. Mr. Speaker, this week we will be taking up the prescription drug bill, and what I find interesting, a number of us on both sides of the aisle have worked on the issue of bringing the cost of medications down to a level that our grandparents and parents could get the medications they need at the prices they can afford.

There are three ways to address the issue of price and affordability. One is through the issue of market mechanisms and free markets, allowing competition, people to buy their medications in Canada, Italy, France, Germany, having it brought into the United States at the prices where they are 40 to 50 percent cheaper and bringing that competition to bear on the price of medications. We have a closed market as it relates to pharmaceutical products. We are not allowed to have competition. Therefore, Americans pay the highest prices in the world. If we brought competition in, medications like Lipitor, Zocor, seeing what we see all over on our TV would be at the same prices that people in France, Germany, Canada, and England are paying at a 40 to 50 percent discount of what we see in our corner grocery store.

The second way we would bring prices down would be to allow the Secretary of Health and Human Services, Republican former Governor Tommy Thompson, to negotiate and create a Sam's Club out of Medicare. Like all the Sam's Clubs throughout the country, using the power of 41 million seniors, we can negotiate lower prices and bring bulk and the purchasing power of our seniors down. That is what a Sam's Club does. That is what everybody does and the private insurance business does.

This legislation prohibits the free market from operating, prohibits Sam's Clubs from being created under Medicare and also does a very weak job of allowing generics in the market to compete at a generic price versus a name-brand price.

In these areas we could get competition, bring the prices down to an affordable level so our parents and grandparents could afford the medications they need whether that be blood thinner, cholesterol medication, medication for their heart. In each area, Members of the Republican Congress in this body and the other body chose to ignore the free market and chose to keep prices artificially high here in America.

This is not only unfair to the seniors. What is worse, it is unfair to the taxpayers. I think we owe the common courtesy and decency to the taxpayers to get them the best price rather than the most expensive and premium price that they are paying today. If we are going to borrow \$400 billion in the largest expansion of an entitlement in over