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House of Representatives

The House met at 9 a.m.

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

Lord our God, grant Your servants patience and perseverance.

Patience calms the soul within.

Perseverance reaches beyond oneself to accomplish the task at hand.

Humbled by our own frailty and sometimes overwhelmed by the expectations laid upon us, we need Your mighty assistance.

Unsure which comes first, perseverance or patience, touch each Member of this House personally that all may contribute to the ways of freedom and the work of justice.

May virtue flourish here that all may see that by helping others to persevere we find the strength and purpose to persevere ourselves; for we are Your servants, both now and forever.

Amen.

THE JOURNAL

The SPEAKER. 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. Will the gentleman from Georgia (Mr. GINGREY) come forward and lead the House in the Pledge of Allegiance.

Mr. GINGREY 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.

ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. The Chair will entertain five 1-minute speeches on each side.

ST. URSULA BULLDOGS WIN OHIO STATE VOLLEYBALL CHAMPIONSHIP

NOTICE

If the 108th Congress, 1st Session, adjourns sine die on or before November 23, 2003, a final issue of the Congressional Record for the 108th Congress, 1st Session, will be published on Monday, December 15, 2003, in order to permit Members to revise and extend their remarks.

All material for insertion must be signed by the Member and delivered to the respective offices of the Official Reporters of Debates (Room HT–60 or S–410A of the Capitol), Monday through Friday, between the hours of 10:00 a.m. and 3:00 p.m. through Friday, December 12, 2003. The final issue will be dated Monday, December 15, 2003, and will be delivered on Tuesday, December 16, 2003.

None of the material printed in the final issue of the Congressional Record may contain subject matter, or relate to any event that occurred after the sine die date.

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By order of the Joint Committee on Printing.

ROBERT W. NEY, *Chairman.*

(Mr. CHABOT asked and was given permission to address the House for 1 minute.)

Mr. CHABOT. Mr. Speaker, this morning I would like to recognize the achievement of an exceptional group of young women in my Cincinnati congressional district, the St. Ursula Bulldogs volleyball team.

St. Ursula battled Ursuline Academy, another outstanding Cincinnati school, for Ohio's State volleyball championship. St. Ursula emerged victorious, capping off an undefeated season. With 29 wins and zero losses. St. Ursula was also declared national champion.

The victory marked St. Ursula's eighth State volleyball title, making it the only Ohio school to accomplish this feat in history.

Mr. Speaker, these are two excellent schools academically as well as in sports. They have faced each other three straight years for the State title. They are shining examples of what can be accomplished with hard work, perseverance, and teamwork.

It gives me great pleasure, especially since my niece, Maria, is a student at St. Ursula, to acknowledge in the United States Congress the success and achievement of these exceptional young women and their coaches, St. Ursula's Julie Perry and Ursuline's Amie Meyer.

Congratulations.

MEDICARE CONFERENCE REPORT'S RURAL PACKAGE

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

Mr. GINGREY. Mr. Speaker, I rise today in support of the rural package provided for in the House-Senate Medicare agreement. The package corrects existing inequities for rural and small town hospitals and providers by equalizing the disproportionate reimbursement payments they have been experiencing in the past.

Rural hospitals' base payment rate will be permanently extended by 1.6 percent to match the urban hospital payment rate and the amount of disproportionate share payments will be more than doubled to 12 percent of total Medicare inpatient payments.

The bill additionally pays cost plus 1 percent to the Critical Access Hospitals to ensure that they can improve access and services.

And that, Mr. Speaker, is exactly the purpose of the rural package: To provide immediate help to rural area and small city hospitals so that they can provide sustained access and quality service to their patients.

Our seniors deserve nothing less than that, and I urge my colleagues to vote in favor of our Nation's rural hospitals. Pass the Medicare conference report.

CONGRESS COULD DO BETTER FOR SENIORS

(Mr. DEFAZIO asked and was given permission to address the House for 1 minute.)

Mr. DEFAZIO. Mr. Speaker, today the House will take up an incredibly complicated $400 million bill which purports to provide seniors something they need: help in buying pharmaceuticals. We could do this more simply and more cost effectively. We could have the government negotiate lower drug prices on behalf of seniors as they do for the Veterans' Administration, a minimum of a 24-percent reduction for veterans' drugs and actually an average of about 50 percent.

There is a bigger group of Medicare people. We could do better. It would not cost anything.

We could also allow the free reimportation of FDA-approved, U.S.-certified, U.S.-manufactured drugs from Canada and other countries. Many seniors in my district are doing that now, saving an average of 50 percent. But, no. Instead, this bill is going to prohibit the reimportation. This bill is going to prohibit the government from negotiating lower prices for pharmaceuticals, all to protect the profits of the pharmaceutical industry at a time when many seniors cannot afford the drugs they need to maintain their health.

PRESIDENT BUSH'S SPEECH IN LONDON

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

Mr. WILSON of South Carolina. Mr. Speaker, this week President George W. Bush gave an inspiring speech at Whitehall in London, while visiting the Royal Family and Prime Minister Tony Blair. The President stated clearly that the United States is committed to winning the war on terrorism.

In one of the most important moments of the speech, President Bush explains why we cannot forget September the 11th and the innocent thousands that were killed that day. The President said, ''The hope that danger has passed is comforting, it is understandable, and it is false. The attacks that followed on Bali, Jakarta, Casa Blanca, Bombay, Mombassa, Najaf, Jerusalem, Riyadh, Baghdad and Istanbul were not dreams. They're part of the global campaign by terrorist networks to intimidate and demoralize those who oppose them.''

The President is absolutely correct and I encourage all Americans to remember the act of war brought upon our Nation just 2 years ago. I have confidence that our military will win the global war on terror and I commend the dozens of coalition countries that have joined us in this fight for freedom.

Mr. Speaker, in conclusion, may God bless our troops.

BUSINESS WILL NOT ALLOW GOVERNMENT TO OPERATE LIKE A BUSINESS

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

Mr. GEORGE MILLER of California. Mr. Speaker, very often when we go out and hold town hall meetings, people stand up in the town hall and say: Congressman, why do you not run the government more like a business?

The answer is when we try to run the government like a business, business won't let us.

If one is a Wal-Mart, they negotiate their pharmaceutical prices. They negotiate the prices of goods sold in their store.

In one is a COSTCO, they negotiate pharmaceutical prices and people go to COSTCO to buy their pharmaceuticals.

But if the government wants to negotiate the prices as the largest purchaser of pharmaceuticals in the world, we will not be allowed to because the Republican bill prohibits the Secretary of Health and Human Services from negotiating a better price for America's seniors and American families.

We cannot run the Congress like a business when the businesses are all lobbying to keep a monopoly, to keep high prices, to keep people from going to Canada and getting FDA-approved drugs. That is what suppliers do. People go where there are lower prices. They can search the world over in the globalized economy for lower prices. But American seniors who need lifesaving drugs cannot search the world over for lower prices like the businesses can, because business will not let government run the government like a business.

JOBS AND GROWTH PACKAGE REAPING BENEFITS FOR WORKING FAMILIES

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

Mr. SHUSTER. Mr. Speaker, it has become apparent that the Jobs and Growth Tax Relief Package passed by Congress earlier this year has helped fuel the recent surge in the economy. The American economy grew at a rapid pace of 7.2 percent during the third quarter of this year, the best since 1984.

The seeds of economic growth are beginning to take hold. Our economy is rebounding. We have created strong economic policy built on a foundation of tax relief. The jobs and growth package that Congress passed has been responsible for putting taxpayers' hard earned dollars back in their own pockets.

This week we further our focus on jobs by passing an important comprehensive energy package and we will have an opportunity to strengthen our health care system by passing an important Medicare prescription drug bill

later today. These building blocks will continue to provide substantial stimulus over the coming months.

Most importantly, we must remember that America's strength comes from its workers, its small business owners, and its families dedicated to a better way of life. As a Congress, we must continue to assist our working men and women by removing the obstacles so they can capture the American dream.

NEVER NEVER LAND OF CORPORATE WELFARE

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

Mr. EMANUEL. Mr. Speaker, my colleagues on the other side of the aisle always talk about being the protectors of the free market system and believes if the free market would operate without government hindrance, business would be fine and society would be fine.

This week this House passed an energy bill that gave $20 billion of taxpayer money to companies to do drilling for oil, do their basic services, when they should be doing that on their own without taxpayer subsidies.

Now, we are about to pass a prescription drug bill that pays HMOs $80 billion to provide health insurance.

These are the bastions of capitalism? We used to have ''end welfare as we know it.'' This is a new form of welfare. These are businesses who have come to rely on the government subsidies as the only way to operate their businesses. I think that today, rather than being the culture of the protectors of capitalism and the principles of capitalism, the Republican Party has become the bastions of the culture of welfare and we need to end welfare as it is being abused in our society.

Lately, the way I have seen our government turn into literally a culture of welfare for corporate and special interests, I am beginning to think that we have been caught captive in the Never Never Land. It is not Michael Jackson, it is us who have been caught here in this culture of welfare that has come to dominate and be used by businesses that have come to rely on the government, and the taxpayers more importantly, to afford their basic bottom line.

ADOPTION INFORMATION ACT

(Mrs. JO ANN DAVIS of Virginia asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. JO ANN DAVIS of Virginia. Mr. Speaker, this Saturday, November 22, numerous organizations will join together in celebration of National Adoption Day to recognize the many blessings afforded by adoption. In honor of this day, I would like to draw attention to a bill that I introduced this year that seeks to raise awareness of adoption, the Adoption Information Act, H.R. 1229.

Essentially, the Adoption Information Act would require all federally funded clinics to provide a detailed pamphlet of adoption referral information to all people seeking family planning services. All too often, women seeking pregnancy counseling do not receive all the information necessary to make an informed decision. Information on what adoption is and referral for adoption services are rarely discussed at all, and when they are that information is often inaccurate and incomplete.

H.R. 1229 aims to ensure that women are empowered with the accurate and complete information they need to make informed decisions.

Mr. Speaker, I urge my colleagues to support the Adoption Information Act.

FIRST DO NO HARM

(Mrs. CHRISTENSEN asked and was given permission to address the House for 1 minute.)

Mrs. CHRISTENSEN. Mr. Speaker, I want to respond to one of my physician colleagues who was on the floor last evening and speak to others who think that they and we ought to support the conference report on Medicare reform. One of the most important tenets of the oath we take as physicians is that we must do no harm. This is to guide us in our practice and our interactions with both our patients and society.

The Medicare bill that will be before us today will do much harm by threatening to take away retiree prescription drug coverage. By refusing to provide wraparound coverage for poor seniors and disabled on Medicare, it will exclude many poor, disabled, and elderly by means testing, and most of all it will begin to destroy this important program which so many depend on and need.

Mr. Speaker, if this bill were to pass tomorrow, it would not help one senior next year. We have time to do it right and fulfill the promise we made to provide a comprehensive plan. Physicians, do not allow our profession to be used to pass a bad bill or hurt our patients.

I urge physicians to call their representatives and tell them to vote ''no.'' I urge my colleagues to vote ''no.''

Whether physician or Member of Congress, above all we must do no harm.

PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

Mr. SESSIONS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 456 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 456

Resolved, That it shall be in order at any time on the legislative day of Friday, November 21, 2003, for the Speaker to entertain motions that the House suspend the rules. The Speaker or his designee shall consult with the Minority Leader or her designee on the designation of any matter for consideration pursuant to this resolution.

□ 0915

The SPEAKER pro tempore (Mr. SIMPSON). The gentleman from Texas (Mr. SESSIONS) is recognized for 1 hour.

Mr. SESSIONS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

Mr. Speaker, this rule provides for suspensions that will be in order at any time on the legislative day of Friday, November 21, 2003. It also provides that the Speaker or his designee will consult with the minority leader or her designee on any suspension considered under the rule.

Mr. Speaker, as I noted yesterday, the Republican leadership of this House has set out on an aggressive legislative plan for this week on behalf of the American people. The goal of this plan is to pass a number of bills over the next few days which will dramatically improve the quality of life for all Americans.

This week we have already succeeded in passing an energy conference report that will bring our Nation's outdated energy policy into the 21st century through comprehensive legislation that promotes conservation, reduces America's growing dependence on foreign oil, and creates new jobs and cleaner skies.

Today we will consider legislation to make sure that America uses best practices technology and procedures to prevent tragic wildfires, like the ones that California just suffered through, from ravaging our Nation's forests. This important bipartisan legislation takes a healthy step forward in providing a better approach to addressing the problems that have to date prevented the proper management of forest health on private forest land.

This bill creates new programs to detect and suppress dangerous forest pests. It also creates two new programs which help family forest owners to manage their forests, protect watersheds, and help to protect wildlife on private lands. Both of these programs use a nonregulatory, incentive-based approach to promote conservation, rather than a top-down, one-size-fits-all regulatory approach.

For the balance of the week, we are slated to consider legislation to, among other things:

Number one, to authorize spending levels for the intelligence activities we need to win the war.

Number two, to reform Medicare to make sure that more of our seniors have the prescription drug coverage that they need while giving them much more and more choices for their health

care coverage, and also to allow all Americans to begin planning for their health needs through savings accounts that can be purchased, can grow, and can be used on a tax free basis.

Number three, and to provide for a uniform national credit reporting system that ensures that consumers are protected from identity theft while giving them access to the fast and reliable credit that makes our economy the envy of the world.

I understand that Members on either side of the aisle may have different views about how to address each of these issues that I have talked about, but we will have an opportunity to hear a great deal of debate from both sides over the next few days on each one of these issues, and so many other things. However, a great deal of the legislation that the Republican House leadership has also scheduled on behalf of all Americans has broad support from both the majority and the minority, and in an attempt to make sure that this important work is finished by the end of this legislative week as well, we are here today to pass a rule to provide for the consideration of those bills.

Mr. Speaker, this balanced rule provides the minority with the ability to consult with the Speaker on any suspension that is offered, ensuring that their input and views are duly considered before any legislation considered under this rule is brought to the floor.

Mr. Speaker, I encourage my colleagues on both sides of the aisle to support this uncontroversial and balanced rule which passed yesterday by a voice vote.

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

Mr. MCGOVERN. Mr. Speaker, I thank the gentleman from Texas for yielding me 30 minutes, and I yield myself such time as I may consume.

Mr. Speaker, we have no objection to this rule which would allow for this House to consider suspension bills today. We are not going to ask for a vote. There is no controversy over this and there is no reason to debate this. But I do want to just take a couple of minutes to alert my colleagues to something that I think is quite serious, and that is the fact that we probably some time today will consider the so-called Medicare prescription drug bill.

Mr. Speaker, this bill, if I understand correctly, was filed at about 1:20 a.m. this morning and under House rules, Mr. Speaker, all Members of this House, Democrats and Republicans, are supposed to have 3 days, 3 days to review any conference report so they can actually read what is in it so that they will know what, in fact, that they are voting on. It is obvious, as has been the case so many times over and over, that the Republican majority is choosing to ignore the rules of this House and it is particularly disturbing that they have chosen to do so once again with regard to a bill that I think is so very important.

This is a bill, in my opinion, that is going to end Medicare as we know it. It is going to privatize Medicare and is not going to provide our senior citizens with the prescription drug benefits that they expect. But yet we are rushing it to the floor with very little consideration and with almost no opportunity for Members to know what is in it.

Mr. Speaker, let me read today the lead paragraph in an editorial that appeared in today's Washington Post. ''Before we say anything else about the Medicare bill that the House-Senate conference committee approved yesterday, it is important to point out that the process by which this bill was created hardly reflects well on our political culture. This is an extremely expensive, 1,100-page bill that will have a profound effect on the Nation's fiscal and physical health and although it was not finished until yesterday afternoon after several months of a largely secret conference, last night House leaders were planning to bring it up for a vote tomorrow. If they do, most Members will have no real idea of what they are voting for or against.''

Now, my colleagues on the other side will say, gee, we are coming up to Thanksgiving and we all need to go home and we need to get everything done before Thanksgiving. Well, most Americans have a couple of days off at Thanksgiving and then they go back to work the following week. There is no reason why this House cannot go to work the following week and do the people's business and do it right.

One of the problems with not being able to read bills before they come to the floor is that oftentimes days later, weeks later, sometimes months later we find out that there are little goodies, special interest provisions that are hidden in these bills that are very expensive, that help one particular special interest, but do great harm to the American people.

Mr. Speaker, I do not want anyone to have an excuse that they do not know what is in this bill. And there are people on the other side of the aisle who also had requested early on that we have at least 3 days to review this important piece of legislation. I think it is unfortunate that we are moving today on a very important piece of legislation, a bill, as I said before, that in my mind undermines one of the most important and successful social programs in the history of this country, and is being rushed to the floor without giving Members or their staff the opportunity to read the bill or to go home and check with their constituents.

In case my colleagues forgot, constituents are the people who elect us. We are supposed to be serving constituents who have elected us to this high office, and I think we are doing a great disservice to those by allowing this Medicare bill to come to the floor without at least respecting the rules.

Mr. Speaker, let me finally say if my Republican colleagues want to continue to waive these rules and not report rules, why do they not just repeal all the rules? There is no sense to have rules of this House if they are not going to follow them.

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

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

Mr. Speaker, the gentleman from Massachusetts (Mr. MCGOVERN) is exactly correct. We are going to this morning, in about 35 minutes, walk upstairs here in the Capitol. We are going to go to the Committee on Rules. Our young chairman, the gentleman from California (DAVID DREIER), will open up the meeting where we will be open for debate and I am sure controversy. But most of all, it will be part of the process that has been something that the Committee on Rules in this House has done for a long time, and that is follow through with the process to make sure that people at 10 o'clock Eastern time in Washington, D.C., and Members of Congress have a chance to walk upstairs and to talk about this bill and to present their ideas and to talk about what this conference report is all about.

Obviously, this conference report is debatable. It is nonamendable. It will be an up-or-down vote. This is part of a process that has taken place where Members of this great body, with our colleagues on the other side of the Capitol, the Senate, got together, worked through problems. But I think that if we were trying to wait until today, as my colleague from Massachusetts would suggest, to find out what people want back home, I think we have made a terrible mistake. I think Members on this side of the aisle have already gone home and listened to people. That is what this is about, to be a body that has heard people. And we have passed not only this legislation as a result also of consultation back home, but even last January when we handled the budget we talked about what we thought this bill would look like. And, of course, our colleagues on the other side of the aisle, said there is no way that we could do that. We just would never pull that off.

Well, Mr. Speaker, today it looks like we have. And I would like to describe a little of what we pulled off. We will hear the details at 10 o'clock upstairs, but those details essentially include competition in the area of health care. This competition that we are talking about, which will be debated up in the Committee on Rules, is about allowing families back home, including people who may not be in Medicare yet, to begin saving for their future. We are going to have something that is called health savings accounts that were previously known as MSAs. These health savings accounts are going to allow people to save on a pre-tax basis and then save this money on a tax-free basis and then spend it in health care on a tax-free basis.

Why is this important? This is important because over the lifetime of a person and their family they will be able to prepare with this money for what their needs are going to be for health care. Why is that important? That is important to our Nation because a consumer that has money in their pockets can make wiser decisions, rather than showing up in a system like Medicare where many times they cannot even find where their doctor accepts Medicare.

This will change health care for this country as we continue on a moving-forward basis. It empowers people. We think it is the right thing. We think that is what people are asking for back home.

Mr. Speaker, on the prescription drug angle, no question in my mind, the Washington Post is probably right. Oh, my gosh, this is an expensive bill. But you know what? We did it in a way that will help people who need the most help and I am proud of that.

So, Mr. Speaker, I know that my friends want to talk about all the things that are going on up in the Committee on Rules here in just a few minutes. I can assure them and the American public that what we are all about is about process and doing the right thing for people back home.

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

□ 0930

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

Mr. Speaker, I appreciate the gentleman from Texas' comments, but he missed the whole point of what I was trying to say. On substance, we will debate that later.

This bill is a lousy bill. It privatizes Medicare. It does not provide our seniors with a prescription drug benefit that they believe they are going to get, and that they expect and deserve. This is a lousy bill.

But what I was talking about was the process. We will talk about the substance later. This process stinks, and the bottom line is that you and the majority continually ignore the rules of this House or waive the rules of this House.

The rules are that when you file a conference report, you are supposed to have 3 days to review it. This was filed, this important historical legislation that you talk about, was filed at 1:20 a.m. in the morning. All right. I do not know whether you read the whole thing, but I am going to tell you, most Members on both sides did not.

Let me read you a letter that was sent to the gentleman from Illinois (Speaker HASTERT); to the gentleman from Texas (Mr. DELAY), the majority leader; and to the majority whip, the gentleman from Missouri (Mr. BLUNT).

Dear gentleman: We write to request that if the conferees on the Medicare Prescription Drug and Modernization Act of 2003 report to the House a conference report, that copies of the text of the conference report, the text of the explanatory statement and the text of the Congressional Budget Office cost estimate for the conference report be made available to all Members at least 3 calendar days after filing, excluding Saturdays, Sundays and legal holidays, unless the House is in session on those days, and prior to consideration of the conference report or to any measure reported from the Committee on Rules providing for the consideration of the conference report.

''The general public will evaluate not only what Congress does regarding Medicare and prescription drugs, but the way in which it does it. A bill proposing such substantive changes to its Medicare system and costing an estimated $400 billion over the next decade deserves the careful and thoughtful consideration of all Members.''

It goes on and on. I will include this letter for the RECORD, Mr. Speaker.

OCTOBER 29, 2003.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives, Washington, DC.
Hon. ROY BLUNT,
Majority Whip, House of Representatives, Washington, DC.
Hon. TOM DELAY,
Majority Leader, House of Representatives, Washington, DC.

DEAR GENTLEMEN: We write to request that if the Conferees on the Medicare Prescription Drug and Modernization Act of 2003 report to the House a Conference Report, copies of the text of the Conference Report, the text of the explanatory statement, and the text of Congressional Budget Office cost estimate for the Conference report be made available to all Members at least three calendar days after filing (excluding Saturdays, Sundays, and legal holidays, unless the House is in session on those days) and prior to consideration of the Conference Report or to any measure reported from the Committee on Rules providing for the consideration of the Conference Report.

The general public will evaluate not only what Congress does regarding Medicare and prescription drugs, but the way in which it does it. A bill proposing such substantive changes to the Medicare system and costing an estimated $400 billion over the next decade deserves the careful and thoughtful consideration of all Members.

Allowing Members adequate time to properly evaluate the Conference Report will avoid a needless and difficult internal fight on the Rule, and allow Leadership to concentrate its efforts on final passage of the Conference Report. It will also lead to more public confidence in the legislative process and greater acceptance of that process' final product.

Therefore, while some of us are likely to support and others to oppose the Conference Report on H.R. 1, each of us strongly urges you to abide by regular order and provide at least three calendar days for Members to review the Conference Report and materials necessary to properly evaluate the Conference Report.

Sincerely,

Mr. John Kline, Mr. C. Michael Burgess, Mr. Randy Neugebauer, Mr. Johnny Isakson, Mr. Tom Tancredo, Mr. Dave Weldon, Mr. Virgil H. Goode, Jr., Mr. Donald Manzullo, Mr. Jim Ryun, Mr. Todd Akin, Mr. Gil Gutknecht, Mr. Ernest J. Istook, Jr., Mr. Jeff Flake, Mrs. Sue Myrick, Mr. Jeff Miller, Mr. Phil Crane, Mr. Trent Franks, Mr. Mike Pence, Mrs. Marilyn Musgrave, Mr. Pete Hoekstra, Mr. Joseph R. Pitts, Mr. Scott Garrett, Mr. Tom Feeney, Mr. Kevin Brady, Mr. Roscoe Bartlett, Mr. William ''Mac'' Thornberry, Mr. Tim Murphy, Mr. Steve King, Mr. Ron Paul, Mr. Johnson Boozman, Mr. John Culberson, Mr. J. Gresham Barrett, Mr. John Carter, Mr. John N. Hostettler, Mr. Devin Nunes, Mr. J. Randy Forbes, Mr. Mark E. Souder, Mr. Jim DeMint, Mr. Mark Kennedy, Mr. Charlie Norwood, Mr. Chris Chocola.

This was signed by 41 Republican Members of this House, and it is clear by the fact that we are moving in the fashion that we are today that not only do you not care that those of us on the Democrat side feel it is important, but you do not even care what your Republican Members think with regard to being able to read this bill.

So, Mr. Speaker, I would say to my colleague from Texas, what I am complaining about right now is the process, and on a bill this important, Members, staff and our constituents deserve to know what is in this bill. Quite frankly, the sound bites and the press releases from the leadership of this House, from the gentleman from California (Mr. THOMAS) and others, that does not cut it. We have been there, we have done that before.

What we need to do is read the fine print to find out what other special interest goodies are tucked in there for the pharmaceutical industry or the HMOs.

Mr. Speaker, I yield 4 minutes to the gentleman from California (Mr. GEORGE MILLER)

Mr. GEORGE MILLER of California. Mr. Speaker, I thank the gentleman for yielding me time. I think he makes a very important point.

We thought we had an agreement. In fact, we had the word of the Speaker of the House there would be a 3-day layover period for this legislation so Members and interested parties could read this legislation to discover exactly what is in it.

The Republicans make a great deal out of the fact that this bill will provide for competition. We know it will not provide for price competition on pharmaceuticals, because it specifically prohibits price competition. It does not let the Secretary of Health and Human Services negotiate lower prices, lower costs, for senior citizens in the Medicare program.

But, interestingly enough, Mr. Speaker, and maybe every Member of Congress will want to read the bill very closely, the gentleman on the other side says what we do here is we promote competition. We are going to put in place private health plans that are going to compete with Medicare, and people are going to get better services, more services, at a lower cost.

Now, that is an interesting notion of competition. I don't know where the free market is, but they decided now in this bill that they are going to have to give these plans almost a 30 percent increase, more than they pay for Medicare, to try to make these plans run. But this competition is such a good idea, and it is pushed by the Republicans. The victims are going to be the

senior citizens, but the Republicans are saying this competition is a great idea.

Well, I want to tell my Republican friends in the House who have not read the bill, pick up the Wall Street Journal today. See what your Senators have done. This is a great bill for competition. It is so good, it is so good, that Senator GORDON SMITH of Oregon, Senator KYL of Arizona, Senator SPECTER, and there is one other Senator whose name I cannot pick out of the story here, have decided it is so good, they have excluded their areas in their States from the competition.

They say, ''Oh, no, you are not going to do this in my area. You are not going to do this with my senior citizens.'' The Senators apparently are a little closer to the process here, and they have read the bill. They said, ''You know, we had one of these demonstrations a number of years ago, and it blew up in our face, both in terms of cost and in terms of services to the senior citizens.''

So, Senators, you know how they make their deals over there; we cannot do this over here because of the Committee on Rules, they got in there in the last minute and said, ''Exclude my area in Pennsylvania, exclude my area in Arizona, exclude my area in Oregon. I am not having any of this competition for my senior citizens. Just those lucky-duckies over there in the House that have one of these competition plans lands on their congressional district. Then we will see how it goes.''

That is why you want to read the bill. That is why you want to be able to have a 3-day layover period to protect the rights of every Member of this House and the constituents and the people that they represent in their congressional districts.

But the arrogance of this leadership, the arrogance of the Speaker, the arrogance of the Committee on Rules just constantly suggests that democracy means very little to them; the rights of each and every Member mean very little to them. They now have the power, the Republicans have the power, and, with that power, slowly has come arrogance. And they have decided that there is no reason for debate; there is no reason for us to be able to try to tell the American people what is in this bill before we vote on it so maybe they can participate.

They want to run the Congress like AARP runs their organization; one person at the top makes a decision, and 30 million people out there are put in jeopardy. That is not the democratic process. That is not the democratic process.

I cannot wait to see the Constitution you guys want to write in Iraq. If this is what you are doing to the People's House on the most important piece of social legislation in this country, you want to shut down debate, you do not want to give people time to read it.

If you cannot read the bill, my colleagues in the House, read the Wall Street Journal. Read the Wall Street Journal, because maybe you, too, can scramble up to the Committee on Rules in the next hour and get an exemption from competition like those wonderful, powerful Senators have done. Do not read the bill, read the Wall Street Journal.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SIMPSON). The Chair would remind all Members that they should refrain from improper references to Senators.

Mr. GEORGE MILLER of California. Mr. Speaker, I do not know how to identify them if I do not identify them by name.

The SPEAKER pro tempore. The Chair would remind all Members they should refrain from identifying individual Senators by name.

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

Mr. Speaker, this competition angle is an important part of what this Medicare bill will be. You see, we Members of Congress that occasionally go home who are aware of the things that happen at home in the real marketplace, some of those things that are very exciting in the world of competition are happening in health care. They are happening all across this country.

Sometimes when you go home and you open up a newspaper, or you watch on TV and they talk about LASIK eye surgery. LASIK eye surgery used to be $1,200 an eye. Due to competition, due to machines, due to procedures now becoming available, they are $299 an eye. That means that as a result of competition, as a result of physicians, medical doctors, learning how to do these procedures, we have sent these teachers all across the country, and they have perfected this technique. That is an example of where competition does work. Over 1 year these surgeries have gone from over $1,200 to $299 an eye. We think competition will be a huge part of the success of this Medicare bill.

But let us go back to the process. The process is that this has been debated not only in the public and in newspapers and TV and on this House floor since January, or before, when many of our colleagues on the other side were saying, where is that prescription drug bill? Where is that prescription drug bill?

Mr. Speaker, we now have it on the floor of the House of Representatives. It will be in the Committee on Rules today and on this floor very quickly. It will be something that has, by popular demand, been asked for, and it comes as a result of these two bodies, the House and the Senate, working through very difficult negotiations.

It is a process that has been followed, it is a process that works, it is a process that I think has allowed people for a long time to know the answer as to what is in this bill, so much so that the Democrat leadership has already blasted the AARP a week ago for supporting the bill because they knew what was in the bill.

So I think it is a misnomer to think that we just do not know or do not understand. People who wish to know, people who wish to be a part of this bill could gain the information. I am proud of what we are doing today. The gentleman from California (Chairman DREIER) will open up the Committee on Rules in about 20 minutes, and the debate there will start.

But, let us not forget, this is not about amending a bill. This is a conference report. This is not like one Member in this body can change one word that is in this document, because that is not our process or procedure. It will be an up-or-down vote. It will be based upon what a Member thinks is the right thing to do. I trust their judgment.

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

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

Mr. Speaker, the gentleman from Texas keeps on talking about the Committee on Rules and the action we are about to take, as if something important is going to happen.

What is going to happen in the Committee on Rules is we are going to waive all the rules. We are going to waive the rule that says Members have a right to read this bill. So I guess it is historic in the fact that once again we are going to trample on the rights of Members of both parties.

I should say to the gentleman from Texas, it is not just Democrats that are complaining about the need to read the bill. I just cited to him a letter that was signed by 41 of some of the most conservative Republicans in this House who said, we should read the bill. One of the reasons why, I suspect, is if you read the Washington Post today, there is a headline, ''Drug Makers Protect Their Turf.'' I will insert this article in the RECORD.

[From the Washington Post, Nov. 21, 2003]

DRUGMAKERS PROTECT THEIR TURF

MEDICARE BILL REPRESENTS SUCCESS FOR PHARMACEUTICAL LOBBY

(By Ceci Connolly)

No industry in negotiations over the $400 billion Medicare prescription drug bill headed to the House floor today outpaced the pharmaceutical lobby in securing a favorable program design and defeating proposals most likely to cut into its profits, according to analysts in and out of the industry.

If the legislation passes as Republican leaders predict, it will generate millions of new customers who currently lack drug coverage. At the same time, drug-manufacturing lobbyists overcame efforts to legalize the importation of lower-cost medicines from Canada and Europe and instead inserted language that explicitly prohibits the federal government from negotiating prices on behalf of Medicare recipients.

''It couldn't be clearer there is going to be a positive effect overall,'' said Dan Mendelson, president of Health Strategies Consultancy, which bills itself as a think tank and consulting firm. ''The volume will definitely go up. There will be a lot of people who didn't have coverage before who will have it now and a lot of people getting an upgrade in terms of coverage.''

Democrats and consumer advocates complain that the Republican-crafted compromise does little to contain soaring drug

costs. They say that by handing the Medicare drug program's administration to private insurers, Congress missed a chance to exert pressure on pharmaceutical companies to reduce prices.

But Republicans and some industry analysts say that adopting a drug-purchasing mechanism similar to those in corporate health plans is the best way to extract discounts from drugmakers.

If Medicare negotiated on behalf of its 40 million beneficiaries, ''I wouldn't be negotiating; I'd just be fixing the price,'' said Thomas Scully, the program's administrator. ''Let's get seniors organized into big purchasing pools and get bulk discounts and see how they fare.''

Representatives of the industry's main lobbying arm, the Pharmaceutical Research and Manufacturers of America (PhRMA), declined yesterday to discuss the legislation. But the clearest indication that the bill offers a brighter future for the industry came from Wall Street, where pharmaceutical stock prices have steadily risen over the past week as the legislation's prospects for passage improved. Analysts at Goldman Sachs & Co. project the new Medicare benefit could increase industry revenue by 9 percent, or about $13 billion a year.

After objecting for years to proposals to add prescription drug coverage to Medicare, the pharmaceutical lobby recently shifted positions and poured enormous resources into shaping the legislation. Since the 2000 election cycle, the industry has contributed $60 million in political donations and spent $37.7 million in lobbying in the first six months of this year.

The lobbying continued in earnest this week with a television and print advertising campaign urging passage of the bill. In one series of witty commercials sponsored by the industry-backed Alliance to Improve Medicare, elderly citizens look into the camera and demand: ''When ya gonna get it done?''

One Republican with ties to the industry said drugmakers eluded the three things they feared most: legalized importation of lower-cost medicines, many of them patented or made in the United States; government price controls; and easier market access for generic drugs that cost considerably less than brand-name drugs. ''In their view, by improving access for all seniors, we will ameliorate any pressure on the industry toward price controls or reimportation,'' the source said.

About 24 percent of Medicare beneficiaries—nearly 10 million senior citizens—do not have any prescription benefits. some of them buy medicine at the highest retail prices. Academic studies and anecdotal evidence suggest, however, they many go without prescription medicines and would become new customers for drugmakers if the bill becomes law. The remaining 30 million Medicare recipients but some supplemental drug coverage, according to the most recent government figures.

Even those with some drug coverage are expected to spend more with the new benefit, said Fredric E. Russell, whose investment management company owns several drug stocks. Whenever a new health benefit is offered, he said, patients and doctors jump at the chance to take advantage of it.

Under the bill, beginning in 2006, all Medicare beneficiaries would have the option of buying a drug plan for about $35 a month, plus a $275 annual deductible. Insurance companies and pharmacy benefit managers (PBMs) would administer the programs for the government.

The great unknown is what sort of prices those insurers will ultimately negotiate on behalf of their Medicare clients, said Kristine Bryan, senior health care analyst at Brown Brothers Harriman & Co. ''Generally, when you have a large purchaser, you have the ability to demand better pricing,'' she said.

Republican congressional staffers also point out that because the bill waives a requirement that state Medicaid programs receive the ''best price'' available, the new private insurers could save Medicare $18 billion. It would, however, likely increase states' drug costs.

Many Democrats say private purchases have not been as successful at bargaining as have government programs such as the Veterans Administration and Medicaid, which secure some of the steepest drug discounts available.

''We've been going through PBMs for 10 years and nothing's happened except the price of drugs has gone up,'' said Democratic presidential candidate Howard Dean, a physician.

Perhaps the most striking political victory for the pharmaceutical industry was the decision to reject provisions that would have allowed Americans to legally import drugs from Canada and Europe, where medications retail for as much as 75 percent less than in the United States. Polls show that an overwhelming majority supports the change, and the House approved the provision, 243 to 186. But the Bush administration and pharmaceutical lobby said the move was dangerous and would cut into future research and development.

The provision was dropped from the bill's final version.

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Mr. Speaker, it talks about all the special sweetheart deals that are in this bill for the pharmaceutical industry. I do not know whether the gentleman was aware of all these little deals that were cut. I suspected they were there, but now I want to find out who is getting what and how much. I want to connect all the dots here. That is why we want to read the bill.

So, again, what we are saying here is not anything radical, quite frankly. We are saying follow the House rules. We have rules of this House. If you do not want to follow the House rules, if you keep on ignoring them, then do away with the rules. Do not have any rules. But we do have rules to protect not only the rights of the minority, but your Members, so they know what you are voting on.

Mr. Speaker, I yield 4 minutes to the gentleman from Oregon (Mr. DEFAZIO).

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

Mr. Speaker, 14,345 days. That is how long it has been since Medicare was enacted, the most important social program to lift seniors out of poverty in the history of the United States.

I worked with seniors, ran a senior citizen program, studied in the field of gerontology. Before Medicare, we had double the rate of poverty among seniors because they were driven there because of the cost of medical care.

Medicare has been a tremendous benefit to our seniors. It was opposed by the Republicans, it was opposed by the AMA, it was opposed by the nursing homes and all of them. Now, of course, they are the greatest supporters of the program because of the reimbursement and the business it provides.

But now we are about to make the most important changes in the 13,435-day history of Medicare, and we cannot have 1 day. We are not to be allowed 1 day to read a 791-page bill, which, to the best of my knowledge, and the gentleman can correct me on his own time if this is wrong, is not available in printed form. Some people like to read 791 pages on a computer screen. I do not. I think there are a lot of other Members of this Congress and the public who would like to actually have a printed copy in their hand to be able to flip back and forth easily and understand what this bill really does. But we are not going to have printed copies, or perhaps we will at some point when the debate begins. But even with speed reading, that is going to be tough.

So a 791-page, unbelievably complicated bill making extraordinary changes in a program which we have had for 39 years, and we cannot take 24 hours, or even, as the rules would provide, 72 hours to read it. What would be the harm in voting on Monday? Let it sit over the weekend. Let everybody have a chance to read it. I would be willing to stay over the weekend, work through the weekend, get through the other work and vote on this bill on Monday.

The gentleman talks about competition in the marketplace. This is a bizarre bazaar of a marketplace, because this is more like a souk, where there are all these back-room deals, and you do not know what is going on.

Competition? Well, it has subsidies for the private health insurance industry, HMOs, who still continue to enjoy an antitrust exemption, so there will be no requirement that they offer these plans; there will be no requirement that they guarantee seniors coverage beyond a 1-year basis; and there will be no requirement for them to take seniors who are not good risks or keep seniors after they make a claim. As many of my constituents know, as soon as you claim against an insurance company these days, they tell you are going to be terminated when your renewable comes up. That is what is going to happen to seniors in these private plans.

Then we have protectionism. The party of free trade, free trade over here, the Republicans are trading our jobs to China and all these other places, this bill is protectionist. It is not going to allow Americans to reimport FDA-approved, U.S.-manufactured drugs from Canada or any of the other developed industrial nations who bargain on behalf of their citizens and get huge price reductions. So Americans are going to have the door slammed on the one place they can get less expensive drugs. And none of the benefits under the bill, even at the cost of $400 billion, will reach the simple benefit that my constituents can get by importing FDA-approved, U.S.-manufactured drugs from Canada.

So we are going to spend $400 billion, create this unbelievable Rube Goldberg, and the benefit for every one of

my constituents will be less than they can get today by buying from Canada, and we are going to slam that door with this bill. So they are not going to have that opportunity any more. They are going to be forced to buy drugs at higher prices, even with the so-called coverage under this bill. That is price fixing.

So we have a bill that has protectionism, price fixing, subsidies for the HMOs, the insurance industry is exempt from antitrust laws, and the gentleman says somehow this is the marketplace of competition.

What a bizarre view of a true, free and competitive marketplace. We could more simply allow these Medicare constituents to have a negotiated price for the reduction of their drugs, as we do for VA, but the industry is opposed to that because there would be too much market force, too much market clout on the part of the government in those negotiations, and allow the continued, safe reimportation of drugs from Canada.

And there is a big red herring here. The administration says FDA-approved, U.S.-manufactured drugs reimported from Canada are not safe, they cannot guarantee their safety, except we know that the drug custody chain in the United States of America is much more compromised than in Canada.

Canada first negotiates about a 50 percent reduction in prices, licenses the importers, licenses everybody, and tracks all the people who touch the drugs. In the U.S., the pharmaceutical companies dump huge amounts of drugs into an unregulated secondary market that is licensed by the States, into these phony closed-door pharmacies, and organized crime is involved in getting counterfeit drugs into the system here in the United States.

There is a huge breach of the integrity and safety of the system here in the United States, which there is no concern about because the industry is making money by having that system, but we are going to say, oh, those Canadian drugs, they are not safe. They are safer, in all probability. There have been no instances proven in Canada, unlike the United States, of organized crime getting counterfeit drugs into the system.

Mr. Speaker, we could do something simpler and cheaper if we defeat this bill.

Mr. SESSIONS. Mr. Speaker, I have the honor and privilege to yield 4 minutes to the gentleman from Florida (Mr. FOLEY), a young man who serves on the Committee on Ways and Means.

Mr. FOLEY. Mr. Speaker, I thank the gentleman for bringing the rule to the floor and for yielding me time.

Mr. Speaker, there is a commercial on these days that has a catch line, and it says, ''What is in your wallet?'' Well, I ask Members of Congress to ask themselves that very question, what is in your wallet?

I will tell you what is in mine. It is a card that I get as a Member of Congress. It says BlueCross BlueShield Federal Employee Program. It is a PPO. It has a prescription drug benefit attached to it, a $35 copayment. Certain attributes of this plan work for Members of this Congress.

In my congressional district I have the fifth largest Medicare-eligible population of 435 Members of this body, the fifth largest Medicare-eligible population. When I go home to my town hall meetings, they say, ''I want what you have. I want choice. I want opportunity.'' Interestingly enough, they do not say, ''I want it all, and I want it free.'' They want fairness, because they want the system to continue.

The harangues on this floor the last couple days are amazing. We have heard repeatedly, speaker after speaker, ''We haven't seen this bill; we haven't read this bill.'' But we have spent hours of time talking about what is bad about what is in this bill, so either they have not seen the bill, or they are just guessing what must be in the final work product.

For 4 years I have been on this committee, and I have met over on the other side of the Chamber with the respected Senator BOB GRAHAM, Senator HARRY REID, at that time Senator CHUCK ROBB and a number of Members of the Senate as we tried to work out an opportunity to find a prescription drug plan that would suit the test of time and be financially equivalent, if you will.

In our bill there is a wellness provision which allows us to do diagnostic testing for cardiovascular disease, allows us to test for diabetes early, before the onset of these diseases. There is, in fact, a drug discount card that will be offered to those lower-income individuals who need assistance. That drug discount card will have, much like an ATM, $600 of purchasing power so they will have an opportunity to buy the vital drugs they need.

Many people on the other side of the aisle decided politically to sign the AARP pledge. If you read the pledge, it says all Medicare beneficiaries will have access to a stable prescription drug benefit on a voluntary basis. Not forced, not coerced, not mandatory. Affordable prices will be the rule, not the exception. We are trying to do that.

To those who suggest just reimport drugs from Canada, let me ask the basic question; read the articles in Florida in the newspapers where there have been numerous arrests because of counterfeit drugs coming from Canada.

Reasonable premiums, deductibles and copayments. Those are in the bill. Prescription coverage will leave no individual with extraordinary out-of-pocket costs. There is a catastrophic provision written into this legislation. Reduction in soaring drug costs will keep the program affordable. Extra help for low-income individuals. Help for rural communities that I represent with their hospitals, their ambulances, their doctors. We talk about a number of things in the bill that I think provide relief for every American. Increased fees, if you will, for physicians, increased index for the hospital what we call the market basket.

So if you look at the Medicare bill, yes, there may be problems for some. But AARP, which was, up until last week, described as the ''gold standard'' of senior lobbying organizations, has decided to take this first step with us.

Will this be a perfect vehicle? No. No legislation I have ever worked on in this process has ever been perfect. We have had to come back, work it, amend it, and deal with some of the consequences. And if we fail to make this critical step and pass this rule and pass this legislation, we will have surrendered our ability to bring seniors a necessary improvement to the Medicare health delivery system that they so vitally need.

So I urge my colleagues, support the rule and support the underlying legislation. Let us do for seniors what Claude Pepper and Franklin Delano Roosevelt tried to do to enhance their safety and security.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would remind Members to refrain from improper references to Senators.

Mr. MCGOVERN. Mr. Speaker, I yield 30 seconds to the gentleman from California (Mr. GEORGE MILLER).

Mr. GEORGE MILLER of California. Mr. Speaker, the President stood in the well and said he wanted the senior citizens to have a drug benefit like Members of Congress have with this card. Under our prescription drug benefit, the government pays 80 percent, we pay 20 percent. Under this bill, of the first $5,000, the seniors pay 80 percent and the plan pays 20 percent.

You guys have reversed the figures on the senior citizens. Out of the first $5,000, the seniors pay $4,200. Out of our first $5,000, the government pays 80 percent. Somewhere between the President's speech there and this bill, you lost 80 percent of the benefits for seniors.

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

Mr. Speaker, there was a statement that was made that I think we just need to set the record straight on, and that is that this bill does not talk about reimportation from Canada, where Congress makes a decision on that issue. We allow the FDA to make that decision. It is not the Congress that makes that decision.

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

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

Mr. Speaker, let me just say to the gentleman from Texas, he knows very well what is going on here. The administration already decided they are not going to allow citizens to be able to get their drugs from Canada, even though they are cheaper. They already made their decision.

What we have in this bill basically is to protect the status quo, which means

our senior citizens get gouged and gouged and gouged and gouged.

Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Florida (Mr. HASTINGS), my colleague on the Committee on Rules.

Mr. HASTINGS of Florida. Mr. Speaker, I thank my good friend from Massachusetts for yielding me time.

Mr. Speaker, it is very difficult to not get involved in the discussion that is ongoing. There is a great need for us to correct a few things, and I hope that I can without exuding the passion that I normally bring to debate.

I would borrow from an article in today's New York Times written by Paul Krugman where he says, ''Let's step back a minute. This is a bill with huge implications for the future of Medicare. It is also, at best, highly controversial. One might therefore have expected an advocacy group for retired Americans to take its time in responding, to make sure that major groups of retirees won't actually be hurt, and to poll its members to be sure that they are well informed about what the bill contains and do not object to it. Instead, AARP executives have thrown their weight behind an effort to ram the bill through before Thanksgiving. And, no, it is not urgent to get the bill passed so retirees can get immediate relief. The plan won't kick in until 2006 in any case, so no harm will be done if the Nation takes some time to consider.''

What we have asked for here is 3 days. That is a part of the Rules of this House of Representatives, and every Member of this body, particularly those of us on the Committee on Rules, know that to be true. Despite my Democratic colleagues' best efforts to make this an inclusive and comprehensive process, one that addresses the real concerns of all of America's seniors and disabled, we were shut out from negotiations. We were shut out in June, and we are shut out now.

What we have before us, plain and simple, is an evisceration of Medicare. This bill was filed at 1:30 a.m. this morning. There is an axiom that says, ''He who makes the rules, rules.'' All of us in the minority know that the majority rules. We should, however, in this great country be exemplars of fairness, lest we be perceived as fools making rules. If we cannot be fair, who can? And it is that this process is wrong, and it is just that simple. It is not a question about Medicare or anything, if we did this on the next bill, the forest measure, if we did it on yesterday's bill. This is the first time in the whole of this year that we have brought a bill in the daylight, and my colleagues know that.

What we are doing here is critically important. I, for one, do not want to go back to my district that joins the district of my good friend the gentleman from Florida (Mr. FOLEY), where both of us have as high as 34 percent seniors, and tell them that I sure did read this information that is in this bill. Never mind about castigating anybody, the fact of the matter is most Members of this body, all of them on this side, have not read the present contents of the bill.

Yes, there were hearings; yes, there were opportunities for people to talk through the years. I came here along with many of you 11 years ago. We were talking about prescription drugs then. I read my clippings. I was saying, ''I am going up there and try to get you prescription drugs.'' The Democrats were in the majority, we did not get it. The Republicans have been in the majority, and we have not gotten it. And what we are getting ready to get is have this country in turmoil because we are not protecting all of our seniors.

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Mr. SESSIONS. Mr. Speaker, I yield myself such time as I may consume. The Committee on Rules begins testimony in 2 minutes. We came down to the floor this morning to make sure that we were going to have the ability to have a same-day rule. I am satisfied that we have broken into a lot of other things to talk about this morning.

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

Mr. MCGOVERN. Mr. Speaker, I yield myself the balance of my time.

Let me just conclude by saying that on the substance of the bill that we are talking about, the Medicare prescription drug bill, there is a fundamental disagreement between me and some of my friends on the other side of the aisle because to me protecting Medicare is nonnegotiable. I think we are going down a very dangerous road here with this bill.

But what my frustration is at this particular moment is that we are going down that road when most Members of this House have no idea exactly what is in this bill. We get little bits and pieces and some of what we are finding out, quite frankly, I think most Americans do not like, little special interest deals for pharmaceutical companies, for HMOs, a not-so-generous prescription drug benefit for senior citizens, something that does not kick in for another 2 years. I think the American people and the Members of this Congress deserve having all of us go into this with our eyes wide open.

I read to you before, I say to my colleague from Texas, a letter signed by 41 of some of the most conservative Republicans in this House who asked your leadership, made one simple request of your leadership, and that is that they respect the rules of this House and give them and the entire House 3 days to review the contents of this bill. That is not too much to ask for. I think people on both sides of the aisle, even those who are going to support this bill, want to know exactly what is in it. They do not.

The fact of the matter is we are about to go up to the Committee on Rules, we are going to waive all the rules, disregard them once again as has become a habit in this place, and I think it is sad, especially on a bill this important. Our constituents deserve better.

Mr. Speaker, I would hope that maybe between the time the gentleman from Texas and I leave the House floor to go up to the Committee on Rules that there might be a change of mind and the leadership might actually respect the rules of this House, but I doubt it. Having said that, I think it is unfortunate. I think the losers are the American people.

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

Mr. SESSIONS. Mr. Speaker, I yield myself the balance of my time. I thank the time that the Speaker has given us this morning to debate this rule. I believe it is a fair rule. I have not heard much debate about it.

Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON H.R. 1904, HEALTHY FORESTS RESTORATION ACT OF 2003

Mr. HASTINGS of Washington. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 457 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 457

Resolved, That upon adoption of this resolution it shall be in order to consider the conference report to accompany the bill (H.R. 1904) to improve the capacity of the Secretary of Agriculture and the Secretary of the Interior to plan and conduct hazardous fuels reduction projects on National Forest System lands and Bureau of Land Management lands aimed at protecting communities, watersheds, and certain other at-risk lands from catastrophic wildfire, to enhance efforts to protect watersheds and address threats to forest and rangeland health, including catastrophic wildfire, across the landscape, and for other purposes. All points of order against the conference report and against its consideration are waived. The conference report shall be considered as read.

The SPEAKER pro tempore. The gentleman from Washington (Mr. HASTINGS) is recognized for 1 hour.

Mr. HASTINGS of Washington. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to my good friend and namesake, the gentleman from Florida (Mr. HASTINGS), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

(Mr. HASTINGS of Washington asked and was given permission to revise and extend his remarks.)

Mr. HASTINGS of Washington. Mr. Speaker, House Resolution 457 is a rule

providing for the consideration of the conference report to accompany H.R. 1904, the Healthy Forests Restoration Act of 2003. The rule waives all points of order against the conference report and its consideration and provides that the conference report shall be considered as read.

Mr. Speaker, recent reports of catastrophic wildfires in the West have helped millions of Americans to understand what Members of western districts have known for years, that steps must be taken to improve our management of national forests in order to reduce the risk of runaway forest fires that threaten lives, property and even entire communities.

H.R. 1904, the Healthy Forests Restoration Act, contains several key measures that will enable Federal land managers to better manage potentially explosive stands of timber and underbrush. Passage of the bill would also enable local communities to play a more meaningful role in the management of lands that pose potential threats. H.R. 1904 would authorize the removal of dead, dying and diseased trees and underbrush from Federal lands. It would also strengthen the ability of land managers to pursue fire prevention strategies under an expedited system that would limit excessive court challenges to proposed changes in management plans for Federal lands.

The bill authorizes $760 million annually for fire prevention, suppression and management activities, a significant increase over current allocations.

Mr. Speaker, the conferees have done an excellent job of protecting the House position on this legislation, which passed the House by a large margin back in May 2003. The conferees should be commended for moving to complete the work on this important legislation before Congress adjourns and we in turn should pass it without further delay.

Accordingly, Mr. Speaker, I urge my colleagues to support both the rule and the underlying conference report.

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

Mr. HASTINGS of Florida. Mr. Speaker, I thank my good friend and namesake, the gentleman from Washington (Mr. HASTINGS), for yielding me the time.

Mr. Speaker, I am pleased to yield 4 minutes to the gentleman from Oregon (Mr. DEFAZIO).

Mr. DEFAZIO. I thank the gentleman for yielding me this time.

Mr. Speaker, it was just a little over a year ago that the Biscuit fire was raging in southwest Oregon in an area shared by myself and the gentleman from Oregon (Mr. WALDEN). We held a hearing in the Committee on Resources during that fire about the issue of the fuel buildup in our forests. After I listened to a few of the witnesses, I really did not ask any questions, I gave a pretty impassioned speech about how I was tired of the fact that we all kind of went to our political corners on this issue when a real solution was warranted. Surprisingly after the hearing I was approached by a number of Members that people would be surprised could sit down in a room and work together on an issue like this, but notably the gentleman from Colorado (Mr. MCINNIS) came forward and said to me, I really agreed with a lot of what you said and I would like to try and work something out, as did the gentleman from Arizona (Mr. SHADEGG), the gentleman from Oregon (Mr. WALDEN), and the gentleman from California (Mr. GEORGE MILLER). We sat down and began some very difficult negotiations.

Unfortunately, last year the clock ran out on us. We had an election year, so we did not get the bill done. But now here we are hopefully at the point of adopting the bill in the House and the Senate and seeing it signed into law. This is not exactly the bill I would have written. It is not exactly what we negotiated last year, but I believe it is a bill that can get the job done. Most importantly, it authorizes $760 million. I think we could even authorize and do more work than that on an annual basis given the unnatural buildup of fuels in the forests, but if we can get that money actually spent, it will provide for a lot of jobs. It will provide for tremendous protection for communities and resources.

The bill has language about how the work should be conducted. The idea is to leave the big old fire-resistant trees and return the forest to what we call a presettlement condition, before we began unnaturally repressing fire more than 100 years ago with the settlement of the West. What you need to do, and there was a dramatic example at the Davis fire in central Oregon this year, you could see where the lodgepole pines were growing up into the crowns of the big old fire-resistant Ponderosas and unfortunately a lot of those Ponderosas went because that is called a ladder fuel. It just ran up this crummy old lodgepole and right up into the beautiful old Ponderosa and we lost everything. We need to go in and remove those lodgepole pines and other unnatural fuel buildups. That will provide both for jobs, potentially for some merchantable material in certain areas, and eventually we will be able to manage our forests back or help return them to a state where low-intensity fires can burn through, fires that do not destroy whole stands, that do not turn the Earth into glass and sterilize it. That is the condition that prevails today in the West.

This bill is not without controversy. That is again part of the process. I think the protections are there. People still have a right to appeal but appeals will be expedited. People have to participate meaningfully in the process. I do not have a problem with that. I think people should participate meaningfully in the process and we should open it up to everybody who is concerned. People will still have a right to go to court if they feel that the law is being violated but we are going to have the money, we are going to have the tools and if this administration applies this properly, if they get and spend all the money that is promised under this bill, we will begin a very long process of restoring our forests to a more natural state in the western United States and in a state that will not lead to a multi-number of catastrophic fires on an annual basis, which is the state we are seeing today.

I want to thank my colleagues on that side. I neglected the Committee on Agriculture, where I do not serve, but I know that the Committee on Agriculture also played a key role in this legislation. I think we will be all the better for it.

Mr. HASTINGS of Washington. Mr. Speaker, I am pleased to yield 4 minutes to the distinguished gentleman from Virginia (Mr. GOODLATTE), chairman of the Committee on Agriculture.

Mr. GOODLATTE. Mr. Speaker, I thank the gentleman from Washington for yielding me this time and for bringing this rule to the floor and I thank the Committee on Rules for very expeditiously moving this process. I know that when I left the Committee on Rules last night it was close to 9:30 and they were still going on to other legislative business. So often the members of the Committee on Rules have to do that. Of course part of the reason for that is that we are so very near the end of this session of Congress. So it is critically important given what happened in California just a few weeks ago and what is going to happen again next year that we pass this legislation promptly so we can begin the process. It is going to take a long time.

The gentleman from Oregon is correct. There are not enough resources nor are there enough acres being addressed in this legislation, but nonetheless this is a very important first step and this is the first major piece of legislation related to forestry to be passed out of a House-Senate conference committee in more than 20 years. This is a very, very important development. We have a tremendous opportunity today, and when the Senate acts to send to the President a good bill that will give us the first step in this process.

It has been a fair process that has involved everybody in it. Over 2 weeks ago, we came to the floor to appoint conferees. The ranking Democrat on the House Committee on Agriculture who has worked with us every step of the way, and I might add that I believe 19 of the 24 House Democrats on the Committee on Agriculture voted for the original House-passed legislation, very strong bipartisan support in crafting this legislation. He made a motion to instruct conferees calling for the prompt action at an open conference to report back a bill a week ago. Unfortunately, the other body did not respond in that fashion and did not appoint their conferees until yesterday

morning. Nonetheless, in the meantime there was a tremendous amount of bipartisan and bicameral discussions going on about how to move the House and the Senate closer together on these pieces of legislation and we achieved that. Then yesterday we did have in the short period of time after the Senate appointed conferees the opportunity for an open conference, Members were given the opportunity to offer amendments, there was clearly a tremendous amount of consensus on both sides of the Capitol and in both parties on the need to move forward with this and we had a very expeditious conference.

Nonetheless, I think we kept the commitment made by the House on the motion of the ranking member, the gentleman from Texas, to have an open conference and to move as expeditiously as the process allowed us to do.

This bill is going to allow us to take major steps to let the Forest Service do the job they are charged with doing, protecting our national forests. This will also allow us to make absolutely certain that we have a process that is open and fair to everybody who is concerned about our national forests from any perspective. We are accelerating the process so that when ideas about what needs to be done to protect our forests take place, they can take place promptly, but we are not excluding the public in any way from this process. They will have the opportunity from start to—a judicial review if that becomes necessary—finish to have input in the process, but it will be done in such a way that the system can no longer be rigged to stretch out these decisions for many years and have our forests destroyed in the meantime.

□ 1015

That is vitally important.

I want to thank everybody who has been involved in this process. The gentleman from California (Chairman POMBO), the Committee on Resources, made important contributions. The gentleman from Colorado (Mr. MCINNIS), the subcommittee chairman, was also vitally important. He introduced the legislation. And certainly the gentleman from Oregon (Mr. WALDEN) has been with us every step of the way as well. The same thing has been true on the other side of the aisle, whether they have agreed with all the measures or not. We thank them for their input.

Mr. Speaker, I urge my colleagues to support this rule and the underlying bill.

Mr. HASTINGS of Florida. Mr. Speaker, I yield 4 minutes to the distinguished gentleman from California (Mr. GEORGE MILLER), my good friend.

Mr. GEORGE MILLER of California. Mr. Speaker, I, too, want to join in this in thanking Members on both sides of the aisle for their participation and cooperation in this legislation. As the gentleman from Oregon (Mr. DEFAZIO) noted, we started some 2 years ago with the gentleman from Colorado (Mr. MCINNIS) and others talking about what would be possible. The gentleman from Oregon (Mr. WALDEN) and we came up with what we thought was possible, we did not make it, went back this year and continued that process.

And we passed a bill out of the House, a bill that I did not agree with in its entirety by any means, but then the Senate was also able to pass legislation. And as a result of those negotiations, which I wish had been a little bit more open, but the fact of the matter is as a result of those negotiations, we now have this, we will have this bill before us later today. And I want to thank the Committee on Rules for providing us this opportunity.

Mr. Speaker, let me just say this one point. I wish the firefighter protections that had been offered and accepted in the Senate, they were offered by Senator BOXER of California, would have been kept in the bill. I think it is important now as we see these larger, more catastrophic fires, as we see fires that move through residential areas, to understand that the firefighters there are put in jeopardy from many other things besides just the fires themselves, but also the chemicals and building materials and the rest of it that are caught up in these huge winds created by the fires.

But let me say as to the bill, I think this is a bill that is a vast improvement over what left the House. In this compromise, in this conference report we will target half of the appropriated money into those areas most likely to have the most catastrophic fires. The rest of the money can be used in forest treatment and other areas of the national forest. That is important.

It is also important that we involve the communities, and communities can come up with those plans that they think serve their area best. Hopefully, they will use community resources, small businesses, and others to develop those plans. People are also entitled to have some review of those plans.

But what this bill does not allow you to do is to drag the process out forever, forever and ever. You have got to come in, make your case, you made it or you have not made it. But those rights are protected, and you can appeal that to court.

Some people do not like the fact that the bill extends the urban interface area out to a mile and a half. The fact of the matter is when you see the size of some of these fires, the treatment in the urban interface area is nothing more than a firebreak. And a little tiny area is not going to stop some of these fires that we have seen over the last decade in the West.

Finally, with respect to the treatment in the larger forest, the goods for services contracts are still allowed, but as the gentleman from Oregon (Mr. DEFAZIO) pointed out, the important part of this bill, what Senator FEINSTEIN was able to do was get an authorized amount of money in here, because if we just do it on goods for services, we will either have to cut down all the trees to save them in order to get enough money to carry out the project, or we will not be able to treat those areas, as we saw in southern California, of negligible timber value but high risk to the communities.

And so we need to have an appropriation to follow this authorization so we can treat those areas of high intensity, of great potential of catastrophic fires, the potential to engulf communities. We have got to go there with some Federal dollars and some goods for services. And I think that is a balance that makes sense.

I spend several weeks a year backpacking in the high country and the forests and parks of this country. You do not have to walk very long in the forest to see the need for treatment. If you love the big old trees, as the gentleman from Oregon (Mr. DEFAZIO) again pointed out, you have got to understand that we have allowed a ladder to build up in these forests. And the big ponderosas, the big sugar pines are at risk because of the understory, the undergrowth that is there that will take the flames right into the crowns. And, obviously, once in the crowns, with any wind they move so fast that we cannot deal with them.

So, Mr. Speaker, I would like to say that I think that this is a product that the House should vote for. Members on both sides of the aisle should support this. It is very, very important to so many of our communities and very important to the stewardship of our natural resources.

Mr. HASTINGS of Washington. Mr. Speaker, I yield 4 minutes to the gentleman from Oregon (Mr. WALDEN), an individual that has had a great deal of impact on this legislation.

Mr. WALDEN of Oregon. Mr. Speaker, I want to thank my colleague from Washington, with whom I have worked closely on this and other legislation to improve the great Northwest and certainly improve and protect America's forests. I want to thank the chairman of the Committee on Agriculture, the gentleman from Virginia (Mr. GOODLATTE), and the gentleman from California (Mr. POMBO), the chairman of the Committee on Resources, and certainly my friend and colleague, the gentleman from Colorado (Mr. MCINNIS), for their yeoman's effort on this legislation; my friend, the gentleman from California (Mr. GEORGE MILLER), and the gentleman from Oregon (Mr. DEFAZIO) as well for their work; and certainly the President of the United States, who on not one, but two occasions has come out to the Northwest to drive home the point that we had to pass legislation that embodies the principles contained in H.R. 1904.

I think it is especially important. There are not many of us who do not recognize that if we do not remove the ladder fuels that my colleague from California talked about, the old growth

policy that will be out there is one of let it burn, because that is what is happening today in America's forests. Because we have taken natural fire out of the equation and taken human management out of the equation, these forests have become completely overstocked. So it is like any other fire, it is about the fuel load. And the fuel load is such that when fire starts today, unlike 100 years ago, when it starts today, it burns catastrophically.

We witnessed it in the Biscuit Fire in southern Oregon a year ago. We witnessed it in the B&B fire this summer in my district. We witnessed it in California. We can see it all across America's great forests and rangelands that when there is too much fuel, the fire is nearly uncontrollable and certainly catastrophic.

Let us talk about the human consequences, because we saw it especially this year in California, but we have seen it before. Last year 23 firefighters lost their lives, and the American taxpayer spent $1.5 billion containing 2002's record fires.

This shows you a scene that, unfortunately, is one that has been seen far too often: a home that has been destroyed in a forested area. This next shot shows you what happens to fish habitat. This was in my district in eastern Oregon, a fire that took place in 1989. This is a stream that used to be part of the spring Chinook salmon habitat. You can see it is nothing but a mudflow here. There is no buffer. These are all dead trees. It looks like a moonscape or a Mars-scape. This was in the Wallowa Whitman National Forest. This is what you get when you cannot control forest fires.

This, on the other hand, is an example of how a fire that has been treated like we are talking about treating performs. This is an area where President Bush accompanied me and Senator SMITH and others, Senator WYDEN, up to the Squires Peak fire in 2002. And you can see where the land had been treated, there are good healthy trees left behind. There is a fire burning here, but it has fallen to the ground, because that is what happens when you treat in these areas. The fire drops to the ground, and our firefighters are able to control and contain it. The damage is not that significant. In fact, it can be very positive in terms of when a fire burns like this to regenerate.

But just on the other side of this hill where the same people who fought the fire have been doing the thinning work, it was completely obvious because they had not thinned there yet. Where they had not thinned, the fire had been in the canopy, it had been at the top. It had been catastrophic and extraordinarily destructive.

Finally, let me make this point. By streamlining this process we are going to be able to get in and do this kind of work sooner so we do not end up with that kind of devastation I showed you earlier. But we also, as a policy, as a Congress, need to take a look at what happens after a catastrophic fire. How can we get in and restore America's great conifer forests instead of letting them become brush? How do we get in and protect the habitat that remains after a fire and improve it so our fish runs can come back? That is a debate we will have to have in the future.

Today, though, I am delighted that we are at this point with a comprehensive bipartisan, bicameral plan that will move us an enormous generation forward to protect and preserve America's forests, create jobs in our rural communities, and make sure fire, when it burns, is not catastrophic.

Mr. HASTINGS of Florida. Mr. Speaker, I would like to thank the gentleman from Oregon (Mr. WALDEN) and the gentleman from Virginia (Mr. GOODLATTE) and the ranking members. I know that they have done a serious and yoeperson's job in bringing us this far, which, while I thank them, I still have reservations, and I know the gentleman from Oregon (Mr. WALDEN) and I have talked about them. But that does not mean that they did not work hard.

Mr. Speaker, I yield 3 minutes to the gentleman from Washington (Mr. INSLEE), my good friend.

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

Mr. INSLEE. Mr. Speaker, unfortunately, actually the way this final package was developed was a continuation of the sad deterioration of an effort to actually reach consensus in this body. And the reason I say that is the way this package was put together is some folks went into a closed room and excluded other Members of the House from consideration. In fact, the ranking Democrat on the Subcommittee on Forests and Forest Health of the Committee on Resources was excluded from consideration to try to reach a consensus product here, as was virtually anyone who questioned the original bill who left the House.

This is the system, if you can imagine, when they are sitting around a table in Iraq right now and they ask, how do you do democracy in America, I guess you would have to say, in the House we just have this secret group and exclude Members from the minority party who are ranking Members. And that is what happened here, and it is unfortunate because we may have been able to reach a consensus of unanimity here on the House floor.

Now, let me point out a couple significant concerns with this final product. Number one, it does not cut the mustard in saving our houses and our towns from fire. We just witnessed this enormous devastation in California as a result of these fires, hundreds and hundreds of houses that were burned. And we do not have enough money in the Federal Treasury to come close to treating all of the acres that need treatment. At most, under this bill, we will only treat about 2 percent of the acres that need treating a year in our forests. That means we have got to be smart and target our resources where it is going to do the most good, and where it is going to do the most good fastest is around our homes and our towns to prevent the devastation that happened in California.

It ought to be a clear, unanimous consensus in this House that we put the majority of our resources protecting our families and our homes and our towns. And this bill does not do it. Yes, it is better than the House version because it says 50 percent, but what are you going to tell people next time? Sure, you had 200 houses burned, we will save 100 of them this time. Well, 50 percent is not good enough saying we are just going to save half your town; 50 percent is not good enough when we say we are going to save half your subdivision.

We ought to put a clear majority of our resources in protecting these belts, these protective moats, if you will, around our houses, and we are not doing it. Why we are not doing it? Because the timber industry has driven a lot of this debate. Who is for this is the timber industry. And who is against it is the Sierra Club. And it is too bad we did not really reach a consensus when we could have on this bill.

Mr. HASTINGS of Washington. Mr. Speaker, I yield 3 minutes to the gentleman from Colorado (Mr. MCINNIS), who has worked extremely hard on this issue and has been working on this issue.

Mr. MCINNIS. Mr. Speaker, I thank the chairman for yielding me time. I also thank the Members and my colleagues on the Democratic side who worked with me on my bill. This is a bill I introduced. I have been working on it in great detail for a number of years.

Now, it is true that in the process I did not include 435 Members to come to our meetings to come to some kind of compromise. Now, there are reasons I did not include 435. First of all, that is not routine. Second of all, we could not get them all into one location. Third of all, not very many of them were interested. They are interested, most of them, in the final product, but they are not interested because they have their own priorities in putting this together.

And, finally, there is a very definite class of people that you cannot bring in to a room and expect a compromise. My good colleague, the gentleman from Washington (Mr. INSLEE), is not one of those people that I felt that I could bring into these negotiations and come out with anything positive.

□ 1030

I have got to get people in there that are willing to come up with a solution, and I will give you two good examples, two very ardent spokesmen for the environment, the gentleman from California (Mr. GEORGE MILLER) and the gentleman from Oregon (Mr. DEFAZIO).

Those are about two of the toughest individuals on this House floor when it

comes to speaking about environmental issues. While the gentleman from Washington (Mr. INSLEE), for example, is very tough on environmental issues, the fact is I can negotiate with the gentleman from California (Mr. GEORGE MILLER). I can negotiate with the gentleman from Oregon (Mr. DEFAZIO). And that is exactly why the gentleman from California (Mr. GEORGE MILLER) and the gentleman from Oregon (Mr. DEFAZIO) and the gentleman from Oregon (Mr. WALDEN) and myself and the gentleman from Virginia (Mr. GOODLATTE) and the gentleman from California (Mr. POMBO), that is exactly why that group of people came together to work out a compromise with the Senate to come up with a bill that is good for all of us.

So what we are seeing today is not opposition to the content of the bill by the gentleman from Washington (Mr. INSLEE). What we are seeing with all due respect to the gentleman from Washington (Mr. INSLEE) is sour grapes. Hey, I did not get to play in the game. I was not invited to the meeting.

As I said, there is a reason why the gentleman from Washington (Mr. INSLEE) was not invited to the meeting. I wanted a meeting with production. I needed to have a meeting that would come out with a product that could pass both the Senate and the House and accomplish something out there with our forests, and that is exactly what this bill does. That is exactly why we should pass this rule and that is exactly why I expect this bill in both the Senate and the House, the Senate and the House, to pass with bipartisan; that is, Republican and Democratic, support.

Mr. HASTINGS of Florida. Mr. Speaker, I yield myself such time as I may consume. I thank again my good friend from Washington (Mr. HASTINGS) for having yielded me time.

As the gentleman previously mentioned, this is a typical rule for a conference report and I will not oppose it. I will, however, oppose the underlying conference report, not because my good friend said it would not have been productive to have some of us in the conference. I do not serve on the committee so I do not know how I got thrown into that. I would not have been in the conference in the first place and perhaps he should not have been.

But, Mr. Speaker, President Theodore Roosevelt told Congress in 1907, ''The conservation of our natural resources and the proper use constitute the fundamental problem which underlies almost every other problem of our national life.''

Indeed, it does, Mr. Speaker.

In 2002 alone, wildfires burned more than 6½ million acres at a cost to taxpayers of more than $1 billion. Hundreds of families were evacuated and uncontrollable fires caused millions of dollars worth of damage. The images of the recent wildfires in southern California are fresh in our minds and pictures of homes burning to the ground and thoughts of livelihoods being destroyed will never be forgotten.

Yes, the underlying report takes significant steps to improve our ability to combat and mitigate wildfires. And, again, I congratulate the gentleman from Oregon (Mr. WALDEN), the gentleman from Virginia (Mr. GOODLATTE) and their ranking members and their committee for their work. But in my opinion it goes a bit too far. And for anyone who says that this or any other bill is not a perfect bill but we should support it anyway, I say absolutely not. If we know that a problem exists in the legislation, then let us fix it. Let us fix it before it becomes law.

The underlying conference report loosens current law regarding the logging and controlled burning of our Nation's forests. Moreover, it eviscerates environmental studies and the ability of organizations and private citizens to submit appeals on the cutting down of as many as 20 million acres. Under the report, appeals are subject to, in my view, unnecessary and unrealistic deadliness that insult the process and force Federal judges to adhere to judicial deadlines that make it impossible to fully consider the complexities of the appeal.

Mr. Speaker, at a time when more than half of the United States is experiencing some form of drought and dryness, it is critical for Congress to consider legislation that is proactive in defending and responding to the adverse effects of wildfires. And I spoke last night with the gentleman from Oregon (Mr. WALDEN) and the gentleman from Virginia (Mr. GOODLATTE) and my friends in the Committee on Rules about the fact that drought is an attendant feature that must deal with our concerns about forest fires.

It is equally critical for Congress to also consider legislation that helps communities mitigate the effects of the reoccurring events that often result in an excessive and prolonged fire season. In fact, my colleague on the other side of the aisle, the gentleman from Montana (Mr. REHBERG) and I have introduced a bill that does just that. H.R. 2781, the National Drought Preparedness Act, moves our country away from an ad hoc response-oriented approach and towards a more proactive mitigation-based approach.

Our bill provides States and local communities with the resources and tools to develop drought preparedness plans and think about the ramifications of drought before we find ourselves in one.

We are now faced with a vote clearly indicative of the concerns raised by President Roosevelt nearly one century ago. Whether we answer the challenge made by the late President or allow his legacy to fall victim to an influential timber lobby is a decision that Members will have to make later today.

I realize we do not oppose removing excess vegetation that increases the risk and facilitates the spread of wildfires. I certainly do not take issue with the report's efforts to address insect manifestations in forests. It is, in fact, crucial that Congress address these two issues.

What I do take issue with, however, is why the majority cannot just stop there. Instead, it uses the report to further its agenda under the blanket of healthy forests. Cutting down national forests and limiting public participation and administrative reviews does not get us any closer to stopping the spread of wildfires, and it certainly does not make our forests any healthier.

Teddy Roosevelt once noted, ''Forests are the lungs of our land, purifying the air and giving fresh strength to our people.'' He continued, ''A nation that destroys its soils destroys itself.''

Mr. Speaker, we must not allow the late President Roosevelt's warning to be realized by the 108th Congress. I urge my colleagues to support the rule and oppose the underlying report.

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

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

Mr. Speaker, the bill that this rule allows to be taken up is a very significant piece of legislation, and I just want to make one point that I do not think has been made in the debate on this rule regarding this underlying legislation, and that is that this legislation is geared towards what we call multiple use areas within our national system, our national forests and our BLM lands. Multiple use by definition means it should be open for recreation, commercial activity, and so forth. But, unfortunately, with policies that have been enacted de facto in the past 10 or 15 years, in fact, we have closed up these multiple use areas.

This legislation addresses these problems that have built up for a time and as a result has built up to unhealthy forests and unhealthy BLM lands. So it is a significant first start, an extremely significant first start.

With that, Mr. Speaker, I urge my colleagues to support the rule and support the underlying legislation.

Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

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 a vote is objected to under clause 6 of rule XX.

Record votes on postponed questions will be taken later today.

HIGHLANDS CONSERVATION ACT

Mr. CALVERT. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1964) to establish the Highlands Stewardship Area in the States of Connecticut, New Jersey, New York, and Pennsylvania, and for other purposes, as amended.

The Clerk read as follows:

H.R. 1964

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 ''Highlands Conservation Act''.

SEC. 2. FINDINGS.

Congress finds the following—

(1) The Highlands region is a physiographic province that encompasses more than 2,000,000 acres extending from eastern Pennsylvania through the States of New Jersey and New York to northwestern Connecticut.

(2) The Highlands region is an environmentally unique area that—

(A) provides clean drinking water to over 15,000,000 people in metropolitan areas in the States of Connecticut, New Jersey, New York, and Pennsylvania;

(B) provides critical wildlife habitat, including habitat for 247 threatened and endangered species;

(C) maintains an important historic connection to early Native American culture, colonial settlement, the American Revolution, and the Civil War;

(D) contains recreational resources for 14 million visitors annually;

(E) provides other significant ecological, natural, tourism, recreational, educational, and economic benefits; and

(F) provides homeownership opportunities and access to affordable housing that is safe, clean, and healthy.

(3) An estimated 1 in 12 citizens of the United States live within a 2-hour drive of the Highlands region.

(4) More than 1,400,000 residents live in the Highlands region.

(5) The Highlands region forms a greenbelt adjacent to the Philadelphia-New York City-Hartford urban corridor that offers the opportunity to preserve water, forest and agricultural resources, wildlife habitat, recreational areas, and historic sites, while encouraging sustainable economic growth and development in a fiscally and environmentally sound manner.

(6) Continued population growth and land use patterns in the Highlands region—

(A) reduce the availability and quality of water;

(B) reduce air quality;

(C) fragment the forests;

(D) destroy critical migration corridors and forest habitat; and

(E) result in the loss of recreational opportunities and scenic, historic, and cultural resources.

(7) The water, forest, wildlife, recreational, agricultural, and cultural resources of the Highlands region, in combination with the proximity of the Highlands region to the largest metropolitan areas in the United States, make the Highlands region nationally significant.

(8) The national significance of the Highlands region has been documented in—

(A) the New York-New Jersey Highlands Regional Study conducted by the Forest Service in 1990;

(B) the New York-New Jersey Highlands Regional Study: 2002 Update conducted by the Forest Service;

(C) the bi-State Skylands Greenway Task Force Report;

(D) the New Jersey State Development and Redevelopment Plan;

(E) the New York State Open Space Conservation Plan;

(F) the Connecticut Green Plan: Open Space Acquisition FY 2001–2006;

(G) the open space plans of the State of Pennsylvania; and

(H) other open space conservation plans for States in the Highlands region.

(9) The Highlands region includes or is adjacent to numerous parcels of land owned by the Federal Government or federally designated areas that protect, conserve, or restore resources of the Highlands region, including—

(A) the Wallkill River National Wildlife Refuge;

(B) the Shawanagunk Grasslands Wildlife Refuge;

(C) the Morristown National Historical Park;

(D) the Delaware and Lehigh Canal Corridors;

(E) the Hudson River Valley National Heritage Area;

(F) the Delaware River Basin;

(G) the Delaware Water Gap National Recreation Area;

(H) the Upper Delaware Scenic and Recreational River;

(I) the Appalachian National Scenic Trail;

(J) the United States Military Academy at West Point, New York;

(K) the Highlands National Millenium Trail;

(L) the Great Swamp National Wildlife Refuge;

(M) the proposed Crossroads of the Revolution National Heritage Area;

(N) the proposed Musconetcong National Scenic and Recreational River in New Jersey; and

(O) the Farmington River Wild and Scenic Area in Connecticut.

(10) It is in the interest of the United States to protect, conserve, and restore the resources of the Highlands region for the residents of, and visitors to, the Highlands region.

(11) The States of Connecticut, New Jersey, New York, and Pennsylvania, and units of local government in the Highlands region have the primary responsibility for protecting, conserving, preserving, restoring and promoting the resources of the Highlands region.

(12) Because of the longstanding Federal practice of assisting States in creating, protecting, conserving, and restoring areas of significant natural and cultural importance, and the national significance of the Highlands region, the Federal Government should, in partnership with the Highlands States and units of local government in the Highlands region, protect, restore, and preserve the water, forest, agricultural, wildlife, recreational and cultural resources of the Highlands region.

SEC. 3. PURPOSES.

The purposes of this Act are as follows:

(1) To recognize the importance of the water, forest, agricultural, wildlife, recreational and cultural resources of the Highlands, and the national significance of the Highlands region to the United States.

(2) To authorize the Secretary of the Interior to work in partnership with the Secretary of Agriculture to provide financial assistance to the Highlands States to preserve and protect high priority conservation lands in the Highlands region.

(3) To continue the ongoing Forest Service programs in the Highlands region to assist the Highlands States, local units of government and private forest and farm landowners in the conservation of lands and natural resources in the Highlands region.

SEC. 4. DEFINITIONS.

In this Act:

(1) HIGHLANDS REGION.—The term ''Highlands region'' means the physiographic province, defined by the Reading Prong and ecologically similar adjacent upland areas, that encompasses more than 2,000,000 acres extending from eastern Pennsylvania through the States of New Jersey and New York to northwestern Connecticut.

(2) HIGHLANDS STATE.—The term ''Highlands State'' means—

(A) the State of Connecticut;

(B) the State of New Jersey;

(C) the State of New York;

(D) the State of Pennsylvania; and

(E) any agency or department of any Highlands State.

(3) LAND CONSERVATION PARTNERSHIP PROJECT.—The term ''land conservation partnership project'' means a land conservation project located within the Highlands region identified as having high conservation value by the Forest Service in which a non-Federal entity acquires land or an interest in land from a willing seller for the purpose of permanently protecting, conserving, or preserving the land through a partnership with the Federal Government.

(4) NON-FEDERAL ENTITY.—The term ''non-Federal entity'' means any Highlands State, or any agency or department of any Highlands State with authority to own and manage land for conservation purposes, including the Palisades Interstate Park Commission.

(5) STUDY.—The term ''study'' means the New York-New Jersey Highlands Regional Study conducted by the Forest Service in 1990.

(6) UPDATE.—The term ''update'' means the New York-New Jersey Highlands Regional Study: 2002 Update conducted by the Forest Service.

SEC. 5. LAND CONSERVATION PARTNERSHIP PROJECTS IN THE HIGHLANDS REGION.

(a) SUBMISSION OF PROPOSED PROJECTS.—Annually, the Governors of the Highlands States, with input from pertinent units of local government and the public, may jointly identify land conservation partnership projects in the Highlands region that shall be proposed for Federal financial assistance and submit a list of those projects to the Secretary of the Interior.

(b) CONSIDERATION OF PROJECTS.—The Secretary of the Interior, in consultation with the Secretary of Agriculture, shall annually submit to Congress a list of those land conservation partnership projects submitted under subsection (a) that are eligible to receive financial assistance under this section.

(c) ELIGIBILITY CONDITIONS.—To be eligible for financial assistance under this section for a land conservation partnership project, a non-Federal entity shall enter into an agreement with the Secretary of the Interior that—

(1) identifies the non-Federal entity that shall own or hold and manage the land or interest in land;

(2) identifies the source of funds to provide the non-Federal share required under subsection (d);

(3) describes the management objectives for the land that will assure permanent protection and use of the land for the purpose for which the assistance will be provided;

(4) provides that, if the non-Federal entity converts, uses, or disposes of the land conservation partnership project for a purpose inconsistent with the purpose for which the assistance was provided, as determined by the Secretary of the Interior, the United States may seek specific performance of the conditions of financial assistance in accordance with paragraph (3) in Federal court and shall be entitled to reimbursement from the non-Federal entity in an amount that is, as determined at the time of conversion, use, or disposal, the greater of—

(A) the total amount of the financial assistance provided for the project by the Federal Government under this section; or

(B) the amount by which the financial assistance increased the value of the land or interest in land; and

(5) provides that land conservation partnership projects will be consistent with areas identified as having high conservation value in the following:

(A) Important Areas portion of the Forest Service study.

(B) Conservation Focal Areas portion of the Forest Service update.

(C) Conservation Priorities portion of the update.

(D) Lands identified as having higher or highest resource value in the Conservation Values Assessment portion of the update.

(d) NON-FEDERAL SHARE REQUIREMENT.—The Federal share of the cost of carrying out a land conservation partnership project under this section shall not exceed 50 percent of the total cost of the land conservation partnership project.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of the Interior from the general funds of the Treasury or the Land and Water Conservation Fund to carry out this section $10,000,000 for each of the fiscal years 2005 through 2014. Amounts appropriated pursuant to this authorization of appropriations shall remain available until expended.

SEC. 6. FOREST SERVICE AND USDA PROGRAMS IN THE HIGHLANDS REGION.

(a) IN GENERAL.—In order to meet the land resource goals of, and the scientific and conservation challenges identified in, the study, update, and any future study that the Forest Service may undertake in the Highlands region, the Secretary of Agriculture, acting through the Chief of the Forest Service and in consultation with the Chief of the National Resources Conservation Service, shall continue to assist the Highlands States, local units of government, and private forest and farm landowners in the conservation of lands and natural resources in the Highlands region.

(b) DUTIES.—The Forest Service shall—

(1) in consultation with the Highlands States, undertake other studies and research as appropriate in the Highlands region consistent with the purposes of this Act;

(2) communicate the findings of the study and update and maintain a public dialogue regarding implementation of the study and update; and

(3) assist the Highland States, local units of government, individual landowners, and private organizations in identifying and using Forest Service and other technical and financial assistance programs of the Department of Agriculture.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Agriculture to carry out this section $1,000,000 for each of the fiscal years 2005 through 2014.

SEC. 7. PRIVATE PROPERTY PROTECTION AND LACK OF REGULATORY EFFECT.

(a) ACCESS TO PRIVATE PROPERTY.—Nothing in this Act shall be construed to—

(1) require any private property owner to permit public access (including Federal, State, or local government access) to such private property; and

(2) modify any provision of Federal, State, or local law with regard to public access to or use of private lands.

(b) LIABILITY.—Nothing in this Act shall be construed to create any liability, or to have any effect on any liability under any other law, of any private property owner with respect to any persons injured on such private property.

(c) RECOGNITION OF AUTHORITY TO CONTROL LAND USE.—Nothing in this Act shall be construed to modify any authority of Federal, State, or local governments to regulate land use.

(d) PARTICIPATION OF PRIVATE PROPERTY OWNERS.—Nothing in this Act shall be construed to require the owner of any private property located in the Highlands region to participate in the land conservation, financial, or technical assistance or any other programs established under this Act.

(e) PURCHASE OF LANDS OR INTERESTS IN LANDS FROM WILLING SELLERS ONLY.—Funds appropriated to carry out this Act shall be used to purchase lands or interests in lands only from willing sellers.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. CALVERT) and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) each will control 20 minutes.

The Chair recognizes the gentleman from California (Mr. CALVERT).

GENERAL LEAVE

Mr. CALVERT. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 1964.

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

There was no objection.

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

Mr. Speaker, H.R. 1964, introduced by my good friend, the gentleman from New Jersey (Mr. FRELINGHUYSEN) and amended by the Committee on Resources, would authorize the Secretary of the Interior and the Secretary of Agriculture to provide financial assistance to States to preserve and protect high priority conservation lands in the Highlands region. This geographic region encompasses over 2 million acres of land stretching from western Connecticut across the Lower Hudson River Valley and northern New Jersey into northeastern Pennsylvania.

Mr. Speaker, not only has the U.S. Forest Service documented the national significance of the Highlands area in two extensive studies in 1990 and 2002, but the President in his 2004 budget recognized the New York-New Jersey Highlands forest area as one of nine priority forests areas in the country that are threatened.

H.R. 1964, as amended, is supported by the administration and the majority and minority of the committee. I urge adoption of this bill.

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

(Mrs. CHRISTENSEN asked and was given permission to revise and extend her remarks.)

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

Mr. Speaker, we fully support the goals of H.R. 1964. The purpose of this legislation is to facilitate conservation and preservation, ideals we fight for in this Congress on a regular basis.

However, we must point out that the scope of H.R. 1964 is truly stunning. This legislation will create a new Federal conservation program covering 2 million acres and 1.4 million people in 4 States. The precise boundaries of this new Federally created area are only generally defined in the bill, and there are no references to a map to allow property owners to know if their property is included or not.

Furthermore, the goals of this new conservation program are sweeping. The bill states that the Federal Government should work with States, units of local government and private property owners to ''protect, restore and preserve the water, forest, agricultural, wildlife, recreational and cultural resources'' contained in this new Federal area. It is difficult to imagine a broader conservation mandate.

Given the ongoing and severe underfunding of the land and water conservation funds, we continue to have concerns regarding the impact of this new $100 million effort may have on other worthy conservation programs funded with LWCF dollars. However, we will support H.R. 1964 at this time.

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

Mr. CALVERT. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. FRELINGHUYSEN).

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

My thanks to the gentleman from California (Mr. CALVERT), and particular thanks to the chairman, the gentleman from California (Mr. POMBO), the chair of the House Committee on Resources, for all of his work and the work of his staff that have helped improve this bill and make it possible for us to discuss it and vote on it today. I also thank the ranking member for her assistance and recognize the gentleman from New York (Mr. ENGEL), who is going to speak later, as well as the gentlewoman New York (Mrs. KELLY) and the gentleman from Pennsylvania (Mr. GERLACH) and over 30 Members of Congress that are sponsoring this bill.

Mr. Speaker, the Highlands is one of the last open treasures in the most densely populated area of the United States. In New Jersey alone, my home State, it includes more than a million acres of forests, farms, streams, wetlands, lakes, reservoirs and historic sites. We need to preserve these assets.

The Highlands Conservation Act represents a major commitment to protect them. While remaining mindful of property rights, this bill complements ongoing State, private and local partnerships that are actively working to protect open space. Our bill does not ask the Federal Government to become the landowner or steward to these lands; rather, the people of New Jersey, New York, Connecticut and Pennsylvania would retain ownership and responsibility for caretaking of these lands. Indeed, the government will not be taking any land. Participants would all be willing sellers.

Mr. Speaker, the President recognized the national significance of the Highlands in his 2004 budget message in January and designated the Highlands as one of nine national priorities areas threatened by development.

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These lands, as the gentleman from California (Mr. CALVERT) has said, have been identified by the U.S. Forest Service in virtually all other Federal, State and local entities as critical lands in need of preservation.

This bill represents an opportunity for the Federal Government to work with the State government and local groups to preserve the Highlands. It is a unique opportunity, an historic opportunity, and it is a symbolic opportunity of the Federal Government to work with so many partners.

This legislation also represents a landmark commitment of the Federal Government to the Highlands. It is a genuine partnership. It is important to preserving open space. I am proud to support the bill and to have so many partners in that regard.

Mrs. CHRISTENSEN. Mr. Speaker, I yield 5 minutes to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. Mr. Speaker, I thank the gentlewoman for yielding time to me, and I rise in strong support of H.R. 1954, the Highland Stewardship Act. I am proud to be an original cosponsor of this bill. I pledged that I would do everything in my power to pass this bill, and I am delighted that this bill is on the floor today.

I want to start by thanking the Committee on Resources chairman, the gentleman from California (Mr. POMBO), the gentleman from West Virginia (Mr. RAHALL), the ranking member, and the gentleman from California (Mr. RADANOVICH), the subcommittee chairman, and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), the subcommittee ranking member, for their assistance and support.

More importantly, I want to commend the sponsor of this legislation the gentleman from New Jersey (Mr. FRELINGHUYSEN). It is because of his vigorous and stalwart support of this bill and his active participation in moving it forward that we are here today. It has been a pleasure to work with him, and this is a very, very important bill not only for his district and my district, but for many, many districts and many, many States in the Northeast.

I represent Rockland County. We have a pristine area there which is very, very important, and we need to protect this area. We very often talk about suburban sprawl and development, which is unwanted and which would mar this pristine land. This bill gives us the opportunity to balance that. That is what is so important.

The Highlands in my district encompasses an area totally of 1.5 million acres from the lower Hudson River Valley in New York to the Delaware River in New Jersey. Within this area are some spectacular things to see and do, and, of course, many people, 1.4 million people, live within the Highlands area.

The Highlands adjoins a metropolitan area, the New York metropolitan area, with a population of more than 20 million people. More than 11 million people rely on the Highlands' drinking water resources, which serves at least half of New York City's water supply. More than 14 million people visit the Highlands each year for recreational opportunities. Over 240 species of birds, mammals, amphibians and reptiles depend on Highlands habitat, and more than 160 historical and cultural sites have been identified in the region.

Where once apple farms and bungalows dotted the landscape, we now have 300,000 people living in Rockland County, and as I mentioned before, it is very, very important to have that balance between development and preserving pristine areas such as this.

The Federal Government has an important role to play in protecting our area of national significance here in our own backyard. I have supported increased funding for Forest Service programs such as the Forest Legacy Program, the Forest Stewardship Program and the new Forest Land Enhancement Program that protect environmentally sensitive forestlands such as the Highlands.

Again, I want to say that it is vitally important that the Federal Government facilitate partnerships between all levels of government to protect the Highlands and prevent the region from suffering from further urban sprawl. My district is a combination of an urban district and a suburban district, and I am very, very sensitive to the needs of the suburbs, and this bill and the money put into this bill goes a long way in keeping that balance and keeping these lands pristine.

The Highlands Act will really move us far along in this effort because we do not want further urban sprawl. So I thank the chairs and ranking members and, again, most of all, my friend from New Jersey (Mr. FRELINGHUYSEN). This is truly bipartisan and truly a very, very good day for the American people.

Mr. CALVERT. Mr. Speaker, I yield what time he may consume to the gentleman from California (Mr. POMBO), the chairman of the Committee on Resources.

Mr. POMBO. Mr. Speaker, I thank the chairman for yielding me the time.

I come to the floor today to speak in support of this bill. This is the kind of legislation that in the past I have opposed and have had concerns about, but I have to give all due credit to my colleague the gentleman from New Jersey (Mr. FRELINGHUYSEN) and the gentleman from New Jersey (Mr. SAXTON) for the work that they put into this bill.

When they originally introduced this legislation, I had some concerns over it, and they came in and sat down with me, and we were able to work through all of the concerns that I had, and they were very good at coming in and sitting down and working through the property rights concerns that I had, what impact this would have on small property owners that were involved with this area, and gave me the assurances that as we worked our way through this process, that their private property rights would be protected. They were willing to accept language into the bill that protects those small property owners, and I think that that is extremely important.

I will tell my colleagues, on any legislation like this in the future that we choose to move through the Committee on Resources, we will use this bill as a template, as a way to get things done in a bipartisan way in trying to move forward with a Federal and a local partnership in protecting lands that are environmentally sensitive and that are important, but at the same time protecting the property rights of those individual owners, which is something that is extremely important to me.

So I just want to come down here and tell my colleagues I strongly support this legislation. I think that the work that the gentleman from New Jersey (Mr. SAXTON) and the gentleman from New Jersey (Mr. FRELINGHUYSEN) did on this is a very, very positive step for the future. I know that they are going to do great things with this. I know that this land is extremely important to them. So I look forward to working with them in future and making sure that these lands are protected, at the same time that small property owners are protected.

So I thank them for all of the great work that they did, and I urge my colleagues to support this legislation.

Mrs. CHRISTENSEN. Mr. Speaker, I yield 5 minutes to the gentleman from New Jersey (Mr. PASCRELL), my good friend and classmate.

Mr. PASCRELL. Mr. Speaker, I rise in very strong support of H.R. 1964, the Highlands Conservation Act.

I want to congratulate the chairmen and ranking members for getting this to the floor, but I want to pay particular attention, and I know he does not like this but I will do it anyway, to the gentleman from New Jersey (Mr. FRELINGHUYSEN). This has been a continuation, Mr. Speaker, of his work in the New Jersey State Legislature, not to balance anything, but to secure and preserve lands not only in New Jersey, but to set a model throughout the United States, and I think he has done that, and he has done it in a most professional way.

I am proud to work with my colleagues across the aisle for years to preserve and protect this magnificent sweep of the Appalachian ridges, stretching for 1.5 million acres across New Jersey and New York.

The Highlands are an essential source of drinking water, we have heard that already, clean air, and wildlife habitat, and recreational opportunities for nearly 25 million people located right in the backyard of our Nation's most densely populated region. The irony is staring us right in the face.

The Highlands region has been in grave danger throughout the last decade. The region lost 5,200 acres a year to intensive development of strip malls and office campuses. Development also threatens the water supply for millions of residents in New Jersey and endangers critical wildlife.

In land right next to my district, millions of residents enjoy the drinking water and the recreational resources of the Ramapo Mountains, the Wyanokie Highlands and the Pequannock Watershed. This bill will provide millions of dollars in land preservation assistance to protect this core of wilderness in our region.

The Highlands Conservation Act should be a model for future land preservation efforts. We have debated land preservation on this very floor, and yes, we need to have a sensible approach to it and respect, as the gentleman from California pointed out, property rights.

This legislation encourages a strong partnership between the Federal, State and local communities, and the gentleman from New Jersey, my colleague in the State legislature, this has been the center of his work on preservation, and it is fitting, it is fitting on this floor that we salute his efforts, particularly at a time when things can get downright contentious here.

The bipartisan efforts we have made to create innovative legislation that preserves critical land while respecting the rights of property owners should set a standard for this House. Advocates for this bill worked tirelessly with environmentalists and private industry to create a worthy compromise that does a service to the legislative process.

So preservation of the Highlands will benefit all Americans. Indeed, the Highlands is not just a New Jersey resource. As in any other parts in this country, it is a national treasure.

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

Again, I want to point out that this bill eliminated the Office of Highlands Stewardship and the accompanied regulatory process. It reduced the authorization level from $25 million annually to $10 million annually over 10 years. It focused conservation efforts only on those resources most important. This bill clarified that the bill would not establish a wholly new programmatic category of land use, and, finally, it assured landowners in the Highlands region that private property rights will be protected by including safeguards for those landowners potentially at risk.

So, Mr. Speaker, this is a good piece of legislation. It has been developed over a long period of time.

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

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

As stated, we did have some concerns about the expense of the bill and the funding for it, given the limitations of the land and water conservation fund, but we are supportive of the bill.

Mr. HOLT. Mr. Speaker, I rise today in support of the Highlands Conservation Act.

To anyone in this Congress who questions the value of efforts to preserve open space, I invite them to come to New Jersey. My constituents, like most people around the state, have seen the ills of sprawl and the consequences of poor planning and meager preservation efforts.

Despite the fact that many see rampant commercial and industrial development in New Jersey, however, there are still some wonderful tracts of land left in some areas of our state. One in particular is part of this tract we are trying to save through today's legislation, the Highlands Region. These are important not just for aesthetically pleasing vistas, but especially for the health of our environment, our water, our air, and mostly our people.

The Highlands is an incredible 2 million acre swath across four states—New Jersey, New York, Connecticut, and Pennsylvania. This tract is home to nearly one and a half million people and is still a quick drive away from New York City and other major metropolitan areas.

Even more importantly, the Highlands provides and protects the drinking water supplies for over 15 million people who live in the Philadelphia-New York-Hartford metropolitan area, which cuts right through my central New Jersey district.

That is why it is so important that the House today pass the Highlands Conservation Act. This bill authorizes federal Land and Water Conservation Fund money that will be matched at least one to one by local, state, and private funding. The governors of the four Highlands states will identify which lands are best eligible for conservation efforts, then apply to the federal government for funding. I know that the governor of New Jersey is ready and eager to get to work identifying these areas and preserving more green space in the state.

I also want to highlight provisions in the bill that provide technical assistance to communities and organizations involved in conservation efforts for the Highlands. So many people in the region have already done so much wonderful work to help preserve the area, and they will now get the added benefit of assistance and expertise from the federal government.

I want to recognize Mr. FRELINGHUYSEN for his leadership on this issue and his hard work to get the legislation on the floor. I also want to salute the work of former Representative Ben Gilman, who led the effort on this legislation during the last Congress.

I also want to thank Chairman POMBO, Ranking Member RAHALL, Subcommittee Chairman RADANOVICH, and Ranking Member CHRISTENSEN for helping see this legislation through the Resources committee. This bill means a lot to New Jersey, and I urge my colleagues to support it.

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

The SPEAKER pro tempore (Mr. SIMPSON). The question is on the motion offered by the gentleman from California (Mr. CALVERT) that the House suspend the rules and pass the bill, H.R. 1964, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: ''A bill to assist the States of Connecticut, New Jersey, New York, and Pennsylvania in conserving priority lands and natural resources in the Highlands region, and for other purposes.''.

A motion to reconsider was laid on the table.

TWENTY-FIRST CENTURY WATER COMMISSION ACT OF 2003

Mr. CALVERT. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 135) to establish the ''Twenty-First Century Water Commission'' to study and develop recommendations for a comprehensive water strategy to address future water needs, as amended.

The Clerk read as follows:

H.R. 135

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 ''Twenty-First Century Water Commission Act of 2003''.

SEC. 2. FINDINGS.

Congress finds that—

(1) the Nation's water resources will be under increasing stress and pressure in the coming decades;

(2) a thorough assessment of technological and economic advances that can be employed to increase water supplies or otherwise meet water needs in every region of the country is important and long overdue; and

(3) a comprehensive strategy to increase water availability and ensure safe, adequate, reliable, and sustainable water supplies is vital to the economic and environmental future of the Nation.

SEC. 3. ESTABLISHMENT.

There is established a commission to be known as the ''Twenty-First Century Water Commission'' (in this Act referred to as the ''Commission'').

SEC. 4. DUTIES.

The duties of the Commission shall be to—

(1) use existing water assessments and conduct such additional assessments as may be necessary to project future water supply and demand;

(2) study current water management programs of Federal, Interstate, State, and local agencies, and private sector entities directed at increasing water supplies and improving the availability, reliability, and quality of freshwater resources; and

(3) consult with representatives of such agencies and entities to develop recommendations consistent with laws, treaties, decrees, and interstate compacts for a comprehensive water strategy which—

(A) respects the primary role of States in adjudicating, administering, and regulating water rights and water uses;

(B) identifies incentives intended to ensure an adequate and dependable supply of water to meet the needs of the United States for the next 50 years;

(C) suggests strategies that avoid increased mandates on State and local governments;

(D) eliminates duplication and conflict among Federal governmental programs;

(E) considers all available technologies and other methods to optimize water supply reliability, availability, and quality, while safeguarding the environment;

(F) recommends means of capturing excess water and flood water for conservation and use in the event of a drought;

(G) suggests financing options for comprehensive water management projects and for appropriate public works projects;

(H) suggests strategies to conserve existing water supplies, including recommendations for repairing aging infrastructure; and

(I) includes other objectives related to the effective management of the water supply to ensure reliability, availability, and quality, which the Commission shall consider appropriate.

SEC. 5. MEMBERSHIP.

(a) NUMBER AND APPOINTMENT.—The Commission shall be composed of 9 members who shall be appointed not later than 90 days after the date of enactment of this Act. Member shall be appointed as follows:

(1) 5 members appointed by the President;

(2) 2 members appointed by the Speaker of the House of Representatives, in consultation with the Minority Leader of the House of Representatives; and

(3) 2 members appointed by the Majority Leader of the Senate, in consultation with the Minority Leader of the Senate.

(b) QUALIFICATIONS.—Members shall be appointed to the Commission from among individuals who—

(1) are of recognized standing and distinction in water policy issues; and

(2) while serving on the Commission, do not hold any other position as an officer or employee of the United States, except as a retired officer or retired civilian employee of the United States.

(c) OTHER CONSIDERATIONS.—In appointing members of the Commission, every effort shall be made to ensure that the members represent a broad cross section of regional and geographical perspectives in the United States.

(d) CHAIRPERSON.—The Chairperson of the Commission shall be designated by the President.

(e) TERMS.—Members of the Commission shall be appointed not later than 90 days after the date of enactment of this Act and shall serve for the life of the Commission.

(f) VACANCIES.—A vacancy on the Commission shall not affect its operation, and shall be filled in the same manner as the original appointment provided under subsection (a).

(g) COMPENSATION AND TRAVEL EXPENSES.—Members of the Commission shall serve without compensation, except members shall receive travel expenses, including per diem in lieu of subsistence, in accordance with applicable provisions under subchapter I of chapter 57, United States Code.

SEC. 6. MEETINGS AND QUORUM.

(a) MEETINGS.—The Commission shall hold its first meeting not later than 60 days after the date on which all members have been appointed under section 5, and shall hold additional meetings at the call of the Chairperson or a majority of its members.

(b) QUORUM.—A majority of the members of the Commission shall constitute a quorum for the transaction of business.

SEC. 7. DIRECTOR AND STAFF.

A Director shall be appointed by the Speaker of the House of Representatives and the Majority Leader of the Senate, in consultation with the Minority Leader and chairmen of the Resources and Transportation and Infrustructure Committees of the House of Representatives, and the Minority Leader and chairmen of the Energy and Natural Resources and Environment and Public Works Committees of the Senate. The Director and any staff reporting to the Director shall be paid a rate of pay not to exceed the maximum rate of basic pay for GS–15 of the General Schedule.

SEC. 8. POWERS AND PROCEEDINGS OF THE COMMISSION.

(a) HEARINGS.—The Commission shall hold no fewer than 10 hearings during the life of the Commission. Hearings may be held in conjunction with meetings of the Commission. The Commission may take such testimony and receive such evidence as the Commission considers appropriate to carry out this Act. At least 1 hearing shall be held in Washington, D.C., for the purpose of taking testimony of representatives of Federal agencies, national organizations, and Members of Congress. Other hearings shall be scheduled in distinct geographical regions of the United States and should seek to ensure testimony from individuals with a diversity of experiences, including those who work on water issues at all levels of government and in the private sector.

(b) INFORMATION AND SUPPORT FROM FEDERAL AGENCIES.—Upon request of the Commission, any Federal agency shall—

(1) provide to the Commission, within 30 days of its request, such information as the Commission considers necessary to carry out the provisions of this Act; and

(2) detail to temporary duty with the Commission on a reimbursable basis such personnel as the Commission considers necessary to carry out the provisions of this Act, in accordance with section 5(b)(5), Appendix, title 5, United States Code.

SEC. 9. REPORTS.

(a) INTERIM REPORTS.—Not later than 6 months after the date of the first meeting of the Commission, and every 6 months thereafter, the Commission shall transmit an interim report containing a detailed summary of its progress, including meetings and hearings conducted in the interim period, to—

(1) the President;

(2) the Committee on Resources and the Committee on Transportation and Infrastructure of the House of Representatives; and

(3) the Committee on Energy and Natural Resources and the Committee on the Environment and Public Works of the Senate.

(b) FINAL REPORT.—As soon as practicable, but not later than 3 years after the date of the first meeting of the Commission, the Commission shall transmit a final report containing a detailed statement of the findings and conclusions of the Commission, and recommendations for legislation and other policies to implement such findings and conclusions, to—

(1) the President;

(2) the Committee on Resources and the Committee on Transportation and Infrastructure of the House of Representatives; and

(3) the Committee on Energy and Natural Resources and the Committee on the Environment and Public Works of the Senate.

SEC. 10. TERMINATION.

The Commission shall terminate not later than 30 days after the date on which the Commission transmits a final report under section 7(b).

SEC. 11. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated $9,000,000 to carry out this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. CALVERT) and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) each will control 20 minutes.

The Chair recognizes the gentleman from California (Mr. CALVERT).

GENERAL LEAVE

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

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

There was no objection.

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

H.R. 135, introduced by the gentleman from Georgia (Mr. LINDER), and cosponsored by a wide range of Members from both parties, creates a national commission to develop increased water supplies. The gentleman from Georgia (Mr. LINDER) and his colleagues have properly recognized that drought is a national problem, not just a Western issue.

This bill creates a process while adhering to States' rights to address this problem. I urge my colleagues to support this bill.

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

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

(Mrs. CHRISTENSEN asked and was given permission to revise and extend her remarks.)

Mrs. CHRISTENSEN. Mr. Speaker, I rise in support of H.R. 135. This legislation would establish the 21st Century Water Policy Commission to study Federal, State, local, and private water management programs in an effort to develop recommendations for a comprehensive national water strategy.

Mr. Speaker, the objectives of H.R. 135 are worthwhile, and I appreciate the cooperation we have received from the sponsor of this bill. I urge my colleagues to support this legislation.

Mr. Speaker, I yield 10 minutes to the gentleman from Illinois (Mr. COSTELLO) and ask unanimous consent that he be allowed to control said time.

The SPEAKER pro tempore (Mr. SIMPSON). Is there objection to the request of the gentlewoman from the Virgin Islands?

There was no objection.

Mr. CALVERT. Madam Speaker, I yield 10 minutes to the gentleman from Tennessee (Mr. DUNCAN) and ask unanimous consent that he be allowed to control that time.

The SPEAKER pro tempore (Mrs. BIGGERT). Is there objection to the request of the gentleman from California?

There was no objection.

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

Madam Speaker, first of all, I want to commend my colleague, the gentleman from Georgia (Mr. LINDER), and I rise in strong support of H.R. 135, the 21st Century Water Commission Act of 2003.

Madam Speaker, I yield 5 minutes to the gentleman from Georgia (Mr. LINDER).

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

Madam Speaker, I rise in support of H.R. 135, the 21st Century Water Commission Act of 2003. H.R. 135 is designed to bring together our Nation's premier water experts to recommend strategies for meeting our water challenges in the next century.

I would like to first thank the gentleman from California (Chairman CALVERT) and his staff and the gentleman from Tennessee (Chairman DUNCAN) and his staff for being so helpful in

bringing this bill to the floor and having hearings.

Ensuring fresh water for U.S. citizens will be a critical challenge facing the United States as we enter the 21st Century. Water related issues have been of interest to me for many years. In fact, I wrote an article in 1978 that predicted that one of the 12 major challenges for our country in the next century would be providing enough fresh water for our booming population.

Since that time, about 25 years ago, America still does not have an integrated or comprehensive water policy, even with hundreds of thousands of Federal, State, local and private sector employees working to solve water problems. If we wait another 10 or 20 years to get serious about meeting our demand for clean water, it will be too late.

According to the October 27, 2003, edition of U.S. News and World Report, ''Our population has more than doubled since World War II, and at this rate, we could be on our way to 1 billion people living in the United States by the end of this century.'' The population growth will clearly put a strain on our already-burdened water supply.

As my colleagues are aware, many States across the Nation are currently facing a water crisis. Once thought to be a problem only in the arid West, severe droughts last summer caused water shortages up and down the east coast. States once accustomed to an unlimited access to water realized that they are not immune to the problems which the West has experienced for decades.

In addition, numerous news articles over the past few years have increased our attention to other water problems that we currently face. To name just a few, aquifers are being challenged by salt water intrusion, rivers and wells are drying up all over the country, crops are being threatened, and our aging water pipes leak billions of gallons of fresh water in our cities all over the country. For example, New York City loses 36 million gallons per day and Philadelphia loses 85 million per day just through leaks in infrastructure.

Let me be clear about one thing: my bill does not give the Federal Government more direct authority or control over water. This commission is designed to make recommendations about how we can coordinate water management efforts on all levels, so that localities, States, and the Federal Government can work together.

Some highlights of the bill are as follows:

The commission will look for ways to ensure fresh water for citizens for the next 50 years.

The commission will be composed of nine members, appointed by the President and key leaders in the House and Senate.

The commission will look for ways to eliminate duplication and conflict among Federal Government agencies.

The commission will consider all available technologies and other methods to optimize water supply reliability.

The commission will hold hearings in distinct geographical regions of the United States and in Washington, D.C., to seek a diversity of views, comments, and input.

Not later than 6 months after the date of the first meeting of the commission, and every 6 months thereafter, the commission will transmit a report to the Congress. A final report will be due within 3 years of the commission's inception.

In John Steinbeck's novel, ''East of Eden,'' the narrator observes, ''It never failed that during the dry years that people forgot about the rich years, and during the wet years they lost all memory of the dry years. It was always that way.''

The United States cannot afford to reevaluate its water policies every time a crisis hits. Now is the time to get ahead of this issue, and I believe the 21st Century Water Commission can serve as the channel for doing so.

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

(Mr. COSTELLO asked and was given permission to revise and extend his remarks, and include extraneous material.)

Mr. COSTELLO. Madam Speaker, I rise today in support of H.R. 135, the 21st Century Water Commission Act of 2003. This bill is a step towards addressing the availability of clean and safe water resources to meet the Nation's needs.

Madam Speaker, clean, safe and available sources of water are essential to the physical and economic well-being of this country. Commercial fishing, agriculture, real estate, manufacturing, and recreation and tourism are just a few of the economic sectors that rely on clean water to operate and ensure productivity. Every day, the U.S. economy relies on the availability of clean water to grow, process, or deliver products and services.

However, at the same time, there is an emerging concern about the availability of adequate safe supplies of water to meet the growing list of often competing needs.

Throughout the first three-quarters of the 20th century, demand for water in the United States dramatically increased.

However, this Nation made progress in reducing the overall consumption of water resources in the past 20 years. Water withdrawals in the United States are now 10 percent below their peak. In addition, industrial water use dropped nearly 40 percent from its height as industrial water-use efficiency improved and as the mix of U.S. industries changed. At the same time, industrial productivity continues to rise, demonstrating that improvements in water-use efficiency are possible without negatively impacting economic growth.

In the past few years, considerable media attention has focused on the availability of adequate water supplies to meet current and future demands. In the last 2 years, regions of the country that have not traditionally experienced water resource concerns, including the Midwest and the Northeast, often found themselves with a greater demand for water resources than were available—and were forced, in some communities to ration water use.

While this debate has long existed in the more arid regions of the West, these experiences in the eastern half of the country have served as a wake-up call to the fact that water supply problems can occur in almost every region of the country. The question is now being asked, ''What can be done to ensure adequate water to meet current and future needs?''

This legislation would create a Federal commission of experts on water policy to study this issue, and to recommend strategies and changes to current law that may be necessary to ensure the availability of adequate water resources for future generations.

Madam Speaker, it is important for this Nation to have a dialogue on what can be done to ensure that sufficient water resources are available to meet current and future needs. I do have some concerns with this legislation, and with the broader topic of planning for water resource needs. We need to fully discuss what the Federal role in water resource planning should be, and how Federal financial resources are to be expended to address this growing concern.

In addition, I believe that the scope of any national water resource planning study must include all affected parties, and must look to both structural and non-structural approaches to reduce consumption and ensure adequate, safe, and reliable sources of water for generations to come.

If this Congress truly wants to enter the debate on a national water resource policy, we must make sure that the record is complete, and that all alternatives are examined to determine the appropriate means to resolve this important question.

I hope that we can continue to work together on this legislation as it continues through the legislative process.

Mr. DUNCAN. Madam Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. SHUSTER).

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

Madam Speaker, this legislation deals with an issue which I have considered a priority for some time, our water resources and the ability of the Federal Government to provide our communities with effective solutions to their problems.

Our economy depends on our Nation's water resources. In fact, the United States economy base has grown both geographically and economically through its efficient and effective water system. We must realize that water is a precious resource, and we take steps to ensure its proper use.

This legislation establishes a 21st Century Water Commission to study and develop recommendations for a comprehensive water strategy to address future waters needs. This commission would assess our current and future water supply needs and consider

all available technologies for increasing water supply efficiently while safeguarding the environment. Additionally, this commission will suggest financing options and strategies to preserve existing water supplies.

Most importantly, the commission will pursue strategies that avoid increasing mandates on State and local governments. We understand that unfunded mandates take away from local decisionmaking. When the first withdrawal from a municipality's finances must go for an unfunded mandate, that community then has less discretion in paying for vital services and programs expected by its citizens. It is critical to the health of our local communities not to burden them with these types of mandates.

I would like to thank the gentleman from Tennessee (Chairman DUNCAN) and the ranking member, the gentleman from Illinois (Mr. COSTELLO), and the entire Committee on Resources for all their hard work.

I support H.R. 135 wholeheartedly and ask that my colleagues do the same.

Mrs. CHRISTENSEN. Madam Speaker, I yield back the balance of my time.

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

Madam Speaker, I have the privilege of chairing the Subcommittee on Water Resources and Environment. We held a hearing on this legislation, and the then chairman, the gentleman from Alaska (Mr. YOUNG), and I and the ranking member, the gentleman from Minnesota (Mr. OBERSTAR), and the ranking member of my subcommittee, the gentleman from Illinois (Mr. COSTELLO), all approved bringing this legislation to the floor at this time.

As I said a few moments ago, I rise in strong support of H.R. 135, the 21st Century Water Commission Act of 2003. I want to commend the gentleman from Georgia (Mr. LINDER) for his foresight and his hard work in bringing this legislation to this point.

A couple of years ago, the New York Times had a series of articles in which they called water the oil of the 21st century. There is probably nothing that people take more for granted than a clean, safe, adequate water supply.

This bill begins the hard work of tackling one of the most important and difficult environmental and economic issues facing our Nation, and that is ensuring that we have an adequate water supply. We need water for our homes, farms, and factories. Water also supports navigation, generates power, and sustains our environment. Communities cannot grow or even exist without adequate water.

As we enter the 21st century, demands for water are growing and are outstripping supplies in many areas, both in the West and the East, leading to disputes over water supply and allocation. In response, many municipalities, businesses and land developers are trying to secure more water rights so they will have adequate water supplies now and in the future.

Last year's drought in the East made it clear that while water may be abundant in many areas, it is not limitless, and even our Nation's most water-rich regions can run dry. Even though the East has been wet this year, much of the West remains very, very dry. Policymakers no longer can ignore this issue. We need to start planning for the future.

H.R. 135, the 21st Century Water Commission Act of 2003, will help start that planning process by looking at our Nation's available water supply and the projected demand for water and making recommendations on how to meet that demand.

Because of the importance of water to our Nation's economy and well-being, I held a series of hearings this past spring on water scarcity problems, ways businesses and communities are responding, and how H.R. 135 can help States and communities address their water problems. The witnesses strongly supported greater planning for future water needs, involving all levels of government, and supported H.R. 135 as a means to help start that process.

H.R. 135 respects the primary role that States play in addressing water supply issues, but the Federal Government can provide expertise and technical assistance. Numerous parties strongly support this legislation, including the U.S. Conference of Mayors, Urban Water Council, the American Farm Bureau Federation, the National Water Resources Association, the National Association of Homebuilders, the Association of California Water Agencies, and many others.

I urge all of my colleagues to support this very important bill and once again commend our colleague, the gentleman from Georgia (Mr. LINDER), for leading this effort.

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

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

Madam Speaker, once again I want to commend the gentleman from Georgia (Mr. LINDER) for his leadership on this bill. As the chairman of the Subcommittee on Water and Power, I have witnessed firsthand throughout this country water problems that tend to grow, not shrink, as our country faces the problem of less water and water quality issues throughout our country.

Vision is an important thing that we do around here that sometimes we forget. The gentleman from Georgia (Mr. LINDER) certainly is showing vision to make sure that we have adequate water in the future.

The 21st Century Water Commission, I refer to it as the Linder Water Commission, will recommend a strategy that recognizes and respects the primary role of States and water rights laws while eliminating duplication and conflict among governmental agencies. This is an incredibly important strategy. We need dependable water supplies that are safe and secure for our future generations.

Again, I commend the gentleman from Georgia (Mr. LINDER) for his leadership.

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

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

Madam Speaker, I support this legislation strongly. I commend our colleague, the gentleman from Georgia (Mr. LINDER), who came before our committee for a hearing, and to urge the adoption of this legislation.

Mr. OBERSTAR. Madam Speaker, I rise today in support of H.R. 135, a bill to establish a commission to examine the issue of clean, safe, and reliable water supplies for this generation and for generations to come.

Madam Speaker, water may well be the most precious resource the earth provides to humankind. The existence of water set the stage for the evolution of life and is an essential ingredient of all life today.

Recognizing the importance of this vital resource, the United Nations designated 2003 as the ''International Year of Freshwater.'' Throughout the year, the United Nations has been conducting a series of international meetings to raise awareness on the importance of available sources of clean and safe fresh water. According to the U.N., throughout the world roughly one person in six lives without regular access to safe drinking water, and over twice that number—or 2.4 billion—lack access to adequate sanitation. In addition, water-related diseases kill a child every eight seconds.

In the United States, we have avoided many of these concerns through careful planning and decades of investment in our water infrastructure. Nationally, a combination of Federal, State, and local funds have built 16,024 wastewater treatment facilities that provide service to 190 million people, or 73 percent of the total population.

In addition, 268 million people in the United States—or 92 percent of the total population—are currently served by public drinking water systems, which provide a safe and reliable source of drinking water for much of the Nation.

As I noted earlier, clean, safe, and reliable sources of water are critical to this Nation's health and livelihood. However, in the past few decades, a series of natural and potentially human induced events have demonstrated that our Nation remains vulnerable to shortages of water.

In my own State, shortages of snowfall and rain of over the past few years have had an adverse impact on local water supplies, agriculture, and recreation and tourism, and have resulted in a lowering of water levels in Great Lakes to historic levels. One thing that is certain is that no area of this country is immune to the threat of diminished water supplies, and we must be vigilant to prepare for such occurrences.

This bill is a part of the debate on the very important issue of water resource planning in this country. The gentleman from Georgia, Mr. LINDER, has taken an important step in encouraging this debate, calling for the creation of a Federal commission to examine issues related to national water resource planning, and to report its findings on potential ways to insure against large-scale water shortages in the future.

While I believe that the legislation introduced by our colleague is a good starting point, we must be sure to fully examine all of the relevant issues for ensuring adequate supplies of clean and safe water to meet current and future needs.

For example, water resource planning should work toward increasing the efficiency of water consumption as well as increasing the supply of water. Simply increasing the supply of water can be a more costly approach to meeting future water needs, and in any case, merely postpones any potential water resource crisis.

In addition, it is important to remember that issues of water supply are closely related to water quality. Contaminated sources of freshwater serve little use to this Nation's health or livelihood, and merely increase the overall cost of providing safe a reliable water resources to the population. In addition, human activities, whether through the pollution of waterbodies from point or non-point sources, the elimination of natural filtration abilities of wetlands, or through the destruction and elimination of aquifer recharge points, can have a significant impact on available supplies of usable water.

We cannot base our future water resource planning needs on the possibility of continually finding ''new'' sources of freshwater while, at the same time, continuing to destroy or contaminate existing sources. Such a practice is unsustainable and unconscionable.

I urge my colleagues to support the bill.

Mr. STENHOLM. Madam Speaker, I rise today in strong support of H.R. 135, the Twenty-First Century Water Commission Act.

One thing I've learned since being elected twenty-five years ago, is that Congress can't pass a bill and make it rain.

This morning I look at the United States Drought Monitor again and I was reminded of a disturbing trend that several states have experienced for many years. Twenty-five states are suffering from drought conditions, and with no definite starting or ending point, droughts are extremely hard to predict.

But, as a cotton farmer from West Texas, I am always optimistic that the rains will come eventually. In the meantime, we cannot afford to leave a single stone unturned in our efforts to ensure that our citizens have a safe and adequate water supply.

Will my district be able to meet our water needs fifty years from Now? We aren't able to answer that question today, and we sure can't wait until that time is upon us to find out.

This is why I joined my colleagues in cosponsoring the 21st Century Water Policy Commission Act. This legislation does what so many communities in my West Texas district are already trying to do. It establishes commission to consider all aspects of water management, water supply and demand, and it recommends comprehensive policy for meeting our nation's water needs in the 21st Century. For these reasons, I'm glad to support H.R. 135.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. CALVERT) that the House suspend the rules and pass the bill, H.R. 135, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

CONVEYANCE OF DECOMMISSIONED SHIP TO UTROK ATOLL

Mr. CALVERT. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2584) to provide for the conveyance to the Utrok Atoll local government of a decommissioned National Oceanic and Atmospheric Administration ship, as amended.

The Clerk read as follows:

H.R. 2584

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

TITLE I—UTROK ATOLL RADIOLOGICAL MONITORING SUPPORT

SEC. 101. UTROK ATOLL RADIOLOGICAL MONITORING SUPPORT.

(a) In support of radiological monitoring, rehabilitation, and resettlement of Utrok Atoll, whose residents were affected by United States nuclear testing, the Secretary of Commerce may convey to the Utrok Atoll local government without consideration, all right, title, and interest of the United States in and to a decommissioned National Oceanic and Atmospheric Administration ship in operable condition.

(b) The Government of the United States shall not be responsible or liable for any maintenance or operation of a vessel conveyed under this section after the date of the delivery of the vessel to Utrok.

TITLE II—RATIFICATION OF CERTAIN NOAA APPOINTMENTS, PROMOTIONS, AND ACTIONS

SEC. 201. RATIFICATION OF CERTAIN NOAA APPOINTMENTS, PROMOTIONS, AND ACTIONS.

All action in the line of duty by, and all Federal agency actions in relation to (including with respect to pay, benefits, and retirement) a de facto officer of the commissioned corps of the National Oceanic and Atmospheric Administration who was appointed or promoted to that office without Presidential action, and without the advice and consent of the Senate, during such time as the officer was not properly appointed in or promoted to that office, are hereby ratified and approved if otherwise in accord with the law, and the President alone may, without regard to any other law relating to appointments or promotions in such corps, appoint or promote such a de facto officer temporarily, without change in the grade currently occupied in a de facto capacity, as an officer in such corps for a period ending not later than 180 days from the date of enactment of this Act.

TITLE III—INTERNATIONAL FISHERIES REAUTHORIZATION

SEC. 301. SHORT TITLE.

This title may be cited as the ''International Fisheries Reauthorization Act of 2003''.

SEC. 302. EXTENSION OF PERIOD FOR REIMBURSEMENT UNDER FISHERMEN'S PROTECTIVE ACT OF 1967.

Section 7(e) of the Fishermen's Protective Act of 1967 (22 U.S.C. 1977(e)) is amended by striking ''2003'' and inserting ''2008''.

SEC. 303. REAUTHORIZATION OF YUKON RIVER SALMON ACT OF 2000.

Section 208 of the Yukon River Salmon Act of 2000 (16 U.S.C. 5727) is amended by striking ''2000'' and all that follows through ''2003'' and inserting ''2004 through 2008''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. CALVERT) and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) each will control 20 minutes.

The Chair recognizes the gentleman from California (Mr. CALVERT).

GENERAL LEAVE

Mr. CALVERT. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2584, as amended.

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

There was no objection.

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

Madam Speaker, H.R. 2584 will transfer a decommissioned NOAA vessel to the Utrok Atoll local government in the Republic of the Marshall Islands. The Utrok Atoll is one of 29 low coral atolls in the Marshall Islands that is inhabited by 600 people.

This small atoll has been exposed to the horrible effects of radioactive pollution during our nuclear bomb testing period. These citizens require ongoing tests, monitoring and medical care; and it is currently difficult for them to obtain access to that care.

The fundamental goal of this legislation is to provide these citizens with a reliable, safe means of transportation to the city of Majuro. This city is the capital of the Marshall Islands and is more than 300 miles from the Utrok Atoll.

The NOAA vessel likely affected by this measure is the McArthur. The ship is 175 feet long, has a cruising speed of 10 knots, a cruising range of over 6,000 nautical miles and a draft of 12 feet. It was commissioned as a NOAA research vessel in 1966 and decommissioned on May 20, 2003.

Under the terms of H.R. 2584, all rights, title, and interest in the ship are transferred to the Utrok Atoll government. The vessel must be in operable condition prior to the actual transfer; but in the future, all maintenance, responsibility, and liabilities are conveyed to the Utrok Atoll government.

□ 1115

Title II of the bill is a corrective measure for the Department of Commerce which may approve appointments and confirmations made for the NOAA Corps in the Clinton and Bush administrations. This measure has been unanimously adopted by the other body.

Title III of the bill reauthorizes two important laws dealing with international fisheries, the Fisherman's Protective Act and the Yukon River Salmon Act. Identical language was incorporated in H.R. 2048 which unanimously passed the House of Representatives on October 20 of this year. This

title is noncontroversial and simply extends these two acts for an additional 5 years at existing funding levels.

Madam Speaker, I compliment the gentleman from American Samoa (Mr. FALEOMAVAEGA) for sponsoring this bill, and urge my colleagues to support this important humanitarian effort.

Madam Speaker, I reserve the balance of my time.

Mrs. CHRISTENSEN. Madam Speaker, I yield myself such time as I may consume.

(Mrs. CHRISTENSEN asked and was given permission to revise and extend her remarks.)

Mrs. CHRISTENSEN. Madam Speaker, as stated by the previous speaker, H.R. 2584 is noncontroversial legislation that would convey a decommissioned research vessel formerly operated by the National Oceanic and Atmospheric Administration to the local government of Utrok Atoll located in the Republic of the Marshall Islands.

Congress should do whatever we can to help the residents of Utrok Atoll. It is imperative that they receive the critical medical testing and treatment necessary to address the increased rates of thyroid cancer and birth defects that have arisen as a result of the U.S. nuclear testing program we conducted in the Northern Marshall Islands between 1946 and 1958.

The conveyance of this former NOAA vessel will allow more convenient and less expensive transportation for these residents who have to make a 265-mile trip to the neighboring islands of Majuro where the medical facilities are located.

I commend the gentleman from American Samoa (Mr. FALEOMAVAEGA) for introducing this legislation to help the residents of this very remote atoll in the Pacific Ocean.

This legislation also contains a very important amendment to address a problem regarding serious lapses in procedure affecting past appointments and promotions for NOAA's Uniformed Corps of Officers.

It is important that the chain of command of the NOAA Corps not be disrupted. And while any future repeat of these procedural lapses may not be tolerated, this matter must be addressed expeditiously to prevent any operational or command dysfunction from arising.

I urge all Members to support this legislation.

Mr. FALEOMAVAEGA. Madam Speaker, I rise in support of H.R. 2584, a bill I introduced to assist our friends from Utrõk Atoll as they continue efforts to resettle and rehabilitate their islands as a result of the effects of the United States nuclear testing in the Marshal Islands. I would like to express my gratitude to Chairman RICHARD POMBO and Ranking Member NICK RAHALL of the Resources Committee for their continued support of Pacific Island issues. I would also like to thank my distinguished colleagues and co-sonsors—Congressmen ANIBAL ACEVEDO-VILÁ (PR), DAN BURTON (IN), JOHN DOOLITTLE (CA), ELTON GALLEGLY (CA), JEFF FLAKE (AZ) and Congresswoman MADELEINE BORDALLO (Guam).

The purpose of this proposed legislation is simply to authorize the Secretary of Commerce to convey a decommissioned, operable NOAA vessel to the Government of Utrõk. The vessel would be used to provide support for radiological monitoring, rehabilitation and resettlement of Utrõk, an atoll that is part of the Republic of the Marshall Islands.

As you know, many of the Marshall Islands atolls were devastated by the effects of the U.S. Nuclear Testing activities during the 1940's and 50's. Utrõk was one of four atolls acknowledged by the U.S. Government and suffering unsafe radiologicval exposure and its residents were forced to evacuate 72 hours after the miscalculated Bravo shot. Two months later, the people of Utrõk were assured it was safe to return home. We know now that this was a grave mistake because Utrõk residents have since suffered increased radiological illnesses and birth defects. Today, the people of Utrõk are seeking to rehabilitate their home island so that it is a safe place to live.

Last year a comprehensive scientific report recommended a potassium fertilizer treatment to accompany the ongoing resettlement process on Utrõk, a treatment which would suppress the remaining radioactive Cesium-137 in the soil and prevent its further uptake in the food supply. In addition, the U.S. Department of Energy concluded a MOU with Utrõk that committed the DOE to build a Whole body Counting (WBC) facility in order to monitor radioactivity levels in the people of Utrõk. This new facility is located about 265 miles away in Majuro and will be used to ensure that the potassium fertilizer regime is effective and the administration of the fertilizer treatment is done properly. However, Utrõk residents are responsible for their own transportation to Majuro. Transportation by plane is expensive and available only once per week, and is unreliable, as the Utrõk runway is in disrepair and the airline often declines to land. Travel by commercial ships, although less expensive, is infrequent and unfeasible.

One solution to help facilitate transportation between Utrõk and Majuro is to transfer a decommissioned NOAA vessel to the Utrõk Atoll Local Government. In addition to transport of Utrõk residents to the WBC facility, the vessel will be used for moving several tons of potassium fertilizer, transporting equipment and materials for radiological remediation, and transporting USDA food supplies. Because of the Cesium-137 contamination is locally grown food, at least 50% of the diet of Utrõk residents must be imported to limit the risk of radiological poisoning.

The Utrõk Atoll Local Government also fully supports this measure and adopted are solution (022–03) on July 4th 2003 stating that the NOAA vessel transfer would be ''one of the crucial needs that will fully support our future goals to develop, rehabilitate and resettle the atoll after the aftermath of the 'Bravo' fallout''. The Utrõk Government also expects the ship to be available for use by other atolls for their respective communities, who will help pay for the ongoing maintenance of the vessel.

Mr. Speaker, I am hopeful that this bill will remind the Congress of our ongoing responsibility to the people of RMI for the mistakes the United States made regarding its nuclear testing activities in the Asia Pacific region. Once again, I urge my colleagues to support this important legislation and I thank my colleagues for their support.

Mrs. CHRISTENSEN. Madam Speaker, I yield back the balance of my time.

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

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from California (Mr. CALVERT) that the House suspend the rules and pass the bill, H.R. 2584, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: ''A bill to provide for the conveyance to the Utrok Atoll local government of a decommissioned National Oceanic and Atmospheric Administration ship, and for other purposes.''.

A motion to reconsider was laid on the table.

MESSAGE FROM THE SENATE

A message from the Senate by Mr. Monahan, one of its clerks, announced that the Senate has passed without amendment bills and a concurrent resolution of the House of the following titles:

H.R. 3038. An act to make certain technical and conforming amendments to correct the Health Care Safety Net Amendments of 2002.

H.R. 3140. An act to provide for availability of contact lens prescriptions to patients, and for other purposes.

H.R. 3166. An act to designate the facility of the United States Postal Service located at 57 Old Tappan Road in Tappan, New York, as the ''John G. Dow Post Office Building''.

H.R. 3185. An act to designate the facility of the United States Postal Service located at 38 Spring Street in Nashua, New Hampshire, as the ''Hugh Gregg Post Office Building''.

H.R. 3491. An act to establish within the Smithsonian Institution the National Museum of African American History and Culture, and for other purposes.

H. Con. Res. 320. Concurrent resolution expressing the sense of the Congress regarding the importance of motorsports.

The message also announced that the Senate has passed with amendments in which the concurrence of the House is requested, a joint resolution of the House of the following title:

H.J. Res. 78. Making further continuing appropriations for the fiscal year 2004, and for other purposes.

The message also announced that the Senate has passed bills of the following titles in which the concurrence of the House is requested:

S. 1152. An act to reauthorize the United States Fire Administration, and for other purposes.

S. 1561. An act to preserve existing judgeships on the Superior Court of the District of Columbia.

PREDISASTER MITIGATION PROGRAM REAUTHORIZATION ACT OF 2003

Mr. LATOURETTE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3181) to amend the Robert

T. Stafford Disaster Relief and Emergency Assistance Act to reauthorize the predisaster mitigation program, and for other purposes.

The Clerk read as follows:

H.R. 3181

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 ''Predisaster Mitigation Program Reauthorization Act of 2003''.

SEC. 2. PREDISASTER HAZARD MITIGATION.

Section 203(m) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5133(m)) is amended by striking ''December 31, 2003'' and inserting ''September 30, 2006''.

SEC. 3. HAZARD MITIGATION.

(a) IN GENERAL.—The last sentence of section 404(a) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170c(a)) is amended by striking ''7.5'' and inserting ''15''.

(b) APPLICABILITY.—The amendment made by subsection (a) shall apply with respect to a major disaster declared by the President after September 30, 2002.

SEC. 4. REPAIR ASSISTANCE TO INDIVIDUALS AND HOUSEHOLDS.

(a) IN GENERAL.—Section 408(c)(2) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5174(c)(2)) is amended—

(1) in subparagraph (B) by inserting ''initial'' before ''assistance'' the first place it appears;

(2) in subparagraph (C)—

(A) in the subparagraph heading by inserting ''INITIAL'' before ''ASSISTANCE''; and

(B) by inserting ''initial'' before ''assistance''; and

(3) by adding at the end the following:

''(D) ADDITIONAL ASSISTANCE.—Subject to the limitation contained in subsection (h), the President may provide additional repair assistance under this paragraph to an individual or household that is unable to complete the repairs described in subparagraph (A) using insurance proceeds, loans, or other financial assistance, including assistance from the Small Business Administration.''.

(b) APPLICABILITY.—The amendments made by subsection (a) shall apply with respect to a major disaster declared by the President after the date of enactment of this Act.

SEC. 5. STUDY REGARDING COST REDUCTION.

Section 209 of the Disaster Mitigation Act of 2000 (42 U.S.C. 5121 note; 114 Stat. 1571) is amended by striking ''3 years after the date of the enactment of this Act'' and inserting ''September 30, 2005''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Ohio (Mr. LATOURETTE) and the gentleman from Oregon (Mr. BLUMENAUER) each will control 20 minutes.

The Chair recognizes the gentleman from Ohio (Mr. LATOURETTE).

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

Madam Speaker, H.R. 3181, the Predisaster Mitigation Program Reauthorization Act of 2003 reauthorizes the Predisaster Mitigation Program for an additional 3 years and allows the President to offer additional home repair assistance to disaster victims; restores the percentage of Hazard Mitigation Grant Program funds to previously authorized levels; and requires the completion of a Congressional Budget Office study on the cost-effectiveness of the program.

This program, which was originally authorized as a pilot program as a part of the Disaster Mitigation Act of 2000 was intended to study the effectiveness of mitigation grants in the absence of a disaster, as opposed to solely following a disaster, as is currently the practice.

In addition to reauthorizing the Predisaster Mitigation Program, the bill makes two changes to other programs within the Stafford Act. H.R. 3181 authorizes the President to give additional home repair assistance when the initial amount is insignificant, and it also restores the percentage of funding available under the HMGP. In the omnibus appropriation bill that concluded the last Congress, this percentage was modified, and there was compelling testimony before our subcommittee and also brought to the attention of the members of the full Committee on Transportation and Infrastructure by people in emergency management administrations across the country that the previous levels authorized by the Committee on Transportation and Infrastructure were absolutely essential to the work that they do.

The bill also requires the completion of a CBO study on the effectiveness of the PDM. This study is required by December 30, 2006, by which time it is expected that there will be more information on which to study the effectiveness of the PDM.

This legislation is the product of a comprehensive and inclusive legislative process. It is, I believe, a balanced approach to disaster mitigation and worthy of our support. I thank the ranking member of our subcommittee, the gentlewoman from the District of Columbia (Ms. NORTON), for her invaluable assistance in crafting this legislation, and also the chairman of the Committee on Transportation and Infrastructure, the gentleman from Alaska (Mr. YOUNG) and the distinguished ranking member, the gentleman from Minnesota (Mr. OBERSTAR). Madam Speaker, I urge immediate adoption of H.R. 3181.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I rise in support of H.R. 3181 the Predisaster Mitigation Reauthorization Act. As the gentleman from Ohio (Mr. LATOURETTE) pointed out, the purpose is to reauthorize predisaster mitigation which provides assistance on a competitive basis to States and localities to undertake hazard mitigation projects. It is absolutely incontrovertible that if we take steps early in the process, we will protect lives, we will protect property. There is an added benefit in keeping disaster costs down and insurance rates in check.

One way or another, we all pay for natural disaster events through Federal disaster relief and insurance premiums. Nationwide, annual homeowner insurance premiums have increased 42.2 percent since 1995. In the last 25 years, there have been almost 1,000 Presidential disasters declared, and the GAO has estimated that Federal disaster relief has increased fivefold in the course of the last decade. From 1998 to 2001, this is almost $40 billion.

Not only will this legislation help homeowners be whole again, but it will save taxpayers billions of dollars in disaster assistance in the long haul.

One of the concerns I and a number of Members had when we had the Federal Emergency Management Agency with its long history of helping our Nation deal with natural disasters moved into the Department of Homeland Security was the concern that the focus on the day-to-day disaster preparedness and emergency response, I would be lost in that large bureaucracy. I am hopeful that in the course of our heightened homeland security concerns, that we do not allow the focus of that agency to become blurred. Maintaining the Hazard Mitigation Grant Program is an essential part of maintaining that focus.

By funding mitigation projects after disasters at the time when communities are most closely focused on the benefits of mitigation and protecting families from future loss, we are able to invent resources and make a difference. Sadly, there are already stories in the newspapers in southern California after, the disastrous fires and the testimony to inadequate planning and enforcement even of local regulations, the people are talking about moving back into harm's way.

The Predisaster Mitigation Program Reauthorization Act we bring to the floor today provides the balance between the predisaster program and reaffirming our support for postmitigation.

The pilot project, as has been referenced would provide for the distribution of grants to carry out disaster mitigation programs, was created to promote appropriate mitigation efforts without having to wait for a disaster to trigger the availability of funds in the future.

Even though authorized to start in 1999, it only began this calendar year, and the competitive grants have yet to be received or awarded. Even though we want to evaluate the effectiveness of the program, and the CBO cannot yet compete its mandate due to the lack of substantive information, it is appropriate for us to reauthorize for 3 years to make sure we get the evidence.

We ought to be very clear that we want to have the facts and figures to support being able to do more in the future. I deeply appreciate the work of our chairman, the gentleman from Alaska (Mr. YOUNG), and the ranking member, the gentleman from Minnesota (Mr. OBERSTAR), and the work of the chairman of the subcommittee, the

gentleman from Ohio (Mr. LATOURETTE), and the ranking member, the gentlewoman from the District of Columbia (Ms. NORTON). They provide continuing focus on this important area that too often fail to get the attention it deserves. If we do our job right, we will make a difference for people all across the country: taxpayers, homeowners, and the people who have the tough jobs working in the trenches.

Madam Speaker, I reserve the balance of my time.

Mr. LATOURETTE. Madam Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. BURNS), a very valuable new member of our subcommittee and full committee. A lot of Members join the Committee on Transportation and Infrastructure, but few have understood it as quickly as the gentleman from Georgia.

□ 1130

Mr. BURNS. Madam Speaker, I rise today to support passage of H.R. 3181, the Predisaster Mitigation Program Reauthorization Act of 2003. This comprehensive bill, developed on a bipartisan basis, extends the predisaster mitigation program for an additional 3 years, makes two important changes to the Stafford Act, and requires a Congressional Budget Office study of the program's effectiveness.

This program, which was originally included in the Disaster Mitigation Act of 2000, takes the next step in protecting our communities from the devastating effects of disasters. By encouraging communities to engage in cost-effective disaster mitigation projects before disasters strike, we can dramatically reduce the response and recovery cost of these disasters.

Unlike terrorism, natural disasters can and will strike every State and territory in the United States. From the ice storms that we suffer in my home State of Georgia to hurricanes that have even impacted Washington, D.C., every State and locality can prepare itself to reduce its risk from disasters. Whether it be seismic retrofits of buildings, safe rooms in schools, improved levees, or awareness programs, the actions that we take today will determine how we fare in a disaster. This program makes necessary funds available for such projects.

H.R. 3181 also makes two very important changes to the Stafford Act. These changes have been requested by professional organizations and have strong bipartisan support. H.R. 3181 restores to previously authorized levels the percentage of HMGP funds available following disasters and authorizes additional home repair assistance for individuals when the initial amount of $5,000 is insufficient. Each of these changes will make recovering from a disaster and preparing for disasters easier, thereby reducing future costs.

Finally, this bill requires a CBO study of the effectiveness of this program, a study which will guide future considerations for our efforts in the United States to ensure disaster relief.

I urge the adoption of H.R. 3181.

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

Mr. LATOURETTE. Madam Speaker, I yield myself the balance of my time.

I want to thank my friend from Oregon for participating, also my friend from Georgia, again thank all the members of the subcommittee and those in the emergency management field across the country that helped participate and craft this legislation. The very able and capable staff of the committee has reminded me that yesterday we had on the floor a bill dealing with flood insurance which has a mitigation program; and although they have done mighty work, to date they have only secured 938 properties and removed them from further flood damage. This program that we are reauthorizing today has engaged in the purchase of 20,000 properties.

Again, the testimony before the subcommittee was stark and it was clear. It is easy to get a community to come together and spend money after a flood, after a hurricane, after a tornado. It is very difficult to get people to make that investment prior to, but the testimony is clear that if you make that investment in seismic upgrading of buildings or other features throughout parts of the country, you can literally save billions of dollars. It is a good program. I urge support.

Mr. OBERSTAR. Madam Speaker, I rise in support of H.R. 3181, the Predisaster Mitigation Reauthorization Act of 2003. This bill makes a limited number of necessary amendments to the Stafford Act. The Stafford Act governs the Federal Emergency Management Agency's (FEMA) responsibilities to help communities prepare for and respond to disasters. Many of the FEMA's functions were transferred to the Department of Homeland Security's Directorate of Emergency Prepareness and Response when that Department was created last year.

Over the last 25 years, this country has had nearly one thousand presidential disaster declarations in the United States and the Insular Territories. These disasters have cost our Nation billions of dollars and taken an untold number of lives.

The Stafford Act authorizes programs that not only provide funding for post-disaster recovery, but also provide funding for importance pre-disaster hazard mitigation projects.

In October 2000, Congress passed the Disaster Mitigation Act of 2000 (DMA), which reauthorized the Stafford Act and created several new programs. One of those new programs was a pre-disaster mitigation program that allowed FEMA to award grants to States on a competitive basis to implement pre-disaster mitigation plans. Although authorized to begin in fiscal year 1999, the program began in earnest only a few months ago. No competitive grant applications have yet been received by FEMA, and none of the competitive grants have been awarded. In light of this, H.R. 3181 extends the authorization of this program for another three years in order to give FEMA the time to implement the program and to give Congress the time to fairly evaluate it. In addition, the bill redirects the Congressional Budget Office (CBO) to conduct a study on the program's effectiveness.

Further, the bill reaffirms our support for the Hazard Mitigation Grant Program (HMGP) that seeks to substantially reduce the risk of future damage, hardship, or loss in any area affected by a major disaster. This program has a proven record of success. It is successful in large part because it funds hazard mitigation projects immediately after a disaster strikes, when the public and local governments are most focused on mitigation measures. In addition, it has the strong support of State and local governments.

Finally, this bill would allow the Undersecretary to provide additional home repair assistance for a homeowner upon the homeowner's showing of an inability to make the necessary repairs by other means. Not being able to properly repair a home after a disease can add further distress to an already devastating situation. While current law provides for a $5,000 cap on home repair assistance for individuals who have been impacted by a disaster, there is a significant percentage of homeowners who continue to struggle with unmet needs. This bill remedies that concern.

Madam Speaker, I'd also like to thank my colleagues on the Transportation and Infrastructure Committee, Chairman YOUNG, Subcommittee Chairman LATOURETTE, and Subcommittee Democratic Ranking Member NORTON, for their work on this important bill. I believe this bill provides a balanced approach to mitigation by providing for both pre- and post-disaster mitigation programs. I urge my colleagues to join me in supporting it.

Mr. COSTELLO. Madam Speaker, I raise today in support of H.R. 3181, the Predisaster Mitigation Act Reauthorization Act of 2002. I would like to commend my colleagues on the Transportation and Infrastructure Committee, Chairman YOUNG, Subcommittee Chairman LATOURETTE and Subcommittee Democratic Ranking Member NORTON, for all of their work on this important bill.

This bill makes a limited number of necessary amendments to the Stafford Act, which governs the Federal Emergency Management Agency's (FEMA) responsibilities to help communities prepare for and respond to disasters. The Stafford Act authorizes programs that provide funding for both post-disaster recovery, and for important pre-disaster hazard mitigation projects.

The pre-disaster mitigation program was authorized to begin in fiscal year 1999; however, the program began in earnest only a few months ago. The program allowed FEMA to award grants to states on a competitive basis to implement pre-disaster mitigation plans. Because of its late start, no competitive grant applications have yet been received by FEMA, and none of the competitive grants have been awarded. Among other things, this bill extends the authorization of this program for another three years to give FEMA the time necessary to implement the program and to give Congress the time necessary to fairly evaluate it.

Madam Speaker, I believe this is a good bill that provides a balanced approach to both pre- and post-disaster mitigation programs. I urge my colleagues to join me in supporting the bill.

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

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from Ohio (Mr. LATOURETTE) that the House suspend the rules and pass the bill, H.R. 3181.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. LATOURETTE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 3181.

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

There was no objection.

UNITED STATES FIRE ADMINISTRATION REAUTHORIZATION ACT of 2003

Mr. BOEHLERT. Madam Speaker, I move to suspend the rules and pass the Senate bill (S. 1152) to reauthorize the United States Fire Administration, and for other purposes.

The Clerk read as follows:

S. 1152

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

TITLE I—UNITED STATES FIRE ADMINISTRATION REAUTHORIZATION

SEC. 101. SHORT TITLE.

This title may be cited as the ''United States Fire Administration Reauthorization Act of 2003''.

SEC. 102. RE-ESTABLISHMENT OF POSITION OF UNITED STATES FIRE ADMINISTRATOR.

Section 1513 of the Homeland Security Act of 2002 (6 U.S.C. 553) does not apply to the position or office of Administrator of the United States Fire Administration, who shall continue to be appointed and compensated as provided by section 5(b) of the Federal Fire Prevention and Control Act of 1974 (15 U.S.C. 2204(b)).

SEC. 103. AUTHORIZATION OF APPROPRIATIONS.

Section 17(g)(1) of the Federal Fire Prevention and Control Act of 1974 (15 U.S.C. 2216(g)) is amended by striking subparagraphs (A) through (K) and inserting the following:

''(A) $63,000,000 for fiscal year 2005, of which $2,266,000 shall be used to carry out section 8(f);

''(B) $64,850,000 for fiscal year 2006, of which $2,334,000 shall be used to carry out section 8(f);

''(C) $66,796,000 for fiscal year 2007, of which $2,404,000 shall be used to carry out section 8(f); and

''(D) $68,800,000 for fiscal year 2008, of which $2,476,000 shall be used to carry out section 8(f).''.

TITLE II—FIREFIGHTING RESEARCH AND COORDINATION

SEC. 201. SHORT TITLE.

This title may be cited as the ''Firefighting Research and Coordination Act''.

SEC. 202. NEW FIREFIGHTING TECHNOLOGY.

Section 8 of the Federal Fire Prevention and Control Act of 1974 (15 U.S.C. 2207) is amended—

(1) by redesignating subsection (e) as subsection (g); and

(2) by inserting after subsection (d) the following:

''(e) ASSISTANCE TO OTHER FEDERAL AGENCIES.—At the request of other Federal agencies, including the Department of Agriculture and the Department of the Interior, the Administrator may provide assistance in fire prevention and control technologies, including methods of containing insect-infested forest fires and limiting dispersal of resultant fire particle smoke, and methods of measuring and tracking the dispersal of fine particle smoke resulting from fires of insect-infested fuel.

''(f) TECHNOLOGY EVALUATION AND STANDARDS DEVELOPMENT.—

''(1) IN GENERAL.—In addition to, or as part of, the program conducted under subsection (a), the Administrator, in consultation with the National Institute of Standards and Technology, the Inter-Agency Board for Equipment Standardization and Inter-Operability, the National Institute for Occupational Safety and Health, the Directorate of Science and Technology of the Department of Homeland Security, national voluntary consensus standards development organizations, interested Federal, State, and local agencies, and other interested parties, shall—

''(A) develop new, and utilize existing, measurement techniques and testing methodologies for evaluating new firefighting technologies, including—

''(i) personal protection equipment;

''(ii) devices for advance warning of extreme hazard;

''(iii) equipment for enhanced vision;

''(iv) devices to locate victims, firefighters, and other rescue personnel in above-ground and below-ground structures;

''(v) equipment and methods to provide information for incident command, including the monitoring and reporting of individual personnel welfare;

''(vi) equipment and methods for training, especially for virtual reality training; and

''(vii) robotics and other remote-controlled devices;

''(B) evaluate the compatibility of new equipment and technology with existing firefighting technology; and

''(C) support the development of new voluntary consensus standards through national voluntary consensus standards organizations for new firefighting technologies based on techniques and methodologies described in subparagraph (A).

''(2) STANDARDS FOR NEW EQUIPMENT.—

(A) The Administrator shall, by regulation, require that new equipment or systems purchased through the assistance program established by the first section 33 meet or exceed applicable voluntary consensus standards for such equipment or systems for which applicable voluntary consensus standards have been established. The Administrator may waive the requirement under this subparagraph with respect to specific standards.

''(B) If an applicant for a grant under the first section 33 proposes to purchase, with assistance provided under the grant, new equipment or systems that do not meet or exceed applicable voluntary consensus standards, the applicant shall include in the application an explanation of why such equipment or systems will serve the needs of the applicant better than equipment or systems that do meet or exceed such standards.

''(C) In making a determination whether or not to waive the requirement under subparagraph (A) with respect to a specific standard, the Administrator shall, to the greatest extent practicable—

''(i) consult with grant applicants and other members of the fire services regarding the impact on fire departments of the requirement to meet or exceed the specific standard;

''(ii) take into consideration the explanation provided by the applicant under subparagraph (B); and

''(iii) seek to minimize the impact of the requirement to meet or exceed the specific standard on the applicant, particularly if meeting the standard would impose additional costs.

''(D) Applicants that apply for a grant under the terms of subparagraph (B) may include a second grant request in the application to be considered by the Administrator in the event that the Administrator does not approve the primary grant request on the grounds of the equipment not meeting applicable voluntary consensus standards.''.

SEC. 203. COORDINATION OF RESPONSE TO NATIONAL EMERGENCY.

(a) IN GENERAL.—Section 10 of the Federal Fire Prevention and Control Act of 1974 (15 U.S.C. 2209) is amended—

(1) by redesignating subsection (b) as subsection (c); and

(2) by inserting after subsection (a) the following:

''(b) MUTUAL AID SYSTEMS.—

''(1) IN GENERAL.—The Administrator shall provide technical assistance and training to State and local fire service officials to establish nationwide and State mutual aid systems for dealing with national emergencies that—

''(A) include threat assessment and equipment deployment strategies;

''(B) include means of collecting asset and resource information to provide accurate and timely data for regional deployment; and

''(C) are consistent with the Federal Response Plan.

''(2) MODEL MUTUAL AID PLANS.—The Administrator shall develop and make available to State and local fire service officials model mutual aid plans for both intrastate and interstate assistance.''.

(b) REPORT ON STRATEGIC NEEDS.—Within 90 days after the date of enactment of this Act, the Administrator of the United States Fire Administration shall report to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Science on the need for a strategy concerning deployment of volunteers and emergency response personnel (as defined in section 6 of the Firefighters' Safety Study Act (15 U.S.C. 2223e)), including a national credentialing system, in the event of a national emergency.

(c) REPORT ON FEDERAL RESPONSE PLAN.—Within 180 days after the date of enactment of this Act, the Department of Homeland Security shall transmit a report to the Senate Committee on Commerce, Science, and Transportation, the Senate Committee on Governmental Affairs, and the House of Representatives Committee on Science describing plans for revisions to the Federal Response Plan and its integration into the National Response Plan, including how the revised plan will address response to terrorist attacks, particularly in urban areas, including fire detection and suppression and related emergency services.

SEC. 204. TRAINING.

(a) IN GENERAL.—Section 7(d)(1) of the Federal Fire Prevention and Control Act of 1974 (15 U.S.C. 2206(d)(1)) is amended—

(1) by striking ''and'' after the semicolon in subparagraph (E);

(2) by redesignating subparagraph (F) as subparagraph (N); and

(3) by inserting after subparagraph (E) the following:

''(F) strategies for building collapse rescue;

''(G) the use of technology in response to fires, including terrorist incidents and other national emergencies;

''(H) response, tactics, and strategies for dealing with terrorist-caused national catastrophes;

''(I) use of and familiarity with the Federal Response Plan;

''(J) leadership and strategic skills, including integrated management systems operations and integrated response;

''(K) applying new technology and developing strategies and tactics for fighting forest fires;

''(L) integrating the activities of terrorism response agencies into national terrorism incident response systems;

''(M) response tactics and strategies for fighting fires at United States ports, including fires on the water and aboard vessels; and''.

(b) CONSULTATION ON FIRE ACADEMY CLASSES.—The Superintendent of the National Fire Academy may consult with other Federal, State, and local agency officials in developing curricula for classes offered by the Academy.

(c) COORDINATION WITH OTHER PROGRAMS TO AVOID DUPLICATION.—The Administrator of the United States Fire Administration shall coordinate training provided under section 7(d)(1) of the Federal Fire Prevention and Control Act of 1974 (15 U.S.C. 2206(d)(1)) with the Attorney General, the Secretary of Health and Human Services, and the heads of other Federal agencies—

(1) to ensure that such training does not duplicate existing courses available to fire service personnel; and

(2) to establish a mechanism for eliminating duplicative training programs.

(d) COURSES AND TRAINING ASSISTANCE.—Section 7(l) of the Federal Fire Prevention and Control Act of 1974 (15 U.S.C. 2206(l)) is amended by adding at the end the following: ''The Superintendent shall offer, at the Academy and at other sites, courses and training assistance as necessary to accommodate all geographic regions and needs of career and volunteer firefighters.''.

SEC. 205. FIREFIGHTER ASSISTANCE GRANTS PROGRAM.

(a) ADMINISTRATION.—The first section 33 of the Federal Fire Prevention and Control Act of 1974 (15 U.S.C. 2229) is amended—

(1) by striking subsection (b)(2) and inserting the following:

''(2) ADMINISTRATIVE ASSISTANCE.—The Director shall establish specific criteria for the selection of recipients of assistance under this section and shall provide grant-writing assistance to applicants.''; and

(2) by striking ''operate the office established under subsection (b)(2) and'' in subsection (e)(2).

(b) MARITIME FIREFIGHTING.—Subsection (b)(3)(B) of the first section 33 of the Federal Fire Prevention and Control Act of 1974 (15 U.S.C. 2229(b)(3)(B)) is amended by inserting ''maritime firefighting,'' after ''arson prevention and detection,''.

(c) FIREFIGHTING IN REMOTE AREAS.—The first section 33 of the Federal Fire Prevention and Control Act of 1974 (15 U.S.C. 2229) is amended—

(1) by inserting ''equipment for fighting fires with foam in remote areas without access to water, and'' after ''including'' in subsection (b)(3)(H); and

(2) by inserting ''Of the amounts authorized in this paragraph, $3,000,000 shall be made available each year through fiscal year 2008 for foam firefighting equipment.'' at the end of subsection (e)(1).

SEC. 206. NATIONAL FALLEN FIREFIGHTERS FOUNDATION.

(a) MEMBERS.—Section 151303(b) of title 36, United States Code, is amended—

(1) by striking ''9'' in paragraph (2) and inserting ''12'';

(2) by striking ''six'' in subparagraph (D) of paragraph (2) and inserting ''nine''; and

(3) by striking ''3 members'' in paragraph (3) and inserting ''4 members''.

(b) COMPENSATION.—Section 151304(b)(3) of title 36, United States Code, is amended by inserting ''15 percent above'' after ''more than''.

(c) PERIOD OF AUTHORIZED ASSISTANCE.—Section 151307 of title 36, United States Code, is amended in subsection (a)(1), by striking ''During the 10-year period beginning on the date of the enactment of the Fire Administration Authorization Act of 2000, the'' and inserting ''The''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. BOEHLERT) and the gentleman from Texas (Mr. RODRIGUEZ) each will control 20 minutes.

The Chair recognizes the gentleman from New York (Mr. BOEHLERT).

GENERAL LEAVE

Mr. BOEHLERT. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on S. 1152, the bill now under consideration.

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

There was no objection.

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

I rise in support of the U.S. Fire Administration Reauthorization Act, which began life in the House as H.R. 2692, introduced by the gentleman from Michigan (Mr. SMITH), subcommittee chairman. Most Americans have never heard of the U.S. Fire Administration, but it has enhanced the protection of all of our communities, our neighborhoods; and firefighters know the agency well.

The funds we are authorizing in this bill will continue to train our local firefighters both at the National Fire Academy in Emmitsburg and in State and local training centers. These funds will also help promote residential fire sprinklers, fire prevention activities, and other activities that save lives. The U.S. Fire Administration has also administered the FIRE program, which helps our local fire departments purchase desperately needed fire equipment. It is one of the most successful Federal assistance programs devised by this Congress or any previous Congress.

One of the great things about this program is that the politicians, and I have fondness for politicians, but the politicians are sort of taking a back seat. It is the people involved, the firefighters themselves in every day protecting our homes and our neighborhoods and communities that established the criteria for this massive grant program and do the actual evaluating. It is a program with unquestioned integrity. I say that because I have watched it in operation, and all of our congressional districts across the country are taking advantage of it, not for selfish reasons but to protect our people in their homes, in their neighborhoods, in their communities, where they live.

I will tell my colleagues a personal experience in my own congressional district. Utica, New York, had an arson rate three times the national average. It was a serious problem in New York. I sat down with the previous administrator of FEMA and said, let's work with this community because this is a serious problem and it has to be addressed and it is far beyond the ability of the individual community to come to grips with it in any meaningful way without some added guidance and inspiration and, quite frankly, some financial support from beyond our borders. FEMA did it. We did it. Collectively, Utica has enjoyed its best day in the last couple of years. The arson rate is down dramatically. People feel more comfortable and safer in their homes. It is all because of some work that came out of the U.S. Fire Administration.

I would say for a whole lot of the right reasons, I urge approval of this bill which will help our localities in very tangible ways, meaningful ways that touch the lives of individual families. We owe it to our firefighters both paid and volunteer. Incidentally, let me just stress, paid and volunteer. I have heard some people suggest on occasion that we have professional firefighters and we have volunteer firefighters. There is no such differential. We have paid and unpaid but those volunteers from coast to coast are some of the most dedicated, professional, able, committed people we will find anyplace. Thank God for the volunteer firefighters of America. That is not to indicate I do not appreciate what the paid firefighters do day in and day out or making a professional career of it, but those volunteers in communities all across this land do outstanding work, give of their time and their talent and their energy to protect us and our communities. I want to salute them, and I want to dedicate passage of this bill to them.

Madam Speaker, I reserve the balance of my time.

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

I rise in support of S. 1152, the United States Fire Administration Reauthorization Act. I want to thank all the Members who had a part, including the gentleman from New York (Mr. BOEHLERT). The gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) is on her way. I know she has worked on this very diligently.

Madam Speaker, I reserve the balance of my time.

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

I want to add something here. There was some confusion about section 204(c) of this bill regarding coordination of firefighting training activities.

I want to clarify that the reference to ''other Federal agencies'' in this section includes the Office of Domestic Preparedness and does not conflict with the counterterrorism training provisions in the Homeland Security Act of 2002.

I also would like to place in the RECORD at this juncture an exchange of letters between me as chairman of the Committee on Science and Chairman YOUNG of the Committee on Transportation and Infrastructure. I also serve on that committee, too, so in some respects I am writing to myself. This is an exchange of letters that further clarifies it.

HOUSE OF REPRESENTATIVES, COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE,
Washington, DC, November 21, 2003.

Hon. SHERWOOD, L. BOEHLERT,
Chairman, Committee on Science,
Washington, DC.

DEAR MR. CHAIRMAN: I am writing to you concerning the jurisdictional interest of the Transportation and Infrastructure Committee in matters contained in S. 1152, the United States Fire Administration Reauthorization Act of 2003.

Our Committee recognizes the importance of S. 1152 and the need for the legislation to move expeditiously. Therefore, while we have a valid claim to jurisdiction over certain provisions of the bill, I agree not to request a referral and allow the bill to be considered in the House under suspension of the rules. This, of course, is conditional on our mutual understanding my decision to forego a sequential referral waives, reduces or otherwise affects the jurisdiction of the Transportation and Infrastructure Committee, and that a copy of this letter and of your response acknowledging our jurisdictional interest will be included as part of the Congressional Record during consideration of this bill by the House.

Thank you for your cooperation in this matter.

Sincerely,

DON YOUNG,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON SCIENCE,
Washington, DC, November 21, 2003.

Hon. DON YOUNG,
Chairman Committee on Transportation and Infrastructure, Washington, DC.

DEAR MR. CHAIRMAN: Thank you for your letter concerning the jurisdictional interest of the Transportation and Infrastructure Committee over matters contained in S. 1152, the United States Fire Administration Reauthorization Act of 2003.

I appreciate your not requesting a referral of this bill and allowing it to be considered by the House under suspension of the rules. Specifically, I acknowledge that your Committee has a valid claim to jurisdiction over certain provisions of the bill as drafted. I agree that by forgoing a sequential referral you do not waive, reduce, or otherwise affect the jurisdiction of the Committee on Transportation and Infrastructure.

I also agree that a copy of this letter and of your letter will be included as part of the Congressional Record during consideration of this bill by the House.

Thank you for your cooperation in this matter.

Sincerely,

SHERWOOD L. BOEHLERT,
Chairman.

Madam Speaker, I reserve the balance of my time.

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

I want to take this opportunity to commend the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) on this specific legislation. I know that she has been working on this diligently. We recognize that there are a great number of deaths as a result of fire. We need to continue to work in this area. We know we have had natural disasters also in this area. I want to take this opportunity to thank the Members that have played a role.

Madam Speaker, I yield the balance of my time to the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) and ask unanimous consent that she be permitted to control that time.

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

There was no objection.

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, let me apologize for being late. I was told to be here by 12, and I was in a briefing, so I came running.

Let me thank the chairman of the Subcommittee on Research of the Committee on Science, the staff and the other leadership of the committee for working on this bill. I rise in support of Senate bill 1152, the United States Fire Administration Reauthorization Act of 2003.

This legislation is closely related to H.R. 2692, which I joined Research Subcommittee Chairman SMITH in introducing and which was ordered reported by the Committee on Science on July 22. I would like to thank Chairman SMITH for working with me in a collegial way in the development of the fire authorization bill. The version of the authorization bill before the House preserves the key features of H.R. 2692.

The Federal Fire Prevention and Control Act of 1974, which created the U.S. Fire Administration, was intended to address a serious problem affecting the safety of all Americans. Much progress has been made as a result of this legislation to advance public education about fire safety, to improve the effectiveness of the fire services throughout the Nation, and to foster the wider use of home fire safety devices.

Nevertheless, the United States still has one of the highest fire death rates among advanced nations, and fire deaths exceed the loss of life from all natural disasters combined. Clearly, much work remains to be done in order to make needed improvements in the Nation's fire safety record. I believe that S. 1152 will ensure that the U.S. Fire Administration has the resources and policies in place to help achieve this goal.

□ 1145

One matter of concern is that the effectiveness of the U.S. fire administration could suffer due to its submersion in the new Department of Homeland Security, which understandably must concentrate its efforts on combating threats from terrorism. The legislation seeks to preserve the status and visibility of the fire administration and its vital programs to advance fire safety within the Department of Homeland Security.

To achieve this result, the bill reestablishes the position of fire administrator as a Presidentially appointed and Senate-confirmed post. This is appropriate given the role of the Fire Administrator as the lead advocate for fire services within the Federal Government.

Another important function of the U.S. Fire Administration is to support research and development and testing of new firefighting technologies. This bill reemphasizes this role and authorizes new funding to help carry it out, including support for the process for developing consensus standards for the performance of new fire protection and control technologies.

Consistent with supporting the development of appropriate voluntary consensus standards for new firefighting equipment, the bill requires that equipment provided under the fire grants program conform to such standards where they exist. Fire grants provide fire departments across the Nation with the equipment and training they need to meet their important responsibilities in protecting the public from fire hazards. The Fire Administrator is given flexibility in applying the standards requirement for these grants so that the fire departments may propose solutions that make the most sense for their particular circumstances. Provision for this flexibility in the bill is in accordance with the recommendations received during the Committee on Science hearing on the legislation. The bill makes an additional modification to the statute creating the Fire Grants Program by specifying that awards to support training may include training firefighting personnel and maritime firefighting. The need for such training was ably advocated by the gentleman from Oregon (Mr. WU), championed this provision.

Madam Speaker, this bill is a bipartisan piece of legislation that authorizes the activities of a small, but extremely valuable, Federal agency that contributes to the safety of all Americans. I am pleased to commend the measure to my colleagues and ask for their support in the passage of this bill in the House.

Madam Speaker, I reserve the balance of my time.

Mr. BOEHLERT. Madam Speaker, I yield 3 minutes to the distinguished gentleman from Michigan (Mr. SMITH), the chairman of the Research Subcommittee and a real friend of the firefighters.

Mr. SMITH of Michigan. Madam Speaker, I thank the chairman for being one of the original congressional

leaders for first responders and firefighters. And to the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON), who is the vice chairman or ranking member of our Research Subcommittee, I thank her for her help.

We have come a long way in this Congress helping first responders, and I think it has struck all of us after 9/11, the tremendous contribution that first responders add to the security of this country. So we are now asking even more of our firefighters and medical personnel. I would like to also commend Administrator Paulison, who has done an excellent job in terms of increasing the productivity and the efficiency of the United States Fire Administration.

This legislation is consistent with the President's request of a 3 percent increase in funding for the U.S. Fire Administration, but still at the same time with the help of the gentleman from Maryland (Mr. HOYER) and the gentleman from New Jersey (Mr. PASCRELL) on that side, certainly the gentleman from Pennsylvania (Mr. WELDON) and the chairman of this committee and myself and many others on the Republican side of the aisle, we worked together to make sure that we try to give firefighters the kind of training and support that they need to more effectively and efficiently conduct their business.

I would also like to commend the gentleman from Michigan (Mr. CAMP) for initiating the standards requirement that allows different fire departments to know the quality of some of the equipment and the machinery and the items that they might buy in that fire department to make sure that they do not, for lack of a better expression, get ripped off with equipment that is not as good as it seems.

Let me conclude by saying this is the bill I introduced and we passed in the House. It is a good bill. This Congress and America have increased our understanding that first responders and firefighters are very important to this country. Eighty percent of our firefighters in the United States are volunteers, but the full-time firefighter represents 80 percent of the people. So we have got to continue to support both the full-time firefighters and the volunteers, and that is what this bill does.

Madam Speaker, the legislation before us today would reauthorize the United States Fire Administration, which is charged with helping to prevent and control fire-related losses through leadership, advocacy, education, and support. This bill has been endorsed by a number of leading fire organizations including the Congressional Fire Services Institute, International Association of Fire Fighters, National Fire Protection Association, and National Volunteer Fire Council.

S. 1152, which is companion legislation to a bill that the distinguished Ranking Member of the Research Subcommittee and I introduced earlier this year, adheres to the Administration's budget request and provides 3 percent increases each year from 2005–2008. It would also restore the position of U.S. Fire Administrator as a Presidentially-appointed, Senate-confirmed position, after it was inadvertently eliminated by the Homeland Security Act of 2002.

USFA coordinates federal fire service training, public education, research, and data collection and analysis activities. In addition, USFA has administered the fire grant program, which supports fire departments by providing them with the tools and resources necessary to protect the health and safety of the public and firefighting personnel. USFA Administrator David Paulison has done an excellent job since being appointed in 2001, and I'd like to take this opportunity to publicly recognize his outstanding service.

This legislation also directs USFA to develop standards for firefighting equipment and technology. The new standards will help to ensure that firefighters have access to the highest quality equipment available. Equipment purchased through the fire grant program must meet the new standards, although under unique circumstances, the Administrator is given flexibility to waive this requirement.

There was an effort to attach language similar to Representative BOB ETHERIDGE's bill H.R. 919, the Hometown Heroes Survivor Benefit Act, to the bill before us today. I am one of 281 cosponsors of H.R. 919, which would ensure that the family of a public safety officer who suffers a fatal heart attack or stroke in the line of duty receives survivor benefits. These families are often forced to wrangle with the Justice Department to obtain compensation. In the interest of passing the USFA reauthorization expeditiously the language was eventually dropped. However, I would like to express my commitment to continuing to work for passage of H.R. 919.

In closing, I am pleased that we were able to work closely with members of the minority as well as members of the fire services community in drafting this bipartisan legislation. I urge every Member to support S. 1152 so that we can insure the long-term viability of this important program.

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Madam Speaker, I rise in strong support of the United States Fire Administration Reauthorization Act. And I want to commend the gentleman from New York (Mr. BOEHLERT) and the gentleman from Texas (Mr. HALL) not only for bringing this important legislation to the floor, but for their exemplary leadership they have displayed on behalf of the fire community over these many years.

Providing firefighters with the training and equipment they need to protect our communities is about as important a job as the Congress is charged with. This Congress and the previous Congress have risen to the occasion. And I am heartened by the advancement of this goal in recent years. So to the Chair and ranking members, they have done a spectacular job.

We started with the passage of the FIRE Act in 2000, to provide Federal grants directly to local fire departments to help address equipment and training and other firefighter-related needs. Since then communities have received close to 13,000 awards nationwide. There are 32,000 fire departments. Figure out the math. This has been an amazing achievement.

Two weeks ago we were able to pass the ''Staffing for Adequate Fire and Emergency Response,'' the SAFER program. That authorizes $7.6 billion through 2010 to combat the dangerous crisis of inadequate staffing in our Nation's career fire departments and volunteer departments at a time when it is more crucial than ever. We have come a long way. We have come a long way, indeed.

America's fire death rate is still one of the highest per capita in the industrial world. Fire kills 3,700 people per year, injures 20,000, and approximately 100 firefighters die annually while doing their work.

The USFA's National Fire Academy offers educational opportunities for firefighters in fire prevention and life safety activities, and, of course, we want it also to deal with the terrorist threat that is at hand. As a member of the Select Committee on Homeland Security, I find nothing to be more important than the defense of our families and our streets.

Through research, testing, and evaluation, USFA works with the public and private entities to promote and improve fire and life safety. Additionally, the data collection of the National Fire Safety Data Center is absolutely critical to identify problem areas for which prevention and mitigation strategies are needed. Firefighters, whose bravery and valor protect our Nation every day, deserve all that we can give them, and a strong, flourishing Fire Administration will assist in this regard.

And again, in conclusion, Madam Speaker, I think this is a great day for the fire services throughout the United States and a great day for our firefighters. They have earned it, and we are glad to participate in getting this legislation through today.

Mr. CAMP. Madam Speaker, I rise today in support of S. 1152, the United States Fire Administration Reauthorization Act. This bill appropriately recognizes the value of the United States Fire Administration (USFA) for its national leadership in reducing the threat of fires and educating Americans about fire prevention methods. I want to thank Research Subcommittee Chairman NICK SMITH and Science Chairman BOEHLERT for their leadership on this issue and their support for the inclusion of a bill I introduced, H.R. 545, the Firefighting Research and Coordination Act. I appreciate Senator MCCAIN'S leadership on this bill and for his hard work getting it passed last night in the Senate.

The Firefighting Research and Coordination Act helps address current policy questions on how the federal government can most effectively provide firefighters with the training and equipment necessary to protect lives. The bill gives appropriate weight to top fire service needs: the development of voluntary consensus standards for firefighting equipment and technology; establishing nationwide and

State mutual aid systems for dealing with national emergencies; and authorizing the National Fire Academy to train firefighters to respond to acts of terrorism and other national emergencies.

This legislation enjoys wide bipartisan support and the endorsement of many national fire groups including the Congressional Fire Services Institute, National Fire Protection Association, and the International Association of Firefighters and Fire Chiefs, among others. With the tools this bill provides, I am confident the USFA will continue to be recognized as the preeminent authority in fire education and fire prevention. I urge my colleagues to support this critical legislation.

Mr. HOYER. Madam Speaker, I am pleased to support S. 1152, bipartisan legislation to reauthorize the important work done by U.S. Fire Administration R. David Paulison and his dedicated staff in Emmittsburg, MD and Washington, DC.

The Federal Fire Prevention and Control Act of 1974 established the United States Fire Administration and its National Fire Academy to reduce life and economic losses due to fire and related emergencies, through leadership, advocacy, coordination and support.

Since that time, through data collection, public education, research ad training efforts, USFA has helped reduce fire deaths by at least half—making our communities and our citizens safer. For the past three years, the Fire Administrator has been tasked with administering the Assistance to Firefighters Grant program, created by Congress to adequately train and equip our career and volunteer firefighters across the country.

This $750 million program is vital to our firefighters, too many of whom risk their lives on a daily basis to protect our homes and our families without the modern equipment and advanced training they deserve. The Fire Grant program has succeeded at getting much-needed dollars to fire departments in fair, efficient manner, and USFA has been widely praised for its work in administering the program.

Authority for the Fire Grant program has now been moved to the Department of Homeland Security, and Members of the Fire Caucus, and all supporters of the fire community, will closely monitor the administration of the Grant program to guarantee that it continues to meet the needs of our fire departments.

Madam Speaker, this legislation also contains provisions important to the National Fallen Firefighters Foundations, which was established more than a decade ago through the leadership of Senator PAUL SARBANES to create an organization that would properly honor all of America's fallen fire heroes—and take care of the surviving families and loved ones as they cope with their grief and attempt to move on after their loss.

The Foundation carries out this mission with great compassion and dedication, and they have achieved a tremendous record of assisting the families of our fallen firefighters through the many programs, projects and activities they promote throughout the year. The provisions included in this legislation will allow the Foundation to continue, and to improve upon, the important work we have charged them to do.

Mr. Speaker, I am pleased to support this legislation, and urge my colleagues to do the same.

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

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

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from New York (Mr. BOEHLERT) that the House suspend the rules and pass the Senate bill, S. 1152.

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

A motion to reconsider was laid on the table.

CONDEMNING TERRORIST ATTACKS IN ISTANBUL, TURKEY, ON NOVEMBER 15, 2003

Mr. SMITH of New Jersey. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 453) condemning the terrorist attacks in Istanbul, Turkey, on November 15, 2003, expressing condolences to the families of the individuals murdered and expressing sympathies to the individuals injured in the terrorist attacks, and standing in solidarity with Turkey in the fight against terrorism, as amended.

The Clerk read as follows:

Whereas in Istanbul, Turkey, on November 15, 2003, two explosions, set off minutes apart during Sabbath morning services, devastated Neve Shalom, the city's largest synagogue, and the Beth Israel Synagogue, about three miles away;

Whereas more than 20 people, both Muslims and Jews, were killed, and more than 300 people, both Muslims and Jews, were wounded, in the bombing attacks on the synagogues;

Whereas on November 20, 2003, two bombs exploded at the Consulate of the United Kingdom in Istanbul and at the HSBC Bank;

Whereas among the more than 25 killed and 450 wounded in the November 20 bombing attacks on the consulate general and commercial buildings were Muslims and Christians—Turks, British diplomats, and visitors to the Turkish Republic;

Whereas the United Kingdom is an ally of the United States and Turkey in the global war on terrorism;

Whereas the acts of murder committed on November 15 and 20, 2003, in Istanbul, Turkey, were cowardly and brutal manifestations of international terrorism;

Whereas the Government of Turkey immediately condemned the terrorist attacks in the strongest possible terms and has vowed to bring the perpetrators to just at all costs;

Whereas the United States, the United Kingdom, and Turkey equally abhor and denounce these hateful, repugnant, and loathsome acts of terrorism;

Whereas with anti-Semitic activities escalating the safety and security of Jewish people throughout the world is a matter of serious concern;

Whereas since Turkey cherishes its traditions of hospitality and religious tolerance and in particular its history of more than five hundred years of good Jewish-Muslim relations, the attacks on synagogues and consular premises came as a special shock to the Turkish people and to their friends throughout the world;

Whereas the United States and turkey are allied by shared values and a common interest in building a stable, peaceful, and prosperous world;

Whereas Turkey, a predominantly Muslim nation with a secular government, has close relations with Israel and is also the only predominantly Muslim member of the North Atlantic Treaty Organization; and

Whereas as the acts of murder committed on November 15 and 20, 2003 show again that terrorism respects neither boundaries nor borders:

Now, therefore, be it *Resolved,* That the House of Representatives

(1) condemns in the strongest possible terms the terrorist attacks in Istanbul, Turkey, on November 15 and 20, 2003;

(2) expresses its condolences to the families of the individuals murdered in the terrorist attacks, expresses its sympathies to the individuals injured in the attacks, and conveys its hope for the rapid and complete recovery of all such injured individuals;

(3) expresses its condolences to the people and government of the Turkish Republic and of the United Kingdom over the losses they have suffered; and

(4) expresses its solidarity with the United Kingdom, the Turkish republic, and all other countries which stand united against terrorism and which work together to bring to justice the perpetrators of these and other terrorist attacks.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. SMITH) and the gentleman from California (Mr. LANTOS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. SMITH).

GENERAL LEAVE

Mr. SMITH of New Jersey. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on the resolution under consideration.

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

There was no objection.

Mr. SMITH of New Jersey. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, the resolution before us condemns the terrorist attacks in Istanbul last Saturday as well as yesterday morning. I want to thank the gentleman from Florida (Mr. HASTINGS), my friend, for proffering this resolution and for the prompt consideration that is being given to it by our leadership in scheduling it very quickly before the body today.

This resolution conveys our deepest and heartfelt sympathy to the victims and their families and states that the United States stands in solidarity with the Turkish people in the fight against terrorism. These attacks, Madam Speaker, bear all the hallmarks of al Qaeda, and that terrorist group has claimed responsibility for these cruel and cowardly acts.

This demonstrates, once again, that the target of global terrorists is not just the United States of America, but all those who reject their hateful vision of a clash of civilizations and governments by religious extremism.

I thought President Bush in the United Kingdom the other day said it so well when he said, ''I want to express my deep sympathy for the loss of life in Turkey. The nature of the terrorist enemy is evident once again. We see their contempt, their utter contempt, for innocent life. They hate freedom,'' the President went on. ''They hate free nations. Today, once again, we saw their ambitions of murder. The cruelty is part of their strategy. The terrorists hope to intimidate; they hope to demoralize. They particularly want to intimidate and demoralize free nations. They're not going to succeed.''

Madam Speaker, despite some significant human rights issues, and no one has been more of a critic of Turkey than I have in the past, although they are making some progress, despite all of that, Turkey remains one of the few successful democracies in the Muslim world, with a tradition of religious tolerance. The Turkish Republic is an example of how a predominantly Muslim country can enjoy a secular, democratic government. Turkey has shown that the Islamic faith of its citizens and a secular democracy can flourish side by side.

By targeting synagogues and Turkish citizens of the Jewish faith on Saturday, the terrorists attacked the notion that Muslims can live in peace and harmony with other faiths. It was a profoundly anti-Semitic act. The terrorists know that the successful example of Turkey lays bear the emptiness of their own hateful vision. It is working in Turkey, and yet now they are trying to give a different impression to the world.

By targeting the British Consulate General and a leading British bank, these terrorists viciously illustrated that all of our allies and their targets must remain united with our allies in the fight against terrorism.

Madam Speaker, these contemptible acts killed almost 50 people, including the British Consul General in Istanbul, and injured more than 750 innocent people. Our deepest condolences go out to their families and to their nations.

Turkey has been a strong American ally, as we all know, the underbelly of NATO for more than 50 years. By agreeing to this resolution, we affirm our mutual commitment to that common defense.

I would remind my colleagues that after the September 11 of 2001 attacks, NATO invoked its collective defense clause, declaring that the al Qaeda attacks in the United States were attacks against the entire alliance.

□ 1200

I thought British Prime Minister Tony Blair summed it up very well when he said, ''And when they say is this an attack directed against our alliance, indeed, it is directed against anybody who stands in the way of that fanaticism'' he went on to say, ''That is why our response has got to be to say to them as clearly as we possibly can, you are not going to defeat us because our will to defend what we believe is, in actuality, and in the end, stronger, better, more determined than your will to inflict damage on innocent people.''

Madam Speaker, let me conclude by saying this: Turkey and the United Kingdom both played important roles to drive al Qaeda from its base in Afghanistan and to replace the Taliban government that harbored those terrorists. They were the first two countries to command the International Security Assistance Force, which has stabilized the Kabul region and supported the Karzai government. Turkey and the United Kingdom stood by the United States when our Nation was the target of global terrorism. By passing this timely resolution today in a bipartisan way, Democrats, Republicans, moderates, liberals and conservatives, we affirm our determination to stand by our longtime allies and to defeat the terrorists who bear the guilt for these highly reprehensible acts.

Madam Speaker, I reserve the balance of my time.

Mr. LANTOS. Madam Speaker, I yield myself such time as I may consume. I am strongly in support of this resolution.

First, let me pay tribute to my dear friend, the gentleman from Florida (Mr. HASTINGS), for initiating this important legislation and to recognize the contributions of my friends, the gentleman from Florida (Mr. WEXLER) and the gentleman from New Jersey (Mr. SMITH). I particularly want to thank the gentleman from Illinois (Chairman HYDE) for being so gracious late yesterday afternoon in expediting the handling of this legislation.

Madam Speaker, at least 50 people are dead and over 700 are injured in a sickening and appalling wave of suicide bombings in Istanbul over this past week. The attacks targeted Jewish places of worship and British governmental and business institutions; but the overwhelming majority of the victims are Muslim Turks, proof positive of the total cynicism and utter phoniness of these so-called Islamist assassins.

This is not just a war on the Jews, though it is also that. It is not just a war on the British or on our own country, although it is that. It is a war on the entire civilized and democratic world and its values. It is now clear that al Qaeda and its Turkish supporters have declared war on the democratic Republic of Turkey as part of that overall assault. Al Qaeda recognizes that the existence of Turkey, 99 percent Muslim, pro-Western, a secular democracy on the frontiers of the Western world, makes a mockery of al Qaeda's religious extremism. These terrorists want to roll back Western values by destabilizing and destroying Turkish democracy.

Madam Speaker, the Turkish Government has behaved admirably in this dark hour. It condemned the action and it vowed to catch the perpetrators, and I have no doubt that they shall. Now, the hard work of finding these terrorists, destroying their cells, and preventing future attacks begins.

The Turkish Government and the Turkish people should know that the American people will be steadfast in our support of them in this dark hour. All civilized nations must do likewise. The Turkish Interior Minister is correct to dismiss what he calls the crocodile tears of those who express condolences, but do nothing to fight terrorism.

Madam Speaker, we mourn the deaths, we pray for the wounded, and our hearts go out to the families of all of the victims. And to all the citizens of Istanbul and all of Turkey whose lives have been so brutally violated, let us honor them by joining with Turkey and with all who believe in freedom to fight the extremist criminals who want to end our way of life. They will fail and we shall prevail. I strongly support this resolution, and I urge all of my colleagues to do likewise.

Madam Speaker, I am delighted to yield 6 minutes to the distinguished gentleman from Florida (Mr. HASTINGS), my good friend and the author of this resolution.

Mr. HASTINGS of Florida. Madam Speaker, I want to begin by thanking my good friend of long-standing here in the House of Representatives and a vigorous fighter for human rights and the protector of the rights of people who are set upon as this despicable act has done. I would also like to thank the gentleman from New Jersey (Mr. SMITH), my friend, and have him to know that I, along with him, am deeply saddened because so many of our colleagues that we serve with in the Organization for Security and Cooperation in Europe were affected. I have contacted Bruce George, our President's office from the U.K., and Dr. Yaleintas, or Professor Yaleintas, and expressed our condolences to them.

Most importantly, I would like to thank the gentleman from Illinois (Chairman HYDE), as the gentleman from California (Mr. LANTOS) has already, for expediting this matter for us and giving us an opportunity to go to the majority leader and the minority leader; and I thank them for expediting this process. The majority leader's office has been extremely helpful in that regard.

It would be remiss of me if I did not take this opportunity to commend the gentleman from Florida (Mr. WEXLER), who is my good friend and my soulmate geographically in Florida, as well as in our friendship; the gentlewoman from Texas (Ms. GRANGER) and the gentleman from Kentucky (Mr. WHITFIELD) from the majority side, my good friends that I have gotten to know through our efforts, not only in this resolution, but others; and also the gentlewoman from Nevada (Ms. BERKLEY); and countless others who have had direct involvement.

I had the good fortune less than 2 months ago to travel to Turkey with Brent Scowcroft, and it was the most illuminating and enlightening experience. It was not my first visit to Turkey; I have been there now a total of seven times.

On November 15, 2003, two explosions set off minutes apart devastated Nev Shalom Synagogue, Istanbul's largest synagogue and symbolic center to the city's 25,000-member Jewish community, and the Beth Israel Synagogue about 3 miles away. In addition, yesterday, explosions hit the Turkish headquarters of the London-based HSBC Bank and the British Consulate General, killing at least 26 people, including Roger Short, someone that I knew and the British Consul-General, and wounding over 450.

In the span of 5 days, terror claimed over 50 lives and injured more than 800 people in Turkey.

The House of Representatives gathers here today united in expressing that we abhor and denounce these hateful, repugnant, and loathsome acts of terrorism. We gather here to, in unison, make sure that the world understands our outrage by this week's attacks.

The United States is determined to stand by Turkey in the fight against the scourge of terrorism. The acts of murder committed in Istanbul were a cowardly and brutal manifestation of the moral vacuum directing the disease of international terrorism. My and all of our heartfelt condolences go out to the victims and their families.

Madam Speaker, the United States and Turkey are natural allies based on our shared values and common interests in building a stable, peaceful, and prosperous world. Moreover, as a predominantly Muslim nation with a secular government, Turkey is an example, as the gentleman from New Jersey (Mr. SMITH) has pointed out, of a successful secular Muslim democracy. Turkey is a pivotal showcase of the Muslim world that fundamentalists hate. Turkey is an ally of the United States and a friend of Israel and is NATO's only predominantly Muslim member. It has supported the war against terrorism, commandeering and offering peacekeeping forces in Afghanistan and offering peacekeepers for Iraq.

Terrorism respects neither boundaries nor borders. Instead, it intends to harm every nation that respects democracy, freedom, equality, and the rule of law.

These acts further demonstrate that the war on terrorism is not a war between civilizations. The attacks in Turkey were perpetrated by Muslim terrorists against a predominantly Muslim nation. They suggest that this is not a religious war, but one that is based on politics, culture, and our way of life.

Madam Speaker, I conclude by once again denouncing these vial, anti-Semitic, and anti-Muslim attacks against men, women, and children and expressing my sympathies to the individuals and families of the victims. I urge my colleagues to support this resolution.

Mr. SMITH of New Jersey. Madam Speaker, I yield such time as he may consume to the gentleman from Kentucky (Mr. WHITFIELD), my good friend and colleague.

Mr. WHITFIELD. Madam Speaker, I think it is certainly appropriate that we at this time are speaking about the nation of Turkey. As the gentleman from Florida so eloquently stated, Turkey has been a loyal ally of the U.S., a member of NATO, a Muslim secular country that is a great model for a Muslim democracy. Turkey has played a vital role and I think can play a much more vital role in helping with peace in the Middle East. They have a great relationship with the country of Israel. They have a large Jewish population and, as I said earlier, it is a 99 percent Muslim country.

We all abhor violence of any kind, and these acts of terrorism that seem to become more frequent throughout the world are causing all of us great heartache: the families that are involved, the suffering that is involved, the senselessness of the acts.

So I stand here today simply to express my condolences to the families in Turkey, to the nation of Turkey, and remind the American people, once again, that Turkey is a valuable and important ally of the United States. We have common interests, and I am quite confident that our nations will continue to work for peace in the Middle East and, by acts of goodness and kindness, will eventually be able to overcome these random acts of violence, this planned terrorism around the world.

Mr. LANTOS. Madam Speaker, I am very pleased to yield 3 minutes to the gentlewoman from Nevada (Ms. BERKLEY), a distinguished member of the Committee on International Relations and a steadfast fighter against global terrorism.

Ms. BERKLEY. Madam Speaker, I would like to thank the gentleman from California (Mr. LANTOS) for giving me the opportunity to speak and share my thoughts with my colleagues, and the gentleman from New Jersey (Mr. SMITH) for being stellar on this issue.

I rise today, Madam Speaker, in strong support of House Resolution 453, condemning the terrorist attacks in Istanbul, Turkey, on November 15 of this year and expressing my sincerest condolences to the victims and their families.

□ 1215

This past Saturday, as they gathered together to observe the holy Sabbath, two explosions devastated the Jewish community in Istanbul, Turkey. The first occurred at the city's largest synagogue and symbolic center to the city's 25,000-member Jewish community and the second at Beth Israel synagogue about three miles away.

More than 20 people lost their lives and more than 300 were injured as terrorism, yet again, tore the fabric of civilized society and shattered innocent lives. Most of those killed in the blasts, ironically, were Muslim Turks who lived or worked near the synagogues who were passing by when the bombs exploded. This is not the first time that al-Qaeda has targeted the Jewish institutions. In 2002, they killed 12 people in an attack at a synagogue in Tunisia.

The Turkish Government immediately condemned the terrorist attacks in the strongest possible terms and I am pleased that the Turkish people have reacted in strong solidarity with the Nation's small and long-established Jewish community.

Madam Speaker, as a youngster growing up in Las Vegas, I belonged to the Jewish youth groups, and occasionally the Anti-Defamation League would bring in films of the liberation of the concentration camps in World War II. I cannot minimize the impact of those films and their impact on my life then and now. And I would sit there and watch the films and ask myself how could one human being do such a horrific thing to another, and how is it that more people throughout the world did not stand up and vilify this horrific act.

I am here in the United States of America because my grandparents walked across Europe in order to come to this country to escape the persecution that 6 million of my fellow Jews were unable to escape in World War II. For me to have the opportunity to be on the floor of the House of Representatives and not condemn this horrific act of terrorism would be a shame and an insult to not only the 20 people that lost their lives recently in Istanbul, but the millions of other people across the world, Jewish and not Jewish, who have lost their lives senselessly and needlessly to terrorists.

I call upon my colleagues to join us, and vote for this resolution taking a strong stance against bigotry and intolerance, racism and anti-Semitism, violence and terrorism. These are very difficult and challenging times that we are living through. But it is incumbent upon all Americans, we in the House of Representatives leading the way, to stand up and condemn this sort of activity before it becomes pervasive and matter of fact.

Mr. LANTOS. Madam Speaker, I yield 3 minutes to the gentleman from Florida (Mr. WEXLER), my good friend, a distinguished member of the Committee on International Relations.

Mr. WEXLER. Madam Speaker, I want to also thank my good friend and close associate, the gentleman from Florida (Mr. HASTINGS), and my colleagues on the Congressional Turkey Caucus for initiating this vitally important resolution condemning the horrific terrorist attacks in Turkey over the past week. I also want to thank the gentleman from Illinois (Chairman HYDE), the gentleman from California (Ranking Member LANTOS),

the gentleman from New Jersey (Mr. SMITH), for especially expeditiously bringing this very important resolution to the Floor.

I rise to express my most profound and heartfelt condolences to the Turkish people and to the Turkish Government on the terrorist attacks in Istanbul and pledge the support of each Member of Congress as we listen to this debate in the full Congress to bring to justice those individuals responsible for these heinous acts. Americans know all too well the horrors of terror, and today we mourn with the Turkish and British people for this senseless loss of life.

Madam Speaker, the recent bombings in Turkey epitomize the fact that terrorism knows no boundaries and does not distinguish between religion, nation or culture. What these attacks demonstrate the common thread of terror facing the United States, Turkey, and our allies throughout the world. They also serve as a solemn reminder of our Nation's shared principles of democracy, freedom, tolerance, and the pursuit of peace.

For over 50 years Turkey has stood shoulder to shoulder with the United States as a valued strategic partner, Nato ally, and friend. It is in this same spirit of partnership that the United States and the American people stand today with the Turkish people, ready to assist in punishing those murderers who carried out these cowardly actions. Together we will continue our pursuit of justice so that we may ensure that all victims of terror, whether in Turkey, the United States or elsewhere throughout the world, will not have died in vain.

As the gentleman from Florida (Mr. HASTINGS) stated earlier, I too have had the privilege of visiting Turkey on many occasions. The Turkish people are a warm and caring people. They have great national pride, they are patriots. That will continue. And we, the American people, must continue to assist them in their pursuit of terrorism within their boundaries.

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

Madam Speaker, before yielding back our time, I would merely like to mention that a number of us coming back from Baghdad were in Ankara, Turkey's capital, just a couple of weeks ago. We had a lengthy and significant discussion with the distinguished Foreign Minister of Turkey. We reaffirmed, as did our Turkish counterparts, our firm commitment to fight terrorism globally. These tragic events in Istanbul since our visit to Ankara underscore the urgency and the importance of our stand. I call on all of our colleagues to support this very important resolution.

Mr. BEREUTER. Madam Speaker, this Member, as a cosponsor of the resolution and a committed friend of the Turkish people, rises in strong support of H. Res. 453. This Member would like to thank the distinguished gentleman from Florida (Mr. HASTINGS) for introducing this very timely resolution. Mr. HASTINGS has worked closely with Members and staff of the Committee on International Relations and its Europe Subcommittee—including the distinguished ranking members of the full committee and subcommittee, Mr. LANTOS and Mr. WEXLER—to craft the resolution that is before us this morning.

This Member would also like to thank the distinguished gentleman from New Jersey (Mr. SMITH) for his leadership on this issue and his very thoughtful remarks. Mr. SMITH is the leader of the U.S. delegation to the Parliamentary Assembly of the Organization for Security and Cooperation in Europe, and Mr. HASTINGS is an active member of that delegation, and this Member commends them for their work.

Madam Speaker, this Member serves as President of the NATO Parliamentary Assembly (NATO PA) and Chairman of the House Delegation. Though such assemblies, Members get to know their counterparts from other nations first-hand and to visit these nations to understand more about these lands and their people.

This Member already has written to Mr. Vahit Erdem, the chairman of the Turkish delegation, expressing our deepest sympathies to the Turkish parliament and the Turkish people, particularly the families of the victims.

One year ago, the NATO PA met in Istanbul, in a conference center overlooking the Bosporus straits, separating Europe from Asia. From our hotel rooms, we could look south to see the Taksim neighborhood that was devastated by the bombing of the British Consulate General yesterday. Indeed, several of us had the opportunity at night to stroll the busy, historic streets of that district.

As we discussed the key issues in the transAtlantic relationship, we also had an opportunity to experience the great city of Istanbul, one of the most historically important cities in the world. Istanbul literally lies between Europe and Asia, the only city in the world on two continents, and its history is that of a bridge between east and west.

The reprehensible terrorist attacks of last Saturday, directed against Turks of the Jewish faith, were an attempt to directly assault the religious tolerance that has been a hallmark of the Turkish Republic. Yesterday's attacks, against the British Consulate and a British bank, were an attack on the strong ties between Turkey and its allies in Europe and in North America and on the long and extraordinary transAtlantic relationship between the United Kingdom and the United States of America by further inflaming the British critics of the Iraq war and our transAtlantic relationship.

Sadly, they remind us that international terrorism remains a grave threat to all nations of the North Atlantic Alliance. Two years ago, when NATO invoked Article 5 of the North Atlantic Treaty, both Turkey and the United Kingdom showed that they were prepared to play a leading role in the war against terrorism, both alternatively taking the command of the International Security Assistance Force in Afghanistan. We remember their clear and strongly anti-terrorism, pro-American response to the al-Qaeda attacks on the United States, and in this resolution today, we pledge our support to Turkey in response to this latest terrorist atrocity.

NATO already has declared that the September 11, 2001, attacks by al Qaeda constituted an attack on the entire Alliance. Likewise, these attacks on an ally are an attack on all allies. Article 5 has already been invoked against al Qaeda. As a result NATO today is in Afghanistan, working to defeat that terrorist organization and their Taliban allies.

In the words of Lord Robertson, the NATO secretary general: ''If we fail, we will find Afghanistan on all of our doorsteps. Worse still, NATO's credibility will be shattered, along with that of every NATO government. Who will stand with us in the war against terror if we take on a commitment such as this and then fail to deliver?''

The bombings in Istanbul are a vicious reminder of the stakes in the global war on terrorism and the need to ensure that Afghanistan never again becomes a haven for those who seek to murder our people and destroy our societies. We all must provide the resources needed to win this war and protect our citizens.

Madam Speaker, in closing, this Member urges his colleague to pass this resolution.

Mr. ORTIZ. Madam Speaker, I rise to offer my condolences to the Turkish people and the Turkish government for the horrific terrorist attacks in Istanbul on November 15 and 20.

As al Qaeda has proved again and again, they intend to fight this 21st Century's first global war against civilians and non-combatants. As we have proved again and again, we will fight this war wherever it flares up. And we will win, because we have the fortitude to do the right thing.

Turkey is one of our strongest allies in the fight on global terrorism—and has repeatedly stood by our side in NATO matters (as a NATO ally) and in the war on terror, in understated ways. I have a number of friends and people we know there, that I met on numerous House Armed Services Committee trips to visit NATO allies.

All South Texans condemn the cowardly and senseless killing of innocent people in Turkey, one of the finest examples of a democracy in practice, and one of the few Muslim nations to practice democracy.

We have shared principles of democracy, freedom, tolerance and the pursuit of peace—and today we stand with our Turkish friends. Those who opposed democracy will eventually learn that to kill democracy is to kill all those who love democracy. Al Qaeda doesn't have enough bombs to kill all those who love democratic principals around the world.

My family and I are praying for the families and victims injured and perished in this atrocity.

The United States Congress hereby offers our judgment that this attack was cowardly, and we stand with our Turkish friends in this hour of great loss.

Mr. POMEROY. Madam Speaker, I rise today in support of this resolution condemning the terrorist attacks in Istanbul, Turkey on November 15 and 20, 2003. I wish to express my most sincere and heartfelt condolences to the Turkish government and the relatives of those killed or injured. My thoughts are with Turkey and its people in this time of sorrow.

If there is one thing these cowardly acts have demonstrated, it is that terrorism knows no borders. These catastrophic attacks were not just an attack on Turkey, but an attack on humanity and civilization. As Americans who have experienced terrorism firsthand, we share in Turkey's grief.

I am convinced that the United States must stand shoulder to shoulder with Turkey as it defends its safety and protects its liberty by bringing to justice those responsible for these heinous acts. Together, we must stand ready to provide any assistance deemed necessary to ensure that justice is served—not solely to account for the lives taken and injuries inflicted against the Turkish people, but in defense of freedom around the world.

In the end, Madam Speaker, these tragedies will be remembered as a time of incredible loss and sadness. But it will also mark a time when America and Turkey came even closer together to respond to global terrorism. We are united today as never to ensure that terrorism is defeated, completely and finally.

Mr. BURTON of Indiana. Madam Speaker, today I come to the House floor in strong support of H. Res. 453, a House resolution condemning the terrorist attacks in Istanbul, Turkey and expressing condolences to the families of the individuals murdered.

On November 15 and 20, four horrific terrorist attacks rocked Istanbul. Two Jewish synagogues, the British Consulate and the London-based HSBC bank were the targets. Faceless, cowardly terrorists who thrive on inflicting fear and terror on the innocent carried out these attacks. These recent attacks epitomize the fact that terrorism knows no boundaries and does not distinguish between religion, nationality or culture.

Terrorism must be condemned in the strongest terms whenever and wherever it occurs. The Government of Turkey appropriately did so and has vowed to bring the perpetrators to justice. But, no one country can do this alone. In order for the perpetrators of terrorism to be brought to justice, all the countries of the world must stand united against terrorism that targets the civilized world.

For over fifty years, Turkey has stood shoulder-to-shoulder with the U.S. as one of our most valued strategic partners and it is only fitting that Congress express sympathy for those murdered and wounded, extend condolences to the bereaved families and affirm our unity with Turkey in the ongoing fight against terror. I am pleased that the House Leadership scheduled H. Res. 453 for floor action today.

Mr. ROTHMAN. Madam Speaker, I rise today to express my sorrow and rage over the Saturday bombings of the Neve Shalom and Beth Israel synagogues and the Thursday bombings of the British Consulate and HSBC Bank in Istanbul, Turkey. Tragically, 51 innocent victims of the War on Terror have died in Turkey this week and over 750 were wounded. These victims died or were wounded simply because they gathered to pray on a Saturday morning in honor of Shabbat, the Jewish day of reflection and rest, or were going about their normal daily lives in Istanbul.

Turkish officials have identified the bombers of the Neve Shalom and Beth Israel synagogues as Turkish militants, with possible connections to al Qaeda, who loaded bombs, each with about 500 pounds of ammonium sulfate, nitrate, and fuel oil, into trucks they pulled in front of the synagogues and detonated nearly simultaneously. Among those who died were 6 Jews and 17 Muslims—each buried near the remains of the 22 victims killed in a 1986 bombing at Neve Shalom. Initial reports indicate that truck bombs were also used in the terrorist attacks against the British Consulate and London based HSBC Holdings, which killed at least 27 and wounded over 450 people.

Madam Speaker, approximately 30,000 Jews live in Turkey—a 99.8% Muslim nation. For years Jews have lived peacefully and freely and have in fact thrived in a predominately Muslim nation. Much of this is due to Turkey's historically good treatment of its Jewish residents—dating back to the early influx of Jews during the Spanish Inquisition and later to Turkey's refusal to deport and exterminate its Jewish population during the Holocaust despite its longstanding relationship with Germany. Today, a benevolent relationship has grown between the Turkish and Israeli governments who share close ties and hold joint military exercises.

The attacks in Turkey this week aim to undermine the relationship between Turkey, the U.S., and Britain, and highlight the growing resurgence of al Qaeda and its worldwide network. The attacks in Turkey follow the suspected hand of al Qaeda in incidents in Saudi Arabia, Indonesia, and Morocco. The attacks on Thursday also highlight the fact that Turkey is a secular Muslim country that leans West through its business dealings, culture, and government affairs. The terrorists are determined to undermine the links between Turkey and the Western world.

Madam Speaker, as fighting has flared up in Iraq and al Qaeda has again regrouped and gained strength, and as President Bush returns from his trip to England while Israel and the Palestinian Authority tentatively reach out to each other in hopes of a cease fire and peace, now is not the time to turn our backs on the War on Terror. Now is the time to stand together with our friends and allies around the world as we all mourn those who died in Turkey this past week and those we have lost to terror attacks in the past, while jointly taking a stand to continue to fight for our survival in our war of self-defense against these madmen. We must work to ensure that all our allies help us root out terror at its source by sharing intelligence, auditing finances and doing whatever else is necessary in the hopes that like the Jews and Muslims have done for years in Turkey: we can all live together in peace.

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

Mr. SMITH of New Jersey. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and agree to the resolution, H. Res. 453, as amended.

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. SMITH of New Jersey. Madam 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.

VETERANS HEALTH CARE, CAPITAL ASSET, AND BUSINESS IMPROVEMENT ACT OF 2003

Mr. SMITH of New Jersey. Madam Speaker, I move to suspend the rules and pass the Senate bill (S. 1156) to amend title 38, United States Code, to improve and enhance provision of health care for veterans, to authorize major construction projects and other facilities matters for the Department of Veterans Affairs, to enhance and improve authorities relating to the administration of personnel of the Department of Veterans Affairs, and for other purposes.

The Clerk read as follows:

S. 1156

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Veterans Health Care, Capital Asset, and Business Improvement Act of 2003''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. References to title 38, United States Code.

TITLE I—HEALTH CARE AUTHORITIES AND RELATED MATTERS

Sec. 101. Improved benefits for former prisoners of war.
Sec. 102. Provision of health care to veterans who participated in certain Department of Defense chemical and biological warfare testing.
Sec. 103. Eligibility for Department of Veterans Affairs health care for certain Filipino World War II veterans residing in the United States.
Sec. 104. Enhancement of rehabilitative services.
Sec. 105. Enhanced agreement authority for provision of nursing home care and adult day health care in contract facilities.
Sec. 106. Five-year extension of period for provision of noninstitutional extended-care services and required nursing home care.
Sec. 107. Expansion of Department of Veterans Affairs pilot program on assisted living for veterans.
Sec. 108. Improvement of program for provision of specialized mental health services to veterans.

TITLE II—CONSTRUCTION AND FACILITIES MATTERS

Subtitle A—Program Authorities

Sec. 201. Increase in threshold for major medical facility construction projects.
Sec. 202. Enhancements to enhanced-use lease authority.
Sec. 203. Simplification of annual report on long-range health planning.

Subtitle B—Project Authorizations

Sec. 211. Authorization of major medical facility projects.
Sec. 212. Authorization of major medical facility leases.
Sec. 213. Advance planning authorizations.
Sec. 214. Authorization of appropriations.

Subtitle C—Capital Asset Realignment for Enhanced Services Initiative

Sec. 221. Authorization of major construction projects in connection with Capital Asset Realignment Initiative.

Sec. 222. Advance notification of capital asset realignment actions.
Sec. 223. Sense of Congress and report on access to health care for veterans in rural areas.
Subtitle D—Plans for New Facilities
Sec. 231. Plans for facilities in specified areas.
Sec. 232. Study and report on feasibility of coordination of veterans health care services in South Carolina with new university medical center.
Subtitle E—Designation of Facilities
Sec. 241. Designation of Department of Veterans Affairs medical center, Prescott, Arizona, as the Bob Stump Department of Veterans Affairs Medical Center.
Sec. 242. Designation of Department of Veterans Affairs health care facility, Chicago, Illinois, as the Jesse Brown Department of Veterans Affairs Medical Center.
Sec. 243. Designation of Department of Veterans Affairs medical center, Houston, Texas, as the Michael E. DeBakey Department of Veterans Affairs Medical Center.
Sec. 244. Designation of Department of Veterans Affairs medical center, Salt Lake City, Utah, as the George E. Wahlen Department of Veterans Affairs Medical Center.
Sec. 245. Designation of Department of Veterans Affairs outpatient clinic, New London, Connecticut.
Sec. 246. Designation of Department of Veterans Affairs outpatient clinic, Horsham, Pennsylvania.
TITLE III—PERSONNEL MATTERS
Sec. 301. Modification of certain authorities on appointment and promotion of personnel in the Veterans Health Administration.
Sec. 302. Appointment of chiropractors in the Veterans Health Administration.
Sec. 303. Additional pay for Saturday tours of duty for additional health care workers in the Veterans Health Administration.
Sec. 304. Coverage of employees of Veterans' Canteen Service under additional employment laws.
TITLE IV—OTHER MATTERS
Sec. 401. Office of Research Oversight in Veterans Health Administration.
Sec. 402. Enhancement of authorities relating to nonprofit research corporations.
Sec. 403. Department of Defense participation in Revolving Supply Fund purchases.
Sec. 404. Five-year extension of housing assistance for homeless veterans.
Sec. 405. Report date changes.

SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

TITLE I—HEALTH CARE AUTHORITIES AND RELATED MATTERS

SEC. 101. IMPROVED BENEFITS FOR FORMER PRISONERS OF WAR.

(a) OUTPATIENT DENTAL CARE FOR ALL FORMER PRISONERS OF WAR.—Section 1712(a)(1)(F) is amended by striking ''and who was detained or interned for a period of not less than 90 days''.

(b) EXEMPTION FROM PHARMACY COPAYMENT REQUIREMENT.—Section 1722A(a)(3) is amended—

(1) by striking ''or'' at the end of subparagraph (A);

(2) by redesignating subparagraph (B) as subparagraph (C); and

(3) by inserting after subparagraph (A) the following new subparagraph (B):

''(B) to a veteran who is a former prisoner of war; or''.

SEC. 102. PROVISION OF HEALTH CARE TO VETERANS WHO PARTICIPATED IN CERTAIN DEPARTMENT OF DEFENSE CHEMICAL AND BIOLOGICAL WARFARE TESTING.

Section 1710(e) is amended—

(1) in paragraph (1), by adding at the end the following new subparagraph:

''(E) Subject to paragraphs (2) and (3), a veteran who participated in a test conducted by the Department of Defense Deseret Test Center as part of a program for chemical and biological warfare testing from 1962 through 1973 (including the program designated as 'Project Shipboard Hazard and Defense (SHAD)' and related land-based tests) is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any illness, notwithstanding that there is insufficient medical evidence to conclude that such illness is attributable to such testing.'';

(2) in paragraph (2)(B)—

(i) by striking out ''paragraph (1)(C) or (1)(D)'' and inserting ''subparagraph (C), (D), or (E) of paragraph (1)''; and

(ii) by striking ''service described in that paragraph'' and inserting ''service or testing described in such subparagraph''; and

(3) in paragraph (3)—

(A) by striking ''and'' at the end of subparagraph (B);

(B) by striking the period at the end of subparagraph (C) and inserting ''; and''; and

(C) by adding at the end the following new subparagraph:

''(D) in the case of care for a veteran described in paragraph (1)(E), after December 31, 2005.''.

SEC. 103. ELIGIBILITY FOR DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FOR CERTAIN FILIPINO WORLD WAR II VETERANS RESIDING IN THE UNITED STATES.

The text of section 1734 is amended to read as follows:

''(a) The Secretary shall furnish hospital and nursing home care and medical services to any individual described in subsection (b) in the same manner, and subject to the same terms and conditions, as apply to the furnishing of such care and services to individuals who are veterans as defined in section 101(2) of this title. Any disability of an individual described in subsection (b) that is a service-connected disability for purposes of this subchapter (as provided for under section 1735(2) of this title) shall be considered to be a service-connected disability for purposes of furnishing care and services under the preceding sentence.

''(b) Subsection (a) applies to any individual who is a Commonwealth Army veteran or new Philippine Scout and who—

''(1) is residing in the United States; and

''(2) is a citizen of the United States or an alien lawfully admitted to the United States for permanent residence.''.

SEC. 104. ENHANCEMENT OF REHABILITATIVE SERVICES.

(a) REHABILITATIVE SERVICES THROUGH MEDICAL CARE AUTHORITY.—Section 1701(8) is amended by striking ''(other than those types of vocational rehabilitation services provided under chapter 31 of this title)''.

(b) EXPANSION OF AUTHORIZED REHABILITATIVE SERVICES.—(1) Section 1718 is amended—

(A) by redesignating subsections (d), (e), and (f) as subsections (e), (f), and (g), respectively; and

(B) by inserting after subsection (c) the following new subsection (d):

''(d) In providing to a veteran rehabilitative services under this chapter, the Secretary may furnish the veteran with the following:

''(1) Work skills training and development services.

''(2) Employment support services.

''(3) Job development and placement services.''.

(2) Subsection (c) of such section is amended—

(A) in paragraph (1), by striking ''subsection (b) of this section'' and inserting ''subsection (b) or (d)''; and

(B) in paragraph (2)—

(i) by striking ''subsection (b) of this section'' and inserting ''subsection (b) or (d)''; and

(ii) by striking ''paragraph (2) of such subsection'' and inserting ''subsection (b)(2)''.

SEC. 105. ENHANCED AGREEMENT AUTHORITY FOR PROVISION OF NURSING HOME CARE AND ADULT DAY HEALTH CARE IN CONTRACT FACILITIES.

(a) ENHANCED AUTHORITY.—Subsection (c) of section 1720 is amended—

(1) by designating the existing text as paragraph (2); and

(2) by inserting before paragraph (2), as so designated, the following new paragraph (1):

''(1)(A) In furnishing nursing home care, adult day health care, or other extended care services under this section, the Secretary may enter into agreements for furnishing such care or services with—

''(i) in the case of the medicare program, a provider of services that has entered into a provider agreement under section 1866(a) of the Social Security Act (42 U.S.C. 1395cc(a)); and

''(ii) in the case of the medicaid program, a provider participating under a State plan under title XIX of such Act (42 U.S.C. 1396 et seq.).

''(B) In entering into an agreement under subparagraph (A) with a provider of services described in clause (i) of that subparagraph or a provider described in clause (ii) of that subparagraph, the Secretary may use the procedures available for entering into provider agreements under section 1866(a) of the Social Security Act.''.

(b) CONFORMING AMENDMENT.—Subsection (f)(1)(B) of such section is amended by inserting ''or agreement'' after ''contract'' each place it appears.

SEC. 106. FIVE-YEAR EXTENSION OF PERIOD FOR PROVISION OF NONINSTITUTIONAL EXTENDED-CARE SERVICES AND REQUIRED NURSING HOME CARE.

(a) NONINSTITUTIONAL EXTENDED CARE SERVICES.—Section 1701(10)(A) is amended by striking ''the date of the enactment of the Veterans Millennium Health Care and Benefits Act and ending on December 31, 2003,'' and inserting ''November 30, 1999, and ending on December 31, 2008,''.

(b) REQUIRED NURSING HOME CARE.—Section 1710A(c) is amended by striking ''December 31, 2003'' and inserting ''December 31, 2008''.

SEC. 107. EXPANSION OF DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM ON ASSISTED LIVING FOR VETERANS.

Section 103(b) of the Veterans Millennium Health Care and Benefits Act (Public Law 106–117; 113 Stat. 1552; 38 U.S.C. 1710B note) is amended—

(1) by striking ''LOCATION OF PILOT PROGRAM.—'' and inserting ''LOCATIONS OF PILOT PROGRAM.—(1)''; and

(2) by adding at the end the following new paragraph:

''(2)(A) In addition to the health care region of the Department selected for the pilot program under paragraph (1), the Secretary may also carry out the pilot program in not more than one additional designated health care region of the Department selected by the Secretary for purposes of this section.

''(B) Notwithstanding subsection (f), the authority of the Secretary to provide services under the pilot program in a health care region of the Department selected under subparagraph (A) shall cease on the date that is three years after the commencement of the provision of services under the pilot program in the health care region.''.

SEC. 108. IMPROVEMENT OF PROGRAM FOR PROVISION OF SPECIALIZED MENTAL HEALTH SERVICES TO VETERANS.

(a) INCREASE IN FUNDING.—Subsection (c) of section 116 of the Veterans Millennium Health Care and Benefits Act (Public Law 106–117; 113 Stat. 1559; 38 U.S.C. 1712A note) is amended—

(1) in paragraph (1), by striking ''$15,000,000'' and inserting ''$25,000,000 in each of fiscal years 2004, 2005, and 2006'';

(2) in paragraph (2), by striking ''$15,000,000'' and inserting ''$25,000,000''; and

(3) in paragraph (3)—

(A) by inserting ''(A)'' after ''(3)''; and

(B) by adding at the end the following new subparagraph:

''(B) For purposes of this paragraph, in fiscal years 2004, 2005, and 2006, the fiscal year used to determine the baseline amount shall be fiscal year 2003.''.

(b) ALLOCATION OF FUNDS.—Subsection (d) of that section is amended—

(1) by striking ''The Secretary'' and inserting ''(1) In each of fiscal years 2004, 2005, and 2006, the Secretary''; and

(2) by adding at the end the following new paragraphs:

''(2) In allocating funds to facilities in a fiscal year under paragraph (1), the Secretary shall ensure that—

''(A) not less than $10,000,000 is allocated by direct grants to programs that are identified by the Mental Health Strategic Health Care Group and the Committee on Care of Severely Chronically Mentally Ill Veterans;

''(B) not less than $5,000,000 is allocated for programs on post-traumatic stress disorder; and

''(C) not less than $5,000,000 is allocated for programs on substance use disorder.

''(3) The Secretary shall provide that the funds to be allocated under this section during each of fiscal years 2004, 2005, and 2006 are funds for a special purpose program for which funds are not allocated through the Veterans Equitable Resource Allocation system.''.

TITLE II—CONSTRUCTION AND FACILITIES MATTERS

Subtitle A—Program Authorities

SEC. 201. INCREASE IN THRESHOLD FOR MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS.

Section 8104(a)(3)(A) is amended by striking ''$4,000,000'' and inserting ''$7,000,000''.

SEC. 202. ENHANCEMENTS TO ENHANCED-USE LEASE AUTHORITY.

(a) NOTIFICATION OF PROPERTY TO BE LEASED.—Section 8163 is amended—

(1) in the first sentence of subsection (a)—

(A) by striking ''designate a property to be leased under an enhanced-use lease'' and inserting ''enter into an enhanced-use lease with respect to certain property''; and

(B) by striking ''before making the designation'' and inserting ''before entering into the lease'';

(2) in subsection (b), by striking ''of the proposed designation'' and inserting ''to the congressional veterans' affairs committees and to the public of the proposed lease''; and

(3) in subsection (c)—

(A) in paragraph (1)—

(i) by striking ''designate the property involved'' and inserting ''enter into an enhanced-use lease of the property involved''; and

(ii) by striking ''to so designate the property'' and inserting ''to enter into such lease'';

(B) in paragraph (2), by striking ''90-day period'' and inserting ''45-day period'';

(C) in paragraph (3)—

(i) by striking ''general description'' in subparagraph (D) and inserting ''description of the provisions''; and

(ii) by adding at the end the following new subparagraph:

''(G) A summary of a cost-benefit analysis of the proposed lease.''; and

(D) by striking paragraph (4).

(b) DISPOSITION OF LEASED PROPERTY.—Section 8164 is amended—

(1) in subsection (a)—

(A) by striking ''by requesting the Administrator of General Services to dispose of the property pursuant to subsection (b)'' in the first sentence; and

(B) by striking the third sentence;

(2) in subsection (b)—

(A) by striking ''Secretary and the Administrator of General Services jointly determine'' and inserting ''Secretary determines''; and

(B) by striking ''Secretary and the Administrator consider'' and inserting ''Secretary considers''; and

(3) in subsection (c), by striking ''90 days'' and inserting ''45 days''.

(c) USE OF PROCEEDS.—Section 8165 is amended—

(1) in subsection (a)(2), by striking ''and remaining after any deduction from such funds under the laws referred to in subsection (c)'';

(2) in subsection (b), by adding at the end the following new sentence: ''The Secretary may use the proceeds from any enhanced-use lease to reimburse applicable appropriations of the Department for any expenses incurred in the development of additional enhanced-use leases.''; and

(3) by striking subsection (c).

(d) CLERICAL AMENDMENTS.—(1) The heading of section 8163 is amended to read as follows:

''§ 8163. Hearing and notice requirements regarding proposed leases''.

(2) The item relating to section 8163 in the table of sections at the beginning of chapter 81 is amended to read as follows:

''8163. Hearing and notice requirements regarding proposed leases.''.

SEC. 203. SIMPLIFICATION OF ANNUAL REPORT ON LONG-RANGE HEALTH PLANNING.

Section 8107(b) is amended by striking paragraphs (3) and (4).

Subtitle B—Project Authorizations

SEC. 211. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS.

The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each project to be carried out in an amount not to exceed the amount specified for that project:

(1) Construction of a long-term care facility in Lebanon, Pennsylvania, $14,500,000.

(2) Construction of a long-term care facility in Beckley, West Virginia, $20,000,000.

(3) Construction of a new bed tower to consolidate two inpatient sites of care in the city of Chicago at the West Side Division of the Department of Veterans Affairs health care system in Chicago, Illinois, in an amount not to exceed $98,500,000.

(4) Seismic corrections to strengthen Medical Center Building 1 of the Department of Veterans Affairs health care system in San Diego, California, in an amount not to exceed $48,600,000.

(5) A project for (A) renovation of all inpatient care wards at the West Haven, Connecticut, facility of the Department of Veterans Affairs health system in Connecticut to improve the environment of care and enhance safety, privacy, and accessibility, and (B) establishment of a consolidated medical research facility at that facility, in an amount not to exceed $50,000,000.

(6) Construction of a Department of Veterans Affairs-Department of the Navy joint venture comprehensive outpatient medical care facility to be built on the grounds of the Pensacola Naval Air Station, Pensacola, Florida, in an amount not to exceed $45,000,000.

SEC. 212. AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES.

The Secretary of Veterans Affairs may enter into leases for medical facilities as follows:

(1) For an outpatient clinic in Charlotte, North Carolina, in an amount not to exceed $3,000,000.

(2) For an outpatient clinic extension, Boston, Massachusetts, in an amount not to exceed $2,879,000.

SEC. 213. ADVANCE PLANNING AUTHORIZATIONS.

The Secretary of Veterans Affairs may carry out advance planning for a major medical facility project at each of the following locations, with such planning to be carried out in an amount not to exceed the amount specified for that location:

(1) Denver, Colorado, in an amount not to exceed $30,000,000, of which $26,000,000 shall be provided by the Secretary of Veterans Affairs and $4,000,000 shall be provided by the Secretary of Defense.

(2) Pittsburgh, Pennsylvania, in an amount not to exceed $9,000,000.

(3) Las Vegas, Nevada, in an amount not to exceed $25,000,000.

(4) Columbus, Ohio, in an amount not to exceed $9,000,000.

(5) East Central, Florida, in an amount not to exceed $17,500,000.

SEC. 214. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated for the Secretary of Veterans Affairs for fiscal year 2004—

(1) for the Construction, Major Projects, account, a total of $363,100,000, of which—

(A) $276,600,000 is for the projects authorized in section 211; and

(B) $86,500,000 is for the advance planning authorized in section 213; and

(2) for the Medical Care account, $5,879,000 for the leases authorized in section 212.

(b) LIMITATION.—The projects authorized in section 211 may only be carried out using—

(1) funds appropriated for fiscal year 2004 pursuant to the authorization of appropriations in subsection (a);

(2) funds appropriated for Construction, Major Projects, for a fiscal year before fiscal year 2004 that remain available for obligation; and

(3) funds appropriated for Construction, Major Projects, for fiscal year 2004 for a category of activity not specific to a project.

Subtitle C—Capital Asset Realignment for Enhanced Services Initiative

SEC. 221. AUTHORIZATION OF MAJOR CONSTRUCTION PROJECTS IN CONNECTION WITH CAPITAL ASSET REALIGNMENT INITIATIVE.

(a) AUTHORITY TO CARRY OUT MAJOR CONSTRUCTION PROJECTS.—Subject to subsection (b), the Secretary of Veterans Affairs may carry out major construction projects as specified in the final report of the Capital

Asset Realignment for Enhanced Services Commission and approved by the Secretary.

(b) LIMITATION.—The Secretary may not exercise the authority in subsection (a) until 45 days after the date of the submittal of the report required by subsection (c).

(c) REPORT ON PROPOSED MAJOR CONSTRUCTION PROJECTS.—(1) The Secretary shall submit to the Committees on Veterans' Affairs and the Committees on Appropriations of the Senate and House of Representatives not later than February 1, 2004, a report describing the major construction projects the Secretary proposes to carry out in connection with the Capital Asset Realignment for Enhanced Services initiative.

(2) The report shall list each proposed major construction project in order of priority, with such priority determined in the order as follows:

(A) The use of the facility to be constructed or altered as a replacement or enhancement facility necessitated by the loss, closure, or other divestment of major infrastructure or clinical space at a Department of Veterans Affairs medical facility currently in operation, as determined by the Secretary.

(B) The remedy of life and safety code deficiencies, including seismic, egress, and fire deficiencies at such facility.

(C) The use of such facility to provide health care services to a population that is determined under the Capital Asset Realignment for Enhanced Services initiative to be underserved or not currently served by such facility.

(D) The renovation or modernization of such facility, including the provision of barrier-free design, improvement of building systems and utilities, or enhancement of clinical support services.

(E) The need for such facility to further an enhanced-use lease or sharing agreement.

(F) Any other factor that the Secretary considers to be of importance in providing care to eligible veterans.

(3) In developing the list of projects and according a priority to each project, the Secretary should consider the importance of allocating available resources equitably among the geographic service areas of the Department and take into account recent shifts in populations of veterans among those geographic service areas.

(d) SUNSET.—The Secretary may not enter into a contract to carry out major construction projects under the authority in subsection (a) after September 30, 2006.

SEC. 222. ADVANCE NOTIFICATION OF CAPITAL ASSET REALIGNMENT ACTIONS.

(a) REQUIREMENT FOR ADVANCE NOTIFICATION.—If the Secretary of Veterans Affairs approves a recommendation resulting from the Capital Asset Realignment for Enhanced Services initiative, then before taking any action resulting from that recommendation that would result in—

(1) a medical facility closure;

(2) an administrative reorganization described in subsection (c) of section 510 of title 38, United States Code; or

(3) a medical facility consolidation,

the Secretary shall submit to Congress a written notification of the intent to take such action.

(b) LIMITATION.—Upon submitting a notification under subsection (a), the Secretary may not take any action described in the notification until the later of—

(1) the end of the 60-day period beginning on the date on which the notification is received by Congress; or

(2) the end of a period of 30 days of continuous session of Congress beginning on the date on which the notification is received by Congress or, if either House of Congress is not in session on such date, the first day after such date on which both Houses of Congress are in session.

(c) CONTINUOUS SESSION OF CONGRESS.—For the purposes of subsection (b)—

(1) the continuity of a session of Congress is broken only by an adjournment of Congress sine die; and

(2) any day on which either House is not in session because of an adjournment of more than three days to a day certain is excluded in the computation of any period of time in which Congress is in continuous session.

(d) MEDICAL FACILITY CONSOLIDATION.—For the purposes of subsection (a), the term ''medical facility consolidation'' means an action that closes one or more medical facilities for the purpose of relocating those activities to another medical facility or facilities within the same geographic service area.

SEC. 223. SENSE OF CONGRESS AND REPORT ON ACCESS TO HEALTH CARE FOR VETERANS IN RURAL AREAS.

(a) SENSE OF CONGRESS.—Recognizing the difficulties that veterans residing in rural areas encounter in gaining access to health care in facilities of the Department of Veterans Affairs, it is the sense of Congress that the Secretary of Veterans Affairs should take steps to ensure that an appropriate mix of facilities and clinical staff is available for health care for veterans residing in rural areas.

(b) REPORT.—Not later than 120 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report describing the steps the Secretary is taking, and intends to take, to improve access to health care for veterans residing in rural areas.

Subtitle D—Plans for New Facilities

SEC. 231. PLANS FOR FACILITIES IN SPECIFIED AREAS.

(a) SOUTHERN NEW JERSEY.—(1) The Secretary of Veterans Affairs shall develop a plan for meeting the future hospital care needs of veterans who reside in southern New Jersey.

(2) For purposes of paragraph (1), the term ''southern New Jersey'' means the following counties of the State of New Jersey: Ocean, Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic, and Cape May.

(b) FAR SOUTH TEXAS.—(1) The Secretary shall develop a plan for meeting the future hospital care needs of veterans who reside in far south Texas.

(2) For purposes of paragraph (1), the term ''far south Texas'' means the following counties of the State of Texas: Bee, Calhoun, Crockett, DeWitt, Dimmit, Goliad, Jackson, Victoria, Webb, Aransas, Duval, Jim Wells, Kleberg, Nueces, Refugio, San Patricio, Brooks, Cameron, Hidalgo, Jim Hogg, Kenedy, Starr, Willacy, and Zapata.

(c) NORTH CENTRAL WASHINGTON.—(1) The Secretary shall develop a plan for meeting the future hospital care needs of veterans who reside in north central Washington.

(2) For purposes of paragraph (1), the term ''north central Washington'' means the following counties of the State of Washington: Chelan, Douglas, Ferry, Grant, Kittitas, and Okanogan.

(d) PENSACOLA AREA.—(1) The Secretary shall develop a plan for meeting the future hospital care needs of veterans who reside in the Pensacola area.

(2) For purposes of paragraph (1), the term ''Pensacola area'' means—

(A) the counties of Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Bay, Jackson, Calhoun, Liberty, Gulf, and Franklin of the State of Florida; and

(B) the counties of Covington, Geneva, Houston, and Escambia of the State of Alabama.

(e) CONSIDERATION OF USE OF CERTAIN EXISTING AUTHORITIES.—In developing the plans under this section, the Secretary shall, at a minimum, consider options using the existing authorities of sections 8111 and 8153 of title 38, United States Code, to—

(1) establish a hospital staffed and managed by employees of the Department, either in private or public facilities, including Federal facilities; or

(2) enter into contracts with existing Federal facilities, private facilities, and private providers for that care.

(f) REPORT.—The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on each plan under this section not later than April 15, 2004.

SEC. 232. STUDY AND REPORT ON FEASIBILITY OF COORDINATION OF VETERANS HEALTH CARE SERVICES IN SOUTH CAROLINA WITH NEW UNIVERSITY MEDICAL CENTER.

(a) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a study to examine the feasibility of coordination by the Department of Veterans Affairs of its needs for inpatient hospital, medical care, and long-term care services for veterans with the pending construction of a new university medical center at the Medical University of South Carolina, Charleston, South Carolina.

(b) MATTERS TO BE INCLUDED IN STUDY.—(1) As part of the study under subsection (a), the Secretary shall consider the following:

(A) Integration with the Medical University of South Carolina of some or all of the services referred to in subsection (a) through contribution to the construction of that university's new medical facility or by becoming a tenant provider in that new facility.

(B) Construction by the Department of Veterans Affairs of a new independent inpatient or outpatient facility alongside or nearby the university's new facility.

(2) In carrying out paragraph (1), the Secretary shall consider the degree to which the Department and the university medical center would be able to share expensive technologies and scarce specialty services that would affect any such plans of the Secretary or the university.

(3) In carrying out the study, the Secretary shall especially consider the applicability of the authorities under section 8153 of title 38, United States Code (relating to sharing of health care resources between the Department and community provider organizations), to govern future arrangements and relationships between the Department and the Medical University of South Carolina.

(c) CONSULTATION WITH SECRETARY OF DEFENSE.—The Secretary of Veterans Affairs shall consult with the Secretary of Defense in carrying out the study under this section. Such consultation shall include consideration of establishing a Department of Veterans Affairs-Department of Defense joint health-care venture at the site referred to in subsection (a).

(d) REPORT.—Not later than April 15, 2004, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the results of the study. The report shall include the Secretary's recommendations with respect to coordination described in subsection (a), including recommendations with respect to each of the matters referred to in subsection (b).

Subtitle E—Designation of Facilities

SEC. 241. DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, PRESCOTT, ARIZONA, AS THE BOB STUMP DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER.

The Department of Veterans Affairs Medical Center located in Prescott, Arizona,

shall after the date of the enactment of this Act be known and designated as the ''Bob Stump Department of Veterans Affairs Medical Center''. Any reference to such medical center in any law, regulation, map, document, or other paper of the United States shall be considered to be a reference to the Bob Stump Department of Veterans Affairs Medical Center.

SEC. 242. DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FACILITY, CHICAGO, ILLINOIS, AS THE JESSE BROWN DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER.

The Department of Veterans Affairs health care facility located at 820 South Damen Avenue in Chicago, Illinois, shall after the date of the enactment of this Act be known and designated as the ''Jesse Brown Department of Veterans Affairs Medical Center''. Any reference to such facility in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the Jesse Brown Department of Veterans Affairs Medical Center.

SEC. 243. DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, HOUSTON, TEXAS, AS THE MICHAEL E. DEBAKEY DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER.

The Department of Veterans Affairs Medical Center in Houston, Texas, shall after the date of the enactment of this Act be known and designated as the ''Michael E. DeBakey Department of Veterans Affairs Medical Center''. Any reference to such facility in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the Michael E. DeBakey Department of Veterans Affairs Medical Center.

SEC. 244. DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, SALT LAKE CITY, UTAH, AS THE GEORGE E. WAHLEN DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER.

The Department of Veterans Affairs Medical Center in Salt Lake City, Utah, shall after the date of the enactment of this Act be known and designated as the ''George E. Wahlen Department of Veterans Affairs Medical Center''. Any references to such facility in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the George E. Wahlen Department of Veterans Affairs Medical Center.

SEC. 245. DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC, NEW LONDON, CONNECTICUT.

The Department of Veterans Affairs outpatient clinic located in New London, Connecticut, shall after the date of the enactment of this Act be known and designated as the ''John J. McGuirk Department of Veterans Affairs Outpatient Clinic''. Any reference to such outpatient clinic in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the John J. McGuirk Department of Veterans Affairs Outpatient Clinic.

SEC. 246. DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC, HORSHAM, PENNSYLVANIA.

The Department of Veterans Affairs outpatient clinic located in Horsham, Pennsylvania, shall after the date of the enactment of this Act be known and designated as the ''Victor J. Saracini Department of Veterans Affairs Outpatient Clinic''. Any reference to such outpatient clinic in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the Victor J. Saracini Department of Veterans Affairs Outpatient Clinic.

TITLE III—PERSONNEL MATTERS

SEC. 301. MODIFICATION OF AUTHORITIES ON APPOINTMENT AND PROMOTION OF PERSONNEL IN THE VETERANS HEALTH ADMINISTRATION.

(a) POSITIONS TREATABLE AS HYBRID STATUS POSITIONS.—(1) Section 7401 is amended—

(A) by striking paragraph (2) and inserting the following new paragraph (2):

''(2) Scientific and professional personnel, such as microbiologists, chemists, and biostatisticians.''; and

(B) by striking paragraph (3) and inserting the following new paragraph (3):

''(3) Audiologists, speech pathologists, and audiologist-speech pathologists, biomedical engineers, certified or registered respiratory therapists, dietitians, licensed physical therapists, licensed practical or vocational nurses, medical instrument technicians, medical records administrators or specialists, medical records technicians, medical and dental technologists, nuclear medicine technologists, occupational therapists, occupational therapy assistants, kinesiotherapists, orthotist-prosthetists, pharmacists, pharmacy technicians, physical therapy assistants, prosthetic representatives, psychologists, diagnostic radiologic technicians, therapeutic radiologic technicians, and social workers.''.

(2) Personnel appointed to the Veterans Health Administration before the date of the enactment of this Act who are in an occupational category of employees specified in paragraph (3) of section 7401 of title 38, United States Code, by reason of the amendment made by paragraph (1)(B) of this subsection shall, as of such date, be deemed to have been appointed to the Administration under such paragraph (3).

(b) APPOINTMENTS AND PROMOTIONS.—Section 7403 of such title is amended—

(1) in subsection (f)(3)—

(A) by inserting ''reductions-in-force, the applicability of the principles of preference referred to in paragraph (2), rights of part-time employees,'' after ''adverse actions,'';

(B) by inserting '', whether appointed under this section or section 7405(a)(1)(B) of this title'' after ''such positions''; and

(C) by inserting a comma after ''status)''; and

(2) by adding at the end the following new subsection:

''(h)(1) If the Secretary uses the authority provided in subsection (c) for the promotion and advancement of an occupational category of employees described in section 7401(3) of this title, as authorized by subsection (f)(1)(B), the Secretary shall do so through one or more systems prescribed by the Secretary. Each such system shall be planned, developed, and implemented in collaboration with, and with the participation of, exclusive employee representatives of such occupational category of employees.

''(2)(A) Before prescribing a system of promotion and advancement of an occupational category of employees under paragraph (1), the Secretary shall provide to exclusive employee representatives of such occupational category of employees a written description of the proposed system.

''(B) Not later than 30 days after receipt of the description of a proposed system under subparagraph (A), exclusive employee representatives may submit to the Secretary the recommendations, if any, of such exclusive employee representatives with respect to the proposed system.

''(C) The Secretary shall give full and fair consideration to any recommendations received under subparagraph (B) in deciding whether and how to proceed with a proposed system.

''(3) The Secretary shall implement immediately any part of a system of promotion and advancement under paragraph (1) that is proposed under paragraph (2) for which the Secretary receives no recommendations from exclusive employee representatives under paragraph (2).

''(4) If the Secretary receives recommendations under paragraph (2) from exclusive employee representatives on any part of a proposed system of promotion and advancement under that paragraph, the Secretary shall determine whether or not to accept the recommendations, either in whole or in part. If the Secretary determines not to accept all or part of the recommendations, the Secretary shall—

''(A) notify the congressional veterans' affairs committees of the recommendations and of the portion of the recommendations that the Secretary has determined not to accept;

''(B) meet and confer with such exclusive employee representatives, for a period not less than 30 days, for purposes of attempting to reach an agreement on whether and how to proceed with the portion of the recommendations that the Secretary has determined not to accept;

''(C) at the election of the Secretary, or of a majority of such exclusive employee representatives who are participating in negotiations on such matter, employ the services of the Federal Mediation and Conciliation Service during the period referred to in subparagraph (B) for purposes of reaching such agreement; and

''(D) if the Secretary determines that activities under subparagraph (B), (C), or both are unsuccessful at reaching such agreement and determines (in the sole and unreviewable discretion of the Secretary) that further meeting and conferral under subparagraph (B), mediation under subparagraph (C), or both are unlikely to reach such agreement—

''(i) notify the congressional veterans' affairs committees of such determinations, identify for such committees the portions of the recommendations that the Secretary has determined not to accept, and provide such committees an explanation and justification for determining to implement the part of the system subject to such portions of the recommendations without regard to such portions of the recommendations; and

''(ii) commencing not earlier than 30 days after notice under clause (i), implement the part of the system subject to the recommendations that the Secretary has determined not to accept without regard to those recommendations.

''(5) If the Secretary and exclusive employee representatives reach an agreement under paragraph (4) providing for the resolution of a disagreement on one or more portions of the recommendations that the Secretary had determined not to accept under that paragraph, the Secretary shall immediately implement such resolution.

''(6) In implementing a system of promotion and advancement under this subsection, the Secretary shall—

''(A) develop and implement mechanisms to permit exclusive employee representatives to participate in the periodic review and evaluation of the system, including peer review, and in any further planning or development required with respect to the system as a result of such review and evaluation; and

''(B) provide exclusive employee representatives appropriate access to information to ensure that the participation of such exclusive employee representative in activities under subparagraph (A) is productive.

''(7)(A) The Secretary may from time to time modify a system of promotion and advancement under this subsection.

''(B) In modifying a system, the Secretary shall take into account any recommendations made by the exclusive employee representatives concerned.

''(C) In modifying a system, the Secretary shall comply with paragraphs (2) through (5) and shall treat any proposal for the modification of a system as a proposal for a system for purposes of such paragraphs.

''(D) The Secretary shall promptly submit to the congressional veterans' affairs committees a report on any modification of a system. Each report shall include—

''(i) an explanation and justification of the modification; and

''(ii) a description of any recommendations of exclusive employee representatives with respect to the modification and a statement whether or not the modification was revised in light of such recommendations.

''(8) In the case of employees who are not within a unit with respect to which a labor organization is accorded exclusive recognition, the Secretary may develop procedures for input from representatives under this subsection from any appropriate organization that represents a substantial percentage of such employees or, if none, in such other manner as the Secretary considers appropriate, consistent with the purposes of this subsection.

''(9) In this subsection, the term 'congressional veterans' affairs committees' means the Committees on Veterans' Affairs of the Senate and the House of Representatives.''.

(c) TEMPORARY, PART-TIME, AND WITHOUT COMPENSATION APPOINTMENTS.—Section 7405 of such title is amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking subparagraphs (B) and (C) and inserting the following new subparagraphs:

''(B) Positions listed in section 7401(3) of this title.

''(C) Librarians.''; and

(B) in paragraph (2), by striking subparagraph (B) and inserting the following new subparagraph (B):

''(B) Positions listed in section 7401(3) of this title.''; and

(2) in subsection (c)(1), by striking ''section 7401(1)'' and inserting ''paragraphs (1) and (3) of section 7401''.

(d) AUTHORITY FOR ADDITIONAL PAY FOR CERTAIN HEALTH CARE PROFESSIONALS.—Section 7454(b)(1) of such title is amended by striking ''certified or registered'' and all that follows through ''occupational therapists,'' and inserting ''individuals in positions listed in section 7401(3) of this title,''.

SEC. 302. APPOINTMENT OF CHIROPRACTORS IN THE VETERANS HEALTH ADMINISTRATION.

(a) APPOINTMENTS.—Section 7401 is amended—

(1) in the matter preceding paragraph (1), by striking ''medical'' and inserting ''health''; and

(2) in paragraph (1), by inserting ''chiropractors,'' after ''podiatrists,''.

(b) QUALIFICATIONS OF APPOINTEES.—Section 7402(b) is amended—

(1) by redesignating paragraph (10) as paragraph (11); and

(2) by inserting after paragraph (9) the following new paragraph (10):

''(10) CHIROPRACTOR.—To be eligible to be appointed to a chiropractor position, a person must—

''(A) hold the degree of doctor of chiropractic, or its equivalent, from a college of chiropractic approved by the Secretary; and

''(B) be licensed to practice chiropractic in a State.''.

(c) PERIOD OF APPOINTMENTS AND PROMOTIONS.—Section 7403(a)(2) is amended by adding at the end the following new subparagraph:

''(H) Chiropractors.''.

(d) GRADES AND PAY SCALES.—Section 7404(b)(1) is amended by striking the third center heading in the table and inserting the following:

''CLINICAL PODIATRIST, CHIROPRACTOR, AND OPTOMETRIST SCHEDULE''.

(e) MALPRACTICE AND NEGLIGENCE PROTECTION.—Section 7316(a) is amended—

(1) in paragraph (1), by striking ''medical'' each place it appears and inserting ''health''; and

(2) in paragraph (2)—

(A) by striking ''medical'' the first place it appears and inserting ''health''; and

(B) by inserting ''chiropractor,'' after ''podiatrist,''.

(f) TREATMENT AS SCARCE MEDICAL SPECIALISTS FOR CONTRACTING PURPOSES.—Section 7409(a) is amended by inserting ''chiropractors,'' in the second sentence after ''optometrists,''.

(g) COLLECTIVE BARGAINING EXEMPTION.—Section 7421(b) is amended by adding at the end the following new paragraph:

''(8) Chiropractors.''.

(h) EFFECTIVE DATE.—The amendments made by this section shall take effect at the end of the 180–day period beginning on the date of the enactment of this Act.

SEC. 303. ADDITIONAL PAY FOR SATURDAY TOURS OF DUTY FOR ADDITIONAL HEALTH CARE WORKERS IN THE VETERANS HEALTH ADMINISTRATION.

(a) IN GENERAL.—Section 7454(b) is amended by adding at the end the following new paragraph:

''(3) Employees appointed under section 7408 of this title shall be entitled to additional pay on the same basis as provided for nurses in section 7453(c) of this title.''.

(b) APPLICABILITY.—The amendment made by subsection (a) shall take effect with respect to the first pay period beginning on or after January 1, 2004.

SEC. 304. COVERAGE OF EMPLOYEES OF VETERANS' CANTEEN SERVICE UNDER ADDITIONAL EMPLOYMENT LAWS.

(a) COVERAGE.—Paragraph (5) of section 7802 is amended by inserting before the semicolon a period and the following: ''An employee appointed under this section may be considered for appointment to a Department position in the competitive service in the same manner that a Department employee in the competitive service is considered for transfer to such position. An employee of the Service who is appointed to a Department position in the competitive service under the authority of the preceding sentence may count toward the time-in-service requirement for a career appointment in such position any previous period of employment in the Service''.

(b) TECHNICAL AMENDMENTS.—Such section is further amended—

(1) by striking the semicolon at the end of each of paragraphs (1) through (10) and inserting a period;

(2) by striking ''The Secretary '' and all that follows through ''(1) establish,'' and inserting ''(a) LOCATIONS FOR CANTEENS.—The Secretary shall establish,'';

(3) by redesignating paragraphs (2) through (11) as subsections (b) through (k), respectively, and by realigning those subsections (as so redesignated) so as to be flush to the left margin;

(4) in subsection (b) (as so redesignated), by inserting ''WAREHOUSES AND STORAGE DEPOTS.—The Secretary shall'' before ''establish'';

(5) in subsection (c) (as so redesignated), by inserting ''SPACE, BUILDINGS, AND STRUCTURES.—The Secretary shall'' before ''furnish'';

(6) in subsection (d) (as so redesignated), by inserting ''EQUIPMENT, SERVICES, AND UTILITIES.—The Secretary shall'' before ''transfer'';

(7) in subsection (e) (as so redesignated and as amended by subsection (a)), by inserting ''PERSONNEL.—The Secretary shall'' before ''employ'';

(8) in subsection (f) (as so redesignated), by inserting ''CONTRACTS AND AGREEMENTS.—The Secretary shall'' before ''make all'';

(9) in subsection (g) (as so redesignated), by inserting ''PRICES.—The Secretary shall'' before ''fix the'';

(10) in subsection (h) (as so redesignated), by inserting ''GIFTS AND DONATIONS.—The Secretary may'' before ''accept'';

(11) in subsection (i) (as so redesignated), by inserting ''RULES AND REGULATIONS.—The Secretary shall'' before ''make such'';

(12) in subsection (j) (as so redesignated), by inserting ''DELEGATION.—The Secretary may'' before ''delegate such''; and

(13) in subsection (k) (as so redesignated), by inserting ''AUTHORITY TO CASH CHECKS, ETC.—The Secretary may'' before ''authorize''.

TITLE IV—OTHER MATTERS

SEC. 401. OFFICE OF RESEARCH OVERSIGHT IN VETERANS HEALTH ADMINISTRATION.

(a) STATUTORY CHARTER.—(1) Chapter 73 is amended by inserting after section 7306 the following new section:

''§ 7307. Office of Research Oversight

''(a) REQUIREMENT FOR OFFICE.—(1) There is in the Veterans Health Administration an Office of Research Oversight (hereinafter in this section referred to as the 'Office'). The Office shall advise the Under Secretary for Health on matters of compliance and assurance in human subjects protections, research safety, and research impropriety and misconduct. The Office shall function independently of entities within the Veterans Health Administration with responsibility for the conduct of medical research programs.

''(2) The Office shall—

''(A) monitor, review, and investigate matters of medical research compliance and assurance in the Department with respect to human subjects protections; and

''(B) monitor, review, and investigate matters relating to the protection and safety of human subjects and Department employees participating in medical research in Department programs.

''(b) DIRECTOR.—(1) The head of the Office shall be a Director, who shall report directly to the Under Secretary for Health (without delegation).

''(2) Any person appointed as Director shall be—

''(A) an established expert in the field of medical research, administration of medical research programs, or similar fields; and

''(B) qualified to carry out the duties of the Office based on demonstrated experience and expertise.

''(c) FUNCTIONS.—(1) The Director shall report to the Under Secretary for Health on matters relating to protections of human subjects in medical research projects of the Department under any applicable Federal law and regulation, the safety of employees involved in Department medical research programs, and suspected misconduct and impropriety in such programs. In carrying out the preceding sentence, the Director shall consult with employees of the Veterans Health Administration who are responsible for the management and conduct of Department medical research programs.

''(2) The matters to be reported by the Director to the Under Secretary under paragraph (1) shall include allegations of research impropriety and misconduct by employees engaged in medical research programs of the Department.

''(3)(A) When the Director determines that such a recommendation is warranted, the Director may recommend to the Under Secretary that a Department research activity be terminated, suspended, or restricted, in whole or in part.

''(B) In a case in which the Director reasonably believes that activities of a medical research project of the Department place human subjects' lives or health at imminent risk, the Director shall direct that activities under that project be immediately suspended or, as appropriate and specified by the Director, be limited.

''(d) GENERAL FUNCTIONS.—(1) The Director shall conduct periodic inspections and reviews, as the Director determines appropriate, of medical research programs of the Department. Such inspections and reviews shall include review of required documented assurances.

''(2) The Director shall observe external accreditation activities conducted for accreditation of medical research programs conducted in facilities of the Department.

''(3) The Director shall investigate allegations of research impropriety and misconduct in medical research projects of the Department.

''(4) The Director shall submit to the Under Secretary for Health, the Secretary, and the Committees on Veterans' Affairs of the Senate and House of Representatives a report on any suspected lapse, from whatever cause or causes, in protecting safety of human subjects and others, including employees, in medical research programs of the Department.

''(5) The Director shall carry out such other duties as the Under Secretary for Health may require.

''(e) SOURCE OF FUNDS.—Amounts for the activities of the Office, including its regional offices, shall be derived from amounts appropriated for the Veterans Health Administration for Medical Care.

''(f) ANNUAL REPORT.—Not later than March 15 each year, the Director shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the activities of the Office during the preceding calendar year. Each such report shall include, with respect to that year, the following:

''(1) A summary of reviews of individual medical research programs of the Department completed by the Office.

''(2) Directives and other communications issued by the Office to field activities of the Department.

''(3) Results of any investigations undertaken by the Office during the reporting period consonant with the purposes of this section.

''(4) Other information that would be of interest to those committees in oversight of the Department medical research program.

''(g) MEDICAL RESEARCH.—For purposes of this section, the term 'medical research' means medical research described in section 7303(a)(2) of this title.''.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7306 the following new item:

''7307. Office of Research Oversight.''.

(b) CONFORMING AMENDMENT.—Section 7303 is amended by striking subsection (e).

SEC. 402. ENHANCEMENT OF AUTHORITIES RELATING TO NONPROFIT RESEARCH CORPORATIONS.

(a) COVERAGE OF PERSONNEL UNDER TORT CLAIMS LAWS.—(1) Subchapter IV of chapter 73 is amended by inserting after section 7364 the following new section:

''§ 7364A. Coverage of employees under certain Federal tort claims laws

''(a) An employee of a corporation established under this subchapter who is described by subsection (b) shall be considered an employee of the Government, or a medical care employee of the Veterans Health Administration, for purposes of the following provisions of law:

''(1) Section 1346(b) of title 28.

''(2) Chapter 171 of title 28.

''(3) Section 7316 of this title

''(b) An employee described in this subsection is an employee who—

''(1) has an appointment with the Department, whether with or without compensation;

''(2) is directly or indirectly involved or engaged in research or education and training that is approved in accordance with procedures established by the Under Secretary for Health for research or education and training; and

''(3) performs such duties under the supervision of Department personnel.''.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7364 the following new item:

''7364A. Coverage of employees under certain Federal tort claims laws.''.

(b) CLARIFICATION OF EXECUTIVE DIRECTOR'S ETHICS CERTIFICATION DUTIES.—Section 7366(c) is amended—

(1) by inserting ''(1)'' after ''(c)'';

(2) by striking ''any year—'' and all that follows through ''shall be subject'' and inserting ''any year shall be subject'';

(3) by striking ''functions; and'' and inserting ''functions.''; and

(4) by striking paragraph (2) and inserting the following:

''(2) Each corporation established under this subchapter shall each year submit to the Secretary a statement signed by the executive director of the corporation verifying that each director and employee has certified awareness of the laws and regulations referred to in paragraph (1) and of the consequences of violations of those laws and regulations in the same manner as Federal employees are required to so certify.''.

(c) FIVE-YEAR EXTENSION OF AUTHORITY TO ESTABLISH RESEARCH CORPORATIONS.—Section 7368 is amended by striking ''December 31, 2003'' and inserting ''December 31, 2008''.

SEC. 403. DEPARTMENT OF DEFENSE PARTICIPATION IN REVOLVING SUPPLY FUND PURCHASES.

(a) ENHANCEMENT OF DEPARTMENT OF DEFENSE PARTICIPATION.—Section 8121 is amended—

(1) by redesignating subsections (b) and (c) as subsections (d) and (e), respectively;

(2) by designating the last sentence of subsection (a) as subsection (c); and

(3) by inserting after paragraph (3) of subsection (a) the following new subsection (b):

''(b) The Secretary may authorize the Secretary of Defense to make purchases through the fund in the same manner as activities of the Department. When services, equipment, or supplies are furnished to the Secretary of Defense through the fund, the reimbursement required by paragraph (2) of subsection (a) shall be made from appropriations made to the Department of Defense, and when services or supplies are to be furnished to the Department of Defense, the fund may be credited, as provided in paragraph (3) of subsection (a), with advances from appropriations available to the Department of Defense.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply only with respect to funds appropriated for a fiscal year after fiscal year 2003.

SEC. 404. FIVE-YEAR EXTENSION OF HOUSING ASSISTANCE FOR HOMELESS VETERANS.

Section 2041(c) is amended by striking ''December 31, 2003'' and inserting ''December 31, 2008''.

SEC. 405. REPORT DATE CHANGES.

(a) SENIOR MANAGERS QUARTERLY REPORT.—Section 516(e)(1)(A) is amended by striking ''30 days'' and inserting ''45 days''.

(b) ANNUAL REPORT ON ASSISTANCE TO HOMELESS VETERANS.—Section 2065(a) is amended by striking ''April 15 of each year'' and inserting ''June 15 of each year''.

(c) ANNUAL REPORT OF COMMITTEE ON CARE OF SEVERELY CHRONICALLY MENTALLY ILL VETERANS.—Section 7321(d)(2) is amended by striking ''February 1, 1998, and February 1 of each of the six following years'' and inserting ''June 1 of each year through 2008''.

(d) ANNUAL REPORT ON SHARING OF HEALTH CARE RESOURCES.—Section 8153(g) is amended—

(1) by striking ''not more than 60 days after the end of each fiscal year'' and inserting ''not later than February 1 of each year''; and

(2) by inserting ''during the preceding fiscal year'' after ''under this section''.

(e) ANNUAL REPORT OF SPECIAL COMMITTEE ON PTSD.—Section 110(e)(2) of the Veterans' Health Care Act of 1984 (38 U.S.C. 1712A note) is amended by striking ''February 1 of each of the three following years'' and inserting ''May 1 of each year through 2008''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. SMITH) and the gentleman from Texas (Mr. RODRIGUEZ) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Madam Speaker, I yield such time as he may consume to the gentleman from Connecticut (Mr. SIMMONS), the chairman of our Subcommittee on Health, who is the prime author of this legislation.

Mr. SIMMONS. Madam Speaker, I thank the gentleman from New Jersey (Mr. SMITH) the distinguished chairman of the Committee on Veterans' Affairs, for all the hard work that he has done over the course of this year, and in previous years, in an effort to bring this legislation to final passage today. He is truly a friend of America's veterans.

Madam Speaker, the bill before us combines substantial portions of seven House and Senate bills dealing with veterans health care matters. As the Subcommittee on Health chairman, I am pleased that we are proposing to rebuild substantial portions of the Department of Veterans Affairs aging capital infrastructure, which is a fancy way of saying their hospital and health care facilities.

Most Members know that America cares for her veterans more than any other country in the world and has provided health care facilities for her veterans for over 100 years. That is the good news. Regrettably, the bad news is that many of these facilities, which provide excellent health care services to our veterans, show signs of aging. They need upgrading or replacement, and that is one of the purposes of the bill before us today.

This legislation is the result of compromise between the House and the Senate. It is the product of many minds. And I am grateful to my ranking member, the gentleman from Texas (Mr. RODRIGUEZ) for all of his help in bringing us to this point here today.

In summary, the bill would authorize six new medical building probables at a total cost of $276.6 million in Chicago, San Diego, West Haven, Lebanon, Beckley, and Pensacola. It also authorizes advance planning of $86.5 million for the Veterans Administration to design five new projects in Denver, Colorado, Columbus, Ohio, Pittsburgh, Pennsylvania, Las Vegas, Nevada, and East Central, Florida. I am confident these projects will be funded once they are fully designed with the authorization provided in this bill.

The Denver project, for example, is a joint venture involving the Veterans Administration and the Air Force to establish a new Fitzsimmons Hospital Center. We believe this project will move forward with $26 million from the VA added to $4 million from the Air Force. And I thank my colleagues, the gentleman from Colorado (Mr. BEAUPREZ) and the gentleman from Colorado (Mr. HEFLEY) for all of their hard work on this project.

Another very important planning project in our bill is for Columbus, Ohio. It would relocate and expand an existing VA clinic to available Federal property. And while this committee wanted to provide the full authorization this year, and, in fact, this body did so, that was opposed by the other body. In the spirit of compromise the committees agreed to provide $9 million for advance planning for the new clinic in Columbus. I thank the gentleman from Ohio (Mr. HOBSON) for his leadership and help with this matter. I personally look forward to going out to Ohio, hopefully, in the company of Secretary Principi, to review the project.

In Pittsburgh, Pennsylvania, the VA needs a new health facility to replace two aging hospitals, both of which are over 50 years old. The committee has agreed to provide planning funds of $9 million for this project as well.

In addition to these projects, the bill with also delegate to Secretary Principi the ability to prioritize construction projects coming out of VA's so-called ''CARES'' process, provided appropriations to support these projects would be available. And we are confident this approach is a responsible way to proceed. With this delegation of authority to the Secretary, however, we also impose some limits on the VA in this bill. If, for example, as a result of CARES, the Secretary is closing VA medical facilities, or significantly reducing health care staff or consolidating two or more hospitals, we request that VA report these plans to Congress and wait 60 days before proceeding.

In closing, Madam Speaker, I would like to mention two hospital or facility naming pieces of this legislation. First of all, I had the honor as a member of the Committee on Armed Services to serve under Chairman Bob Stump, who also was a distinguished chairman of the Committee on Veterans' Affairs. There is no truer friend to America's veterans than Bob Stump. And we lost him earlier this year, unfortunately, to a long illness. But we wanted to memorialize his service to American veterans in an appropriate and respectful way, which is why our bill names the Prescott, Arizona, VA Medical Center the Bob Stump Department of Veterans Affairs Medical Center.

As well, I want to honor a very distinguished veteran from my own district, John McGuirk, a native of Connecticut, who enlisted in the United States Navy during World War II, serving as a salvage diver. He hazarded death and injury every day of his service, serving in the South Pacific from Pearl Harbor to Manila in the Philippines, including service aboard the salvage ship U.S.S. Laysan Island.

John McGuirk was instrumental in establishing a community-based outreach clinic in New London, Connecticut, on the grounds of the U.S. Coast Guard Academy. And this legislation will memorialize him by naming this clinic after him.

Madam Speaker, I urge all Members to vote in support of final passage of this legislation, the Veterans Health Care Capital Asset and Business Improvement Act of 2003.

□ 1230

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

Madam Speaker, I rise in support of S. 1156, as amended, the Veterans Health Care, Capital Assets and Business Improvement Act of 2003.

This legislation draws the best from provisions offered in this body and the Senate. I have worked closely on the bill with the chairman of the Subcommittee on Health, the gentleman from Connecticut (Mr. SIMMONS). I want to thank him for his graciousness and the hard work. I would also like to thank the gentleman from New Jersey (Mr. SMITH) and also the ranking member, the gentleman from Illinois (Mr. EVANS), for their assistance in finalizing this bill.

I am very pleased that the bill includes important provisions from H.R. 2433, as amended, a bill I introduced with the support of the gentleman from Connecticut (Mr. SIMMONS). I also appreciate the persistence of the gentleman from California (Mr. THOMPSON), who will be speaking, in ensuring that these tests were brought to light in the items that we would be bringing before in this piece of legislation.

This bill will take important steps to remedy the serious wrong done to some of our veterans during the Cold War era. The military conducted a series of about 50 tests over almost a decade to determine the effects of the number of biological and chemical exposures to military operations and whether such exposures could be adequately protected. Many of these veterans participated without their knowledge, and too often veterans who participated in these tests were not properly protected from exposure to the number of stimulants as well as, occasionally, live agents. These agents included sarin and VX nerve gas, as well as biological war agents including Q fever and rabbit fever.

The military has now completed a number of investigations into the operations of the Deseret Test Center and concluded that as many as 6,000 veterans may have been involved. Veteran participation is unacceptable, and we recognize this, and we are concerned; and we want to assure them that if they are suffering lasting health consequence that we will do something about this.

I am very pleased that this legislation does something about that. This bill provides high-priority eligibility for the next 2 years to allow them to seek and receive VA treatment for the health problems including those that may be related to the problems, especially to the exposure of these hazardous agents.

This authority will allow them, and it will not adequately compensate them for what they have gone through, but we are at least beginning to try to correct the situation that we find ourselves in. Allowing them to have their health care concerns addressed may begin to give them the peace of mind this Nation owes them.

I am also pleased the final bill includes many provisions on the bill H.R. 1720, as amended. Madam Speaker, this bill authorizes many worthy construction projects to which the VA has given high priority. Unfortunately, the VA major medical construction has suffered for years as Congress has waited for the results of the CARES program, which is Capital Assets Realignment for Enhanced Services. I hope now that VA is about to approve a final plan, Congress will see fit to provide the appropriations VA requires to invest in its outdated infrastructure that we know is lacking. So we are hoping that we can do more as the report comes out.

A provision in our bill is designed to assure Congress that we are also adequately informed of some less positive developments that may result from this process, facility closures, staff realignments, as well as consolidations that may affect many veterans.

I am also pleased that this bill would give us both the assurance of this notification and the time to respond to these developments. Regardless of its outcome, CARES gave us at least one thing of value and that is the information that it has provided us. Last fall, the VA came forward with data that confirmed the ongoing concerns. I, along with my good friend, the gentleman from Texas (Mr. ORTIZ), have talked about the veterans of south

Texas. I know the gentleman from Texas (Mr. ORTIZ) will be speaking today. They suffered long, miserable journeys, up to 6 hours one way, to receive hospital care and some specialized services. And I do not think that anyone knew many of our veterans had the worst access to acute hospital care in the Nation like in south Texas.

I am pleased this bill will require the VA to report to us on the steps it intends to take to resolve this long-lasting problem in south Texas.

This bill will also provide new benefits to former prisoners of war. Under the current law, neither Jessica Lynch nor her comrades who suffered internment in Iraq would be eligible to receive outpatient dental care from the VA. Why? Because they were in captivity for fewer than 90 days. Veterans who have experienced the trauma associated with being prisoners of war deserve dental care regardless of the time of the captivity.

This bill will also do away with these veterans medication co-payments. Surely we can all agree that these veterans have paid enough. This bill will extend and enhance long-term care and mental health programs. The VA continues to study how it will provide care in the future. Congress must remain vigilant about the programs that are needed by some of the most vulnerable veterans in the system.

I am pleased we have continued to support two internal watchdogs to monitor and report to Congress on the methods of improving mental health programs within the VA for the seriously mentally ill and for victims of post-traumatic stress disorder.

With troops who have seen the consequences of combat still in the field, we need the VA permanent programs to be available to both men and women who have trouble readjusting to civilian life.

Madam Speaker, there are numerous additional provisions in the bill that will allow the VA to provide better care to our veterans. I would like to thank the committee leadership and the staff for their hard work on this bill.

Madam Speaker, I rise in support of S. 1156, as amended, the Veterans Health Care, Capital Asset And Business Improvement Act of 2003. The bill draws the best from provisions offered in this body and in the Senate. I have worked closely on this bill with the Chairman of the Health Subcommittee, Mr. SIMMONS. I would also like to thank Chairman SMITH and Ranking Member EVANS for their assistance in finalizing this bill.

I am most pleased that the bill includes important provisions from H.R. 2433, as amended, a bill I introduced with the support of my Chairman, Mr. SIMMONS. I also appreciate the persistence of the gentleman from California, MIKE THOMPSON in ensuring that these tests were brought to light. This bill will take important steps to remedy a serious wrong done to some veterans during the Cold War era. The military conducted a series of about 50 tests over almost a decade to determine the effect of a number of biological and chemical exposures on military operations and whether such exposures could be adequately detected. Too often veterans who participated, sometimes unwittingly, in these tests were not properly protected from exposures to a number of stimulants and, occasionally, live agents. These agents included Sarin and VX nerve gas as well as biological war agents including Q fever and rabbit fever.

The military has now completed a number of investigations into the operations of the Deseret Test Center and concluded that as many as 6000 veterans may have been involved. Veteran participants are understandably concerned and want assurances that they are not suffering lasting health consequences related to these tests. This bill provides high-priority health care eligibility to these veterans for the next two years to allow them to seek and receive VA treatment for any health problems, including those they believe may be related to exposures to these hazardous agents. This authority will never adequately compensate veterans for their participation in dangerous tests, but allowing them to have their health care concerns addressed may begin to give them the peace-of-mind the nation owes them.

I am also pleased that the final bill includes many of the provisions from H.R. 1720, as amended. Madam Speaker, this bill authorizes many worthy construction projects to which VA has given high priority. Unfortunately, VA's major medical construction has languished for years as Congress has waited for the results of the Capital Assets Realignment for Enhanced Services (CARES) study. I hope now that VA is about to approve a final plan, Congress will see fit to provide the appropriations VA requires to invest in its outdated infrastructure. If so, this will be a positive outcome of CARES. A provision of our bill is designed to ensure Congress that we are also adequately informed of some less positive developments that may result from this process—facility closures, staff reassignments and consolidations that may affect many veterans. I am pleased that this bill will give us both the assurance of this notification and the time to respond to these developments.

Regardless of its outcomes, CARES gave us at least one thing of value—information. Last fall, VA came forward with data that confirm ongoing concerns I, along with my good friend Solomon Ortiz, have had about the veterans of South Texas. We knew they often suffered long, miserable journeys—up to 6 hours one way—to receive hospital care and some specialized services, but I don't think anyone knew many of our veterans had the worst access to acute hospital care in the nation! I am pleased this bill will require VA to report to us on steps it intends to take to resolve this longstanding problem.

This bill will provide new benefits to former prisoners-of-war. Under current law, neither Jessica Lynch nor her comrades who suffered internment in Iraq would be eligible to receive outpatient dental care from the VA. Why? Because they were in captivity for fewer than 90 days. While this limitation on eligibility was based on a rationale, it now seems capricious. Veterans who have experienced the trauma associated with being a prisoner of war deserve dental care regardless of their time in captivity. This bill will also do away with these veterans' medication copayments. Surely we can all agree that these veterans have paid enough.

This bill will extend and enhance long-term care and mental health problems. As VA continues to study how it will provide health care in the future Congress must remain vigilant about these programs that consume many resources but are needed by some of the most vulnerable veterans in the system. I am pleased we will also require two internal watchdogs that have made solid recommendations for improving mental health programs to continue to report to Congress on the VA's services for the seriously mentally ill and for veterans with Post-Traumatic Stress Disorder. With troops who have seen the consequences of combat still in the field we will need VA's pre-eminent programs to be available to the men and women who have trouble readjusting to civilian life.

Madam Speaker, there are a number of additional provisions in this bill that will allow VA to provide better care to our veterans. I thank the Committee leadership and the staff for their hard work on the bill and want to commend it to all of my colleagues.

Madam Speaker, I reserve the balance of my time.

Mr. SMITH of New Jersey. Madam Speaker, I yield 3 minutes to the gentleman from Indiana (Mr. BUYER), the distinguished chairman of our Subcommittee on Oversight and Investigations.

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

Mr. BUYER. Madam Speaker, this is excellent bipartisan legislation, not only between the Members of this body but also between the House and the Senate. This is a good compromise, not only with regard to major facility construction, whether it is to improve, renovate, replace, update and establish new health care facilities around the country. That is an excellent portion of this bill.

I would like to bring to my colleagues' attention that included in this compromise package is some legislation I authored to ensure the ethical treatment and safety of veterans who participate in VA medical research. We spend a lot of money on VA medical research, and there have been some incidents over the years whereby veterans have been harmed. And just the title of what it is called, Human Subject Protection, by calling humans subjects, it even sort of desensitizes the issue that there is a human being here at stake.

The VA medical research human subject protections section of this bill does the following:

We will establish an independent office to oversee research and compliance and assurance.

This bill will also provide that the new office counsels the Under Secretary for Health on all matters related to the protection of human research subjects, research misconduct and impropriety, and also the ethical conduct of research, and research safety.

That office shall investigate allegations of research, misconduct and impropriety; suspend or restrict research

to ensure the safety and ethical treatment of human subjects; and assure compliance in the conduct of research.

The director of the office shall conduct periodic inspections at research facilities, observe external accreditation site visits, investigate allegations of research misconduct and improprieties.

This bill also requires the immediate notification of the Under Secretary for Health when endangerment of human research subjects is evident or suspected and requires that Congress be notified when research misconduct or impropriety has been discovered.

This bill provides that funding for the new office would be independent from the Office of Research and Development.

Finally, the bill mandates that the Comptroller General of the United States conduct a study of the effectiveness of this new office and submit a report to Congress by January 1, 2006.

I want to thank all Members of the House Committee on Veterans' Affairs and the Senate for including this language in section IV of the bill. In particular, I want to thank the gentleman from New Jersey (Mr. SMITH) and the ranking member, the gentleman from Illinois (Mr. EVANS), and the ranking member of the Subcommittee on Oversight and Investigations, the gentlewoman from Oregon (Ms. HOOLEY), for co-sponsoring the legislation. Also, in particular, the gentleman from Connecticut (Mr. SIMMONS) and the ranking member, the gentleman from Texas (Mr. RODRIGUEZ), for this bill at the subcommittee level, for bringing this to the attention of all of our colleagues. This is good legislation and good work, and I thank everyone for their efforts.

Mr. RODRIGUEZ. Madam Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. EVANS), the ranking Democrat.

Mr. EVANS. Madam Speaker, I rise to support the Veterans Health Care, Capital Asset and Business Improvement Act of 2003. I want to start out by thanking the gentleman from New Jersey (Mr. SMITH) again for his willingness to work closely with me and the Democratic members of the committee to develop this as a final package. Credit goes to the gentleman from Connecticut (Mr. SIMMONS) and the ranking member, the gentleman from Texas (Mr. RODRIGUEZ), for moving these measures to the floor today.

The bill anticipates the final approval of the CARES plan, identifying Congress's priorities requiring notification of major initiatives that come before the plan. I will continue to work behind the curtain and in front of the public to get this legislation passed.

The bill memorializes two great friends of mine: Bob Stump, who was an advocate for veterans throughout his career. We truly miss him not being on the committee anymore. He was a great American, and we salute his courage in standing up for what he believed in. Also, Jesse Brown, a veterans advocate as well, the former Secretary of Veterans Affairs for veterans. And we recognize these contributions of these two veterans with the passage of this bill.

This is a laudable effort for improving services for elderly and mentally-ill veterans. It strives to make VA the first choice. I am proud of the committee's work.

Madam Speaker, I rise to support the Veterans Health Care, Capital Asset and Business Improvement Act of 2003. I want to thank Chairman SMITH for his ongoing commitment to veterans and his willingness to work closely with us on the development of this final package.

There are many important provisions in this bill. I appreciate the good bipartisan work of Chairman SIMMONS and Ranking Member RODRIGUEZ in shepherding these measures from the Health Subcommittee to our consideration of a final conference package on the floor today.

This bill anticipates the final approval of the National Capital Asset Realignment for Enhanced Services (CARES) Plan. This Plan may set the framework for the first significant investment in the VA medical care system's infrastructure in several years. We are now way behind in making the needed investments—some estimate that the deficit is as high as $6 billion in delayed VA projects. VA's Phase I Study in VISN 12 has offered interested parties a view to the future under a CARES-like process. I had to look no further than upstate Illinois to see how the administration might handle the hundreds of new proposals it has on tap if most of the recommendations in the Draft CARES Plan are adopted.

The answers I received about the plan for VISN 12 were unsettling. This is particularly true since this Phase I study is the prototype for the larger National plan. VA planned to close one of the divisions of VA Chicago without sure funding for a modern new bed tower at the other division. This replacement facility was, in my view and many others, the linchpin to a successful integration. There are still no plans to develop the on-site multispecialty outpatient clinic veterans were promised.

This spring I introduced H.R. 2349 which authorized funds to construct the new bed tower at the West Side division of VA in Chicago. It also attempted to hold VA's feet to the fire to fund and build the new bed tower by prohibiting VA from disposing of the closed facility until it began construction on its replacement. Instead of the restrictions I put on VA in my bill, I have agreed to establish priorities for spending appropriations designated for CARES projects. This conference package gives the highest priority to facilities, such as West Side, that are needed to replace capacity at facilities that CARES will recommend closing, consolidating or converting in some fashion. It also gives high priorities to projects that remedy life safety and seismic deficiencies.

My bill contained additional projects that are worthy of our appropriators' consideration. It authorizes $48,600,000 for the correction of seismic deficiencies in San Diego, California, and $50,000,000 for medical care and research renovations in West Haven, Connecticut. My bill included lease authority for Las Vegas. We have since learned that VA's needs there may be evolving and settled on appropriating advance planning funds in the amount of $25,000,000 for a major medical facility project there.

The bill also adopts language inspired by a provision introduced by my friend from Kansas, DENNIS MOORE. His bill has tremendous and broad-based support in this body. The provision requires VA to notify Congress in writing of actions proposed under the CARES initiative that would result in medical facility closures, significant staff realignments or medical facility consolidations and prohibits VA from taking these actions before 45 days following the notification or 30 days of continuous session of Congress.

I plan to continue to look behind the CARES process to ensure that VA is making its decisions in the best interest of veterans—not the bottom line.

In addition to honoring my friend, the late Jesse Brown, the former Secretary ''for'' Veterans Affairs by naming the VA Medical Center (West Side Division) in Chicago for him, this final package will name the Prescott VA Medical Center for our Committee's former Chairman, and my personal friend, the late Bob Stump. We honor two true veterans' advocates with the passage of this bill, and I am pleased to be associated with it.

Madam Speaker, I am pleased that we are finally able to authorize VA to provide health care to certain Filipino World War II veterans of the Philippines Commonwealth Army and former Philippines ''New Scouts'' who permanently reside in the United States, in the same manner as provided to U.S. veterans. I commend my colleague, Mr. FILNER, for his persistence in seeing this to fruition.

Several years ago, my friend from California, MIKE THOMPSON, discovered that many veterans had participated in a series of dangerous tests to identify the military's ability to detect and protect itself from biological and chemical attacks. His doggedness led the military to admit responsibility for conducting these tests which involved spraying American troops with agents that were, in some cases, extremely potent. The ranking member of the Health Subcommittee, CIRO RODRIGUEZ, saw an opportunity to do some justice for these veterans by giving them access to VA health care for any condition for two years. This will allow these veterans to seek care for conditions they believe may be related to their exposures. I am pleased to support this provision.

This bill is laudable for improving services for elderly and mentally ill veterans. One provision allows VA authority to provide work skills training and development services, employment support services and job development and placement services as part of a more comprehensive rehabilitation package. This is likely to improve the therapeutic outcomes for seriously mentally ill veterans, homeless veterans and veterans with substance use disorders—those who can truly benefit from hands-on job coaching services. It extends authority for VA to provide properties foreclosed under its home loan program to nonprofit homeless service providers. VA has made extensive use of this authority and nonprofits have provided many nights of care to homeless veterans as a result.

The bill extend VA's authority to provide a range of non-institutional extended care services and a mandate to provide medically necessary, institutional nursing care services to severely service-connected disabled veterans through December 31, 2008. It allows VA to extend and add a site to its important pilot program on assisted living for veterans. It provides earmarked funding for specialized mental health services for veterans in each of the next three fiscal years. It also continues the reports of two important VA advisory groups who have made a series of solid recommendations to the Under Secretary for Health and the Congress about programs for seriously mentally ill veterans and veterans with post-traumatic stress disorder.

Finally, this bill strives to make VA an employer of choice. We have reached one of those rare compromises that seem to offer something to everyone by creating a new appointment and promotion authority for certain clinical personnel, such as clinical psychologists, social workers, audiologists, kinesiologists, and others in the Veterans Health Administration (VHA). This authority will allow these employees to enjoy some of the same protections other Federal workers have, but will also provide VA with greater hiring and promotion flexibility. Some health care workers, mostly nursing assistants, will enjoy Saturday premium pay under this bill. It will allow VA to appoint employees of the Veterans' Canteen Service taking into consideration their time in service in that capacity. We have offered VHA the authority to hire chiropractors to enhance the types of health care services it routinely offers veterans.

Madam Speaker, I am proud of the Committee's work on this bill and encourage all of my colleagues to approve it.

Mr. SMITH of New Jersey. Madam Speaker, I yield 2 minutes to the distinguished gentleman from Arizona (Mr. RENZI), a member of the committee, and a very active one at that.

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

Mr. RENZI. Madam Speaker, I want to begin by commending the chairman, the gentleman from New Jersey (Mr. SMITH), and the gentleman from Illinois (Mr. EVANS), the gentleman from Connecticut (Mr. SIMMONS), and the gentleman from Texas (Mr. RODRIGUEZ) for their hard work in crafting a comprehensive bill that gives great improvements to veterans health care programs.

It is imperative at this time especially that we honor the service of veterans and provide for the quality of life they have helped foster for their years of service to us and this Nation.

This bill ensures the VA health care system will continue to provide the highest quality health care services to our Nation's patriots.

I would like to take a minute to highlight a provision in this bill that honors the memory of a veteran that served in this body. Congressman Bob Stump dedicated his life to the service of this country, first in World War II as a Navy medic, then as an elected official in the State of Arizona, and also in the House of Representatives here in Washington.

Throughout his career, he devoted his efforts to taking care of men and women in uniform on and off the battlefield who committed themselves to defend this Nation and our Constitution. As the previous chairman of the House Committee on Veterans' Affairs, he worked for over 20 years in support of increased health care benefits for veterans and in strengthening the Montgomery GI Bill to allow veterans to have greater access to education and training.

This bill honors the legacy of Bob Stump and his steadfast commitment to veterans by renaming the Prescott Veterans Affairs Medical Center in Prescott, Arizona, the Bob Stump Veterans Affairs Medical Center.

I would like to thank members of his staff, Delores Dunn, Joanne Keeane, and Susan Hosinpellar, who continue to carry on the tradition of his service. It is they who brought forward this idea, along with the Arizona delegation who helped make it happen. It is a fitting tribute to one of our Nation's greatest heroes.

Mr. RODRIGUEZ. Madam Speaker, I yield 3 minutes to the gentleman from California (Mr. FILNER).

Mr. FILNER. Madam Speaker, I also rise in support of S. 1156 as it comes to the House.

As I said yesterday on the floor of the House and I will say again to the chairman of the Committee on Veterans' Affairs and the ranking member, the gentleman from New Jersey (Mr. SMITH) and the gentleman from Illinois (Mr. EVANS), if we take the benefits package that we passed yesterday and the health package that we will pass today, the sum together of these make this year one of the most productive years ever for benefits and health care for our Nation's veterans.

□ 1245

I want to congratulate our leadership on that.

Let me just speak quickly to two of the provisions in this bill. One of them provides access to the veterans medical facilities to all Filipino World War II veterans who legally reside in the United States. This is a benefit that comes from my bill, H.R. 664, and for which I have been fighting for many years, and I thank all the folks involved, the gentleman from Connecticut (Chairman SIMMONS), the gentleman from Texas (Ranking Member RODRIGUEZ), as well as Veterans' Affairs Secretary Principi for bringing this to the floor today.

The Filipino soldiers during World War II helped us win the war in the Pacific, and their brave, courageous stands in the epic battles of Bataan and Corregidor, their critical participation in guerrilla warfare that slowed up the Japanese advance, caused them to suffer greatly after the war when the Congress of 1946 deprived them of the very benefits in both health and benefits that they had been promised.

These veterans are now in their seventies and eighties. Their most urgent need is health care. So it is with great joy that I urge my colleagues to vote for this bill. It will restore dignity and honor to these brave veterans where over 50 years of injustice burns in their hearts. Their sons and daughters and they themselves, I know, are watching this floor today and are going to have great celebration when we pass this bill later on.

What we are saying here today is that these veterans are indeed United States veterans, and we are going to begin remedying the historical injustice that we inflicted upon them. We will make good on the promise of America for these brave veterans.

In addition, as has been mentioned, this bill contains major medical investments in many areas of this country, including San Diego, California. The average health care facility in the VA is more than 50 years old. So we have to update these buildings. The building in San Diego is in dire need of seismic correction, and it is one of 60 projects that the VA has identified that need these seismic corrections. So we cannot turn our heads away without acting any longer. We cannot continue to leave VA patients and employees in harm's way.

For all these reasons and more, I urge passage of Senate bill 1156.

Mr. SMITH of New Jersey. Mr. Speaker, because there have been so many requests for time on our side, as well as on the Democratic side, I ask unanimous consent that we extend this debate by 10 minutes equally divided between the minority and majority.

The SPEAKER pro tempore (Mr. BURGESS). Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 2 minutes to the gentleman from Colorado (Mr. HEFLEY), the distinguished chairman of the Committee on Standards of Official Conduct.

Mr. HEFLEY. Mr. Speaker, let me tell my colleagues this is a good bill. This recognizes needs that have gone unmet for in some cases seems like generations, and I am not going to go through and describe the bill in its totality because other speakers have done it better than I can, but let me just say an area that I am particularly interested in is the authorization for the Secretary of Veterans' Affairs to enter into a contract in the amount of $26 million for the advance planning and engineering for the VA medical facility project at the former Fitzsimons Army Medical Center site in Aurora, Colorado.

As the gentleman from Connecticut (Mr. SIMMONS) said, the University of Colorado Hospital is moving to this new medical campus, which is really going to be something to see when it is completed, and they have cooperated with the veterans hospital over the years, and now to bring the veterans hospital out there with the savings

that goes with that, it is going to be a magnificent medical facility.

The VA Medical Center at Fitzsimons, with this co-location with the Colorado Health Sciences Center and University of Colorado Hospital will be a veteran-friendly, state-of-the-art medical campus providing veterans with highly specialized medical needs with easy access to the best diagnostic and treatment programs that America can provide for veterans anywhere in America.

The Denver Veterans Medical Center's relocation is a unique opportunity to provide solid and constructive solutions to the challenges of aging facilities issues and new facilities costs while providing enhanced quality of medical care for veterans.

I believe that co-locating the Denver Veterans Medical Center with the University of Colorado Hospital will achieve the goals of providing the most modern, comprehensive and cost-effective medical care that our Nation can provide our veterans.

Congress has a duty to provide the best medical care it can to our Nation's veterans, and we must always strive for the very best health care services it can by utilizing the most cost-effective measures available, and for this reason, I am very much in support of Senate bill 1156 and encourage my colleagues to vote for it.

I have said it before, and so I am being redundant, but I will say it again, no one cares more about the veterans of this Nation than the gentleman from New Jersey (Mr. SMITH) and the gentleman from Connecticut (Mr. SIMMONS), and they have just done a magnificent job of putting this bill together with the limitations we have. It is a wonderful bill.

Mr. RODRIGUEZ. Mr. Speaker, I yield 3½ minutes to the gentlewoman from Nevada (Ms. BERKLEY), a member of the committee.

Ms. BERKLEY. Mr. Speaker, I thank the gentleman from Texas for his leadership in this issue.

Mr. Speaker, I rise today in support of this legislation which contains so many worthwhile VA medical construction projects across the country, including a medical complex in southern Nevada. I would like to thank the gentleman from New Jersey (Mr. SMITH), the Committee on Veterans' Affairs chairman, and the gentleman from Illinois (Mr. EVANS), the ranking member, for working closely with me and other members on this important measure.

Southern Nevada's veterans population is one of the fastest growing in the United States. The VA predicts that the number of annual visits by veterans in the Las Vegas Valley to their primary health care clinic will rise from 200,000 to more than a half a million by 2010. That is a mere 7 years from now, and the number of hospital beds needed to serve the veterans in my community will increase by 50 percent.

The VA is already struggling to address and meet the current demands on the VA health care structure in the Las Vegas valley. Last year, 1,500 southern Nevada veterans were sent to neighboring States because we could not provide the needed services locally. This is a terrible burden on those veterans and their families. They should not have to travel hundreds of miles across the country for needed care.

In addition, due to the decrepit conditions and structural deficiencies, the VA evacuated the Addelier D. Guy VA Clinic in Las Vegas after only 5 years in operation, forcing veterans to rely on a string of temporary clinics scattered across the Las Vegas Valley. I cannot tell my colleagues what a travesty it is when I see 80-year-old veterans waiting for a shuttle in 110 degree temperature in the middle of Las Vegas summers, waiting for a shuttle to pick them up to take them from one location to another for their health care needs. It is a horrible sight to see and must be corrected as quickly as possible.

In short, southern Nevada is facing a veterans health care crisis. Recently, the Department of Veterans' Affairs released the CARES document which proposes $4.6 billion worth of VA construction projects across the country. The CARES initiative directs funding to construct new facilities in areas where veterans populations are growing such as the Las Vegas Valley. Because of the explosive growth in the number of veterans living in and around Las Vegas, the CARES initiative calls for the construction of a full-scale medical facility, including a full-service patient care hospital and outpatient clinic and a comprehensive long-term care nursing facility of which we have none of those.

To fully understand the current health and medical care needs of the 5 million veterans and veteran services that will be needed in the next 20 years, the CARES Commission evaluated the plan and heard testimony in 38 public hearings across the country, including Las Vegas, from veterans, Members of Congress, VA employees, local government officials and veteran service groups. I commend the work of the CARES Commission. This process was done with our veterans squarely in mind, focused not only on those areas that have multiple facilities but also on the fastest growing regions, like southern Nevada, which lack the facilities needed to keep pace with the sudden influx of veterans from other areas of the country. Any plan to address shortcomings in veterans' care must reflect the need to expand services in areas where our veterans live.

This bill that I speak of, and that we are here today to discuss, authorizes the Secretary of the VA to provide $25 million to carry out the advance planning of a full-scale VA medical complex in Las Vegas, Nevada, as outlined through the draft of the CARES plan. This authorization is the first step in addressing the health care crisis of the veterans in southern Nevada.

I urge my colleagues to support this legislation. I cannot tell my colleagues how important it is to the veterans across the country.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Colorado (Mr. BEAUPREZ), who along with the gentleman from Colorado (Mr. HEFLEY) worked very, very hard for the Fitzsimons Hospital, and I am very grateful for their help.

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

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

Mr. Speaker, I am proud to speak today in support of the Veterans Health Care Capital Asset and Business Improvement Act of 2003.

Like many systems in the VA, the Denver Medical Veterans Center in Colorado was constructed about 50 years ago primarily to provide low-volume inpatient care to our veteran population in Colorado. Today, we have an opportunity to provide health care in a much more efficient manner.

This legislation, as has already been mentioned, will allow for the relocation of the VA hospital to the new Fitzsimons campus. Such relocation would allow for a modern facility to deliver modern health care on a state-of-the-art medical campus. The VA would be able to continue the synergistic University of Colorado partnership which will provide numerous operational efficiencies, as well as access to an extensive staff of doctors, technicians and specialists. S. 1156 would authorize this critical relocation.

It is my belief that the savings in operational efficiencies at Fitzsimons in itself will pay for the construction of the new hospital. Construction of a new hospital at Fitzsimons also allows for the ability to build a much-needed spinal cord injury center.

This new hospital and the strengthened partnership holds potential for cutting edge enhancements in veteran health care through collaborative research with the university. The unparalleled quality of health care that will be afforded to our veterans with this unique partnership is not something that we should deny our veterans. In addition to the university and the VA, this legislation authorizes the DOD to join the Fitzsimons VA partnership to provide health care to the nearby Buckley Air Force Base. Many of us believe that the new Fitzsimons VA Hospital may become a new model for delivery of health care for our veteran population.

Regardless of where our veterans happen to live, they deserve the best care possible, and as the House votes today on this measure, I ask that we all keep in mind the long-term planning mission of the VA, which is to improve access to and the quality and

cost-effectiveness of veteran health care.

I want to particularly thank and commend my colleagues, the gentleman from Colorado (Mr. HEFLEY), especially the gentleman from New Jersey (Mr. SMITH), the chairman; and the gentleman from Connecticut (Mr. SIMMONS), subcommittee chairman; the gentleman from Texas (Mr. RODRIGUEZ), the subcommittee ranking member, and the gentleman from Illinois (Mr. EVANS), the ranking member, for their passionate, unrelenting service on behalf of our veterans and for bringing this legislation to the floor. I commend them, and I also thank my colleagues in the other body for looking favorably on this critical project. I strongly support the passage of S. 1156.

Mr. Speaker, I am proud to speak today in support of S. 1156, the Veterans Health Care Capital Asset and Business Improvement Act of 2003. Many facilities in the VA healthcare system are run-down, decrepit buildings that are not conducive to providing quality healthcare to our veterans.

The Denver Veterans Medical Center in Colorado was constructed about 50 years ago primarily to provide low-volume inpatient care to our veteran population. In Colorado today, we have an opportunity to provide health care in a much more efficient manner.

The Denver Veterans Medical Center in its decaying state is faced with two main alternatives with regard to their facility. The first alternative is to invest in the renovation of this facility to make it capable of handling the medical needs of our current veteran population, and the changing needs of that population over the next 20 years. After such a renovation, not only would the VA still be left with a 50-year old buildings, but it would also be an orphaned medical center, as the University of Colorado Health Science Center—the VA partner for 50 years—is relocating to the redeveloping Fitzsimons Army Base.

The second alternative is to relocate the VA Hospital to the new Fitzsimons campus, as well. Such relocation would allow for a modern facility to deliver modern health care on a state of the art medical campus. The VA would be able to continue the synergistic University of Colorado partnership, which will provide numerous operational efficiencies as well as access to an extensive staff of doctors, technicians, and specialists. S. 1156 would authorize this critical relocation.

It is my belief that the savings in operational efficiencies at Fitzsimons in itself will pay for the construction of the new hospital. Construction of a new hospital at Fitzsimons also allows for the ability to build a much-needed Spinal Cord Injury center.

One final reason construction of a new VA hospital at Fitzsimons is a better option, lies in the hospital's potential for cutting-edge enhancements in veteran health care through collaborative research with the university. The unparallel quality of healthcare that will be afforded to veterans with this unique partnership is not something we can deny to our veterans. Additionally, this legislation authorizes the DOD to join in the Fitzsimons VA partnership to provide healthcare to the nearby Buckley Air Force Base. Many of us believe that the new Fitzsimons VA Hospital may become a new model for delivery of healthcare for our military veterans.

Regardless of where our veterans happen to live, they deserve the best care possible. As the House votes on this measure today, I ask that we all keep in mind the long-term planning mission of the VA: "to improve access to, and the quality and cost effectiveness of, veterans health care." I would like to thank my colleagues Mr. HEFLEY, Chairman SMITH and Chairman SIMMONS for their leadership on their efforts to bring this measure to the floor. I also thank my colleagues in the other body for looking favorably on this critical project. I strongly support S. 1156 and hope my colleagues will join me in passing this important legislation.

Mr. RODRIGUEZ. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. MILLENDER-MCDONALD).

Ms. MILLENDER-MCDONALD. Mr. Speaker, I rise in strong support of the Department of Veterans Affairs Long-Term Care and Personnel Authorities Enhancement Act of 2003. I would like to thank the gentleman from New Jersey (Chairman SMITH) and the gentleman from Illinois (Ranking Member EVANS) for their commitment to veterans issues and their steadfast leadership and dedication to those men and women who have served us admirably in this country and throughout the world.

I want to also thank the gentleman from Connecticut (Mr. SIMMONS), subcommittee chair, and the gentleman from Texas (Mr. RODRIGUEZ), the ranking member, for their dedication and leadership. They are all steadfast in ensuring that veterans have their proper stay in terms of care.

Another person who has worked tirelessly for the committee and for Filipino veterans is my colleague and friend from California (Mr. FILNER). His commitment and resolve has been stellar on behalf of these veterans whom we both serve.

□ 1300

This bill, Mr. Speaker, is a long time coming. There are many, many good measures in this bill. I applaud the committee for doing good and timely work.

Mr. Speaker, addressing the current and future needs of our veterans must continue to be a national top priority. There is one important measure in this bill, though, that has been particularly close to me for the past several years. I want to applaud and thank members of the Committee on Veterans' Affairs for including the authorization to provide hospital and nursing home care and medical services to Filipino World War II veterans of the Philippines Commonwealth Army and former Philippines New Scouts in the same manner that is provided for other U.S. veterans and who reside permanently in the United States.

Currently, there are 11,000 World War II Filipino veterans who are citizens or legal residents of the United States. Many of these brave veterans are in their seventies and eighties and in desperate need of health benefits, and I am proud to represent many of them in my district. Passage of this language provides health benefits to these brave men, as well as benefiting our communities across the country.

I represent a district with approximately 35,000 Filipinos, the largest population of Filipino veterans in America. And for several years now, I have put my heart and soul into the welfare of many Filipino veterans who have asked me to help them in their struggle for recognition and equity in acquiring benefits.

I have witnessed firsthand how providing these long overdue health benefits will affect our families, our neighborhoods, our friends and, ultimately, our communities. I urge my colleagues to support this very important legislation on behalf of all of our veterans, and especially these Filipino veterans who have waited long enough.

Finally, I want to commend the committee on H.R. 2297, the Veterans Benefit Act of 2003, which passed the floor last night. This legislation addressed many issues that are also very important to the Filipino community. H.R. 2297 included language that extended eligibility for burial in the National Cemeteries to new Filipino scouts.

For this, Mr. Speaker, and for all other reasons and the great provisions of this bill, I want to thank the committee, and especially thank the Secretary of Veterans Affairs, Secretary Principi, for his leadership and guidance.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 1 minute to my good friend, the gentleman from Nevada (Mr. GIBBONS).

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

Mr. GIBBONS. Mr. Speaker, in honor of our former friend and colleague, a World War II veteran, the veterans' great friend across this country, the late Bob Stump, I rise in strong support of this legislation, S. 1156, the Department of Veterans Affairs Long-Term Care and Personnel Authorities Enhancement Act of 2003. I want to add my voice in support of those who have already spoken in support of this legislation.

This bill goes a long way in providing our Nation's veterans with the medical care that they have earned and deserve. The long-term health care that this bill provides communities across the country, including southern Nevada, is desperately needed. Southern Nevada, as you have already heard, has one of the highest, fastest-growing veterans populations in the country; and their needs have far outstrip the current care capacity of the current VA facilities in the area.

Fulfilling the current and future health care needs of our veterans must remain a high priority. I applaud the commitment of our colleagues in the House, especially the Nevada delegation, in meeting the needs of Nevada's veterans. I also applaud the work of my

colleagues in the other Chamber on this bill.

I urge my colleagues in the House to support S. 1156. The assistance it provides to Nevada's veterans and veterans across this country is long overdue.

Mr. RODRIGUEZ. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. THOMPSON), who has been in the forefront of the issue of Project SHAD and Project 112.

Mr. THOMPSON of California. Mr. Speaker, I thank the ranking member for yielding me time.

Mr. Speaker, I rise today in support of this bill. It includes a number of provisions that are of critical importance to our veterans community. One such inclusion is based on the bill authored by the gentleman from Texas (Mr. RODRIGUEZ) that would provide health care free of charge to veterans who participated in what are known as Project 112 and Project SHAD. These projects were a series of over 100 tests that subjected our servicemen and our servicewomen to harmful chemical and biological agents and possibly to decontaminates now believed to be harmful. While we still have a long way to go in getting to the bottom of this issue, this bill provides important care to our veterans who, in many cases, unknowingly participated in these trials. I commend the gentleman from Texas (Mr. RODRIGUEZ) and the other members of the committee for working to provide for this critical health care provision.

My own experience with this came when a constituent of mine called and said that he had participated in Project SHAD. He and a number of his shipmates now have cancer, and he wanted help.

After 3 years of investigation, the Department of Defense revealed last year that these tests involved live agents, in some cases, VX nerve gas, sarin nerve gas, and E. coli. The Department of Defense describes VX as one of the most lethal substances ever synthesized, and sarin, as we all know, was used in that tragic terrorist attack, not only tragic, but deadly terrorist attack, on the Tokyo subway a few years ago. We put at least 5,000 of our servicemembers at risk by exposing them to these hazardous agents.

We have a duty to rectify this disgraceful conduct on the part of the Department of Defense. Project 112 and Project SHAD and similar cases of chemical and biological testing involving servicemembers are issues of trust and integrity. Our military personnel put their trust in our government to protect them, and our integrity has been compromised because, nearly 40 years later, we are still not protecting them.

I urge all Members of this House to vote for this bill and take one step towards renewing this trust in our veterans, whom we so respect and so depend upon.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Nebraska (Mr. OSBORNE).

Mr. OSBORNE. Mr. Speaker, I would like to especially thank the gentleman from New Jersey (Chairman SMITH), the gentleman from Connecticut (Chairman SIMMONS), and the gentleman from Texas (Mr. RODRIGUEZ) for their work on this bill. It is an excellent piece of legislation.

Mr. Speaker, the biggest veterans health care issue in my district, which is largely rural, is access. We have a great many veterans who are driving hundreds of miles and sometimes many hours to a clinic; and as a result, many of them, particularly the oldest and the sickest, simply cannot get there. They do not have access. Also, of course, they are facing waiting lists sometimes of several months.

Mr. Speaker, what I did was I submitted legislation to provide vouchers for health care to local hospitals. That legislation is not in this particular bill. However, this legislation expresses the sense of Congress that the Secretary of Veterans Affairs should take steps to ensure that an appropriate mix of facilities and clinical staff is available for health care for veterans residing in rural areas. I really applaud members for getting that in there, because I think that is badly needed.

In addition, the legislation also contains a requirement that 120 days after the date of enactment of this legislation, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the House a report describing the steps the Secretary is taking to improve access to health care for veterans residing in rural areas.

So I applaud Members for getting that in there and also requiring at least a 120-day report. We appreciate this. I would like to thank my colleagues for including these important provisions, and thank them for this bill. I urge support.

Mr. RODRIGUEZ. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. ORTIZ), whom we consider our dean, who is also responsible for some of this legislation.

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

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

Mr. Speaker, this bill requires a plan for in-patient services for veterans in south Texas by January 31, 2004, either through VA or through contracts with private hospitals.

Of course, I would like to thank my good friend, the gentleman from Ohio (Mr. HOBSON), for his help in finding more health services for our veterans; and also my good friend, the gentleman from New Jersey (Chairman SMITH); the gentleman from Illinois (Chairman SIMMONS), my good friend; the gentleman from Illinois (Mr. EVANS); and, of course, the gentleman from Texas (Mr. RODRIGUEZ), who intervened at a critical point to ensure south Texas was kept in this bill.

In my district I have four military installations. Through the years, we know what happens when a veteran gets ready to retire. What he does is he moves close to a military installation. Well, in this case the hospital that we had was shut down several years ago. But now under this bill and with this contract that they are talking about, opening up for in-patient care, it gives hope to the veterans who live in the area.

Mr. Speaker, we have veterans from the Second World War and the Korean War. Some of them are bed-ridden, and it takes 6 to 7 hours for them to go to the nearest VA hospital, which happens to be in San Antonio. I think that part of the healing process is the idea of being close to your family. But when you are removed from your family and have to travel and take that patient away from his family to a point that is 200 to 300 miles away, it does not work.

They deserve no less than this. The Lord knows that these VA patients and veterans have waited for a long, long time.

I am glad that this bill is also honoring my good friend that I got to know for a long time, Bob Stump from Arizona. I am glad that we are honoring his memory.

Please, I ask my friends to vote for this bill.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Florida (Mr. MILLER), and thank him for the great work he did on the Pensacola Outpatient Clinic, the $45 million that he was instrumental in putting in there.

Mr. MILLER of Florida. Mr. Speaker, I will not say many of the things that a lot of my colleagues have already said on the floor today, but I do want to say thank you to our chairman, the gentleman from New Jersey (Mr. SMITH), our subcommittee chairman, the gentleman from Illinois (Mr. SIMMONS), and certainly the ranking member. In fact, I thank all the members of the Committee on Veterans' Affairs on both sides of the aisle.

I want to say that the first district of Florida probably includes some of the most striking examples of access to care challenges that this country ever had. I have almost 100,000 veterans that live in the Panhandle. All of them are eligible to receive health care through the VA. Pensacola ranks in the top 10 in veteran populations in the Nation, and Fort Walton Beach tops that list.

Despite these numbers, our community-based outpatient clinic in Pensacola treats twice the number of Panhandle veterans than it was designed to do. Veterans in Fort Walton and farther east must travel to the other side of Eglin Air Force Base, which spans over 700 square miles in the middle of my district, in order to even reach the Pensacola clinic. For VA in-patient care, all of my patients must go to Biloxi, Mississippi, a trip upwards of 200 miles for some of my residents.

I would say in VA's budget submission for this fiscal year, the Pensacola facility was described as ''obsolete.'' This description does not even come close to painting an accurate picture of the crowded and totally inadequate facility. The time to move forward on providing a new facility is now, and this bill sets the pace.

I am proud that the Naval Hospital Pensacola has been ahead of the bell curve on the implementation of co-sharing agreements, as has the 96th Medical Group at Eglin Air Force Base. Whereas both facilities have the potential to set the pace for the rest of the Nation in regards to issues of VA and DOD resource-sharing, the CARES Commission report acknowledges this in its ''highest priority project request'' for land to build a replacement Pensacola clinic at the Naval Hospital Pensacola, with the Navy to provide contract hospitalization for medicine and surgical care.

This bill, Mr. Speaker, underscores the solidarity amongst all stakeholders in this endeavor. I would say that nothing makes me prouder than to represent the veterans of northwest Florida, and I urge my colleagues to support S. 1156.

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

Mr. Speaker, let me take this opportunity, first of all, to thank the gentleman from New Jersey (Chairman SMITH) and the gentleman from Illinois (Chairman SIMMONS) for their hard work on this particular bill.

I also want to take time to also recognize our leading Democrat, the gentleman from Illinois (Mr. EVANS), for his hard work on this specific bill. I also want to take this opportunity to thank all the Members who participated to make this happen, such as the gentleman from Texas (Mr. ORTIZ) and the gentleman from California (Mr. THOMPSON), as well as those on the Republican side.

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

□ 1315

Mr. SMITH of New Jersey. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. TIBERI), and thank the gentleman for his work on the Columbus, Ohio project which has advance planning funds to the tune of $9 million in this bill.

Mr. TIBERI. Mr. Speaker, I am very disappointed that this final bill does not fully authorize a new veterans health care facility in central Ohio, as was done in the House bill we approved earlier this year, thanks to the hard work by the gentleman from Ohio (Chairman HOBSON), my central Ohio colleague; but as importantly, the gentleman from New Jersey (Chairman SMITH) and the subcommittee chairman, the gentleman from Connecticut (Mr. SIMMONS), who worked extremely hard to get that commitment in the bill that we passed here, a facility badly in need of expansion. That $90 million represented a beginning-to-end commitment that this House made. This bill before us includes only $9 million for planning purposes. That cut was made by the other body, and is something that we in the House knew nothing about, were not consulted with, and we are stuck with the version before us today.

The money included in this bill for the new central Ohio veterans' facility is a start for an area long underserved by the veterans administration, but it is only a start. I want to assure the veterans community in central Ohio that I am committed to finishing the job and making a new expanded health care facility a reality in the years to come.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 1 minute to the gentleman from Connecticut (Mr. SIMMONS).

Mr. SIMMONS. Mr. Speaker, I would like to briefly respond to the gentleman from Ohio (Mr. TIBERI) to say that it is a start, it is a good start, and we are going to be with the gentleman all the way. I look forward to coming to Ohio with Secretary Principi to visit the facility.

I would also like to thank the subcommittee staff director, John Bradley, and the minority staff director, Susan Edgerton for their hard work, and I would like to make a comment. Over 100 years ago, the U.S. Marine Corps was dispatched to China to relieve the diplomatic legations in that country that were under great pressure from the Boxer Rebellion, and when they came back, they adopted the term ''gung-ho.'' To be gung-ho, to be enthusiastic, to be filled with vigor for something. But the term ''gung-ho'' comes from the Chinese. I see the gentleman from Illinois (Mr. EVANS) is smiling, he probably knows, which means work together.

Under the leadership of the chairman and the ranking member, we have worked together on this legislation, and we have accomplished something that we have not accomplished for 5 years, which is an authorization bill, hopefully, heading to the White House for the President's signature.

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, first of all, I thank the gentleman from Illinois (Mr. EVANS). Again, we have collaborated on a bill working with the subcommittee chairman, the gentleman from Connecticut (Mr. SIMMONS), and the ranking member, the gentleman from Texas (Mr. RODRIGUEZ), and we have produced an extraordinarily good piece of legislation.

We worked with the other body, and I want to thank Senator ARLEN SPECTER, the chairman, and the ranking member, Senator GRAHAM. There was give and take, obviously. We began working on this very comprehensive product last spring. Again, this is a combination of a number of bills rolled and packaged into one bill. Project Shad was mentioned earlier by my colleague from California, and the gentleman from Texas (Mr. RODRIGUEZ) mentioned it as well. This bill is not everything we would like. The next time I find a bill on this floor that is will be the first time.

We did pass over to the other body the full money for the Columbus project, and we got back advance planning funding from the other body. While it is not everything we wanted, it certainly will ensure that that project goes forward. The $9 million is not chump change and will be sufficient to get the job done. I want to assure my colleagues we have done our due diligence. This is a very good piece of veterans legislation.

I want to thank our staff, Pat Ryan; John Bradley, who is the staff director for the subcommittee; Kingston Smith, our deputy chief counsel; Jeannie McNally; Mary McDermott; Peter Dickinson; Steve Kirkland; Bernie Dotson; Summer Larson; Kathleen Greve; Delores Dunn; Paige McManus; Devon Seibert; and Veronica Crowe. As my colleague mentioned, we have had great cooperation with our friends on the other side of the aisle.

Again, this is a quintessential bipartisan piece of legislation, something that this entire body can be proud of, and it will advance the ball significantly when it comes to veterans health care as well as the construction project.

Let me also remind my colleagues that we have passed over to the other body H.R. 11 and another bill that I sponsored and a bill that the gentleman from Kansas (Mr. MORAN) sponsored in the last Congress, and they never came back. They listed a number of projects that should have but did not get funded and were not authorized. Now, finally in this Congress, under the great leadership of the gentleman from Connecticut (Mr. SIMMONS), we have gotten that product back from the Senate, and it will go to President Bush for his signature. This is a great day for veterans. Again, I thank all of my colleagues for their cooperation and leadership.

Mr. Speaker, I include for the RECORD a joint explanatory statement.

EXPLANATORY STATEMENT ON S. 1156, AS AMENDED, VETERANS HEALTH CARE, CAPITAL ASSET, AND BUSINESS IMPROVEMENT ACT OF 2003

S. 1156, as amended, the Veterans Health Care, Capital Asset, and Business Improvement Act of 2003 (''Compromise Agreement'') reflects a negotiated agreement reached by the Senate and House of Representatives Committees on Veterans' Affairs concerning provisions in a number of bills considered by the House and Senate during the 1st session of the 108th Congress. The measures considered in this compromise are: S. 1156, as amended, as reported by the Senate Committee on Veterans' Affairs on November 10, 2003; S. 1815 introduced on November 4, 2003 (''Senate Bill''); H.R. 2357, as amended, passed the House on July 21, 2003; H.R. 2433,

as amended, passed the House on September 10, 2003; H.R. 1720, as amended, passed the House on October 29, 2003; H.R. 3260, as introduced in the House on October 8, 2003; and H.R. 3387, as introduced in the House on October 29, 2003 (''House Bill'').

The House and Senate Committees on Veterans' Affairs have prepared the following explanation of the Compromise Agreement. Differences between the provisions contained in the Compromise Agreement and the related provisions of the Senate bill and the House bills are noted, except for clerical corrections, conforming changes made necessary by the Compromise Agreement, and minor drafting, technical, and clarifying changes.

TITLE I—HEALTH CARE AUTHORITIES AND RELATED MATTERS

IMPROVED BENEFITS FOR FORMER PRISONERS OF WAR

Current Law

Section 1712 of title 38, United States Code, authorizes outpatient dental services and related dental appliances to veterans who are former prisoners of war (POWs) if they were detained or interned for a period of at least 90 days.

Section 1722A of title 38, United States Code, requires veterans who are not service-connected with a disability rated at more than 50 percent or eligible for pensions under section 1521 of title 38, United States Code, to make copayments for medications.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 3 of H.R. 3260 would authorize veterans who are former POWs to receive outpatient dental care, irrespective of the number of days held captive, and would exempt former POWs from the requirement to make copayments on outpatient prescription medications.

Compromise Agreement

Section 101 of the Compromise Agreement follows the House language.

PROVISION OF HEALTH CARE TO VETERANS WHO PARTICIPATED IN CERTAIN DEPARTMENT OF DEFENSE CHEMICAL AND BIOLOGICAL WARFARE TESTING

Current Law

There is no comparable provision in current law.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 2 of H.R. 2433, as amended, would authorize the Department of Veterans Affairs (''VA'' or ''Department'') to provide higher priority health care to veterans who participated in Project Shipboard Hazard and Defense (SHAD), Project 112 or related land-based tests conducted by the Department of Defense Deseret Test Center, from 1962 through 1973, without those veterans needing an adjudicated service-connected disability to establish their priority for care.

Compromise Agreement

Section 102 of the Compromise Agreement follows the House language.

ELIGIBILITY FOR DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FOR CERTAIN FILIPINO WORLD WAR II VETERANS RESIDING IN THE UNITED STATES

Current Law

Section 1734 of title 38, United States Code, establishes that veterans of the Commonwealth Army and New Philippine Scouts residing legally in the United States are eligible for VA health care services for the treatment of service-connected disabilities and, in the case of Commonwealth Army veterans, for non-service-connected conditions if they are in receipt of disability compensation.

Senate Bill

Section 421 of S. 1156 contains a similar provision.

House Bill

Section 3 of H.R. 2357, as amended, would authorize VA health care for additional World War II Filipino veterans who reside legally in the United States. These veterans of the Commonwealth Army and new Philippine Scouts, would be subject to the same eligibility and means test requirements as U.S. veterans. The House bill would require the Secretary of Veterans Affairs (''Secretary'') to certify each fiscal year that sufficient resources are available at the VA health care facilities where the majority of these veterans would seek care.

Compromise Agreement

Section 103 of the Compromise Agreement follows the House language, except the Compromise Agreement does not include the resource availability certification requirement.

ENHANCEMENT OF REHABILITATIVE SERVICES

Current Law

Chapter 31 of title 38, United States Code, authorizes VA to provide vocational rehabilitation services. VA is authorized under chapter 17 of title 38 to offer medical care and compensated work therapy to certain veterans.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 3 of H.R. 3387 would authorize the Secretary to provide therapeutic employment support services (i.e., skills training and development services, employment support services, and job development and placement services) to patients in need of rehabilitation for mental health disorders, including serious mental illness and substance use disorders.

Section 3 of H.R. 3387 would also authorize VA to use funds in the Special Therapeutic and Rehabilitation Activities Fund (STRAF) authorized under section 1718(c) of title 38, United States Code, to furnish such therapeutic employment support services.

Compromise Agreement

Section 104 of the Compromise Agreement follows the House language.

ENHANCED AGREEMENT AUTHORITY FOR PROVISION OF NURSING HOME CARE AND ADULT DAY HEALTH CARE IN CONTRACT FACILITIES

Current Law

Section 1720 of title 38, United States Code, authorizes VA to contract for the provision of nursing home care and adult day health care for certain veterans and members of the Armed Forces.

Senate Bill

Section 102 of S. 1156 would expand VA's authority to enter into relationships based upon ''provider agreements'' with Centers for Medicare and Medicaid Services (CMS)-certified, small, community-based nursing homes and non-institutional extended care providers, by permitting VA to use provider agreements similar to those used by CMS.

House Bill

The House Bill contains no comparable provision.

Compromise Agreement

Section 105 of the Compromise Agreement generally follows the Senate language.

FIVE-YEAR EXTENSION OF PERIOD FOR PROVISION OF NONINSTITUTIONAL EXTENDED-CARE SERVICES AND REQUIRED NURSING HOME CARE

Current Law

Section 1701(10)(A) of title 38, United States Code, requires VA to provide noninstitutional extended care services to enrolled veterans. In addition, section 1710A(c) of title 38, United States Code, requires VA to provide nursing home care to high-priority veterans in need of care.

Senate Bill

Section 101 of S. 1156 would extend the authorities for noninstitutional extended care and required nursing home care through December 31, 2008.

House Bill

Section 2 of H.R. 3260 would extend the authorities for the noninstitutional extended care services and required nursing home care to December 31, 2008. The report required under section 101 of Public Law 106–117 would be extended until January 1, 2008.

Compromise Agreement

Section 106 of the Compromise Agreement follows the House language from subsection 2(a) and (b) of H.R. 3260.

EXPANSION OF DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM ON ASSISTED LIVING FOR VETERANS

Current Law

Section 103(b) of Public Law 106–117 authorizes the establishment of a pilot program in one VA geographic health care region to provide assisted living services to veterans.

Senate Bill

Section 103 of S. 1156 would authorize the establishment of one additional assisted living pilot program for three years from the commencement of the provision of assisted living services under the program.

House Bill

The House Bill contains no comparable provision.

Compromise Agreement

Section 107 of the Compromise Agreement follows the Senate language.

IMPROVEMENT OF PROGRAM FOR PROVISION OF SPECIALIZED MENTAL HEALTH SERVICES TO VETERANS

Current Law

Section 116(c) of Public Law 106–117 provides funding in the amount of $15,000,000 for specialized mental health services in fiscal years 2004, 2005 and 2006.

Senate Bill

Section 104 of S. 1156 would increase the funding authorization for these specialized mental health services from $15,000,000 to $25,000,000, and would specify allocation of these funds outside the Veterans Equitable Resource Allocation system.

House Bill

The House Bill contains no comparable provision.

Compromise Agreement

Section 108 of the Compromise Agreement follows the Senate language.

TITLE II—CONSTRUCTION AND FACILITIES MATTERS

Subtitle A—Program Authorities

INCREASE IN THRESHOLD FOR MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS

Current Law

Section 8104(a)(3) of title 38, United States Code, defines a major medical facility project as a project for construction, alteration, or acquisition of a medical facility involving a total expenditure of more than $4,000,000.

Senate Bill

Section 201 of S. 1156 would raise the threshold for major medical facility projects from $4,000,000 to $9,000,000.

House Bill

Section 7 of H.R. 1720, as amended, would raise the threshold for major medical facility projects from $4,000,000 to $6,000,000.

Compromise Agreement

Section 201 of the Compromise Agreement would raise the threshold for major medical facility projects from $4,000,000 to $7,000,000.

ENHANCEMENTS TO ENHANCED-USE LEASE AUTHORITY

Current Law

Section 8162 of title 38, United States Code, authorizes the Secretary to enter into enhanced-use leases of Veterans Health Administration (VHA) real property under the jurisdiction of the Secretary.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 4 of H.R. 3260 would extend the jurisdiction of this authority to the Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA), for properties of these Administrations under the control of the Secretary. Further, the bill would streamline the process and notification requirements and allow proceeds from an enhanced-use lease to be credited to accounts for use by VHA, VBA or NCA as appropriate. The bill would allow individual VA facilities to be reimbursed for the expenses incurred by the development and execution of enhanced-use leases.

Compromise Agreement

Section 202 of the Compromise Agreement adopts the provisions of the House bill which streamline the approval process for enhanced use leases in VHA. The provisions concerning the expansion of this authority to properties of NCA and VBA have been omitted due to mandatory spending concerns.

SIMPLIFICATION OF ANNUAL REPORT ON LONG-RANGE HEALTH PLANNING

Current Law

Section 8107 of title 38, United States Code, requires VA to submit annually a report regarding the long-range health planning of the Department. Included in that report is a five-year strategic plan for the provision of health care services to veterans, a plan for the coordination of care among the geographic health care regions of the Department, a profile of each such region, any planned changes to the mission of any medical facility of the Department, and a listing of the 20 VA major medical facility projects with the highest priority.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 7(d) of H.R. 3260 would change the report date on the Annual Report on Long-Range Health Planning to June 1 of each year.

Compromise Agreement

Section 203 of the Compromise Agreement rescinds section 8107(b)(3) and (4) of title 38, United States Code, to simplify the required report by removing the detailed prescription of its content.

Subtitle B—Project Authorizations

AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS

Current Law

Section 8104(2) of title 38, United States Code, requires Congressional authorization of any VA major medical facility construction project.

Senate Bill

Section 211 of S. 1156 would authorize the following major construction projects:

Location	Purpose	Cost
Lebanon, PA	New Long-Term Care Facility	$14,500,000
Beckley, WV	New Long-Term Care Facility	20,000,000

House Bill

Section 3 of H.R. 1720, as amended, would authorize the following major construction projects:

Location	Purpose	Cost
Chicago, IL	New Inpatient Bed Tower	$98,500,000
San Diego, CA	Seismic Corrections, Building 1.	48,600,000
West Haven, CT	Renovate Inpatient Wards & Consolidate Research Facilities.	50,000,000
Columbus, OH	New Medical Facility	90,000,000
Pensacola, FL	New VA-Navy Joint Venture Outpatient Clinic.	45,000,000

Compromise Agreement

Section 211 of the Compromise Agreement authorizes the major construction projects for Lebanon, Pennsylvania; Beckley, West Virginia; Chicago, Illinois; San Diego, California; West Haven, Connecticut; and Pensacola, Florida.

AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES

Current Law

Section 8104 of title 38, United States Code, requires Congressional authorization of any VA medical facility lease with an annual lease payment of more than $600,000.

Senate Bill

Section 212 of S. 1156 would authorize the following leases:

Location	Purpose	Cost
Denver, CO	Relocate Health Administration Center.	$4,080,000
Pensacola, FL	Relocate Outpatient Clinic	3,800,000
Boston, MA	Extend Outpatient Clinic	2,879,000
Charlotte, NC	Relocate Outpatient Clinic	2,626,000

House Bill

Section 3 of H.R. 1720, as amended, would authorize the following leases:

Location	Purpose	Cost
Charlotte, NC	Outpatient Clinic	$3,000,000
Clark County, NV	Multi-specialty Outpatient Clinic.	6,500,000
Aurora, CO	Regional Federal Medical Center.	30,000,000

Compromise Agreement

Section 212 of the Compromise Agreement authorizes the leases for Charlotte, North Carolina; and Boston, Massachusetts.

The Compromise Agreement contains the provision of Section 211 of H.R. 1720, as amended, to authorize a major construction project for Pensacola, Florida. It was determined that no lease authority for the Pensacola site was necessary. Further, the Compromise Agreement would not authorize a lease supporting relocation and expansion of the Health Administration Center (HAC) in Denver, Colorado. The Committees believe the Department has not justified the continuing expansion of activities at the HAC. The Committees are concerned that this administrative function, originally authorized to process reimbursement claims for the Civilian Health and Medical Program for the VA (CHAMPVA), has inflated its activities well beyond its original responsibilities. The Committees urge VA to reconsider whether the long-term obligation of leased space and the significant growth of staff at the HAC, as opposed to other methods of accomplishing these various tasks, are warranted.

The Compromise Agreement generally follows the Senate language on the Regional Federal Medical Center lease at the former Fitzsimons Army Medical Center in Aurora, Colorado, pending a decision by the Secretaries of Veterans Affairs and Defense on the nature of any joint venture undertaking at the site. However, advance planning is authorized for this project under section 213 of the Compromise Agreement.

ADVANCE PLANNING AUTHORIZATIONS

Current Law

Section 8104(2) of title 38, United States Code, requires Congressional authorization of all VA major medical facility construction project.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 3 of H.R. 1720, as amended, would authorize major construction projects in Columbus, Ohio; Denver (Aurora), Colorado; and the lease of a Multi-specialty Outpatient Clinic in Clark County (Las Vegas), Nevada.

Compromise Agreement

Section 213 of the Compromise Agreement authorizes advance planning funds for fiscal year 2004 for purposes of developing new medical facilities at the following locations:

Location	Purpose	Cost
Columbus, OH	Advance Planning	$9,000,000
Las Vegas, NV	Advance Planning	25,000,000
Pittsburgh, PA	Advance Planning	9,000,000
Denver (Aurora), CO	Advance Planning	26,000,000
East Central Florida	Advance Planning	17,500,000

The Committees concluded these projects, while warranted, require further development. The Committees believe these projects should be considered high priorities from VA's ongoing review of future health care infrastructure needs, the Capital Asset Realignment for Enhanced Services (CARES) initiative.

Given VA's documented plan to pursue significant capital investments and improvements in health care infrastructure and the Committees' understanding that the Appropriations Committees of the House and Senate are hesitant to provide funds for new VA medical facility construction prior to the completion of the CARES process, the Compromise agreement authorizes $86,500,000 to allow for planning of projects at these sites.

AUTHORIZATION OF APPROPRIATIONS

Current Law

Section 8104(2) of title 38, United States Code, requires Congressional authorization of appropriations for VA major medical facility projects.

Senate Bill

Section 213 of S. 1156 would authorize $34,500,000 for fiscal year 2004 for projects authorized and $4,984,000 for the leases authorized by this bill.

House Bill

Section 3 of H.R. 1720, as amended, would authorize $332,100,000 to be appropriated in fiscal year 2004 for the projects authorized by this bill.

Compromise Agreement

Section 214 of the Compromise Agreement would authorize $276,600,000 for fiscal year 2004 for the major construction projects authorized in section 211 of the Compromise Agreement. In addition, section 214 of the Compromise Agreement authorizes the appropriation of $86,500,000 for advanced planning projects identified in section 213 of the Compromise Agreement.

Subtitle C—Capital Asset Realignment for Enhanced Services Initiative

AUTHORIZATION OF MAJOR CONSTRUCTION PROJECTS IN CONNECTION WITH CAPITAL ASSET REALIGNMENT INITIATIVE

Current Law

Section 8104(2) of title 38, United States Code, requires Congressional authorization of all VA major medical facility projects.

Senate Bill

Section 402 of S. 1156 would authorize the Secretary to carry out major construction projects outlined in the final report on the CARES initiative. This authority would be subject to a 60-day advance notification to Congress. The Secretary would be required to submit a list containing each major project in order of priority, based on the criteria specified in the bill. The bill also would add a provision authorizing multi-year contract authority for major construction projects.

House Bill

The House Bill contains no comparable provision.

Compromise Agreement

Section 221 of the Compromise Agreement follows the Senate language with modifications. The Compromise Agreement would require a 45-day advance notification to Congress prior to carrying out major medical facility construction projects selected by the Secretary. The Secretary would be required to submit a one-time report to Congress by February 1, 2004, that lists each proposed major construction project in order of priority. The Compromise Agreement establishes these priorities as follows: (a) to replace or enhance a facility necessitated by the loss, closure or other divestment of a VA medical facility currently in operation; (b) to remedy life-safety deficiencies, including seismic, egress, and fire deficiencies; (c) to provide health care services to an underserved population; (d) to renovate or modernize facilities, including providing barrier free design, improving building systems and utilities, or enhancing clinical support services; (e) to further an enhanced-use lease or sharing agreement; and (f) to give the Secretary discretion to select other projects of importance in providing care to veterans.

The authority to enter into any major medical facility construction contracts for projects selected under the authority of section 221 of the Compromise Agreement would expire on September 30, 2006.

ADVANCE NOTIFICATION OF CAPITAL ASSET REALIGNMENT ACTIONS

Current Law

There is no comparable provision in current law.

Senate Bill

Section 401 of S. 1156 would require the Secretary to provide Congress a 60–day advance notification of any actions proposed by the Department under the CARES initiative.

House Bill

The House Bill contains no comparable provision.

Compromise Agreement

Section 222 of the Compromise Agreement follows the Senate language with modifications. VA would be required to notify Congress in writing of actions under the CARES initiative that would result in medical facility closures, significant staff realignments or medical facility consolidations. The Compromise Agreement would prohibit such actions for 60 days (or 30 days of continuous session of Congress) after such notifications are made.

SENSE OF CONGRESS AND REPORT ON ACCESS TO HEALTH CARE FOR VETERANS IN RURAL AREAS.

Current Law

There is no comparable provision in current law.

Compromise Agreement

Section 223 of the Compromise Agreement would express the sense of Congress recognizing the difficulties in access to VA health care faced by veterans residing in rural areas and require VA to report to the Committees on Veterans' Affairs with a plan of action to improve access to health care for veterans residing in rural areas. A report of VA's plan to improve access to health care for these veterans would be due not later than 120 days after the date of enactment of this Act.

Subtitle D—Plans for New Facilities

PLANS FOR HOSPITAL CARE FACILITIES IN SPECIFIED AREAS

Current Law

There is no comparable provision in current law.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 6 of H.R. 1720, as amended, would require the Secretary to develop plans for meeting the future hospital care needs of veterans who reside in a number of counties of southern New Jersey and far southern counties of Texas, with a report to the Committees by January 31, 2004.

Compromise Agreement

Section 231 of the Compromise Agreement follows the House language and would add a requirement for plans for the Florida Panhandle and North Central Washington. The due date of the report required would be adjusted in section 231 of the Compromise Agreement to April 15, 2004.

STUDY AND REPORT ON FEASIBILITY OF COORDINATION OF VETERANS HEALTH CARE SERVICES IN SOUTH CAROLINA WITH NEW UNIVERSITY MEDICAL CENTER

Current Law

There is no comparable provision in current law.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 8 of H.R. 1720, as amended, would require the Secretary to conduct a feasibility study in coordination with the Medical University of South Carolina and in consultation with the Secretary of Defense, to consider establishing a joint health-care venture to deliver inpatient, outpatient and/or long-term care to veterans, military personnel, and other beneficiaries who reside in Charleston, South Carolina, with a report to the Committees by March 31, 2004.

Compromise Agreement

Section 232 of the Compromise Agreement follows the House language and adjusts the due date of the report to April 15, 2004.

Subtitle E—Designation of Facilities

DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, PRESCOTT, ARIZONA, AS THE BOB STUMP DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

Current Law

Section 531 of title 38, United States Code, requires a Department facility, structure or real property to be named after the geographic area in which the facility, structure or real property is located, except as expressly provided by law.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 8 of H.R. 3260 would name the VA Medical Center in Prescott, Arizona, the ''Bob Stump Department of Veterans Affairs Medical Center.''

Compromise Agreement

Section 241 of the Compromise Agreement follows the House language.

DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FACILITY, CHICAGO, ILLINOIS, AS THE JESSE BROWN DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

Current Law

Section 531 of title 38, United States Code, requires a Department facility, structure or real property to be named after the geographic area in which the facility, structure or real property is located, except as expressly provided by law.

Senate Bill

Section 222 of S. 1156 contains a similar provision.

House Bill

Section 9 of H.R. 1720, as amended, would name the VA Chicago Health Care System, West Side Division, the ''Jesse Brown Department of Veterans Affairs Medical Center.''

Compromise Agreement

Section 242 of the Compromise Agreement contains this provision.

DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, HOUSTON, TEXAS, AS THE MICHAEL E. DEBAKEY DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

Current Law

Section 531 of title 38, United States Code, requires a Department facility, structure or real property to be named after the geographic area in which the facility, structure or real property is located, except as expressly provided by law.

Senate Bill

Section 223 of S. 1156 would name the VA Medical Center located in Houston, Texas, the ''Michael E. DeBakey Department of Veterans Affairs Medical Center.''

House Bill

The House Bill contains no comparable provision.

Compromise Agreement

Section 243 of the Compromise Agreement follows the Senate language.

DESIGNATION OF THE DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, SALT LAKE CITY, UTAH, AS THE GEORGE E. WAHLEN DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

Current Law

Section 531 of title 38, United States Code, requires a Department facility, structure or real property to be named after the geographic area in which the facility, structure or real property is located, except as expressly provided by law.

Senate Bill

S. 1815 would name the VA Medical Center located in Salt Lake City, Utah, the ''George E. Wahlen Department of Veterans Affairs Medical Center.''

House Bill

The House Bill contains no comparable provision.

Compromise Agreement

Section 244 of the Compromise Agreement follows the Senate language.

DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC, NEW LONDON, CONNECTICUT

Current Law

Section 531 of title 38, United States Code, requires a Department facility, structure or

real property to be named after the geographic area in which the facility, structure or real property is located, except as expressly provided by law.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 10 of H.R. 1720, as amended, would name the outpatient clinic located in New London, Connecticut, the ''John J. McGuirk Department of Veterans Affairs Outpatient Clinic.''

Compromise Agreement

Section 245 of the Compromise Agreement follows the House language.

DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC, HORSHAM, PENNSYLVANIA

Current Law

Section 531 of title 38, United States Code, requires a Department facility, structure or real property to be named after the geographic area in which the facility, structure or real property is located, except as expressly provided by law.

Senate Bill

Section 221 of S. 1156 would name the VA Outpatient Clinic located in Horsham, Pennsylvania, the ''Victor J. Saracini Department of Veterans Affairs Outpatient Clinic.''

House Bill

The House Bill contains no comparable provision.

Compromise Agreement

Section 246 of the Compromise Agreement follows the Senate language.

TITLE III—PERSONNEL MATTERS

MODIFICATION OF CERTAIN AUTHORITIES ON APPOINTMENT AND PROMOTION OF PERSONNEL IN THE VETERANS HEALTH ADMINISTRATION

Current Law

Section 7401 of title 38, United States Code, authorizes VA to appoint medical care personnel, under title 5, United States Code, or title 38, United States Code, depending on the duties of such personnel.

Senate Bill

Section 301 of S. 1156 would modify title 38, United States Code, to authorize the appointment of psychologists, kinesiologists and social workers, under title 38 provisions as opposed to title 5, United States Code, provisions.

House Bill

The House Bill contains no comparable provision.

Compromise Agreement

Section 301 of the Compromise Agreement follows the Senate language with modifications. The Compromise Agreement reflects two important policy goals: first, VA will be permitted to hire clinical staff in a timely fashion through use of the direct appointment authority provided in title 38, United State Code; second, employee representatives will be afforded an opportunity to participate in a dialogue and process with VA management to determine the best system under which to promote the clinicians appointed under this section.

The Committees believe that VA management and the promotion policy for clinical staff can benefit from interactions with employee representatives. The Committees would allow the Secretary the discretion to develop a system for judging the merits of an individual's advancement in VA, provided that the Secretary reports to the Committees the actions taken under this authority.

APPOINTMENT OF CHIROPRACTORS IN THE VETERANS HEALTH ADMINISTRATION

Current Law

Public Law 107–135 requires VA to establish a Veterans Health Administration-wide program for chiropractic care.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 2 of H.R. 2357, as amended, would authorize VA appointment of chiropractors under title 38, United States Code. The House bill would establish the qualifications of appointees, the period of appointments and promotions, set grades and pay scales, provide temporary and part-time appointments, authorize residencies and internships, extend malpractice and negligence protection coverage, define chiropractors as scarce medical specialists for contracting purposes, authorize reimbursement of continuing professional education expenses, and exempt chiropractors from collective bargaining, consistent with the provisions in chapter 74 of title 38, the United States Code. The bill would provide for an effective date of 180 days from enactment.

Compromise Agreement

Section 302 of the Compromise Agreement follows the House language with modifications that would redefine ''medical care'' occupations as ''health care'' occupations and eliminate provisions that would provide for residencies and internships and reimbursement of continuing professional education expenses.

ADDITIONAL PAY FOR SATURDAY TOURS OF DUTY FOR ADDITIONAL HEALTH CARE WORKERS IN THE VETERANS HEALTH ADMINISTRATION

Current Law

Title 38, United States Code, specifies in sections 7453 and 7454 that nurses, physician assistants, and expanded-function dental auxiliaries are entitled to additional pay for working regular tours of duty of Saturdays. Under this authority, respiratory therapists, physical therapists, practical or vocational nurses, pharmacists and occupational therapists are also entitled to additional pay for Saturday tours, if the Secretary determines it is necessary in order to hire and retain these health care professionals.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 4 of H.R. 2433, as amended, would amend section 7454(b) of title 38, United States Code, to authorize premium pay for Saturday tours of duty for additional VHA health care workers.

Compromise Agreement

Section 303 of the Compromise Agreement follows the House language.

COVERAGE OF EMPLOYEES OF VETERANS' CANTEEN SERVICE UNDER ADDITIONAL EMPLOYMENT LAWS

Current Law

Section 7802 of title 38, United States Code, authorizes appointment of Veterans' Canteen Service (VCS) employees.

Senate Bill

Section 302 of S. 1156 contains a similar provision.

House Bill

Section 5 of H.R. 2433, as amended, would authorize hourly workers of VCS to be qualified for competitive title 5, United States Code, appointments in VA in recognition of time-in service obtained in the VCS.

Compromise Agreement

Section 304 of the Compromise Agreement contains this provision.

TITLE IV—OTHER MATTERS

OFFICE OF RESEARCH OVERSIGHT IN VETERANS HEALTH ADMINISTRATION

Current Law

There is no comparable provision in current law.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 11 of H.R. 1720, as amended, would add a new section 7307 to title 38, United States Code, to establish an Office of Research Oversight within the Veterans Health Administration to monitor, review and investigate matters of medical research compliance and assurance in VA, including matters relating to the protection and safety of human subjects, research animals and VA employees participating in VA medical research programs. The bill would require an annual report to the Committees on Veterans' Affairs of the Senate and House of Representatives on the activities of the Office of Research Oversight during the preceding calendar year and require that the activities of the Office of Research Oversight be funded from amounts appropriated for VA medical care.

Further, under the bill, the General Accounting Office (GAO) would be required to submit a report to Congress not later than January 1, 2006, on the results of the establishment of the Office of Research Oversight and any recommendations for other legislative and administrative actions. Finally, the Secretary would be required to submit a report to Congress setting forth the Department's implementation of the requirement to establish an Office of Research Oversight, and related provisions, not later than 180 days after the date of enactment.

Compromise Agreement

Section 401 of the Compromise Agreement follows the House language with modifications that would not include references to animal welfare, research animals and laboratory animals. Section 7307(c)(2)(A) of title 38, United States Code, referencing peer review responsibilities would also not be included in the Compromise Agreement, along with the required reports from GAO and the Secretary.

ENHANCEMENT OF AUTHORITIES RELATING TO NONPROFIT RESEARCH CORPORATIONS

Current Law

Sections 7361 through 7366 of title 38, United States Code, establish the authority for VA's Nonprofit Research Corporations. Section 7368 of title 38, United States Code, provides that no such corporations may be established after December 31, 2003.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 6 of H.R. 3260 would cover employees of Nonprofit Research Corporations under the Federal Tort Claims Act and would extend the authority to create new Nonprofit Research Corporations through December 31, 2008.

Compromise Agreement

Section 402 of the Compromise Agreement follows the House language.

DEPARTMENT OF DEFENSE PARTICIPATION IN REVOLVING SUPPLY FUND PURCHASES

Current Law

Section 8121 of title 38, United States Code, establishes authority for VA to use a revolving supply fund to operate and maintain its supply system.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 5 of H.R. 3260 would extend authority to the Secretary of Defense to purchase medical equipment, services and supplies through VA's revolving supply fund beginning in fiscal year 2004. The Department of Defense (DOD) would be required to reimburse VA's revolving supply fund using DOD appropriations.

Compromise Agreement

Section 403 of the Compromise Agreement follows the House language.

FIVE-YEAR EXTENSION OF HOUSING ASSISTANCE FOR HOMELESS VETERANS

Current Law

Section 2041(c) of title 38, United States Code, authorizes the Secretary to enter into housing assistance agreements for homeless veterans until December 31, 2003.

Senate Bill

Section 411 of S. 1156 would extend the authority of the Secretary to enter into housing assistance agreements through December 31, 2006.

House Bill

Section 6 of H.R. 3387 would extend the authority of the Secretary to enter into housing assistance agreements until December 31, 2008.

Compromise Agreement

Section 404 of the Compromise Agreement follows the House language.

REPORT DATE CHANGES

Current Law

Title 38, United States Code, requires:

(a) in section 516(e)(1)(A), a quarterly report summarizing the employment discrimination complaints filed against senior managers; the report is due no later than 30 days after the end of each quarter;

(b) in section 2065(a), an annual report on assistance to homeless veterans; the report is due no later than April 15 each year;

(c) in section 7321(d)(2), an annual report of the Committee on Care of Severely Chronically Mentally Ill Veterans; the report is due no later than February 1 each year through 2004;

(d) in section 8107, an annual report on long-range health planning; due June 1 of each year;

(e) in section 8153(g), an annual report on sharing of health care resources; the report is due no later than 60 days after the end of each fiscal year;

(f) in section 1712A note and enacted in section 110(e)(2) of Public Law 106–117, an annual report of the Special Committee on PTSD; the report is due February 1 of each of the three following years.

Senate Bill

The Senate Bill contains no comparable provision.

House Bill

Section 7 of H.R. 3260, subsection (a) would extend the Senior Managers Quarterly Report from 30 days to 45 days following each quarter; subsection (b) would change the report due date from April 15 to June 15 of each year for the annual report on Assistance to Homeless Veterans; subsection (c) would change the report due date from February 1 to June 1 of each year for the annual report of the Committee on Care of Severely Chronically Mentally Ill Veterans through 2004; subsection (d) would change the report date on the Annual Reports on Long-Range Health Planning to June 1 of each year; subsection (e) would change the report due dates on the Annual Report on Sharing of Health Care Resources to February 1 of each year; and subsection (f) would change the report due date on the Annual Report of the Special Committee on PTSD to May 1 of each year through 2004.

Section 7(a) of H.R. 3387 would extend the annual reporting requirement for the Committee on Care of Severely Chronically Mentally Ill Veterans in Section 7321(d)(2) to February 1, 2009. Section 7(b) of H.R. 3387 would extend the annual report of the Special Committee on PTSD to February 1, 2009.

Compromise Agreement

Section 405 of the Compromise Agreement follows the House language on the provisions in subsections (a), (b), and (e) of the House bill and would extend the reports in subsections (c) and (f) of the House bill through 2008. Section 405 of the Compromise Agreement would simplify the reporting requirements in subsection (d) of the House bill without altering the report due date.

LEGISLATIVE PROVISIONS NOT ADOPTED

DEMOLITION OF OBSOLETE, DILAPATED, AND HAZARDOUS STRUCTURES ON DEPARTMENT OF VETERANS AFFAIRS PROPERTY

Current Law

There is no similar provision in current law.

Senate Bill

Section 202 of S. 1156 would add section 8171 to title 38, United States Code, to authorize the demolition of obsolete, dilapidated, and hazardous structures; would establish a specific fund in the Treasury designated as the Department of Veterans Affairs Facilities Demolition Fund; and would authorize an appropriation of $25,000,000 for fiscal year 2004 for this Demolition Fund.

House Bill

The House Bill contains no comparable provision.

SUPPLEMENTARY MATTERS

SAN JUAN, PUERTO RICO VA MEDICAL CENTER

In 1999, Congress provided $50,000,000 to the VA Medical Center in San Juan, Puerto Rico, to assist that facility in correcting numerous structural safety issues. Since then, VA has spent $4,000,000 of those funds on the design and planning of a bed tower that will alleviate the strain on the older bed tower currently in use. The remaining $46,000,000 will be used for the tower's construction, with a projected Spring 2004 groundbreaking. The Committees understand that the Secretary has pledged at least an additional $25,000,000 to enhance this project and minimize any reduction of total beds at this facility. Even with the completion of this construction, the Committees are advised that additional seismic and utility upgrades are needed at the San Juan VA. The Committees encourage the Secretary to honor this pledge and continue the practice of providing high quality services to the veterans of Puerto Rico.

Mr. ACEVEDO-VILÁ. Mr. Speaker, I rise today to urge my colleagues to vote in favor of S. 1156—Department of Veterans Affairs Long-Term Personnel Authorities Act of 2003. This bill represents a step in the right direction for many of our veteran communities.

In the interest of my constituents, this bill and the language contained within brings to the forefront the problems at the San Juan VA Medical Center and opens opportunities to provide immediate relief for the Veterans in Puerto Rico to receive the care they need and deserve.

Through the actions of these two committees, the Democrats and Republicans alike, they have sent a clear message of appreciation to the over 140,000 Puerto Rican veterans for their service in defense of our shared values. Puerto Ricans have served proudly in every armed conflict since the First World War. The language in this bill acknowledges the value of their service.

Currently, there are over 5,000 Puerto Rican men and women who are serving in the armed forces in Iraq, Afghanistan, Guantanamo and many other regions throughout the world. The language in this bill sends the right message to these young men and women that when they serve their Nation well, the United States Congress will serve them well.

I congratulate my colleagues on a job well done. Through long hours of deliberation and patient listening and understanding, both chambers of this Congress have come to what I believe is an impressive piece of bipartisan work. Now, it is my hope that the Secretary will move swiftly to reprogram the necessary funds to build a new bed tower at the San Juan VA Medical Center. Without the additional dollars mentioned in this bill, the San Juan VA Medical Center would have been forced to provide services with a bed loss of 120. This would have put additional burdens on a facility, which the C.A.R.E.S. Committee has deemed to be spatially deficient. The Committees understood this and worked to include language to encourage the Secretary to move forward.

The construction of the new bed tower will allow the San Juan VA Medical Center to provide safer and more modern services for the immediate future to the veterans and the service people returning from Iraq and Afghanistan.

I would like to personally thank Chairman SMITH, the Ranking Member, Mr. FILNER, Ms. CORRINE BROWN and the other members of the committee for working with me on these vital projects. The report language is more than a listing of projects—it is sending the right message to the 140,000 veterans in Puerto Rico; it sends the right message to the 5,000 Puerto Ricans who have been called to active service in Iraq, and it certainly sends the right message to the families of the 13 Puerto Ricans who have sacrificed their lives this year in service of the United States against the war on terror.

I look forward to continually working with my colleagues in both chambers to provide for the veterans in Puerto Rico. Again, I thank my colleagues for working so diligently on these first steps to improve healthcare for our veterans and urge my colleagues to vote ''yes'' to approve this bill.

Mr. MATHESON. Mr. Speaker, as a strong supporter of the military, I am pleased to support this legislation, which enhances veterans health care.

I am especially pleased that this bill also honors George E. Wahlen, Utah's only living Medal of Honor winner. George Wahlen is a dedicated American and Utah is proud to pay tribute to his service by renaming the Salt Lake Veterans Affairs Medical Center in his honor.

George Wahlen's twenty-year service to this nation as a soldier was not his only contribution. Even now, he continues to serve as an advocate for both active troops and veterans. I am proud to honor this patriot, just as I am proud of all Americans who serve their country.

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

The SPEAKER pro tempore (Mr. BURGESS). The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and pass the Senate bill, S. 1156.

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. SMITH of New Jersey. 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.

A FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Mr. Monahan, one of its clerks, announced that the Senate agreed to the report of the committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2417) ''An Act to authorize appropriations for fiscal year 2004 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes.''

SUPPORTING NATIONAL MARROW DONOR PROGRAM AND OTHER BONE MARROW DONOR PROGRAMS

Mr. WALDEN of Oregon. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 206) supporting the National Marrow Donor Program and other bone marrow donor programs and encouraging Americans to learn about the importance of bone marrow donation.

The Clerk read as follows:

H. CON. RES. 206

Whereas up to 30,000 people each year are diagnosed with leukemia or other blood diseases and approximately 20,000 will not find a marrow donor match within their family and must rely upon strangers;

Whereas diseases such as leukemia, aplastic anemia, and defective immune systems can lead to a rapid deterioration in an individual's health and ultimately the individual's death if potential marrow donors are not identified;

Whereas volunteers in donor programs provide a life-saving service to those that are afflicted with leukemia or other blood diseases;

Whereas since the founding of the National Marrow Donor Program in 1986, it has facilitated more than 15,000 unrelated transplants for patients with leukemia or other blood diseases;

Whereas the National Marrow Donor Program provides potential donors with information on how to become a bone marrow donor;

Whereas the National Marrow Donor Program has a worldwide reach and a large database of potential donors;

Whereas the National Marrow Donor Program currently facilitates more than 160 transplants each month; and

Whereas the National Marrow Donor Program makes a positive impact on the lives of thousands of Americans: Now, therefore, be it

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

(1) supports the goals and ideals of the National Marrow Donor Program and other bone marrow donor programs; and

(2) encourages all Americans to learn about the importance of bone marrow donation and to discuss such donation with their families and friends.

The SPEAKER pro tempore (Mr. SIMMONS). Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon (Mr. WALDEN).

GENERAL LEAVE

Mr. WALDEN of Oregon. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to insert extraneous material on the bill.

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

There was no objection.

Mr. WALDEN of Oregon. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased that the House is considering House Concurrent Resolution 206 introduced by the gentleman from Texas (Mr. BURGESS) to recognize the important work that the National Marrow Donor Program and other bone marrow donor programs do to save lives.

Bone marrow transplants are often one of the last options available to patients struggling to fight debilitating and often terminal illnesses. Unfortunately, finding a bone marrow match is very difficult. In fact, every year nearly two-thirds of patients in need of a bone marrow transplant will not find a marrow donor match within their family and, therefore, must rely on the help of strangers.

Each month the National Bone Marrow Registry coordinates more than 150 transplants. With a diverse registry of more than 4 million potential bone marrow and cord blood donors, the National Bone Marrow Registry offers hope to thousands of patients. Just last month, the House approved H.R. 3034, the National Bone Marrow Donor Registry Reauthorization Act, to reauthorize the national bone marrow registry for an additional 5-year period.

Since 1986, the National Bone Marrow Donor Program has facilitated more than 15,000 transplants for patients. I hope the Senate will join us soon in extending this program to guarantee that thousands more will benefit. This resolution will raise awareness about the bone marrow donor programs, and will encourage more Americans to donate, and I urge all of my colleagues to support this resolution today.

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

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I commend the gentleman from Texas (Mr. BURGESS) for raising awareness regarding the importance of bone marrow donation. There are at least 20,000 Americans today who need a bone marrow transplant but cannot find a compatible donor within their own family.

National Marrow Awareness Month is a vehicle for encouraging more people to join the bone marrow registry, a noble goal, and it is right that Congress acknowledge the importance of this month.

But, Mr. Speaker, the timing is unfortunate. The Republican majority today is giving this body fewer than 24 hours to consider legislation which will have a dramatic impact on the financial security of 39 million retirees and disabled Americans, as well as their families. This bill takes $400 billion out of taxpayers' pockets and puts much of that money in the pockets of the drug industry and the insurance industry, the two industries that sat in back rooms with Republican leaders and wrote this bill. Every American has a stake in the outcome of this. Less than 24 hours to review, debate and vote on an 1,100-page bill that erects a brand new private insurance system for stand-alone drug coverage which replaces tried and true Medicare. The bill features such a meager drug benefit that seniors will still be unable to afford the medicines they need, a bill that creates a fast-track process to expedite reductions in Medicare benefits, a bill that makes different seniors pay different premiums for the exact same coverage, and a bill that launches a private insurance experiment, privatizing Medicare, forcing millions of seniors in this country to pay more or join an HMO. We received that bill yesterday, that 1,100-page Medicare bill, and are being forced to vote on that bill today.

With all due respect, I support this Burgess legislation and applaud the gentleman's efforts, but we need every minute we can get to try to get a handle on just how dramatically this Medicare privatization bill will turn our world upside down.

Mr. Speaker, we all know what is going to happen tonight. We have seen this same scenario play out month after month this year. In April, it started where in the middle of the night Congress passed contentious, important tax legislation by a handful of votes. Every single month during the summer, Congress voted on important, controversial legislation: Head Start, budget reconciliation, the tax cut, Medicare, last year the trade promotion bill authority, always between

12 midnight and four in the morning, always in the dead of night, always on Thursday night so the papers did not pick it up until Saturday, always when the media had gone to bed and the American public had turned off their television sets, and never appearing in the paper the next day, always held over to Saturday's paper because of that.

I hope, Mr. Speaker that does not happen with this Medicare bill tonight. I hope we can actually debate it during the late afternoon and early evening so people in this country can see what in fact is in it.

On this legislation we are considering today, I appreciate the efforts of the gentleman from Texas (Mr. BURGESS), but on a day when this body is asked to participate in such remarkably irresponsible decisionmaking on the most important health care vote of this session, no Member right now can devote to this Burgess resolution the attention it deserves.

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

Mr. WALDEN of Oregon. Mr. Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. BURGESS), the author of this measure.

Mr. BURGESS. Mr. Speaker, I thank the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Oregon (Mr. WALDEN) for bringing this resolution to the floor. I would like to thank the leadership for allowing this resolution to come to the floor late in the session; and I would disagree that the timing is unfortunate, I think the timing is perfect. I would also like to thank the staff of the Committee on Energy and Commerce for their hard work on this issue.

Bone marrow donation is critical to millions of cancer patients. Every year, nearly 30,000 people are diagnosed with leukemia or other treatable blood diseases. Oftentimes, the only course of treatment is donation of bone marrow from one person to another.

The House Concurrent Resolution 206 urges Americans to register with the National Marrow Donor Registry. Since the National Donor Registry was founded some 16 years ago, it has facilitated the more than 15,000 donations for patients with blood disorders. The registry now has 5 million volunteers. I am one of those volunteers, having joined the registry in 1999. The 15,000 volunteers that have been called on to donate marrow to sick and dying patients have saved thousands of lives, but they have impacted even thousands more by saving the lives of a mother, a father, a brother, a sister, a son or a daughter, keeping loving families whole and communities intact.

□ 1330

On June 7 of this year, I had the opportunity to celebrate the life of one of my constituents who had been diagnosed with non-Hodgkin's lymphoma, Mr. Cliff Ackerman. A donor to the national marrow donor registry program saved Mr. Ackerman's life. Mr. Ackerman was diagnosed with cancer in March of 1998 and did not have a stem cell match in his family. He was forced to find a match through the National Bone Marrow Registry. A match was found from a donor in Washington, D.C., Mr. Perry Apelbaum. Perry is a member of the House Judiciary Committee staff. Mr. Apelbaum joined the registry in 1990. As fate would have it when Mr. Ackerman got sick, Mr. Apelbaum turned out to be a perfect match. This example underscores how important the program is: a congressional staffer here in Washington, D.C. turned out to save the life of a man in my district in Lewisville, Texas.

The marrow donor program has helped thousands of families who will experience a second chance to enjoy life with a child, with a husband or wife, or with a brother or sister. I thank the countless number of heroes who have given the gift of life or who are waiting on the donor list to provide a lifesaving service to those who are afflicted with leukemia or other blood disorders.

The House has already reauthorized the marrow donor program this year in a bipartisan manner. It is now up to the other body to complete this work. We hope that they will. But in the meantime, we must continue to raise the profile of this important program, and this resolution does just that.

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

Mr. WALDEN of Oregon. Mr. Speaker, I yield myself the balance of my time.

I urge my colleagues to support this resolution. I think it is critically important that we do that to move this program forward.

Mr. YOUNG of Florida. Mr. Speaker, I rise in strong support of H. Con. Res. 206, legislation expressing Congressional support for the National Marrow Donor Program during this National Marrow Awareness Month.

At the outset, let me thank my colleague from Texas, Mr. BURGESS, for sponsoring this legislation, and Chairman TAUZIN of the Energy and Commerce Committee, and the Chairman of the Subcommittee on Health, my colleague and neighbor from Florida Mr. BILIRAKIS, for helping expedite consideration of this legislation.

Mr. Speaker, the National Marrow Donor Program is a true modern medical miracle that saves lives here and throughout the world every single day of the year. Since its establishment more than 16 years ago, the registry has grown to more than 5,000,000 volunteers. These are true volunteers in every sense of the word. They have given of their time to take a simple blood test to be listed in the national registry. For the more than 17,000 volunteers who have been called upon to donate marrow, they have undergone a relatively simple surgical procedure to donate their bone marrow to save the life of a man, woman or child with leukemia or one of 60 otherwise fatal blood disorders.

Earlier this year in a sign of strong Congressional support, the House unanimously approved my legislation, H.R. 3034, the National Bone Marrow Donor Registry Reauthorization Act, to continue the work of registry's work for another five years. We look forward to its passage in the other body.

The National Marrow Donor Program is a precious national resource, and I want to pay tribute to the men and women there who work tirelessly to ensure that Americans in need of life-saving transplants receive the bone marrow, peripheral blood steam cells, or umbilical cord blood they need.

Recognizing the need for a single source of information, Congress endorsed by request in 1986 for a small appropriation to the United States Navy to establish the National Bone Marrow Donor Registry. Our goal was to improve the facilitation of bone marrow transplants by coordinating adult, volunteer marrow donors as well as a full range of supporting services to donors, patients and physicians. With the funded I have provided every year since through appropriations bills for the Navy and the Department of Health and Human Services, The National Marrow Donor Program has operated the Registry first under contract with the Navy and now under a competitively awarded contract with the Department of Health and Human Services. During that time, I have watched proudly as the Registry has developed into the international leader in marrow, blood stem cell, and umbilical cord blood transplantation.

Having had the great pleasure to meet with hundreds of donors and patients, I can tell you that donating bone marrow is a true life-changing experience. The experience of giving life to another human being is beyond mere words. Today, the National Marrow Donor Program remains the single source for physicians and patients searching for marrow to treat a variety of diseases. Through a network of 91 Donor Centers, 11 Cord Blood Banks, 150 Transplant Centers, and 19 International Cooperative Registries, it allows physicians to select for the best matched source of adult stem cells whether it be from volunteer marrow or blood donors or umbilical cord blood units. This large network has made marrow donation a world-changing experience. On any given day, bone marrow from our registry is being flown around the world at the same time bone marrow is being flown to a U.S. hospital through our formal relationship with the international registries.

A diverse Registry of volunteer bone marrow donors has been recruited. And now the Registry also lists more than 28,000 units of umbilical cord blood for potential transfer. Additionally, the National Marrow Donor Program has helped more than 250 patients receive cord blood transplants since the inclusion of umbilical cord blood units in the Registry began in 1999. Working with the National Marrow Donor Program and individually, the NMDP network of 11 cord blood banks have provided more than 881 cord blood units for transplantation since 1997. This network represents the single largest number of cord blood donations in the U.S.—232—in the past year.

The National Marrow Donor Program also recognizes the importance of maintaining an infrastructure that supports the Registry. To help physicians maximize the time they spend with their patients and minimize the time it takes to search the Registry, the Program has developed a real-time, electronic searching

database that links more than 400 partnering organizations. The resulting transplants are made possible through the efforts of millions of volunteers and professionals, connected through an award-winning integrated information system that quickly records, analyzes, and electronically transmits millions of pieces of critical medical data every day to and from hundreds of medical organizations.

There is more to providing marrow and other sources of blood stem cells than simply helping physicians search the Registry. Patients also need assistance. Therefore, the Program provides support services for individual patients to help them through the transplant process. The Patient Advocacy program provides patients with services such as information about transplants, assistance in intervening with insurers to determine coverage, and financial assistance. These efforts include patients assistance funds, case management services, referring physician education, consultation on the best match sources, and accelerated searching to facilitate transplants with an urgent need. The Program also provides support to patients after the transplant occurs to ensure that they can return to a normal, healthy life. Without this support, many patients would not be able to obtain life-saving transplants.

Even with these wonderful successes, we all recognize that the number of donors is not sufficient to meet the needs of every American. Each year more than 30,000 children and adults are diagnosed with life-threatening blood diseases, such as leukemia and plastic anemia, as well as certain immune system and genetic disorders for which a marrow or blood stem cell transplant can be a cure. These transplants require matching certain tissue traits of the donor and patient. Because these traits are inherited, a patient's most likely match is someone of the same heritage. Thus, men and women of the National Marrow Donor Program work continuously to recruit more donors, especially minorities who historically have difficulty finding matches. Since 1995, the Program has more than tripled the number of minority donors.

Mr. Speaker, at a time when our nation seeks to bring the nations and the people of the world closer together, to live in peace, and better understand each other, we can look to the National Marrow Donor Program as one important way to achieve these goals. There is no greater cause than to save a life, and with the ongoing support of every member of this House we can adopt this Resolution today to support the many heroes who have contributed to the work and vision of this program.

From the early days when we sought a home for the program, and had a few doors slammed in our faces, there was Admiral Elmo Zumwalt, Jr. and Dr. Bob Graves. There was Captain Bob Hartzman of the United States Navy who connected us with the Navy Medical Command where we appropriated the first small amount of funding to give birth to the program. There were the early medical pioneers such as Dr. Robert Good, Dr. John Hansen, Dr. Donnell Thomas, and Dr. Jerry Barbosa, all of whom helped perfect the science of marrow transplantation and who assisted us in our legislative quest to establish a federal registry.

There were the members of Congress, past and present, who stood by me as I sought funding to start up the program, to recruit marrow donors, and to perfect the marrow transplant procedures. There were my colleagues on the Appropriations and Energy and Commerce Committees who helped expedite these funding requests and the consideration of several authorization bills.

There were the members of the board of the National Marrow Donor Program and the Marrow Foundation, who have volunteered their time to establish a finely tuned international registry that quickly and efficiently matches marrow donors and patients to give them the best chance of a successful transplant. There is the staff of the NMDP, based in Minneapolis, Minnesota but with operations throughout our nation, who manage the flow of information, marrow and cord blood around the world. And there is the staff and medical teams at the transplant and donor centers who use their medical expertise to complete the transplantation procedures.

Finally, there are the true heroes of the program, the patients and donors. Every patient that has sought a transplant has helped the doctors and researchers perfect the marrow or cord blood transplant procedure to improve the outcome for every future patient. And every donor who has signed up for the national registry has given the ultimate gift of life. They are the heroes without whom we would not have this tremendously successful national and international life-saving program.

Mr. Speaker, in closing, let me again thank the sponsors of this Resolution. Let me thank every member of this House for their partnership in helping us continue the work of the National Marrow Donor Program. With your support, we are giving hope to thousands of patients here and throughout the world today and into the future.

I call on my colleagues to continue their support for the National Marrow Donor Program and its important mission. Whether it is working with physicians and patients to find the best source for a transplant, helping a patient navigate the complexities of the health care system and insurance, or encouraging more Americans to become part of the life-saving Registry, the Program has proven itself a critical part of our Nation's health care infrastructure. Today, we proudly support the work of the National Marrow Donor Program during National Marrow Awareness Month and share in the celebration of the program's successes. However, our work is not finished. We must continue to help all Americans in need of umbilical cord blood, bone marrow, or peripheral blood stem cells to have access to the life saving services and the patient advocacy programs of the National Marrow Donor Program.

Ms. BORDALLO. Mr. Speaker, I wholeheartedly support House Concurrent Resolution 206 supporting the National Marrow Donor Program and other bone marrow donor programs and encouraging Americans to learn about the importance of bone marrow donation. I commend Mr. BURGESS for introducing this legislation.

The importance of National Marrow Donor Program (NMDP) and other bone marrow donor programs cannot be overstated. Each year thousands of people are diagnosed with leukemia or other blood diseases which may be cured through a blood stem cell transplant may be a cure. Some will find a matched donor, but many others will have to rely on the kindness of strangers. For those of African-American, Asian, Pacific Islander, Hispanic, Native American, Native Alaskan descent, this is especially challenging.

I commend NMDP and other on their education and outreach initiatives particularly those programs aimed at recruiting donors from minority populations. In 1993, the NMDP Registry included 37,601 donors of African-American, Asian, Pacific Islander, Hispanic, Native American, Native Alaskan heritage. As of August 2003, the number is now 1,145,000 donors. This an increase of approximately 3,000 percent. But there is still a critical need for donors from minority populations.

Her name was Justice Taitague, She was one of the 70 percent who could not find a matched donor from among her family members. Sadly, the donor registry at the time could not provide a match. Through the efforts of Dr. Thomas Shieh, the Guam Medical Society, and the National and Hawaiian Marrow Donor Programs, the first ever marrow drive on Guam was held on her behalf. This ''Drive for Justice'' registered thirty-four hundred volunteers in just three days. But it was too late for Justice, who passed away a few days after the drive.

Justice will never know the impact her life, her story has had on others. She has given us a gift—the gift of understanding of the importance of the National Marrow Donor Program and other bone marrow donor programs and she has given hope to others of Asian/Pacific Island descent searching for a donor.

Mr. Speaker, I fully support House Concurrent Resolution 206 supporting the National Marrow Donor Program and other bone marrow donor programs and encouraging Americans to learn about the importance of bone marrow donation. For me and the people of Guam, it's a matter of Justice.

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

The SPEAKER pro tempore (Mr. SIMMONS). The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 206.

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. WALDEN of Oregon. 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.

CONFERENCE REPORT ON H.R. 1904, HEALTHY FORESTS RESTORATION ACT OF 2003

Mr. GOODLATTE. Mr. Speaker, pursuant to House Resolution 457, I call up the conference report on the bill (H.R. 1904) to improve the capacity of the Secretary of Agriculture and the Secretary of the Interior to plan and conduct hazardous fuels reduction projects on National Forest System lands and Bureau of Land Management lands aimed at protecting communities, watersheds, and certain other at-risk lands from catastrophic wildfire, to enhance efforts to protect watersheds and

address threats to forest and rangeland health, including catastrophic wildfire, across the landscape, and for other purposes.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 457, the conference report is considered as having been read.

(For conference report and statement, see proceedings of the House of November 20, 2003, at page H11686.)

The SPEAKER pro tempore. The gentleman from Virginia (Mr. GOODLATTE) and the gentleman from Texas (Mr. STENHOLM) each will control 30 minutes.

Mr. INSLEE. Mr. Speaker, I respectfully demand one-third of the time under clause 8 of rule XXII.

The SPEAKER pro tempore. Is the gentleman from Texas opposed to the conference report?

Mr. STENHOLM. No, Mr. Speaker, I am in favor of the conference report.

The SPEAKER pro tempore. Under clause 8(d) of rule XXII, the Chair will divide the hour of debate on the conference report as follows: the gentleman from Virginia (Mr. GOODLATTE), the gentleman from Texas (Mr. STENHOLM), and the gentleman from Washington (Mr. INSLEE) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia (Mr. GOODLATTE).

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent that the gentleman from California (Mr. POMBO), chairman of the Committee on Resources, be recognized for 10 minutes for the purposes of controlling debate.

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

There was no objection.

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

Today, we are finally able to bring the Healthy Forests Restoration Act, H.R. 1904, for a vote. In spite of a severely flawed process to arrive at this point, we have driven a hard bargain, and we have got a bill that the President will sign. I believe it will make a difference on the ground, but it is only a first step towards fixing what is wrong with the management of our public lands.

I worked with two other distinguished full committee chairmen, the gentleman from California (Mr. POMBO) of the Committee on Resources and the gentleman from Wisconsin (Mr. SENSENBRENNER) of the Committee on the Judiciary, to craft a bipartisan bill that passed earlier this year by an overwhelming, and bipartisan, majority. I also want to note the outstanding efforts of my counterpart in the other Chamber, Agriculture Committee Chairman COCHRAN, and our distinguished ranking member, the gentleman from Texas (Mr. STENHOLM), for their efforts.

This bill seeks to address the issues that have tied the hands of our forest managers: National Environmental Policy Act analysis that drags on for months, administrative appeals that spring up at the last minute, and court actions that stall projects for so long that areas proposed for treatment frequently are destroyed by fires long before the judicial process concludes. The conference process has produced a bill that does not do as much as I would like to address on these issues. I understand there are many in both Chambers who would like to have seen a stronger product. But this bill creates the first real relief from bureaucratic gridlock after over 8 years of legislative effort. It sends a clear signal that the Congress favors results over process and that protecting our communities, our watersheds, and our people is more important than producing mountains of paperwork.

There are over 190 million acres of forests and rangelands which remain at risk of catastrophic wildfires, insect and disease, a landmass larger than New England. Our bill takes the modest step of addressing the hazardous conditions on only 20 million acres of this total. This bill also takes an innovative approach to forest health on private lands, creating new nonregulatory, incentive-based approaches to promote conservation on private lands. In short, it takes a national approach to a national problem.

H.R. 1904 has enjoyed broad support from groups such as the Society of American Foresters, the National Volunteer Fire Council, the International Association of Fire Chiefs and others. Professional wildlife managers, sportsmen, and serious conservation groups all support this bill.

We as a Congress have more work to do to perfect our forest management laws. Forest fires are a symptom of a land management system that suffers from procedural, managerial, and practical gridlock. Our forest management laws, environmental laws, and procedural laws do not work well together. They create a process that only highly trained legal minds can comprehend; and while claiming to encourage citizen participation, they often achieve just the opposite. So we need to do more, but we should be proud of what we are doing today. We are taking a bipartisan step toward better management of our forests. We are saying that protecting our communities, our watersheds, and our people comes before protecting the dilatory tactics of those who oppose any type of sensible land management.

I applaud President Bush for helping to bring this about. We would not be on the verge of passing this bill without his leadership. I hope he continues to exert leadership in this field to ensure that the Federal land managers act aggressively to implement this program as quickly as possible. I will do my utmost to ensure that bureaucratic inaction does not delay implementation. I urge my colleagues to support this conference report.

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

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

Mr. Speaker, I rise in strong support of the Healthy Forests Restoration Act conference report, and I am pleased to be here on the verge of completing legislation that will give us a chance to return America's cherished forests back to a healthy landscape. For the last century, public land managers have suppressed all forms of wildfire, including natural small-scale fires that restore forest ecosystems.

The unintended result of this policy is a decades-long buildup of forest fuel, woody biomass, and dense underbrush that is as close as the next lightning strike or escaped campfire from exploding into a massive fire. In some areas, tree density has increased from 50 trees per acre to as many as 500 trees per acre, according to the Forest Service and fire ecologists. These unnaturally dense forests are a small-scale ignition away from a large-scale wildfire. These natural small-scale fires burn at the ground level and at relatively low temperatures, allowing some trees to survive and, in the process, renewing the forest.

The suppression of these natural small-scale fires, however, has resulted in an accumulation of fuel that supports catastrophic wildfires of unnatural intensity that burn hotter, spread faster and cause long-term severe environmental damage, sometimes even sterilizing the soil. America's forest ecosystems are being decimated at an alarming rate by large-scale catastrophic wildfire and massive outbreaks of disease, insect infestation, and invasive species. Federal foresters estimate that an astounding 190 million acres of land managed by the Secretary of Agriculture and the Secretary of the Interior are at unnatural risk to catastrophic wildfire. Of that, over 70 million acres are at extreme risk to catastrophic wildfire in the immediate future.

During the second year of the National Fire Plan implementation, we witnessed the second largest fire season this Nation has seen in half a century. An early widespread drought, unparalleled since the Dust Bowl of the 1930s, affected 45 percent of the country. On June 21, 2002, the national level of readiness rose to the highest level possible, 5 weeks earlier than ever before, and remained at that level for a record-setting 62 days. In fact, wildland fires burned 7.2 million acres, or nearly double the 10-year average. Colorado, Arizona and Oregon recently recorded their largest timber fires of the century. And then we saw the devastation in Southern California.

Forest ecologists, professional land managers, and many environmental groups agree, the exploding incidence of catastrophic wildfire and disease and insect infestation pose a massive threat to the health, diversity, and sustainability of America's national forests. The Nature Conservancy, one of

the world's largest and most acclaimed environmental groups, has been a leader in the environmental community in building public awareness about the environmental calamities that catastrophic wildfires cause.

Of the three factors that most influence wildland fire behavior, weather, topography and fuel, land managers can effectively affect only fuel. Unless we take a proactive approach to fuel reduction, the remaining components of the National Fire Plan, which include firefighting, rehabilitation, community assistance and research, will only continue to increase in cost. Local governments, volunteer firefighters, professional foresters, conservationists, and labor organizations agree, it is time to act to protect our forests.

Fortunately, the Healthy Forests Restoration Act addresses these concerns by giving Federal land managers the opportunity to restore our forests to a more natural balance while maintaining important environmental requirements. The conference report before us allows for authorized hazardous fuel reduction projects on Federal lands, helps communities in the wildland-urban interface prepare for wildfires, improves the NEPA analysis process, and augments public involvement and review. Additionally, the report includes titles allowing grants to use biomass, providing watershed forestry assistance, addressing insect infestation research, and establishing private forest reserves.

In closing, let me remind Members that this is not a new issue to come before the United States Congress. We have been talking about this issue for years. I remember the tremendous work done by former House Agriculture Committee chairman Bob Smith and his efforts to reach out and find a compromise, only to go down in flames because of the inability of extreme sides of this question to come together.

I am disappointed that certain Members of the House were excluded from the process that got us here today. That certainly has not been the case with the House Committee on Agriculture. I commend Chairman GOODLATTE for his bipartisanship and leadership on this important issue. We all have differing opinions about the various components of the legislation before us; but in passing this legislation, we will restore America's treasured landscapes by reducing the risks of catastrophic wildfires and insect and disease infestations.

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

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

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

Mr. INSLEE. Mr. Speaker, it is abundantly clear to all of us of all political persuasions and parts of the country that we need a vigorous, well-funded, well-prioritized hazardous fuels reduction program in our national forests.

□ 1345

The Nation needs that because of a ''perfect storm,'' if I may use that term, of enormous changes in our climate which have led to drought, particularly in the western United States, leaving the most explosive conditions due to the lack of moisture in over 100 years and because of our misguided and mutually ignorant policy over the last several decades, if not century, of suppressing all fire, thereby allowing certain additional density to increase. All of us know we need a well-prioritized, well-funded, well-defined hazardous fuels reduction program.

But I, regretfully, cannot support this bill because it fails in several fundamental ways. It fails to prioritize the taxpayers' dollars where they ought to be prioritized which is the protect of human health and property first. It fails to protect our most treasured crown jewels in our Forest Service of our roadless areas, which I have to tell the Members in the part of the world where I come from, we treasure the roadless areas on our weekends and afternoons. It is part of our culture and our families, and they are unprotected in this bill. Third, it fails to adequately solve the problem as to why we cannot get these programs completed, which is money, and I will come back to that. We today change the law, but not the appropriations that we need to get this job done.

Let me start with a failure to prioritize in this bill. If I may, this ought to be job one for the U.S. Congress when it comes to hazardous fuels reduction. Job one for the U.S. Congress ought to be protecting, with a protective buffer, the homes and towns and cabins and barns in our thousands of acres from voracious forest fire, and this bill does not follow a fundamental precept that when we have got job one and when we have got limited dollars, we prioritize. To govern is to choose, and this bill consciously chose not to give the majority of funds in this program to protect these areas with moats, if I may, to protect them from this horrendous fire. And we have seen what happens in California when that occurs. And it ought to be a totally unanimous agreement here that the majority of our funds in our program ought to be directed to the areas around our towns and cities rather than spent up in Timbuktu harvesting commercial lumber.

We have seen that they split the baby 50/50, but spliting the baby 50/50 is not always right nor is it fair, and I will tell my colleagues why. This conference report says 50 percent of this money will go to the Wildland-Urban Interface. It will not do to tell people in this community that we have saved half their houses, and we have sacrificed the other half to the demands of those who want to continue commercial logging in our roadless areas. We failed in our duty to prioritize our precious dollars where they belong, and we have offered a modest amendment to improve that in the conference committee which were rejected out of hand.

And let me tell the Members why this prioritization is so important. Of the dollars we have spent next year, if we double the amount that has been appropriated by the majority party, whom I respect, and I respect their positions on this bill, but if we even double the amount that was spent in the last 3 years, we will still only do 2 to 3, maybe 4 percent of the acreage of the millions of acres that need to be treated. We have to prioritize. This bill did not do it.

The second thing this bill did not do, it did not protect our roadless areas. We have 58 million acres of roadless areas which are the crown jewels of our national forest, which are pristine, and everyone loves the trees in our roadless areas. The problem is some of them love them vertically and some of them like them horizontally. This bill does not protect our roadless areas from the ones who want to do commercial logging so that they will be horizontal. It does not protect them one wit in those roadless areas, and that is most discomforting, and I will tell the Members why. We should have been able to fashion a unanimous way to protect those roadless areas. Let me just suggest one way to do it. I offered an amendment in the conference committee that would simply say that if we have to, if there is some terrible disease-ridden patch in the roadless area that we have to build a road to get to it, to do an emergency program that would be allowed under this bill, okay; but let us at least restore the road after the project is completed to its original topography. How can anyone object to that? How could anyone object to that precept? If we are building a road in a roadless area to do a hazardous fuels reduction program, when we are done with the program, why not put the road back in its natural topography. Who could object to it? I will tell the Members who does object to it. The timber industry who wants to use these roads to punch them into the heart of our most virginal forests and then make them available for commercial harvest, and we do not need to do that to accomplish our ends here, and it is regrettable we did not solve that problem.

The third thing that this bill does not do, it does not cut to the heart of the problem. This bill, its whole fundamental idea is if we just cut off those pesky environmentalists, by gum there will not be any more forest fires. I will give the Members bad news. We can outlaw environmentalists if we want to, and I see some nods. My friend over on this side of the aisle would like to do that. I take a different view. They are my constituents. They are people who like to go up and have clean water out of the roadless areas. They are people who like to go on a picnic in the roadless areas, and they know, as I do, that if all we try to do to fix this program is to cut off citizen participation,

we will not solve the problem of getting these fuels reduction programs in line, and I will tell the Members why we will not. The reason we have we are not getting the job done and giving therapy to our forests is that we have not appropriated one tenth of the money that is necessary to get this job done. It is not appeals. Come on. The GAO, in their last study, after four rounds to make sure they got it right, said that 92 percent of all of these fuels reduction projects go lickity-split right through the process without any problems and only 3 percent of them were litigated. Ninety-seven percent of these projects go through without litigation. So why have we not cut the mustard? Why have we not done enough therapy on these forests? It is because we have not invested the money to do it. We have only invested enough money to do 2 to 3 percent, and that is not going to significantly improve in this bill. Doubling does not even cut it, even if we got the appropriation. So we are united, I think, unanimously on this floor in the belief that we need to have a strong fuels reduction program, but we cannot say that this bill will provide what the American people need to get this job done in a reasonable fashion.

The fourth, if I can, problem with this bill: It is clear that we have got to cut down a whole bunch of trees to solve this problem because they are dense, they have grown up because of our misguided fuels suppression program, and now we have got this cataclysmic fire situation. But the question is what do we cut and where? That is really the issue we need to resolve on the floor of this House. And here is a tree, a mature tree. I wish I could tell the age, marked for cutting in the fuels reduction program. There is no reason to cut that tree except for commercial purposes. We needed to develop a firm definition, so that the Forest Service can use it to determine what trees to cut, and it would have been easier if we provided them adequate money to do it, so they do not have an incentive to log bigger trees to generate money for this program. But we did not do it, because the appropriations process did not cut the mustard. So we have a problem that we have not given adequate definition of what to cut and where.

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

Mr. POMBO. Mr. Speaker, I yield myself 2 minutes.

I am glad that the gentleman from Washington (Mr. INSLEE) claimed the time in opposition to this because I think it is important for everyone to see just how difficult this bill has been to finally arrive at this point of developing a bill and a conference report that is so widely supported in both this Chamber and the Chamber across the Capitol, that we have brought together such divergent interests, so many people who may have initially opposed this bill that are now on board because of the great compromise that was reached to bring this bill to the floor.

The history behind the Healthy Forests initiative, it has been, I think, 8 years now since the very first bill was introduced and the work began to finally get to this point, and we have gone through, I believe, close to 75 hearings in Committee on Resources alone on this legislation. There has been a countless number of people that have testified, and we have gone back and forth. And these past 3 years, we actually have to give a lot of credit to two of my colleagues in the House, the gentleman from Colorado (Mr. MCINNIS), subcommittee chairman, and the gentleman from Oregon (Mr. WALDEN) for the work that they did in pulling together with all of the different interests to bring something together, the gentleman from California (Mr. GEORGE MILLER), former ranking member on the committee, and the gentleman from Oregon (Mr. DEFAZIO) and others to put together a bill that was really a great balance between so many different interests. And I found with interest the gentleman from Washington's (Mr. INSLEE) talk about a particular tree and saying that we need to resolve on the floor of the House whether or not that should be cut down. I have got to tell him, we do not know. That is the job of the professional foresters. The focus of this bill is to go out into the forests and let the professionals, the scientists, the people who really do understand what is going on out there, have them decide where the best place to do thinning projects is, not on the floor of the House. That is ridiculous to think that we on the floor of the House should be doing that.

But this is a grand compromise. It is a great bill, and I urge my colleague to support it.

Mr. GOODLATTE. Mr. Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. GUTKNECHT), chairman of the Department Operations, Oversight, Nutrition, and Forestry Subcommittee of the House Committee on Agriculture.

Mr. GUTKNECHT. Mr. Speaker, I thank the chairman for yielding me this time.

And I want to especially thank all those who have been involved, the gentleman from Virginia (Chairman GOODLATTE), the gentleman from California (Chairman POMBO), and the gentleman from Texas (Mr. STENHOLM), ranking member, for all of their work on this legislation. And in addition, I think we should thank President Bush because of his leadership on this issue.

Nearly half of the 190 million acres managed by the Secretaries of Agriculture and Interior are at extreme risk to wildfire. Millions of acres across the South, the East, and in my home State of Minnesota are facing disease and insect epidemics. And yet Federal land managers will treat only about 2.5 million of those acres each year because of the extraordinarily lengthy procedural and documentation requirements.

Time and again, we have seen the destruction that forest mismanagement and drought can cause to our landscape and to our families. This year alone 4.3 million acre of our Nation's forests have burned and 29 firefighters have lost their lives. Recently, more than 750,000 acres have been burned in southern California, and 22 Californians died trying to escape those fires.

Many see the fires on TV and think this is only an issue for ''out West.'' Unfortunately, poor forest health is a national problem. The lack of forest management of our national forests in States across our country, including my home State of Minnesota, has placed private forests and communities at risk of fires, insects, and disease. Almost 3 million acres of the National Forest System lands in Minnesota are at high risk. Standing by and doing nothing to protect this precious resource is tantamount to criminal neglect. Congress has an obligation to ensure that we do not neglect our national forest lands and ensure that they are available for generations to come. Too often, excessive regulation and what I call ''paralysis by analysis'' has made even the simplest management project an ordeal of years instead of weeks. H.R. 1904 is critical to begin to solve the problems of proper management of our forests.

I urge all Members to support this important legislation.

□ 1400

Mr. STENHOLM. Mr. Speaker, I yield 3 minutes to the gentleman from Oregon (Mr. DEFAZIO).

Mr. DEFAZIO. Mr. Speaker, I thank the gentleman from Texas for yielding me this time, and I thank all of the members of the Committee on Agriculture and the Committee on Resources who have put so much time and effort into this. Yes, it was a long process, but I believe that a good result is worth the work. I wish we had got it done a year ago; but, hey, we are now finally going to get something in place long ahead of next year's fire season.

This bill, if properly implemented, will begin to carefully undo 100 years of mismanagement of our national forests. It recognizes that this is going to be a long and expensive process. It recognizes that it cannot be done for nothing. This bill includes a $760 million-a-year authorization. I think we could even go higher. Mr. Speaker, $1 billion a year could be productively spent in the West, given the magnitude of the problem; but it is a significant increase over the commitments we are currently making.

It will bring jobs to hard-hit rural areas in the forests. It sets a priority that half the funds should be spent in proximity to high-risk communities in the West, and it also sets priorities for protection of other high-value resources in high-risk areas.

If properly implemented and fully funded, I believe that we can begin to step incrementally away from the catastrophic, or potentially catastrophic,

conditions that exist throughout the West today.

It contains old-growth language that clearly reflects the intent of Congress that the objective is to return the forests to presettlement conditions, which means there will be large, fire-resistant trees more widely spaced, particularly in the inter-mountain areas; that we would leave native stands intact, but we would aggressively thin from below. We would remove ladder fuels, we would remove trees that are growing into the crowns of the larger trees.

I mentioned earlier the Davis fire in Oregon and the lodgepole that carried the fire into the crowns of the Ponderosa, that would have survived the fire otherwise, had we gotten in there and removed those lodgepoles, which have little commercial value. That is why this program will be expensive. In many areas, what needs to be removed has little or no commercial value. Where it has commercial value, we will use that to offset the costs and to amplify the program.

It does not unduly restrict the right of appeal. It does require that people participate meaningfully in the process if they are going to appeal, and that is the way it should be. I want people to be involved from the beginning in communities, meaningfully commenting on the plans and proposals of the Forest Service. It allows judicial review if the bill is misapplied by this or any future administration.

But it will move the process along, and we will begin to chip away at the backlog. But make no mistake, even if we get the $760 million a year, this is going to take a long time to return our forests to their natural state.

Mr. INSLEE. Mr. Speaker, I yield 3 minutes to the gentleman from New York (Mr. HINCHEY).

Mr. HINCHEY. Mr. Speaker, this is an example of not just an act that will destroy good policy, but it also destroys the language; and it is consistent with the kind of thing that has been happening here recently, particularly with regard to environmental policy.

What is the name of this bill? The Healthy Forest Restoration Act. It reminds me very much of the Clear Skies Initiative that the President was pushing and the majority in this House was solidly behind. What did we get from the Clear Skies Initiative? Increased greenhouse gases, increased acid rain, a big gift to the polluters so that they do not have to upgrade their equipment. The same kind of thing occurs here.

The rationale behind this legislation as it is stated is that we need this act in order to carry out thinning processes in places where fires are likely to occur. Now, one would have the idea, based upon that, that these thinning processes are being held up. That is what they want us to believe, these thinning processes are being held up by litigation and things of that nature.

Well, what does the General Accounting Office say? The General Accounting Office has a lot of credibility around here. The General Accounting Office tells us that the appeals and litigation are not slowing thinning projects at all. In fact, 92 percent of the thinning projects are being completed without delay.

Now, why, then, are we engaged in this?

Well, the real reason is, just like under the Clear Skies Initiative, we were not interested in cleaning up the skies, and here we are not interested in healthy forests. What we are interested in is a big giveaway to the people who want to go out and cut down the trees that are on public land. That is what this is all about.

Now, another interesting aspect of it to me is a lot of people in this House who are dead set against any activity by the Federal Government, they want the Federal Government out of everything. Now, however, under this piece of legislation it is, no problem, just give them this authority, trust the administration, trust the Federal Government. They will do everything right. Totally inconsistent, obviously.

So what else does this bad bill do? It fails to focus on projects in communities that are actually in need of protection. It undercuts NEPA by eliminating the requirement to consider a full range of reasonable alternatives. It fails to treat or provide assistance to State, tribal, and private lands. It throws up unprecedented roadblocks to citizens across the country and their access to the courts, and it is a direct threat to the independence of the judiciary in this country on this specific issue. It curtails the rights to appeal bad projects and authorizes a new appeals process with no sideboards to be created by the Secretary.

This is an example of a bad bill and specious arguments driving bad policy.

Mr. POMBO. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. LEWIS).

Mr. LEWIS of California. Mr. Speaker, I thank the gentleman for yielding me this time. While I am doing so, I want to express my deep appreciation to the leadership on both sides of the aisle who have gone about the compromises necessary to bring this bill to the floor in the first place.

It is important to know that we have been mismanaging our forests for all too long now; and if there is a need for a demonstration project relative to that, all one has to do is look at the recent devastating fires in Southern California.

My territory is directly impacted. We have lost thousands and thousands of homes. We have lost dozens of lives as a direct result of mismanagement of our forests. And as of this moment, the most pristine areas of Southern California are in jeopardy of total loss because of mismanagement by this body and by the Federal Government of their forestlands.

This bill is a good step in the right direction. It is going to cost some money, but not nearly the billions and billions of losses that we have already suffered in Southern California.

Mr. GOODLATTE. Mr. Speaker, I yield 1 minute to the gentleman from Montana (Mr. REHBERG).

Mr. REHBERG. Mr. Speaker, I would like to add my voice to the chorus of accolades thanking the various chairmen and subcommittee chairmen and Members who have worked so hard on this piece of legislation.

It is ironic in this country when something like September 11 occurs, or a tornado or a flood that creates massive destruction quickly, we roll up our sleeves and we get to work rebuilding. Yet the cancer that is caused by drought and insect infestation, disease and such that is occurring within our forests somehow is treated differently.

What have we seen over the years? In 1988 we burned a large area of Montana, the Yellowstone ecosystem. We assumed that something would be done, but it was not. It got stuck back in Washington, D.C., and what did they do? They talked and talked and talked. And over the years, while we talked about solutions, what have we done? We have talked our forests to death. And eventually we go to the corners, and then we sue our ways back out. It is stupid. It is ridiculous. That is not the way to present a better forest. This piece of legislation in fact will now manage the lawsuits.

Please support this compromise. It is a good one.

Mr. STENHOLM. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. STUPAK).

Mr. STUPAK. Mr. Speaker, as cosponsor of H.R. 1904, the Healthy Forest Restoration Act of 2003, I rise in support of this legislation because of the relief it provides to combat the challenges facing our forest system today. From hazardous fuel reduction to insect and disease infestation research, this bill gives our forest managers and our private citizens the money and the technical assistance they need to help bring our forests back to health.

Mr. Speaker, H.R. 1904 will work to alleviate the fire hazards that currently plague our forests. As evident by the rampant spread of the wildfires that recently ravaged Southern California, our Nation's forest system is overwhelmed with excess brush and foliage which could fuel catastrophic wildfires.

This bill provides thinning programs for up to 20 million acres of at-risk lands near communities and their water supplies, at-risk lands that serve as habitat for threatened and endangered species, and at-risk land that is particularly susceptible to disease or insect infestation.

Mr. Speaker, H.R. 1904 also provides money and technical assistance to stop the growing problem of insect and disease infestation. In southeastern Michigan, for example, Forest Service managers are battling the emerald ash

borer. This insect has decimated the population of ash trees located in a 6-county area. Luckily, officials have responded quickly, and we are in the process of containing this threat. H.R. 1904 will assist in our fight against invasive species like the emerald ash borer and others around our country by promoting new research and quick action to reduce the impacts on these forest pests.

I strongly urge my colleagues to pass this conference agreement on H.R. 1904. I want to thank the ranking member, the chair, and all of the staff for their hard work on this. It is time we reduce the threat of wildfires to our communities and our environment. Support H.R. 1904.

Mr. POMBO. Mr. Speaker, I yield 1 minute to the gentleman from Arizona (Mr. HAYWORTH).

Mr. HAYWORTH. Mr. Speaker, I thank the chairman of the committee, my friend from California, and I thank him for yielding me this time. I rise in strong support of this conference report, which at once is an important first step and, at the same time, is long overdue.

It has been interesting to listen to the conflicting philosophies on the floor. There is one point of view represented that true environmentalism means therapy for the forests.

Mr. Speaker, I think the questions are accurate to be asked. Is it therapeutic to have such destruction in the forests that the number of particulates in the air eclipses rush hour in many of our major metropolitan areas? Is it therapeutic in the forests to see watersheds destroyed? Is it therapeutic in the forests to see land burned so badly that, as the gentleman from Texas pointed out, the land is sterilized?

No, the sound environmental position is to have sound scientific principles embracing healthy forest management. And to the effort of protecting homes and property and people like the 20-plus who perished in California, this job is long overdue. We must pass this bill; and, quite frankly, we should do more, not only for rural America, but for suburbanites who perished in the recent fires in California.

Mr. STENHOLM. Mr. Speaker, I yield 2 minutes to the gentlewoman from Oregon (Ms. HOOLEY).

Ms. HOOLEY of Oregon. Mr. Speaker, I thank the gentleman for yielding me this time and for all the hard work he has put in on this particular piece of legislation. I also want to especially thank my two colleagues, the gentlemen from Oregon (Mr. WALDEN) and (Mr. DEFAZIO), for their enormous work on this piece of legislation.

Mr. Speaker, this is an issue that is very important to my home State and to my congressional district. Reduction of hazardous fuels. Oregon has been hit hard by wildfires in recent years, and I am very happy that we are finally taking steps in this House to make up for years of neglect of our Federal forests. Forests and timber are vitally important to the citizens of Oregon. The economic costs of forest fires in Oregon have been astronomical and the human costs have been even higher. It is essential we do something about it, and something sooner rather than later.

Prior to coming to Congress, I served as a county commissioner in Clackamas County, which owned thousands of acres of forest land. I was responsible for management of those forests. I know from experience that it is possible to manage and protect a forest and that in many cases, it is necessary to manage a forest in order to protect it.

This legislation before us will have a positive impact. Not only will it help save people's homes and people's lives, it will focus money on lands that need it most and provide environmental protections.

□ 1415

At the same time it allows local communities and citizens to remain involved in the process. What I am most pleased about, however, is that this legislation provides funding for fuel reduction. The $760 million authorized in this bill is a great start and will help protect our forest and our communities.

The House and the Senate have reached an important compromise that is balanced, and provides money to get the job done. Mr. Speaker, I urge my colleagues to join with me in supporting this legislation that fosters a healthy management and protection of our national forests.

Mr. INSLEE. Mr. Speaker, I yield 2 minutes to the gentleman from New Mexico (Mr. UDALL).

(Mr. UDALL of New Mexico asked and was given permission to revise and extend his remarks.)

Mr. UDALL of New Mexico. Mr. Speaker, I compliment the gentleman from Washington (Mr. INSLEE) for his management of this bill. Let me just talk a little bit about the judicial review test here, because I think that we are embarking on new ground. When we put in a test that talks about short-term and long-term, really what we are ending up doing is saying that if you cut down the whole forest and it is okay in 100 years, then that is all right. I mean, that is the kind of test that we are putting into this piece of legislation. We do not know what that means. And so we are encroaching into the judicial arena, trying to tell the courts what to do. This is a new test. It is a new standard. It has never been used before.

And what is going to happen? We hear all the talk about lawsuits and litigation from this side of the aisle. Guess what, folks? This is going to be a lawyers employment bill. If there is anything that is going to come out of this, it is going to be more litigation, it is going to be more billable time, it is going to be more lawyers involved in this process. And I think what is going to happen further, if we allow this to happen, if we allow this to happen, we are going to see this appear across the board in other areas, workers' rights, OSHA, any place where Federal agency decision-making is going on, this is going to be imposed on the Federal courts. And I think that is why the committees that supervise in the Congress judicial review have such a hard time with this provision.

With that, I would just urge my colleagues to vote against this bill.

The recent firestorm in Southern California acted to once again remind us of the gravity of rampant wildfires in the west. However, this issue is of such great importance that I am extremely concerned about, and strongly object to, the manner that this legislation was brought before us today.

You may recall that the Committee Print of the Healthy Forests Restoration Act was released to the members of the Resources Committee during a recess period, on the Friday afternoon before it was scheduled to be marked up in Resources committee, a few days later.

Similarly, we are called upon today to vote on the Healthy Forests Conference Committee report. This report was just released yesterday. It is my understanding that the rules for the House call for a minimum of 3 days of review of a conference report before it is voted upon.

So, in what now seems to be standard operating procedure of the House, we have barely had twenty-four hours, if that, to read and digest its contents. One day is hardly sufficient to allow all Members to carefully and thoughtfully consider this vital legislation.

I would like to point out that H.R. 1904 was not the sole option available for our protection from wildfire devastation. Mr. UDALL of Colorado and I introduced H.R. 1042, the Forest Restoration and Fire Risk Reduction Act.

Had we had an opportunity to hold hearings on our bill, Mr. UDALL and I would have been able to formally raise some of the issues that I view are not adequately addressed in H.R. 1904 or the conference report, but that are critically important to wildlife prevention and protection.

Our bill would place greater emphasis on protection of the "wildland/urban interface" without imposing the unprecedented deadlines and standards for injunctive relief on the Federal judiciary, and without emasculating our environmental laws that are present in both H.R. 1904 and the Report.

While the results of the conference are better than the version passed by the House, the provisions that I view to be most controversial remain in the text. The agreement places a greater emphasis on thinning forests very close to communities, but, like the House bill, it significantly limits environmental reviews of forest thinning projects and insect infestation field research projects.

I reemphasize that I believe that we must conduct thinning projects to help reduce the likelihood of unusually severe fires. However, I do not support the contention that to facilitate such projects we need to expunge our environmental laws and procedures for public comment and participation.

The limits placed on fire-risk reduction projects from environmental review and administrative appeals, especially in the wildland

urban interface, in effect constrain the provisions of the National Environmental Policy Act. Furthermore, denying the public the full and fair opportunity to have viable alternatives to agency action considered circumvents established policy of public participation.

Such participation is an important aspect of our democratic process for making decisions affecting public lands. Limiting public comment and ignoring the provisions of NEPA and other laws designed to protect our environment does not assist in developing sound forest management.

I believe, however, that the conference report is a better bill than the version passed by the House. The Report contains specific provisions to protect the wildland urban interface. Furthermore, the report authorizes tribal watershed management programs for Indian tribes, an issue that I have strongly advocated for since we began working on this legislation in the 107th Congress.

Nonetheless, I am afraid that this legislation is just another assault by the Bush Administration on our Nation's forests. Most of the attacks over the last year have been below the radar—in arcane rules, stealth riders and misnamed legislation. In this many-fronted assault, big timber is the winner.

Under the guise of buzz words such as forest health, catastrophic-wildfire prevention and streamlining, the Administration's initiatives transform forest policy in ways that are staggering in their scope as well as in their implications for democracy.

The changes revamp laws fundamental to sound forest management, including the National Forest Management Act, the Appeals Reform Act and NEPA. The cumulative effect of these changes is to undermine or eliminate open decisionmaking, agency accountability, resource protection and recourse in the courts.

It began in December 2002, when the Administration proposed a forest-planning regulation that renders public involvement virtually meaningless. The rule ignores scientific involvement, eliminates fish and wildlife protection, and fails to protect roadless areas.

It skews the planning process to favor logging, mining and off-road vehicle use. It renders plan standards more discretionary, further reducing agency accountability. Most shocking, the final rule, due out imminently, exempts forest plans from environmental analysis and eliminates the opportunity for the public to appeal the final plan.

The Forest Service assured critics that it would undertake in-depth environmental studies when specific logging projects were proposed. Not so.

In June 2003, the Administration abolished environmental review of logging done in the name of ''hazardous fuels reduction'' on up to 1,000 acres of land as well as post-fire rehabilitation projects on up to 4,200 acres.

One month later, the Administration carved out more loopholes for National Environmental Policy Act exemptions for commercial logging by setting acreage limits of 70 acres for timber sales and 250 acres for salvage sales. These projects have few, if any, meaningful constraints.

For example, the projects must be ''consistent'' with local forest plans. Yet, under the soon-to-be final planning regulations, forest plans can be amended simply by changing the plan on an interim basis with no public notice.

Under the banner of hazardous fuels reductions, large-scale, intensive commercial logging projects may take place virtually anywhere in our forests, regardless of forest type or tree size. In effect, the conference report allows logging and associated road building with limited environmental analysis, administrative appeals, judicial review and public involvement.

The Appeals Reform Act of 1992 gave citizens a statutory right of appeal after the Forest Service tried to eliminate appeals on timber sales. Although billed as part of the ''Healthy Forests Initiative,'' changes to these regulations significantly curtail rights to appeal a broad range of timber sales and land management decisions—not just those pertaining to fire risk.

H.R. 1904 sets no time frames for appeal, no required stay of action provision during the appeal, and no guaranteed right to appeal. Instead, the Forest Service would have 30 days after enactment of this legislation to develop the new administrative appeals process.

This legislation also pushes citizens out of the picture. In addition to altering the intentions of the Appeals Reform Act, H.R. 1904 reduces environmental review on logging projects not already given a wholesale exemption and severely restricts opportunities for public involvement.

Furthermore, it encroaches upon the courts' ability to review the legality of logging projects almost anywhere on our publicly owned forests, including roadless areas and old growth. If bug and disease-control are the purported reasons for logging, projects up to 1,000 acres will bypass all environmental review and appeals.

With millions of dollars authorized in the act for any hazardous fuels project on public lands, logging without laws can proceed throughout the backcountry.

The synergistic effects of these radical rollbacks are breathtaking. I predict that the assault will only foment more controversy and stimulate more distrust of the Forest Service for years to come.

I urge my colleagues to vote ''no.''

Mr. STENHOLM. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. PETERSON).

Mr. PETERSON of Pennsylvania. Mr. Speaker, I rise to urge everyone if you want forests to be healthy and be managed, to support this bill. I have heard stated here that we have mismanaged, that the Forest Service and other agencies cannot manage forests under the current law. It is impossible to manage.

In the Allegheny National Forest in Pennsylvania, the finest hardwood forest in America, we just had 10,000 to 20,000 acres of blow-down in July. It has been assessed at somewhere between $50 to $100 million in value lying on the ground. The Forest Service chief there just determined that it would be at least 3 years before he could have people there harvesting trees on the ground. Tell me that the system season broke, that it makes sense to have $100 million worth of American assets to lie there and rot because in 3 years they are of little value at all.

Folks, this system is broken. We do not want judges managing our forests. We want soil scientists, fish and wildlife biologists, and all the people that our Forest Service hires. They have every kind of scientist there is managing our forests. They should make those decisions.

Mr. POMBO. Mr. Speaker, I yield 1 minute to the gentleman from Arizona (Mr. RENZI), who brought a renewed vigor to this debate.

Mr. RENZI. Mr. Speaker, I want to thank the chairman for his leadership, and I especially want to thank the gentleman from Colorado (Mr. MCINNIS) for his fighting spirit and 3 years of perseverance that it took us to finally get to this point.

I also maybe want to offer a little bit of a different view for those limousine environmentalists from the inner city, who do not necessarily live in the forests as we do. Coming from Flagstaff, Arizona, the largest Ponderosa pine forest in the world, where we suffered the likes of the Rodeo-Chedeski fire, a fire of 500 thousand acres.

I want my colleagues to know there is a science that is being ignored here. We are taking half the money and putting it into wildland urban interface right on the boundaries of our communities. Yet the forest managers want to be able to attack fire in the outlands. What they understand is in the West we have canyons. While they may have concrete canyons in New York City, we have real canyons in Arizona. In those canyons, we have up-slope terrain. When up-slope terrain combines with wind and temperature, that fire burns so hot and so fast that wildland urban interface and limiting the money will not be able to give us fallback positions for our firemen. It is a compromise that we have proposed here. Vote in favor of the bill.

Mr. GOODLATTE. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. BURNS).

Mr. BURNS. Mr. Speaker, I want to join my colleagues in support of H.R. 1904, the Healthy Forest Initiatives. I want to thank the gentleman from Virginia (Mr. GOODLATTE), the gentleman from California (Mr. POMBO), my distinguished colleague from Texas (Mr. STENHOLM). We think about the healthy forests, we think about our homes, the wildlife, the lives of the men and women who live near and certainly the forest, and we want to protect those.

In California, we saw the devastating fires of this year. I can think of no better way to ease the minds of those in the West than to pass the Healthy Forest Initiative.

In Georgia, we do not have the wildfires and the large forest fires that we see in the West, but we have pests, and we have disease. We have millions of acres that are at risk in Georgia due to the southern pine beetle and other insects. We have seen a 278 percent in increase in pine beetle infestation last year alone. This Healthy Forest Restoration Act provides the Federal land managers with great flexibility to deal with the fire dangers in the West, but it also provides them with the authority to do innovative things in detection

and suppression of pests that really threaten eastern forests.

Mr. Speaker, the Healthy Forest Restoration Act is a national solution to a national problem. I urge Congress to vote yes.

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

Mr. POMBO. Mr. Speaker, I yield 2 minutes to the gentleman from Oregon (Mr. WALDEN), the coauthor of the legislation.

Mr. WALDEN of Oregon. Mr. Speaker, this legislation provides for major improvements in how we will manage our forests. First of all, it reduces unneeded government analysis. Second, it provides for actually more public involvement, especially in the beginning, through better notice and better participation requirements. It requires and reforms the appeals process so we can end the costly delays that do keep our professional foresters from doing the work they need to do to make our forests more healthy.

Finally, it does require the courts to more quickly move on appeals and, more importantly, consider the catastrophic affect on forest health of preventing these projects from going forward.

Now, we have heard today about the problem with the General Accounting Office, but let us talk about what the General Accounting Office actually found. This is what the GAO report found: 58 percent of eligible thinning projects in the United States were appealed in fiscal year 2001 and fiscal year 2002. Fifty-two percent of the eligible forest thinning projects proposed near communities in the wildland urban interface were appealed. Half the projects, half the projects right around communities were appealed. The GAO found an overwhelming number of Forest Service appeals were found to be without merit. Seventy-three percent of the appeals were rejected.

Ladies and gentlemen, we have to change the process. That is what we are doing today. We are going to fund the work that needs to be done. This year alone we are going to spend $420 million to go in and thin out our forests so we will not have catastrophic fires in the future. I would like to see this bill expanded beyond 11 percent of the forests that need this kind of treatment, but that is as far as we could get under this act. I want to see our communities protected.

This legislation relies on the underlying National Forest management plans to protect old growth forests. My colleague, the gentleman from Washington (Mr. INSLEE) talks about protecting old growth. We do that in this bill because the underlying plans protect the old growth. And the alternative of defeating this bill is to have old growth forests that are blackened, burned and destroyed, and I will not stand for that. Vote for the bill.

Mr. GOODLATTE. Mr. Speaker, I yield 1 minute to the gentlewoman from Colorado (Mrs. MUSGRAVE).

Mrs. MUSGRAVE. Mr. Speaker, I would like to offer my gratitude to the chairman of the Committee on Agriculture, the gentleman from Virginia (Mr. GOODLATTE), the ranking member, the gentleman from Texas (Mr. STENHOLM), the gentleman from California (Mr. POMBO), and especially to my colleague, the gentleman from Colorado (Mr. MCINNIS).

In the West we care very deeply about this legislation, particularly in Colorado. We have had the Buffalo Creek Fire, we have had the Hayman Fire in Colorado, we have had massive loss in acres of our beautiful forest land. We have had immeasurable damage to the environment, to our water quality.

The Denver Water Board spent over $20 million cleaning up after the last fire. Habitat has been destroyed. Our tourism industry has been harmed greatly. And, more importantly, we have lost the lives of our brave firefighters in Colorado.

We are in strong support, those of us that care about our national forests and our private forests, are in strong support of this conference committee report. And I commend all those who have worked so hard on this conference committee and this legislation.

The SPEAKER pro tempore (Mr. BASS). The Chair would like to announce that the gentleman from California (Mr. POMBO) has 3 minutes remaining, the gentleman from Virginia (Mr. GOODLATTE) has 1 minute remaining, the gentleman from Texas (Mr. STENHOLM) has 7 minutes remaining, the gentleman from Washington (Mr. INSLEE) has 5 minutes remaining.

Mr. STENHOLM. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. DREIER).

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

Mr. DREIER. Mr. Speaker, I rise in strong support of this conference report. And I was told that I had to spend my entire 2 minutes praising the gentleman from Texas (Mr. STENHOLM), but I am going to instead talk about the benefits of this bill. And I want to compliment my colleague, the gentleman from California (Mr. POMBO), and the chairman of the conference, our good friend, the gentleman from Virginia (Mr. GOODLATTE), the chairman of the Committee on Agriculture, the gentleman from Oregon (Mr. WALDEN), and others who have been so involved in this measure.

I happen to represent the Los Angeles area in southern California. And the world knows that we have just suffered devastating fires in the southern California area. It impacted the districts of my colleague, the gentleman from California (Mr. LEWIS) who represents the area in the Inland Empire to the east of Los Angeles, further east of the area I represent, and several others of our colleagues in San Diego. I know that my colleague, the gentleman from California (Mr. HUNTER), as we all know, lost his home. And this impacted the district of the gentleman from California (Mr. CUNNINGHAM). And I can go through the litany of our colleagues. Many members of the California delegation had their districts impacted by this. We lost lives, we lost a tremendous, tremendous amount of property. I lost in excess of 50 homes in the area that I represent.

And I was very pleased when the gentleman from Virginia (Mr. GOODLATTE) was before the Committee on Rules yesterday and talked about the fact that within this measure we will be able to have resources to deal with things like the bark beetle which has played a role in creating a problem in southern California when these trees were not cleared. And that played a role in starting these fires.

We know that some resources were provided through the Department of Agriculture to deal with this, but it was not handled appropriately from the reports that we had from the head of the Office of Emergency Services there. It is important for us to do everything that we can to ensure that the loss of life and property is diminished. I am convinced that passage of this conference report will go a long way towards doing just that. And I thank all my friends who played such an important role in making this happen.

The SPEAKER pro tempore (Mr. BASS). The Chair will advise that the closing order will be the gentleman from California (Mr. POMBO) first, the gentleman from Texas (Mr. STENHOLM) second, the gentleman from Washington (Mr. INSLEE) third, and the gentleman from Virginia (Mr. GOODLATTE) fourth.

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Mr. POMBO. Mr. Speaker, I have one additional speaker to close.

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

Mr. STENHOLM. Mr. Speaker, I yield 1 minute to the gentleman from Michigan (Mr. SMITH).

(Mr. SMITH of Michigan asked and was given permission to revise and extend his remarks.)

Mr. SMITH of Michigan. Mr. Speaker, our Committee on Agriculture is a great committee in terms of Republicans and Democrats working together.

Our forests in this country are one of our strong resources that not only help us economically but also help the environment, and conserving the environment is important. Our forests certainly are an important part of Michigan, but they are also a very important part of our economic strength in the United States.

In the West, catastrophic wildfires recently have decimated those forests over the last several years. We have made a mistake over how we want to control forests. And sometimes in our overzealousness to protect from fires, we have increased the potential of additional damage. Two days ago, we

passed an energy bill. In this bill there is also language to utilize the natural renewable resources of our woodlands of America to also contribute to energy.

Removing some of the bureaucratic red tape for performing fire prevention measures is not only environmentally friendly but also fiscally responsible, as fire prevention costs American taxpayers approximately one-fourth of what it costs to fight catastrophic forest fires. The Healthy Forests Restoration Act authorizes the Bureau of Land Management (BLM) to reduce the amount of underbrush and deadwood buildup in forests that serve as kindling and fuel for the hottest, most dangerous fires. It would regulate BLM's activities by putting limits on the tree removal and road construction that has provoked controversy at times in the past. This would give BLM the tools it needs to confront the increasing threat of destructive forest fires on federal lands that have had serious impacts both on people and wildlife.

The bill takes additional measures to improve our forests. These include provisions to encourage energy production from renewable energy sources, protection of watersheds in forest areas and the creation of a forest reserve program aimed at preserving and rehabilitating up to one million acres of degraded and rare forest lands.

Disease and insect infestations are not only detrimental to our woodlands, but also to our tree-lined streets and backyards. In southeast Michigan, we are combating an exotic beetle known as the Emerald Ash Borer. The bettles' larvae feed on the sapwood and eventually kill branches and entire trees. This invasive pest has resulted in the quarantine of all ash products in six counties and southeastern Michigan. There are 28 million ash trees in the six quarantined counties and an estimated 700 million ash trees in Michigan. We are not finding that the pest is spreading into Ohio. The magnitude of this problem is serious. Preliminary data from the Forest Service estimates that the potential national impact of the Emerald Ash Borer is a loss of ash trees up to 2 percent of total timber with a value loss of between $20–60 billion.

Following discussions with Secretary Veneman and gaining the support of the Michigan delegation, Michigan Department of Agriculture, and DNR we were able to get the approval of substantial millions of dollars in emergency assistance from USDA to combat the Emerald Ash Borer. This federal funding will supplement resources provided by state and local authorities and will be used for pest surveillance, quarantine of infected areas, and some tree removal. In order to more efficiently combat destructive pests like the Emerald Ash Borer, the Healthy Forest Restoration Act puts in place measures that will allow accelerated information gathering on such insect infestations. By removing bureaucratic red tape and being more proactive in maintaining forest health, the Healthy Forest Restoration Act is a step in the right direction towards efficiently managing our forests, preventing catastrophic fires, controlling damaging insect infestations, and protecting our environment.

Mr. STENHOLM. Mr. Speaker, I ask unanimous consent to give two of my remaining minutes to the gentleman from Virginia (Mr. GOODLATTE) for the purposes of closing.

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

There was no objection.

The SPEAKER pro tempore. The gentleman from Virginia (Mr. GOODLATTE) has 2 extra minutes.

Mr. POMBO. Mr. Speaker, I yield the balance of our time to the gentleman from Colorado (Mr. MCINNIS), the subcommittee chairman and co-author of the legislation.

Mr. MCINNIS. Mr. Speaker, I appreciate the yeoman's work of the chairman and the guidance of making sure that we could get this bill through. I also wish to acknowledge deeply the gentleman from Virginia's (Mr. GOODLATTE) service and especially the service of the staff who have worked so hard in making sure that we could come together on this side of the aisle so that when we approached this side of the aisle we had a package that had common sense. We had a package that people like the gentleman from Texas (Mr. STENHOLM), the gentleman from California (Mr. GEORGE MILLER), and the gentleman from Oregon (Mr. DEFAZIO) could come to the table and work with us on. And a lot of that was guided, a lot of the going back and forth was guided by someone who I consider an artist and that is the gentleman from Oregon (Mr. WALDEN), somebody who can negotiate between both the Republicans and the Democrats.

It was about 99 years ago when Teddy Roosevelt used his State of the Union address to urge Congress to create a national forest system to ensure proper stewardship of these tremendous assets that we have in our huge public lands. And by the way, I live in a district that has 23 million acres of public lands. It is fitting now that 99 years later, 99 years later we have one of the most significant pieces of forest legislation that has come in since.

What this piece of legislation does is over the 99 years we have seen the leadership, the guidance, the expertise and the science taken away from the Green Hats, who I complimentarily refer to as our Forest Service people, the people who understand the forests, the people who dream of running the forest, the people who have been educated in the forests. We have seen through some very tactical maneuvers their power and their authority taken by the Sierra Club-types and moved to the courts and moved to the Congress.

What this bill does is this bill allows this authority to go back to those people on a commonsense approach, on a balanced approach which is demonstrated by the fact that this will pass with bipartisan support, to let it go back to the Green Hats, to let the Forest Service manage those forests.

The passage of this legislation today means that the Congress, all of us are responding to the America forests health crisis, the crisis that was demonstrated recently in the State of California, the crisis which we have seen in the State of Oregon, the crisis through bug infestation, not just fires, but bug infestation down in the South. Storm King Mountain, the mountain that I grew up on, the mountain that I took bodies off of, we finally are responding and we are coming back. I am pleased that we are coming back and giving that authority where Theodore Roosevelt thought that authority ought to exist, and that is with the United States Forest Service.

Once again I want to compliment my colleagues on the Democratic side that have worked with us. And I want to point out those who have not. It amazes me that one like the gentleman from New York City (Mr. HINCHEY) would stand up and make the kind of statements that he made and speak from a wooden podium. A little ironic.

This is a good bill. It is bipartisan, and it is going to make a big, big difference.

Mr. INSLEE. Mr. Speaker, I will be closing, so when the appropriate order comes, I will take my turn.

The SPEAKER pro tempore. The closing order will be the gentleman from Texas (Mr. STENHOLM), the gentleman from Washington (Mr. INSLEE), and, lastly, the gentleman from Virginia (Mr. GOODLATTE).

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

I will yield to the gentleman from Virginia (Mr. GOODLATTE) if he would like to engage in a colloquy on monitoring.

Mr. GOODLATTE. Mr. Speaker, will the gentleman yield?

Mr. STENHOLM. I yield to the gentleman from Virginia.

Mr. GOODLATTE. Mr. Speaker, I will clarify a point that the gentleman from Texas (Mr. STENHOLM) is interested in. Let me state that the projects authorized by title IV are primarily scientific efforts, and scientific methods should be the primary means of assessing them. While we encourage multiparty monitoring, it is not our intent to require it, particularly for projects conducted under title IV.

Mr. STENHOLM. Mr. Speaker, I will state I certainly agree with the chairman. I understand the benefit of multiparty monitoring. However, the chairman is correct in expressing that our intent with respect to projects conducted under title IV are to be scientifically conducted and multiparty monitoring is not a requirement of these projects.

Mr. Speaker, I would like to conclude by thanking all who have worked so diligently for so long to bring us to this point to where we truly have a compromise that will move our forest policy in a desirable direction.

I thank the staff, all who have worked on both sides on the aisle so diligently under somewhat trying conditions from time to time as we have had some of the internal strife that unfortunately finds its way into this House of Representatives. But that certainly has not been the case regarding

the House Committee on Agriculture, and the bipartisan support there is something that I have enjoyed and working with the chairman and the gentleman from California (Mr. POMBO) and others as we have strived to put together what is basically a good bill.

When you read the bill, much of the complaints about what we have heard today are not in the bill. If you are going to have sound forests, if you are going to have a sound forest policy, sound science, common sense has got to replace the opinions of many who have a difference of opinion regarding what is good conservation, what is good management, and how we do, in fact, manage our forests so that we do have lumber for housing and other projects.

So all in all, this is a good sound compromise worthy of overwhelming support of this body. I thank all of those who have worked on it. It certainly has been something that I personally have worked on for many, many years. I am glad to see it is getting to this point. I urge a very strong vote in favor of the project.

Mr. INSLEE. Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore. The gentleman from Washington (Mr. INSLEE) has 5 minutes remaining.

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

Mr. Speaker, I commend all of the people who have worked on this bill. There are a lot of technical and difficult issues trying to fashion a hazardous fuels reduction program. And I am unable to support this and I hope my colleagues will join me and the Sierra Club and the League of Conservation Voters and other main-line commonsense groups who have committed their lives to protecting our national forests in defeating this bill and moving on to a better one, and I hope that my colleagues will join me.

Underlying that position is the basic belief that the medicine that we are providing here is both inadequate and misguided. It is misguided because it is based on a myth; and that myth rising to an urban legend is that these fires have consumed thousands of acres because people have questioned what some government officials have done, and that is an abject falsehood.

The GAO report shows that 92 percent of these projects go ahead unimpeded. In California, you know why the California projects did not get done? It was not environmental project appeals. In the last 3 years, there has not been one hazardous fuel reduction program that held up national forests in Southern California the last 3 years. The reason some of this work did not get done is Uncle Sam, us, did not appropriate enough money for California to do the job. The State of California asked for $430 million last April to solve this problem. And what did Uncle Sam do in the Bush administration? They did not give it to them. And the fires occurred.

This is a failure of appropriations, not a failure because certain citizens once in a blue moon have the temerity to stand up on their back legs and question decisions by the Forest Service to do disguised commercial logging which has on occasion happened, thankfully not very often. Maybe 2 percent of the time. We are not doing enough to really solve this problem.

What we have done is in one of the most serious reductions of citizens' ability to question their government is reduce the ability to have their oversight of our Federal officials.

Now, it is kind of a conservative position to be rightfully sometimes distrustful of our Federal officials. Now, I have got to say there have been occasions, thankfully few, where these projects have been disguised timber sales. And the reason is because we are not appropriating enough to the Forest Service to do their job. And when that has happened, less than three pearls of the time there has been a brief appeal of that decision, and most frequently these things get worked out. But until we increase tenfold our appropriations, we are not going to cut the mustard in this program.

Now, let me mention something else, too. We have not talked about what the real debate is about here. The debate is as much about roads as it is about forests, because the real issue here is where we are going to build roads. We have 440,000 miles of Forest Service roads in our forests, 440,000 miles. They are falling apart, and we ought to be putting our money in and fixing those roads before we punch new roads into roadless areas.

Let me put this into real-life perspective. Take a couple in northeast Washington who is not getting adequately protected by this bill. Their house is surrounded by pine trees in the national forest. We have not prioritized those pine forests around their home for treatment like we should have in this bill. We did not do it. Now, when that couple leaves their home to drive over to the Olympic Peninsula to the Jupiter Ridge Roadless Area, if they hike out to a nice little picnic spot, they will find two trees. They are about maybe 6, 7, 8 feet in diameter, cedars, right next to each other. We call them Jefferson and Washington.

In this bill, neither protects that couple in their home surrounded by the pine forest, nor the two trees they go to visit in the roadless area.

Their home is not protected from fire adequately, and those two trees are not protected from chainsaws adequately in this bill.

It is my hope that this bill will be defeated and we will come back and make some very modest but important improvements on it to solve both of those problems.

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

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

Let me start by thanking the gentleman from Texas (Mr. STENHOLM) for yielding me 2 additional minutes for this close, but more importantly for the very cooperative way in which the House Committee on Agriculture has produced this legislation. This is truly the example of why this bill will pass by an overwhelming margin here today.

It passed out of the House Committee on Agriculture originally on a voice vote; and when it came to the floor, I believe, 19 of the 24 Democrats on the committee, Members who represent rural areas, Members who represent areas that are forests, voted for this legislation, nearly 80 percent.

Had we had that kind of support elsewhere in the Congress, this legislation would have been adopted a long time ago. It has been 8 years that we have been working on it. And I would have to say to the gentleman from Washington State (Mr. INSLEE) that if we were not to pass this conference report, not to send it to the President, we would be working on this for many more years. We would see more years like this year where 6½ million acres of forest land in this country were burned to the ground.

□ 1445

That is what we are faced with. That is why we need to begin this first step of solving this problem by giving the Forest Service the tools that it needs.

It is absolutely incorrect that these forest fires are not related to the problems that the Forest Service is presented with. Certainly, money is a problem. Certainly, we are going to have to deal with that, but in addition, massive parts of the Western part of this country are tied up in legal cases, including the entire southern California area that is tied up over litigation related to the spotted owl. This is clearly, clearly needed to address the problems that we face across the country.

I want to thank also the gentleman from California (Mr. POMBO). He recognizes very clearly the nature of this problem, and the gentleman from Colorado (Mr. MCINNIS), I want to congratulate him on his leadership in bringing this bill to the floor as well. He is leaving the Congress at the end of this term, and this is his signature bill. This is his legacy in the Congress. So I commend him as well.

I also commend Members who have fought against this process like the gentleman from California (Mr. GEORGE MILLER) and the gentleman from Oregon (Mr. DEFAZIO). They have seen the light. They understand what it takes. They understand that it is time to get about the business of solving the problem, rather than another 8 years of fighting, and I would say to those few remaining who do not understand, get on board, get this done.

Yes, there is additional work that needs to be done. Yes, we will look forward to working with them in future

Congresses, but now is the time to give the President the ability to sign a bill that will put our Forest Service to work, to get this problem underway. We will come back for additional legislation because this problem is going to persist, and this is only a beginning.

Support this conference report. It is a good one.

Ms. LORETTA SANCHEZ of California. Mr. Speaker, my home state of California has just been through a terrible series of wildfires. The fires burned more than 800,000 acres, destroyed over 3,300 homes, caused over $12 billion in property damage, and tragically took the lives of 22 people.

What could have been done to prevent it? What should we do now to prevent such occurrences in the future?

The answer, it seems to me, is active management and control of overgrown areas near development, usually referred to as the Woodland-Urban Interface. This will go a long way to preventing fires from destroying homes and worse, killing our citizens.

We have a bill in front of us today, H.R. 1904, The Health Forests Initiative, that its proponents tell us will help prevent the kind of devastation that we endured in California.

This conference report is certainly better than the initial House version of the bill. In the House bill, money used for clearing would have had to come from nearby logging activities. In the chaparral of Southern California, there is no logging, and that means no removal of forest fuels would have occurred to protect our homes and our families.

The House-Senate compromise that is before us today is a step in the right direction. Most importantly, it provides $760 million to fund clearing forest fuels to prevent catastrophic wildfires. Nevertheless, there remain some fundamental problems with the bill.

First of all, the Healthy Forests Initiative is only effective for federal lands. Roughly two-thirds of the lands that burned in California was not federal land, and therefore would be unaffected by the healthy forests initiative.

Second, only half of the $760 million is set aside for forest clearing within 1½ miles of structures—the Wildlife-Urban Interface. The other half will go toward thinning in other areas. Moreover, where in the initial bill the clearing was paid for by nearby profitable logging, now we are giving $365 million to commercial loggers for these thinning activities. So, instead of asking logging companies to contribute their fair share to forest management and fire mitigation, we are subsidizing them to do it.

I am disappointed with this bill. We had an opportunity to craft a bipartisan bill, one that would have addressed the pressing issue of protecting lives and property in the Wildlife-Urban Interface. Instead, the Healthy Forests Initiative puts commercial logging interests ahead of protecting our vulnerable communities. Once again, the Republican-controlled Congress has it priorities all wrong.

While this bill does not sufficiently address this important priority, I am supporting an effort that does. I am working to provide more funding for community and individual-initiated and driven initiatives to clear fire fuels in their areas. We should be empowering local communities to clear these areas—they have the greatest knowledge of the environments in which they live, and the greatest personal stake in the success of these efforts. I am hopeful that this initiative will generate broad bipartisan support.

In the meantime, I regret that I must oppose the Health Forests Initiatives, principally because it uses a great deal of resources, but it won't do very much to make our Southern Californian forests any healthier.

Mr. GEORGE MILLER of California. Mr. Speaker, today the House of Representatives accepted the conference report for H.R. 1904, the Healthy Forests Restoration Act. I was appointed as a conferee, as was Representative INSLEE of Washington and Representative CONYERS of Michigan. Unfortunately, instead of using the conference process to reconcile differences between the House and Senate versions of the legislation, certain members of the conference committee were included in bicameral meetings to craft a compromise acceptable to the group of negotiators. In short, the negotiating group picked people from the conference committee who would agree with them and did not invite others to participate. Official members of the conference committee were invited to a conference meeting to consider the product negotiated outside the conference process. The conference consideration did not provide for a real debate of amendments and the Chair moved to close the conference 30 minutes after it began. This does not contain the elements of a democracy but the elements of arrogance of power.

Mr. UDALL of Colorado. Mr. Speaker, I am going to vote for this conference report.

It has flaws. But if its provisions are properly implemented it can help reduce the risk of severe wildfire damage that now threatens lives and property in many communities in Colorado and other States—and for me that is the bottom line.

I am convinced we need to act to protect our communities and their water supplies. For that, a variety of things must be done, including working to reduce the built-up fuels that can increase the severity of the wildland fires that will periodically occur nearby.

That's why I have introduced legislation to expedite those thinning projects. It is also why last year I joined with my Colorado colleague, Representative MCINNIS, and other Members to develop a bill that was approved by the Resources Committee.

I voted for that bill last year, and if H.R. 1904 as it came to the House floor earlier this year had been the same as that bill, I would have voted for it again. But it wasn't the same bill, which was why I voted against it.

Instead of building on last year's work in the Resources Committee, the Resources and Agriculture Committees this year brought forth a quite different measure—one that added a long list of new provisions while omitting some of the key parts of last year's bill. As a result, it has taken much longer than I though it should have for us to reach the point of being ready to vote on a measure that has a good chance of clearing both chambers and being sent to the President for signing into law.

Because H.R. 1904 as passed by the House rejected key compromises that we worked our last year, the bill encountered more resistance in the Senate than otherwise would have been the case, and it was that much harder to shape compromises on a number of difficult points.

However, in the end the Senate passed a bill that made important improvements on the House version—and this conference report, while far from perfect, is itself a definite improvement over the legislation that I voted against earlier this year.

Let me briefly outline some of the ways in which the conference report is enough of an improvement over the House bill that I can and will vote for it today:

FUNDING FOCUS

Like the Senate bill, the conference report requires that at least 50 percent of all thinning-project funds be spent in the interface areas. Last year's Resources Committee bill would have required 70 percent of the money to be spent in the interface, but H.R. 1904 as passed by the House did not include any such requirement. So, the conference report is an improvement over the House bill in this area.

WILDLAND/URBAN INTERFACE

I think the highest priority for fuel-reduction work needs to be on the forest lands where accumulated fuels present the most immediate risks to our communities—those within the wildland/urban interface, or the ''red zone,'' as it is called in Colorado—and to municipal water supplies. These are the places where forest conditions present the greatest risks to people's lives, health, and property, and so they should be where our finite resources—time, money, and people—are concentrated.

To properly focus on these areas, we have to properly identify them. In that regard, I had no quarrel with the provisions of H.R. 1904 as passed by the House. By referring to lands within either an ''interface'' or ''intermix'' community, it provided an appropriate limitation on the discretion of the agencies without drawing an arbitrary mileage line that would not appropriately reflect the reality that a community's exposure to the risk of wildfire depends on terrain, forest conditions, and other factors that can vary greatly from one place to another and over time.

However, proper focus also requires assured priority status for funds to carry out projects to protect communities and their water supplies. The bill reported by the Resources Committee last year required that at least 70 percent of the funds provided a for fuel-reduction purposes would have to be used for such projects—but no similar provision is included in H.R. 1904. I offered an amendment to restore the provision, and its absence was a major reason I voted against the House bill.

The Senate bill had a basic limit of one-half mile from a community's boundary, with some exceptions—if a larger area was identified in a community protection plan developed through a collaborative process; or if land near a community was steep; or if there was a geographical feature that would provide a firebreak within three-quarters of a mile, in which case the interface would go to that feature. The ''community protection plan'' provision was particularly good, in my opinion, because it did not require an arbitrary cutoff, and because it allowed both Federal and non-Federal land to be included. The rest of the definition was problematical.

The conference report improves somewhat on the Senate bill. It (1) retains the ''community protection plan'' part of the definition; (2) keeps the basic one-half mile limit; but (3) allows the interface to go to 1½ mile, if the slopes are steep or if there is a firebreak-feature within that distance and the lands are very susceptible to fire. Like the Senate bill, it

also defines the interface as including a route identified as necessary for escape from a threatened community.

I think it is well established that reducing the fuels closest to structures pays big dividends in terms of reduced fire risks. However, I do into favor defining the interface in terms of arbitrary lines on the map, because fires do not respect those lines and because our experience in Colorado has shown that some of the high-priority ''red zone'' areas are extensive. A prime example is the Hayman fire—it was among the largest in our State's history, but all of the lands involved were within the ''red zone'' as defined by our State Forester (a definition that is included in my bill, H.R. 1042).

Nonetheless, on balance, I think the conference report is acceptable on this point because of the emphasis that it puts on community-protection plans. This should encourage at-risk communities, like those along the Front Range, to develop protection plans and to encourage owners of non-Federal lands to join in working to reduce fire risks.

COMMUNITY-PROTECTION PLANS

I strongly support increased public involvement during the planning and other initial stages of fuel-reduction projects. That was the purpose of an amendment I offered during the markup of the House bill. The ideal is to make it less likely those projects will be delayed by controversies or lawsuits, by developing support at the front end for projects that are urgently needed, narrowly tailored and scientifically sound. I think the conference report's provisions related to community protection plans can foster such involvement and promote a collaborative approach that will do much more to reduce conflicts and delays than will the provisions related to NEPA analysis, administrative appeals, and judicial review.

NEPA ANALYSIS AND JUDICIAL REVIEW OF THINNING PROJECTS

On judicial review, the Senate bill is slightly better than the House bill, and the conference report follows the Senate bill.

On NEPA analysis, the conference report is a compromise between the House and Senate bills. Under the House bill, no alternatives to a proposed action would have to be analyzed; under the Senate bill at least the ''no-action'' alternative would have to be analyzed, and so would a third if proposed during scoping. The conference report would follow the House bill for projects within the interface, but follow the Senate bill for projects outside the interface.

As passed by the House, H.R. 1904 clearly reflected the premise that the land-managing agencies are laboring under procedural burdens that unnecessarily delay work on fuel-reduction projects—a premise that I think has not been proved beyond doubt.

The Chief of the Forest Service has testified that the agency has been slow to act to reduce the risks of catastrophic wildfire because of ''analysis paralysis,'' meaning that the fear of appeals or litigation has made Forest Service personnel excessively cautious in the way they formulate and analyze fuel-reduction—and other—projects. The chief may be correct in that diagnosis—certainly he is in a better position that I am to evaluate the mental states of his subordinates. But it is important to remember that the Chief has also testified that he does not think revision of the environmental laws is required in order to treat this condition—and on that point I am in full agreement.

Nonetheless, I supported some restrictions on NEPA analysis last year, and because the conference report does not go as far in that direction as the House bill I am prepared to reluctantly accept this part of the conference report as well as its provisions related to administrative appeals and judicial review even though I would have preferred the provisions of last year's Resources Committee bill or this year's Senate bill dealing with those topics.

OLD GROWTH AND BIG TREES

The House bill had no specific protection for old-growth stands, and only weak language to require that thinning projects focus on removing small trees. The Senate bill had provisions intended to protect old-growth stands and slightly stronger language to put emphasis on thinning out smaller trees. The conference report falls far short of ideal in these areas—in this respect it is weaker than either the Udall-Hefley bill of 2001 or H.R. 1042. However, it is an improvement over the House-passed bill.

FUNDING

The House bill had no specific authorization for funding thinning projects; the Senate bill authorized $760 million per year, and the conference report follows the Senate bill.

This part of the conference report is a definite improvement over the House bill, because the main obstacle to getting needed work done has been lack of funds, and lack of focus on red zone areas, not the environmental laws or the appeals process.

Of course, an authorization alone will not assure appropriation of adequate amounts, and nothing in the conference report will protect the funding that is appropriated for thinning projects from being used to fight fires if Congress does not provide adequate funding for that essential purpose. However, the specific authorization may assist in both respects by demonstrating the importance that Congress attaches to thinning projects.

OMITTED PROVISIONS

The conference report drops a number of provisions that the Senate added to the original House bill. I think some of those provisions should have been retained, such as those dealing with health monitoring of firefighters, monitoring of air quality, increases in the fines for violations of regulations related to fires on Federal lands, and the enforcement of animal fighting provisions of the Animal Welfare Act. I also would have preferred the deletion of some parts of the original House bill that have been retained in the conference report. On balance, however, neither the omission of some good Senate provisions nor the retention of some defective House provisions is enough to make the conference report unacceptable to me.

In conclusion, Mr. Speaker, let me say that while I am voting for this conference report, I do not expect this to be the last time Congress addresses the matters it addresses. I am under no illusions about the flaws in this legislation, and will be working to improve it. I will also do all I can to make sure that it is implemented in a way that is consistent with sound, balanced management of the Federal lands.

Mr. BLUMENAUER. Mr. Speaker, the problem of forest fires in the West that are aggravated, in some cases caused, by human mismanagement has been a problem as long as I have been in Congress. I am pleased that with the work of Oregonians Representative PETER DEFAZIO, Senator RON WYDEN and Representative GREG WALDEN, the bill that's moving forward is better than the bill I voted against in the past.

I wish I could vote for H.R. 1904 in good conscience, but it still has three fundamental problems. First, the procedural fix far exceeds any procedural problem. This bill would undermine the National Environmental Protection Act, the judicial process, and the system of administrative appeals to fix a perceived problem of too many projects being tied up in environmental litigation. However, the Government Accounting Office estimates that only 1 percent of forest management projects have been tied up in litigation. This type of sweeping procedural change is unnecessary.

Second, the bill opens up our forests to much broader timber harvest. This should be debated on its own merits and not under the guise of forest health and fire prevention. If we want to substantially increase timber harvest on Federal lands we ought to be clear and deal with it directly.

Last, and most troubling of all for me, is that this bill does not adequately protect families whose lives and property are at risk because of forest fire hazard. This bill does not focus our resources on the interface between residential properties and forest land, in what we are coming to know as the ''flame zone.'' Focused hazardous fuel reduction around communities could substantially reduce the risk of fire damage by providing a buffer to help slow and stop advancing fires.

This is a better bill than before but it is still a missed opportunity. To adequately protect families and businesses we need to take a few, simple, proactive steps. We need to strengthen building codes and insurance requirements for ''firewise'' construction and ''defensible space'' landscaping. According to Forest Service scientists, these precautions can increase a home's ability to survive a wildfire by more than 90 percent. We need to educate homeowners of the dangers before wildfires start so they can adequately prepare, and make informed choices on where to live. We need to implement smart land-use planning that guides development away from fire-prone areas. And, we need to provide affordable, livable housing options for families away from danger.

Mr. RAHALL. Mr. Speaker, I rise in opposition to the conference report. Others will come to the floor to discuss the threat of wild fire to the health and general welfare of segments of the American population.

Others will come to the floor to discuss other elements of this legislation, such as its provisions concerning insect infestation which threatens some of our forests and forest industries.

I am not unmindful of the need to address the issues raised by the bill, but in our view, we would do so in a more prudent and responsible manner.

There is one issue in the pending legislation, however, which transcends the debate over forest fires and forest health: the independence of our judiciary and the right of Americans to seek redress from the courts when they believe they are aggrieved by a governmental action.

Indeed, the judicial review provisions of this bill would set a dangerous precedent for anybody concerned with civil liberties, civil rights, workers' rights and any other issue that may come before our judiciary.

Simply put, this legislation curtails access to the courts by American citizens by limiting where challenges can be brought, by whom, and on what issues.

This legislation interferes with how judges run their courtrooms. It arbitrarily requires courts to lift injunctions and stays after 60 days unless affirmatively renewed by the court.

A dangerous precedent and very bad policy. Our Constitution clearly delineates three branches of government. This conference report tramples on that tenant of our Constitution.

Incredible. Simply incredible.

This bill tells the court that litigation involving thinning trees is more important than prosecuting suspected Al Qaeda terrorists.

To judge suits over forest thinning projects more important than all other civil cases, let alone criminal cases, is seriously misguided. To make this policy law is absurd.

I have been here long enough to remember when conservatives did not trust the federal government and did not endorse expanded and unchecked federal powers.

It is unfortunate, it really is, that the sponsors of this bill chose to inject this controversial attack on the independence of our judiciary in a measure of this nature.

These provisions are a poison pill, and do a disservice to our addressing issues such as forest insect infestation and forest fires in a prudent and responsible fashion.

Mr. TANCREDO. Mr. Speaker, I rise today in support of H.R. 1904, the Healthy Forest Restoration Act. I would like to thank leadership for allowing this long overdue bill to come to the floor today, and most importantly, I would like to thank Forest Subcommittee Chairman SCOTT MCINNIS, whose hard work and dedication this bill has brought us to this point today.

Mr. Speaker, there are many reasons to cut through the current procedural and bureaucratic thicket that has engulfed the U.S. Forest Service. It is time to eliminate the ''analysis paralysis'' of administrative appeals and litigation that has heretofore prevented the U.S. Forest Service from conducting badly needed thinning projects that are needed to protect communities and wildlife.

The fires of the last few years have ravaged the west. My district was no exception, where the 137,000 acre Hayman Fire tore through the Pike National Forest last year. That wildfire—the largest and most destructive in state history—burned homes, fouled streams and reservoirs, and may even have pushed an endangered butterfly into extinction. Fires like these have proven once and for all that no management on our public lands, is bad management.

Unfortunately, much of the destruction caused by these fires is attributable to the bureaucracy, appeals, and red tape that have hamstrung land managers for years. The Hayman Fire, for example, occurred in part in an area slated for treatment. Unfortunately, the treatments took years to plan because of arcane procedural rules, and were then further held up by frivolous appeals filed by a host of environmental groups. Before the treatments could begin, the fires reduced the area to ashes. This bill will seek to streamline that process, and curtail frivolous litigation so that we can avoid the large scale environmental devastation caused by these catastrophic fires in the future. In addition, the bill will help reduce costs to the American taxpayer.

The cost to extinguish these abnormally massive fires to protect communities and their water supplies has cost more than $1 billion. With the passage of H.R. 1904, rather than continuing to treat the expensive symptoms of this dangerous buildup of dead and diseased trees in our forests—we will finally get at the root cause of the problem.

Mr. Speaker, I believe every dollar we spent on a thinning project that prevents a fire, is several dollars saved in suppression and first responder costs when the fire starts. Restoring our forests to a healthier state by clearing out dead fuel and bug-infested trees before they feed wildfires isn't just good environmental policy, it's good fiscal policy too.

Mr. HERGER. Mr. Speaker, I rise in strong support of H.R. 1904, the ''Healthy Forests Restoration Act of 2003.'' For the Northern California Congressional District I represent, this bill is long overdue. My District comprises 5 national forests, and wildfires are an annual and growing threat. Each day, month and year that good forest management is stymied, communities are placed in greater danger.

Mr. Speaker, in my view, this bill doesn't go far enough to address our monumental and compounding forest health crisis. With 190 million acres of forests at risk, and only 2 million acres being treated annually, we have to do much, much more. But it takes an important first step forward in the face of tremendous resistance from the radical environmentalists. And I want to commend my colleagues—Chairman POMBO, Chairman GOODLATTE, Chairman MCINNIS and Congressman WALDEN—for their staunch leadership and dedication in fashioning a collaborative bill that is able to win a majority of the House and Senate. President Bush also deserves a great deal of credit and thanks for his efforts in bringing our growing forest health crisis to the attention of the American public, and to the forefront of our environmental policy debate.

An extraordinarily cumbersome environmental review process, which can delay forest health projects for years, has elevated the review ''process'' over good management and professional judgment. The Forest Service Chief, Dale Bosworth, testified to Congress that his agenda spends 40% of its time on planning and process activities. Litigation and an appeals process that is ripe for abuse have been utilized by radical environmental groups to stop community-supported forest health projects. A General Accounting Office study indicated that 59% of all projects eligible for appeal are appealed, the vast majority from radical environmental groups. The percentage is even higher in California. Meantime, our forests are literally burning up. Lives are being lost. Catastrophic fires are causing billions in property damage and costing the taxpayer billions in suppression and rehabilitation costs. Public health and safety demands that something be done.

For too long radical environmental groups have hijacked our forests to advance their own so-called ''environmental agenda.'' Their handiwork has contributed to an immense forest health crisis where lives and property are threatened, billions of taxpayer dollars are spent to suppress destructive fires—instead of on common sense forest health projects that could prevent them—and millions are wasted on endless environmental reviews and litigation. It's high time for the rest of us to take our forests back.

This bill will not solve this enormous and compounding crisis. But it takes an important step forward by streamlining environmental reviews and preventing abuses of the appeals process, which will allow urgently needed management to move forward in a small portion of our at-risk forests. It will give forest professionals the tools they desperately need, and provide positive momentum for continuing active management throughout all of our forests to restore them to a healthy condition, and address a very serious and growing threat to lives and property. I urge my colleagues to support it.

Mr. MATHESON. Mr. Speaker, I rise today in support of the Healthy Forests bill. This legislation will help restore Utah's forests that have been devastated by fire, drought, and insect infestations.

I am hopeful that this legislation will prevent a repeat of this year's severe wildfire season and stop fires from spreading so quickly and affecting our communities. This legislation focuses its resources on hazardous fuel reduction efforts close to home by prioritizing efforts to prevent fires within a mile and a half of at-risk communities. This bill also provides grants for states and local communities to perform the fuel reduction activities that will benefit them the most.

Not only will this legislation help prevent forest fires, but it will address the infestation of the bark beetle that has affected much of southern Utah. This bill requires the Forest Service to develop a plan to combat insect infestation and allows for the expedition of projects that would help eliminate this problem that has turned Cedar Mountain in the Dixie National Forest into a skeleton of what it once was.

The passage of this bill is critical to protecting the health of the forests in Utah and throughout the West. We've seen too much devastation and damage in recent years to allow the situation to go unchanged. I am committed to this legislation as an important first step toward remediating our forests.

The SPEAKER pro tempore (Mr. BASS). All time has expired.

Without objection, the previous question is ordered on the conference report.

There was no objection.

The SPEAKER pro tempore. The question is on the conference report.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. GOODLATTE. 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, this 15-minute vote on the conference report will be followed by 5-minute votes on H. Res. 453, on which the yeas and nays were ordered, and S. 1156, on which the yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 286, nays 140, not voting 8, as follows:

[Roll No. 656]

YEAS—286

Aderholt	Alexander	Bachus
Akin	Baca	Baird

Baker
Ballance
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Bereuter
Berkley
Berry
Biggert
Bilirakis
Bishop (GA)
Bishop (UT)
Blackburn
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Boswell
Boucher
Boyd
Bradley (NH)
Brady (PA)
Brady (TX)
Brown (SC)
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Cardoza
Carson (OK)
Carter
Castle
Chabot
Chocola
Clyburn
Coble
Cole
Collins
Cox
Cramer
Crane
Crenshaw
Culberson
Cunningham
Davis (AL)
Davis (CA)
Davis (TN)
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeFazio
DeGette
DeLay
DeMint
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dooley (CA)
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Emerson
English
Etheridge
Everett
Feeney
Flake
Foley
Forbes
Ford
Fossella
Franks (AZ)
Frelinghuysen
Frost
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gillmor
Gingrey
Goode
Goodlatte
Gordon
Goss
Granger
Graves
Green (WI)
Greenwood
Gutknecht
Hall
Harman
Harris
Hart
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hobson
Hoekstra
Holden
Hooley (OR)
Hostettler
Houghton
Hulshof
Hunter
Hyde
Isakson
Issa
Istook
Janklow
Jenkins
John
Johnson (CT)
Johnson, Sam
Jones (NC)
Keller
Kelly
Kennedy (MN)
King (IA)
King (NY)
Kingston
Kline
Knollenberg
Kolbe
LaHood
Lampson
Larsen (WA)
Larson (CT)
Latham
LaTourette
Lewis (CA)
Lewis (KY)
Linder
Lipinski
Lucas (KY)
Lucas (OK)
Manzullo
Marshall
Matheson
Matsui
McCarthy (NY)
McCotter
McCrery
McHugh
McInnis
McIntyre
McKeon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller, Gary
Miller, George
Mollohan
Moran (KS)
Murphy
Murtha
Musgrave
Myrick
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Oberstar
Obey
Ortiz
Osborne
Ose
Otter
Oxley
Pearce
Pence
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Pomeroy
Porter
Portman
Pryce (OH)
Putnam
Radanovich
Ramstad
Regula
Rehberg
Renzi
Reyes
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Ross
Royce
Ryan (WI)
Ryun (KS)
Sandlin
Schrock
Scott (GA)
Sensenbrenner
Sessions
Shadegg
Shaw
Sherwood
Shimkus
Shuster
Simmons
Simpson
Skelton
Smith (MI)
Smith (TX)
Smith (WA)
Snyder
Souder
Spratt
Stearns
Stenholm
Strickland
Stupak
Sullivan
Sweeney
Tancredo
Tanner
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Toomey
Turner (OH)
Turner (TX)
Udall (CO)
Upton
Vitter
Walden (OR)
Walsh
Wamp
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Wu
Young (AK)
Young (FL)

NAYS—140

Abercrombie
Ackerman
Allen
Andrews
Baldwin
Becerra
Bell
Berman
Bishop (NY)
Blumenauer
Brown (OH)
Brown, Corrine
Capps
Capuano
Cardin
Carson (IN)
Case
Clay
Conyers
Cooper
Costello
Crowley
Cummings
Davis (FL)
Davis (IL)
Delahunt
DeLauro
Deutsch
Dingell
Doggett
Emanuel
Engel
Eshoo
Evans
Farr
Fattah
Ferguson
Filner
Frank (MA)
Gonzalez
Grijalva
Gutierrez
Hastings (FL)
Hill
Hinchey
Hinojosa
Hoeffel
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (IL)
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy (RI)
Kildee
Kilpatrick
Kind
Kirk
Kleczka
Langevin
Lantos
Leach
Lee
Levin
Lewis (GA)
LoBiondo
Lofgren
Lowey
Lynch
Majette
Maloney
Markey
McCarthy (MO)
McCollum
McDermott
McGovern
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller (NC)
Moore
Moran (VA)
Nadler
Napolitano
Neal (MA)
Olver
Owens
Pallone
Pascrell
Pastor
Paul
Payne
Pelosi
Price (NC)
Rahall
Rangel
Rodriguez
Rothman
Roybal-Allard
Rush
Ryan (OH)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Saxton
Schakowsky
Schiff
Scott (VA)
Serrano
Shays
Sherman
Slaughter
Smith (NJ)
Solis
Stark
Tauscher
Tierney
Towns
Udall (NM)
Van Hollen
Velazquez
Visclosky
Waters
Watson
Watt
Waxman
Weiner
Wexler
Woolsey

NOT VOTING—8

Cubin
Fletcher
Gephardt
Green (TX)
Kucinich
Quinn
Ruppersberger
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1509

Ms. JACKSON-LEE of Texas and Messrs. CROWLEY, EVANS, ABERCROMBIE, DEUTSCH, LANTOS, OWENS, DELAHUNT, COSTELLO and JEFFERSON changed their vote from ''yea'' to ''nay.''

Mr. STRICKLAND changed his vote from ''nay'' to ''yea.''

So the conference report was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the remainder of this series of votes will be conducted as 5-minute votes.

CONDEMNING TERRORIST ATTACKS IN ISTANBUL, TURKEY ON NOVEMBER 15, 2003

The SPEAKER pro tempore. The pending business is the question of suspending the rules and agreeing to the resolution, H. Res. 453, as amended.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and agree to the resolution, H. Res. 453, as amended, on which the yeas and nays are ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 426, nays 0, not voting 8, as follows:

[Roll No. 657]

YEAS—426

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldwin
Ballance
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Becerra
Bell
Bereuter
Berkley
Berman
Berry
Biggert
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Boswell
Boucher
Boyd
Bradley (NH)
Brady (PA)
Brady (TX)
Brown (OH)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Carter
Case
Castle
Chabot
Chocola
Clay
Clyburn
Coble
Cole
Collins
Conyers
Cooper
Costello
Cox
Cramer
Crane
Crenshaw
Crowley
Culberson
Cummings
Cunningham
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
DeLay
DeMint
Deutsch
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Dooley (CA)
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Emanuel
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Foley
Forbes
Ford
Fossella
Frank (MA)
Franks (AZ)
Frelinghuysen
Frost
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gillmor
Gingrey
Gonzalez
Goode
Goodlatte
Gordon
Goss
Granger
Graves
Green (WI)
Greenwood
Grijalva
Gutierrez
Gutknecht
Hall
Harman
Harris
Hart
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hill
Hinchey
Hinojosa
Hobson
Hoeffel
Hoekstra
Holden
Holt
Honda
Hooley (OR)
Hostettler
Houghton
Hoyer
Hulshof
Hunter
Hyde
Inslee
Isakson
Israel
Issa
Istook
Jackson (IL)
Jackson-Lee (TX)
Janklow
Jefferson
Jenkins
John
Johnson (CT)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Keller
Kelly
Kennedy (MN)
Kennedy (RI)
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Kleczka
Kline
Knollenberg
Kolbe
LaHood
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
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)
Menendez
Mica
Michaud
Millender-McDonald
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mollohan
Moore
Moran (KS)
Moran (VA)
Murphy
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Oberstar
Obey
Olver
Ortiz
Osborne
Ose
Otter
Owens
Oxley
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pelosi
Pence
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Putnam
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Renzi
Reyes
Reynolds
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Royce
Rush
Ryan (OH)
Ryan (WI)
Ryun (KS)
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)
Smith (WA)
Snyder
Solis
Souder
Spratt
Stark
Stearns
Stenholm
Strickland
Stupak
Sullivan
Sweeney
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Toomey
Towns
Turner (OH)
Turner (TX)
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velazquez
Visclosky
Vitter
Walden (OR)
Walsh
Wamp
Waters
Watson
Watt
Waxman
Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Woolsey
Wu
Young (AK)
Young (FL)

NOT VOTING—8

Cubin
Fletcher
Gephardt
Green (TX)
Kucinich
Quinn
Ruppersberger
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1520

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

The result of the vote was announced as above recorded.

The title of the resolution was amended so as to read: ''A resolution condemning the terrorist attacks in Istanbul, Turkey, on November 15 and 20, 2003, expressing condolences to the families of the individuals murdered and expressing sympathies to the individuals injured in the terrorist attacks, and expressing solidarity with Turkey and the United Kingdom in the fight against terrorism.''.

A motion to reconsider was laid on the table.

VETERANS HEALTH CARE, CAPITAL ASSET, AND BUSINESS IMPROVEMENT ACT OF 2003

The SPEAKER pro tempore (Mr. BASS). The pending business is the question of suspending the rules and passing the Senate bill, S. 1156.

The Clerk read the title of the Senate bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and pass the Senate bill, S. 1156, on which the yeas and nays are ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 423, nays 2, not voting 9, as follows:

[Roll No. 658]

YEAS—423

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldwin
Ballance
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Becerra
Bell
Bereuter
Berkley
Berry
Biggert
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Boswell
Boucher
Boyd
Bradley (NH)
Brady (PA)
Brady (TX)
Brown (OH)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Carter
Case
Castle
Chabot
Chocola
Clay
Clyburn
Coble
Cole
Collins
Conyers
Cooper
Costello
Cox
Cramer
Crane
Crenshaw
Crowley
Culberson
Cummings
Cunningham
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
DeLay
DeMint
Deutsch
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Dooley (CA)
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Emanuel
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Foley
Forbes
Ford
Fossella
Frank (MA)
Franks (AZ)
Frelinghuysen
Frost
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gillmor
Gingrey
Gonzalez
Goode
Goodlatte
Gordon
Goss
Granger
Graves
Green (WI)
Greenwood
Grijalva
Gutierrez
Gutknecht
Hall
Harman
Harris
Hart
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hill
Hinchey
Hinojosa
Hobson
Hoeffel
Hoekstra
Holden
Holt
Honda
Hooley (OR)
Hostettler
Houghton
Hoyer
Hulshof
Hunter
Hyde
Inslee
Isakson
Israel
Issa
Istook
Jackson (IL)
Jackson-Lee (TX)
Janklow
Jefferson
Jenkins
John
Johnson (CT)
Johnson (IL)
Johnson, E. B.
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Keller
Kelly
Kennedy (MN)
Kennedy (RI)
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Kleczka
Kline
Knollenberg
Kolbe
LaHood
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
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)
Menendez
Mica
Michaud
Millender-McDonald
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mollohan
Moore
Moran (KS)
Moran (VA)
Murphy
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Oberstar
Obey
Olver
Ortiz
Osborne
Ose
Otter
Owens
Oxley
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pelosi
Pence
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Putnam
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Renzi
Reyes
Reynolds
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Royce
Rush
Ryan (OH)
Ryan (WI)
Ryun (KS)
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)
Smith (WA)
Snyder
Solis
Souder
Spratt
Stark
Stearns
Stenholm
Strickland
Stupak
Sullivan
Sweeney
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Toomey
Towns
Turner (OH)
Turner (TX)
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velazquez
Visclosky
Vitter
Walden (OR)
Walsh
Wamp
Waters
Watson
Watt
Waxman
Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Woolsey
Wu
Young (AK)
Young (FL)

NAYS—2

Johnson, Sam
Thomas

NOT VOTING—9

Berman
Cubin
Fletcher
Gephardt
Green (TX)
Kucinich
Quinn
Ruppersberger
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1529

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.

PERSONAL EXPLANATION

Mr. GREEN of Texas. Mr. Speaker, I regret I was unavoidably detained and missed the three votes earlier today.

Had I been present, I would have voted in the following manner: rollcall 656, approving H.R. 1904, the Healthy Forests Restoration Act of 2003, I would have voted ''nay.''

On rollcall 657, approving H.R. 453, I would have voted ''yea.''

On rollcall 658, approving S. 1156, I would have voted ''yea.''

□ 1530

REPORT ON RESOLUTION WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON H.R. 1, MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT OF 2003

Ms. PRYCE of Ohio, from the Committee on Rules, submitted a privileged report (Rept. No. 108–394) on the resolution (H. Res. 463) waiving points of order against the conference report to accompany the bill (H.R. 1) 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, to amend the Internal Revenue Code of 1986 to allow a deduction to individuals for amounts contributed to health savings security accounts and health savings accounts, to provide for the disposition of unused health benefits in cafeteria plans and flexible spending arrangements, and for other purposes, which was referred to the House Calendar and ordered to be printed.

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

Ms. PRYCE of Ohio. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 459 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 459

Resolved, That the requirement of clause 6(a) of rule XIII for a two-thirds vote to consider a report from the Committee on Rules on the same day it is presented to the House is waived with respect to any resolution reported on the legislative day of November 21, 2003, providing for consideration or disposition of a conference report to accompany the bill (H.R. 1) 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, to amend the Internal Revenue Code of 1986 to allow a deduction to individuals for amounts contributed to health savings security accounts and health savings accounts, to provide for the disposition of unused health benefits in cafeteria plans and flexible spending arrangements, and for other purposes.

The SPEAKER pro tempore (Mr. BASS). The gentlewoman from Ohio (Ms. PRYCE) is recognized for 1 hour.

Ms. PRYCE of Ohio. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

Mr. Speaker, yesterday the Committee on Rules met and passed this resolution waiving clause 6(a) of rule XIII, requiring a two-thirds vote to consider a rule on the same day it is reported from the Committee on Rules against certain resolutions reported from the Committee on Rules. The resolution applies the waiver to a special rule reported on or before the legislative day of Friday, November 21, 2003, providing for consideration or disposition of the conference report to accompany the bill, H.R. 1, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

Mr. Speaker, as my colleagues are aware, the conference committee has completed its work and the conference report has been filed. In the spirit of bipartisanship to accommodate the request of the minority, the Committee on Rules met this morning, as opposed to last night, to give members of the minority an opportunity to come to the Committee on Rules at a convenient time and so that the witnesses could come to the Committee on Rules at a convenient time to talk about this extraordinarily important conference report which delivers to America's seniors a voluntary, universal, and guaranteed prescription drug benefit.

This morning, the Committee on Rules received testimony for more than 4 hours on this conference report from many Members in anticipation of reporting a rule to bring this very important and historic legislation before the House. Adoption of this same-day rule and a subsequent rule will simply allow us to consider the historic prescription drug and Medicare modernization plan today, hopefully moving us one day closer to sending this measure to the President of the United States for his signature and sending a strong message to the American people that this Congress is committed to ensuring our seniors that they have access to affordable medications that will keep them healthy and active.

Mr. Speaker, I strongly urge my colleagues to support this rule and allow the House to complete its work on this landmark legislation. America's seniors have waited far too long. It is time for us to act.

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

Ms. SLAUGHTER. Mr. Speaker, I thank the gentlewoman from Ohio for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

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

Ms. SLAUGHTER. Mr. Speaker, the rules of this body require that before considering a conference report, a copy of the report and the joint explanatory statement must be available to Members for 3 business days. The Medicare drug conference report and accompanying explanatory statement were filed very early this morning, 1:17 a.m. But here we are, Mr. Speaker, debating a special rule waiving the House rule prohibiting the same-day consideration of the Medicare conference report that is more than 1,000 pages long. This defies common sense. This tramples on the rights of the Members of this body. How are we to make the best informed decisions for our constituents and the Nation about monumental legislation when we do not have the required opportunity to examine this report? What should be bipartisan conference committees are, in fact, clandestine meetings held behind closed doors. Democratic House Members were deliberately excluded from the conference committee. The only African Americans on the Committee on Ways and Means were banned from a place at the negotiating table speaking for our African American citizens. That included the ranking member of the Committee on Ways and Means, who was appointed to the conference by the Speaker of the House. Key policy bargains were made out of sight of Members and hidden from public inspection.

What is it that we and the American people are not supposed to see in the fine print? Does this plan hand billions of dollars to the wealthy drug companies and insurance industry? Does this plan hurt seniors more than it helps? Will seniors end up paying more and receiving less? What will the impact be on minority seniors? They were not represented at the table. Is this bill a Trojan horse of privatizing and dismantling Medicare? If this bill is the answer to seniors' cries for help combating the skyrocketing prices charged for medications, why are we not allowed to carefully review the hundreds of pages of this report? News reports and a quick glance at the bill indicate that nothing is done to freeze or control out-of-control drug prices.

Just this morning, Thomas Scully, administrator of the Centers for Medicare and Medicaid Services, told a senior Member of the other body that he misunderstood this plan and needs to read the bill. That is a wonderful suggestion, Mr. Speaker. Too bad that we will not have that chance as the Senate has. Medicare is much too precious to kill because we will never, ever in our lifetimes and probably anybody else's in my voice's range be able to institute another program like this in America.

I remind my colleagues of the Medicare Catastrophic Coverage Act which was passed without providing Members and seniors sufficient opportunity to read the pages and pages of fine print. The result was a momentous backlash. American seniors were outraged by the legislation, so outraged that Congress was forced to repeal the law the very next year.

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

Ms. PRYCE of Ohio. Mr. Speaker, I yield such time as he may consume to the gentleman from California (Mr. DREIER), chairman of the Committee on Rules.

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

Mr. DREIER. Mr. Speaker, I rise in strong support of this rule, and obviously we at this moment have begun the debate on what is clearly one of the most important issues that we will face in our entire careers here. We all know that 38 years ago the Medicare program was established, and it has met the very important needs of many retirees, many of our seniors. But we are also well aware of the fact that there have been more than a few problems with the Medicare program, and for years and years and years people have talked about bringing about reform of Medicare. There has been a lot of talk; and in just a few hours, we are going to finally have an opportunity to vote ''yes'' on this conference report which will effectively address many of those concerns which have existed for many, many years.

We all know, Mr. Speaker, that this measure will include a number of other very important items. Back in 1987, I had the privilege of introducing in this House legislation calling for the establishment of what we then called MSA, medical savings accounts, the opportunity for people to put dollars aside, tax deductible, so that they could plan for their future health care needs purchasing either health insurance or direct health benefits. Health needs that they had could be addressed with those dollars. We have already proceeded with bipartisan support in putting into place pilot programs, and there has been a great deal of success. Why? Because it does help diminish the demand for Federal programs by allowing people to again privately plan and privately save with some incentive as they look toward those health care needs in the future.

We also, Mr. Speaker, with this plan are doing something that is unprecedented, and it is a need which Democrats and Republicans alike have said needs to be met. We know that in the last Presidential campaign, both Vice President Al Gore, who was a candidate, and now President George Bush, when he was a candidate, talked about the need to ensure that we for our seniors provide an opportunity for them to have access to affordable prescription drugs. One of the things that is often said, our majority leader points it out, I have said it for a long period of time, 38 years ago when the Medicare program was established, the only prescription drug available was that doctors would say, ''Take two aspirin and call me in the morning.'' We know that if today we were putting into place a Medicare program, there would clearly be a prescription drug component included in that program. That is why, Mr. Speaker, I believe we are taking this very bold and important step to enhance the availability of prescription drugs for our retirees.

Mr. Speaker, having said that, we know that we included $400 billion in our budget, but there are many who have projected that this program could in fact spiral out of control, that it could become another massive new entitlement program which would get us into a great deal of fiscal trouble for the future. That is why I am very pleased at the direction of the Speaker, who, as we all know, has been intimately involved in working on health care issues for years.

He was very involved, of course, in the medical savings account issue earlier. He has headed task forces on this issue. He instructed me and my colleagues on the Committee on Rules to work on a cost-containment vehicle that would help us take steps to diminish the prospects of having this program spiral out of control so that there would be a degree of accountability here in this institution. That is why I say, Mr. Speaker, this legislation that we are going to be voting on later this evening includes this unprecedented cost-containment requirement that will ensure the fiscal integrity of Medicare for more than just a generation of Americans.

The legislation protects Medicare in two ways. First, it instructs the Medicare trustees to keep a constant vigil over the ebbs and flows of revenues in their different systems. We need that kind of monitoring mechanism to make sure that the programs are working and to make sure that the cost stays within our expectations. More important than that, Mr. Speaker, however, this legislation defends against the creation of another out-of-control entitlement program. As Members know, this is one of the most serious and debilitating and unintended consequences of the good intentions of so many of our programs here, that the costs run way, way beyond what are anticipated. There are already too many entitlement programs, we know, over which we have very little or, in fact, no fiscal control. We know them as mandatory programs. This legislation is different because it sets up an early warning system that alerts us to unexpected and unintended spending increases and gives us a mechanism for applying the brakes if spending is driven out of control by events and circumstances we could not have foreseen.

Under this legislation, the Medicare trustees are required to notify the Congress if 45 percent or more of Medicare outlays are predicted to be funded through general revenue.

□ 1545

Two such notifications in consecutive years require both Presidential and congressional action. Within 15 days of his annual budget submission, the President then has to propose legislation to resolve the funding difficulties. Continuing under expedited procedures, the House then has 3 legislative days to introduce the measure, and any such legislation introduced on the President's behalf, or any legislation introduced by a Member with the same purpose, must be certified by the chairman of the Committee on the Budget to ensure that it adequately address the problem.

At this point, Mr. Speaker, it would be easy for some in Congress to take the path of least resistance and let the difficult solutions die in the committee process. I want to underscore to the Members that this legislation does not allow that to happen. It does not allow us to just push it off to the committee process. By July 30 of any year after a Medicare Funding Warning is issued, it is in order, under this legislation's special provisions, to move to discharge any committee that is holding up any legitimate attempt to address the funding gap. The motion to discharge would be in order with the support of one-fifth, one-fifth, of the House Members; that is, 87 Members can stand up.

After the legislation has been discharged, the measure would have to be considered on the floor within 3 days and must result in a vote. Mr. Speaker, this mechanism ensures that we are not going to in any way abrogate our constitutional duty to watch over the Federal Treasury even in the case of what is considered to be entitlement spending.

I want to congratulate the gentlewoman from North Carolina (Mrs. MYRICK), my Committee on Rules colleague, for working very closely with us on this issue, and I believe that taking this step, putting this mechanism into place which has never been put in place before, to help us ensure that we do not see the spending spiral out of control will go a long way towards addressing the need of making sure that we have a prescription drug program for our seniors and at the same time making sure that we do it in a fiscally responsible way. We do have a very unique opportunity ahead of us, and again I want to congratulate the gentleman from Illinois (Speaker HASTERT) for the vision that he has shown on this, the fact that we have worked in a bipartisan way.

And I want to say that as we proceed with work on the same-day rule and the rule that will allow for consideration of the conference report, we want to ensure that every Member has an opportunity to be heard. We will have an hour on this rule, an hour on the second rule, and then the traditional hour on the conference report; and we have been working on an arrangement which will allow an opportunity to at least double the amount of time on the conference report.

So I believe we have a very good measure here. I think that it is deserving of strong bipartisan support since both Democrats and Republicans have consistently said that we do need to

address this need of both reforming Medicare and at the same time making sure that seniors have access to affordable prescription drugs.

So I thank my friend for yielding me this time for me to provide this explanation for our colleagues, and we look forward to strong passage of this rule, the next rule, and the conference report itself.

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

I feel compelled to say that two-thirds of this bill could have been paid for by the money that the United States owes the Medicare Trust Fund today, $270 billion.

Mr. Speaker, I yield 3 minutes to the gentleman from New York (Mr. RANGEL), ranking member of Committee on Ways and Means, who stood at the door and knocked.

Mr. RANGEL. Mr. Speaker, let me congratulate the chairman of the Committee on Rules for the splendid job he has done in explaining, as he sees it, a 1,000-page bill to this House, and why we should shove this down the throats of the Members of the House of Representatives without being privy to what he is privy to.

I do not know how in the world anybody can get to this well and say we are talking about a bipartisan bill when they had the Sergeant of Arms blocking out Democrats from the House from getting anywhere near the preparation of this bill.

Some people claim that they know what is in it. The eloquence of the chairman of the Committee on Rules was overwhelming. Why will he not allow the rest of the House to take a look at this 1,000-page bill so that they can be just as eloquent as he.

Let me tell the Members one thing. There are people in this House today that believe that in that 1,000-page bill is a plan to eliminate completely the Medicare system as we know it.

I know that you know better.

There are people here that really believe this is a payoff to the pharmaceuticals, to the HMOs, and even some of the folks that run around saying they represent old folks.

I know you know better.

There are people who truly believe that employees and retirees are going to lose out in this bill.

Republicans know better, but they want to keep it a secret. It is a Republican thing. Democrats not invited.

All we are saying is you put this bill together yourselves. You think you know what is the best for the Nation. You believe that Democrats have no contribution to make, whether they belong to the Congressional Black Caucus, you do not have one; the Hispanic Caucus; you do not have one; the nonexistent Jewish caucus, you have got one. No matter what you have got, you really believe that we have to be excluded until you decide what is best for us.

You know something, you just may be right. All we are asking for is let us have a day to take a look at it. Let us see what makes you right. Let us see why all of these people are calling us every day say that you are wrong, and you are trying to kill the system. Tell us why would you not let into the conference the gentleman from Michigan (Mr. DINGELL), the son of the author of the Medicare bill, the dean of the House of Representatives? Why is it that you believe that he would have nothing to offer to this bill? All I am saying is that you know what is in the bill. Give the House of Representatives, not the Republicans, not the Democrats, but the people's House, give us a chance to see what we truly believe is going to be good for the American people and our seniors. If you do that, maybe you are right. If you are afraid, you will not give us any more time.

Ms. PRYCE of Ohio. Mr. Speaker, I yield myself such time as I may consume.

This bill has been online on the Committee on Ways and Means Web site and the Committee on Rules Web site since last night. This is no secret to anyone, least of all the American public, and anyone is free to look it up and read it at their leisure.

Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. LINDER), my friend and colleague of the Committee on Rules.

Mr. LINDER. Mr. Speaker, I would like to say something about the rule. It is a fair rule. It is a rule that was used often as long as I have been here toward the end of a session to get pieces of legislation to the floor. The rule gives an extra hour for those opposing this bill to argue about it, and we are going to hear lots of arguing and lots of whining. But in the event we get through this rule and the rule on Medicare reformation and get to the bill, I think the public is going to know an awful lot about what is in it. Frankly, the substance of this agreement was known last Sunday, several days ago. And the 3-day rule layover that we are avoiding this time is normal for the end of year.

I just want to make one comment about something that I heard twice in a 4-hour hearing today in the Committee on Rules, and we will hear it later on the floor. On two occasions, it was said that former Speaker Gingrich said in a speech to the Blue Cross organization, or Blue Shield, that he wanted Medicare to wither on the vine. That was made into a commercial by AFL–CIO and run across the country. And Brooks Jackson on July 15, 1996, did an expose on that. He showed the entire speech, and he showed that what they had done was cut up a piece. What Newt Gingrich was talking about was not Medicare or its beneficiaries, but the bureaucracy that runs it. He said that given the opportunity to make free choices, our seniors will voluntarily, voluntarily, opt out of the Health Care Financing Administration, and it will wither on the vine. When Brooks Jackson did that expose, he said what the unions were doing was dishonest.

I want to make this point before the debate starts because I want you to know that we know that you know you are dishonest.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, I just heard the epitome of hypocrisy from the gentleman from California when he tried to interrupt the gentleman from New York (Mr. RANGEL) and he would not let the gentleman from New York (Mr. RANGEL) into the room and the likes of the leadership. If this is not hypocrisy, what is? The movie ''Thelma and Louise,'' watch it. Louise turns to Thelma and says ''You get what you settle for.'' And how right she was.

This prescription drug bill is the worst example of accepting what we are given. The administration is telling seniors that they should settle. They have convinced that the AARP that they are getting half a loaf, which is, of course, better than no bread at all. But, seniors, beware. They are not getting a slice even, they are not getting a half a loaf. These are the crumbs off the table. Our seniors will be settling for crumbs while the special interests are getting fat, and are they happy this week.

Today, the leaders on the other side are here to try to pass a bill that provides a weak prescription drug benefit, that fails to lower drug costs because the bill prohibits the government to try to help negotiate down the cost of the drugs. They specifically put that into the legislation. And it privatizes Medicare. It changes Medicare as we know it, pushing millions of seniors into HMOs. And this is fiscally irresponsible. Do the Members know what HMOs have done in New Jersey? They have shoved 79,000 people out of those HMOs since 1999. That is what awaits our seniors.

You cannot ignore that. Democrats have led the charge for years to add a prescription drug benefit, but we are not going to settle. We will compromise. We will discuss, but at least invite us to the table to compromise. This is America, not the Soviet Union.

Ms. PRYCE of Ohio. Mr. Speaker, I yield such time as he may consume to the gentleman from the great State of Texas (Mr. SESSIONS), my friend and colleague from the Committee on Rules.

Mr. SESSIONS. Mr. Speaker, I thank the gentlewoman from Ohio (Ms. PRYCE) for yielding me this time.

There is a lot of talk today about what is occurring with procedures and whether it is right or wrong, but I want to stand up today and talk about the bill. I want to talk about the bill and the things that it does for not only families like mine, but also for millions of other families across this great Nation.

What this bill does is it modernizes Medicare and so much more because it

then gets into health care for families. It talks about the opportunity for families to be able to save money on a pretax and tax-free basis. Why is that important to my family? That is important to me because I have got a beautiful wife of 19 years, I have got a son who is 14 years old, who plays football and wrestles, and he sometimes gets hurt, and I have a 9-year-old Down's syndrome son who spends an extensive amount of time needing help with physicians and health care professionals. Not always do we get an answer back from the insurance company that they want to cover the needs of my family. Sometimes the needs of my family go well beyond those needs of what insurance pays for. But my family, like millions of other families, will now be helped because of the extreme generosity of the gentleman from California (Mr. THOMAS) and the gentleman from Louisiana (Mr. TAUZIN) who have written a bill that will allow families to save up to $5,000 a year. Even if it is just $2,000 a year, if that is what we have got left over, then we can put that money in there, and it means that this money can grow, tax free, and then be used, tax free, on health care. It means that my family and myself will now be able to supplement those things that may not be covered under our health care. It means that we will be able to be decision-makers to get the right things if we need something that goes beyond what insurance pays for.

I cannot tell the Members how important that is because there are millions of other families that are less fortunate than mine who many times go without the ability to have the services that are necessary for their children.

□ 1600

This is a way that people can help. They can help their children. They can help their families. They can make sure that they supplement those things that insurance provides, and that is good.

We have heard today that all this is about is about rich people or about rich organizations. Let me tell my colleagues, when you have someone who is sick or hurt in your family and you find out that insurance does not cover everything you need, and then you look at the tab that is out there, you will look and say, thank goodness for what Republicans have done.

I am proud of what this bill does. It modernizes health care today the way it ought to be, where we can participate, where we can do the right things. So I am proud of what the gentlewoman from Ohio (Ms. PRYCE) is standing up for today, to stand for this House to confirm this rule, to make sure that this Republican body can deliver to Americans and their families and senior citizens not only the health care that they need, but as a result of listening to what people need, we will deliver prescription drugs and those things that America has been asking for.

And then we will have a President who will sign this bill and do the right thing. And in the scheme of things, us doing the right things to help people today and to make sure families can be prepared for tomorrow is part of the oath and obligation that I took when I said I will support and defend this Constitution and make sure that the people I represent get the best from what we can come up with.

Mr. Speaker, I support this rule. I support this bill. I encourage every single Member to think about what this is about. It is not about politics. It is not about ourselves. It is about our families, our children, and our future.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, I appreciate that the gentleman from Texas is proud of this legislation, but I want to tell him, I am ashamed of this legislation, and I am ashamed of what we are about to do; and I hope we do not do it.

Secondly, he said his constituents are going to be helped. They are not going to be helped; they are going to be hurt. When he says this is a good bill, it is not a good bill; it is a bad bill. My constituents are calling, the gentleman from New York (Mr. RANGEL) said his constituents are calling, and they are calling me because they are scared to death about what you are going to do, because they think that Medicare is going to die, to disappear and that they are not going to get any kind of decent prescription drug benefit.

Let me tell my colleagues why they are right. There is no question that you are not going to get any kind of drug benefit under this bill unless you go private. You have to join an HMO. If you do not join an HMO and lose your choice of doctor or your choice of hospital, then you are not going to get the drug benefit. They are scared, because they do not want to do that. They do not want to have to trade and lose their doctor in order to get some kind of drug benefit.

Secondly, they are upset because there is no benefit here. There is nothing here for them to benefit from. They are going to have to pay more out, shell more out of their pocket than they are going to get back in terms of a prescription drug benefit. If we look at what this bill does, first of all, we do not know what the premium is going to be. You might have a premium of $75, $85 month. You have to pay a deductible of $275 a month. After you pay out $2,200, for the next $3,000 or so, you get no benefit at all, no drug benefit. You have to pay 100 percent out-of-pocket while you continue to pay probably a very high premium.

So they figure, I am going to lose my choice of doctor. I may lose my choice of hospital. And at the same time, I am not getting any benefit because of this doughnut hole and what you are causing me to pay out.

Then they say, they are expecting there is going to be some kind of controls on the price of prescription drugs, but you have a clause in the bill that says that we cannot even negotiate price. So the costs of prescription drugs will continue to rise, as all of these other terrible things are happening.

Then they say, my constituents say to me, Congressman, is it true that this bill does not even take effect until 2006 with the drug benefit? The answer is yes. That is what the bill says. Read the bill: 2006 before the drug benefit kicks in. You know what my constituents say? That is a joke. What kind of a joke is this? You are going to have some election in 2004 and then you are all going to run for election and say what a great thing this is and this is not even going to kick in. They want a prescription drug benefit now. Why can it not start January 1 of 2004?

Lastly, the reason they are really scared is because of the privatization. I heard the gentleman from California (Mr. DREIER) say ''privatize'' three times. That is what this is all about: privatizing, not just the prescription drug benefit, but Medicare as a whole. Because even though we are only going to have these demonstration programs in certain parts of the country, the bottom line is they are going to impact the whole country and ultimately, by the year 2010, you are going to force people to take a voucher, try to go out in the private sector and buy their Medicare as a whole, and if they cannot find it or they do not like what they are offering for that voucher, that set amount of money, then they are not going to be able to stay in traditional Medicare, fee-for-service Medicare.

Privatize Medicare, privatize the drug benefit, it does not even start until 2006, and you lose your doctor. That is why they are scared to death.

Ms. PRYCE of Ohio. Mr. Speaker, I must take 1 minute to say that the gentleman has misspoken. Our most needy seniors, the seniors who need it most will be getting help with their prescription drugs, the best tool medicine has to offer, by next spring if we pass this bill. But if we delay, if we continue to defeat our efforts, the Republican efforts to bring prescription drugs to the American people, we will never provide them help. We have to start and we have to pass this bill today.

Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Georgia (Mr. GINGREY), someone who should know a lot about this.

Mr. GINGREY. Mr. Speaker, I thank the gentlewoman from Ohio for yielding me this time, and I promise to tone down the rhetoric just for a couple of minutes.

Mr. Speaker, I rise today in support of the rule for the Medicare agreement. Today, we face a Medicare reality, a reality that requires change, reform, and willing leadership.

Though not a perfect solution, the Medicare agreement is a big step in the right direction, a step in the right direction by providing our seniors with

assistance to pay for the rising cost of prescription medications, medications that will help them live longer and help their lives; a step in the right direction by supplying appropriate reimbursement updates for hospitals, and updates to ensure that hospitals sustain the ability to provide needed goods and quality services for their patients; a step in the right direction by blocking the proposed cut in Medicare reimbursements to physicians and, instead, provide a positive update, reimbursements that will allow physicians to properly serve their patients and curb the trend of reduced access.

I urge my colleagues to take this step to help our seniors, our hospitals, and our physicians and adopt this rule so we can pass the Medicare conference report.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Rhode Island (Mr. LANGEVIN).

Mr. LANGEVIN. Mr. Speaker, I thank the gentlewoman for yielding me this time.

I rise in strong opposition to the proposed rule to consider the Medicare Modernization and Prescription Drug Act of 2003. We are about to vote on legislation that will have an enormous impact on every single American. While we know very little about the details, since we were only given this bill late last night, what we do know is that it offers a completely inadequate drug benefit, does nothing to contain the rapidly increasing cost of prescription drugs, and takes steps toward privatizing Medicare. When our seniors find out about the truth of what this bill will do to their health plans, they will be outraged. This is shameful, because it does not have to be this way.

We are poised to make the most significant changes to Medicare in history, and we are proposing to vote on it while the ink is still drying, a 600-page bill that we have scarcely been able to read. This is no way to make good public policy.

Mr. Speaker, as President Woodrow Wilson once said, ''Whenever any business affecting the public is conducted, wherever any plans affecting the public are laid, over that place a voice must speak with the divine prerogative of the people's will the words 'let there be light.''' Mr. Speaker, there is no light in our work here today, and the Members of this House and the people that we represent deserve better.

I urge all of my colleagues, regardless of their position on this bill, to vote against this rule.

Ms. PRYCE of Ohio. Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I am happy to yield 3 minutes to the gentleman from Oregon (Mr. DEFAZIO).

Mr. DEFAZIO. Mr. Speaker, I thank the gentlewoman for yielding me this time.

Would every Member who is on the floor and who has read all 691 pages of this bill since it was made available at 1:30 in the morning please raise your hand. I do not see any hands raised, but we are going to vote on it very soon. We are not doing a service to the American public by violating the rules of the House and not allowing this bill to be held over for 3 days, as required by the rules, so Members of Congress, and maybe even members of the public and the fourth estate, could read it, analyze it, and report it so we could better hear the opinion of the American people. But from what I know of it and the bits I have read, it is not much of a benefit, and it is not what seniors need.

Americans pay more for U.S. manufactured, FDA-approved drugs than anybody else in the world. Our neighbors in Canada pay half as much, on average, for drugs manufactured in the United States of America. Now, how could that be? Well, the government of Canada bargains lower prices on behalf of Canadians. Well, maybe that would be a solution to the problem here in the United States: let us lower the extortionate price of drugs. Let us put the 40 million people in Medicare into a buying group, that would not cost anything, and let us negotiate lower prices. No.

This bill, at the behest of the pharmaceutical industry, a generous contributor to the Republican Party and the President, prohibits the Government of the United States of America, unlike any other industrial nation or democracy on Earth, from negotiating lower drug prices for its citizens with these multinational conglomerate pharmaceutical companies. There is no pain for the pharmaceutical industry in this bill. In fact, their stock has gone up dramatically in the last week. The analysts have read it, and they said, what a sweet deal for the pharmaceutical industry. Too bad it will not give seniors what they need.

Well, there are $400 billion of taxpayer money, copayments, premiums, deductibles, the doughnut exclusion. There is a nice $20 billion subsidy to private HMO insurance companies who might or might not offer benefits. But seniors, on average, are going to get a benefit that is less than they could get by mail-ordering their drugs from Canada. Oh.

Well, the bill is going to take care of that problem too. Despite the fact that this House of Representatives is on record by a large margin allowing the free reimportation of U.S.-manufactured, FDA-approved drugs for Americans from other industrialized nations that regulate safely those drugs, this bill is going to begin to block that process. They say, oh, well, that is not in the bill. We give the authority to the Secretary of Health and Human Services to allow the importation if he sees fit. Yes, sure. Except he has already said that he does not see fit and he will never, ever do that; and the FDA commissioner has said oh, no, we are not going to ever do that. We cannot certify that those U.S.-manufactured, FDA-approved drugs that took a little vacation in Canada are safe.

This is simply legislation that is not going to provide the benefits that seniors need at an extraordinary cost to the ultimate detriment of the core Medicare program. Vote ''no.''

Ms. PRYCE of Ohio. Mr. Speaker, I continue to reserve my time.

Ms. SLAUGHTER. Mr. Speaker, the gentleman is absolutely correct. There is no great list of dead Canadians from taking bad medicines.

Mr. Speaker, I yield 2 minutes to the gentleman from Washington State (Mr. BAIRD).

Mr. BAIRD. Mr. Speaker, at the beginning of this debate, the distinguished chairman of the Committee on Rules pointed out that this is one of the most important bills we have faced possibly in our careers. Indeed, he is correct. Yet, we are given less than 24 hours to consider this. The most important bill in our careers, 24 hours to consider it.

It is part of a very troubling pattern, and I call my colleagues' attention to this: in the last 7 legislative days in this Congress, we have either authorized or appropriated more than $1.26 trillion of the people's money. The defense authorization bill we were given 3 hours to read before the vote. The Medicare bill, we may have a total of about 28 hours, clock hours, if we read around the clock to read this. The intelligence authorization bill, 8 hours. A total of $1.26 trillion, and we are going to have an omnibus appropriation bill shortly.

I would like to yield, if I may, to the gentlewoman from Ohio. I have asked one of the pages to take her a piece of text from this legislation, and I would like her to explain this to me. If we have had adequate time to study it, then we should know what is in it.

The text reads as follows, and I will invite the gentlewoman to explain what it means.

□ 1615

On page 13, actually of the interpretive paper from the Republican party, it reads, ''Plans would be permitted to substitute cost-sharing requirements for costs up to the initial coverage limit that were actuarially consistent with an average expected 25 percent coinsurance for costs up to the initial coverage limit. They could also apply tiered copayment, provided such copayments were actuarially consistent with the average 25 percent cost-sharing requirement.''

I yield to the gentlewoman from Ohio (Ms. PRYCE) to explain what that means.

Ms. PRYCE of Ohio. Mr. Speaker, I thank the gentleman from Washington (Mr. BAIRD) for yielding. This was just put in front of me. I would defer to the chairman of the Committee on Ways and Means or a member of the Committee on Ways and Means because this is their jurisdiction and certainly not the jurisdiction of the Committee on Rules.

Mr. BAIRD. Mr. Speaker, reclaiming my time. I believe the gentlewoman from Ohio (Ms. PRYCE) has pointed out we have had adequate time to study the legislation. I presume she is going to vote on it. This is a summary provided by her Republican party, yet she fails to be able to explain it.

I would invite anyone here present with us today from the majority party, or who plans to vote from the minority party, to please explain what it is we are voting on. I would invite the next person to offer that explanation.

Ms. PRYCE of Ohio. Mr. Speaker, I will continue to reserve my time. We do not have any more speakers at this point.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, my good friend has really laid it out for us. We are not yet debating the bill. I thank the distinguished gentlewoman from New York (Ms. SLAUGHTER) from the Committee on Rules, both of them in fact, we are debating the process. I think it is important because this is historic.

I sat for 2½ hours in the Committee on Rules, and I want to thank the Committee on Rules for giving me the 2½ hours to sit, and then the opportunity to express my opposition and challenges to this legislation. I have been taught as a child that it is all about who shows up. Not about whether you can finish or whether or not you are the best, but who shows up. Who shows up in school, who stays in school.

Let me tell about this legislation and what I went to the Committee on Rules about. I asked them to reserve what we call points or order. Because I believe this bill is fatally flawed. It has killer bees in the midst. It has a lot of roses in it. And people are talking about hospitals and doctors. I am glad to see the American Nurses Association is against this bill. But roses have thorns and thorns make you bleed. And there is a lot of bleeding going on in this bill.

This bill is a subsidy for HMOs and a subsidy, if you will, for prescription drug companies. And as I said, it is all about who shows up. And HMOs do not show up.

Take any city and any county and any State and when an HMO finds out they cannot make a profit, they close up. Take Harris County, 4 years ago, six HMOs, they closed up shop on our seniors because they could not make a profit.

And what does this bill do? It hurts low-income seniors and those who are disabled. I cannot imagine how we would vote for a bill that unravels Medicare by its premium support, even if it is an example program. It gives premium support to defer you over to a private insurance program and leaves Medicare unraveling on the vine.

In addition, it does not take a law graduate to understand what anticompetitiveness means. We call that antitrust violations. And how can you give benefits to private insurance companies and pharmaceutical companies when you allow them to establish the cost of the drugs, and you do not allow the Federal Government to compete fairly by bringing down the cost of the drugs. Some people say it is dumber than dumb. This is a dumber than dumb plan. We should have the opportunity to take 3 days to review this. This is a dumb plan, a dumb procedure. And, Mr. Speaker, how can you leave Democrats off the conference committee and say this is a good plan.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Tennessee (Mr. COOPER).

Mr. COOPER. Mr. Speaker, this is a very sad day for this House. I bring a unique perspective, I think, to this legislation because I represent probably more hospitals than any other Member of this body. Because Nashville, Tennessee, is the headquarters town for most of the for-profit hospitals in America. We also have a leading academic medical center and many nonprofit hospitals with some 300 health care companies headquartered in our city. We are Health Care U.S.A.

I have also been a professor of health care policy at Vanderbilt Business School; the last 7 years studying these issues. And in my prior service in Congress, I was one of the leaders in trying to craft bipartisan health care policy, getting Democrats and Republicans to work together, to do the right thing for our Nation's seniors and for all of our citizens.

This bill, which we were finally allowed to see a few short hours ago, is a travesty. First of all, very few, if any, Members really know what is in it. There simply has not been enough time. And our seniors deserve better than a martial law rule. Why not at least the regular 3 days, so Americans can see what is in this bill? What is the other side afraid of? What are they afraid of?

Sunshine is the best policy. Sunshine is the best disinfectant for what may or may not be in this bill.

Now, I had a head start, I have been trying to follow proceedings closely over the last several months of the conference from which all Democrats have been excluded in the House. But I have tried to pick up bits and pieces here or there. I have tried to read everything available on this. And the best I can tell, the policies in this bill come up way short.

Now, our hospitals in Nashville are proud of the 3 to 5 percent of the bill that covers their activities, but the rest of the bill, the other 95 percent, has severe policy shortcomings that I am afraid the other side feels cannot stand the light of day, cannot stand full debate.

So our seniors deserve better, Mr. Speaker. Let us give them a better bill. Let us take the time to do it right.

Ms. PRYCE of Ohio. Mr. Speaker, I yield myself such time as I may consume.

And in light of the comments of the gentleman from Tennessee (Mr. COOPER), the last speaker, I would say that every major hospital association in this Nation is on board with this legislation. He should be supportive of it. Not only the hospital associations, but the American Association of Retired Persons, the AARP, who speaks for every senior in this country. They are on board. The AIDS Institute, the Alzheimer's Association, the Coalition for Medicare Choices, Hepatitis C Global Foundation, International Patient Advocacy Association, Kidney Cancer Association, National Alliance for the Mentally Ill, the National Council on the Aging, the Seniors Coalition, United Seniors International Association, We Are Family Foundation, Academy of Family Practice Residence Directors, Alliance for Quality Nursing Home Care, Alliance to Improve Medicare, American Academy of Dermatology Association, American Academy of Family Practitioners and Physicians, American Academy of Home Care Physicians, American Academy of Neurology, Ophthalmology, Osteopathy, Pharmaceutical Physicians.

Mr. Speaker, this list is pages and pages long. Every significant health care provider, every significant person in this country who is touched by health care and feels the pain of seniors and understands their health care needs is on board with this legislation. Anyone who cares about the future of health care for seniors should be on board as well.

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

Ms. SLAUGHTER. Mr. Speaker, I am interested in the list that the gentlewoman from Ohio (Ms. PRYCE) read off. I hope that they know what is in the bill, because we sure do not.

Mr. Speaker, I yield 3 minutes to the gentleman from Arkansas (Mr. ROSS).

Mr. ROSS. Mr. Speaker, I thank the gentlewoman from New York (Ms. SLAUGHTER).

And to the gentlewoman from Ohio (Ms. PRYCE), let me assure you that AARP no longer speaks for America's seniors. The National Committee to Preserve Social Security and Medicare is the Nation's second largest senior advocacy group. Unlike AARP, they are not in the pharmacy business, and they are not in the discount prescription card business. And Max Richmond, their executive director said what? He said, ''You ever heard of Medicare fraud? This Republican prescription drug bill is Medicare fraud.'' And let me tell you why: It is obscene that the Republicans in Congress would lock the door and refuse to allow the Democratic conferees in the room while this bill was being finalized. If that is not enough, now they are trying to use a parliamentary procedure to immediately bring this bill up for a vote, a bill that is 681 pages. It was received in

my office just a few hours ago. I have not read it all. It is 681 pages, and I just got it.

If there is any Republican here who has already read it, then they have been through some kind of speed reading course that I have not been through. But I have gotten through a few pages. Page 54 is a good place to start. Surely to goodness, no one here has read page 54, because if they have, they would not be asking for this bill to be brought up immediately. They would want time to read it, because page 54 says what? It says the Federal Government shall be prohibited from negotiating with the big drug manufacturers to bring down the high cost of medicine. And they call this a seniors bill? Give me a break.

And if that is not enough, my colleagues can turn to page 18 of the bill. Page 18 of the bill tells us what seniors are going to get, or, really, what seniors are not going to get. This is clearly a bill written by the big drug manufacturers and the big insurance companies, not to benefit our seniors, not to bring down the high cost of medicine, but to benefit the big drug manufacturers and the big insurance companies.

Make no mistake about it, seniors, it is important the Members here understand, understand what the seniors get in this bill. There is a $420 yearly premium, $35 a month. There is a $250 deductible, and then, from $250 to $2,250, Medicare pays 75 percent of the bill leaving the senior to pay 25 percent. That part sounds pretty good. But then from $2,250 all the way up to $5,100, guess what? The senior is back stuck paying the full price for the prescription drug while still being required, under this bill, to pay a $35-a-month premium.

This legislation boils down to this: Of the first $5,100 worth of medicine, seniors are going to still be stuck paying $4,020 while Members of Congress, who wrote and approved this bill, only pay $1,275.

Ms. PRYCE of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the gentleman from Arkansas (Mr. ROSS) says that the AARP does not speak for seniors of America? The AARP represents 35 million seniors, dues-paying, card-carrying voting seniors. These seniors care what we do, and they are watching what we do, and we better do right by them.

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

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Mississippi (Mr. TAYLOR).

Mr. TAYLOR of Mississippi. Mr. Speaker, a little over a year ago, the President of the United States, Secretary of Defense Donald Rumsfeld, Under Secretary of Defense Paul Wolfowitz all told me, me, that not only did the Iraqis have weapons of mass destruction, but that they had their finger on the trigger and were getting ready to use them. Now, 7 months after we have occupied Iraq, the only thing harder to find than a Republican who will tell me where those weapons of mass destruction are is a Republican who will tell me how they are going to pay for this bill.

In the 29 months since the passage of their budget, their spending, their tax cuts, they have increased our Nation's debt by $1,229,407,000.

□ 1630

This bill alone will add another $400 billion to our staggering $6.8 trillion debt.

But if you have noticed, not one of my Republican colleagues will say how they are going to pay for it, because they do not want you to know that a few seniors will benefit from this, but all of us will end up paying interest on it. And we are already squandering $1 billion of your money a day on that interest.

This is nothing but an auction to the insurance companies and the pharmaceutical companies of this Nation, for campaign contributions to the Republican party. And I want one Republican to hold up one prescription and just tell me how much less it is going to be 1 year from today, 2 years from today, because that is what seniors really want. They do not want another bureaucracy. They do not want $400 billion worth of debt.

The people who are seniors now are the Greatest Generation, and the last thing the Greatest Generation wanted is the country they fought for in World War II and Korea to be bankrupted by some political prank now.

So I ask the gentlewoman from Ohio (Ms. PRYCE) how are you going to pay for it, and please name one drug that will be cheaper 1 year from today.

Ms. PRYCE of Ohio. Mr. Speaker, I yield myself such time as I may consume.

I would just like to remind the gentleman that last year's Democrat prescription drug bill cost $1 trillion, $1 trillion, almost three times what this bill costs.

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

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

Mr. Speaker, whether you support this bill or not, the Members should be very concerned that we are about to cast a vote on a major, major piece of legislation that only a small handful of House Members have actually read because it was not finalized and filed until 1:30 this morning.

They should be very concerned that this marshal law rule waives the House rule that requires the conference report layover for 3 days before coming to the floor for a vote. Of course, it was not supposed to be this way.

Just a few weeks ago, 44 members of the Republican Study Committee demanded that the Republican leadership allow Members 3 days to read the conference report after it was filed and before forcing them to vote on it. It was a reasonable demand since that is what the rules of the House say.

The gentleman from Illinois (Mr. HASTERT) agreed to it as has been publicly reported. Here is how the November 3, 2003, edition of Roll Call reported it: ''At a GOP conference meeting that was called exclusively to update Members on the Medicare talks, Hastert assured his troops that they would now get regular briefings on the Medicare bill and would have at leave 3 days to look over the conference report before having to vote on it, according to several Members who attended.

'''The Speaker wants to make sure that Members are comfortable making this historic change' to Medicare, said Hastert spokesman John Feehery.''

The November 7, 2003, edition of Congress Daily quoted the gentleman from Georgia (Mr. NORWOOD) ''referring to a promise made by House Speaker HASTERT.''

The gentleman from Georgia (Mr. NORWOOD) said, ''The thing I'm happiest about is we get 3 days with the language.''

Now, we all know the Speaker of the House is an honorable man, but apparently the Republican leadership is willing to renege on his commitment and to ensure Members do not get 3 days with the language. Because while various summaries, press releases, and drafts may have been posted on Web sites of today, the final language of that conference report was not filed until early this morning. And 3 days from Friday morning is Monday morning, not Friday afternoon.

For that reason, Mr. Speaker, I urge Members to join me in opposing the important parliamentary vote known as the previous question. If it is defeated, I will amend the rule so that it no longer waives the House's rule requiring a 3-day layover for all conference reports.

Voting no will not defeat the Republican Medicare bill, but it is the only way to uphold the commitment of the Speaker of the House and to allow Members and the public to examine this 700-page $400 billion Medicare bill before voting on it.

I urge Members to vote ''no'' on the previous question.

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

Ms. PRYCE of Ohio. Mr. Speaker, I yield myself such time as I may consume.

I remind my colleagues that this body is about to embark on a monumental endeavor. We are about to consider the most significant benefit America's seniors have ever seen since the creation of the Medicare program nearly 40 years ago. We are about to give seniors the best tool that medicine has to offer, prescription drugs. A tool that they have been denied, that our government has not supplied to them. We are about to give that to them, Mr. Speaker. That is not even to mention the most significant and deliberative reform that Medicare has ever seen.

I urge my colleagues to support American seniors, to support the future of the Medicare program, and to support this Congress in one of the most promising endeavors I have ever been a part of in my years in this esteemed body. Join me in taking a bold step closer to consideration of this extraordinary legislation. I ask the Democrats, stop defeating these attempts, stop delaying help to our seniors, and stop destroying their trust in their government.

Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore (Mr. BASS). The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. SLAUGHTER. 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.

WAIVING REQUIREMENT OF CLAUSE 6(A) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS

Mr. LINDER. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 458 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 458

Resolved, That the requirement of clause 6(a) of rule XIII for a two-thirds vote to consider a report from the Committee on Rules on the same day it is presented to the House is waived with respect to any resolution reported on the legislative day of November 21, 2003, providing for consideration or disposition of any of the following measures:

(1) A bill or joint resolution making further continuing appropriations for the fiscal year 2004, or any amendment thereto.

(2) A bill or joint resolution making general appropriations for the fiscal year ending September 30, 2004, any amendment thereto, or any conference report thereon.

The SPEAKER pro tempore. The gentleman from Georgia (Mr. LINDER) is recognized for 1 hour.

Mr. LINDER. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Texas (Mr. FROST), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

Mr. Speaker, H. Res. 458 is a rule that waives clause 6(a) of rule XIII with respect to same-day consideration against certain resolutions reported from the Committee on Rules. Specifically, this rule waives the requirement for a two-thirds majority vote in the House to consider a rule on the same day it has been reported by the Committee on Rules.

This rule's waiver applies to any special rule reported on the legislative day of November 21, 2003, providing for the consideration or disposition of any of the following:

A, a bill or joint resolution making further continuing appropriations for fiscal year 2004 or any amendments thereto; or

B, a bill or joint resolution making general appropriations for the fiscal year ending September 30, 2004, any amendment thereto or any conference reported thereon.

I urge my colleagues in the House to join me in approving H. Res. 458. Its passage will help expedite the consideration of either another continuing resolution, if that becomes needed, or even conference reports on the last few remaining fiscal year 2004 appropriations bills, including the Foreign Operations bill, Transportation-Treasury bill, the Agriculture bill, the VA–HUD bill, the Commerce-Justice bill, the District of Columbia bill, and the Labor-HHS bill.

I believe that we are in the waning days of this year's legislative session with only a relatively small number of must-do legislative items still left to finish. Approving this same-day waiver rule will help provide for prompt consideration of these important funding bills.

Mr. Speaker, the Committee on Rules approved this rule last night, and I urge my colleagues to join me in supporting its passage.

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

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

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

Mr. FROST. Mr. Speaker, marshal law rules like this one are symptomatic of the failure of this Republican government. Republicans are doing such harm to America, from Medicare and the economy to foreign policy and homeland security, that keeping the public in the dark has become their chief priority.

So today, Republican leaders are yet again waiving the rules of the House. Later today they plan to do it in order to force through their plan to end Medicare as we know it, which is how the chief author of the Republican Medicare bill describes their goal.

But first, Republican leaders want to pass this marshal law rule so that they can rush through a spending bill before Members, the press, and the public have had the chance to find out what is really in it.

Mr. Speaker, they will not even tell us which spending bill they plan to hide from us today. All we know is that it will either spend tens of billions of dollars in taxpayer money, or that it will spend hundreds of billions of dollars in taxpayer money. Either way, it will become law before it has even been read by anyone except for a handful of Republicans at the White House and in the Congress. But since these are the same Republicans who have exploded the budget deficit to nearly $500 billion, raising the debt tax on all Americans, no one has much faith in them anymore.

Mr. Speaker, after nearly a decade of controlling the Congress, the Republican Party's fundamental goal is simply protecting its own power by hiding from the public the damage they are doing to America. Of course, if you look at the Republican record, you can understand why they are so desperate to keep it hidden. In the nearly 3 years since George Bush became President, Republicans have created a whole host of problems for the American people.

On national security, the Bush administration has plunged this Nation into its worst foreign policy crisis since the end of the cold war because they would not trust the American people with the truth about Iraq and because they could not work with our allies around the world. And while U.S. taxpayers are spending hundreds of billions of dollars on Iraq, our homeland defense needs here in the United States remain dangerously unmet.

On domestic policy, of course, Republicans are going for the right wing gold. Later today they will try to finalize Newt Gingrich's dream of forcing Medicare to wither on the vine, shattering Medicare's nearly 40-year-old promise to American citizens. That debate, Mr. Speaker, will be a case study in the public dishonesty that is fundamental to the Republican government.

Over and over again, Republicans will repeat their poll-tested sound bytes. They will save Medicare reform and hope that millions of seniors do not notice the Republicans are forcing them out of traditional Medicare and into HMOs and insurance companies. They will talk about choice and ignore the fact that millions of seniors will lose the ability to choose their own doctors. And they will decry skyrocketing prescription prices and hope no one notices that they are actually protecting drug company profits by making it illegal for Medicare to negotiate lower prices for senior citizens.

Mr. Speaker, Republicans will wax poetic about the generosity of their drug benefit, hiding the fact that premiums and benefits will actually be set by HMOs and insurance companies; and that even under the Republicans rosiest scenario, seniors with average drug bills will still have to pay about $2,500 per year out of their own pockets. Of course, Republicans will not say a thing about the $12 billion slush funds they are setting up for HMOs or insurance companies or the $139 billion in windfall profits they are giving to the big drug companies.

Mr. Speaker, no wonder the Republican Medicare bill does not take effect until after the election. Republican political strategists are desperately hoping that seniors do not discover this truth about this assault on Medicare before they go to the polls in 2004. But

make no mistake, when seniors sit down at their kitchen tables to pay their bills, they are going to do the math, and they are going to see that Republicans have sold them a very expensive and very harmful bill of goods.

Mr. Speaker, the false promise of the Republican Medicare plan will remind a lot of Americans of the false promise of the Republican economic plan. In less than 3 years, the Republicans have taken a historic budget surplus and turned it into a monumental deficit. They have done it through reckless fiscal irresponsibility and through an obsession with spending billions of taxpayer dollars for a small elite of the wealthiest few, people like the Bush campaign fund-raising Pioneers.

As a result, instead of using the budget surplus to help address priorities like skyrocketing prescription prices and strengthening Social Security and Medicare, Republicans have created a fiscal crisis and raised the debt tax on all Americans.

Along the way, nearly 3 million jobs have been lost, giving George W. Bush the worst job performance of any President since The Great Depression. Millions of families no longer share in the prosperity of the nineties. Of course, you would never know the facts if you just listened to Republican rhetoric. But talking points cannot cancel out the truth. And the truth is, Mr. Speaker, that Americans continue to be unemployed at alarmingly high rates. More than 2 million workers have been unable to find a job in this economy for more than 6 months, and many of them will lose their unemployment insurance over the holidays if this Republican Congress does not act this year before we adjourn.

□ 1645

That is why, Mr. Speaker, I intend to oppose the important parliamentary vote known as the previous question. That is the only way to ensure Republicans do not leave town for their own holiday vacations without providing unemployed Americans with the help they so desperately need.

Mr. Speaker, Americans are smarter than Republican leaders give them credit for. They know the difference between rhetoric and reality. So I urge my Republican friends to look past their leader's rhetoric and join me in providing real help to Americans suffering through this economy.

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

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

Mr. FROST. Mr. Speaker, I yield 4 minutes to the gentleman from Maryland (Mr. CARDIN).

Mr. CARDIN. Mr. Speaker, let me thank my friend from Texas for yielding me this time.

Mr. Speaker, this rule will allow us to consider an additional continuing resolution which will allow us to go home over the holidays, and at this time, there is no indication from the majority that they are prepared to bring up an extension of the unemployment insurance benefits for thousands of our fellow citizens who will be running out of unemployment insurance benefits during that period of time. So, Mr. Speaker, I would hope that we would not approve the previous question so that we could bring up this unemployment insurance extension.

Let me just remind my colleagues that 1 year ago we were in a similar position, and the majority did not bring up an extension of the unemployment insurance benefits, and at Christmastime, we had to tell hundreds of thousands of Americans that they ran the risk of losing the Federal benefits that they needed during this recession. We are faced with the situation again.

Two days after Christmas, the current Federal 13-week unextended benefit program is scheduled to expire. If we do not do anything about it, 80- to 90,000 people in this Nation, every week, will exhaust their State extended benefits and will not be entitled to any Federal extended benefits; 1.4 million Americans during that 6-month period, until June of next year, are anticipated would be without benefits.

The exhaustion rate, those who have exhausted their State unemployment benefits without finding employment has reached the highest level on record, the highest level on record, 43 percent. Two million workers have been unemployed for more than 6 months, nearly triple the amount compared to the beginning of 2001. We have 2.4 million fewer jobs today compared to 2½ years ago.

Mr. Speaker, the majority leader recently said, I see no reason to be extending unemployment compensation since every economic indicator is better off than in 1993 when the Democrats ended the Federal unemployment program. Mr. Speaker, nothing could be further from what the record shows, and I could go through a list of the economic indicators from the last downturn in our economy and this time, but this one I think really puts it all in proper perspective.

The current amount of jobs that were created before we terminated the Federal unemployment benefits in the 1990s was 2.9 million additional jobs. What we are looking at now is 2.4 million less jobs in this recession. The majority leader refers to some slight job growth that we had, and we hope that continues, because, currently, if someone's looking for a job, there are three people looking for every job that is available today. These are people who cannot find employment, but the loss of employment in our economy in the last couple of years is 2.4 million jobs. The jobs are not there. People want work. They cannot find work. That is why we have the Federal unemployment benefit program.

There is $20 billion in the fund today to fund this program. The money is there. The money is there for this purpose. We should extend it before we go home. So I hope we will use this opportunity because, quite frankly, Mr. Speaker, I do not see any other opportunities coming along. This may be our last chance by using this vehicle so that we can consider legislation that would extend the Federal unemployment benefits for some additional weeks, and by the way, we should also take care of those who have already exhausted all their benefits.

The economy just is not there yet. We all hope we will get there. We usually do this on a bipartisan basis. Let us get together and help our uninsured.

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

Mr. FROST. Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. LEVIN).

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

Mr. LEVIN. Mr. Speaker, I join the gentleman from Maryland (Mr. CARDIN), and I want to say to the Republicans, do not think this is a procedural vote on the previous question. This is a vote of substance. This is a vote questioning whether my colleagues will agree to bring up an unemployment compensation extension program.

As the gentleman from Maryland (Mr. CARDIN) said, the majority leader stated, ''I see no reason to be extending unemployment compensation since every economic indicator is better than in 1993 when the Democrats ended the Federal unemployment program.'' He could not be further from the truth.

If we do not act, 90,000 a week who are out of work, exhausting their benefits, will be out in the cold; 90,000 a week, 350,000 more or less a month, and they will join the 1.4 million long-term unemployed in this country, and the percentage of unemployed workers who have exhausted their benefits, contrary to what the gentleman from Texas (Mr. DELAY) has said, will reach an all-time high, almost 44 percent, and even with this modest increase in jobs the last couple of months, the U.S. economy still has 2.4 million fewer jobs today than 2½ years ago.

I want to refer to Michigan. The unemployment figures just came out: 7.6 is the unemployment rate, a 3-year high, an 11-year high, actually, and higher than when the temporary unemployment program was set up.

So this is not a test on procedure. This is a test whether my colleagues will stand with those who are unemployed, looking for work or turn a cold shoulder to them. There is nothing compassionate about this kind of action, conservatism or anything else.

So I urge all my colleagues, Democrats and Republicans, to vote no on the previous question and stand up for those millions of Americans, millions who are looking for work, who cannot find it, who want not charity but unemployment compensation that they worked for. Vote no on the previous question.

Mr. LINDER. Mr. Speaker, I yield myself such time as I may consume just to observe the lesson I just learned from the gentleman from Michigan. When President Clinton ran for President, he said we had the worst economy in 50 years, and just a few months later, he turned everything around. Things were so wonderful that he could stop unemployment compensation. I had not realized he had done it so quickly.

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

Mr. FROST. Mr. Speaker, I yield 3 minutes to the gentleman from Washington (Mr. MCDERMOTT).

(Mr. McDERMOTT asked and was given permission to revise and extend his remarks, and include extraneous material.)

Mr. MCDERMOTT. Mr. Speaker, several times this week the House has used emergency procedures to pass partisan legislation.

Yesterday, the Congress found time to give tax credits to Wal-Mart, but the Republican majority refuses to consider what is truly an emergency to millions of families, the fact that they do not have jobs, and millions of these workers are about to run out of unemployment insurance.

Last year, the same thing happened. The Republican Congress left town about Christmastime without extending the temporary program that provides employment benefits, leaving hundreds of thousands of unemployed workers to worry over the holidays about whether they were going to get the unemployment benefits that they had been expecting.

We have heard it has been reported that the majority leader said, ''I see no reason to be extending unemployment compensation since every economic indicator is better than in 1993 when the Democrats ended the Federal unemployment program.'' Mr. Speaker, the esteemed majority leader does not know what he is talking about.

Washington State's unemployment is still among the highest in the Nation. It has grown for two solid years as we felt the brunt of the Bush recession. If the Congress does not extend the Federal program that provides unemployment compensation and fix a technical flaw in the Federal-State extended benefits program, over 83,000 workers in my State will stop, at Christmastime, receiving unemployment benefits.

I know the economy created 100,000 jobs last month, but 150,000 jobs must be created each month to maintain the employment rate because our population continues to grow.

Two days after Christmas, the temporary Federal unemployment benefits program is scheduled to expire, denying benefits to nearly 90,000 workers every single week. The unemployment picture today simply is not much better than it was last year, Mr. Speaker.

According to the Department of Labor, there is still only one job opening for every three unemployed workers. In other words, of the 9 million unemployed American workers, 6 million of them have no chance of finding a job in the current economic climate.

I urge my colleagues to vote against the previous question so that Congress can consider an emergency that faces millions of families, the Nation's unemployment problem.

It is Thanksgiving for heaven's sakes, and we are not even going to provide them a turkey at Thanksgiving or at Christmastime. That is really Scrooge, and it is really hard-hearted.

I urge my colleagues to vote against the previous question.

STATE OF WASHINGTON,
EMPLOYMENT SECURITY DEPARTMENT,
Olympia, WA, November 13, 2003.

Hon. JIM MCDERMOTT,
House of Representatives, Longworth Building, Washington, DC.

DEAR CONGRESSMAN MCDERMOTT: This letter is in response to your request (dated November 7, 2003) for unemployment projections and data.

Washington State's Seasonally Adjusted Total Unemployment Rate (SATUR) remained at 7.5 percent for the month of September, and this percentage is 116 percent of the same rate two years ago, keeping the State of Washington in a period of Extended Benefits (EB). The next issuance of the SATUR numbers is scheduled for November 21, 2003. Our forecast for October still shows that the State of Washington will again be above the required 110 percent of the same period for either of the past two years, and will remain in EB status for that period as well. Statistics due out on December 19, 2003 are indicating that the 110 percent criteria will not be met, and we would thus be out of EB for weeks after January 10, 2004.

Tables 1 and 2, enclosed, provide SATUR forecasts through calendar year 2005. As shown, the State of Washington Forecast Council estimates that the State of Washington's SATUR will remain above 6.5 percent through 2005.

Table 3 provides a count of claimants exhausting all benefits, by entitlement, for the first six months of 2003. Unemployment statistics are very cyclical and we believe the exhaustion rates for the first six months of 2004 will be very similar to those of 2003. Claimants exhausting Regular UI benefits become eligible for the TEUC program and claimants exhausting TEUC become eligible for the EB program. If the TEUC program were not continued, we estimate that close to 54,000 claimants would be without benefits in the first six months of 2004. Additionally, if the EB program were to end in January of 2004 due to the ''look-back'' provision, an additional 28,508 claimants exhausting the TEUC program would be without benefits.

Table 4 provides a summary of total dollars paid out to claimants by month ad entitlement, for the first six months of 2003. Similar to exhaustion rates, we believe that payment totals will be very similar in 2004. We estimate that we would pay $282 million out under the TEUC program and close to $83 million under the EB program.

Also enclosed for your information is an additional fact sheet on current unemployment insurance data.

Please let me know if you have any additional questions, or if we can be of further assistance.

Sincerely,

ANNETTE M. COPELAND,
Assistant Commissioner.

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

Mr. FROST. Mr. Speaker, I yield 3 minutes to the gentleman from Oregon (Mr. DEFAZIO).

Mr. DEFAZIO. Mr. Speaker, Congress has one last opportunity to provide unemployment benefits for Americans who have lost their jobs and been unable to find new jobs.

It is quite astounding. We at this point have what is called a jobless recovery. In my State, tens of thousands of people are unable to find employment with their benefits exhausted or near exhaustion. Across America it is millions.

I know budgets are tight around here. I know that Congress can afford to borrow money to pay Iraqis for no-show jobs, but the President says we cannot afford to spend down the $20 billion balance in the Unemployment Trust Fund, taxes paid by employers and employees, for just such a situation. So we cannot afford that. We cannot afford to spend that. We can borrow money to send to Iraq, but we cannot spend down the trust fund for unemployed Americans.

□ 1700

Is he saying it is their fault they are unemployed? Is he saying he does not care they are unemployed? Is he saying he does not care they might lose their home; they cannot feed their kids; they cannot afford essentials; they cannot even buy gas for the car to go out and look for work; that they are having their phones shut off?

I am getting those kinds of calls. We have the highest unemployment rate in the United States in Oregon. It is chronic. And there are a lot of people who want to work and cannot find jobs. The least this Nation could do would be to help them with a modest extension of unemployment benefits.

Now, this is not the first time this has happened. Last year, Congress skipped out of town, the President did not raise any concern, and unemployment benefits expired for millions of Americans. This year, we are confronted with the same situation. Two days after Christmas, Merry Christmas, 90,000 workers will lose their extended unemployment benefits and have no income, and yet they cannot find a job. And it will be 90,000 workers a week. In 6 months, 2.2 million Americans will have lost everything, probably their homes, maybe their families, because this kind of breaks up families.

This is, of course, a family-friendly Republican majority and White House, but they just do not seem to care about these people wanting and needing jobs. Their jobs are being exported and have disappeared in the jobless recovery, or whatever. They cannot find work. In my State, it will be 43,000 people by February who will lose benefits.

Now, there is $20 billion, that is 20,000 million dollars, in the Unemployment Trust Fund. We do not even have to borrow the money to give Americans a little bit of help to stay in their homes and keep their families together. We do

not have to borrow it because they pay the taxes, their employers pay the taxes. All the President has to do is say, I think that is a good idea, and the Republican majority will jump to it. We could do it right here, now, on the floor, by voting ''no'' and bringing that bill up today.

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

Mr. FROST. Mr. Speaker, I yield 2 minutes to the gentlewoman from Oregon (Ms. HOOLEY).

Ms. HOOLEY of Oregon. Mr. Speaker, I thank my colleague for yielding me this time, and I rise in opposition to this bill.

While Congress dithers in what is probably the waning days of the first session of the 108th Congress, it is inexcusable that we are considering adjournment without first passing an extension of unemployment benefits for the millions of American workers who are currently jobless. In my home State of Oregon, the unemployment rate is still 7.6 percent, nearly 2 percentage points higher than the U.S. average. Even that number, though, is misleading, since it only counts the workers who are still looking for work. It does not include those people who have been off work, who no longer receive unemployment benefits.

Mr. Speaker, to me it is inexcusable and unconscionable that the bill offered by our colleague, the gentleman from Maryland (Mr. CARDIN), is not being brought to the floor right now. Instead, the Republican leadership has chosen to force a vote on a 2-day CR because they are unable to fund the government by passing appropriation bills on time and in regular order.

Let me tell you just a little bit about these people who are looking for work, Mr. Speaker. These are people who are out of work through no fault of their own. They go out every single day and look for a job. One gentleman said to me that it is like playing musical chairs. He says, I go in, I think I have this wonderful resume, I meet all of the criteria, and I go in and there are 200 people that all have the same qualifications to meet that job. So he said it is a little bit like playing musical chairs with 200 people in the room and only one chair.

One woman told me she had to sell her home. She has been looking for work every day. She has sold her home and is living off the profits of her home. She does not know what she is going to do when those run out.

Another gentleman said, I have been trying to reeducate myself, so every day I am out looking for work. He said, I just feel like if I can just hold on for a little longer that job is going to be there.

Let us tide over the 90,000 Americans per week who will lose their unemployment benefits by the end of this year. Congress can and should pass an extension that will allow workers who are seeking employment to provide for their most basic needs as the holidays approach. Let us get on with this. Let us extend those unemployment benefits.

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

Mr. FROST. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. STARK).

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

Mr. STARK. Mr. Speaker, I insert for the RECORD at this point a letter addressed to the chairman of the Committee on Rules that outlines some of the bases for our request for more time to evaluate the bill.

COMMITTEE ON RULES,
HOUSE OF REPRESENTATIVES,
Washington, DC, Nov. 19, 2003.

Hon. DAVID DREIER,
Chairman, House Committee on Rules, The Capitol, Washington, DC.

DEAR MR. CHAIRMAN: For the second time this week we are forced to write to you to protest the fact that the Republican majority will bring to the House floor a conference report on a major legislative proposal of enormous impact on every single American and is more than likely to do so without giving the Members of the House the opportunity to know what is in the bill. We are referring, of course, to the conference agreement on Medicare which we understand will be filed at some point today, this evening, or perhaps sometime in the wee hours of the morning.

Given our experience with the modus operandi of the Republican House Leadership, we believe we can safely assume that once that conference agreement has been filed the Rules Committee will convene in short order to report a rule. We must protest in the strongest possible terms. To bring this legislation to the Rules Committee in the middle of the night or at seven o'clock in the morning is a gross distortion and perversion of the legislative process and any sense of fairness to the Members of this institution and to the American people. Further, bringing this legislation to the floor while the ink is still drying on the paper, would renege on the promise made by the Speaker of the House in response to a letter signed by 41 Members of the Republican Conference who requested that the text of the Conference Report, its joint explanatory statement, and the CBO cost estimate be made available for three days before its consideration.

That letter reads: ''We write to request if the Conferees on the Medicare Prescription Drug and Modernization Act of 2003 report to the House a Conference Report, copies of the text of the Conference Report, the text of the explanatory statement, and the text of the Congressional Budget Office cost estimate for the Conference report be made available to all Members at least three calendar days after filing (excluding Saturdays, Sundays, and legal holidays, unless the House is in session on those days) and prior to consideration of the Conference Report or to any measure reported from the Committee on Rules providing for the consideration of the Conference Report.

''The general public will evaluate not only what Congress does regarding Medicare and prescription drugs, but the way in which it does it. A bill proposing such substantive changes to the Medicare system and costing an estimated $400 billion over the next decade deserves the careful and thoughtful consideration of all Members.''

As has been publicly reported, at a meeting of the Republican Conference on October 30 Speaker Hastert assured these members that they would indeed have three days to review the bill as they had requested. From the November 3, 2003 edition of Roll Call: ''So last Thursday, at a GOP Conference meeting that was called exclusively to update Members on the Medicare talks, Hastert assured his troops that they would now get regular briefings on the Medicare bill and would have at least three days to look over the conference report before having to vote on it, according to several Members who attended. . . 'The Speaker wants to make sure that Members are comfortable making this historic change' to Medicare, said Hastert spokesman John Feehery.''

On November 7, Congress Daily reported on the Speaker's promise: ''. . . time is required for those outside the room to look over what everyone agrees are the most sweeping changes being made to Medicare in a generation. 'The thing I'm happiest about is we get three days with the language,' said Rep. Charlie Norwood, R–GA, referring to a promise made by House Speaker Hastert.'' Clearly, this was a promise that Members of the Republican Conference felt would be kept.

On November 12, at a symposium on the modern day Speaker of the House, Speaker Hastert outlined his own set of principles that guide him in his work: ''When you are Speaker, people expect you to keep your word, and they will not quickly forgive you if you cannot deliver. I've learned that keeping your word is the most important part of this job. You are better off not saying anything than making a promise that you cannot keep. And you have to keep both the big promises and the small promises.''

We believe the Speaker to be a man of honor and a man who lives up to the high-minded principles he outlined in his speech. Yet, yesterday it was reported in Congress Daily that the Majority Leader—who had previously said that Members would have three full days to look over the agreement—said that the clock had started running on Sunday.

Mr. Chairman, on Sunday there was an announcement that an agreement had been reached and a summary of the agreement was posted on the Web; but as of today, no finalized text of the bill, the joint explanatory statement of managers, or the CBO cost estimate have been released to Members of the House.

If the Rules Committee convenes at some point today or early tomorrow morning to pave the way for the consideration of this conference report, the Republican Leadership will have shown that political expediency, rather than the wishes of its own Members and the promise of the Speaker of the House, is what drives its agenda. Perhaps your Leadership can mollify these Members who wrote to the Speaker making a reasonable and rational request. Perhaps Members of the Republican Conference will agree to vote for a rule without ever knowing what is really in this bill. But we would consider that to be a sad turn of events, Mr. Chairman, and we would urge you to object to this process if for no other reason than to protect the prerogatives of Members of Congress to have the opportunity to understand what they are voting for or against.

Mr. Chairman, once again House Democratic conferees were deliberately excluded from negotiations on major legislation. Chairman Thomas stated on more than one occasion when asked about the Medicare conference that there was no reason to include anyone who did not want to reach an agreement. We believe what he really meant to say was there was no reason to include anyone in the negotiations who would not agree with him or the other Republican conferees. This attitude seems to pervade the manner in which this institution is being run and the fact that an agreement of this magnitude few people have seen will be rushed to

the floor for a vote only adds to this perception. May we remind you that perception often become reality?

We are perfectly aware that our protests will most likely fall on deaf ears. But, for the sake of this institution and the United States, we urge you to ensure that the Republican Leadership keeps the promise made by the Speaker of the House.

We look forward to a response at your earliest convenience.

Sincerely,

MARTIN FROST.
JIM MCGOVERN.
LOUISE M. SLAUGHTER.
ALCEE L. HASTINGS.

Mr. Speaker, I just wanted to point out on the Medicare bill, getting back to that, that by not having time to review it and perhaps correct some of the technicalities, whether one thinks this is a good benefit or not, I am sure that many of my colleagues on the right take the same view as I do about privacy, and particularly privacy of our personal financial records.

I am sure that most of them are unaware that private contractors will now be able to willy nilly get tax returns from anybody who may be required to pay a higher premium under the income-adjusted premiums. This means that for the first time in the history of the Internal Revenue Code, we are making available personal tax information to private enterprise operators at will, and I am not sure my colleagues want to do that.

I hope our friends on the right will think about it and think about what unscrupulous folks might do with private personal tax information, which has been one of the bedrock principles of privacy in this country. And I would like to think that the Republicans would not support that. But they do not know what is in this bill. The chairman does not know what is in the bill. And I would submit that the members of the Committee on Rules do not know what is in the bill.

To vote in that kind of ignorance is an affront to the principles, if you have any, which you might stand for.

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

Mr. FROST. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. GREEN).

Mr. GREEN of Texas. Mr. Speaker, I thank the ranking member and the dean of our Texas delegation for yielding me this time.

Mr. Speaker, martial law rules, it is interesting to note, always come up in the later part of the session because we always want to get finished. We did a martial law on Medicare so we could pass a 600-page document without having to digest it. Now we have a continuing resolution martial law.

But I really want to talk about the prescription drug provision in Medicare, because that is what will come up later. Our Houston Chronicle wrote an interesting editorial today which talks about the ''scribbled prescription'' in the bill that we are going to consider as an ''intended cure could be worse than Medicare disease.'' It talks about the provisions of this bill we are going to consider tonight is stingy because it does not begin until 2006; and that there is such a donut hole in the middle that people will lose, if they have $300 a month in prescription drugs, because they will fall into that donut hole. So it is stingy.

The critics point out that providing a drug component to Medicare encourages businesses to dump their retirees. I had a constituent call me the other day from a utility company who said he was worried his retiree benefits for prescription drugs would be cut. And I said unless you have a collective bargaining agreement, that could happen.

A concern I have, as they quote in the Chronicle editorial, is that the ''AARP, the most powerful senior citizen organization, has endorsed'' this proposal. Again, I am quoting the Houston Chronicle, ''But, as the plan before Congress offers such limited help for seniors with high prescription costs, it's no wonder so many people believe AARP's decision was motivated more by its own political dealmaking than concern for its 35 million members' best interests.'' And that is a direct quote.

Mr. Speaker, when I first came to Congress, a prescription drug bill was the goal, to pass something; but this bill actually goes in the wrong direction. It prohibits Medicare from negotiating for lower prices. HMOs do it, the Veterans Administration does it, companies do it; and yet now we are prohibiting Medicare from doing it by law. That ought to outrage our seniors, including those 35 million AARP members.

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

Mr. FROST. Mr. Speaker, how much time remains?

The SPEAKER pro tempore (Mr. THORNBERRY). The gentleman from Texas (Mr. FROST) has 5 minutes remaining, and the gentleman from Georgia (Mr. LINDER) has 28 minutes remaining,

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

Mr. Speaker, if the previous question is defeated, I will offer an amendment to the rule. My amendment will provide that immediately after the House passes this resolution, it will take up legislation to extend the Federal unemployment insurance that is set to expire for new enrollees just 2 days after Christmas.

This legislation would continue the extended unemployment insurance program through the first 6 months of next year. The bill would also increase to 26 weeks the amount of benefits provided under that program, up from 13 weeks. This would provide new help to the 1.4 million workers who have already exhausted their extended benefits and have yet to find work.

This measure is identical to the text of H.R. 3244, the Rangel-Cardin unemployment extension; and it also contains the text of H.R. 3554, sponsored by the gentleman from Washington (Mr. MCDERMOTT), which would fix a flaw in current law that penalizes people in States with exceptionally high long-term unemployment rates by preventing them from receiving the unemployment benefits they need.

Here is why it is needed, Mr. Speaker. Americans continue to be unemployed at alarmingly high rates. The percentage of Americans exhausting their unemployment benefits without finding a job has reached its highest level on record. More than 2 million workers have been unemployed for more than 6 months. These Americans need relief, and they need it immediately. If we do not fix this today, over 400,000 jobless Americans will not be eligible for unemployment compensation after the first of the year.

Mr. Speaker, it appears likely that Congress will adjourn sine die within the next few days. This will very likely be the only opportunity we have to help unemployed Americans this year. Let us not abandon them today.

Let me make very clear that a ''no'' vote on the previous question will not stop consideration of this resolution for consideration of the appropriations items, but a ''no'' vote will allow the House to vote on legislation to help provide some much-needed relief to our Nation's unemployed workers, some relief that might be nice during the upcoming holiday season.

Again, I urge a ''no'' vote on the previous question.

Mr. Speaker, I ask unanimous consent that the text of the amendment be printed in the RECORD immediately before the vote on the previous question.

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

There was no objection.

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

Mr. LINDER. Mr. Speaker, I yield myself such time as I may consume, and I urge my colleagues to vote ''yes'' on the previous question and ''yes'' on the rule, so we can hopefully have an appropriation bill later this evening or this weekend we can vote on and finish things up.

The text of the amendment previously referred to by Mr. FROST, is as follows:

PREVIOUS QUESTION FOR H. RES. 458—RULE ON WAIVING 2/3RDS FOR C/R AND APPROPRIATIONS MEASURES

At the end of the resolution add the following new section:

SEC. 2. ''Immediately after disposition of this resolution, it shall be in order without intervention of any point of order to consider in the House the bill (H.R. 3568) to provide extended unemployment benefits to displaced workers, and to make other improvements in the unemployment insurance system. The bill shall be considered as read for amendment. The previous question shall be considered as ordered on the bills to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the Chairman and ranking Minority Member of the Committee on the Ways and Means; and (2) one motion to recommit with or without instructions.

Mr. LINDER. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. FROST. 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, further proceedings on this motion will be postponed.

A FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Mr. Monahan, one of its clerks, announced that the Senate agrees to the report of the committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 1904) ''An Act to improve the capacity of the Secretary of Agriculture and the Secretary of the Interior to plan and conduct hazardous fuels reduction projects on National Forest System lands and Bureau of Land Management lands aimed at protecting communities, watersheds, and certain other at-risk lands from catastrophic wildfire, to enhance efforts to protect watersheds and address threats to forest and rangeland health, including catastrophic wildfire, across the landscape, and for other purposes.''

CONTROLLING THE ASSAULT OF NON-SOLICITED PORNOGRAPHY AND MARKETING ACT OF 2003

Mr. TAUZIN. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 877) to regulate interstate commerce by imposing limitations and penalties on the transmission of unsolicited commercial electronic mail via the Internet, as amended.

The Clerk read as follows:

S. 877

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 ''Controlling the Assault of Non-Solicited Pornography and Marketing Act of 2003'', or the ''CAN-SPAM Act of 2003''.

SEC. 2. CONGRESSIONAL FINDINGS AND POLICY.

(a) FINDINGS.—The Congress finds the following:

(1) Electronic mail has become an extremely important and popular means of communication, relied on by millions of Americans on a daily basis for personal and commercial purposes. Its low cost and global reach make it extremely convenient and efficient, and offer unique opportunities for the development and growth of frictionless commerce.

(2) The convenience and efficiency of electronic mail are threatened by the extremely rapid growth in the volume of unsolicited commercial electronic mail. Unsolicited commercial electronic mail is currently estimated to account for over half of all electronic mail traffic, up from an estimated 7 percent in 2001, and the volume continues to rise. Most of these messages are fraudulent or deceptive in one or more respects.

(3) The receipt of unsolicited commercial electronic mail may result in costs to recipients who cannot refuse to accept such mail and who incur costs for the storage of such mail, or for the time spent accessing, reviewing, and discarding such mail, or for both.

(4) The receipt of a large number of unwanted messages also decreases the convenience of electronic mail and creates a risk that wanted electronic mail messages, both commercial and noncommercial, will be lost, overlooked, or discarded amidst the larger volume of unwanted messages, thus reducing the reliability and usefulness of electronic mail to the recipient.

(5) Some commercial electronic mail contains material that many recipients may consider vulgar or pornographic in nature.

(6) The growth in unsolicited commercial electronic mail imposes significant monetary costs on providers of Internet access services, businesses, and educational and nonprofit institutions that carry and receive such mail, as there is a finite volume of mail that such providers, businesses, and institutions can handle without further investment in infrastructure.

(7) Many senders of unsolicited commercial electronic mail purposefully disguise the source of such mail.

(8) Many senders of unsolicited commercial electronic mail purposefully include misleading information in the message's subject lines in order to induce the recipients to view the messages.

(9) While some senders of commercial electronic mail messages provide simple and reliable ways for recipients to reject (or ''opt-out'' of) receipt of commercial electronic mail from such senders in the future, other senders provide no such ''opt-out'' mechanism, or refuse to honor the requests of recipients not to receive electronic mail from such senders in the future, or both.

(10) Many senders of bulk unsolicited commercial electronic mail use computer programs to gather large numbers of electronic mail addresses on an automated basis from Internet websites or online services where users must post their addresses in order to make full use of the website or service.

(11) Many States have enacted legislation intended to regulate or reduce unsolicited commercial electronic mail, but these statutes impose different standards and requirements. As a result, they do not appear to have been successful in addressing the problems associated with unsolicited commercial electronic mail, in part because, since an electronic mail address does not specify a geographic location, it can be extremely difficult for law-abiding businesses to know with which of these disparate statutes they are required to comply.

(12) The problems associated with the rapid growth and abuse of unsolicited commercial electronic mail cannot be solved by Federal legislation alone. The development and adoption of technological approaches and the pursuit of cooperative efforts with other countries will be necessary as well.

(b) CONGRESSIONAL DETERMINATION OF PUBLIC POLICY.—On the basis of the findings in subsection (a), the Congress determines that—

(1) there is a substantial government interest in regulation of commercial electronic mail on a nationwide basis;

(2) senders of commercial electronic mail should not mislead recipients as to the source or content of such mail; and

(3) recipients of commercial electronic mail have a right to decline to receive additional commercial electronic mail from the same source.

SEC. 3. DEFINITIONS.

In this Act:

(1) AFFIRMATIVE CONSENT.—The term ''affirmative consent'', when used with respect to a commercial electronic mail message, means that—

(A) the recipient expressly consented to receive the message, either in response to a clear and conspicuous request for such consent or at the recipient's own initiative; and

(B) if the message is from a party other than the party to which the recipient communicated such consent, the recipient was given clear and conspicuous notice at the time the consent was communicated that the recipient's electronic mail address could be transferred to such other party for the purpose of initiating commercial electronic mail messages.

(2) COMMERCIAL ELECTRONIC MAIL MESSAGE.—

(A) IN GENERAL.—The term ''commercial electronic mail message'' means any electronic mail message the primary purpose of which is the commercial advertisement or promotion of a commercial product or service (including content on an Internet website operated for a commercial purpose).

(B) TRANSACTIONAL OR RELATIONSHIP MESSAGES.—The term ''commercial electronic mail message'' does not include a transactional or relationship message.

(C) REGULATIONS REGARDING PRIMARY PURPOSE.—Not later than 12 months after the date of the enactment of this Act, the Commission shall issue regulations pursuant to section 13 further defining the relevant criteria to facilitate the determination of the primary purpose of an electronic mail message.

(D) REFERENCE TO COMPANY OR WEBSITE.—The inclusion of a reference to a commercial entity or a link to the website of a commercial entity in an electronic mail message does not, by itself, cause such message to be treated as a commercial electronic mail message for purposes of this Act if the contents or circumstances of the message indicate a primary purpose other than commercial advertisement or promotion of a commercial product or service.

(3) COMMISSION.—The term ''Commission'' means the Federal Trade Commission.

(4) DOMAIN NAME.—The term ''domain name'' means any alphanumeric designation which is registered with or assigned by any domain name registrar, domain name registry, or other domain name registration authority as part of an electronic address on the Internet.

(5) ELECTRONIC MAIL ADDRESS.—The term ''electronic mail address'' means a destination, commonly expressed as a string of characters, consisting of a unique user name or mailbox (commonly referred to as the ''local part'') and a reference to an Internet domain (commonly referred to as the ''domain part''), whether or not displayed, to which an electronic mail message can be sent or delivered.

(6) ELECTRONIC MAIL MESSAGE.—The term ''electronic mail message'' means a message sent to a unique electronic mail address.

(7) FTC ACT.—The term ''FTC Act'' means the Federal Trade Commission Act (15 U.S.C. 41 et seq.).

(8) HEADER INFORMATION.—The term ''header information'' means the source, destination, and routing information attached to an electronic mail message, including the originating domain name and originating electronic mail address, and any other information that appears in the line identifying, or

purporting to identify, a person initiating the message.

(9) INITIATE.—The term ''initiate'', when used with respect to a commercial electronic mail message, means to originate or transmit such message or to procure the origination or transmission of such message, but shall not include actions that constitute routine conveyance of such message. For purposes of this paragraph, more than 1 person may be considered to have initiated a message.

(10) INTERNET.—The term ''Internet'' has the meaning given that term in the Internet Tax Freedom Act (47 U.S.C. 151 nt).

(11) INTERNET ACCESS SERVICE.—The term ''Internet access service'' has the meaning given that term in section 231(e)(4) of the Communications Act of 1934 (47 U.S.C. 231(e)(4)).

(12) PROCURE.—The term ''procure'', when used with respect to the initiation of a commercial electronic mail message, means intentionally to pay or provide other consideration to, or induce, another person to initiate such a message on one's behalf.

(13) PROTECTED COMPUTER.—The term ''protected computer'' has the meaning given that term in section 1030(e)(2)(B) of title 18, United States Code.

(14) RECIPIENT.—The term ''recipient'', when used with respect to a commercial electronic mail message, means an authorized user of the electronic mail address to which the message was sent or delivered. If a recipient of a commercial electronic mail message has 1 or more electronic mail addresses in addition to the address to which the message was sent or delivered, the recipient shall be treated as a separate recipient with respect to each such address. If an electronic mail address is reassigned to a new user, the new user shall not be treated as a recipient of any commercial electronic mail message sent or delivered to that address before it was reassigned.

(15) ROUTINE CONVEYANCE.—The term ''routine conveyance'' means the transmission, routing, relaying, handling, or storing, through an automatic technical process, of an electronic mail message for which another person has identified the recipients or provided the recipient addresses.

(16) SENDER.—

(A) IN GENERAL.—Except as provided in subparagraph (B), the term ''sender'' means a person who initiates such a message and whose product, service, or Internet web site is advertised or promoted by the message.

(B) SEPARATE LINES OF BUSINESS OR DIVISIONS.—If an entity operates through separate lines of business or divisions and holds itself out to the recipient of the message, in complying with the requirement under section 5(a)(5)(B), as that particular line of business or division rather than as the entity of which such line of business or division is a part, then the line of business or the division shall be treated as the sender of such message for purposes of this Act.

(17) TRANSACTIONAL OR RELATIONSHIP MESSAGE.—

(A) IN GENERAL.—The term ''transactional or relationship message'' means an electronic mail message the primary purpose of which is—

(i) to facilitate, complete, or confirm a commercial transaction that the recipient has previously agreed to enter into with the sender;

(ii) to provide warranty information, product recall information, or safety or security information with respect to a commercial product or service used or purchased by the recipient;

(iii) to provide—

(I) notification concerning a change in the terms or features of;

(II) notification of a change in the recipient's standing or status with respect to; or

(III) at regular periodic intervals, account balance information or other type of account statement with respect to,

a subscription, membership, account, loan, or comparable ongoing commercial relationship involving the ongoing purchase or use by the recipient of products or services offered by the sender;

(iv) to provide information directly related to an employment relationship or related benefit plan in which the recipient is currently involved, participating, or enrolled; or

(v) to deliver goods or services, including product updates or upgrades, that the recipient is entitled to receive under the terms of a transaction that the recipient has previously agreed to enter into with the sender.

(B) MODIFICATION OF DEFINITION.—The Commission by regulation pursuant to section 13 may modify the definition in subparagraph (A) to expand or contract the categories of messages that are treated as transactional or relationship messages for purposes of this Act to the extent that such modification is necessary to accommodate changes in electronic mail technology or practices and accomplish the purposes of this Act.

SEC. 4. PROHIBITION AGAINST PREDATORY AND ABUSIVE COMMERCIAL E-MAIL.

(a) OFFENSE.—

(1) IN GENERAL.—Chapter 47 of title 18, United States Code, is amended by adding at the end the following new section:

''§ 1037. Fraud and related activity in connection with electronic mail

''(a) IN GENERAL.—Whoever, in or affecting interstate or foreign commerce, knowingly—

''(1) accesses a protected computer without authorization, and intentionally initiates the transmission of multiple commercial electronic mail messages from or through such computer,

''(2) uses a protected computer to relay or retransmit multiple commercial electronic mail messages, with the intent to deceive or mislead recipients, or any Internet access service, as to the origin of such messages,

''(3) materially falsifies header information in multiple commercial electronic mail messages and intentionally initiates the transmission of such messages,

''(4) registers, using information that materially falsifies the identity of the actual registrant, for 5 or more electronic mail accounts or online user accounts or 2 or more domain names, and intentionally initiates the transmission of multiple commercial electronic mail messages from any combination of such accounts or domain names, or

''(5) falsely represents oneself to be the registrant or the legitimate successor in interest to the registrant of 5 or more Internet protocol addresses, and intentionally initiates the transmission of multiple commercial electronic mail messages from such addresses,

or conspires to do so, shall be punished as provided in subsection (b).

''(b) PENALTIES.—The punishment for an offense under subsection (a) is—

''(1) a fine under this title, imprisonment for not more than 5 years, or both, if—

''(A) the offense is committed in furtherance of any felony under the laws of the United States or of any State; or

''(B) the defendant has previously been convicted under this section or section 1030, or under the law of any State for conduct involving the transmission of multiple commercial electronic mail messages or unauthorized access to a computer system;

''(2) a fine under this title, imprisonment for not more than 3 years, or both, if—

''(A) the offense is an offense under subsection (a)(1);

''(B) the offense is an offense under subsection (a)(4) and involved 20 or more falsified electronic mail or online user account registrations, or 10 or more falsified domain name registrations;

''(C) the volume of electronic mail messages transmitted in furtherance of the offense exceeded 2,500 during any 24-hour period, 25,000 during any 30-day period, or 250,000 during any 1-year period;

''(D) the offense caused loss to 1 or more persons aggregating $5,000 or more in value during any 1-year period;

''(E) as a result of the offense any individual committing the offense obtained anything of value aggregating $5,000 or more during any 1-year period; or

''(F) the offense was undertaken by the defendant in concert with 3 or more other persons with respect to whom the defendant occupied a position of organizer or leader; and

''(3) a fine under this title or imprisonment for not more than 1 year, or both, in any other case.

''(c) FORFEITURE.—

''(1) IN GENERAL.—The court, in imposing sentence on a person who is convicted of an offense under this section, shall order that the defendant forfeit to the United States—

''(A) any property, real or personal, constituting or traceable to gross proceeds obtained from such offense; and

''(B) any equipment, software, or other technology used or intended to be used to commit or to facilitate the commission of such offense.

''(2) PROCEDURES.—The procedures set forth in section 413 of the Controlled Substances Act (21 U.S.C. 853), other than subsection (d) of that section, and in Rule 32.2 of the Federal Rules of Criminal Procedure, shall apply to all stages of a criminal forfeiture proceeding under this section.

''(d) DEFINITIONS.—In this section:

''(1) LOSS.—The term 'loss' has the meaning given that term in section 1030(e) of this title.

''(2) MATERIALLY.—For purposes of paragraphs (3) and (4) of subsection (a), header information or registration information is materially misleading if it is altered or concealed in a manner that would impair the ability of a recipient of the message, an Internet access service processing the message on behalf of a recipient, a person alleging a violation of this section, or a law enforcement agency to identify, locate, or respond to a person who initiated the electronic mail message or to investigate the alleged violation.

''(3) MULTIPLE.—The term 'multiple' means more than 100 electronic mail messages during a 24-hour period, more than 1,000 electronic mail messages during a 30-day period, or more than 10,000 electronic mail messages during a 1-year period.

''(4) OTHER TERMS.—Any other term has the meaning given that term by section 3 of the CAN-SPAM Act of 2003.''.

(2) CONFORMING AMENDMENT.—The chapter analysis for chapter 47 of title 18, United States Code, is amended by adding at the end the following:

''Sec.
''1037. Fraud and related activity in connection with electronic mail.''.

(b) UNITED STATES SENTENCING COMMISSION.—

(1) DIRECTIVE.—Pursuant to its authority under section 994(p) of title 28, United States Code, and in accordance with this section, the United States Sentencing Commission shall review and, as appropriate, amend the sentencing guidelines and policy statements to provide appropriate penalties for violations of section 1037 of title 18, United States Code, as added by this section, and other offenses that may be facilitated by the sending

of large quantities of unsolicited electronic mail.

(2) REQUIREMENTS.—In carrying out this subsection, the Sentencing Commission shall consider providing sentencing enhancements for—

(A) those convicted under section 1037 of title 18, United States Code, who—

(i) obtained electronic mail addresses through improper means, including—

(I) harvesting electronic mail addresses of the users of a website, proprietary service, or other online public forum operated by another person, without the authorization of such person; and

(II) randomly generating electronic mail addresses by computer; or

(ii) knew that the commercial electronic mail messages involved in the offense contained or advertised an Internet domain for which the registrant of the domain had provided false registration information; and

(B) those convicted of other offenses, including offenses involving fraud, identity theft, obscenity, child pornography, and the sexual exploitation of children, if such offenses involved the sending of large quantities of electronic mail.

(c) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) Spam has become the method of choice for those who distribute pornography, perpetrate fraudulent schemes, and introduce viruses, worms, and Trojan horses into personal and business computer systems; and

(2) the Department of Justice should use all existing law enforcement tools to investigate and prosecute those who send bulk commercial e-mail to facilitate the commission of Federal crimes, including the tools contained in chapters 47 and 63 of title 18, United States Code (relating to fraud and false statements); chapter 71 of title 18, United States Code (relating to obscenity); chapter 110 of title 18, United States Code (relating to the sexual exploitation of children); and chapter 95 of title 18, United States Code (relating to racketeering), as appropriate.

SEC. 5. OTHER PROTECTIONS FOR USERS OF COMMERCIAL ELECTRONIC MAIL.

(a) REQUIREMENTS FOR TRANSMISSION OF MESSAGES.—

(1) PROHIBITION OF FALSE OR MISLEADING TRANSMISSION INFORMATION.—It is unlawful for any person to initiate the transmission, to a protected computer, of a commercial electronic mail message, or a transactional or relationship message, that contains, or is accompanied by, header information that is materially false or materially misleading. For purposes of this paragraph—

(A) header information that is technically accurate but includes an originating electronic mail address, domain name, or Internet protocol address the access to which for purposes of initiating the message was obtained by means of false or fraudulent pretenses or representations shall be considered materially misleading;

(B) a ''from'' line (the line identifying or purporting to identify a person initiating the message) that accurately identifies any person who initiated the message shall not be considered materially false or materially misleading; and

(C) header information shall be considered materially misleading if it fails to identify accurately a protected computer used to initiate the message because the person initiating the message knowingly uses another protected computer to relay or retransmit the message for purposes of disguising its origin.

(2) PROHIBITION OF DECEPTIVE SUBJECT HEADINGS.—It is unlawful for any person to initiate the transmission to a protected computer of a commercial electronic mail message if such person has actual knowledge, or knowledge fairly implied on the basis of objective circumstances, that a subject heading of the message would be likely to mislead a recipient, acting reasonably under the circumstances, about a material fact regarding the contents or subject matter of the message (consistent with the criteria are used in enforcement of section 5 of the Federal Trade Commission Act (15 U.S.C. 45)).

(3) INCLUSION OF RETURN ADDRESS OR COMPARABLE MECHANISM IN COMMERCIAL ELECTRONIC MAIL.—

(A) IN GENERAL.—It is unlawful for any person to initiate the transmission to a protected computer of a commercial electronic mail message that does not contain a functioning return electronic mail address or other Internet-based mechanism, clearly and conspicuously displayed, that—

(i) a recipient may use to submit, in a manner specified in the message, a reply electronic mail message or other form of Internet-based communication requesting not to receive future commercial electronic mail messages from that sender at the electronic mail address where the message was received; and

(ii) remains capable of receiving such messages or communications for no less than 30 days after the transmission of the original message.

(B) MORE DETAILED OPTIONS POSSIBLE.—The person initiating a commercial electronic mail message may comply with subparagraph (A)(i) by providing the recipient a list or menu from which the recipient may choose the specific types of commercial electronic mail messages the recipient wants to receive or does not want to receive from the sender, if the list or menu includes an option under which the recipient may choose not to receive any commercial electronic mail messages from the sender.

(C) TEMPORARY INABILITY TO RECEIVE MESSAGES OR PROCESS REQUESTS.—A return electronic mail address or other mechanism does not fail to satisfy the requirements of subparagraph (A) if it is unexpectedly and temporarily unable to receive messages or process requests due to a technical problem beyond the control of the sender if the problem is corrected within a reasonable time period.

(4) PROHIBITION OF TRANSMISSION OF COMMERCIAL ELECTRONIC MAIL AFTER OBJECTION.—

(A) IN GENERAL.—If a recipient makes a request using a mechanism provided pursuant to paragraph (3) not to receive some or any commercial electronic mail messages from such sender, then it is unlawful—

(i) for the sender to initiate the transmission to the recipient, more than 10 business days after the receipt of such request, of a commercial electronic mail message that falls within the scope of the request;

(ii) for any person acting on behalf of the sender to initiate the transmission to the recipient, more than 10 business days after the receipt of such request, of a commercial electronic mail message with actual knowledge, or knowledge fairly implied on the basis of objective circumstances, that such message falls within the scope of the request;

(iii) for any person acting on behalf of the sender to assist in initiating the transmission to the recipient, through the provision or selection of addresses to which the message will be sent, of a commercial electronic mail message with actual knowledge, or knowledge fairly implied on the basis of objective circumstances, that such message would violate clause (i) or (ii); or

(iv) for the sender, or any other person who knows that the recipient has made such a request, to sell, lease, exchange, or otherwise transfer or release the electronic mail address of the recipient (including through any transaction or other transfer involving mailing lists bearing the electronic mail address of the recipient) for any purpose other than compliance with this Act or other provision of law, except where the recipient has given express consent.

(B) OPT BACK IN.—A prohibition in clause (i), (ii), or (iii) of subparagraph (A) does not apply if there is affirmative consent by the recipient subsequent to the request under subparagraph (A).

(5) INCLUSION OF IDENTIFIER, OPT-OUT, AND PHYSICAL ADDRESS IN COMMERCIAL ELECTRONIC MAIL.—

(A) It is unlawful for any person to initiate the transmission of any commercial electronic mail message to a protected computer unless the message provides—

(i) clear and conspicuous identification that the message is an advertisement or solicitation;

(ii) clear and conspicuous notice of the opportunity under paragraph (3) to decline to receive further commercial electronic mail messages from the sender; and

(iii) a valid physical postal address of the sender.

(B) Subparagraph (A)(i) does not apply to the transmission of a commercial electronic mail if the recipient has given prior affirmative consent to receipt of the message.

(6) SUBSEQUENT AFFIRMATIVE CONSENT.—The prohibitions in subparagraphs (A), (B), and (C) do not apply to the initiation of transmission of commercial electronic mail to a recipient who, subsequent to a request using a mechanism provided pursuant to paragraph (3) not to receive commercial electronic mail messages from the sender, has granted affirmative consent to the sender to recieve such messages.

(7) MATERIALLY.—For purposes of paragraph (1)(A), header information shall be considered to be materially misleading if it is altered or concealed in a manner that would impair the ability of an Internet access service processing the message on behalf of a recipient, a person alleging a violation of this section, or a law enforcement agency to identify, locate, or respond to the person who initiated the electronic mail message or to investigate the alleged violation, or the ability of a recipient of the message to respond to a person who initiated the electronic message..

(b) AGGRAVATED VIOLATIONS RELATING TO COMMERCIAL ELECTRONIC MAIL.—

(1) ADDRESS HARVESTING AND DICTIONARY ATTACKS.—

(A) IN GENERAL.—It is unlawful for any person to initiate the transmission, to a protected computer, of a commercial electronic mail message that is unlawful under subsection (a), or to assist in the origination of such message through the provision or selection of addresses to which the message will be transmitted, if such person had actual knowledge, or knowledge fairly implied on the basis of objective circumstances, that—

(i) the electronic mail address of the recipient was obtained using an automated means from an Internet website or proprietary online service operated by another person, and such website or online service included, at the time the address was obtained, a notice stating that the operator of such website or online service will not give, sell, or otherwise transfer addresses maintained by such website or online service to any other party for the purposes of initiating, or enabling others to initiate, electronic mail messages; or

(ii) the electronic mail address of the recipient was obtained using an automated means that generates possible electronic mail addresses by combining names, letters, or numbers into numerous permutations.

(B) DISCLAIMER.—Nothing in this paragraph creates an ownership or proprietary interest in such electronic mail addresses.

(2) AUTOMATED CREATION OF MULTIPLE ELECTRONIC MAIL ACCOUNTS.—It is unlawful for any person to use scripts or other automated means to register for multiple electronic mail accounts or online user accounts from which to transmit to a protected computer, or enable another person to transmit to a protected computer, a commercial electronic mail message that is unlawful under subsection (a).

(3) RELAY OR RETRANSMISSION THROUGH UNAUTHORIZED ACCESS.—It is unlawful for any person knowingly to relay or retransmit a commercial electronic mail message that is unlawful under subsection (a) from a protected computer or computer network that such person has accessed without authorization.

(c) SUPPLEMENTARY RULEMAKING AUTHORITY.—The Commission shall by rule, pursuant to section 13—

(1) modify the 10-business-day period under subsection (a)(4)(A) or subsection (a)(4)(B), or both, if the Commission determines that a different period would be more reasonable after taking into account—

(A) the purposes of subsection (a);

(B) the interests of recipients of commercial electronic mail; and

(C) the burdens imposed on senders of lawful commercial electronic mail; and

(2) specify additional activities or practices to which subsection (b) applies if the Commission determines that those activities or practices are contributing substantially to the proliferation of commercial electronic mail messages that are unlawful under subsection (a).

(d) REQUIREMENT TO PLACE WARNING LABELS ON COMMERCIAL ELECTRONIC MAIL CONTAINING SEXUALLY ORIENTED MATERIAL.—

(1) IN GENERAL.—No person may initiate in or affecting interstate commerce the transmission, to a protected computer, of any commercial electronic mail message that includes sexually oriented material and—

(A) fail to include in subject heading for the electronic mail message the marks or notices prescribed by the Commission under this subsection; or

(B) fail to provide that the matter in the message that is initially viewable to the recipient, when the message is opened by any recipient and absent any further actions by the recipient, includes only—

(i) to the extent required or authorized pursuant to paragraph (2), any such marks or notices;

(ii) the information required to be included in the message pursuant to subsection (a)(5); and

(iii) instructions on how to access, or a mechanism to access, the sexually oriented material.

(2) PRIOR AFFIRMATIVE CONSENT.—Paragraph (1) does not apply to the transmission of an electronic mail message if the recipient has given prior affirmative consent to receipt of the message.

(3) PRESCRIPTION OF MARKS AND NOTICES.—Not later than 120 days after the date of the enactment of this Act, the Commission in consultation with the Attorney General shall prescribe clearly identifiable marks or notices to be included in or associated with commercial electronic mail that contains sexually oriented material, in order to inform the recipient of that fact and to facilitate filtering of such electronic mail. The Commission shall publish in the Federal Register and provide notice to the public of the marks or notices prescribed under this paragraph.

(4) DEFINITION.—In this subsection, the term ''sexually oriented material'' means any material that depicts sexually explicit conduct (as that term is defined in section 2256 of title 18, United States Code), unless the depiction constitutes a small and insignificant part of the whole, the remainder of which is not primarily devoted to sexual matters.

(4) PENALTY.—Whoever knowingly violates paragraph (1) shall be fined under title 18, United States Code, or imprisoned not more than 5 years, or both.

SEC. 6. BUSINESSES KNOWINGLY PROMOTED BY ELECTRONIC MAIL WITH FALSE OR MISLEADING TRANSMISSION INFORMATION.

(a) IN GENERAL.—It is unlawful for a person to promote, or allow the promotion of, that person's trade or business, or goods, products, property, or services sold, offered for sale, leased or offered for lease, or otherwise made available through that trade or business, in a commercial electronic mail message the transmission of which is in violation of section 5(a)(1) if that person—

(1) knows, or should have known in ordinary course of that person's trade or business, that the goods, products, property, or services sold, offered for sale, leased or offered for lease, or otherwise made available through that trade or business were being promoted in such a message;

(2) received or expected to receive an economic benefit from such promotion; and

(3) took no reasonable action—

(A) to prevent the transmission; or

(B) to detect the transmission and report it to the Commission.

(b) LIMITED ENFORCEMENT AGAINST THIRD PARTIES.—

(1) IN GENERAL.—Except as provided in paragraph (2), a person (hereinafter referred to as the ''third party'') that provides goods, products, property, or services to another person that violates subsection (a) shall not be held liable for such violation.

(2) EXCEPTION.—Liability for a violation of subsection (a) shall be imputed to a third party that provides goods, products, property, or services to another person that violates subsection (a) if that third party—

(A) owns, or has a greater than 50 percent ownership or economic interest in, the trade or business of the person that violated subsection (a); or

(B)(i) has actual knowledge that goods, products, property, or services are promoted in a commercial electronic mail message the transmission of which is in violation of section 5(a)(1); and

(ii) receives, or expects to receive, an economic benefit from such promotion.

(c) EXCLUSIVE ENFORCEMENT BY FTC.—Subsections (f) and (g) of section 7 do not apply to violations of this section.

(d) SAVINGS PROVISION.—Subject to section 7(f)(7), nothing in this section may be construed to limit or prevent any action that may be taken under this Act with respect to any violation of any other section of this Act.

SEC. 7. ENFORCEMENT GENERALLY.

(a) VIOLATION IS UNFAIR OR DECEPTIVE ACT OR PRACTICE.—Except as provided in subsection (b), this Act shall be enforced by the Commission as if the violation of this Act were an unfair or deceptive act or practice proscribed under section 18(a)(1)(B) of the Federal Trade Commission Act (15 U.S.C. 57a(a)(1)(B)).

(b) ENFORCEMENT BY CERTAIN OTHER AGENCIES.—Compliance with this Act shall be enforced—

(1) under section 8 of the Federal Deposit Insurance Act (12 U.S.C. 1818), in the case of—

(A) national banks, and Federal branches and Federal agencies of foreign banks, by the Office of the Comptroller of the Currency;

(B) member banks of the Federal Reserve System (other than national banks), branches and agencies of foreign banks (other than Federal branches, Federal agencies, and insured State branches of foreign banks), commercial lending companies owned or controlled by foreign banks, organizations operating under section 25 or 25A of the Federal Reserve Act (12 U.S.C. 601 and 611), and bank holding companies, by the Board;

(C) banks insured by the Federal Deposit Insurance Corporation (other than members of the Federal Reserve System) insured State branches of foreign banks, by the Board of Directors of the Federal Deposit Insurance Corporation; and

(D) savings associations the deposits of which are insured by the Federal Deposit Insurance Corporation, by the Director of the Office of Thrift Supervision;

(2) under the Federal Credit Union Act (12 U.S.C. 1751 et seq.) by the Board of the National Credit Union Administration with respect to any Federally insured credit union;

(3) under the Securities Exchange Act of 1934 (15 U.S.C. 78a et seq.) by the Securities and Exchange Commission with respect to any broker or dealer;

(4) under the Investment Company Act of 1940 (15 U.S.C. 80a–1 et seq.) by the Securities and Exchange Commission with respect to investment companies;

(5) under the Investment Advisers Act of 1940 (15 U.S.C. 80b–1 et seq.) by the Securities and Exchange Commission with respect to investment advisers registered under that Act;

(6) under State insurance law in the case of any person engaged in providing insurance, by the applicable State insurance authority of the State in which the person is domiciled, subject to section 104 of the Gramm-Bliley-Leach Act (15 U.S.C. 6701), except that in any State in which the State insurance authority elects not to exercise this power, the enforcement authority pursuant to this Act shall be exercised by the Commission in accordance with subsection (a);

(7) under part A of subtitle VII of title 49, United States Code, by the Secretary of Transportation with respect to any air carrier or foreign air carrier subject to that part;

(8) under the Packers and Stockyards Act, 1921 (7 U.S.C. 181 et seq.) (except as provided in section 406 of that Act (7 U.S.C. 226, 227)), by the Secretary of Agriculture with respect to any activities subject to that Act;

(9) under the Farm Credit Act of 1971 (12 U.S.C. 2001 et seq.) by the Farm Credit Administration with respect to any Federal land bank, Federal land bank association, Federal intermediate credit bank, or production credit association; and

(10) under the Communications Act of 1934 (47 U.S.C. 151 et seq.) by the Federal Communications Commission with respect to any person subject to the provisions of that Act.

(c) EXERCISE OF CERTAIN POWERS.—For the purpose of the exercise by any agency referred to in subsection (b) of its powers under any Act referred to in that subsection, a violation of this Act is deemed to be a violation of a Federal Trade Commission trade regulation rule. In addition to its powers under any provision of law specifically referred to in subsection (b), each of the agencies referred to in that subsection may exercise, for the purpose of enforcing compliance with any requirement imposed under this Act, any other authority conferred on it by law.

(d) ACTIONS BY THE COMMISSION.—The Commission shall prevent any person from violating this Act in the same manner, by the same means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade

Commission Act (15 U.S.C. 41 et seq.) were incorporated into and made a part of this Act. Any entity that violates any provision of that subtitle is subject to the penalties and entitled to the privileges and immunities provided in the Federal Trade Commission Act in the same manner, by the same means, and with the same jurisdiction, power, and duties as though all applicable terms and provisions of the Federal Trade Commission Act were incorporated into and made a part of that subtitle.

(e) AVAILABILITY OF CEASE-AND-DESIST ORDERS AND INJUNCTIVE RELIEF WITHOUT SHOWING OF KNOWLEDGE.—Notwithstanding any other provision of this Act, in any proceeding or action pursuant to subsection (b), (c), or (d) of this section to enforce compliance, through an order to cease and desist or an injunction, with section 5(a)(2), subparagraph (B) or (C) of section 5(a)(4), or section 5(b)(1)(A), neither the Commission nor the Federal Communications Commission shall be required to allege or prove the state of mind required by such section or subparagraph.

(f) ENFORCEMENT BY STATES.—

(1) CIVIL ACTION.—In any case in which the attorney general of a State, or an official or agency of a State, has reason to believe that an interest of the residents of that State has been or is threatened or adversely affected by any person who violates paragraph (1) or (2) of section 5(a), or who engages in a pattern or practice that violates paragraph (3), (4), or (5) of section 5(a) of this Act, the attorney general, official, or agency of the State, as parens patriae, may bring a civil action on behalf of the residents of the State in a district court of the United States of appropriate jurisdiction—

(A) to enjoin further violation of section 5 of this Act by the defendant; or

(B) to obtain damages on behalf of residents of the State, in an amount equal to the greater of—

(i) the actual monetary loss suffered by such residents; or

(ii) the amount determined under paragraph (2).

(2) AVAILABILITY OF INJUNCTIVE RELIEF WITHOUT SHOWING OF KNOWLEDGE.—Notwithstanding any other provision of this Act, in a civil action under paragraph (1)(A) of this subsection, the attorney general, official, or agency of the State shall not be not required to allege or prove the state of mind required by section 5(a)(2), subparagraph (B) or (C) of section 5(a)(4), or section 5(b)(1)(A).

(3) STATUTORY DAMAGES.—

(A) IN GENERAL.—For purposes of paragraph (1)(B)(ii), the amount determined under this paragraph is the amount calculated by multiplying the number of violations (with each separately addressed unlawful message received by or addressed to such residents treated as a separate violation) by up to $250.

(B) LIMITATION.—For any violation of section 5 (other than section 5(a)(1)), the amount determined under subparagraph (A) may not exceed $2,000,000.

(C) AGGRAVATED DAMAGES.—The court may increase a damage award to an amount equal to not more than three times the amount otherwise available under this paragraph if—

(i) the court determines that the defendant committed the violation willfully and knowingly; or

(ii) the defendant's unlawful activity included one or more of the aggravating violations set forth in section 5(b).

(D) REDUCTION OF DAMAGES.—In assessing damages under subparagraph (A), the court may consider whether—

(i) the defendant has established and implemented, with due care, commercially reasonable practices and procedures to effectively prevent such violations; or

(ii) the violation occurred despite commercially reasonable efforts to maintain compliance with such practices and procedures.

(3) ATTORNEY FEES.—In the case of any successful action under paragraph (1), the State may be awarded the costs of the action and reasonable attorney fees as determined by the court.

(4) RIGHTS OF FEDERAL REGULATORS.—The State shall serve prior written notice of any action under paragraph (1) upon the Federal Trade Commission or the appropriate Federal regulator determined under subsection (b) and provide the Commission or appropriate Federal regulator with a copy of its complaint, except in any case in which such prior notice is not feasible, in which case the State shall serve such notice immediately upon instituting such action. The Federal Trade Commission or appropriate Federal regulator shall have the right—

(A) to intervene in the action;

(B) upon so intervening, to be heard on all matters arising therein;

(C) to remove the action to the appropriate United States district court; and

(D) to file petitions for appeal.

(5) CONSTRUCTION.—For purposes of bringing any civil action under paragraph (1), nothing in this Act shall be construed to prevent an attorney general of a State from exercising the powers conferred on the attorney general by the laws of that State to—

(A) conduct investigations;

(B) administer oaths or affirmations; or

(C) compel the attendance of witnesses or the production of documentary and other evidence.

(6) VENUE; SERVICE OF PROCESS.—

(A) VENUE.—Any action brought under paragraph (1) may be brought in the district court of the United States that meets applicable requirements relating to venue under section 1391 of title 28, United States Code.

(B) SERVICE OF PROCESS.—In an action brought under paragraph (1), process may be served in any district in which the defendant—

(i) is an inhabitant; or

(ii) maintains a physical place of business.

(7) LIMITATION ON STATE ACTION WHILE FEDERAL ACTION IS PENDING.—If the Commission or other appropriate Federal agency under subsection (b) has instituted a civil action or an administrative action for violation of this Act, no State attorney general, or official or agency of a State, may bring an action under this subsection during the pendency of that action against any defendant named in the complaint of the Commission or the other agency for any violation of this Act alleged in the complaint.

(8) REQUISITE SCIENTER FOR CERTAIN CIVIL ACTIONS.—Except as provided in subsections (a)(2), (a)(4)(B), (a)(4)(C), (b)(1), and (d) of section 5, and paragraph (2) of this subsection, in a civil action brought by a State attorney general, or an official or agency of a State, to recover monetary damages for a violation of this Act, the court shall not grant the relief sought unless the attorney general, official, or agency establishes that the defendant acted with actual knowledge, or knowledge fairly implied on the basis of objective circumstances, of the act or omission that constitutes the violation.

(g) ACTION BY PROVIDER OF INTERNET ACCESS SERVICE.—

(1) ACTION AUTHORIZED.—A provider of Internet access service adversely affected by a violation of section 5(a) or of section 5(b), or a pattern or practice that vioalted paragraph (2), (3), (4), or (5) of section 5(a), may bring a civil action in any district court of the United States with jurisdiction over the defendant—

(A) to enjoin further violation by the defendant; or

(B) to recover damages in an amount equal to the greater of—

(i) actual monetary loss incurred by the provider of Internet access service as a result of such violation; or

(ii) the amount determined under paragraph (3).

(2) SPECIAL DEFINITION OF ''PROCURE''.—In any action brought under paragraph (1), this Act shall be applied as if the definition of the term ''procure'' in section 3(12) contained, after ''behalf'' the words ''with actual knowlege, or by consciously avoiding knowing, whether such person is engaging, or will engage, in a pattern or practice that violates this Act''.

(3) STATUTORY DAMAGES.—

(A) IN GENERAL.—For purposes of paragraph (1)(B)(ii), the amount determined under this paragraph is the amount calculated by multiplying the number of violations (with each separately addressed unlawful message that is transmitted or attempted to be transmitted over the facilities of the provider of Internet access service, or that is transmitted or attempted to be transmitted to an electronic mail address obtained from the provider of Internet access service in violation of section 5(b)(1)(A)(i), treated as a separate violation) by—

(i) up to $100, in the case of a violation of section 5(a)(1); or

(ii) $25, in the case of any other violation of section 5.

(B) LIMITATION.—For any violation of section 5 (other than section 5(a)(1)), the amount determined under subparagraph (A) may not exceed $1,000,000.

(C) AGGRAVATED DAMAGES.—The court may increase a damage award to an amount equal to not more than three times the amount otherwise available under this paragraph if—

(i) the court determines that the defendant committed the violation willfully and knowingly; or

(ii) the defendant's unlawful activity included one or more of the aggravated violations set forth in section 5(b).

(D) REDUCTION OF DAMAGES.—In assessing damages under subparagraph (A), the court may consider whether—

(i) the defendant has established and implemented, with due care, commercially reasonable practices and procedures to effectively prevent such violations; or

(ii) the violation occurred despite commercially reasonable efforts to maintain compliance with such practices and procedures.

(4) ATTORNEY FEES.—In any action brought pursuant to paragraph (1), the court may, in its discretion, require an undertaking for the payment of the costs of such action, and assess reasonable costs, including reasonable attorneys' fees, against any party.

SEC. 8. EFFECT ON OTHER LAWS.

(a) FEDERAL LAW.—

(1) Nothing in this Act shall be construed to impair the enforcement of section 223 or 231 of the Communications Act of 1934 (47 U.S.C. 223 or 231, respectively), chapter 71 (relating to obscenity) or 110 (relating to sexual exploitation of children) of title 18, United States Code, or any other Federal criminal statute.

(2) Nothing in this Act shall be construed to affect in any way the Commission's authority to bring enforcement actions under FTC Act for materially false or deceptive representations or unfair practices in commercial electronic mail messages.

(b) STATE LAW.—

(1) IN GENERAL.—This Act supersedes any statute, regulation, or rule of a State or political subdivision of a State that expressly regulates the use of electronic mail to send

commercial messages, except to the extent that any such statute, regulation, or rule prohibits falsity or deception in any portion of a commercial electronic mail message or information attached thereto.

(2) STATE LAW NOT SPECIFIC TO ELECTRONIC MAIL.—This Act shall not be construed to preempt the applicability of—

(A) State laws that are not specific to electronic mail, including State trespass, contract, or tort law; or

(B) other State laws to the extent that those laws relate to acts of fraud or computer crime.

(c) NO EFFECT ON POLICIES OF PROVIDERS OF INTERNET ACCESS SERVICE.—Nothing in this Act shall be construed to have any effect on the lawfulness or unlawfulness, under any other provision of law, of the adoption, implementation, or enforcement by a provider of Internet access service of a policy of declining to transmit, route, relay, handle, or store certain types of electronic mail messages.

SEC. 9. DO-NOT-E-MAIL REGISTRY.

(a) IN GENERAL.—Not later than 6 months after the date of enactment of this Act, the Commission shall transmit to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Energy and Commerce a report that—

(1) sets forth a plan and timetable for establishing a nationwide marketing Do-Not-E-mail registry;

(2) includes an explanation of any practical, technical, security, privacy, enforceability, or other concerns that the Commission has regarding such a registry; and

(3) includes an explanation of how the registry would be applied with respect to children with e-mail accounts.

(b) AUTHORIZATION TO IMPLEMENT.—The Commission may establish and implement the plan, but not earlier than 9 months after the date of enactment of this Act.

SEC. 10. STUDY OF EFFECTS OF COMMERCIAL ELECTRONIC MAIL.

(a) IN GENERAL.—Not later than 24 months after the date of the enactment of this Act, the Commission, in consultation with the Department of Justice and other appropriate agencies, shall submit a report to the Congress that provides a detailed analysis of the effectiveness and enforcement of the provisions of this Act and the need (if any) for the Congress to modify such provisions.

(b) REQUIRED ANALYSIS.—The Commission shall include in the report required by subsection (a)—

(1) an analysis of the extent to which technological and marketplace developments, including changes in the nature of the devices through which consumers access their electronic mail messages, may affect the practicality and effectiveness of the provisions of this Act;

(2) analysis and recommendations concerning how to address commercial electronic mail that originates in or is transmitted through or to facilities or computers in other nations, including initiatives or policy positions that the Federal government could pursue through international negotiations, fora, organizations, or institutions; and

(3) analysis and recommendations concerning options for protecting consumers, including children, from the receipt and viewing of commercial electronic mail that is obscene or pornographic.

SEC. 11. IMPROVING ENFORCEMENT BY PROVIDING REWARDS FOR INFORMATION ABOUT VIOLATIONS; LABELING.

The Commission shall transmit to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Energy and Commerce—

(1) a report, within 9 months after the date of enactment of this Act, that sets forth a system for rewarding those who supply information about violations of this Act, including—

(A) procedures for the Commission to grant a reward of not less than 20 percent of the total civil penalty collected for a violation of this Act to the first person that—

(i) identifies the person in violation of this Act; and

(ii) supplies information that leads to the successful collection of a civil penalty by the Commission; and

(B) procedures to minimize the burden of submitting a complaint to the Commission concerning violations of this Act, including procedures to allow the electronic submission of complaints to the Commission; and

(2) a report, within 18 months after the date of enactment of this Act, that sets forth a plan for requiring commercial electronic mail to be identifiable from its subject line, by means of compliance with Internet Engineering Task Force Standards, the use of the characters ''ADV'' in the subject line, or other comparable identifier, or an explanation of any concerns the Commission has that cause the Commission to recommend against the plan.

SEC. 12. RESTRICTIONS ON OTHER TRANSMISSIONS.

Section 227(b)(1) of the Communications Act of 1934 (47 U.S.C. 227(b)(1)) is amended, in the matter preceding subparagraph (A), by inserting '', or any person outside the United States if the recipient is within the United States'' after ''United States''.

SEC. 13. REGULATIONS.

(a) IN GENERAL.—The Commission may issue regulations to implement the provisions of this Act (not including the amendments made by sections 4 and 12). Any such regulations shall be issued in accordance with section 553 of title 5, United States Code.

(b) LIMITATION.—Subsection (a) may not be construed to authorize the Commission to establish a requirement pursuant to section 5(a)(5)(A) to include any specific words, characters, marks, or labels in a commercial electronic mail message, or to include the identification required by section 5(a)(5)(A) in any particular part of such a mail message (such as the subject line or body).

SEC. 14. APPLICATION TO WIRELESS.

(a) EFFECT ON OTHER LAW.—Nothing in this Act shall be interpreted to preclude or override the applicability of section 227 of the Communications Act of 1934 (47 U.S.C. 227) or the rules prescribed under section 3 of the Telemarketing and Consumer Fraud and Abuse Prevention Act (15 U.S.C. 6102). To the extent that a requirement of such Acts, or rules or regulations promulgated thereunder, is inconsistent with the requirement of this Act, the requirement of such other Acts, or rules or regulations promulgated thereunder, shall take precedence.

(b) FCC RULEMAKING.—The Federal Communications Commission, in consultation with the Federal Trade Commission, shall promulgate rules within 270 days to protect consumers from unwanted mobile service commercial messages. The rules shall, to the extent consistent with subsection (c)—

(1) provide subscribers to commercial mobile services the ability to avoid receiving mobile service commercial messages unless the subscriber has provided express prior authorization, except as provided in paragraph (3);

(2) allow recipients of mobile service commercial messages to indicate electronically a desire not to receive future mobile service commercial messages from the initiator;

(3) take into consideration, in determining whether to subject providers of commercial mobile wireless services to paragraph (1), the relationship that exists between providers of such services and their subscribers, but if the Commission determines that such providers should not be subject to paragraph (1), the rules shall require such providers, in addition to complying with the other provisions of this Act, to allow subscribers to indicate a desire not to receive future mobile service commercial messages at the time of subscribing to such service, and in any billing mechanism; and

(4) determine how initiators of mobile service commercial messages may comply with the provisions of this Act, considering the unique technical aspects, including the functional and character limitations, of devices that receive such messages.

(c) OTHER FACTORS CONSIDERED.—The Federal Communications Commission shall consider the ability of an initiator of an electronic mail message to reasonably determine that the electronic mail message is a mobile service commercial message.

(d) MOBILE SERVICE COMMERCIAL MESSAGE DEFINED.—In this section, the term ''mobile service commercial message'' means a commercial electronic mail message that contains text, graphics, or images for visual display that is transmitted directly to a wireless device that—

(1) is utilized by a subscriber of commercial mobile service (as such term is defined in section 332(d) of the Communications Act of 1934 (47 U.S.C. 332(d)) in connection with such service; and

(2) is capable of accessing and displaying such a message.

SEC. 15. SEPARABILITY.

If any provision of this Act or the application thereof to any person or circumstance is held invalid, the remainder of this Act and the application of such provision to other persons or circumstances shall not be affected.

SEC. 16. EFFECTIVE DATE.

The provisions of this Act, other than section 9, shall take effect on January 1, 2004.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Massachusetts (Mr. MARKEY) each will control 20 minutes.

The Chair recognizes the gentleman from Louisiana (Mr. TAUZIN).

GENERAL LEAVE

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to insert extraneous material on S. 877.

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

There was no objection.

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent that the gentleman from Wisconsin (Mr. SENSENBRENNER) be given control of 10 minutes of my time.

The SPEAKER pro tempore. Without objection, the request of the gentleman from Louisiana is granted.

There was no objection.

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

Mr. Speaker, for the second time in just a few months, Congress is on the verge of passing watershed consumer protection legislation. Less than 2

months ago, we enacted, in record time I might add, legislation that codified the ability of the Federal Trade Commission to implement the Do Not Call Registry on telemarketing phone calls. Today, we take an equivalent step in the Internet area. S. 877, with the substitute I have called up, will give millions of Americans the ability to block unwanted and unsolicited commercial e-mail, what we now derisively call spam.

The Internet has given us abilities beyond our wildest dreams; and as it continues to grow in popularity and functionality, the time will come when every American, from school kids to senior citizens, homemakers to CEOs, will rely on it for crucial aspects of their lives. I received, by the way, my first e-mail from my mom just this month. And she was thrilled, and I was thrilled to see her enter the Internet Age.

But one of the terrific aspects of the Internet, the ability to send and receive e-mail, has given us enormous headaches because of spam. It cripples computer networks and makes regular e-mail checking a seemingly endless hassle.

□ 1715

Even worse, a great deal of spam channels in pornography and other subjects not worthy of discussion on a family cable channel, and this spam frequently preys on defenseless, unsuspecting children.

Well, we are here to provide the necessary tools to end the nonsense and to bring some peace of mind back to parents around the country. The substitute before us will empower American consumers with a right to opt out of all unwanted, unsolicited commercial e-mail, or spam, and it will also provide the Federal Trade Commission with the authority to set up a Do-Not-Spam Registry based upon the Do-Not-Call Registry. The substitute grants strong protection for parents and consumers to say no to the receipt of pornographic spam, and makes it a crime subject to 5 years in prison to send fraudulent spam. And finally, it gives the FTC and State attorneys general the ability to vigorously enforce the new law.

I am pleased to report that the product before us now enjoys broad bipartisan support here in the House and also in the other body. The bill can and should go to President Bush before we adjourn the first session of the 108th Congress. Mr. Speaker, I urge my colleagues to vote for this much-needed, bipartisan bill.

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

Mr. MARKEY. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. GREEN).

Mr. GREEN of Texas. Mr. Speaker, I would like to thank our ranking member on the Subcommittee on Telecommunications and the Internet for yielding me this time.

I rise in strong support of S. 877, the compromise which has been worked out on the antispam legislation.

First, I want to thank the gentlewoman from New Mexico (Mrs. WILSON) for the many years of work she has put in with me and other members of the Committee on Energy and Commerce.

I also thank the leadership of our committee, the ranking member, the gentleman from Michigan (Mr. DINGELL) and the gentleman from Louisiana (Chairman TAUZIN) for their strong commitment to this effort which the gentlewoman from New Mexico (Mrs. WILSON) and I began almost 5 years ago. She had a terrible personal experience with spam, and I heard from constituents some of the same stories, and my wife and I have received some of that same unsolicited spam on our own personal e-mail account.

This legislation will set the fair and clear standards for e-mail marketing that consumers and the Internet need desperately. The future of e-mail is at stake, and the time to act is now. Congress is delivering the enforcement tools we need.

Importantly, this compromise has clear definitions of commercial e-mail which the FTC can enforce and any individual consumer's request to not receive further commercial e-mail from a sender will have the force of the law. Spammers who lie and deceive with false header information and deceptive subject lines will be lawbreakers and will be prosecuted as such.

After we enact this legislation, spammers will no longer be able to harvest e-mail addresses from Web pages across the Internet without the threat of prosecution. There are so many good things in this bill that it is hard to go over all of them in 2 minutes.

We will come after spammers from all angles. State attorneys general are empowered, and Internet service providers are empowered to seek damages up to $250 per e-mail or $6 million total.

After the success of the FTC's Do-Not-Call list, the Do-Not-Spam registry implementation is feasible. I thank the gentleman from Louisiana (Mr. TAUZIN) and our ranking member, and I also thank the many cosponsors of our original bill, H.R. 2515, on the antispam effort.

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

Mr. Speaker, I rise in support of the House-modified version of Senate 877, and wish to thank my fellow chairman, the gentleman from Louisiana (Mr. TAUZIN), as well as the gentleman from Michigan (Mr. DINGELL) and the gentleman from Massachusetts (Mr. MARKEY) in working out this compromise which deals with a very vexatious question, and I think provides a win/win situation for everybody except the few bad actors that flood the electronic media with spam.

The Internet has revolutionized commerce and communications by permitting businesses to reach consumers in a digital, global marketplace and has allowed individuals to communicate through the speed and convenience of electronic mail. Unfortunately, the massive growth of unsolicited e-mail or ''spam'' now threatens to kill the utility of this popular media. Last year over 6 trillion e-mails were transmitted. Today, almost half of those e-mails are unsolicited or unwanted.

Commercial e-mail is good, and a necessary and valuable component of electronic commerce. It allows legitimate businesses to customize offers of products and services and transmit them immediately to customers.

However, the same features that make e-mail a valuable commercial tool also lead to its abuse by spammers. Once a portable to the global network is obtained, sending e-mail is instantaneous and virtually costless. There are no stamps in cyberspace, no per-message cost, not even a post office. The costs of delivery are borne more by the recipient and the transmission network than by the sender. The exponential growth of spam and the advancing sophistication of efforts to block it threaten to turn the information superhighway into a nightmare for every info-commuter and parent.

Like other means of communication, e-mail can be used to cheat, defraud, and deceive consumers and also has been used to distribute computer viruses that have caused millions of dollars in economic damages. Unscrupulous spammers have transformed electronic inboxes and the Internet into virtual minefields strewn with lewd and pornographic images and solicitations, imperiling a medium that can serve as a critical learning tool for children.

I am pleased to support this version of Senate 877, which is substantially similar to H.R. 2214 introduced by the gentleman from North Carolina (Mr. BURR), the gentleman from Louisiana (Mr. TAUZIN) and myself earlier this year. I believe it will provide a remedial enforcement mechanism that private, regulatory, and individual State action cannot.

The criminal provisions contained in this legislation are central to its purpose and to its effectiveness. In order to provide a credible deterrent to spammers, this legislation enhances criminal penalties for predatory spamming, and provides law enforcement personnel far more authority to prosecute spammers whose electronic presence can shift with a keystroke.

The bill provides significant criminal penalties for the most egregious spammers by making it a crime to intentionally falsify the identity of the sender or disguise the routing and source information of e-mails. Other spammer tactics made criminal under this bill include the hijacking protected computers to send spam from the addresses of unsuspecting Internet users.

The House modification of S. 877 also provides for much higher penalties and

more effective civil and criminal enforcement against spammers who send unwanted sexually explicit materials. This bill even requires special labels for this most offensive category of e-mail. The gentlewoman from Pennsylvania (Ms. HART) deserves special recognition for her work to get this provision into law.

Overall, the bill provides consumers with more information and choices to stop receiving all forms of unwanted commercial e-mail while providing law enforcement officials and providers of Internet access with the tools to go after spammers.

While S. 877 accomplishes these vital goals, there are some activities that it deliberately does not reach. Specifically, the legislation concerns only commercial and sexually explicit e-mail and is not intended to intrude on the burgeoning use of e-mail to communicate for political, news, personal and charitable purposes.

Moreover, this legislation, while preempting State spam specific laws with a uniform national standard, also preserves a role for State law enforcement officials to help combat this growing electronic menace. The bill also allows for State laws that deal with fraud and computer crimes to remain in effect. However, there is specific language in the bill limiting this authority to law enforcement officials or agencies of the State, and it is not the intent of Congress to allow outsourcing of this truly State function to the plaintiff's bar.

The House-modified legislation also contains other necessary amendments to the bill passed by the other body and reflects a thoughtful, bipartisan and bicameral approach to address the growing scourge of spam while preserving and promoting the commercial vitality of the Internet. I urge my colleagues to support this legislation.

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

Mr. MARKEY. Mr. Speaker, I yield myself 2½ minutes.

Mr. Speaker, this is a very important bill, and it would not have been possible without the good work of the gentleman from Louisiana (Mr. TAUZIN) and his staff, David Cavicke, along with the gentleman from Michigan (Mr. DINGELL) and his staff, David Schooler and Gregg Rothschild, working with the majority. I think we have come to an excellent result. It builds upon the work that the gentlewoman from New Mexico (Mrs. WILSON) and the gentleman from Texas (Mr. GREEN) have been making for years in this area. I think that the public is really going to be a beneficiary from this product this evening. I would be remiss, of course, not to single out the gentleman from Wisconsin (Mr. SENSENBRENNER) as well and his staff for their excellent work on this bill.

In addition to the other provisions mentioned by other Members, this legislation now contains a modified version of the wireless spam amendment that I had offered for inclusion. The legislation preserves important authority of the Federal Communications Commission and FTC where it serves consumer interests. It also requires the FCC to initiate a rule-making for wireless spam so that no loopholes are created, but in a way to ensure that wireless consumers have greater protection than that accorded in the underlying bill.

As we attempt to tackle the issue of spam that is sent to our desktop computers, we must also recognize that millions of wireless consumers in the United States run the risk of being inundated by wireless spam. Unsolicited wireless text messages have plagued wireless users in Europe, South Korea and Japan over the last few years as wireless companies in such countries have offered wireless messaging services.

In Japan alone, NTT DoCoMo estimates that its wireless network processes some 800 million wireless spam messages a day. That is a day. As cumbersome and annoying as spam to a desktop computer is, at least a consumer can turn off their computer and walk away. Wireless spam is even more intrusive because spam to wireless phones is the kind of spam that follows you wherever you go, and according to the U.S. wireless carriers, is already on the rise.

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

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

Mr. Speaker, I thank the gentleman from Massachusetts for thanking the majority staff. I wish I could introduce Mr. Cavicke because he has done such a great job on this bill, but he is not a Member.

Mr. Speaker, I yield 2 minutes to the gentlewoman from New Mexico (Mrs. WILSON) to speak on the bill.

Mrs. WILSON of New Mexico. Mr. Speaker, 5 years ago spam was a nuisance, and now it is a nightmare. It is interrupting people's legitimate use of the Internet and their ability to communicate without having a lot of junk to go through every morning.

I think today is a great victory for consumers and for parents. Parents should not have to worry about the kinds of things coming into their kids' inboxes. For the first time, Americans who use the Internet and get e-mail will have the right to say take me off your list, I do not want this in my house. That is a tremendous right to be given to citizens in this Nation.

I am glad we have a strong bill with strong enforcement that requires labels for sexually explicit material, and allows users to opt out without having things that are required to be viewed in order to do so.

E-mail has been called the ''killer ap'' of the Internet, the killer application. And now today, we are saying that the people who use it are going to have the right to take it back and own it without an encumbrance by spammers.

Mr. Speaker, I want to thank the gentleman from Louisiana (Mr. TAUZIN), the gentleman from Wisconsin (Mr. SENSENBRENNER), the gentleman from Texas (Mr. GREEN) with whom I have been working on this issue for over 4 years, and the gentleman from Michigan (Mr. DINGELL) who has also been a wonderful leader in this effort, as well as the gentlewoman from Pennsylvania (Ms. HART) and the gentleman from North Carolina (Mr. BURR) for their efforts. We have put together a good bill, and it is a better bill because we have all worked on it together.

Mr. MARKEY. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. GREEN).

Mr. GREEN of Texas. Mr. Speaker, I would like to talk about some of the good things about this agreement that is in the bill S. 877.

Spammers who lie and deceive with false header information and deceptive subject lines will be lawbreakers and prosecuted. After we enact this legislation, spammers will no longer be able to harvest e-mail addresses from Web pages across the Internet without the threat of prosecution.

□ 1730

Our bill cracks down on automated ''dictionary'' spam attacks, the spam version of the auto-dialer that sends spam to every possible e-mail combination. Most importantly for our families, and something that the gentlewoman from New Mexico (Mrs. WILSON) experienced with her daughter, this bill requires warning labels on sexually explicit e-mail; and we will be able to refuse further e-mail without having to view the offensive content. It will go after spammers again from all angles, from the Federal Trade Commission, from the States attorneys general and also Internet service providers who, as the gentleman from Wisconsin (Mr. SENSENBRENNER) said, 50 percent of the networks oftentimes are unsolicited e-mail. They will be able to sue for damages of $250 per e-mail or a total of $6 million. It is there so our attorneys general have the ability and our ISPs will do it.

Finally, after the success of the Do-Not-Call list, the FTC is to plan a Do-Not-Spam registry within 6 months and will implement it if it is feasible.

Like my colleagues, our staff worked hard on it in both our committees, Judiciary and Energy and Commerce. I thank my personal staff, Drew Wallace, for working on this with all the folks involved.

Mr. SENSENBRENNER. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. GOODLATTE).

Mr. GOODLATTE. Mr. Speaker, I thank the gentleman from Wisconsin, chairman of the Committee on the Judiciary, and the gentleman from Louisiana, chairman of the Committee on Energy and Commerce, for their leadership in pulling these two committees together. We have been working on this

for a long time. It is that kind of teamwork that has resulted in this legislation today as well as a great deal of cooperation on the other side of the aisle. We really appreciate what it takes to write good legislation.

Spam is not just a nuisance anymore. Over half of the e-mail sent today is spam. Unsolicited e-mail, such as advertisements, solicitations, or chain letters is the junk mail of the Information Age. At best these unwanted messages burden consumers by slowing down their e-mail connections. At worst these messages bombard American families with unsolicited, sexually explicit materials and fraudulent information. It is time to can spam.

The bill before us makes it a criminal offense to send a commercial e-mail that falsifies the sender's identity. In addition, the House amendments which have been incorporated into this bill strengthen the provisions that punish spammers for failing to place warning labels on sexually explicit materials.

This bill makes the necessary changes to the Senate's ''can spam act'' to establish clear, uniform guidelines for those who send commercial e-mail and to criminalize fraudulent conduct. The bill provides State attorneys general, ISPs, the FTC, and the Department of Justice with the appropriate tools to enforce the bill against bad actors.

Because no legislation can provide a cure-all for spam, this bill is technology-friendly. It protects the ability of ISPs and small businesses to develop innovative technological solutions to combat spam and to protect consumers, such as filtering and blocking technologies. This bill establishes clear guidelines for legitimate businesses and punishes fraudulent conduct, not going after the good guys. It accomplishes these objectives without overregulating and without taking the information out of the Information Age.

I urge my colleagues to support this important legislation.

Mr. MARKEY. Mr. Speaker, I yield 5 minutes to the gentleman from Michigan (Mr. DINGELL), the ranking Democrat on the Committee on Energy and Commerce.

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

Mr. DINGELL. Mr. Speaker, we can work well together around here. I am sure that a lot of people are surprised.

I want to pay a congratulations and compliment to my distinguished friend, the gentleman from Louisiana (Mr. TAUZIN), the chairman of the committee, and also to the distinguished gentleman from Wisconsin (Mr. SENSENBRENNER) for his labors. I want to thank my good friend, the gentleman from Massachusetts (Mr. MARKEY), for his leadership in this valiant effort and undertaking, and I want to pay particular tribute to both the distinguished gentleman from Texas (Mr. GREEN) and the wonderful gentlewoman from New Mexico (Mrs. WILSON) for their outstanding leadership, for the courage and for the dedication with which they stood hitched on this difficult issue and these difficult negotiations. Congratulations to all of the above. And also to Mr. Gregg Rothschild, Mr. David Cavicke, Mr. Bryce Dustman, and Peter Filon of the staff; also David Schooler and Shannon Vildostegui for their wonderful work as members of the staff because their efforts have helped make this possible.

This is a good bill and it is worthy of our support. There are things that we could have done that would have been a little better, but it is a piece of legislation which is going to solve a concern of the American people, something which is good and is in the public interest. And it is an important first step in restoring consumers' control over their inboxes and stopping some of the evil and rascality that we are seeing in the telecommunications industry. It requires marketers to let people know who they are and where they can be located. It prohibits false and misleading transmission information so that marketers cannot hide their identity. It prohibits marketers from deceiving consumers by using false headers or subject lines. Importantly, it affords the Federal Trade Commission and the States full enforcement authority over these consumer protection provisions.

I am particularly pleased that the bill permits law enforcement to go after those who disguise sexual messages and through such deception are able to send sexual material into our homes and into the hands of our children. This is a critical first step against those who profit by sending unwanted and offensive sexual commercial messages. It will stop much wrongdoing.

I am also pleased that the House has adopted the Senate provision creating a do-not-spam registry. I expect the FTC to take their charge seriously under this provision and to do all that is necessary to implement such a registry at the earliest possible time.

Finally, I am pleased that the House has added a new provision to grant even stronger protections from spam to users of wireless cell phones. The gentleman from Massachusetts deserves the thanks of all of us for that. In connection with this provision, I commend the hard work of our dear friend, the ranking Democrat on the Subcommittee on Telecommunications and the Internet.

Mr. Speaker, I want to be clear that I do not expect this bill to solve totally the growing problem of unwanted spam. It must be recognized that the people who engage in this practice are most diligent, most able, and have a huge financial incentive to do it. It is quite possible that we will have to visit the matter again. It is regrettable that it does not contain an important deterrence against spam, citizen suits; but we can address that at a future time. It also has the regrettable practice in it of preempting stronger State laws, something which I do not favor. It is, however, a distinct improvement over the Senate-passed bill, and the hard work that has brought us to agreement on the part of those who have worked on it is something which merits the thanks of the public for work in the public interest.

I plan to work to try and expand this in future times and to do the things that are necessary to assure that our people are not abused by these people.

Mr. TAUZIN. Mr. Speaker, I thank the distinguished gentleman from Michigan for his statement and his kind friendship.

Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Michigan (Mr. UPTON), chairman of the Subcommittee on Telecommunications and the Internet.

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

Mr. UPTON. Mr. Speaker, today on the heels of our recent efforts to ensure that the do-not-call list was implemented, we are taking yet another major step forward in our efforts to protect consumers from unwanted commercial solicitations. With passage of this bill tonight, we are one more step closer to giving American consumers a Federal law which will for the first time allow them to just say no to unwanted commercial e-mails, otherwise known as spam. And we back it up with strong enforcement by the FTC, State attorneys general, and Internet service providers as well.

As the father of two young kids, I am particularly pleased that this bill requires warning labels on commercial e-mails which contain sexually oriented material, and it protects our kids from being unwittingly exposed to such garbage that might pop up in the family's inbox. As chairman of the Subcommittee on Telecommunications and the Internet, I am particularly pleased to have worked with my colleagues on this, particularly the gentleman from Massachusetts (Mr. MARKEY); the gentleman from Michigan (Mr. DINGELL); certainly the gentleman from North Carolina (Mr. BURR); and my chairman, the gentleman from Louisiana (Mr. TAUZIN), on provisions which direct the Federal Communications Commission to implement added protections against spam for cell phones and other wireless devices. What a nightmare ready to happen. On our staff I want to particularly thank Will Nordwind, who spent countless hours as we negotiated this the last number of months.

Mr. Speaker, I want to relate a small family story. When my dad came back from World War II, my mom fixed his first dinner. It was Spam. Dad said, no way. Battle of the Bulge, we had enough of that. No more are we going to have that junk. My family thankfully was spared that for 50 years. Sadly, American consumers have not been spared from that awful stuff called spam because this is spam on the Internet.

I can remember when e-mails came first off, everyone loved to get an e-mail. I thought we were finally making some headway. But lo and behold, my wife was out of town, and I did not realize she was deleting it. Every morning she would get up at 5:30 or 6 in the morning. She has been gone all week. Today just from last night, I had 150 spams.

Pass this bill. End this stuff. I cannot call it what I really think. God bless America.

Mr. MARKEY. Mr. Speaker, I yield 1 additional minute to the gentleman from Texas (Mr. GREEN).

Mr. GREEN of Texas. Mr. Speaker, I know we are getting down to the last few minutes, but, like my colleague from Michigan, I ate a lot of Spam. I am holding up my gift of Spam from my cosponsor. Like him, the only way I could ever survive Spam was with A–1 steak sauce. I remember the story that my first time, somebody showing up at a town hall meeting and saying, I'm tired of spam and I said, thank goodness I haven't had to eat it in years. But I do remember it tasted pretty good in college when I needed it.

But now as my colleague from Michigan said, spam will not have a bad name for people who use the Internet. Again, I would like to thank the gentlewoman from New Mexico (Mrs. WILSON) for providing me a can of Spam. I am not going to cook it. I am going to put it on the wall so hopefully I will not have to.

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

Mr. Speaker, after hearing about that stuff that the gentleman from Texas was waving around, let me say that we Yankees knew that Spam was bad 50 years ago. It has taken a long time for you rebels to do that.

Mr. Speaker, I yield 1 minute to the gentlewoman from Pennsylvania (Ms. HART).

Ms. HART. Mr. Speaker, I also thank the gentleman from Wisconsin (Mr. SENSENBRENNER), the gentleman from Louisiana (Mr. TAUZIN), the gentleman from Michigan (Mr. DINGELL), and the general public, really, for helping us move this bill forward. I am pleased we were able to work out a deal on this legislation. It has taken some time, but the product is well worth it. The American public has been flooded with millions of pieces of unsolicited e-mail every day. This legislation will help us provide the teeth in the law to stop this. But it is the content of certain e-mails, particularly e-mails containing sexually explicit material which is especially problematic.

I compliment the gentlewoman from New Mexico (Mrs. WILSON) for working together with us on language that is similar to the Pennsylvania law that I sponsored to help label and help us rid our computers of these sexually explicit e-mails. I am pleased this was put into the bill. We want our children to use the Internet and e-mail, but many parents fear what the children may see. Parents are stuck in the middle. They want their kids to use the educational tool of the Internet, they want them to be very capable of utilizing it, and it will help them in their schoolwork on one hand, but on the other when my Senator was sitting behind one of his children, in fact, he said to me, I could not believe what came up on the screen.

It is important for us to make sure that we control it but we allow freedom of speech. I compliment my colleagues. I look forward to a spam-free e-mail.

Mr. MARKEY. Mr. Speaker, I yield myself 2 minutes.

The reality is that this whole movement began as people several years ago saw what the impact would be of unwanted spam on their home or work computers. As the gentleman from Michigan (Mr. UPTON) pointed out, he had in one day 150 unwanted spam messages on his home computer. What this legislation does is to help every American to deal with that problem. What I ask the Members to do as well is to deal with another issue that quite likely is going to rise to a level of being a problem that eclipses even computer spam and that would be cell phone spam.

Imagine if you reach a point where there are 150 unwanted rings on your phone, your cell phone, this zone of privacy which we all have as these marketers are calling into your cell phone all day long. What this legislation does is it ensures that the Federal Communications Commission and the Federal Trade Commission take the actions which give protections against this being the new battleground. It is already a full scale epidemic in Europe, in Japan, in South Korea.

□ 1745

It is heading our way. Probably by the time the FCC has a chance to put the regulations on the books, maybe a year from now, we will have already seen its growth so those protections against these cell phones just ringing all day long becomes the epidemic that really just drives people crazy. So the bill will require the FCC to consider certain provisions with an eye towards assessing the problems and perhaps the unique capabilities or limitations of wireless devices. We have to be sure that wireless consumers and carriers can functionally implement the new legal requirements. But the Federal spam legislation ought to reflect the particular characteristics of the wireless technology and use this bill as a way to ensure that we have promulgated rules requiring a consumer opt-in for wireless e-mail messages so that the consumer has affirmatively said that they want these messages to come into their life. Otherwise, this device that is so valuable now to 170 million Americans would just be the single greatest nuisance ever invested.

Mr Speaker. I rise in support of the compromise spam legislation that we bring to the House Floor today.

Mr. Speaker, this legislation reflects a series of agreements between advocates for the two alternative House spam bills—one offered by Chairman TAUZIN, and the other offered by Ms. WILSON and Mr. GREEN of which I am an original cosponsor, as well as a series of compromises with our Senate counterparts. While not a perfect bill, I believe it merits support.

In addition, Mr. Speaker, this legislation now contains a modified version of the wireless spam amendment that I had offered for inclusion. The legislation preserves important authority of the FCC and FTC where it serves consumer interests. It also requires the FCC to initiate a rulemaking for wireless spam so that no loopholes are created but in a way to ensure that wireless consumers have greater protection than that accorded in the underlying bill.

As we attempt to tackle the issue of spam that is sent to our desktop computers, we must also recognize the millions of wireless consumers in the United States run the risk of being inundated with wireless spam. Unsolicited wireless text messages have plagued wireless users in Europe, South Korea, and Japan over the last few years as wireless companies in such countries have offered wireless messaging services. In Japan alone, NTT DoCoMo estimates that its wireless network processes some 800 million wireless spam messages a day. As cumbersome and annoying as spam to a desktop computer is, at least a consumer can turn off their computer and walk away. Wireless spam is even more intrusive because spam to wireless phones is the kind of spam that follows you wherever you go and according to U.S. wireless carriers, is already on the rise.

To prevent wireless spam from overwhelming the American wireless marketplace as it has networks in other countries, this legislation tasks the FCC to promulgate rules in order to put strong consumer protections on the books. In addition, the bill requires the FCC to consider certain provisions with an eye toward assessing them given the perhaps unique capabilities or limitations of wireless devices. We must be sure that wireless consumers and carriers can functionally implement the legal requirements. Federal spam legislation ought to reflect the particular characteristics of wireless technology and use and this bill will allow the FCC to promulgate rules requiring a consumer ''opt-in'' for wireless email messages while examining the nature of a consumer's relationship with their wireless phone and service to take into account the unique service and technical characteristics that may warrant wireless-specific rules affecting consumer and carrier rights and obligations.

The wireless spam provision of the bill offers wireless consumers relief by requiring an ''opt-in'' for spam to wireless consumers. This reflects the fact that spam to a mobile phone is more intrusive to consumers and the fact that some wireless payment plans currently charge users for the amount of text messages they receive.

The provision would require ''express prior authorization'' from the consumer before an entity could send spam to their wireless device. My intent is that this ''express prior authorization'' be implemented in a way that a

request for ''express prior authorization'' is conspicuous and easily understood by consumers and that each entity seeking to send mobile service commercial messages pursuant to Section 14(b)(1) obtain such consumer authorization. In addition, the wireless spam provision requests that the FCC consider the ability of an initiator of spam to reasonably determine whether an electronic mail message is a mobile service commercial message. Obviously, as wireless service evolves, more and more consumers will receive Internet emails via their commercial mobile service provider's network and directly to their wireless device. If a person ha an email address from their commercial mobile service provide and it can be readily identified as a wireless address, such as name@verizonwireless.net or name@wireless.net then the reasonable ability of a potential spammer to recognize that as such is relatively easy. Hopefully, commercial mobile service providers—and consumers—will see the benefit of having an email address that can be reasonably determined to be a wireless address, so that the prospect of massive amounts of spam to consumers over wireless networks can be thwarted and consumers can enjoy the benefits of entities needing their express prior authorization before sending them wireless spam.

Spam sent to desktop computer email address, and which is then forwarded over a wireless network to a wireless devices, i.e., delivered ''indirectly'' from the initiator to the wireless device, would be treated by the rest of this bill and not by the wireless specific provisions we subject to an FCC rulemaking.

This legislation also represents an improvement in other areas over the Senate-passed bill. For example, the compromise doubles the damage caps in the Senate bill. It also eliminates the knowledge standards for the Federal Communications Commission (FCC), the Federal Trade Commission (FTC) and state Attorney General injunctive relief. The bill provides for rulemaking authority to clarify and tighten the definition of what constitutes a ''commercial email.'' Requires that identifiers and a postal address musts be on all commercial emails to desktop computers. Finally, the bill also shortens the time frame from which an ''opt-out'' request would become enforceable.

All of these represent important improvements over the Senate bill.

I want to commend Chairman TAUZIN, Ranking Member Mr. DINGELL for their excellent work in this area. I want to salute Representatives HEATHER WILSON and GENE GREEN for spearheading House spam efforts in this session as well as in the previous Congress as the lead sponsors of the House bill.

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

Mr. SENSENBRENNER. Mr. Speaker, I have no further requests for time from Committee on the Judiciary, and I yield the balance of my time to the gentleman from North Carolina (Mr. BURR).

Mr. BURR. Mr. Speaker, I ask unanimous consent to control the time of the gentleman from Louisiana (Mr. TAUZIN) as well as the time of the gentleman from Wisconsin (Mr. SENSENBRENNER).

The SPEAKER pro tempore (Mr. THORNBERRY). Is there objection to the request of the gentleman from North Carolina (Mr. BURR)?

There was no objection.

The SPEAKER pro tempore. The gentleman from North Carolina (Mr. BURR) has 5 minutes remaining, and the gentleman from Massachusetts (Mr. MARKEY) has 6 minutes remaining.

Mr. BURR. Mr. Speaker, I yield myself 2 minutes. Mr. Speaker, we are here today to get rid of unwanted sexually explicit e-mail, but we are also here to protect those individuals who want to use e-mail as a commercial tool in a responsible way based upon the rules, and the challenge for us was to design something that allowed commerce to take place but that got at the heart of what all of us wanted to do, and that is to get the smut off of our screen, to make sure that the ones that were unsolicited and that we did not want to see again, that we had the opportunity to get rid of them. And I am going to tell the Members it was tough, I think we would all agree, trying to find the right language, the right word in some cases, to make sure that the right penalty was in place but it did not go too far. And I think it is safe to say today that there is no single piece of legislation that will ultimately solve the spam problem.

It is my hope that this bill is an excellent first start. I believe that it is appropriate to praise the gentleman from Louisiana (Chairman TAUZIN) and the gentleman from Michigan (Mr. DINGELL), ranking member, and Gregg Rothschild and David Cavicke and many other committee staff and personal staffs that worked tirelessly to try to come up with a solution to the problem that we had. The FTC's own estimates estimate that 20 percent of all spam contains advertising of pornography. That is not counting the spam that we received that has deceptive content and fraudulent content.

Mr. Speaker, we are here today because we think we found the right blueprint. We think those businesses that are reputable can continue, and they can live within the framework, and they can live by the rules, and, hopefully, this will help to chase those that intended not to live by the rules out of the system and off our screen.

I want to praise once again both committees, the Committee on the Judiciary and the Committee on Energy and Commerce, the staffs and the members, and urge support for this bill.

Mr. MARKEY. Mr. Speaker, I yield 1 minute to the gentleman from Michigan (Mr. DINGELL).

Mr. DINGELL. Mr. Speaker, I thank the distinguished gentleman from Massachusetts for yielding me this time.

And I just want the attention of the gentleman from North Carolina (Mr. BURR). I want to pay tribute to him for the very honorable and splendid way in which he has worked with us to bring this matter to conclusion. Without his labors and those of the gentleman from Louisiana (Mr. TAUZIN), chairman of the Committee on Energy and Commerce, we would not be here talking about this matter. And I thank both gentlemen, and I thank also Jonathan Cordone.

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

And I yield myself that time in order to conclude the debate for the Democratic side, and I would like to point out how important this bill is.

Congress many times acts in areas where most Americans say ''How does that affect me?'' This legislation will now affect every computer in the United States in the way in which it affects the user of that computer, and it will affect every user of a cell phone in the way that that cell phone is used or, to be more explicit, the way in which marketers abuse those phones and computers. So this is a great day, and the gentlewoman from New Mexico (Mrs. WILSON) and the gentleman from Texas (Mr. GREEN) did a great job in bringing it to our attention, and the gentleman from Louisiana (Chairman TAUZIN) and the gentleman from Michigan (Mr. DINGELL), in putting together an environment in which we can negotiate this bill out in a bipartisan fashion.

The litany of saints is long, and I mentioned many of them earlier. I would like to add the gentleman from Michigan (Mr. CONYERS), the ranking member of the Committee on the Judiciary. He and his staff contributed significantly to this legislation. To the gentleman from North Carolina (Mr. BURR), I want to congratulate him and his excellent work on this legislation. The consumers will be the beneficiary. I want to mention the gentlewoman from Silicon Valley, California (Ms. ESHOO) for all of her wonderful work on this legislation. The gentleman from New Jersey (Mr. HOLT), who had a deep interest in the wireless aspects of this legislation, I think he deserves credit for what is happening here today. The gentleman from Louisiana (Chairman TAUZIN), David Cavicke did a great job, and I think I should mention Howard Waltzman as well on the chairman's staff for his excellent work; on the gentleman from Michigan's (Mr. UPTON) staff, Will Nordwind, who has been working on this for several months, as well with the chairman. And I would conclude by thanking my own staff, Colin Crowell, who throughout this year had a plan to include a wireless cell phone antispam provision in the legislation, and today we see the fruition of all of his excellent work, and I think that consumers will be the beneficiary for the generation ahead. So I conclude by complimenting the chairman.

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

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

In concluding, let me, first of all, again signal the extraordinary cooperation that exists between the Committee on the Judiciary and the Committee on Energy and Commerce as we conclude this debate and also to echo

thanks and congratulations the gentleman from Massachusetts (Mr. MARKEY) has extended to so many of our staff and the members who have worked on this.

This is a consumer protection piece of legislation. Very often when we come to these consumer protection-type pieces of legislation, we will see this extraordinary bipartisanism and this ability of committees that often have conflicting versions of bills work them out as we have today. This is a huge consumer protection piece of legislation.

And I want to say something that I hope all the Federal judges of America will pay attention to tonight very carefully. This legislation specifically authorizes the Federal Trade Commission to create a Do Not Spam Registry. No one should have any doubt about it. It is as clear, it is explicit. When this legislation passes the Congress and is signed into law, the FTC will explicitly have that authority, and a Do Not Spam Registry will be available in our future.

I want to particularly thank the gentlewoman from New Mexico (Mrs. WILSON), the gentleman from North Carolina (Mr. BURR), the gentleman from Texas (Mr. GREEN). Of all the members who have put in yeoman hours in time and effort, these three members of our committee have done an extraordinary job. And I particularly, again, want to single out the gentleman from Michigan (Mr. DINGELL) and the gentleman from Massachusetts (Mr. MARKEY) with, again, the bipartisan spirit in which we worked together when we can and do work together so well. This is a good example where America will benefit because we are legislating as Americans and not as party members as we often do on this floor. And I want to thank the gentleman, again, for that respect and that spirit of cooperation that he always extended to the chair and to the management of our committee affairs.

Again, Mr. Speaker, this is an important day for consumers in America. Very soon a Do Not Spam Registry will be available to them. They will be able to call and have their names put on that registry. People who refuse to pay attention to that registry and spam them regardless will be subject to severe penalties. People who fraudulently continue to spam without identifying who they are, when they are caught, will pay a big price. Attorney Generals and the FTC are given enforcement authority under this compromise, and I think we are affording Americans with a brand new tool to protect themselves against the entry of material they do not want in their homes whether it comes in through the computer, through the telephone, or via the mail. This is a great step forward, and I urge adoption of this bill.

Ms. ESHOO. Mr. Speaker, I support the conference report and thank the chairman and ranking member for their work in this effort. I'm particularly pleased that the serious shortcomings of the bill which I've raised at our committee have been addressed.

The problem of spam has become so prolific that by the end of this year half of all e-mails sent will be spam.

The numbers are staggering: 76 billion spam e-mails will be delivered in 2003; 50 percent of kids have received e-mails containing pornographic or sexually explicit information; and U.S. businesses will spend close to $10 billion to fight spam this year.

And marketers have brazenly claimed that the success of the ''Do Not Call List'' will drive them to spam even more, costing U.S. businesses and consumers even more.

I sponsored legislation to curb the epidemic of spam and crafted the original proposal to empower the FTC to replicate the enormous success of the ''Do Not Call List'' by creating a ''Cannot Spam List.'' I'm very pleased that a version of this measure has been included in the conference report, which I hope the FTC will implement soon after enactment of this bill.

I'm also pleased that the conference report strengthens some of the weaknesses of the Senate bill, especially by giving greater authority to states to enforce these laws.

This legislation does not end the entire problem of spam. I'll continue to fight for measures to prevent unauthorized and unwanted e-mail from flooding our inboxes and our computer networks. But this is a good start and important and I urge my colleagues to support it.

Mr. HOLT. Mr. Speaker, I rise in support of the anti-spam legislation before us, S. 877.

I am glad to see that Congress has finally taken definitive action on this issue. During my first term in Congress, I worked with my colleagues GENE GREEN and HEATHER WILSON, who have shown great leadership here, on anti-spam legislation that passed the House in 2000.

Today we have before us legislation to help address the mounting problem of unsolicited e-mail advertising, or spam, which has become perhaps the biggest nuisance of the Information Age and a drain on our economy.

I am particularly pleased that this legislation includes a provision intended to combat a related problem that has gotten out of hand in some countries and is growing ever worse in the United States—spam sent to wireless phones through text messaging.

As many of my colleagues know, I introduced legislation intended to draw attention to this issue—the Wireless Telephone Spam Protection Act. This bill was intended to launch what could be called a preemptive attack against wireless spam before it spins out of control in the United States. Congress too often acts once the fire is already lit. This time, we can put the fire out before it gets out of control.

The Japanese are already fighting off a tsunami of cell phone spam. On one recent day, the 38 million customers of the largest Japanese wireless company, NTT DoCoMo, received 150 million pieces of spam. Even today, after passage of anti-spam laws in Japan, DoCoMo's subscribers still receive up to 30 million wireless spam messages each day. This has caused millions of Japanese wireless phone users to simply stop using their cell phone service.

So far, U.S. cell phone users have been largely sparred this torrent of annoying, unwanted messages. I presume this is because a lot of telemarketers don't believe there are enough text-capable cell phones in the country. Most new phones are text capably, however, and the number of text messages sent in this country has been rising rapidly, quadrupling from 250 million messages sent in December 2001 to 1 billion messages sent in December 2002. Seventeen percent of cellular customers, about 23 million people, currently use text messaging—including 45 percent of cell phone users in the lucrative 18-to-25-year-old category. Direct marketers are already beginning to salivate.

That is why I am glad to see that this legislation includes a provision instructing the Federal Trade Commission to promulgate an opt-in rule for wireless spam. I would like to thank Mr. MARKEY for his work on this issue, and I would like to salute all of those who put this legislation together. It is by no means cure-all, but it is certainly a good first step towards ending the onslaught of e-mail spam and the tsunami of wireless spam. I urge my colleagues to support this bill.

Mr. STUPAK. Mr. Speaker, for several Congresses now we have had hearings and markups in the Energy and Commerce Committee on the nuisance of spam, but no progress has been made. I am pleased that a bill has finally come forward that looks headed for passage into law.

Through all this time, the flood of unsolicited e-mails has only grown, ISPs have become more and more overwhelmed, and consumers more aggravated.

I know that this bill will come as a welcome relief to many who are fed up with opening their e-mail accounts only have to unwanted commercial e-mails clogging up their Internet mailboxes.

Consumers have to waste time deleting numerous spam emails, and even worse, if they do unsuspectingly open one of these e-mails, they are often faced with offensive pornography.

I commend the members of the Judiciary and Energy and Commerce Committees for their ongoing efforts to address this problem, and I am pleased to support this bill.

I do believe that the bill falls short in one area, in that it does not provide a private right of action for individual consumers to seek their own remedies. But this legislation does much to strengthen enforcement, provide protection from harmful pornographic e-mails, and to set up a Do Not Spam Registry, which I can only guess will be as popular as the Do Not Call Registry.

I hope that this bill will put control over Internet mailboxes back in the hands of consumers, so that they can choose to receive e-mails that they want, and to get rid of e-mails that they do not.

And to those businesses and individuals that violate these provisions and send out spam illegally, this bill will provide the Federal Trade Commission, state attorney generals, and Internet Service Providers with the tools to crack down on these violators.

As the House attempts to wrap up its work for the session, there have been several bills coming to the floor that I do not believe have merit. This bill, however, shows that when we want to, Congress can truly act for the public benefit.

Mr. STEARNS. Mr. Speaker, I am pleased to join Chairman TAUZIN, Chairman SENSENBRENNER, Messrs. DINGELL and BURR, and

Mrs. WILSON in supporting a good consumer protection bill that I hope will help us, as consumers, fight the scourge that is spam.

No one disputes the great utility of e-mail, the fact that it has brought great efficiency and productivity gains, not only to our professional lives but also our personal lives. Nonetheless, our daily routine of scouring through and reviewing our e-mail also tells us that e-mail as a critical communications medium is under assault from unwanted e-mail—most peddling goods or services ranging from the real to the absurd. I do not have a problem with e-marketing per se, after all, our consumer based economy is highly dependent on marketing. However, e-mail communications make accountability more difficult. Therefore, unscrupulous people use it to advance fraudulent and deceptive acts and even good commercial actors are tempted to take advantage of this lack of accountability.

Effective and narrowly tailored legislation, like the one before us today, can help bring greater accountability to e-mail solicitations. That greater accountability is achieved by making sure that fraud and deception is prosecuted and subjected to severe penalties.

Legislation is only part of the solution, and in my view a smaller part. Rather, technology, consumer education, and industry cooperation, in my view, are the key tools in combating spam and injecting real and effective accountability. Finally, combating spam requires international cooperation. I think my bi-partisan bill, H.R. 3143, which strengthens the Federal Trade Commission's ability to address the growing problem of transnational fraud, will go a long way in fighting spam that is not home grown.

Mr. TAUZIN. 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 Louisiana (Mr. TAUZIN) that the House suspend the rules and pass the Senate bill, S. 877, as amended.

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. TAUZIN. 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.

CONFERENCE REPORT ON H.R. 2622, FAIR AND ACCURATE CREDIT TRANSACTIONS ACT OF 2003

Mr. OXLEY (during consideration of H. Res. 458) submitted the following conference report and statement on the bill (H.R. 2622) to amend the Fair Credit Reporting Act, to prevent identity theft, improve resolution of consumer disputes, improve the accuracy of consumer records, make improvements in the use of, and consumer access to, credit information, and for other purposes:

CONFERENCE REPORT (H. REPT. 108–396)

The committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2622), to amend the Fair Credit Reporting Act, to prevent identity theft, improve resolution of consumer disputes, improve the accuracy of consumer records, make improvements in the use of, and consumer access to, credit information, and for other purposes, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the House recede from its disagreement to the amendment of the Senate and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the Senate amendment, insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Fair and Accurate Credit Transactions Act of 2003''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Definitions.
Sec. 3. Effective dates.

TITLE I—IDENTITY THEFT PREVENTION AND CREDIT HISTORY RESTORATION

Subtitle A—Identity Theft Prevention

Sec. 111. Amendment to definitions.
Sec. 112. Fraud alerts and active duty alerts.
Sec. 113. Truncation of credit card and debit card account numbers.
Sec. 114. Establishment of procedures for the identification of possible instances of identity theft.
Sec. 115. Authority to truncate social security numbers.

Subtitle B—Protection and Restoration of Identity Theft Victim Credit History

Sec. 151. Summary of rights of identity theft victims.
Sec. 152. Blocking of information resulting from identity theft.
Sec. 153. Coordination of identity theft complaint investigations.
Sec. 154. Prevention of repollution of consumer reports.
Sec. 155. Notice by debt collectors with respect to fraudulent information.
Sec. 156. Statute of limitations.
Sec. 157. Study on the use of technology to combat identity theft.

TITLE II—IMPROVEMENTS IN USE OF AND CONSUMER ACCESS TO CREDIT INFORMATION

Sec. 211. Free consumer reports.
Sec. 212. Disclosure of credit scores.
Sec. 213. Enhanced disclosure of the means available to opt out of prescreened lists.
Sec. 214. Affiliate sharing.
Sec. 215. Study of effects of credit scores and credit-based insurance scores on availability and affordability of financial products.
Sec. 216. Disposal of consumer report information and records.
Sec. 217. Requirement to disclose communications to a consumer reporting agency.

TITLE III—ENHANCING THE ACCURACY OF CONSUMER REPORT INFORMATION

Sec. 311. Risk-based pricing notice.
Sec. 312. Procedures to enhance the accuracy and integrity of information furnished to consumer reporting agencies.
Sec. 313. FTC and consumer reporting agency action concerning complaints.
Sec. 314. Improved disclosure of the results of reinvestigation.
Sec. 315. Reconciling addresses.
Sec. 316. Notice of dispute through reseller.
Sec. 317. Reasonable reinvestigation required.
Sec. 318. FTC study of issues relating to the Fair Credit Reporting Act.
Sec. 319. FTC study of the accuracy of consumer reports.

TITLE IV—LIMITING THE USE AND SHARING OF MEDICAL INFORMATION IN THE FINANCIAL SYSTEM

Sec. 411. Protection of medical information in the financial system.
Sec. 412. Confidentiality of medical contact information in consumer reports.

TITLE V—FINANCIAL LITERACY AND EDUCATION IMPROVEMENT

Sec. 511. Short title.
Sec. 512. Definitions.
Sec. 513. Establishment of Financial Literacy and Education Commission.
Sec. 514. Duties of the Commission.
Sec. 515. Powers of the Commission.
Sec. 516. Commission personnel matters.
Sec. 517. Studies by the Comptroller General.
Sec. 518. The national public service multimedia campaign to enhance the state of financial literacy.
Sec. 519. Authorization of appropriations.

TITLE VI—PROTECTING EMPLOYEE MISCONDUCT INVESTIGATIONS

Sec. 611. Certain employee investigation communications excluded from definition of consumer report.

TITLE VII—RELATION TO STATE LAWS

Sec. 711. Relation to State laws.

TITLE VIII—MISCELLANEOUS

Sec. 811. Clerical amendments.

SEC. 2. DEFINITIONS.

As used in this Act—

(1) the term ''Board'' means the Board of Governors of the Federal Reserve System;

(2) the term ''Commission'', other than as used in title V, means the Federal Trade Commission;

(3) the terms ''consumer'', ''consumer report'', ''consumer reporting agency'', ''creditor'', ''Federal banking agencies'', and ''financial institution'' have the same meanings as in section 603 of the Fair Credit Reporting Act, as amended by this Act; and

(4) the term ''affiliates'' means persons that are related by common ownership or affiliated by corporate control.

SEC. 3. EFFECTIVE DATES.

Except as otherwise specifically provided in this Act and the amendments made by this Act—

(1) before the end of the 2-month period beginning on the date of enactment of this Act, the Board and the Commission shall jointly prescribe regulations in final form establishing effective dates for each provision of this Act; and

(2) the regulations prescribed under paragraph (1) shall establish effective dates that are as early as possible, while allowing a reasonable time for the implementation of the provisions of this Act, but in no case shall any such effective date be later than 10 months after the date of issuance of such regulations in final form.

TITLE I—IDENTITY THEFT PREVENTION AND CREDIT HISTORY RESTORATION

Subtitle A—Identity Theft Prevention

SEC. 111. AMENDMENT TO DEFINITIONS.

Section 603 of the Fair Credit Reporting Act (15 U.S.C. 1681a) is amended by adding at the end the following:

''(q) DEFINITIONS RELATING TO FRAUD ALERTS.—

''(1) ACTIVE DUTY MILITARY CONSUMER.—The term 'active duty military consumer' means a consumer in military service who—

''(A) is on active duty (as defined in section 101(d)(1) of title 10, United States Code) or is a reservist performing duty under a call or order to active duty under a provision of law referred to in section 101(a)(13) of title 10, United States Code; and

''(B) is assigned to service away from the usual duty station of the consumer.

''(2) FRAUD ALERT; ACTIVE DUTY ALERT.—The terms 'fraud alert' and 'active duty alert' mean a statement in the file of a consumer that—

''(A) notifies all prospective users of a consumer report relating to the consumer that the consumer may be a victim of fraud, including identity theft, or is an active duty military consumer, as applicable; and

''(B) is presented in a manner that facilitates a clear and conspicuous view of the statement described in subparagraph (A) by any person requesting such consumer report.

''(3) IDENTITY THEFT.—The term 'identity theft' means a fraud committed using the identifying information of another person, subject to such further definition as the Commission may prescribe, by regulation.

''(4) IDENTITY THEFT REPORT.—The term 'identity theft report' has the meaning given that term by rule of the Commission, and means, at a minimum, a report—

''(A) that alleges an identity theft;

''(B) that is a copy of an official, valid report filed by a consumer with an appropriate Federal, State, or local law enforcement agency, including the United States Postal Inspection Service, or such other government agency deemed appropriate by the Commission; and

''(C) the filing of which subjects the person filing the report to criminal penalties relating to the filing of false information if, in fact, the information in the report is false.

''(5) NEW CREDIT PLAN.—The term 'new credit plan' means a new account under an open end credit plan (as defined in section 103(i) of the Truth in Lending Act) or a new credit transaction not under an open end credit plan.

''(r) CREDIT AND DEBIT RELATED TERMS—

''(1) CARD ISSUER.—The term 'card issuer' means—

''(A) a credit card issuer, in the case of a credit card; and

''(B) a debit card issuer, in the case of a debit card.

''(2) CREDIT CARD.—The term 'credit card' has the same meaning as in section 103 of the Truth in Lending Act.

''(3) DEBIT CARD.—The term 'debit card' means any card issued by a financial institution to a consumer for use in initiating an electronic fund transfer from the account of the consumer at such financial institution, for the purpose of transferring money between accounts or obtaining money, property, labor, or services.

''(4) ACCOUNT AND ELECTRONIC FUND TRANSFER.—The terms 'account' and 'electronic fund transfer' have the same meanings as in section 903 of the Electronic Fund Transfer Act.

''(5) CREDIT AND CREDITOR.—The terms 'credit' and 'creditor' have the same meanings as in section 702 of the Equal Credit Opportunity Act.

''(s) FEDERAL BANKING AGENCY.—The term 'Federal banking agency' has the same meaning as in section 3 of the Federal Deposit Insurance Act.

''(t) FINANCIAL INSTITUTION.—The term 'financial institution' means a State or National bank, a State or Federal savings and loan association, a mutual savings bank, a State or Federal credit union, or any other person that, directly or indirectly, holds a transaction account (as defined in section 19(b) of the Federal Reserve Act) belonging to a consumer.

''(u) RESELLER.—The term 'reseller' means a consumer reporting agency that—

''(1) assembles and merges information contained in the database of another consumer reporting agency or multiple consumer reporting agencies concerning any consumer for purposes of furnishing such information to any third party, to the extent of such activities; and

''(2) does not maintain a database of the assembled or merged information from which new consumer reports are produced.

''(v) COMMISSION.—The term 'Commission' means the Federal Trade Commission.

''(w) NATIONWIDE SPECIALTY CONSUMER REPORTING AGENCY.—The term 'nationwide specialty consumer reporting agency' means a consumer reporting agency that compiles and maintains files on consumers on a nationwide basis relating to—

''(1) medical records or payments;

''(2) residential or tenant history;

''(3) check writing history;

''(4) employment history; or

''(5) insurance claims.''.

SEC. 112. FRAUD ALERTS AND ACTIVE DUTY ALERTS.

(a) FRAUD ALERTS.—The Fair Credit Reporting Act (15 U.S.C. 1681 et seq.) is amended by inserting after section 605 the following:

''§ 605A. Identity theft prevention; fraud alerts and active duty alerts

''(a) ONE-CALL FRAUD ALERTS.—

''(1) INITIAL ALERTS.—Upon the direct request of a consumer, or an individual acting on behalf of or as a personal representative of a consumer, who asserts in good faith a suspicion that the consumer has been or is about to become a victim of fraud or related crime, including identity theft, a consumer reporting agency described in section 603(p) that maintains a file on the consumer and has received appropriate proof of the identity of the requester shall—

''(A) include a fraud alert in the file of that consumer, and also provide that alert along with any credit score generated in using that file, for a period of not less than 90 days, beginning on the date of such request, unless the consumer or such representative requests that such fraud alert be removed before the end of such period, and the agency has received appropriate proof of the identity of the requester for such purpose; and

''(B) refer the information regarding the fraud alert under this paragraph to each of the other consumer reporting agencies described in section 603(p), in accordance with procedures developed under section 621(f).

''(2) ACCESS TO FREE REPORTS.—In any case in which a consumer reporting agency includes a fraud alert in the file of a consumer pursuant to this subsection, the consumer reporting agency shall—

''(A) disclose to the consumer that the consumer may request a free copy of the file of the consumer pursuant to section 612(d); and

''(B) provide to the consumer all disclosures required to be made under section 609, without charge to the consumer, not later than 3 business days after any request described in subparagraph (A).

''(b) EXTENDED ALERTS.—

''(1) IN GENERAL.—Upon the direct request of a consumer, or an individual acting on behalf of or as a personal representative of a consumer, who submits an identity theft report to a consumer reporting agency described in section 603(p) that maintains a file on the consumer, if the agency has received appropriate proof of the identity of the requester, the agency shall—

''(A) include a fraud alert in the file of that consumer, and also provide that alert along with any credit score generated in using that file, during the 7-year period beginning on the date of such request, unless the consumer or such representative requests that such fraud alert be removed before the end of such period and the agency has received appropriate proof of the identity of the requester for such purpose;

''(B) during the 5-year period beginning on the date of such request, exclude the consumer from any list of consumers prepared by the consumer reporting agency and provided to any third party to offer credit or insurance to the consumer as part of a transaction that was not initiated by the consumer, unless the consumer or such representative requests that such exclusion be rescinded before the end of such period; and

''(C) refer the information regarding the extended fraud alert under this paragraph to each of the other consumer reporting agencies described in section 603(p), in accordance with procedures developed under section 621(f).

''(2) ACCESS TO FREE REPORTS.—In any case in which a consumer reporting agency includes a fraud alert in the file of a consumer pursuant to this subsection, the consumer reporting agency shall—

''(A) disclose to the consumer that the consumer may request 2 free copies of the file of the consumer pursuant to section 612(d) during the 12-month period beginning on the date on which the fraud alert was included in the file; and

''(B) provide to the consumer all disclosures required to be made under section 609, without charge to the consumer, not later than 3 business days after any request described in subparagraph (A).

''(c) ACTIVE DUTY ALERTS.—Upon the direct request of an active duty military consumer, or an individual acting on behalf of or as a personal representative of an active duty military consumer, a consumer reporting agency described in section 603(p) that maintains a file on the active duty military consumer and has received appropriate proof of the identity of the requester shall—

''(1) include an active duty alert in the file of that active duty military consumer, and also provide that alert along with any credit score generated in using that file, during a period of not less than 12 months, or such longer period as the Commission shall determine, by regulation, beginning on the date of the request, unless the active duty military consumer or such representative requests that such fraud alert be removed before the end of such period, and the agency has received appropriate proof of the identity of the requester for such purpose;

''(2) during the 2-year period beginning on the date of such request, exclude the active duty military consumer from any list of consumers prepared by the consumer reporting agency and provided to any third party to offer credit or insurance to the consumer as part of a transaction that was not initiated by the consumer, unless the consumer requests that such exclusion be rescinded before the end of such period; and

''(3) refer the information regarding the active duty alert to each of the other consumer reporting agencies described in section 603(p), in accordance with procedures developed under section 621(f).

''(d) PROCEDURES.—Each consumer reporting agency described in section 603(p) shall establish policies and procedures to comply with this section, including procedures that inform consumers of the availability of initial, extended, and active duty alerts and procedures that allow consumers and active duty military consumers to request initial, extended, or active duty alerts (as applicable) in a simple and easy manner, including by telephone.

''(e) REFERRALS OF ALERTS.—Each consumer reporting agency described in section 603(p) that receives a referral of a fraud alert or active duty alert from another consumer reporting agency pursuant to this section shall, as though the agency received the request from the consumer directly, follow the procedures required under—

''(1) paragraphs (1)(A) and (2) of subsection (a), in the case of a referral under subsection (a)(1)(B);

''(2) paragraphs (1)(A), (1)(B), and (2) of subsection (b), in the case of a referral under subsection (b)(1)(C); and

''(3) paragraphs (1) and (2) of subsection (c), in the case of a referral under subsection (c)(3).

''(f) DUTY OF RESELLER TO RECONVEY ALERT.—A reseller shall include in its report any fraud alert or active duty alert placed in the file of a consumer pursuant to this section by another consumer reporting agency.

''(g) DUTY OF OTHER CONSUMER REPORTING AGENCIES TO PROVIDE CONTACT INFORMATION.—If a consumer contacts any consumer reporting agency that is not described in section 603(p) to communicate a suspicion that the consumer has been or is about to become a victim of fraud or related crime, including identity theft, the agency shall provide information to the consumer on

how to contact the Commission and the consumer reporting agencies described in section 603(p) to obtain more detailed information and request alerts under this section.

''(h) LIMITATIONS ON USE OF INFORMATION FOR CREDIT EXTENSIONS..—

''(1) REQUIREMENTS FOR INITIAL AND ACTIVE DUTY ALERTS.—

''(A) NOTIFICATION.—Each initial fraud alert and active duty alert under this section shall include information that notifies all prospective users of a consumer report on the consumer to which the alert relates that the consumer does not authorize the establishment of any new credit plan or extension of credit, other than under an open-end credit plan (as defined in section 103(i)), in the name of the consumer, or issuance of an additional card on an existing credit account requested by a consumer, or any increase in credit limit on an existing credit account requested by a consumer, except in accordance with subparagraph (B).

''(B) LIMITATION ON USERS.—

''(i) IN GENERAL.—No prospective user of a consumer report that includes an initial fraud alert or an active duty alert in accordance with this section may establish a new credit plan or extension of credit, other than under an open-end credit plan (as defined in section 103(i)), in the name of the consumer, or issue an additional card on an existing credit account requested by a consumer, or grant any increase in credit limit on an existing credit account requested by a consumer, unless the user utilizes reasonable policies and procedures to form a reasonable belief that the user knows the identity of the person making the request.

''(ii) VERIFICATION.—If a consumer requesting the alert has specified a telephone number to be used for identity verification purposes, before authorizing any new credit plan or extension described in clause (i) in the name of such consumer, a user of such consumer report shall contact the consumer using that telephone number or take reasonable steps to verify the consumer's identity and confirm that the application for a new credit plan is not the result of identity theft.

''(2) REQUIREMENTS FOR EXTENDED ALERTS.—

''(A) NOTIFICATION.—Each extended alert under this section shall include information that provides all prospective users of a consumer report relating to a consumer with—

''(i) notification that the consumer does not authorize the establishment of any new credit plan or extension of credit described in clause (i), other than under an open-end credit plan (as defined in section 103(i)), in the name of the consumer, or issuance of an additional card on an existing credit account requested by a consumer, or any increase in credit limit on an existing credit account requested by a consumer, except in accordance with subparagraph (B); and

''(ii) a telephone number or other reasonable contact method designated by the consumer.

''(B) LIMITATION ON USERS.—No prospective user of a consumer report or of a credit score generated using the information in the file of a consumer that includes an extended fraud alert in accordance with this section may establish a new credit plan or extension of credit, other than under an open-end credit plan (as defined in section 103(i)), in the name of the consumer, or issue an additional card on an existing credit account requested by a consumer, or any increase in credit limit on an existing credit account requested by a consumer, unless the user contacts the consumer in person or using the contact method described in subparagraph (A)(ii) to confirm that the application for a new credit plan or increase in credit limit, or request for an additional card is not the result of identity theft.''.

(b) RULEMAKING.—The Commission shall prescribe regulations to define what constitutes appropriate proof of identity for purposes of sections 605A, 605B, and 609(a)(1) of the Fair Credit Reporting Act, as amended by this Act.

SEC. 113. TRUNCATION OF CREDIT CARD AND DEBIT CARD ACCOUNT NUMBERS.

Section 605 of the Fair Credit Reporting Act (15 U.S.C. 1681c) is amended by adding at the end the following:

''(g) TRUNCATION OF CREDIT CARD AND DEBIT CARD NUMBERS.—

''(1) IN GENERAL.—Except as otherwise provided in this subsection, no person that accepts credit cards or debit cards for the transaction of business shall print more than the last 5 digits of the card number or the expiration date upon any receipt provided to the cardholder at the point of the sale or transaction.

''(2) LIMITATION.—This subsection shall apply only to receipts that are electronically printed, and shall not apply to transactions in which the sole means of recording a credit card or debit card account number is by handwriting or by an imprint or copy of the card.

''(3) EFFECTIVE DATE.—This subsection shall become effective—

''(A) 3 years after the date of enactment of this subsection, with respect to any cash register or other machine or device that electronically prints receipts for credit card or debit card transactions that is in use before January 1, 2005; and

''(B) 1 year after the date of enactment of this subsection, with respect to any cash register or other machine or device that electronically prints receipts for credit card or debit card transactions that is first put into use on or after January 1, 2005.''.

SEC. 114. ESTABLISHMENT OF PROCEDURES FOR THE IDENTIFICATION OF POSSIBLE INSTANCES OF IDENTITY THEFT.

Section 615 of the Fair Credit Reporting Act (15 U.S.C. 1681m) is amended—

(1) by striking ''(e)'' at the end; and

(2) by adding at the end the following:

''(e) RED FLAG GUIDELINES AND REGULATIONS REQUIRED.—

''(1) GUIDELINES.—The Federal banking agencies, the National Credit Union Administration, and the Commission shall jointly, with respect to the entities that are subject to their respective enforcement authority under section 621—

''(A) establish and maintain guidelines for use by each financial institution and each creditor regarding identity theft with respect to account holders at, or customers of, such entities, and update such guidelines as often as necessary;

''(B) prescribe regulations requiring each financial institution and each creditor to establish reasonable policies and procedures for implementing the guidelines established pursuant to subparagraph (A), to identify possible risks to account holders or customers or to the safety and soundness of the institution or customers; and

''(C) prescribe regulations applicable to card issuers to ensure that, if a card issuer receives notification of a change of address for an existing account, and within a short period of time (during at least the first 30 days after such notification is received) receives a request for an additional or replacement card for the same account, the card issuer may not issue the additional or replacement card, unless the card issuer, in accordance with reasonable policies and procedures—

''(i) notifies the cardholder of the request at the former address of the cardholder and provides to the cardholder a means of promptly reporting incorrect address changes;

''(ii) notifies the cardholder of the request by such other means of communication as the cardholder and the card issuer previously agreed to; or

''(iii) uses other means of assessing the validity of the change of address, in accordance with reasonable policies and procedures established by the card issuer in accordance with the regulations prescribed under subparagraph (B).

''(2) CRITERIA.—

''(A) IN GENERAL.—In developing the guidelines required by paragraph (1)(A), the agencies described in paragraph (1) shall identify patterns, practices, and specific forms of activity that indicate the possible existence of identity theft.

''(B) INACTIVE ACCOUNTS.—In developing the guidelines required by paragraph (1)(A), the agencies described in paragraph (1) shall consider including reasonable guidelines providing that when a transaction occurs with respect to a credit or deposit account that has been inactive for more than 2 years, the creditor or financial institution shall follow reasonable policies and procedures that provide for notice to be given to a consumer in a manner reasonably designed to reduce the likelihood of identity theft with respect to such account.

''(3) CONSISTENCY WITH VERIFICATION REQUIREMENTS.—Guidelines established pursuant to paragraph (1) shall not be inconsistent with the policies and procedures required under section 5318(l) of title 31, United States Code.''.

SEC. 115. AUTHORITY TO TRUNCATE SOCIAL SECURITY NUMBERS.

Section 609(a)(1) of the Fair Credit Reporting Act (15 U.S.C. 1681g(a)(1)) is amended by striking ''except that nothing'' and inserting the following: ''except that—

''(A) if the consumer to whom the file relates requests that the first 5 digits of the social security number (or similar identification number) of the consumer not be included in the disclosure and the consumer reporting agency has received appropriate proof of the identity of the requester, the consumer reporting agency shall so truncate such number in such disclosure; and

''(B) nothing''.

Subtitle B—Protection and Restoration of Identity Theft Victim Credit History

SEC. 151. SUMMARY OF RIGHTS OF IDENTITY THEFT VICTIMS.

(a) IN GENERAL.—

(1) SUMMARY.—Section 609 of the Fair Credit Reporting Act (15 U.S.C. 1681g) is amended by adding at the end the following:

''(d) SUMMARY OF RIGHTS OF IDENTITY THEFT VICTIMS.—

''(1) IN GENERAL.—The Commission, in consultation with the Federal banking agencies and the National Credit Union Administration, shall prepare a model summary of the rights of consumers under this title with respect to the procedures for remedying the effects of fraud or identity theft involving credit, an electronic fund transfer, or an account or transaction at or with a financial institution or other creditor.

''(2) SUMMARY OF RIGHTS AND CONTACT INFORMATION.—Beginning 60 days after the date on which the model summary of rights is prescribed in final form by the Commission pursuant to paragraph (1), if any consumer contacts a consumer reporting agency and expresses a belief that the consumer is a victim of fraud or identity theft involving credit, an electronic fund transfer, or an account or transaction at or with a financial institution or other creditor, the consumer reporting agency shall, in addition to any other action that the agency may take, provide the consumer with a summary of rights that contains all of the information required by the Commission under paragraph (1), and information on how to contact the Commission to obtain more detailed information.

''(e) INFORMATION AVAILABLE TO VICTIMS.—

''(1) IN GENERAL.—For the purpose of documenting fraudulent transactions resulting from identity theft, not later than 30 days after the date of receipt of a request from a victim in accordance with paragraph (3), and subject to verification of the identity of the victim and the claim of identity theft in accordance with paragraph (2), a business entity that has provided credit to, provided for consideration products, goods, or services to, accepted payment from, or otherwise entered into a commercial transaction for consideration with, a person who has allegedly made unauthorized use of the means of identification of the victim, shall provide a copy

of application and business transaction records in the control of the business entity, whether maintained by the business entity or by another person on behalf of the business entity, evidencing any transaction alleged to be a result of identity theft to—

''(A) the victim;

''(B) any Federal, State, or local government law enforcement agency or officer specified by the victim in such a request; or

''(C) any law enforcement agency investigating the identity theft and authorized by the victim to take receipt of records provided under this subsection.

''(2) VERIFICATION OF IDENTITY AND CLAIM.—Before a business entity provides any information under paragraph (1), unless the business entity, at its discretion, otherwise has a high degree of confidence that it knows the identity of the victim making a request under paragraph (1), the victim shall provide to the business entity—

''(A) as proof of positive identification of the victim, at the election of the business entity—

''(i) the presentation of a government-issued identification card;

''(ii) personally identifying information of the same type as was provided to the business entity by the unauthorized person; or

''(iii) personally identifying information that the business entity typically requests from new applicants or for new transactions, at the time of the victim's request for information, including any documentation described in clauses (i) and (ii); and

''(B) as proof of a claim of identity theft, at the election of the business entity—

''(i) a copy of a police report evidencing the claim of the victim of identity theft; and

''(ii) a properly completed—

''(I) copy of a standardized affidavit of identity theft developed and made available by the Commission; or

''(II) an affidavit of fact that is acceptable to the business entity for that purpose.

''(3) PROCEDURES.—The request of a victim under paragraph (1) shall—

''(A) be in writing;

''(B) be mailed to an address specified by the business entity, if any; and

''(C) if asked by the business entity, include relevant information about any transaction alleged to be a result of identity theft to facilitate compliance with this section including—

''(i) if known by the victim (or if readily obtainable by the victim), the date of the application or transaction; and

''(ii) if known by the victim (or if readily obtainable by the victim), any other identifying information such as an account or transaction number.

''(4) NO CHARGE TO VICTIM.—Information required to be provided under paragraph (1) shall be so provided without charge.

''(5) AUTHORITY TO DECLINE TO PROVIDE INFORMATION.—A business entity may decline to provide information under paragraph (1) if, in the exercise of good faith, the business entity determines that—

''(A) this subsection does not require disclosure of the information;

''(B) after reviewing the information provided pursuant to paragraph (2), the business entity does not have a high degree of confidence in knowing the true identity of the individual requesting the information;

''(C) the request for the information is based on a misrepresentation of fact by the individual requesting the information relevant to the request for information; or

''(D) the information requested is Internet navigational data or similar information about a person's visit to a website or online service.

''(6) LIMITATION ON LIABILITY.—Except as provided in section 621, sections 616 and 617 do not apply to any violation of this subsection.

''(7) LIMITATION ON CIVIL LIABILITY.—No business entity may be held civilly liable under any provision of Federal, State, or other law for disclosure, made in good faith pursuant to this subsection.

''(8) NO NEW RECORDKEEPING OBLIGATION.—Nothing in this subsection creates an obligation on the part of a business entity to obtain, retain, or maintain information or records that are not otherwise required to be obtained, retained, or maintained in the ordinary course of its business or under other applicable law.

''(9) RULE OF CONSTRUCTION.—

''(A) IN GENERAL.—No provision of subtitle A of title V of Public Law 106–102, prohibiting the disclosure of financial information by a business entity to third parties shall be used to deny disclosure of information to the victim under this subsection.

''(B) LIMITATION.—Except as provided in subparagraph (A), nothing in this subsection permits a business entity to disclose information, including information to law enforcement under subparagraphs (B) and (C) of paragraph (1), that the business entity is otherwise prohibited from disclosing under any other applicable provision of Federal or State law.

''(10) AFFIRMATIVE DEFENSE.—In any civil action brought to enforce this subsection, it is an affirmative defense (which the defendant must establish by a preponderance of the evidence) for a business entity to file an affidavit or answer stating that—

''(A) the business entity has made a reasonably diligent search of its available business records; and

''(B) the records requested under this subsection do not exist or are not reasonably available.

''(11) DEFINITION OF VICTIM.—For purposes of this subsection, the term 'victim' means a consumer whose means of identification or financial information has been used or transferred (or has been alleged to have been used or transferred) without the authority of that consumer, with the intent to commit, or to aid or abet, an identity theft or a similar crime.

''(12) EFFECTIVE DATE.—This subsection shall become effective 180 days after the date of enactment of this subsection.

''(13) EFFECTIVENESS STUDY.—Not later than 18 months after the date of enactment of this subsection, the Comptroller General of the United States shall submit a report to Congress assessing the effectiveness of this provision.''.

(2) RELATION TO STATE LAWS.—Section 625(b)(1) of the Fair Credit Reporting Act (15 U.S.C. 1681t(b)(1), as so redesignated) is amended by adding at the end the following new subparagraph:

''(G) section 609(e), relating to information available to victims under section 609(e);''.

(b) PUBLIC CAMPAIGN TO PREVENT IDENTITY THEFT.—Not later than 2 years after the date of enactment of this Act, the Commission shall establish and implement a media and distribution campaign to teach the public how to prevent identity theft. Such campaign shall include existing Commission education materials, as well as radio, television, and print public service announcements, video cassettes, interactive digital video discs (DVD's) or compact audio discs (CD's), and Internet resources.

SEC. 152. BLOCKING OF INFORMATION RESULTING FROM IDENTITY THEFT.

(a) IN GENERAL.—The Fair Credit Reporting Act (15 U.S.C. 1681 et seq.) is amended by inserting after section 605A, as added by this Act, the following:

''§ 605B. Block of information resulting from identity theft

''(a) BLOCK.—Except as otherwise provided in this section, a consumer reporting agency shall block the reporting of any information in the file of a consumer that the consumer identifies as information that resulted from an alleged identity theft, not later than 4 business days after the date of receipt by such agency of—

''(1) appropriate proof of the identity of the consumer;

''(2) a copy of an identity theft report;

''(3) the identification of such information by the consumer; and

''(4) a statement by the consumer that the information is not information relating to any transaction by the consumer.

''(b) NOTIFICATION.—A consumer reporting agency shall promptly notify the furnisher of information identified by the consumer under subsection (a)—

''(1) that the information may be a result of identity theft;

''(2) that an identity theft report has been filed;

''(3) that a block has been requested under this section; and

''(4) of the effective dates of the block.

''(c) AUTHORITY TO DECLINE OR RESCIND.—

''(1) IN GENERAL.—A consumer reporting agency may decline to block, or may rescind any block, of information relating to a consumer under this section, if the consumer reporting agency reasonably determines that—

''(A) the information was blocked in error or a block was requested by the consumer in error;

''(B) the information was blocked, or a block was requested by the consumer, on the basis of a material misrepresentation of fact by the consumer relevant to the request to block; or

''(C) the consumer obtained possession of goods, services, or money as a result of the blocked transaction or transactions.

''(2) NOTIFICATION TO CONSUMER.—If a block of information is declined or rescinded under this subsection, the affected consumer shall be notified promptly, in the same manner as consumers are notified of the reinsertion of information under section 611(a)(5)(B).

''(3) SIGNIFICANCE OF BLOCK.—For purposes of this subsection, if a consumer reporting agency rescinds a block, the presence of information in the file of a consumer prior to the blocking of such information is not evidence of whether the consumer knew or should have known that the consumer obtained possession of any goods, services, or money as a result of the block.

''(d) EXCEPTION FOR RESELLERS.—

''(1) NO RESELLER FILE.—This section shall not apply to a consumer reporting agency, if the consumer reporting agency—

''(A) is a reseller;

''(B) is not, at the time of the request of the consumer under subsection (a), otherwise furnishing or reselling a consumer report concerning the information identified by the consumer; and

''(C) informs the consumer, by any means, that the consumer may report the identity theft to the Commission to obtain consumer information regarding identity theft.

''(2) RESELLER WITH FILE.—The sole obligation of the consumer reporting agency under this section, with regard to any request of a consumer under this section, shall be to block the consumer report maintained by the consumer reporting agency from any subsequent use, if—

''(A) the consumer, in accordance with the provisions of subsection (a), identifies, to a consumer reporting agency, information in the file of the consumer that resulted from identity theft; and

''(B) the consumer reporting agency is a reseller of the identified information.

''(3) NOTICE.—In carrying out its obligation under paragraph (2), the reseller shall promptly provide a notice to the consumer of the decision to block the file. Such notice shall contain the name, address, and telephone number of each consumer reporting agency from which the consumer information was obtained for resale.

''(e) EXCEPTION FOR VERIFICATION COMPANIES.—The provisions of this section do not apply to a check services company, acting as such, which issues authorizations for the purpose of approving or processing negotiable instruments, electronic fund transfers, or similar methods of payments, except that, beginning 4 business days after receipt of information described in paragraphs (1) through (3) of subsection (a), a check services company shall not

report to a national consumer reporting agency described in section 603(p), any information identified in the subject identity theft report as resulting from identity theft.

''(f) ACCESS TO BLOCKED INFORMATION BY LAW ENFORCEMENT AGENCIES.—No provision of this section shall be construed as requiring a consumer reporting agency to prevent a Federal, State, or local law enforcement agency from accessing blocked information in a consumer file to which the agency could otherwise obtain access under this title.''.

(b) CLERICAL AMENDMENT.—The table of sections for the Fair Credit Reporting Act (15 U.S.C. 1681 et seq.) is amended by inserting after the item relating to section 605 the following new items:

''605A. Identity theft prevention; fraud alerts and active duty alerts.

''605B. Block of information resulting from identity theft.''.

SEC. 153. COORDINATION OF IDENTITY THEFT COMPLAINT INVESTIGATIONS.

Section 621 of the Fair Credit Reporting Act (15 U.S.C. 1681s) is amended by adding at the end the following:

''(f) COORDINATION OF CONSUMER COMPLAINT INVESTIGATIONS.—

''(1) IN GENERAL.—Each consumer reporting agency described in section 603(p) shall develop and maintain procedures for the referral to each other such agency of any consumer complaint received by the agency alleging identity theft, or requesting a fraud alert under section 605A or a block under section 605B.

''(2) MODEL FORM AND PROCEDURE FOR REPORTING IDENTITY THEFT.—The Commission, in consultation with the Federal banking agencies and the National Credit Union Administration, shall develop a model form and model procedures to be used by consumers who are victims of identity theft for contacting and informing creditors and consumer reporting agencies of the fraud.

''(3) ANNUAL SUMMARY REPORTS.—Each consumer reporting agency described in section 603(p) shall submit an annual summary report to the Commission on consumer complaints received by the agency on identity theft or fraud alerts.''.

SEC. 154. PREVENTION OF REPOLLUTION OF CONSUMER REPORTS.

(a) PREVENTION OF REINSERTION OF ERRONEOUS INFORMATION.—Section 623(a) of the Fair Credit Reporting Act (15 U.S.C. 1681s–2(a)) is amended by adding at the end the following:

''(6) DUTIES OF FURNISHERS UPON NOTICE OF IDENTITY THEFT-RELATED INFORMATION.—

''(A) REASONABLE PROCEDURES.—A person that furnishes information to any consumer reporting agency shall have in place reasonable procedures to respond to any notification that it receives from a consumer reporting agency under section 605B relating to information resulting from identity theft, to prevent that person from refurnishing such blocked information.

''(B) INFORMATION ALLEGED TO RESULT FROM IDENTITY THEFT.—If a consumer submits an identity theft report to a person who furnishes information to a consumer reporting agency at the address specified by that person for receiving such reports stating that information maintained by such person that purports to relate to the consumer resulted from identity theft, the person may not furnish such information that purports to relate to the consumer to any consumer reporting agency, unless the person subsequently knows or is informed by the consumer that the information is correct.''.

(b) PROHIBITION ON SALE OR TRANSFER OF DEBT CAUSED BY IDENTITY THEFT.—Section 615 of the Fair Credit Reporting Act (15 U.S.C. 1681m), as amended by this Act, is amended by adding at the end the following:

''(f) PROHIBITION ON SALE OR TRANSFER OF DEBT CAUSED BY IDENTITY THEFT.—

''(1) IN GENERAL.—No person shall sell, transfer for consideration, or place for collection a debt that such person has been notified under section 605B has resulted from identity theft.

''(2) APPLICABILITY.—The prohibitions of this subsection shall apply to all persons collecting a debt described in paragraph (1) after the date of a notification under paragraph (1).

''(3) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to prohibit—

''(A) the repurchase of a debt in any case in which the assignee of the debt requires such repurchase because the debt has resulted from identity theft;

''(B) the securitization of a debt or the pledging of a portfolio of debt as collateral in connection with a borrowing; or

''(C) the transfer of debt as a result of a merger, acquisition, purchase and assumption transaction, or transfer of substantially all of the assets of an entity.''.

SEC. 155. NOTICE BY DEBT COLLECTORS WITH RESPECT TO FRAUDULENT INFORMATION.

Section 615 of the Fair Credit Reporting Act (15 U.S.C. 1681m), as amended by this Act, is amended by adding at the end the following:

''(g) DEBT COLLECTOR COMMUNICATIONS CONCERNING IDENTITY THEFT.—If a person acting as a debt collector (as that term is defined in title VIII) on behalf of a third party that is a creditor or other user of a consumer report is notified that any information relating to a debt that the person is attempting to collect may be fraudulent or may be the result of identity theft, that person shall—

''(1) notify the third party that the information may be fraudulent or may be the result of identity theft; and

''(2) upon request of the consumer to whom the debt purportedly relates, provide to the consumer all information to which the consumer would otherwise be entitled if the consumer were not a victim of identity theft, but wished to dispute the debt under provisions of law applicable to that person.''.

SEC. 156. STATUTE OF LIMITATIONS.

Section 618 of the Fair Credit Reporting Act (15 U.S.C. 1681p) is amended to read as follows:

''§ 618. Jurisdiction of courts; limitation of actions

''An action to enforce any liability created under this title may be brought in any appropriate United States district court, without regard to the amount in controversy, or in any other court of competent jurisdiction, not later than the earlier of—

''(1) 2 years after the date of discovery by the plaintiff of the violation that is the basis for such liability; or

''(2) 5 years after the date on which the violation that is the basis for such liability occurs.''.

SEC. 157. STUDY ON THE USE OF TECHNOLOGY TO COMBAT IDENTITY THEFT.

(a) STUDY REQUIRED.—The Secretary of the Treasury shall conduct a study of the use of biometrics and other similar technologies to reduce the incidence and costs to society of identity theft by providing convincing evidence of who actually performed a given financial transaction.

(b) CONSULTATION.—The Secretary of the Treasury shall consult with Federal banking agencies, the Commission, and representatives of financial institutions, consumer reporting agencies, Federal, State, and local government agencies that issue official forms or means of identification, State prosecutors, law enforcement agencies, the biometric industry, and the general public in formulating and conducting the study required by subsection (a).

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretary of the Treasury for fiscal year 2004, such sums as may be necessary to carry out the provisions of this section.

(d) REPORT REQUIRED.—Before the end of the 180-day period beginning on the date of enactment of this Act, the Secretary shall submit a report to Congress containing the findings and conclusions of the study required under subsection (a), together with such recommendations for legislative or administrative actions as may be appropriate.

TITLE II—IMPROVEMENTS IN USE OF AND CONSUMER ACCESS TO CREDIT INFORMATION

SEC. 211. FREE CONSUMER REPORTS.

(a) IN GENERAL.—Section 612 of the Fair Credit Reporting Act (15 U.S.C. 1681j) is amended—

(1) by redesignating subsection (a) as subsection (f), and transferring it to the end of the section;

(2) by inserting before subsection (b) the following:

''(a) FREE ANNUAL DISCLOSURE.—

''(1) NATIONWIDE CONSUMER REPORTING AGENCIES.—

''(A) IN GENERAL.—All consumer reporting agencies described in subsections (p) and (w) of section 603 shall make all disclosures pursuant to section 609 once during any 12-month period upon request of the consumer and without charge to the consumer.

''(B) CENTRALIZED SOURCE.—Subparagraph (A) shall apply with respect to a consumer reporting agency described in section 603(p) only if the request from the consumer is made using the centralized source established for such purpose in accordance with section 211(c) of the Fair and Accurate Credit Transactions Act of 2003.

''(C) NATIONWIDE SPECIALTY CONSUMER REPORTING AGENCY.—

''(i) IN GENERAL.—The Commission shall prescribe regulations applicable to each consumer reporting agency described in section 603(w) to require the establishment of a streamlined process for consumers to request consumer reports under subparagraph (A), which shall include, at a minimum, the establishment by each such agency of a toll-free telephone number for such requests.

''(ii) CONSIDERATIONS.—In prescribing regulations under clause (i), the Commission shall consider—

''(I) the significant demands that may be placed on consumer reporting agencies in providing such consumer reports;

''(II) appropriate means to ensure that consumer reporting agencies can satisfactorily meet those demands, including the efficacy of a system of staggering the availability to consumers of such consumer reports; and

''(III) the ease by which consumers should be able to contact consumer reporting agencies with respect to access to such consumer reports.

''(iii) DATE OF ISSUANCE.—The Commission shall issue the regulations required by this subparagraph in final form not later than 6 months after the date of enactment of the Fair and Accurate Credit Transactions Act of 2003.

''(iv) CONSIDERATION OF ABILITY TO COMPLY.—The regulations of the Commission under this subparagraph shall establish an effective date by which each nationwide specialty consumer reporting agency (as defined in section 603(w)) shall be required to comply with subsection (a), which effective date—

''(I) shall be established after consideration of the ability of each nationwide specialty consumer reporting agency to comply with subsection (a); and

''(II) shall be not later than 6 months after the date on which such regulations are issued in final form (or such additional period not to exceed 3 months, as the Commission determines appropriate).

''(2) TIMING.—A consumer reporting agency shall provide a consumer report under paragraph (1) not later than 15 days after the date on which the request is received under paragraph (1).

''(3) REINVESTIGATIONS.—Notwithstanding the time periods specified in section 611(a)(1), a reinvestigation under that section by a consumer

reporting agency upon a request of a consumer that is made after receiving a consumer report under this subsection shall be completed not later than 45 days after the date on which the request is received.

''(4) EXCEPTION FOR FIRST 12 MONTHS OF OPERATION.—This subsection shall not apply to a consumer reporting agency that has not been furnishing consumer reports to third parties on a continuing basis during the 12-month period preceding a request under paragraph (1), with respect to consumers residing nationwide.'';

(3) by redesignating subsection (d) as subsection (e);

(4) by inserting before subsection (e), as redesignated, the following:

''(d) FREE DISCLOSURES IN CONNECTION WITH FRAUD ALERTS.—Upon the request of a consumer, a consumer reporting agency described in section 603(p) shall make all disclosures pursuant to section 609 without charge to the consumer, as provided in subsections (a)(2) and (b)(2) of section 605A, as applicable.'';

(5) in subsection (e), as redesignated, by striking ''subsection (a)'' and inserting ''subsection (f)''; and

(6) in subsection (f), as redesignated, by striking ''Except as provided in subsections (b), (c), and (d), a'' and inserting ''In the case of a request from a consumer other than a request that is covered by any of subsections (a) through (d), a''.

(b) CIRCUMVENTION PROHIBITED.—The Fair Credit Reporting Act (15 U.S.C. 1681 et seq.) is amended by adding after section 628, as added by section 216 of this Act, the following new section:

''§ 629. Corporate and technological circumvention prohibited

''The Commission shall prescribe regulations, to become effective not later than 90 days after the date of enactment of this section, to prevent a consumer reporting agency from circumventing or evading treatment as a consumer reporting agency described in section 603(p) for purposes of this title, including—

''(1) by means of a corporate reorganization or restructuring, including a merger, acquisition, dissolution, divestiture, or asset sale of a consumer reporting agency; or

''(2) by maintaining or merging public record and credit account information in a manner that is substantially equivalent to that described in paragraphs (1) and (2) of section 603(p), in the manner described in section 603(p).''.

(c) SUMMARY OF RIGHTS TO OBTAIN AND DISPUTE INFORMATION IN CONSUMER REPORTS AND TO OBTAIN CREDIT SCORES.—Section 609(c) of the Fair Credit Reporting Act (15 U.S.C. 1681g) is amended to read as follows:

''(c) SUMMARY OF RIGHTS TO OBTAIN AND DISPUTE INFORMATION IN CONSUMER REPORTS AND TO OBTAIN CREDIT SCORES.—

''(1) COMMISSION SUMMARY OF RIGHTS REQUIRED.—

''(A) IN GENERAL.—The Commission shall prepare a model summary of the rights of consumers under this title.

''(B) CONTENT OF SUMMARY.—The summary of rights prepared under subparagraph (A) shall include a description of—

''(i) the right of a consumer to obtain a copy of a consumer report under subsection (a) from each consumer reporting agency;

''(ii) the frequency and circumstances under which a consumer is entitled to receive a consumer report without charge under section 612;

''(iii) the right of a consumer to dispute information in the file of the consumer under section 611;

''(iv) the right of a consumer to obtain a credit score from a consumer reporting agency, and a description of how to obtain a credit score;

''(v) the method by which a consumer can contact, and obtain a consumer report from, a consumer reporting agency without charge, as provided in the regulations of the Commission prescribed under section 211(c) of the Fair and Accurate Credit Transactions Act of 2003; and

''(vi) the method by which a consumer can contact, and obtain a consumer report from, a consumer reporting agency described in section 603(w), as provided in the regulations of the Commission prescribed under section 612(a)(1)(C).

''(C) AVAILABILITY OF SUMMARY OF RIGHTS.—The Commission shall—

''(i) actively publicize the availability of the summary of rights prepared under this paragraph;

''(ii) conspicuously post on its Internet website the availability of such summary of rights; and

''(iii) promptly make such summary of rights available to consumers, on request.

''(2) SUMMARY OF RIGHTS REQUIRED TO BE INCLUDED WITH AGENCY DISCLOSURES.—A consumer reporting agency shall provide to a consumer, with each written disclosure by the agency to the consumer under this section—

''(A) the summary of rights prepared by the Commission under paragraph (1);

''(B) in the case of a consumer reporting agency described in section 603(p), a toll-free telephone number established by the agency, at which personnel are accessible to consumers during normal business hours;

''(C) a list of all Federal agencies responsible for enforcing any provision of this title, and the address and any appropriate phone number of each such agency, in a form that will assist the consumer in selecting the appropriate agency;

''(D) a statement that the consumer may have additional rights under State law, and that the consumer may wish to contact a State or local consumer protection agency or a State attorney general (or the equivalent thereof) to learn of those rights; and

''(E) a statement that a consumer reporting agency is not required to remove accurate derogatory information from the file of a consumer, unless the information is outdated under section 605 or cannot be verified.''.

(d) RULEMAKING REQUIRED.—

(1) IN GENERAL.—The Commission shall prescribe regulations applicable to consumer reporting agencies described in section 603(p) of the Fair Credit Reporting Act, to require the establishment of—

(A) a centralized source through which consumers may obtain a consumer report from each such consumer reporting agency, using a single request, and without charge to the consumer, as provided in section 612(a) of the Fair Credit Reporting Act (as amended by this section); and

(B) a standardized form for a consumer to make such a request for a consumer report by mail or through an Internet website.

(2) CONSIDERATIONS.—In prescribing regulations under paragraph (1), the Commission shall consider—

(A) the significant demands that may be placed on consumer reporting agencies in providing such consumer reports;

(B) appropriate means to ensure that consumer reporting agencies can satisfactorily meet those demands, including the efficacy of a system of staggering the availability to consumers of such consumer reports; and

(C) the ease by which consumers should be able to contact consumer reporting agencies with respect to access to such consumer reports.

(3) CENTRALIZED SOURCE.—The centralized source for a request for a consumer report from a consumer required by this subsection shall provide for—

(A) a toll-free telephone number for such purpose;

(B) use of an Internet website for such purpose; and

(C) a process for requests by mail for such purpose.

(4) TRANSITION.—The regulations of the Commission under paragraph (1) shall provide for an orderly transition by consumer reporting agencies described in section 603(p) of the Fair Credit Reporting Act to the centralized source for consumer report distribution required by section 612(a)(1)(B), as amended by this section, in a manner that—

(A) does not temporarily overwhelm such consumer reporting agencies with requests for disclosures of consumer reports beyond their capacity to deliver; and

(B) does not deny creditors, other users, and consumers access to consumer reports on a time-sensitive basis for specific purposes, such as home purchases or suspicions of identity theft, during the transition period.

(5) TIMING.—Regulations required by this subsection shall—

(A) be issued in final form not later than 6 months after the date of enactment of this Act; and

(B) become effective not later than 6 months after the date on which they are issued in final form.

(6) SCOPE OF REGULATIONS.—

(A) IN GENERAL.—The Commission shall, by rule, determine whether to require a consumer reporting agency that compiles and maintains files on consumers on substantially a nationwide basis, other than one described in section 603(p) of the Fair Credit Reporting Act, to make free consumer reports available upon consumer request, and if so, whether such consumer reporting agencies should make such free reports available through the centralized source described in paragraph (1)(A).

(B) CONSIDERATIONS.—Before making any determination under subparagraph (A), the Commission shall consider—

(i) the number of requests for consumer reports to, and the number of consumer reports generated by, the consumer reporting agency, in comparison with consumer reporting agencies described in subsections (p) and (w) of section 603 of the Fair Credit Reporting Act;

(ii) the overall scope of the operations of the consumer reporting agency;

(iii) the needs of consumers for access to consumer reports provided by consumer reporting agencies free of charge;

(iv) the costs of providing access to consumer reports by consumer reporting agencies free of charge; and

(v) the effects on the ongoing competitive viability of such consumer reporting agencies if such free access is required.

SEC. 212. DISCLOSURE OF CREDIT SCORES.

(a) STATEMENT ON AVAILABILITY OF CREDIT SCORES.—Section 609(a) of the Fair Credit Reporting Act (15 U.S.C. 1681g(a)) is amended by adding at the end the following new paragraph:

''(6) If the consumer requests the credit file and not the credit score, a statement that the consumer may request and obtain a credit score.''.

(b) DISCLOSURE OF CREDIT SCORES.—Section 609 of the Fair Credit Reporting Act (15 U.S.C. 1681g), as amended by this Act, is amended by adding at the end the following:

''(f) DISCLOSURE OF CREDIT SCORES.—

''(1) IN GENERAL.—Upon the request of a consumer for a credit score, a consumer reporting agency shall supply to the consumer a statement indicating that the information and credit scoring model may be different than the credit score that may be used by the lender, and a notice which shall include—

''(A) the current credit score of the consumer or the most recent credit score of the consumer that was previously calculated by the credit reporting agency for a purpose related to the extension of credit;

''(B) the range of possible credit scores under the model used;

''(C) all of the key factors that adversely affected the credit score of the consumer in the model used, the total number of which shall not exceed 4, subject to paragraph (9);

''(D) the date on which the credit score was created; and

''(E) the name of the person or entity that provided the credit score or credit file upon which the credit score was created.

''(2) DEFINITIONS.—For purposes of this subsection, the following definitions shall apply:

''(A) CREDIT SCORE.—The term 'credit score'—

''(i) means a numerical value or a categorization derived from a statistical tool or modeling system used by a person who makes or arranges a loan to predict the likelihood of certain credit behaviors, including default (and the numerical value or the categorization derived from such analysis may also be referred to as a 'risk predictor' or 'risk score'); and

''(ii) does not include—

''(I) any mortgage score or rating of an automated underwriting system that considers one or more factors in addition to credit information, including the loan to value ratio, the amount of down payment, or the financial assets of a consumer; or

''(II) any other elements of the underwriting process or underwriting decision.

''(B) KEY FACTORS.—The term 'key factors' means all relevant elements or reasons adversely affecting the credit score for the particular individual, listed in the order of their importance based on their effect on the credit score.

''(3) TIMEFRAME AND MANNER OF DISCLOSURE.—The information required by this subsection shall be provided in the same timeframe and manner as the information described in subsection (a).

''(4) APPLICABILITY TO CERTAIN USES.—This subsection shall not be construed so as to compel a consumer reporting agency to develop or disclose a score if the agency does not—

''(A) distribute scores that are used in connection with residential real property loans; or

''(B) develop scores that assist credit providers in understanding the general credit behavior of a consumer and predicting the future credit behavior of the consumer.

''(5) APPLICABILITY TO CREDIT SCORES DEVELOPED BY ANOTHER PERSON.—

''(A) IN GENERAL.—This subsection shall not be construed to require a consumer reporting agency that distributes credit scores developed by another person or entity to provide a further explanation of them, or to process a dispute arising pursuant to section 611, except that the consumer reporting agency shall provide the consumer with the name and address and website for contacting the person or entity who developed the score or developed the methodology of the score.

''(B) EXCEPTION.—This paragraph shall not apply to a consumer reporting agency that develops or modifies scores that are developed by another person or entity.

''(6) MAINTENANCE OF CREDIT SCORES NOT REQUIRED.—This subsection shall not be construed to require a consumer reporting agency to maintain credit scores in its files.

''(7) COMPLIANCE IN CERTAIN CASES.—In complying with this subsection, a consumer reporting agency shall—

''(A) supply the consumer with a credit score that is derived from a credit scoring model that is widely distributed to users by that consumer reporting agency in connection with residential real property loans or with a credit score that assists the consumer in understanding the credit scoring assessment of the credit behavior of the consumer and predictions about the future credit behavior of the consumer; and

''(B) a statement indicating that the information and credit scoring model may be different than that used by the lender.

''(8) FAIR AND REASONABLE FEE.—A consumer reporting agency may charge a fair and reasonable fee, as determined by the Commission, for providing the information required under this subsection.

''(9) USE OF ENQUIRIES AS A KEY FACTOR.—If a key factor that adversely affects the credit score of a consumer consists of the number of enquiries made with respect to a consumer report, that factor shall be included in the disclosure pursuant to paragraph (1)(C) without regard to the numerical limitation in such paragraph.''.

(c) DISCLOSURE OF CREDIT SCORES BY CERTAIN MORTGAGE LENDERS.—Section 609 of the Fair Credit Reporting Act (15 U.S.C. 1681g), as amended by this Act, is amended by adding at the end the following:

''(g) DISCLOSURE OF CREDIT SCORES BY CERTAIN MORTGAGE LENDERS.—

''(1) IN GENERAL.—Any person who makes or arranges loans and who uses a consumer credit score, as defined in subsection (f), in connection with an application initiated or sought by a consumer for a closed end loan or the establishment of an open end loan for a consumer purpose that is secured by 1 to 4 units of residential real property (hereafter in this subsection referred to as the 'lender') shall provide the following to the consumer as soon as reasonably practicable:

''(A) INFORMATION REQUIRED UNDER SUBSECTION (f).—

''(i) IN GENERAL.—A copy of the information identified in subsection (f) that was obtained from a consumer reporting agency or was developed and used by the user of the information.

''(ii) NOTICE UNDER SUBPARAGRAPH (D).—In addition to the information provided to it by a third party that provided the credit score or scores, a lender is only required to provide the notice contained in subparagraph (D).

''(B) DISCLOSURES IN CASE OF AUTOMATED UNDERWRITING SYSTEM.—

''(i) IN GENERAL.—If a person that is subject to this subsection uses an automated underwriting system to underwrite a loan, that person may satisfy the obligation to provide a credit score by disclosing a credit score and associated key factors supplied by a consumer reporting agency.

''(ii) NUMERICAL CREDIT SCORE.—However, if a numerical credit score is generated by an automated underwriting system used by an enterprise, and that score is disclosed to the person, the score shall be disclosed to the consumer consistent with subparagraph (C).

''(iii) ENTERPRISE DEFINED.—For purposes of this subparagraph, the term 'enterprise' has the same meaning as in paragraph (6) of section 1303 of the Federal Housing Enterprises Financial Safety and Soundness Act of 1992.

''(C) DISCLOSURES OF CREDIT SCORES NOT OBTAINED FROM A CONSUMER REPORTING AGENCY.—A person that is subject to the provisions of this subsection and that uses a credit score, other than a credit score provided by a consumer reporting agency, may satisfy the obligation to provide a credit score by disclosing a credit score and associated key factors supplied by a consumer reporting agency.

''(D) NOTICE TO HOME LOAN APPLICANTS.—A copy of the following notice, which shall include the name, address, and telephone number of each consumer reporting agency providing a credit score that was used:

''''NOTICE TO THE HOME LOAN APPLICANT

''''In connection with your application for a home loan, the lender must disclose to you the score that a consumer reporting agency distributed to users and the lender used in connection with your home loan, and the key factors affecting your credit scores.

''''The credit score is a computer generated summary calculated at the time of the request and based on information that a consumer reporting agency or lender has on file. The scores are based on data about your credit history and payment patterns. Credit scores are important because they are used to assist the lender in determining whether you will obtain a loan. They may also be used to determine what interest rate you may be offered on the mortgage. Credit scores can change over time, depending on your conduct, how your credit history and payment patterns change, and how credit scoring technologies change.

''''Because the score is based on information in your credit history, it is very important that you review the credit-related information that is being furnished to make sure it is accurate. Credit records may vary from one company to another.

''''If you have questions about your credit score or the credit information that is furnished to you, contact the consumer reporting agency at the address and telephone number provided with this notice, or contact the lender, if the lender developed or generated the credit score. The consumer reporting agency plays no part in the decision to take any action on the loan application and is unable to provide you with specific reasons for the decision on a loan application.

''''If you have questions concerning the terms of the loan, contact the lender.'.

''(E) ACTIONS NOT REQUIRED UNDER THIS SUBSECTION.—This subsection shall not require any person to—

''(i) explain the information provided pursuant to subsection (f);

''(ii) disclose any information other than a credit score or key factors, as defined in subsection (f);

''(iii) disclose any credit score or related information obtained by the user after a loan has closed;

''(iv) provide more than 1 disclosure per loan transaction; or

''(v) provide the disclosure required by this subsection when another person has made the disclosure to the consumer for that loan transaction.

''(F) NO OBLIGATION FOR CONTENT.—

''(i) IN GENERAL.—The obligation of any person pursuant to this subsection shall be limited solely to providing a copy of the information that was received from the consumer reporting agency.

''(ii) LIMIT ON LIABILITY.—No person has liability under this subsection for the content of that information or for the omission of any information within the report provided by the consumer reporting agency.

''(G) PERSON DEFINED AS EXCLUDING ENTERPRISE.—As used in this subsection, the term 'person' does not include an enterprise (as defined in paragraph (6) of section 1303 of the Federal Housing Enterprises Financial Safety and Soundness Act of 1992).

''(2) PROHIBITION ON DISCLOSURE CLAUSES NULL AND VOID.—

''(A) IN GENERAL.—Any provision in a contract that prohibits the disclosure of a credit score by a person who makes or arranges loans or a consumer reporting agency is void.

''(B) NO LIABILITY FOR DISCLOSURE UNDER THIS SUBSECTION.—A lender shall not have liability under any contractual provision for disclosure of a credit score pursuant to this subsection.''.

(d) INCLUSION OF KEY FACTOR IN CREDIT SCORE INFORMATION IN CONSUMER REPORT.—Section 605(d) of the Fair Credit Reporting Act (15 U.S.C. 1681c(d)) is amended—

(1) by striking ''DISCLOSED.—Any consumer reporting agency'' and inserting ''DISCLOSED.—

''(1) TITLE 11 INFORMATION.—Any consumer reporting agency''; and

(2) by adding at the end the following new paragraph:

''(2) KEY FACTOR IN CREDIT SCORE INFORMATION.—Any consumer reporting agency that furnishes a consumer report that contains any credit score or any other risk score or predictor on any consumer shall include in the report a clear and conspicuous statement that a key factor (as defined in section 609(f)(2)(B)) that adversely affected such score or predictor was the number of enquiries, if such a predictor was in fact a key factor that adversely affected such score. This paragraph shall not apply to a check services company, acting as such, which issues authorizations for the purpose of approving or processing negotiable instruments, electronic

fund transfers, or similar methods of payments, but only to the extent that such company is engaged in such activities.''.

(e) TECHNICAL AND CONFORMING AMENDMENTS.—Section 625(b) of the Fair Credit Reporting Act (15 U.S.C. 1681t(b)), as so designated by section 214 of this Act, is amended—

(1) by striking ''or'' at the end of paragraph (2); and

(2) by striking paragraph (3) and inserting the following:

''(3) with respect to the disclosures required to be made under subsection (c), (d), (e), or (g) of section 609, or subsection (f) of section 609 relating to the disclosure of credit scores for credit granting purposes, except that this paragraph—

''(A) shall not apply with respect to sections 1785.10, 1785.16, and 1785.20.2 of the California Civil Code (as in effect on the date of enactment of the Fair and Accurate Credit Transactions Act of 2003) and section 1785.15 through section 1785.15.2 of such Code (as in effect on such date);

''(B) shall not apply with respect to sections 5–3–106(2) and 212–14.3–104.3 of the Colorado Revised Statutes (as in effect on the date of enactment of the Fair and Accurate Credit Transactions Act of 2003); and

''(C) shall not be construed as limiting, annulling, affecting, or superseding any provision of the laws of any State regulating the use in an insurance activity, or regulating disclosures concerning such use, of a credit-based insurance score of a consumer by any person engaged in the business of insurance;

''(4) with respect to the frequency of any disclosure under section 612(a), except that this paragraph shall not apply—

''(A) with respect to section 12–14.3–105(1)(d) of the Colorado Revised Statutes (as in effect on the date of enactment of the Fair and Accurate Credit Transactions Act of 2003);

''(B) with respect to section 10–1–393(29)(C) of the Georgia Code (as in effect on the date of enactment of the Fair and Accurate Credit Transactions Act of 2003);

''(C) with respect to section 1316.2 of title 10 of the Maine Revised Statutes (as in effect on the date of enactment of the Fair and Accurate Credit Transactions Act of 2003);

''(D) with respect to sections 14–1209(a)(1) and 14–1209(b)(1)(i) of the Commercial Law Article of the Code of Maryland (as in effect on the date of enactment of the Fair and Accurate Credit Transactions Act of 2003);

''(E) with respect to section 59(d) and section 59(e) of chapter 93 of the General Laws of Massachusetts (as in effect on the date of enactment of the Fair and Accurate Credit Transactions Act of 2003);

''(F) with respect to section 56:11–37.10(a)(1) of the New Jersey Revised Statutes (as in effect on the date of enactment of the Fair and Accurate Credit Transactions Act of 2003); or

''(G) with respect to section 2480c(a)(1) of title 9 of the Vermont Statutes Annotated (as in effect on the date of enactment of the Fair and Accurate Credit Transactions Act of 2003); or''.

SEC. 213. ENHANCED DISCLOSURE OF THE MEANS AVAILABLE TO OPT OUT OF PRESCREENED LISTS.

(a) NOTICE AND RESPONSE FORMAT FOR USERS OF REPORTS.—Section 615(d)(2) of the Fair Credit Reporting Act (15 U.S.C. 1681m(d)(2)) is amended to read as follows:

''(2) DISCLOSURE OF ADDRESS AND TELEPHONE NUMBER; FORMAT.—A statement under paragraph (1) shall—

''(A) include the address and toll-free telephone number of the appropriate notification system established under section 604(e); and

''(B) be presented in such format and in such type size and manner as to be simple and easy to understand, as established by the Commission, by rule, in consultation with the Federal banking agencies and the National Credit Union Administration.''.

(b) RULEMAKING SCHEDULE.—Regulations required by section 615(d)(2) of the Fair Credit Reporting Act, as amended by this section, shall be issued in final form not later than 1 year after the date of enactment of this Act.

(c) DURATION OF ELECTIONS.—Section 604(e) of the Fair Credit Reporting Act (15 U.S.C. 1681b(e)) is amended in each of paragraphs (3)(A) and (4)(B)(i)), by striking ''2-year period'' each place that term appears and inserting ''5-year period''.

(d) PUBLIC AWARENESS CAMPAIGN.—The Commission shall actively publicize and conspicuously post on its website any address and the toll-free telephone number established as part of a notification system for opting out of prescreening under section 604(e) of the Fair Credit Reporting Act (15 U.S.C. 1681b(e)), and otherwise take measures to increase public awareness regarding the availability of the right to opt out of prescreening.

(e) ANALYSIS OF FURTHER RESTRICTIONS ON OFFERS OF CREDIT OR INSURANCE.—

(1) IN GENERAL.—The Board shall conduct a study of—

(A) the ability of consumers to avoid receiving written offers of credit or insurance in connection with transactions not initiated by the consumer; and

(B) the potential impact that any further restrictions on providing consumers with such written offers of credit or insurance would have on consumers.

(2) REPORT.—The Board shall submit a report summarizing the results of the study required under paragraph (1) to the Congress not later than 12 months after the date of enactment of this Act, together with such recommendations for legislative or administrative action as the Board may determine to be appropriate.

(3) CONTENT OF REPORT.—The report described in paragraph (2) shall address the following issues:

(A) The current statutory or voluntary mechanisms that are available to a consumer to notify lenders and insurance providers that the consumer does not wish to receive written offers of credit or insurance.

(B) The extent to which consumers are currently utilizing existing statutory and voluntary mechanisms to avoid receiving offers of credit or insurance.

(C) The benefits provided to consumers as a result of receiving written offers of credit or insurance.

(D) Whether consumers incur significant costs or are otherwise adversely affected by the receipt of written offers of credit or insurance.

(E) Whether further restricting the ability of lenders and insurers to provide written offers of credit or insurance to consumers would affect—

(i) the cost consumers pay to obtain credit or insurance;

(ii) the availability of credit or insurance;

(iii) consumers' knowledge about new or alternative products and services;

(iv) the ability of lenders or insurers to compete with one another; and

(v) the ability to offer credit or insurance products to consumers who have been traditionally underserved.

SEC. 214. AFFILIATE SHARING.

(a) LIMITATION.—The Fair Credit Reporting Act (15 U.S.C. 1601 et seq.) is amended—

(1) by redesignating sections 624 (15 U.S.C. 1681t), 625 (15 U.S.C. 1681u), and 626 (15 U.S.C. 6181v) as sections 625, 626, and 627, respectively; and

(2) by inserting after section 623 the following:

''§ 624. Affiliate sharing

''(a) SPECIAL RULE FOR SOLICITATION FOR PURPOSES OF MARKETING.—

''(1) NOTICE.—Any person that receives from another person related to it by common ownership or affiliated by corporate control a communication of information that would be a consumer report, but for clauses (i), (ii), and (iii) of section 603(d)(2)(A), may not use the information to make a solicitation for marketing purposes to a consumer about its products or services, unless—

''(A) it is clearly and conspicuously disclosed to the consumer that the information may be communicated among such persons for purposes of making such solicitations to the consumer; and

''(B) the consumer is provided an opportunity and a simple method to prohibit the making of such solicitations to the consumer by such person.

''(2) CONSUMER CHOICE.—

''(A) IN GENERAL.—The notice required under paragraph (1) shall allow the consumer the opportunity to prohibit all solicitations referred to in such paragraph, and may allow the consumer to choose from different options when electing to prohibit the sending of such solicitations, including options regarding the types of entities and information covered, and which methods of delivering solicitations the consumer elects to prohibit.

''(B) FORMAT.—Notwithstanding subparagraph (A), the notice required under paragraph (1) shall be clear, conspicuous, and concise, and any method provided under paragraph (1)(B) shall be simple. The regulations prescribed to implement this section shall provide specific guidance regarding how to comply with such standards.

''(3) DURATION.—

''(A) IN GENERAL.—The election of a consumer pursuant to paragraph (1)(B) to prohibit the making of solicitations shall be effective for at least 5 years, beginning on the date on which the person receives the election of the consumer, unless the consumer requests that such election be revoked.

''(B) NOTICE UPON EXPIRATION OF EFFECTIVE PERIOD.—At such time as the election of a consumer pursuant to paragraph (1)(B) is no longer effective, a person may not use information that the person receives in the manner described in paragraph (1) to make any solicitation for marketing purposes to the consumer, unless the consumer receives a notice and an opportunity, using a simple method, to extend the opt-out for another period of at least 5 years, pursuant to the procedures described in paragraph (1).

''(4) SCOPE.—This section shall not apply to a person—

''(A) using information to make a solicitation for marketing purposes to a consumer with whom the person has a pre-existing business relationship;

''(B) using information to facilitate communications to an individual for whose benefit the person provides employee benefit or other services pursuant to a contract with an employer related to and arising out of the current employment relationship or status of the individual as a participant or beneficiary of an employee benefit plan;

''(C) using information to perform services on behalf of another person related by common ownership or affiliated by corporate control, except that this subparagraph shall not be construed as permitting a person to send solicitations on behalf of another person, if such other person would not be permitted to send the solicitation on its own behalf as a result of the election of the consumer to prohibit solicitations under paragraph (1)(B);

''(D) using information in response to a communication initiated by the consumer;

''(E) using information in response to solicitations authorized or requested by the consumer; or

''(F) if compliance with this section by that person would prevent compliance by that person with any provision of State insurance laws pertaining to unfair discrimination in any State in which the person is lawfully doing business.

''(5) NO RETROACTIVITY.—This subsection shall not prohibit the use of information to send a solicitation to a consumer if such information was received prior to the date on which persons are required to comply with regulations implementing this subsection.

''(b) NOTICE FOR OTHER PURPOSES PERMISSIBLE.—A notice or other disclosure under this section may be coordinated and consolidated with any other notice required to be issued under any other provision of law by a person that is subject to this section, and a notice or other disclosure that is equivalent to the notice required by subsection (a), and that is provided by a person described in subsection (a) to a consumer together with disclosures required by any other provision of law, shall satisfy the requirements of subsection (a).

''(c) USER REQUIREMENTS.—Requirements with respect to the use by a person of information received from another person related to it by common ownership or affiliated by corporate control, such as the requirements of this section, constitute requirements with respect to the exchange of information among persons affiliated by common ownership or common corporate control, within the meaning of section 625(b)(2).

''(d) DEFINITIONS.—For purposes of this section, the following definitions shall apply:

''(1) PRE-EXISTING BUSINESS RELATIONSHIP.—The term 'pre-existing business relationship' means a relationship between a person, or a person's licensed agent, and a consumer, based on—

''(A) a financial contract between a person and a consumer which is in force;

''(B) the purchase, rental, or lease by the consumer of that person's goods or services, or a financial transaction (including holding an active account or a policy in force or having another continuing relationship) between the consumer and that person during the 18-month period immediately preceding the date on which the consumer is sent a solicitation covered by this section;

''(C) an inquiry or application by the consumer regarding a product or service offered by that person, during the 3-month period immediately preceding the date on which the consumer is sent a solicitation covered by this section; or

''(D) any other pre-existing customer relationship defined in the regulations implementing this section.

''(2) SOLICITATION.—The term 'solicitation' means the marketing of a product or service initiated by a person to a particular consumer that is based on an exchange of information described in subsection (a), and is intended to encourage the consumer to purchase such product or service, but does not include communications that are directed at the general public or determined not to be a solicitation by the regulations prescribed under this section.''.

(b) RULEMAKING REQUIRED.—

(1) IN GENERAL.—The Federal banking agencies, the National Credit Union Administration, and the Commission, with respect to the entities that are subject to their respective enforcement authority under section 621 of the Fair Credit Reporting Act and the Securities and Exchange Commission, and in coordination as described in paragraph (2), shall prescribe regulations to implement section 624 of the Fair Credit Reporting Act, as added by this section.

(2) COORDINATION.—Each agency required to prescribe regulations under paragraph (1) shall consult and coordinate with each other such agency so that, to the extent possible, the regulations prescribed by each such entity are consistent and comparable with the regulations prescribed by each other such agency.

(3) CONSIDERATIONS.—In promulgating regulations under this subsection, each agency referred to in paragraph (1) shall—

(A) ensure that affiliate sharing notification methods provide a simple means for consumers to make determinations and choices under section 624 of the Fair Credit Reporting Act, as added by this section;

(B) consider the affiliate sharing notification practices employed on the date of enactment of this Act by persons that will be subject to that section 624; and

(C) ensure that notices and disclosures may be coordinated and consolidated, as provided in subsection (b) of that section 624.

(4) TIMING.—Regulations required by this subsection shall—

(A) be issued in final form not later than 9 months after the date of enactment of this Act; and

(B) become effective not later than 6 months after the date on which they are issued in final form.

(c) TECHNICAL AND CONFORMING AMENDMENTS.—

(1) DEFINITIONS.—Section 603(d)(2)(A) of the Fair Credit Reporting Act (15 U.S.C. 1681(d)(2)(A)) is amended by inserting ''subject to section 624,'' after ''(A)''.

(2) RELATION TO STATE LAWS.—Section 625(b)(1) of the Fair Credit Reporting Act (15 U.S.C. 1681t(b)(1)), as so designated by subsection (a) of this section, is amended—

(A) by striking ''or'' after the semicolon at the end of subparagraph (E); and

(B) by adding at the end the following new subparagraph:

''(H) section 624, relating to the exchange and use of information to make a solicitation for marketing purposes; or''.

(3) CROSS REFERENCE CORRECTION.—Section 627(d) of the Fair Credit Reporting Act (15 U.S.C. 1681v(d)), as so designated by subsection (a) of this section, is amended by striking ''section 625'' and inserting ''section 626''.

(4) TABLE OF SECTIONS.—The table of sections for title VI of the Consumer Credit Protection Act (15 U.S.C. 1601 et seq.) is amended by striking the items relating to sections 624 through 626 and inserting the following:

''624. Affiliate sharing.
''625. Relation to State laws.
''626. Disclosures to FBI for counterintelligence purposes.
''627. Disclosures to governmental agencies for counterintelligence purposes.''

(e) STUDIES OF INFORMATION SHARING PRACTICES.—

(1) IN GENERAL.—The Federal banking agencies, the National Credit Union Administration, and the Commission shall jointly conduct regular studies of the consumer information sharing practices by financial institutions and other persons that are creditors or users of consumer reports with their affiliates.

(2) MATTERS FOR STUDY.—In conducting the studies required by paragraph (1), the agencies described in paragraph (1) shall—

(A) identify—

(i) the purposes for which financial institutions and other creditors and users of consumer reports share consumer information;

(ii) the types of information shared by such entities with their affiliates;

(iii) the number of choices provided to consumers with respect to the control of such sharing, and the degree to and manner in which consumers exercise such choices, if at all; and

(iv) whether such entities share or may share personally identifiable transaction or experience information with affiliates for purposes—

(I) that are related to employment or hiring, including whether the person that is the subject of such information is given notice of such sharing, and the specific uses of such shared information; or

(II) of general publication of such information; and

(B) specifically examine the information sharing practices that financial institutions and other creditors and users of consumer reports and their affiliates employ for the purpose of making underwriting decisions or credit evaluations of consumers.

(3) REPORTS.—

(A) INITIAL REPORT.—Not later than 3 years after the date of enactment of this Act, the Federal banking agencies, the National Credit Union Administration, and the Commission shall jointly submit a report to the Congress on the results of the initial study conducted in accordance with this subsection, together with any recommendations for legislative or regulatory action.

(B) FOLLOWUP REPORTS.—The Federal banking agencies, the National Credit Union Administration, and the Commission shall, not less frequently than once every 3 years following the date of submission of the initial report under subparagraph (A), jointly submit a report to the Congress that, together with any recommendations for legislative or regulatory action—

(i) documents any changes in the areas of study referred to in paragraph (2)(A) occurring since the date of submission of the previous report;

(ii) identifies any changes in the practices of financial institutions and other creditors and users of consumer reports in sharing consumer information with their affiliates for the purpose of making underwriting decisions or credit evaluations of consumers occurring since the date of submission of the previous report; and

(iii) examines the effects that changes described in clause (ii) have had, if any, on the degree to which such affiliate sharing practices reduce the need for financial institutions, creditors, and other users of consumer reports to rely on consumer reports for such decisions.

SEC. 215. STUDY OF EFFECTS OF CREDIT SCORES AND CREDIT-BASED INSURANCE SCORES ON AVAILABILITY AND AFFORDABILITY OF FINANCIAL PRODUCTS.

(a) STUDY REQUIRED.—The Commission and the Board, in consultation with the Office of Fair Housing and Equal Opportunity of the Department of Housing and Urban Development, shall conduct a study of—

(1) the effects of the use of credit scores and credit-based insurance scores on the availability and affordability of financial products and services, including credit cards, mortgages, auto loans, and property and casualty insurance;

(2) the statistical relationship, utilizing a multivariate analysis that controls for prohibited factors under the Equal Credit Opportunity Act and other known risk factors, between credit scores and credit-based insurance scores and the quantifiable risks and actual losses experienced by businesses;

(3) the extent to which, if any, the use of credit scoring models, credit scores, and credit-based insurance scores impact on the availability and affordability of credit and insurance to the extent information is currently available or is available through proxies, by geography, income, ethnicity, race, color, religion, national origin, age, sex, marital status, and creed, including the extent to which the consideration or lack of consideration of certain factors by credit scoring systems could result in negative or differential treatment of protected classes under the Equal Credit Opportunity Act, and the extent to which, if any, the use of underwriting systems relying on these models could achieve comparable results through the use of factors with less negative impact; and

(4) the extent to which credit scoring systems are used by businesses, the factors considered by such systems, and the effects of variables which are not considered by such systems.

(b) PUBLIC PARTICIPATION.—The Commission shall seek public input about the prescribed methodology and research design of the study described in subsection (a), including from relevant Federal regulators, State insurance regulators, community, civil rights, consumer, and housing groups.

(c) REPORT REQUIRED.—

(1) IN GENERAL.—Before the end of the 24-month period beginning on the date of enactment of this Act, the Commission shall submit a detailed report on the study conducted pursuant to subsection (a) to the Committee on Financial Services of the House of Representatives and the Committee on Banking, Housing, and Urban Affairs of the Senate.

(2) CONTENTS OF REPORT.—The report submitted under paragraph (1) shall include the findings and conclusions of the Commission, recommendations to address specific areas of concerns addressed in the study, and recommendations for legislative or administrative action that the Commission may determine to be necessary to ensure that credit and credit-based insurance scores are used appropriately and fairly to avoid negative effects.

SEC. 216. DISPOSAL OF CONSUMER REPORT INFORMATION AND RECORDS.

(a) IN GENERAL.—The Fair Credit Reporting Act (15 U.S.C. 1681 et seq.), as amended by this Act, is amended by adding at the end the following:

"§ 628. Disposal of records

''(a) REGULATIONS.—

''(1) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Federal banking agencies, the National Credit Union Administration, and the Commission with respect to the entities that are subject to their respective enforcement authority under section 621, and the Securities and Exchange Commission, and in coordination as described in paragraph (2), shall issue final regulations requiring any person that maintains or otherwise possesses consumer information, or any compilation of consumer information, derived from consumer reports for a business purpose to properly dispose of any such information or compilation.

''(2) COORDINATION.—Each agency required to prescribe regulations under paragraph (1) shall—

''(A) consult and coordinate with each other such agency so that, to the extent possible, the regulations prescribed by each such agency are consistent and comparable with the regulations by each such other agency; and

''(B) ensure that such regulations are consistent with the requirements and regulations issued pursuant to Public Law 106–102 and other provisions of Federal law.

''(3) EXEMPTION AUTHORITY.—In issuing regulations under this section, the Federal banking agencies, the National Credit Union Administration, the Commission, and the Securities and Exchange Commission may exempt any person or class of persons from application of those regulations, as such agency deems appropriate to carry out the purpose of this section.

''(b) RULE OF CONSTRUCTION.—Nothing in this section shall be construed—

''(1) to require a person to maintain or destroy any record pertaining to a consumer that is not imposed under other law; or

''(2) to alter or affect any requirement imposed under any other provision of law to maintain or destroy such a record.''.

(b) CLERICAL AMENDMENT.—The table of sections for title VI of the Consumer Credit Protection Act (15 U.S.C. 1601 et seq.) is amended by inserting after the item relating to section 627, as added by section 214 of this Act, the following:

''628. Disposal of records.
''629. Corporate and technological circumvention prohibited.''.

SEC. 217. REQUIREMENT TO DISCLOSE COMMUNICATIONS TO A CONSUMER REPORTING AGENCY.

(a) IN GENERAL.—Section 623(a) of the Fair Credit Reporting Act (15 U.S.C. 1681s–2(a)) as amended by this Act, is amended by inserting after paragraph (6), the following new paragraph:

''(7) NEGATIVE INFORMATION.—

''(A) NOTICE TO CONSUMER REQUIRED.—

''(i) IN GENERAL.—If any financial institution that extends credit and regularly and in the ordinary course of business furnishes information to a consumer reporting agency described in section 603(p) furnishes negative information to such an agency regarding credit extended to a customer, the financial institution shall provide a notice of such furnishing of negative information, in writing, to the customer.

''(ii) NOTICE EFFECTIVE FOR SUBSEQUENT SUBMISSIONS.—After providing such notice, the financial institution may submit additional negative information to a consumer reporting agency described in section 603(p) with respect to the same transaction, extension of credit, account, or customer without providing additional notice to the customer.

''(B) TIME OF NOTICE.—

''(i) IN GENERAL.—The notice required under subparagraph (A) shall be provided to the customer prior to, or no later than 30 days after, furnishing the negative information to a consumer reporting agency described in section 603(p).

''(ii) COORDINATION WITH NEW ACCOUNT DISCLOSURES.—If the notice is provided to the customer prior to furnishing the negative information to a consumer reporting agency, the notice may not be included in the initial disclosures provided under section 127(a) of the Truth in Lending Act.

''(C) COORDINATION WITH OTHER DISCLOSURES.—The notice required under subparagraph (A)—

''(i) may be included on or with any notice of default, any billing statement, or any other materials provided to the customer; and

''(ii) must be clear and conspicuous.

''(D) MODEL DISCLOSURE.—

''(i) DUTY OF BOARD TO PREPARE.—The Board shall prescribe a brief model disclosure a financial institution may use to comply with subparagraph (A), which shall not exceed 30 words.

''(ii) USE OF MODEL NOT REQUIRED.—No provision of this paragraph shall be construed as requiring a financial institution to use any such model form prescribed by the Board.

''(iii) COMPLIANCE USING MODEL.—A financial institution shall be deemed to be in compliance with subparagraph (A) if the financial institution uses any such model form prescribed by the Board, or the financial institution uses any such model form and rearranges its format.

''(E) USE OF NOTICE WITHOUT SUBMITTING NEGATIVE INFORMATION.—No provision of this paragraph shall be construed as requiring a financial institution that has provided a customer with a notice described in subparagraph (A) to furnish negative information about the customer to a consumer reporting agency.

''(F) SAFE HARBOR.—A financial institution shall not be liable for failure to perform the duties required by this paragraph if, at the time of the failure, the financial institution maintained reasonable policies and procedures to comply with this paragraph or the financial institution reasonably believed that the institution is prohibited, by law, from contacting the consumer.

''(G) DEFINITIONS.—For purposes of this paragraph, the following definitions shall apply:

''(i) NEGATIVE INFORMATION.—The term 'negative information' means information concerning a customer's delinquencies, late payments, insolvency, or any form of default.

''(ii) CUSTOMER; FINANCIAL INSTITUTION.—The terms 'customer' and 'financial institution' have the same meanings as in section 509 Public Law 106–102.''.

(b) MODEL DISCLOSURE FORM.—Before the end of the 6-month period beginning on the date of enactment of this Act, the Board shall adopt the model disclosure required under the amendment made by subsection (a) after notice duly given in the Federal Register and an opportunity for public comment in accordance with section 553 of title 5, United States Code.

TITLE III—ENHANCING THE ACCURACY OF CONSUMER REPORT INFORMATION

SEC. 311. RISK-BASED PRICING NOTICE.

(a) DUTIES OF USERS.—Section 615 of the Fair Credit Reporting Act (15 U.S.C. 1681m), as amended by this Act, is amended by adding at the end the following:

''(h) DUTIES OF USERS IN CERTAIN CREDIT TRANSACTIONS.—

''(1) IN GENERAL.—Subject to rules prescribed as provided in paragraph (6), if any person uses a consumer report in connection with an application for, or a grant, extension, or other provision of, credit on material terms that are materially less favorable than the most favorable terms available to a substantial proportion of consumers from or through that person, based in whole or in part on a consumer report, the person shall provide an oral, written, or electronic notice to the consumer in the form and manner required by regulations prescribed in accordance with this subsection.

''(2) TIMING.—The notice required under paragraph (1) may be provided at the time of an application for, or a grant, extension, or other provision of, credit or the time of communication of an approval of an application for, or grant, extension, or other provision of, credit, except as provided in the regulations prescribed under paragraph (6).

''(3) EXCEPTIONS.—No notice shall be required from a person under this subsection if—

''(A) the consumer applied for specific material terms and was granted those terms, unless those terms were initially specified by the person after the transaction was initiated by the consumer and after the person obtained a consumer report; or

''(B) the person has provided or will provide a notice to the consumer under subsection (a) in connection with the transaction.

''(4) OTHER NOTICE NOT SUFFICIENT.—A person that is required to provide a notice under subsection (a) cannot meet that requirement by providing a notice under this subsection.

''(5) CONTENT AND DELIVERY OF NOTICE.—A notice under this subsection shall, at a minimum—

''(A) include a statement informing the consumer that the terms offered to the consumer are set based on information from a consumer report;

''(B) identify the consumer reporting agency furnishing the report;

''(C) include a statement informing the consumer that the consumer may obtain a copy of a consumer report from that consumer reporting agency without charge; and

''(D) include the contact information specified by that consumer reporting agency for obtaining such consumer reports (including a toll-free telephone number established by the agency in the case of a consumer reporting agency described in section 603(p)).

''(6) RULEMAKING.—

''(A) RULES REQUIRED.—The Commission and the Board shall jointly prescribe rules.

''(B) CONTENT.—Rules required by subparagraph (A) shall address, but are not limited to—

''(i) the form, content, time, and manner of delivery of any notice under this subsection;

''(ii) clarification of the meaning of terms used in this subsection, including what credit terms are material, and when credit terms are materially less favorable;

''(iii) exceptions to the notice requirement under this subsection for classes of persons or transactions regarding which the agencies determine that notice would not significantly benefit consumers;

''(iv) a model notice that may be used to comply with this subsection; and

''(v) the timing of the notice required under paragraph (1), including the circumstances under which the notice must be provided after the terms offered to the consumer were set based on information from a consumer report.

''(7) COMPLIANCE.—A person shall not be liable for failure to perform the duties required by this section if, at the time of the failure, the person maintained reasonable policies and procedures to comply with this section.

''(8) ENFORCEMENT.—

''(A) NO CIVIL ACTIONS.—Sections 616 and 617 shall not apply to any failure by any person to comply with this section.

''(B) ADMINISTRATIVE ENFORCEMENT.—This section shall be enforced exclusively under section 621 by the Federal agencies and officials identified in that section.''.

(b) RELATION TO STATE LAWS.—Section 625(b)(1) of the Fair Credit Reporting Act (15 U.S.C. 1681t(b)(1)), as so designated by section 214 of this Act, is amended by adding at the end the following:

''(I) section 615(h), relating to the duties of users of consumer reports to provide notice with respect to terms in certain credit transactions;''.

SEC. 312. PROCEDURES TO ENHANCE THE ACCURACY AND INTEGRITY OF INFORMATION FURNISHED TO CONSUMER REPORTING AGENCIES.

(a) ACCURACY GUIDELINES AND REGULATIONS.—Section 623 of the Fair Credit Reporting Act (15 U.S.C. 15 U.S.C. 1681s–2) is amended by adding at the end the following:

''(e) ACCURACY GUIDELINES AND REGULATIONS REQUIRED.—

''(1) GUIDELINES.—The Federal banking agencies, the National Credit Union Administration, and the Commission shall, with respect to the entities that are subject to their respective enforcement authority under section 621, and in coordination as described in paragraph (2)—

''(A) establish and maintain guidelines for use by each person that furnishes information to a consumer reporting agency regarding the accuracy and integrity of the information relating to consumers that such entities furnish to consumer reporting agencies, and update such guidelines as often as necessary; and

''(B) prescribe regulations requiring each person that furnishes information to a consumer reporting agency to establish reasonable policies and procedures for implementing the guidelines established pursuant to subparagraph (A).

''(2) COORDINATION.—Each agency required to prescribe regulations under paragraph (1) shall consult and coordinate with each other such agency so that, to the extent possible, the regulations prescribed by each such entity are consistent and comparable with the regulations prescribed by each other such agency.

''(3) CRITERIA.—In developing the guidelines required by paragraph (1)(A), the agencies described in paragraph (1) shall—

''(A) identify patterns, practices, and specific forms of activity that can compromise the accuracy and integrity of information furnished to consumer reporting agencies;

''(B) review the methods (including technological means) used to furnish information relating to consumers to consumer reporting agencies;

''(C) determine whether persons that furnish information to consumer reporting agencies maintain and enforce policies to assure the accuracy and integrity of information furnished to consumer reporting agencies; and

''(D) examine the policies and processes that persons that furnish information to consumer reporting agencies employ to conduct reinvestigations and correct inaccurate information relating to consumers that has been furnished to consumer reporting agencies.''.

(b) DUTY OF FURNISHERS TO PROVIDE ACCURATE INFORMATION.—Section 623(a)(1) of the Fair Credit Reporting Act (15 U.S.C. 1681s–2(a)(1)) is amended—

(1) in subparagraph (A), by striking ''knows or consciously avoids knowing that the information is inaccurate'' and inserting ''knows or has reasonable cause to believe that the information is inaccurate''; and

(2) by adding at the end the following:

''(D) DEFINITION.—For purposes of subparagraph (A), the term 'reasonable cause to believe that the information is inaccurate' means having specific knowledge, other than solely allegations by the consumer, that would cause a reasonable person to have substantial doubts about the accuracy of the information.''.

(c) ABILITY OF CONSUMER TO DISPUTE INFORMATION DIRECTLY WITH FURNISHER.—Section 623(a) of the Fair Credit Reporting Act (15 U.S.C. 1681s–2(a)), as amended by this Act, is amended by adding at the end the following:

''(8) ABILITY OF CONSUMER TO DISPUTE INFORMATION DIRECTLY WITH FURNISHER.—

''(A) IN GENERAL.—The Federal banking agencies, the National Credit Union Administration, and the Commission shall jointly prescribe regulations that shall identify the circumstances under which a furnisher shall be required to reinvestigate a dispute concerning the accuracy of information contained in a consumer report on the consumer, based on a direct request of a consumer.

''(B) CONSIDERATIONS.—In prescribing regulations under subparagraph (A), the agencies shall weigh—

''(i) the benefits to consumers with the costs on furnishers and the credit reporting system;

''(ii) the impact on the overall accuracy and integrity of consumer reports of any such requirements;

''(iii) whether direct contact by the consumer with the furnisher would likely result in the most expeditious resolution of any such dispute; and

''(iv) the potential impact on the credit reporting process if credit repair organizations, as defined in section 403(3), including entities that would be a credit repair organization, but for section 403(3)(B)(i), are able to circumvent the prohibition in subparagraph (G).

''(C) APPLICABILITY.—Subparagraphs (D) through (G) shall apply in any circumstance identified under the regulations promulgated under subparagraph (A).

''(D) SUBMITTING A NOTICE OF DISPUTE.—A consumer who seeks to dispute the accuracy of information shall provide a dispute notice directly to such person at the address specified by the person for such notices that—

''(i) identifies the specific information that is being disputed;

''(ii) explains the basis for the dispute; and

''(iii) includes all supporting documentation required by the furnisher to substantiate the basis of the dispute.

''(E) DUTY OF PERSON AFTER RECEIVING NOTICE OF DISPUTE.—After receiving a notice of dispute from a consumer pursuant to subparagraph (D), the person that provided the information in dispute to a consumer reporting agency shall—

''(i) conduct an investigation with respect to the disputed information;

''(ii) review all relevant information provided by the consumer with the notice;

''(iii) complete such person's investigation of the dispute and report the results of the investigation to the consumer before the expiration of the period under section 611(a)(1) within which a consumer reporting agency would be required to complete its action if the consumer had elected to dispute the information under that section; and

''(iv) if the investigation finds that the information reported was inaccurate, promptly notify each consumer reporting agency to which the person furnished the inaccurate information of that determination and provide to the agency any correction to that information that is necessary to make the information provided by the person accurate.

''(F) FRIVOLOUS OR IRRELEVANT DISPUTE.—

''(i) IN GENERAL.—This paragraph shall not apply if the person receiving a notice of a dispute from a consumer reasonably determines that the dispute is frivolous or irrelevant, including—

''(I) by reason of the failure of a consumer to provide sufficient information to investigate the disputed information; or

''(II) the submission by a consumer of a dispute that is substantially the same as a dispute previously submitted by or for the consumer, either directly to the person or through a consumer reporting agency under subsection (b), with respect to which the person has already performed the person's duties under this paragraph or subsection (b), as applicable.

''(ii) NOTICE OF DETERMINATION.—Upon making any determination under clause (i) that a dispute is frivolous or irrelevant, the person shall notify the consumer of such determination not later than 5 business days after making such determination, by mail or, if authorized by the consumer for that purpose, by any other means available to the person.

''(iii) CONTENTS OF NOTICE.—A notice under clause (ii) shall include—

''(I) the reasons for the determination under clause (i); and

''(II) identification of any information required to investigate the disputed information, which may consist of a standardized form describing the general nature of such information.

''(G) EXCLUSION OF CREDIT REPAIR ORGANIZATIONS.—This paragraph shall not apply if the notice of the dispute is submitted by, is prepared on behalf of the consumer by, or is submitted on a form supplied to the consumer by, a credit repair organization, as defined in section 403(3), or an entity that would be a credit repair organization, but for section 403(3)(B)(i).''.

(d) FURNISHER LIABILITY EXCEPTION.—Section 623(a)(5) of the Fair Credit Reporting Act (15 U.S.C. 1681s–2(a)(5)) is amended—

(1) by striking ''A person'' and inserting the following:

''(A) IN GENERAL.—A person'';

(2) by inserting ''date of delinquency on the account, which shall be the'' before ''month'';

(3) by inserting ''on the account'' before ''that immediately preceded''; and

(4) by adding at the end the following:

''(B) RULE OF CONSTRUCTION.—For purposes of this paragraph only, and provided that the consumer does not dispute the information, a person that furnishes information on a delinquent account that is placed for collection, charged for profit or loss, or subjected to any similar action, complies with this paragraph, if—

''(i) the person reports the same date of delinquency as that provided by the creditor to which the account was owed at the time at which the commencement of the delinquency occurred, if the creditor previously reported that date of delinquency to a consumer reporting agency;

''(ii) the creditor did not previously report the date of delinquency to a consumer reporting agency, and the person establishes and follows reasonable procedures to obtain the date of delinquency from the creditor or another reliable source and reports that date to a consumer reporting agency as the date of delinquency; or

''(iii) the creditor did not previously report the date of delinquency to a consumer reporting agency and the date of delinquency cannot be reasonably obtained as provided in clause (ii), the person establishes and follows reasonable procedures to ensure the date reported as the date of delinquency precedes the date on which the account is placed for collection, charged to profit or loss, or subjected to any similar action, and reports such date to the credit reporting agency.''.

(e) LIABILITY AND ENFORCEMENT.—

(1) CIVIL LIABILITY.—Section 623 of the Fair Credit Reporting Act (15 U.S.C. 1681s–2) is amended by striking subsections (c) and (d) and inserting the following:

''(c) LIMITATION ON LIABILITY.—Except as provided in section 621(c)(1)(B), sections 616 and 617 do not apply to any violation of—

''(1) subsection (a) of this section, including any regulations issued thereunder;

''(2) subsection (e) of this section, except that nothing in this paragraph shall limit, expand, or otherwise affect liability under section 616 or 617, as applicable, for violations of subsection (b) of this section; or

''(3) subsection (e) of section 615.

''(d) LIMITATION ON ENFORCEMENT.—The provisions of law described in paragraphs (1) through (3) of subsection (c) (other than with respect to the exception described in paragraph (2) of subsection (c)) shall be enforced exclusively as provided under section 621 by the Federal agencies and officials and the State officials identified in section 621.''.

(2) STATE ACTIONS.—Section 621(c) of the Fair Credit Reporting Act (15 U.S.C. 1681s(c)) is amended—

(A) in paragraph (1)(B)(ii), by striking ''of section 623(a)'' and inserting ''described in any of paragraphs (1) through (3) of section 623(c)''; and

(B) in paragraph (5)—

(i) in each of subparagraphs (A) and (B), by striking ''of section 623(a)(1)'' each place that term appears and inserting ''described in any of paragraphs (1) through (3) of section 623(c)''; and

(ii) by amending the paragraph heading to read as follows:

''(5) LIMITATIONS ON STATE ACTIONS FOR CERTAIN VIOLATIONS.—''.

(f) RULE OF CONSTRUCTION.—Nothing in this section, the amendments made by this section, or any other provision of this Act shall be construed to affect any liability under section 616 or 617 of the Fair Credit Reporting Act (15 U.S.C. 1681n, 1681o) that existed on the day before the date of enactment of this Act.

SEC. 313. FTC AND CONSUMER REPORTING AGENCY ACTION CONCERNING COMPLAINTS.

(a) IN GENERAL.—Section 611 of the Fair Credit Reporting Act (15 U.S.C. 1681i) is amended by adding at the end the following:

''(e) TREATMENT OF COMPLAINTS AND REPORT TO CONGRESS.—

''(1) IN GENERAL.—The Commission shall—

''(A) compile all complaints that it receives that a file of a consumer that is maintained by a consumer reporting agency described in section 603(p) contains incomplete or inaccurate information, with respect to which, the consumer appears to have disputed the completeness or accuracy with the consumer reporting agency or otherwise utilized the procedures provided by subsection (a); and

''(B) transmit each such complaint to each consumer reporting agency involved.

''(2) EXCLUSION.—Complaints received or obtained by the Commission pursuant to its investigative authority under the Federal Trade Commission Act shall not be subject to paragraph (1).

''(3) AGENCY RESPONSIBILITIES.—Each consumer reporting agency described in section 603(p) that receives a complaint transmitted by the Commission pursuant to paragraph (1) shall—

''(A) review each such complaint to determine whether all legal obligations imposed on the consumer reporting agency under this title (including any obligation imposed by an applicable court or administrative order) have been met with respect to the subject matter of the complaint;

''(B) provide reports on a regular basis to the Commission regarding the determinations of and actions taken by the consumer reporting agency, if any, in connection with its review of such complaints; and

''(C) maintain, for a reasonable time period, records regarding the disposition of each such complaint that is sufficient to demonstrate compliance with this subsection.

''(4) RULEMAKING AUTHORITY.—The Commission may prescribe regulations, as appropriate to implement this subsection.

''(5) ANNUAL REPORT.—The Commission shall submit to the Committee on Banking, Housing, and Urban Affairs of the Senate and the Committee on Financial Services of the House of Representatives an annual report regarding information gathered by the Commission under this subsection.''.

(b) PROMPT INVESTIGATION OF DISPUTED CONSUMER INFORMATION.—

(1) STUDY REQUIRED.—The Board and the Commission shall jointly study the extent to which, and the manner in which, consumer reporting agencies and furnishers of consumer information to consumer reporting agencies are complying with the procedures, time lines, and requirements under the Fair Credit Reporting Act for the prompt investigation of the disputed accuracy of any consumer information, the completeness of the information provided to consumer reporting agencies, and the prompt correction or deletion, in accordance with such Act, of any inaccurate or incomplete information or information that cannot be verified.

(2) REPORT REQUIRED.—Before the end of the 12-month period beginning on the date of enactment of this Act, the Board and the Commission shall jointly submit a progress report to the Congress on the results of the study required under paragraph (1).

(3) CONSIDERATIONS.—In preparing the report required under paragraph (2), the Board and the Commission shall consider information relating to complaints compiled by the Commission under section 611(e) of the Fair Credit Reporting Act, as added by this section.

(4) RECOMMENDATIONS.—The report required under paragraph (2) shall include such recommendations as the Board and the Commission jointly determine to be appropriate for legislative or administrative action, to ensure that—

(A) consumer disputes with consumer reporting agencies over the accuracy or completeness of information in a consumer's file are promptly and fully investigated and any incorrect, incomplete, or unverifiable information is corrected or deleted immediately thereafter;

(B) furnishers of information to consumer reporting agencies maintain full and prompt compliance with the duties and responsibilities established under section 623 of the Fair Credit Reporting Act; and

(C) consumer reporting agencies establish and maintain appropriate internal controls and management review procedures for maintaining full and continuous compliance with the procedures, time lines, and requirements under the Fair Credit Reporting Act for the prompt investigation of the disputed accuracy of any consumer information and the prompt correction or deletion, in accordance with such Act, of any inaccurate or incomplete information or information that cannot be verified.

SEC. 314. IMPROVED DISCLOSURE OF THE RESULTS OF REINVESTIGATION.

(a) IN GENERAL.—Section 611(a)(5)(A) of the Fair Credit Reporting Act (15 U.S.C. 1681i(a)(5)(A)) is amended by striking ''shall'' and all that follows through the end of the subparagraph, and inserting the following: ''shall—

''(i) promptly delete that item of information from the file of the consumer, or modify that item of information, as appropriate, based on the results of the reinvestigation; and

''(ii) promptly notify the furnisher of that information that the information has been modified or deleted from the file of the consumer.''.

(b) FURNISHER REQUIREMENTS RELATING TO INACCURATE, INCOMPLETE, OR UNVERIFIABLE INFORMATION.—Section 623(b)(1) of the Fair Credit Reporting Act (15 U.S.C. 1681s–2(b)(1)) is amended—

(1) in subparagraph (C), by striking ''and'' at the end; and

(2) in subparagraph (D), by striking the period at the end and inserting the following: ''; and

''(E) if an item of information disputed by a consumer is found to be inaccurate or incomplete or cannot be verified after any reinvestigation under paragraph (1), for purposes of reporting to a consumer reporting agency only, as appropriate, based on the results of the reinvestigation promptly—

''(i) modify that item of information;

''(ii) delete that item of information; or

''(iii) permanently block the reporting of that item of information.''.

SEC. 315. RECONCILING ADDRESSES.

Section 605 of the Fair Credit Reporting Act (15 U.S.C. 1681c), as amended by this Act, is amended by adding at the end the following:

''(h) NOTICE OF DISCREPANCY IN ADDRESS.—

''(1) IN GENERAL.—If a person has requested a consumer report relating to a consumer from a consumer reporting agency described in section 603(p), the request includes an address for the consumer that substantially differs from the addresses in the file of the consumer, and the agency provides a consumer report in response to the request, the consumer reporting agency shall notify the requester of the existence of the discrepancy.

''(2) REGULATIONS.—

''(A) REGULATIONS REQUIRED.—The Federal banking agencies, the National Credit Union Administration, and the Commission shall jointly, with respect to the entities that are subject to their respective enforcement authority under section 621, prescribe regulations providing guidance regarding reasonable policies and procedures that a user of a consumer report should employ when such user has received a notice of discrepancy under paragraph (1).

''(B) POLICIES AND PROCEDURES TO BE INCLUDED.—The regulations prescribed under subparagraph (A) shall describe reasonable policies and procedures for use by a user of a consumer report—

''(i) to form a reasonable belief that the user knows the identity of the person to whom the consumer report pertains; and

''(ii) if the user establishes a continuing relationship with the consumer, and the user regularly and in the ordinary course of business furnishes information to the consumer reporting agency from which the notice of discrepancy pertaining to the consumer was obtained, to reconcile the address of the consumer with the consumer reporting agency by furnishing such address to such consumer reporting agency as part of information regularly furnished by the user for the period in which the relationship is established.''.

SEC. 316. NOTICE OF DISPUTE THROUGH RESELLER.

(a) REQUIREMENT FOR REINVESTIGATION OF DISPUTED INFORMATION UPON NOTICE FROM A RESELLER.—Section 611(a) of the Fair Credit Reporting Act (15 U.S.C. 1681i(a)(1)(A)) is amended—

(1) in paragraph (1)(A)—

(A) by striking ''If the completeness'' and inserting ''Subject to subsection (f), if the completeness'';

(B) by inserting '', or indirectly through a reseller,'' after ''notifies the agency directly''; and

(C) by inserting ''or reseller'' before the period at the end;

(2) in paragraph (2)(A)—

(A) by inserting ''or a reseller'' after ''dispute from any consumer''; and

(B) by inserting ''or reseller'' before the period at the end; and

(3) in paragraph (2)(B), by inserting ''or the reseller'' after ''from the consumer''.

(b) REINVESTIGATION REQUIREMENT APPLICABLE TO RESELLERS.—Section 611 of the Fair Credit Reporting Act (15 U.S.C. 1681i), as amended by this Act, is amended by adding at the end the following:

''(f) REINVESTIGATION REQUIREMENT APPLICABLE TO RESELLERS.—

''(1) EXEMPTION FROM GENERAL REINVESTIGATION REQUIREMENT.—Except as provided in paragraph (2), a reseller shall be exempt from the requirements of this section.

''(2) ACTION REQUIRED UPON RECEIVING NOTICE OF A DISPUTE.—If a reseller receives a notice from a consumer of a dispute concerning the completeness or accuracy of any item of information contained in a consumer report on such consumer produced by the reseller, the reseller shall, within 5 business days of receiving the notice, and free of charge—

''(A) determine whether the item of information is incomplete or inaccurate as a result of an act or omission of the reseller; and

''(B) if—

''(i) the reseller determines that the item of information is incomplete or inaccurate as a result

of an act or omission of the reseller, not later than 20 days after receiving the notice, correct the information in the consumer report or delete it; or

''(ii) if the reseller determines that the item of information is not incomplete or inaccurate as a result of an act or omission of the reseller, convey the notice of the dispute, together with all relevant information provided by the consumer, to each consumer reporting agency that provided the reseller with the information that is the subject of the dispute, using an address or a notification mechanism specified by the consumer reporting agency for such notices.

''(3) RESPONSIBILITY OF CONSUMER REPORTING AGENCY TO NOTIFY CONSUMER THROUGH RESELLER.—Upon the completion of a reinvestigation under this section of a dispute concerning the completeness or accuracy of any information in the file of a consumer by a consumer reporting agency that received notice of the dispute from a reseller under paragraph (2)—

''(A) the notice by the consumer reporting agency under paragraph (6), (7), or (8) of subsection (a) shall be provided to the reseller in lieu of the consumer; and

''(B) the reseller shall immediately reconvey such notice to the consumer, including any notice of a deletion by telephone in the manner required under paragraph (8)(A).

''(4) RESELLER REINVESTIGATIONS.—No provision of this subsection shall be construed as prohibiting a reseller from conducting a reinvestigation of a consumer dispute directly.''.

(c) TECHNICAL AND CONFORMING AMENDMENT.—Section 611(a)(2)(B) of the Fair Credit Reporting Act (15 U.S.C. 1681i(a)(2)(B)) is amended in the subparagraph heading, by striking ''FROM CONSUMER''.

SEC. 317. REASONABLE REINVESTIGATION REQUIRED.

Section 611(a)(1)(A) of the Fair Credit Reporting Act (15 U.S.C. 1681i(a)(1)(A)) is amended by striking ''shall reinvestigate free of charge'' and inserting ''shall, free of charge, conduct a reasonable reinvestigation to determine whether the disputed information is inaccurate''.

SEC. 318. FTC STUDY OF ISSUES RELATING TO THE FAIR CREDIT REPORTING ACT.

(a) STUDY REQUIRED.—

(1) IN GENERAL.—The Commission shall conduct a study on ways to improve the operation of the Fair Credit Reporting Act.

(2) AREAS FOR STUDY.—In conducting the study under paragraph (1), the Commission shall review—

(A) the efficacy of increasing the number of points of identifying information that a credit reporting agency is required to match to ensure that a consumer is the correct individual to whom a consumer report relates before releasing a consumer report to a user, including—

(i) the extent to which requiring additional points of such identifying information to match would—

(I) enhance the accuracy of credit reports; and

(II) combat the provision of incorrect consumer reports to users;

(ii) the extent to which requiring an exact match of the first and last name, social security number, and address and ZIP Code of the consumer would enhance the likelihood of increasing credit report accuracy; and

(iii) the effects of allowing consumer reporting agencies to use partial matches of social security numbers and name recognition software on the accuracy of credit reports;

(B) requiring notification to consumers when negative information has been added to their credit reports, including—

(i) the potential impact of such notification on the ability of consumers to identify errors on their credit reports; and

(ii) the potential impact of such notification on the ability of consumers to remove fraudulent information from their credit reports;

(C) the effects of requiring that a consumer who has experienced an adverse action based on a credit report receives a copy of the same credit report that the creditor relied on in taking the adverse action, including—

(i) the extent to which providing such reports to consumers would increase the ability of consumers to identify errors in their credit reports; and

(ii) the extent to which providing such reports to consumers would increase the ability of consumers to remove fraudulent information from their credit reports;

(D) any common financial transactions that are not generally reported to the consumer reporting agencies, but would provide useful information in determining the credit worthiness of consumers; and

(E) any actions that might be taken within a voluntary reporting system to encourage the reporting of the types of transactions described in subparagraph (D).

(3) COSTS AND BENEFITS.—With respect to each area of study described in paragraph (2), the Commission shall consider the extent to which such requirements would benefit consumers, balanced against the cost of implementing such provisions.

(b) REPORT REQUIRED.—Not later than 1 year after the date of enactment of this Act, the chairman of the Commission shall submit a report to the Committee on Banking, Housing, and Urban Affairs of the Senate and the Committee on Financial Services of the House of Representatives containing a detailed summary of the findings and conclusions of the study under this section, together with such recommendations for legislative or administrative actions as may be appropriate.

SEC. 319. FTC STUDY OF THE ACCURACY OF CONSUMER REPORTS.

(a) STUDY REQUIRED.—Until the final report is submitted under subsection (b)(2), the Commission shall conduct an ongoing study of the accuracy and completeness of information contained in consumer reports prepared or maintained by consumer reporting agencies and methods for improving the accuracy and completeness of such information.

(b) BIENNIAL REPORTS REQUIRED.—

(1) INTERIM REPORTS.—The Commission shall submit an interim report to the Congress on the study conducted under subsection (a) at the end of the 1-year period beginning on the date of enactment of this Act and biennially thereafter for 8 years.

(2) FINAL REPORT.—The Commission shall submit a final report to the Congress on the study conducted under subsection (a) at the end of the 2-year period beginning on the date on which the final interim report is submitted to the Congress under paragraph (1).

(3) CONTENTS.—Each report submitted under this subsection shall contain a detailed summary of the findings and conclusions of the Commission with respect to the study required under subsection (a) and such recommendations for legislative and administrative action as the Commission may determine to be appropriate.

TITLE IV—LIMITING THE USE AND SHARING OF MEDICAL INFORMATION IN THE FINANCIAL SYSTEM

SEC. 411. PROTECTION OF MEDICAL INFORMATION IN THE FINANCIAL SYSTEM.

(a) IN GENERAL.—Section 604(g) of the Fair Credit Reporting Act (15 U.S.C. 1681b(g)) is amended to read as follows:

''(g) PROTECTION OF MEDICAL INFORMATION.—

''(1) LIMITATION ON CONSUMER REPORTING AGENCIES.—A consumer reporting agency shall not furnish for employment purposes, or in connection with a credit or insurance transaction, a consumer report that contains medical information about a consumer, unless—

''(A) if furnished in connection with an insurance transaction, the consumer affirmatively consents to the furnishing of the report;

''(B) if furnished for employment purposes or in connection with a credit transaction—

''(i) the information to be furnished is relevant to process or effect the employment or credit transaction; and

''(ii) the consumer provides specific written consent for the furnishing of the report that describes in clear and conspicuous language the use for which the information will be furnished; or

''(C) the information to be furnished pertains solely to transactions, accounts, or balances relating to debts arising from the receipt of medical services, products, or devises, where such information, other than account status or amounts, is restricted or reported using codes that do not identify, or do not provide information sufficient to infer, the specific provider or the nature of such services, products, or devices, as provided in section 605(a)(6).

''(2) LIMITATION ON CREDITORS.—Except as permitted pursuant to paragraph (3)(C) or regulations prescribed under paragraph (5)(A), a creditor shall not obtain or use medical information pertaining to a consumer in connection with any determination of the consumer's eligibility, or continued eligibility, for credit.

''(3) ACTIONS AUTHORIZED BY FEDERAL LAW, INSURANCE ACTIVITIES AND REGULATORY DETERMINATIONS.—Section 603(d)(3) shall not be construed so as to treat information or any communication of information as a consumer report if the information or communication is disclosed—

''(A) in connection with the business of insurance or annuities, including the activities described in section 18B of the model Privacy of Consumer Financial and Health Information Regulation issued by the National Association of Insurance Commissioners (as in effect on January 1, 2003);

''(B) for any purpose permitted without authorization under the Standards for Individually Identifiable Health Information promulgated by the Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996, or referred to under section 1179 of such Act, or described in section 502(e) of Public Law 106–102; or

''(C) as otherwise determined to be necessary and appropriate, by regulation or order and subject to paragraph (6), by the Commission, any Federal banking agency or the National Credit Union Administration (with respect to any financial institution subject to the jurisdiction of such agency or Administration under paragraph (1), (2), or (3) of section 621(b), or the applicable State insurance authority (with respect to any person engaged in providing insurance or annuities).

''(4) LIMITATION ON REDISCLOSURE OF MEDICAL INFORMATION.—Any person that receives medical information pursuant to paragraph (1) or (3) shall not disclose such information to any other person, except as necessary to carry out the purpose for which the information was initially disclosed, or as otherwise permitted by statute, regulation, or order.

''(5) REGULATIONS AND EFFECTIVE DATE FOR PARAGRAPH (2).—

''(A) REGULATIONS REQUIRED.—Each Federal banking agency and the National Credit Union Administration shall, subject to paragraph (6) and after notice and opportunity for comment, prescribe regulations that permit transactions under paragraph (2) that are determined to be necessary and appropriate to protect legitimate operational, transactional, risk, consumer, and other needs (and which shall include permitting actions necessary for administrative verification purposes), consistent with the intent of paragraph (2) to restrict the use of medical information for inappropriate purposes.

''(B) FINAL REGULATIONS REQUIRED.—The Federal banking agencies and the National Credit Union Administration shall issue the regulations required under subparagraph (A) in final form before the end of the 6-month period

beginning on the date of enactment of the Fair and Accurate Credit Transactions Act of 2003.

''(6) COORDINATION WITH OTHER LAWS.—No provision of this subsection shall be construed as altering, affecting, or superseding the applicability of any other provision of Federal law relating to medical confidentiality.''.

(b) RESTRICTION ON SHARING OF MEDICAL INFORMATION.—Section 603(d) of the Fair Credit Reporting Act (15 U.S.C. 1681a(d)) is amended—

(1) in paragraph (2), by striking ''The term'' and inserting ''Except as provided in paragraph (3), the term''; and

(2) by adding at the end the following new paragraph:

''(3) RESTRICTION ON SHARING OF MEDICAL INFORMATION.—Except for information or any communication of information disclosed as provided in section 604(g)(3), the exclusions in paragraph (2) shall not apply with respect to information disclosed to any person related by common ownership or affiliated by corporate control, if the information is—

''(A) medical information;

''(B) an individualized list or description based on the payment transactions of the consumer for medical products or services; or

''(C) an aggregate list of identified consumers based on payment transactions for medical products or services.

(c) DEFINITION.—Section 603(i) of the Fair Credit Reporting Act (15 U.S.C. 1681a(i)) is amended to read as follows:

''(i) MEDICAL INFORMATION.—The term 'medical information'—

''(1) means information or data, whether oral or recorded, in any form or medium, created by or derived from a health care provider or the consumer, that relates to—

''(A) the past, present, or future physical, mental, or behavioral health or condition of an individual;

''(B) the provision of health care to an individual; or

''(C) the payment for the provision of health care to an individual.

''(2) does not include the age or gender of a consumer, demographic information about the consumer, including a consumer's residence address or e-mail address, or any other information about a consumer that does not relate to the physical, mental, or behavioral health or condition of a consumer, including the existence or value of any insurance policy.''.

(d) EFFECTIVE DATES.—This section shall take effect at the end of the 180-day period beginning on the date of enactment of this Act, except that paragraph (2) of section 604(g) of the Fair Credit Reporting Act (as amended by subsection (a) of this section) shall take effect on the later of—

(1) the end of the 90-day period beginning on the date on which the regulations required under paragraph (5)(B) of such section 604(g) are issued in final form; or

(2) the date specified in the regulations referred to in paragraph (1).

SEC. 412. CONFIDENTIALITY OF MEDICAL CONTACT INFORMATION IN CONSUMER REPORTS.

(a) DUTIES OF MEDICAL INFORMATION FURNISHERS.—Section 623(a) of the Fair Credit Reporting Act (15 U.S.C. 1681s–2(a)), as amended by this Act, is amended by adding at the end the following:

''(9) DUTY TO PROVIDE NOTICE OF STATUS AS MEDICAL INFORMATION FURNISHER.—A person whose primary business is providing medical services, products, or devices, or the person's agent or assignee, who furnishes information to a consumer reporting agency on a consumer shall be considered a medical information furnisher for purposes of this title, and shall notify the agency of such status.''.

(b) RESTRICTION OF DISSEMINATION OF MEDICAL CONTACT INFORMATION.—Section 605(a) of the Fair Credit Reporting Act (15 U.S.C. 1681c(a)) is amended by adding at the end the following:

''(6) The name, address, and telephone number of any medical information furnisher that has notified the agency of its status, unless—

''(A) such name, address, and telephone number are restricted or reported using codes that do not identify, or provide information sufficient to infer, the specific provider or the nature of such services, products, or devices to a person other than the consumer; or

''(B) the report is being provided to an insurance company for a purpose relating to engaging in the business of insurance other than property and casualty insurance.''.

(c) NO EXCEPTIONS ALLOWED FOR DOLLAR AMOUNTS.—Section 605(b) of the Fair Credit Reporting Act (15 U.S.C. 1681c(b)) is amended by striking ''The provisions of subsection (a)'' and inserting ''The provisions of paragraphs (1) through (5) of subsection (a)''.

(d) COORDINATION WITH OTHER LAWS.—No provision of any amendment made by this section shall be construed as altering, affecting, or superseding the applicability of any other provision of Federal law relating to medical confidentiality.

(e) FTC REGULATION OF CODING OF TRADE NAMES.—Section 621 of the Fair Credit Reporting Act (15 U.S.C. 1681s), as amended by this Act, is amended by adding at the end the following:

''(g) FTC REGULATION OF CODING OF TRADE NAMES.—If the Commission determines that a person described in paragraph (9) of section 623(a) has not met the requirements of such paragraph, the Commission shall take action to ensure the person's compliance with such paragraph, which may include issuing model guidance or prescribing reasonable policies and procedures, as necessary to ensure that such person complies with such paragraph.''.

(f) TECHNICAL AND CONFORMING AMENDMENTS.—Section 604(g) of the Fair Credit Reporting Act (15 U.S.C. 1681b(g)), as amended by section 411 of this Act, is amended—

(1) in paragraph (1), by inserting ''(other than medical contact information treated in the manner required under section 605(a)(6))'' after ''a consumer report that contains medical information''; and

(2) in paragraph (2), by inserting ''(other than medical information treated in the manner required under section 605(a)(6))'' after ''a creditor shall not obtain or use medical information''.

(g) EFFECTIVE DATE.—The amendments made by this section shall take effect at the end of the 15-month period beginning on the date of enactment of this Act.

TITLE V—FINANCIAL LITERACY AND EDUCATION IMPROVEMENT

SEC. 511. SHORT TITLE.

This title may be cited as the ''Financial Literacy and Education Improvement Act''.

SEC. 512. DEFINITIONS.

As used in this title—

(1) the term ''Chairperson'' means the Chairperson of the Financial Literacy and Education Commission; and

(2) the term ''Commission'' means the Financial Literacy and Education Commission established under section 513.

SEC. 513. ESTABLISHMENT OF FINANCIAL LITERACY AND EDUCATION COMMISSION.

(a) IN GENERAL.—There is established a commission to be known as the ''Financial Literacy and Education Commission''.

(b) PURPOSE.—The Commission shall serve to improve the financial literacy and education of persons in the United States through development of a national strategy to promote financial literacy and education.

(c) MEMBERSHIP.—

(1) COMPOSITION.—The Commission shall be composed of—

(A) the Secretary of the Treasury;

(B) the respective head of each of the Federal banking agencies (as defined in section 3 of the Federal Deposit Insurance Act), the National Credit Union Administration, the Securities and Exchange Commission, each of the Departments of Education, Agriculture, Defense, Health and Human Services, Housing and Urban Development, Labor, and Veterans Affairs, the Federal Trade Commission, the General Services Administration, the Small Business Administration, the Social Security Administration, the Commodity Futures Trading Commission, and the Office of Personnel Management; and

(C) at the discretion of the President, not more than 5 individuals appointed by the President from among the administrative heads of any other Federal agencies, departments, or other Federal Government entities, whom the President determines to be engaged in a serious effort to improve financial literacy and education.

(2) ALTERNATES.—Each member of the Commission may designate an alternate if the member is unable to attend a meeting of the Commission. Such alternate shall be an individual who exercises significant decisionmaking authority.

(d) CHAIRPERSON.—The Secretary of the Treasury shall serve as the Chairperson.

(e) MEETINGS.—The Commission shall hold, at the call of the Chairperson, at least 1 meeting every 4 months. All such meetings shall be open to the public. The Commission may hold, at the call of the Chairperson, such other meetings as the Chairperson sees fit to carry out this title.

(f) QUORUM.—A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.

(g) INITIAL MEETING.—The Commission shall hold its first meeting not later than 60 days after the date of enactment of this Act.

SEC. 514. DUTIES OF THE COMMISSION.

(a) DUTIES.—

(1) IN GENERAL.—The Commission, through the authority of the members referred to in section 513(c), shall take such actions as it deems necessary to streamline, improve, or augment the financial literacy and education programs, grants, and materials of the Federal Government, including curricula for all Americans.

(2) AREAS OF EMPHASIS.—To improve financial literacy and education, the Commission shall emphasize, among other elements, basic personal income and household money management and planning skills, including how to—

(A) create household budgets, initiate savings plans, and make strategic investment decisions for education, retirement, home ownership, wealth building, or other savings goals;

(B) manage spending, credit, and debt, including credit card debt, effectively;

(C) increase awareness of the availability and significance of credit reports and credit scores in obtaining credit, the importance of their accuracy (and how to correct inaccuracies), their effect on credit terms, and the effect common financial decisions may have on credit scores;

(D) ascertain fair and favorable credit terms;

(E) avoid abusive, predatory, or deceptive credit offers and financial products;

(F) understand, evaluate, and compare financial products, services, and opportunities;

(G) understand resources that ought to be easily accessible and affordable, and that inform and educate investors as to their rights and avenues of recourse when an investor believes his or her rights have been violated by unprofessional conduct of market intermediaries;

(H) increase awareness of the particular financial needs and financial transactions (such as the sending of remittances) of consumers who are targeted in multilingual financial literacy and education programs and improve the development and distribution of multilingual financial literacy and education materials;

(I) promote bringing individuals who lack basic banking services into the financial mainstream by opening and maintaining an account with a financial institution; and

(J) improve financial literacy and education through all other related skills, including personal finance and related economic education,

with the primary goal of programs not simply to improve knowledge, but rather to improve consumers' financial choices and outcomes.

(b) WEBSITE.—

(1) IN GENERAL.—The Commission shall establish and maintain a website, such as the domain name ''FinancialLiteracy.gov'', or a similar domain name.

(2) PURPOSES.—The website established under paragraph (1) shall—

(A) serve as a clearinghouse of information about Federal financial literacy and education programs;

(B) provide a coordinated entry point for accessing information about all Federal publications, grants, and materials promoting enhanced financial literacy and education;

(C) offer information on all Federal grants to promote financial literacy and education, and on how to target, apply for, and receive a grant that is most appropriate under the circumstances;

(D) as the Commission considers appropriate, feature website links to efforts that have no commercial content and that feature information about financial literacy and education programs, materials, or campaigns; and

(E) offer such other information as the Commission finds appropriate to share with the public in the fulfillment of its purpose.

(c) TOLL-FREE HOTLINE.—The Commission shall establish a toll-free telephone number that shall be made available to members of the public seeking information about issues pertaining to financial literacy and education.

(d) DEVELOPMENT AND DISSEMINATION OF MATERIALS.—The Commission shall—

(1) develop materials to promote financial literacy and education; and

(2) disseminate such materials to the general public.

(e) COORDINATION OF EFFORTS.—The Commission shall take such steps as are necessary to coordinate and promote financial literacy and education efforts at the State and local level, including promoting partnerships among Federal, State, and local governments, nonprofit organizations, and private enterprises.

(f) NATIONAL STRATEGY.—

(1) IN GENERAL.—The Commission shall—

(A) not later than 18 months after the date of enactment of this Act, develop a national strategy to promote basic financial literacy and education among all American consumers; and

(B) coordinate Federal efforts to implement the strategy developed under subparagraph (A).

(2) STRATEGY.—The strategy to promote basic financial literacy and education required to be developed under paragraph (1) shall provide for—

(A) participation by State and local governments and private, nonprofit, and public institutions in the creation and implementation of such strategy;

(B) the development of methods—

(i) to increase the general financial education level of current and future consumers of financial services and products; and

(ii) to enhance the general understanding of financial services and products;

(C) review of Federal activities designed to promote financial literacy and education, and development of a plan to improve coordination of such activities; and

(D) the identification of areas of overlap and duplication among Federal financial literacy and education activities and proposed means of eliminating any such overlap and duplication.

(3) NATIONAL STRATEGY REVIEW.—The Commission shall, not less than annually, review the national strategy developed under this subsection and make such changes and recommendations as it deems necessary.

(g) CONSULTATION.—The Commission shall actively consult with a variety of representatives from private and nonprofit organizations and State and local agencies, as determined appropriate by the Commission.

(h) REPORTS.—

(1) IN GENERAL.—Not later than 18 months after the date of the first meeting of the Commission, and annually thereafter, the Commission shall issue a report, the Strategy for Assuring Financial Empowerment (''SAFE Strategy''), to the Committee on Banking, Housing, and Urban Affairs of the Senate and the Committee on Financial Services of the House of Representatives on the progress of the Commission in carrying out this title.

(2) CONTENTS.—The report required under paragraph (1) shall include—

(A) the national strategy for financial literacy and education, as described under subsection (f);

(B) information concerning the implementation of the duties of the Commission under subsections (a) through (g);

(C) an assessment of the success of the Commission in implementing the national strategy developed under subsection (f);

(D) an assessment of the availability, utilization, and impact of Federal financial literacy and education materials;

(E) information concerning the content and public use of—

(i) the website established under subsection (b); and

(ii) the toll-free telephone number established under subsection (c);

(F) a brief survey of the financial literacy and education materials developed under subsection (d), and data regarding the dissemination and impact of such materials, as measured by improved financial decisionmaking;

(G) a brief summary of any hearings conducted by the Commission, including a list of witnesses who testified at such hearings;

(H) information about the activities of the Commission planned for the next fiscal year;

(I) a summary of all Federal financial literacy and education activities targeted to communities that have historically lacked access to financial literacy materials and education, and have been underserved by the mainstream financial systems; and

(J) such other materials relating to the duties of the Commission as the Commission deems appropriate.

(3) INITIAL REPORT.—The initial report under paragraph (1) shall include information regarding all Federal programs, materials, and grants which seek to improve financial literacy, and assess the effectiveness of such programs.

(i) TESTIMONY.—The Commission shall annually provide testimony by the Chairperson to the Committee on Banking, Housing, and Urban Affairs of the Senate and the Committee on Financial Services of the House of Representatives.

SEC. 515. POWERS OF THE COMMISSION.

(a) HEARINGS.—

(1) IN GENERAL.—The Commission shall hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Commission deems appropriate to carry out this title.

(2) PARTICIPATION.—In hearings held under this subsection, the Commission shall consider inviting witnesses from, among other groups—

(A) other Federal Government officials;

(B) State and local government officials;

(C) consumer and community groups;

(D) nonprofit financial literacy and education groups (such as those involved in personal finance and economic education); and

(E) the financial services industry.

(b) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any Federal department or agency such information as the Commission considers necessary to carry out this title. Upon request of the Chairperson, the head of such department or agency shall furnish such information to the Commission.

(c) PERIODIC STUDIES.—The Commission may conduct periodic studies regarding the state of financial literacy and education in the United States, as the Commission determines appropriate.

(d) MULTILINGUAL.—The Commission may take any action to develop and promote financial literacy and education materials in languages other than English, as the Commission deems appropriate, including for the website established under section 514(b), at the toll-free number established under section 514(c), and in the materials developed and disseminated under section 514(d).

SEC. 516. COMMISSION PERSONNEL MATTERS.

(a) COMPENSATION OF MEMBERS.—Each member of the Commission shall serve without compensation in addition to that received for their service as an officer or employee of the United States.

(b) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(c) ASSISTANCE.—

(1) IN GENERAL.—The Director of the Office of Financial Education of the Department of the Treasury shall provide assistance to the Commission, upon request of the Commission, without reimbursement.

(2) DETAIL OF GOVERNMENT EMPLOYEES.—Any Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

SEC. 517. STUDIES BY THE COMPTROLLER GENERAL.

(a) EFFECTIVENESS STUDY.—Not later than 3 years after the date of enactment of this Act, the Comptroller General of the United States shall submit a report to Congress assessing the effectiveness of the Commission in promoting financial literacy and education.

(b) STUDY AND REPORT ON THE NEED AND MEANS FOR IMPROVING FINANCIAL LITERACY AMONG CONSUMERS.—

(1) STUDY REQUIRED.—The Comptroller General of the United States shall conduct a study to assess the extent of consumers' knowledge and awareness of credit reports, credit scores, and the dispute resolution process, and on methods for improving financial literacy among consumers.

(2) FACTORS TO BE INCLUDED.—The study required under paragraph (1) shall include the following issues:

(A) The number of consumers who view their credit reports.

(B) Under what conditions and for what purposes do consumers primarily obtain a copy of their consumer report (such as for the purpose of ensuring the completeness and accuracy of the contents, to protect against fraud, in response to an adverse action based on the report, or in response to suspected identity theft) and approximately what percentage of the total number of consumers who obtain a copy of their consumer report do so for each such primary purpose.

(C) The extent of consumers' knowledge of the data collection process.

(D) The extent to which consumers know how to get a copy of a consumer report.

(E) The extent to which consumers know and understand the factors that positively or negatively impact credit scores.

(3) REPORT REQUIRED.—Before the end of the 12-month period beginning on the date of enactment of this Act, the Comptroller General shall submit a report to Congress on the findings and conclusions of the Comptroller General pursuant to the study conducted under this subsection, together with such recommendations for legislative or administrative action as the Comptroller General may determine to be appropriate, including recommendations on methods for improving financial literacy among consumers.

SEC. 518. THE NATIONAL PUBLIC SERVICE MULTIMEDIA CAMPAIGN TO ENHANCE THE STATE OF FINANCIAL LITERACY.

(a) IN GENERAL.—The Secretary of the Treasury (in this section referred to as the ''Secretary''), after review of the recommendations of the Commission, as part of the national strategy, shall develop, implement, and conduct a pilot national public service multimedia campaign to enhance the state of financial literacy and education in the United States.

(b) PROGRAM REQUIREMENTS.—

(1) PUBLIC SERVICE CAMPAIGN.—The Secretary, after review of the recommendations of the Commission, shall select and work with a nonprofit organization or organizations that are especially well-qualified in the distribution of public service campaigns, and have secured private sector funds to produce the pilot national public service multimedia campaign.

(2) DEVELOPMENT OF MULTIMEDIA CAMPAIGN.—The Secretary, after review of the recommendations of the Commission, shall develop, in consultation with nonprofit, public, or private organizations, especially those that are well qualified by virtue of their experience in the field of financial literacy and education, to develop the financial literacy national public service multimedia campaign.

(3) FOCUS OF CAMPAIGN.—The pilot national public service multimedia campaign shall be consistent with the national strategy, and shall promote the toll-free telephone number and the website developed under this title.

(c) MULTILINGUAL.—The Secretary may develop the multimedia campaign in languages other than English, as the Secretary deems appropriate.

(d) PERFORMANCE MEASURES.—The Secretary shall develop measures to evaluate the effectiveness of the pilot national public service multimedia campaign, as measured by improved financial decision making among individuals.

(e) REPORT.—For each fiscal year for which there are appropriations pursuant to the authorization in subsection (e), the Secretary shall submit a report to the Committee on Banking, Housing, and Urban Affairs and the Committee on Appropriations of the Senate and the Committee on Financial Services and the Committee on Appropriations of the House of Representatives, describing the status and implementation of the provisions of this section and the state of financial literacy and education in the United States.

(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretary, not to exceed $3,000,000 for fiscal years 2004, 2005, and 2006, for the development, production, and distribution of a pilot national public service multimedia campaign under this section.

SEC. 519. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated to the Commission such sums as may be necessary to carry out this title, including administrative expenses of the Commission.

TITLE VI—PROTECTING EMPLOYEE MISCONDUCT INVESTIGATIONS

SEC. 611. CERTAIN EMPLOYEE INVESTIGATION COMMUNICATIONS EXCLUDED FROM DEFINITION OF CONSUMER REPORT.

(a) IN GENERAL.—Section 603 of the Fair Credit Reporting Act (15 U.S.C. 1681a), as amended by this Act is amended by adding at the end the following:

''(x) EXCLUSION OF CERTAIN COMMUNICATIONS FOR EMPLOYEE INVESTIGATIONS.—

''(1) COMMUNICATIONS DESCRIBED IN THIS SUBSECTION.—A communication is described in this subsection if—

''(A) but for subsection (d)(2)(D), the communication would be a consumer report;

''(B) the communication is made to an employer in connection with an investigation of—

''(i) suspected misconduct relating to employment; or

''(ii) compliance with Federal, State, or local laws and regulations, the rules of a self-regulatory organization, or any preexisting written policies of the employer;

''(C) the communication is not made for the purpose of investigating a consumer's credit worthiness, credit standing, or credit capacity; and

''(D) the communication is not provided to any person except—

''(i) to the employer or an agent of the employer;

''(ii) to any Federal or State officer, agency, or department, or any officer, agency, or department of a unit of general local government;

''(iii) to any self-regulatory organization with regulatory authority over the activities of the employer or employee;

''(iv) as otherwise required by law; or

''(v) pursuant to section 608.

''(2) SUBSEQUENT DISCLOSURE.—After taking any adverse action based in whole or in part on a communication described in paragraph (1), the employer shall disclose to the consumer a summary containing the nature and substance of the communication upon which the adverse action is based, except that the sources of information acquired solely for use in preparing what would be but for subsection (d)(2)(D) an investigative consumer report need not be disclosed.

''(3) SELF-REGULATORY ORGANIZATION DEFINED.—For purposes of this subsection, the term 'self-regulatory organization' includes any self-regulatory organization (as defined in section 3(a)(26) of the Securities Exchange Act of 1934), any entity established under title I of the Sarbanes-Oxley Act of 2002, any board of trade designated by the Commodity Futures Trading Commission, and any futures association registered with such Commission.''.

(b) TECHNICAL AND CONFORMING AMENDMENT.—Section 603(d)(2)(D) of the Fair Credit Reporting Act (15 U.S.C. 1681a(d)(2)(D)) is amended by inserting ''or (x)'' after ''subsection (o)''.

TITLE VII—RELATION TO STATE LAWS

SEC. 711. RELATION TO STATE LAWS.

Section 625 of the Fair Credit Reporting Act (15 U.S.C. 1681t), as so designated by section 214 of this Act, is amended—

(1) in subsection (a), by inserting ''or for the prevention or mitigation of identity theft,'' after ''information on consumers,'';

(2) in subsection (b), by adding at the end the following:

''(5) with respect to the conduct required by the specific provisions of—

''(A) section 605(g);

''(B) section 605A;

''(C) section 605B;

''(D) section 609(a)(1)(A);

''(E) section 612(a);

''(F) subsections (e), (f), and (g) of section 615;

''(G) section 621(f);

''(H) section 623(a)(6); or

''(I) section 628.''; and

(3) in subsection (d)—

(A) by striking paragraph (2);

(B) by striking ''(c)—'' and all that follows through ''do not affect'' and inserting ''(c) do not affect''; and

(C) by striking ''1996; and'' and inserting ''1996.''.

TITLE VIII—MISCELLANEOUS

SEC. 811. CLERICAL AMENDMENTS.

(a) SHORT TITLE.—Section 601 of the Fair Credit Reporting Act (15 U.S.C. 1601 note) is amended by striking ''the Fair Credit Reporting Act.'' and inserting ''the 'Fair Credit Reporting Act'.''.

(b) SECTION 604.—Section 604(a) of the Fair Credit Reporting Act (15 U.S.C. 1681b(a)) is amended in paragraphs (1) through (5), other than subparagraphs (E) and (F) of paragraph (3), by moving each margin 2 ems to the right.

(c) SECTION 605.—

(1) Section 605(a)(1) of the Fair Credit Reporting Act (15 U.S.C. 1681c(a)(1)) is amended by striking ''(1) cases'' and inserting ''(1) Cases''.

(2)(A) Section 5(1) of Public Law 105–347 (112 Stat. 3211) is amended by striking ''Judgments which'' and inserting ''judgments which''.

(B) The amendment made by subparagraph (A) shall be deemed to have the same effective date as section 5(1) of Public Law 105–347 (112 Stat. 3211).

(d) SECTION 609.—Section 609(a) of the Fair Credit Reporting Act (15 U.S.C. 1681g(a)) is amended—

(1) in paragraph (2), by moving the margin 2 ems to the right; and

(2) in paragraph (3)(C), by moving the margins 2 ems to the left.

(e) SECTION 617.—Section 617(a)(1) of the Fair Credit Reporting Act (15 U.S.C. 1681o(a)(1)) is amended by adding ''and'' at the end.

(f) SECTION 621.—Section 621(b)(1)(B) of the Fair Credit Reporting Act (15 U.S.C. 1681s(b)(1)(B)) is amended by striking ''25(a)'' and inserting ''25A''.

(g) TITLE 31.—Section 5318 of title 31, United States Code, is amended by redesignating the second item designated as subsection (l) (relating to applicability of rules) as subsection (m).

(h) CONFORMING AMENDMENT.—Section 2411(c) of Public Law 104–208 (110 Stat. 3009–445) is repealed.

And the Senate agreed to the same.

For consideration of the House bill and the Senate amendment, and modifications committed to conference:

MICHAEL G. OXLEY,
DOUG BEREUTER,
SPENCER BACHUS,
MIKE CASTLE,
ED ROYCE,
ROBERT W. NEY,
SUE KELLY,
PAUL GILLMOR,
STEVEN C. LATOURETTE,
JUDY BIGGERT,
PETE SESSIONS,
BARNEY FRANK,
PAUL E. KANJORSKI,
MELVIN L. WATT,
LUIS V. GUTIERREZ,
DARLENE HOOLEY,
DENNIS MOORE,
Managers on the Part of the House.

RICHARD SHELBY,
ROBERT F. BENNETT,
WAYNE ALLARD,
MICHAEL B. ENZI,
PAUL SARBANES,
CHRISTOPHER J. DODD,
TIM JOHNSON,
Managers on the Part of the Senate.

JOINT EXPLANATORY STATEMENT OF THE COMMITTEE OF CONFERENCE

The managers on the part of the House and the Senate at the conference on the disagreeing votes of the two Houses on the amendment of the House to the bill (H.R. 2622) to amend the Fair Credit Reporting Act, to prevent identity theft, improve resolution of consumer disputes, improve the accuracy of consumer records, make improvements in the use of, and consumer access to, credit information, and for other purposes, submit the following joint statement to the House and the Senate in explanation of the effect of the action agreed upon by the managers and recommended in the accompanying conference report:

The Senate amendment to the text of the bill struck all of the House bill after the enacting clause and inserted a substitute text.

The House recedes from its disagreement to the amendment of the Senate with an amendment that is a substitute for the House bill and the Senate amendment. The Committee of Conference met on November

21, 2003 (the Senate Chairing) and resolved their differences. The differences between the House bill, the Senate amendment, and the substitute agreed to in conference are noted below, except for clerical corrections, conforming changes made necessary by agreements reached by the conferees, and minor drafting and clerical changes.

The Fair Credit Reporting Act was enacted in 1970, and substantially amended in 1996. The amendments made at that time were necessary to make the law relevant in an information age. Included in the 1996 amendment were a number of provisions that explicitly preempt state laws. These preemptions expire on January 1, 2004.

Since 1996, the national credit markets have undergone significant change. Most of these changes were the result of technological innovations. Technology has expanded the availability of credit, and permitted instant credit decisions. Mortgage financing that once took weeks now takes hours, and home ownership rates are at historic highs. Consumer credit can be obtained at the point of sale for major items like automobiles. Technology and the prudently-regulated free flow of consumer information under the FCRA has made much of this possible. We live in a mobile society in which 40 million Americans move annually. The FCRA permits consumers to transport their credit with them wherever they go. Both Committees of jurisdiction have developed detailed records regarding the benefits that our national credit reporting system has visited upon consumers of financial products.

Despite the myriad benefits of technology to the American consumer, there has been one drawback. Namely, the free flow information has enabled the explosive growth of a new crime—identity theft. Both Committees developed comprehensive hearing records regarding the growth of this crime, and the havoc it visits upon the lives of its victims. Law enforcement professionals are cognizant of the growth of this crime, and have worked with the affected industries to combat it. While criminal prosecutions and strict fraud detection protocols can curtail identity theft, and punish the wrongdoers, not enough had been done heretofore to aid the real victims of this crime—the consumer whose identity is assumed, and can spend months or years trying to rehabilitate their credit and re-order their affairs.

The House bill and the Senate amendment contain a number of identical provisions. In other instances, the provisions in the respective bills addressed the same issue in a slightly different manner. Both the House bill and the Senate amendment addressed the provisions of the FCRA that preempted state laws, and are due to expire on January 1, 2004. Both bills addressed identity theft, medical information privacy and promote greater consumer access to their credit reports.

The House bill, H.R. 2622, and the bill that served as the core of the Senate amendment (S. 1753) are each the result of an extensive deliberative and legislative process with a three-fold purpose: to assist the victims of identity theft; modernize the FCRA and; enhance the national credit reporting system. Readers should refer to the Committee Reports for the respective bills for further elaboration. The conference agreement contains provisions to accomplish these goals. It is the conferees' belief that this legislation will assist the victims of identity theft, and ensure the operational efficiency of our national credit system by creating a number of preemptive national standards.

For consideration of the House bill and the Senate amendment, and modifications committed to conference:

MICHAEL G. OXLEY,
DOUG BEREUTER,
SPENCER BACHUS,
MIKE CASTLE,
ED ROYCE,
ROBERT W. NEY,
SUE KELLY,
PAUL GILLMOR
STEVEN C. LATOURETTE,
JUDY BIGGERT,
PETE SESSIONS,
BARNEY FRANK,
PAUL E. KANJORSKI,
MELVIN L. WATT,
LUIS V. GUTIERREZ,
DARLENE HOOLEY,
DENNIS MOORE,
Managers on the Part of the House.

RICHARD SHELBY,
ROBERT F. BENNETT,
WAYNE ALLARD,
MICHAEL B. ENZI,
PAUL SARBANES,
CHRISTOPHER J. DODD,
TIM JOHNSON,
Managers on the Part of the Senate.

Mr. OXLEY. Mr. Speaker, I move to suspend the rules and agree to the conference report on the bill (H.R. 2622) to amend the Fair Credit Reporting Act, to prevent identity theft, improve resolution of consumer disputes, improve the accuracy of consumer records, make improvements in the use of, and consumer access to, credit information, and for other purposes.

The Clerk read the title of the bill.

(For conference report and statement, see prior proceedings of the House of today.)

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Ohio (Mr. OXLEY) and the gentleman from Massachusetts (Mr. FRANK) each will control 20 minutes.

The Chair recognizes the gentleman from Ohio (Mr. OXLEY).

GENERAL LEAVE

Mr. OXLEY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the conference report and insert extraneous material thereon.

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

There was no objection.

Mr. OXLEY. Mr. Speaker, I yield myself 6 minutes.

Mr. Speaker, I am proud to bring before the House today the conference report on H.R. 2622, the Fair and Accurate Credit Transactions Act of 2003. This is a bipartisan bill that will foster economic growth and development throughout this country. When 9/11 hit our country, Congress responded quickly with the passage of the USA PATRIOT Act and the Terrorism Risk Insurance Act. When corporate scandals threatened to undermine the integrity of the stock market, we responded with the passage of the Sarbanes-Oxley Act. And today, as the laws governing our national credit markets are set to expire, we must again respond swiftly and responsibly with the passage of this bipartisan solution to keep the American economy stable and growing and assure that the American consumer continues to enjoy the benefits of a robust national credit granting system.

□ 1800

One of the hallmarks of the modern U.S. economy is quick and convenient access to consumer credit. Though it would seem unimaginable a generation ago, consumers can now qualify for a mortgage over the telephone, walk into a showroom and finance the purchase of a car in one sitting, and get department store credit within minutes. As the distinguished Federal Trade Commission chairman Tim Muris has stated, the ''miracle of instant credit'' created by our national credit reporting system has given American consumers a level of access to financial services and products that is unrivaled anywhere in the world. The protection and growth of these services, as provided for in this legislation, are critical to the success of our economy.

Since the Fair Credit Reporting Act's uniform national standards were established in 1996, we have achieved some of the lowest mortgage rates and credit rates on record, with more competition and more offerings for consumers than ever before. This has led to the record level of credit available today to all Americans, regardless of income level. Over the past 30 years, the availability of nonmortgage credit to households in the lowest income bracket has increased by nearly 70 percent, including a nearly threefold increase in the number of low-income households owning credit cards just in this last decade. The increase of available credit, coupled with the declining price of this credit, has also fueled the record homeownership levels we are experiencing today, again with the largest gains achieved by low- and moderate-income groups. These improvements in the credit and mortgage systems have saved consumers nearly $100 billion annually, according to some estimates.

In addition to preserving our vital national credit system, this legislation is an extremely comprehensive consumer protection bill. The protections are designed to meet head-on the growing crime of identity theft which has accompanied the expanding credit market in our country. The FTC released a study in early September which revealed the damaging extent of this crime in our country. Ten million Americans were victimized by identity thieves last year alone, costing consumers and businesses over $55 billion, not counting the 300 million hours spent by victims to try to repair damaged credit records. The financial costs are staggering, with over $10,000 stolen in the average fraud.

The Committee on Financial Services has worked tirelessly to explore and find solutions to this destructive crime. Over 100 witnesses have come before the committee since last April to discuss the renewal of the Fair Credit Reporting Act, and many of them focused their statements on the urgent

need to increase safeguards designed to protect consumers and businesses alike from this crime. With the bipartisan support in the House, as well as valuable input and assistance from our friends in the Senate, we have a bill before us today that empowers both consumers and businesses as we attempt to eliminate this terrible crime. Congress needs to pass strong, uniform identity theft protection; and it needs to do it now.

This conference report preserves many key elements designed to fight identity theft from the bill that passed the House with close to 400 votes. These strong new identity theft provisions standards established by the bill will be national, ensuring uniform protection for consumers in all 50 States.

This legislation includes provisions that allow consumers to place fraud alerts, allowing consumers to block information from being given to a credit bureau, providing identity theft victims with a summary of their rights, giving consumers the right to see their credit scores, giving all consumers the right to a free copy of their credit report, restricting access to consumers' sensitive health information, simplifying the way consumers can limit unsolicited marketing offers, ensuring improved accuracy of credit reporting procedures, and providing consumers with one-call-for-all protection by requiring credit bureaus to share consumer calls on identity theft, including requested fraud alert blocking.

This legislation also provides valuable tools and resources to financial institutions to ensure accuracy and prevent identity theft. These provisions include requiring creditors to take certain precautions before extending credit to consumers who have placed fraud alerts in their files; prohibiting merchants from printing more than the last five digits of a payment card on an electronic receipt, and others.

Mr. Speaker, this is a rather lengthy and long statement, and I will submit this for the RECORD.

I want to thank my ranking member, the gentleman from Massachusetts, for taking on this challenging and important legislation. Also to the chairman of our Subcommittee on Financial Institutions, the gentleman from Alabama (Mr. BACHUS), who sat through hours of hearings, over 100 witnesses in eight separate hearings; to Chairman SHELBY who chaired the conference committee and also, of course, is the chairman of the Banking Committee in the Senate, as well as Ranking Member Sarbanes for working in good faith on this effort.

Mr. Speaker, this was indeed truly a bipartisan, bicameral effort. We worked very closely with the White House and the Treasury to put together this conference report. This is good public policy. It is good for the country's economy, maintaining this constant flow of credit that we have come to take for granted. This is positive legislation, and I urge all Members to give it their strong support.

This legislation also provides valuable tools and resources to financial institutions to ensure accuracy and prevent identity theft. These provisions include:

Requiring creditors to take certain precautions before extending credit to consumers who have placed ''fraud alerts'' in their files; prohibiting merchants from printing more than the last 5 digits of a payment card on an electronic receipt; requiring banks to develop policies and procedures to identify potential instances of identity theft; and requiring financial institutions to reconcile potentially fraudulent consumer address information.

It is our duty to protect our national credit system and the economic growth that this system promotes by continuing to provide Americans with the most affordable and accessible credit market in the world today. We must ensure that the U.S. remains the engine of growth for the global economy.

I want to thank my ranking member from Massachusetts, Mr. FRANK, for taking on this challenging and imperative legislative project and for engaging all the major stakeholders in crafting a bipartisan piece of well balanced, highly effective legislation. I would also like to thank my friends from the Senate Banking Committee, Chairman SHELBY and Ranking Member SARBANES, for working in good faith to resolve differences between the House and Senate products. And finally, a huge debt of gratitude is owed by Members of this body to the gentleman from Alabama, SPENCER BACHUS, who wrote the House version of this bill; presided over countless hearings in his capacity as Chairman of the Financial Institutions and Consumer Credit Subcommittee; and helped lead the House conferees to a successful outcome in our negotiations with the Senate. Without the gentleman from Alabama, we would not be standing on the House floor today about to pass this historic consumer protection legislation.

The final FCRA legislation states that no requirement or prohibition may be imposed under the laws of any State with respect to the conduct required under the nine specific provisions included in the new identity theft preemption provision of the law. Accordingly, States cannot act to impose any requirements or prohibitions with respect to the conduct addressed by any of these provisions or the conduct addressed by any of the federal regulations adopted under these nine provisions. All of the rules and requirements governing the conduct of any person in these areas are governed solely by federal law and any State that attempts to impose requirements or prohibitions in these areas would be preempted.

I should note that the legislation lists the provisions to be preempted. However, to the extent such provisions would enjoy preemption under another provision in the FCRA, the other provision would control.

One of the central elements of the approach taken by the bill that the House passed overwhelmingly last September was to make the new fraud prevention and mitigation provisions contained in the legislation the new uniform national standards on those subject matters. The bill was drafted in this way because identity theft is a national concern, not only because of its impact on our system of granting credit, but because it knows no boundaries. The consumer victim may be in one State, the financial institution victim in another State, and the perpetrator may be in a third State. The credit bureaus that receive and report information relating to a fraudulent account may be in yet a fourth State.

In drafting the House bill, we were careful to stipulate—and to clarify in a colloquy on the House floor among the gentleman from Massachusetts, Mr. FRANK, the gentleman from Alabama, Mr. BACHUS, and myself—that the uniform national standards for identity theft were limited to the subject matters that the bill's provisions actually address, such as fraud alerts, blocking bad credit information, and truncating credit card account numbers at the point of sale. Thus, for example, this national uniformity would not affect State criminal statutes, or State laws governing the public display of social security numbers.

The conference committee further refined this standard, by providing that the new uniform national standards on identity theft created by this legislation apply with respect to the conduct required by those specific provisions.

I strongly urge my colleagues to vote for this Conference Report.

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

Mr. FRANK of Massachusetts. Mr. Speaker, I am glad to yield 2½ minutes to the gentlewoman from Oregon (Ms. HOOLEY), a member of this committee who really did extraordinarily good work here and who early on became our task force head on identity theft, and this bill is really path-breaking in what it does for identity theft.

Ms. HOOLEY of Oregon. Mr. Speaker, I thank my good friend, the gentleman from Massachusetts, for yielding me this time.

During floor debate of the Fair and Accurate Credit Transaction Act back in September, I told a story of a constituent who had her purse stolen and ended up spending hours trying to clean up her credit files as a result. It got so bad, in fact, that the police officer suggested it would be easier for her to change her name than to deal with the damage caused by the result of a theft. At that time, I continued on to say that something is wrong with the law when a law enforcement official suggests changing your identity in order to protect yourself from identity theft.

Well, I am ecstatic to report to everyone that after 4 years' struggle, the law is changing. Today the House and Senate conferees met and approved the Fair and Accurate Credit Transaction Act, a bill that will do many things to protect consumers and safeguard our Nation's credit system. Above all, however, this legislation will put in place landmark protections against identity theft, the fastest-growing crime in the United States.

This legislation has been a long time coming and is the result of a lot of hard work by a number of Members of Congress. I would especially like to thank the gentleman from Massachusetts (Mr. FRANK) and the gentleman from Ohio (Mr. OXLEY) for all of their incredible work; Senator SARBANES and Senator SHELBY for the leadership they have shown through a bipartisan conference process; and a special thanks to

the gentleman from Alabama (Mr. BACHUS) and the gentleman from Ohio (Mr. LATOURETTE) for the long hours they put in on this piece of legislation. Because of these leaders' work and the incredible staff that worked with us, we have a conference report that takes the best provisions from the Senate and the best provisions from the House to pass this piece of legislation.

I will share a few of the consumer protections it provides, and I will insert the remainder of this list in the CONGRESSIONAL RECORD.

First of all, it provides consumers with a free credit report, gives consumers the right to see their credit scores, provides consumers with broad new medical privacy rights, gives the consumers the ability to opt out of information-sharing between affiliated companies for marketing purposes, and establishes a financial literacy commission. Those are just a few.

I am proud of how the committee worked together. I think we were the poster child of how this process should be run. I am proud of the substance of this conference report that is good for consumers and good for businesses. I urge all of my colleagues on both sides of the aisle to support our Nation's consumers by voting ''yes'' for the conference report.

The agreement reached by conferees today will:

General Provisions:

Provide consumers with a free credit report every year from each of the three national credit bureaus, from a single centralized source;

Give consumers the right to see their credit scores;

Provide consumers with broad new medical privacy rights;

Give consumers the ability to opt-out of information sharing between affiliated companies for marketing purposes;

Establish a financial literacy commission and a national financial literacy campaign;

Ensure that consumers are notified if merchants are going to report negative information to the credit bureaus about them; and

Extend the seven expiring provisions of the Fair Credit Reporting Act.

Identify Theft Provisions:

Allow consumers to place ''fraud alerts'' in their credit reports to prevent identify thieves from opening accounts in their names; including special provisions to protect active duty military personnel;

Require creditors to take certain precautions before extending credit to consumers who have placed ''fraud alerts'' in their files;

Allow consumers to block information from being given to a credit bureau and from being reported by a credit bureau if such information results from identify theft;

Provide identify theft victims with a summary of their rights;

Provide consumers with one-call-for-all protection by requiring credit bureaus to share consumer calls on identify theft, including requested fraud alert blocking.

Prohibiting merchants from printing more than the last 5 digits of a payment care on an electronic receipt;

Require banks to develop policies and procedures to identify potential instances of identify theft;

Require financial institutions to reconcile potentially fraudulent consumer address information; and

Require lenders to disclose their contact information on consumer reports.

Mr. OXLEY. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Alabama (Mr. BACHUS), the chairman of the Subcommittee on Financial Institutions and Consumer Credit, who has done such a wonderful job on this bill.

Mr. BACHUS. Mr. Speaker, I thank the chairman for yielding me this time.

I am going to limit my time to thanking Members, because this legislation I think more than anything is a testimony of what we as Members do when we all work in the best interests of the American public.

This bill contains sweeping new protections against identity fraud. It also will enable consumers, which make up 70 percent of our economy, to have available more credit and more choices. And as important as that is, it does a third thing. It has many different tools to ensure that our credit information is accurately reported and that our private information and confidential information such as medical records are not shared.

At this time, I would like to thank the cosponsors. This bill was introduced by me; the gentlewoman from Oregon (Ms. HOOLEY), whom we have heard from; the gentlewoman from Illinois (Mrs. BIGGERT); and the gentleman from Kansas (Mr. MOORE). The gentlewoman from Oregon (Ms. HOOLEY), the gentlewoman from Illinois (Mrs. BIGGERT), and the gentleman from Kansas (Mr. MOORE) all had significant input into this legislation. The gentleman from Ohio (Mr. LATOURETTE), a lot of the fraud provisions were drafted by him or the gentlewoman from Oregon (Ms. HOOLEY). The gentleman from Pennsylvania (Mr. KANJORSKI), the gentleman from Delaware (Mr. CASTLE), the gentlewoman from New York (Mrs. MALONEY), the gentleman from Arizona (Mr. SHADEGG), the gentleman from Tennessee (Mr. FORD), the gentleman from Ohio (Mr. TIBERI), the gentleman from Texas (Mr. HINOJOSA), the gentleman from Texas (Mr. HENSARLING), the gentleman from New York (Mr. CROWLEY), the gentleman from Texas (Mr. SESSIONS), the gentleman from Arizona (Mr. ROSS), the gentleman from Utah (Mr. MATHESON), the gentleman from Alabama (Mr. DAVIS), the gentleman from Louisiana (Mr. BAKER), the gentleman from New York (Mr. KING), the gentleman from Oklahoma (Mr. LUCAS), and the gentleman from Kentucky (Mr. LUCAS), the gentleman from Ohio (Mr. NEY), the gentlewoman from New York (Mrs. KELLY), the gentleman from North Carolina (Mr. JONES), the gentleman from New York (Mr. ISRAEL), the gentlewoman from Pennsylvania (Ms. HART), the gentleman from North Carolina (Mr. MILLER), the gentlewoman from West Virginia (Mrs. CAPITO), the gentlewoman from New York (Mrs. MCCARTHY), the gentleman from South Carolina (Mr. BARRETT), the gentleman from Florida (Mr. FEENEY), and the gentlewoman from Florida (Ms. HARRIS).

All of these Members participated in this process, and the bill, which was passed almost unanimously by the House, went over to the Senate; and I would like to credit the other body for working, I think, in a professional manner and improving what we thought was a wonderful bill. And then, in conference, I would finally like to salute the gentleman from Ohio (Chairman OXLEY), first, for giving me the opportunity of working on this legislation; and secondly, I would like to salute him and the gentleman from Massachusetts (Mr. FRANK), our conferees, Mr. SARBANES and Chairman SHELBY. All of the people I have named deserve particular praise for a wonderful piece of legislation.

Mr. Speaker, I rise in strong support of the conference report to H.R. 2622, the Fair and Accurate Credit Transactions Act (''FACT Act''). H.R. 2622 represents the culmination of my efforts, and those of my colleagues, to craft legislation to strengthen our economy and to provide consumers with meaningful identity theft protections. The FACT Act is the bi-partisan product of a thorough review of the Fair Credit Reporting Act (''FCRA''), identity theft, and related issues, Indeed, the legislation was approved overwhelmingly in the House by a vote of 392–30 and in the Senate by a vote of 95–2.

I want to express my deepest sense of gratitude to Chairman OXLEY who gave me the opportunity to introduce this landmark piece of legislation and then skillfully guided it through the legislative process. In my career as a legislator, it is only on a rare occasion when you get the chance to draft legislation in such a bipartisan and cooperative atmosphere. The Chairman deserves a lot of credit for establishing such a collegial process, and I think our legislative product is better because of his efforts.

As Chairman of the Subcommittee on Financial Institutions and Consumer Credit. I conducted 8 hearings on the FCRA and related issues over the past year, receiving testimony from nearly one hundred witnesses including consumer groups, businesses, law enforcement, and various government regulators. On June 26, 2003, I introduced H.R. 2622 with Representatives HOOLEY, BIGGERT, and MOORE. The FACT Act—a byproduct of our hearings and bipartisan cooperation—passed its version of FCRA legislation—S. 1753—by a vote of 95–2. This week, the conference report to H.R. 2622 was approved almost unanimously by the conferees from both the House and Senate. H.R. 2622 is supported by a broad coalition of interested parties, including large financial institutions, community banks, credit unions, retailers as well as the Administration.

H.R. 2622 will benefit consumers and our economy by ensuring the continuity of our national uniform credit system. Indeed, our economy depends on several national delivery systems—each represented by incredible amounts of investment and infrastructure. For example, the national interstate highway system and our telecommunications networks are all critical to our national economy. Today we can drive from state to state without worrying

about whether a road will come to an abrupt end at the state line. Our consumer credit system is similar to these examples—we do not really think about it, we just expect that it will work. Although not perfect, our consumer credit system makes life better, easier, and cheaper for American consumers.

Just as our highway and telecommunications networks have improved and become more efficient over the years, so has our credit system. Creditors have always needed to evaluate the likelihood that a borrower would repay a loan. As a result of the framework established by the FCRA, creditors, no longer need to ''eyeball'' an applicant and review application materials for days or weeks. Rather, our national credit system has produced a virtually seamless system whereby consumers can apply for, and receive a decision on, credit within minutes. The national uniform system has also lowered costs and increased choice and convenience for American consumers. By far the most striking result of our national credit system is the dramatically increased availability of credit—or the ''democratization'' of credit. However, this system could be put in jeopardy if the state law uniform standards in the FCRA were permitted to expire on January 1, 2004. H.R. 2622 would ensure the continuity of our national credit system by making these standards permanent.

The conference report also directly addresses the problem of identity theft.

Sec. 151 of the conference report requires that the FTC and the federal banking regulators provide identify theft victims with a summary of their rights. It is important for the agencies to let consumers know that identity thieves target home computers because they contain a goldmine of personal financial information about individuals. In educating the public about how to avoid becoming a victim of identity theft, the FTC and the federal banking regulators should inform consumers about the risks associated with having an 'always on' Internet connection not secured by a firewall, not protecting against viruses or other malicious codes, using peer-to-peer file trading software that might expose diverse contents of their hard drives without their knowledge, or failing to use safe computing practices in general.

Identity theft occurs when a criminal obtains enough information about an individual to allow the criminal to ''assume'' that individual's identity for nefarious purposes. My Subcommittee heard from two identity theft victims. Their stories were truly nightmarish, and we need to work to prevent countless others from joining the ranks of identity theft victims. Not only does identity theft harm the direct victims, but it also has an impact on all consumers. Financial institutions lose millions of dollars each year as a result of identity theft. This increased cost on financial institutions is absorbed, at least in part, through increased costs of financial products and services to all consumers.

H.R. 2622 will also improve consumers' access and understanding of their credit information by allowing consumers to request a free credit report annually from each credit bureau. In addition, consumers will have the opportunity to obtain their credit scores from credit bureaus. Transparency in the credit granting and reporting process will increase consumers' financial literacy and improve their confidence in the financial services system in general.

I want to commend Chairman OXLEY for the tremendous leadership he has shown in steering this complex bill through the legislative process. I also want to thank the Ranking Member of the Committee, Mr. FRANK, for his support of this important piece of legislation. In addition, let me commend Ms. HOOLEY, Ms. BIGGERT, Mr. MOORE, Mr. LATOURETTE and the Members of the Financial Services Committee on each of their efforts. I also appreciate the efforts of Mr. SANDERS, the Ranking Member on my subcommittee, for his work on this issue. Lastly, I want to mention my appreciation for the input we received from the Administration, particularly from Treasury Secretary John Snow and Treasury Assistant Secretary for Financial Institutions Wayne Abernathy.

Let me also take this opportunity to thank the staff members on the House Financial Services Committee who worked on this legislation. Both Chairman OXLEY and Ranking Member FRANK are to be commended for assembling such a talented group of staff to work on H.R. 2622. On the majority side, I would like to thank Bob Foster, Hugh Halpern, Carter McDowell, Jim Clinger; Robert Gordon, Charles Symington, Karen Lynch—who no longer works for the committee but did a lot of work on this issue before leaving—and Dina Ellis, my designee on the Committee. I would also like to thank Warren Tryon of my staff for his work on this issue. On the minority staff, I would like to thank the following staff members: Jeanne Roslanowick, Jaime Lizarraga, Ken Swab, Erika Jeffers, Dean Sagar and Warren Gunnels.

In conclusion, I would like to note that I am proud of the work we have done in crafting H.R. 2622. This has been, by necessity, a long and thorough process. I believe H.R. 2622 presents a solid achievement in protecting the security of consumers' personal information, enhancing the transparency of the credit reporting process, and ensuring continued access to a wide variety of financial products at low cost.

Mr. Speaker, our economy today is important to all of us. That goes without saying. But what a lot of people do not realize is that two-thirds of our economy is consumer spending. That is the driver in our economy today. And consumer spending today is contingent upon maintaining a national uniform credit reporting system. I urge all of my colleagues to support our economy by voting for H.R. 2622.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. THORNBERRY). The Chair would remind all Members it is inappropriate to characterize the other body, even in positive terms.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield 2½ minutes to the gentleman from Vermont (Mr. SANDERS), the ranking member of the subcommittee from which this bill came.

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

Mr. Speaker, this bill has a number of important and positive provisions. The idea that consumers will receive free credit reports is important. The provision strengthening identity theft is also very important.

But basically, the positive provisions in this bill do not outweigh the negative. And, in my view, this bill should be defeated. It should be defeated because it preempts States throughout this country from going forward with stronger consumer protections. And to my mind, States, in fact, are the laboratories of democracy; and it is a bad idea, especially from our conservative friends, who year after year have told us how bad it was for the Federal Government to have all this power, to now give power to the Federal Government and tell the State of Vermont, the State of California, that if you have specific needs dealing with consumer issues, you may not go forward. That is wrong. And for that reason alone, this legislation should be defeated, sent back, and strengthened in terms of consumer needs.

I would point out that virtually every consumer organization in America, the Consumer Federation of America, U.S. Public Interest Research Group, et cetera, oppose the preemption aspects of this legislation.

Second of all, Mr. Speaker, one of the great rip-offs that is taking place in America now deals with credit cards which, at a time of very, very low interest rates, are charging people up to 25 or 29 percent interest. And one way they do it, Mr. Speaker, is they send out notices and they say, come in and sign up: zero interest rate. What they forget to tell the consumer is that for any reason whatsoever, through a bait-and-switch scam, they can raise interest rates. So 5 years before, you were late on a student loan, you were late on an automobile payment, suddenly, you are going to be paying 15, 20 percent interest, and you do not know it.

This legislation rejected any effort to protect consumers in that way, not only outlawing this bait-and-switch scam, but even preventing strong disclosure. This legislation should be defeated, sent back, and improved.

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Mr. OXLEY. Mr. Speaker, I yield 2 minutes to the gentlewoman from New York (Mrs. KELLY), the chairwoman of the Subcommittee on Oversight and Investigations.

(Mrs. KELLY asked and was given permission to revise and extend her remarks.)

Mrs. KELLY. Mr. Speaker, it happens I do not agree with the previous speaker. I rise in strong support of the conference report before us. I would like to commend the gentleman from Ohio (Chairman OXLEY) and the gentleman from Massachusetts (Ranking Member FRANK) and their counterparts in the Senate for moving this legislation with great thoroughness, deliberation, and really in a strong spirit of bipartisanship.

At the heart of the legislation is the permanent reauthorization of the Fair Credit Reporting Act. It has provided a national uniform credit reporting system that has effectively lowered the cost of credit. And it has increased the choice and convenience for millions of Americans across the country.

The FCRA has helped to address other vital security issues such as combating identity theft and blocking terrorist financing under the U.S.A. Patriot Act, both issues that I have held hearings on in my subcommittee.

Combating identity theft and drying up terrorist financing requires a collaborative effort of law enforcement and regulatory agencies, consumers, and financial institutions, all with access to appropriate information.

We have also made some other important improvements to the FCRA in order to protect the sanctity of privacy for the American people throughout the credit granting process. I believe that one of the most important pieces of that is medical information. The medical information of consumers should be kept private. It does not need to be shared or be distributed by creditors or listed on credit reports.

Individuals should know that their personal medical information belongs to them and it is not released for any other purposes, whether it is for the credit-granting process or employee background checks. And we have done that with our legislation by coding the information.

I would like to thank the gentleman from Arkansas (Mr. ROSS) and the gentleman from North Carolina (Mr. WATT) for working with me on this amendment that will protect medical information of individuals without disrupting the access to low-cost credit and the security of information.

By allowing consumers to benefit from reporting the financial aspects of their transactions to credit bureaus while maintaining the sanctity of their medical privacy, this legislation is a real win for all Americans.

Finally, I am pleased we were able to include a new title in the legislation, which creates a Commission on Financial Literacy and Education, or the SAFE Act. As a result of that strategy, we will have a clear vision of the future financial literacy that will be the benefit of all Americans.

Mr. Speaker, I strongly support this legislation.

Mr. Speaker, I rise in strong support of the Conference Report before us.

I would like to commend Chairman OXLEY and Ranking Member FRANK—and their counterparts in the Senate—for moving this legislation with great thoroughness and deliberation and in the spirit of bipartisanship.

The legislation, ''The FACT Act'', is the result of a dozen hearings, one hundred witnesses, and months of deliberations by my colleagues on both sides of the aisle, and both sides of the Capitol.

At the heart of the legislation is the permanent reauthorization of the Fair Credit Reporting Act, or FCRA. FCRA has provided a national uniform credit reporting system that has effectively lowered the cost of credit, and increased choice and convenience for millions of Americans across the country.

As a conferee on this report, I can tell you that we worked with many diverse interests before we reached a unified, solid product. And in this product, we have built on the framework of FCRA to ensure that the legislation continues to lower the cost of credit and help fuel our economy—while also creating new opportunities for populations who have never had access. That's why this legislation has overwhelmingly bipartisan support.

FCRA has also helped address other vital security issues, such as combating identity theft and blocking of terrorist financing under the USA PATRIOT Act—both issues which I have held numerous hearings on in my Oversight Subcommittee. Combating identity theft and drying up terrorist financing requires the collaborative effort of law enforcement and regulatory agencies, consumers and financial institutions—all with access to appropriate information.

I am extremely pleased that this conference report addresses these important issues, and improves our ability to combat identity theft and help law enforcement officials track down illicit money. The information-sharing under this legislation is essential to protecting the American people by detecting suspicious activity and weeding out wrongdoers.

The national uniform standards under FCRA have also facilitated a financial institution's ability to utilize additional authentications and identity verifications to protect consumer security. And the increased protections incorporated in this legislation are critically important in enabling victims to correct the damage to their credit histories created by identity thieves.

This legislation will further help law enforcement combat financial fraud and track down criminals and terrorists. And it adds new protections that are important to achieving these goals.

We have also made other important improvements to FCRA in order to protect the sanctity of privacy for the American people throughout the credit-granting process.

I believe the medical information of consumers should be kept private, and it does not need to be shared or distributed by creditors or listed on credit reports. Individuals should know that their personal medical information belongs to them and is not released for other purposes, whether it is for the credit granting process or employee background checks. And we have done this in our legislation by coding this information.

I would like to thank Reps. ROSS and WATT for working with me on an amendment that will protect the medical information of individuals without disrupting access to low cost credit and the security of information.

By allowing consumers to benefit from reporting the financial aspects of their transactions to credit bureaus while maintaining the sanctity of their medical privacy, this legislation is a real win for all Americans.

Finally, I am pleased that we were able to include a new title in the legislation, which creates a Commission on Financial Literacy and Education to improve the financial literacy of millions of Americans of all ages.

At the crux of this language is the creation of the first ever national strategy for financial literacy—which will facilitate new public, private and nonprofit partnerships to help educate all Americans in financial literacy. The national strategy, and its subsequent report to Congress, will be known as ''The Strategy for Assuring Financial Empowerment'' or ''SAFE strategy'', based on legislation that I introduced—H.R. 3520, ''The SAFE Act''.

As as result, the ''SAFE strategy'' will provide a clear vision for the future of financial literacy. The vision will provide a systematic approach to identify effective ways to increase the general education level of current, and future, consumers of financial services and products. The Commission and the ''SAFE strategy'' will be goal-oriented and subject to reviews by Congress through annual testimony.

Mr. Speaker, I strongly support this legislation that is crucial to the economy and the security of the American people.

I thank you for addressing these important issues and urge my colleagues to support this conference report.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield 1½ minutes to the gentleman from Pennsylvania (Mr. KANJORSKI), who is the second ranking member of the full committee and the ranking member of the Subcommittee on Capital Markets, Insurance and Government Sponsored Enterprises and who has a major input to this bill.

(Mr. KANJORSKI asked and was given permission to revise and extend his remarks, and include extraneous material.)

Mr. KANJORSKI. Mr. Speaker, just as an aside, if I may, I urge all my colleagues on this side of the aisle and on the other side of the aisle to support one of the most bipartisan pieces of legislation. I want to congratulate the chairman of the committee, the gentleman from Ohio (Mr. OXLEY), the ranking member of the committee, the gentleman from Massachusetts (Mr. FRANK), and the chairman of the subcommittee, the gentleman from Alabama (Mr. BACHUS), and the ranking member of the subcommittee on our side of the aisle for a job well done.

And the fact that we set a new course of activity here in the House as to how this function of legislation should be done from not only the subcommittee, the full committee, the House and Senate, and the conference committee, but now as they work back today, I urge all my colleagues to support the legislation.

Mr. Speaker, I would like to enter into a colloquy with the gentleman from Alabama (Mr. BACHUS) on the Federal FTC advertising campaign.

Section 213 of the bill directs the Federal Trade Commission to increase public awareness regarding the availability of consumer rights to opt out of receiving prescreened credit offer solicitations. Is that his understanding as well?

I yield to the gentleman from Alabama.

Mr. BACHUS. Mr. Speaker, it is, yes.

Mr. KANJORSKI. Mr. Speaker, does the gentleman share with me the understanding that the FTC's public awareness campaign is to be designed to increase public awareness, not only of the right to opt out of receiving prescreened solicitations, but also of the benefits and consequences of opting out?

Mr. BACHUS. Mr. Speaker, yes, I share that understanding. Not only

should consumers know they can opt out of getting these offers, they should also know that opting out or not affects their chances of getting additional credit offers with competitive terms.

Mr. KANJORSKI. Mr. Speaker, and if the FTC's public awareness campaign increases their understanding of the opt-out, consumers will make more informed better decisions. Does the gentleman agree?

Mr. BACHUS. Mr. Speaker, yes, I agree.

Mr. KANJORSKI. Mr. Speaker, I thank the gentleman from Alabama (Mr. BACHUS).

Mr. Speaker, I rise in very strong support of the conference report for H.R. 2622, the Fair and Accurate Credit Transactions Act.

The bill before us is an excellent piece of legislation. It advances consumer protection. It combats identity theft. And it allows businesses to operate efficiently when offering credit.

Moreover, the bill before us is a model of how the legislative process should work on a bipartisan basis. We held numerous hearings on the legislation. We deliberated on these matters thoroughly. We worked with one another on a bipartisan basis. The results of our efforts produced a bill that originally passed the House overwhelmingly.

If we fail to extend the expiring provisions of the Fair Credit Reporting Act before the end of this year, conflicting state laws could place financial institutions in a difficult compliance position, and the current efficiencies in obtaining credit could significantly decrease. We would, moreover, create more difficulties for our already struggling economy.

The Fair Credit Reporting Act and its 1996 amendments, in my view, have created a nationwide consumer credit system that works increasingly well. This law has expanded access to credit, lowered the price of credit, and accelerated decisions to grant credit. One reason that the law works so well is the establishment of a uniform system of national standards for credit reporting. As my colleagues may recall, Mr. Speaker, I strongly supported creating these state preemptions in the early 1990s. I also believe that we should extend them now.

In addition to extending the expiring preemptions of state law, H.R. 2622 will make a number of important improvements to current law with respect to consumer protection. These provisions, among other things, will improve the accuracy of and correction process for credit reports, and establish strong privacy protections for consumers' sensitive medical information.

Furthermore, identity theft is a growing problem in our country. A recent report by the Federal Trade Commission found that 27.3 million Americans have been victims of identity theft in the last five years. I am therefore particularly pleased that H.R. 2622 includes several provisions designed to combat these crimes and aid consumers.

Before I close, Mr. Speaker, I want to again commend the Ranking Member of the Committee [Mr. FRANK] for his work leading to a very strong bill, as well as the gentlelady from Oregon [Ms. HOOLEY] for her important work on identity theft. As I have already noted, we also worked on a bipartisan basis and in a pragmatic way with the Chairman of the Committee [Mr. OXLEY] and the Chairman of the Subcommittee [Mr. BACHUS] to produce a very worthwhile legislative product in the House and in the conference with the Senate on which I served.

Mr. Speaker, H.R. 2622 contains many important consumer protection provisions in a framework of uniform national standards. It is a good bill. I encourage my colleagues to support its passage.

Mr. OXLEY. Mr. Speaker, I yield 2 minutes to the gentlewoman from Illinois (Mrs. BIGGERT).

Mrs. BIGGERT. Mr. Speaker, I would like to commend the hard work that the gentleman from Ohio (Chairman OXLEY) and the gentleman from Alabama (Mr. BACHUS), subcommittee chairman, the gentleman from Massachusetts (Ranking Member FRANK), and the committee staff have done on this extremely important piece of legislation.

Mr. Speaker, to its sponsors and its cosponsors, every bill is an important bill. But there are few bills that we will take up this session or this Congress that are as critically important to our economy as reauthorizing and making permanent the expiring protections contained in the Fair Credit Reporting Act.

The FCRA may not be a household word, but it nonetheless touches virtually every aspect of our lives and our economy.

Without this reauthorization, there can be no national credit system, without a national credit system there will be less credit, slower credit, inaccurate credit, inefficient credit, and in some cases, no credit at all. Less, slower, inefficient and no credit will lead inevitably to less spending, slower growth, lower incomes, and fewer jobs.

That would be noticed by the American consumer and it would be a disaster for the American economy. That is why FCRA is a must-pass bill for this session.

This conference report addresses the challenges and problems created by new technologies as well. Chief among these are the provisions addressing identity theft. I am particularly pleased that this conference report contains language addressing the challenges of financial literacy.

As a member of the Committee on Financial Services and the Committee on Education and the Workforce, I have come to recognize the positive impact that a marriage of financial literacy and basic economics can have on millions of future investors.

I especially want to thank Senators Enzi and Sarbanes for working with me to perfect this language included in this conference report. H.R. 2622 is a good bill that provides important new protections for consumers and stops identity theft before it happens. I urge my colleagues to support this legislation and yield back the balance of my time.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield 1½ minutes to the gentleman from Illinois (Mr. EMANUEL), who was very active particularly with regard to the medical privacy provision of this bill.

Mr. EMANUEL. Mr. Speaker, I would like to commend the Members on both sides of the aisle who worked in a bipartisan way to draft a good, strong bill with new identity theft protections and consumer protection. A special thanks to the gentleman from Ohio (Chairman OXLEY), to the gentleman from Massachusetts (Mr. FRANK), and to my colleague, the gentleman from California (Mr. OSE) for cosponsoring the amendment ensuring that this conference report has landmark provisions preventing banks and insurance companies from accessing and using the most sensitive private information of a consumer, medical information.

This medical privacy bill gives consumers a safe harbor they deserve by blacking out the use of medical information and making it off limits to banks and insurance companies. They cannot access it, period. This agreement makes that the law.

These new protections should go a long way to addressing America's concerns that their medical, mental health, or DNA information could be shared or used against them by banks and credit bureaus, when they apply for a mortgage, rent an apartment, or join a club. No one applying for a home should have to worry about a bank using their past cancer treatments against them. When this becomes law, they will not have to. This is a win for consumers and for the financial services industry.

Mr. OXLEY. Mr. Speaker, I yield 3 minutes to the gentlewoman from Florida (Ms. HARRIS).

Ms. HARRIS. Mr. Speaker, I want to discuss some of the exciting opportunities in the FCRA, specifically the aspects that Florida has engaged in. And I would like to enter a colloquy with the gentleman from Alabama (Mr. BACHUS) to discuss those.

Mr. Speaker, I would yield to the gentleman from Alabama (Mr. BACHUS).

Mr. BACHUS. Mr. Speaker, if the gentlewoman would yield, I would be glad to engage in a colloquy. I think what the gentlewoman from Florida (Ms. HARRIS) was inquiring into was that the Florida Banking Association has created a system that permits banks to combat identity theft, check fraud, and other criminal activity. And as I understand it, this system it produces reports that banks use exclusively to fight fraud not for the purpose, either in whole or part, of determining an individual's eligibility for credit insurance and employment.

And she has asked me to confirm that information that is provided for the exclusive purpose of detecting, preventing, or deterring a financial crime identity theft, or the funding of a criminal activity does not constitute a consumer report under the Fair Credit Reporting Act, even as amended by

this bill. And my response to that is that is correct. Such information was not a consumer report under the Fair Credit Reporting Act as it existed before this legislation, nor will it constitute a consumer report as amended by this bill.

Ms. HARRIS. Mr. Speaker, reclaiming my time, I think that many people were confused by that, so I really appreciate the clarification that this information is not a consumer report under the Fair Credit Act neither before it was passed nor after it has been amended. So I really appreciate that clarification.

In fact, I think one of the biggest problems has been that the fraud and identity theft has created billions of dollars of losses in the U.S. economy and continues to create serious problems for individuals. The technology allows criminals to perpetuate this fraud with increasing rapidity.

Financial institutions and law enforcement need to fight the increases in fraud and identity theft with technology. So the proposed amendment would free the antifraud networks from compliance with certain requirements of the Fair Credit Reporting Act. But the amendment preserves the consumer protection features in the Fair Credit Reporting Act because it requires a notice to consumers and an opportunity to respond.

What is exciting about the Florida bankers is they actually created something called Fraud Net in 2000 and it was implemented in 2002. This is really sort of a neighborhood watch for bankers, if you will. Because banks post alerts when they experience a fraudulent or criminal act. It does not deal with individual transactions, opening accounts, credit insurance, or employment. Today 14 States are employing the specific program, and they expect 10 additional users next year.

So I thank the gentleman from Alabama (Mr. BACHUS) for clarifying.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield 2 minutes to the gentlewoman from Indiana (Ms. CARSON), one of our most active and energetic members of our committee.

Ms. CARSON of Indiana. Mr. Speaker, I would like to thank the gentleman from Massachusetts (Mr. FRANK) and the gentleman from Alabama (Mr. BACHUS) for the bipartisan spirit to move the bill to the floor.

Mr. Speaker, the Fair Credit Reporting Act has been crucial to extending credit services to underserved populations and in protecting consumers from egregious abuses of their financial and personal privacy. However, the violations and abuses continue to persist. I have assisted a number of constituents who have had credit problems because of inaccurate credit reporting. In many instances, people have no idea there is a problem until they try to secure a loan or credit.

What I found especially troubling is larger than expected numbers of inaccuracies credit reporting agencies have on consumers. So H.R. 2622 provides a number of new important consumer protections that will make credit reports less frustrating for our consumers. The bill would give every person in America the ability to consider request an annual free credit report.

I certainly hope every American takes advantage of this. The bill deals a tremendous blow to identity thieves whose crimes are rising rapidly. Consumers will be able to place fraud alerts on their credit report when erroneous information is present. I applaud the leadership on this bill, a very needed bill. I encourage the Members to support it.

Mr. OXLEY. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. SESSIONS), a distinguished member of the Committee on Rules, who has an important measure in this legislation.

Mr. SESSIONS. Mr. Speaker, I wish to thank the great chairman of the committee, the gentleman from Ohio (Mr. OXLEY), and also the gentleman from Massachusetts (Mr. FRANK) for working with me on an important aspect of this Fair Credit Reporting Act.

I learned, Mr. Speaker, from one of my constituents, Bill Asher back in Dallas, Texas, during a town hall meeting about how the Federal Trade Commission had applied privacy rules to workplace misconduct which meant that in a workplace misconduct circumstance, a person who violated another person or who broke the law would actually have to be given information about any investigation that might take place against that individual under privacy rules and regulations passed by and supported by the Federal Trade Commission.

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This Federal Trade Commission now will be reversed; their ruling will be reversed by this Fair Credit Reporting Act to make sure that misconduct in a workplace, privacy rules do not apply.

I want to thank the gentleman from Massachusetts (Mr. FRANK) for his work on this, to ensure this became law, and also our great chairman, the gentleman from Alabama (Mr. BACHUS), and our great chairman, the gentleman from Ohio (Mr. OXLEY).

Mr. FRANK of Massachusetts. Mr. Speaker, I yield 1½ minutes to the gentleman from New York (Mr. CROWLEY), another member of our committee who played a very active role in this.

Mr. CROWLEY. Mr. Speaker, I would like to call this the comity before the storm. It is interesting that we have such comity here in the House on the floor dealing with the FACT Act, the Fair Credit Reporting Act. This has been a bipartisan piece of legislation.

It is interesting that we will take up a bill later on this evening that will not be as bipartisan, and it certainly will be a more partisan bill. I want to thank the gentleman from Ohio (Mr. OXLEY) for his extension of his arm. I wish the other committee, the Committee on Ways and Means, would act in kind; and hopefully that will happen at some point.

I want to thank the ranking member, the gentleman from Massachusetts (Mr. FRANK), for his work on this bill; the gentleman from Alabama (Mr. BACHUS), the subcommittee chairman; the ranking member, the gentleman from Vermont (Mr. SANDERS). Although he has indicated he will not support the bill, he certainly acted in a very bipartisan manner in helping to craft the legislation.

This bill represents the best of the House where Democrats, Republicans, and Independents work together to craft a bill that addresses real problems. But besides good procedure, this bill is also good policy.

It will provide permanency to our Nation's credit grantors to ensure the easy and available flow of capital to our constituents. It toughens up the law with respect to identity theft and ensures that health information is walled off and cannot be used in any credit-making decisions, ensuring the integrity of one's health privacy.

This bill is good for American consumers, and I am pleased to support it. I only wish that later on this evening I could also support a Medicare bill that was bipartisan as well.

Mr. OXLEY. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. GILLMOR), a valuable member of the committee.

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

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

I want to commend both the chairman and the subcommittee chairman, as well as the ranking members, for the great job they did on this bill.

I rise in strong support of the conference report. Passage of this legislation is essential to maintaining our current national credit reporting system. This legislation maintains the free flow of credit reporting information to lenders, financial services providers, while it also creates some strong new consumer protections.

It also includes a provision that I introduced, H.R. 2622, to improve the transparency of the credit scoring systems by mandating that if the number of credit inquiries on a consumers account negatively affect their score, it must be disclosed in their consumer report. This ensures a consumer and a prospective lender are fully informed; and this important new requirement will allow conscientious consumers to shop around for the best loans and rates.

I urge my colleagues to support the report.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield 1½ minutes to the gentlewoman from New York (Mrs. MALONEY), who played an important role in this bill.

(Mrs. MALONEY asked and was given permission to revise and extend her remarks.)

Mrs. MALONEY. Mr. Speaker, I thank the gentleman for yielding me time. I thank our ranking member and chair and my colleagues.

I rise in support of this legislation that permanently reauthorizes the Fair Credit and Reporting Act, which is extremely important to our economy and our national credit system. It also greatly enhances legal protections for identity theft victims, protects medical information, and provides groundbreaking new limits on the sharing of private consumer information among the affiliates of financial services companies.

My constituents need this legislation because New York City claims the sad distinction of having the largest number of identity theft cases of any city in the entire country. The FACT Act helps break the cycle of identity theft with new consumer protections including the right to a free annual credit report, a new consumer-initiated fraud alert system, new protections that will prevent the recycling or repollution of consumer information that is known to be the product of fraud, mandatory truncation of credit and debt card numbers to prevent theft.

In addition to identity theft, this bill contains groundbreaking limits on how financial services companies can share the sensitive consumer financial information among affiliates. These are important consumer protections given that some of today's largest financial companies have more than 1,000 affiliates. While the identity theft and privacy provisions will have the most direct impact on our constituents, the FACT Act also ensures the long-term viability of our national credit market by extending the FCRA beyond the end of the year.

Today I rise in support of legislation that permanently reauthorizes the Fair Credit Reporting Act (FCRA) which is very important to our economy and our national credit system. It also greatly enhances legal protections for identity theft victims, protects medical information, and provides groundbreaking new limits on the sharing of private consumer information among the affiliates of financial services companies.

My constituents need this legislation because New York City claims the sad distinction of having the largest number of identity theft cases of any city in the country.

In addition, this bill contains groundbreaking limits on how financial services companies can share their sensitive customer financial information among affiliates.

These are important consumer protections given that some of today's largest financial companies have more than 1,000 affiliates.

Finally, while the identity theft and privacy provisions will have the most direct impact on our constituents, the FACT Act also ensures the long-term viability of our national credit market by extending the FCRA beyond the end of this year.

Mr. OXLEY. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. LATOURETTE), a former prosecutor, who has done such great work, particularly in the identity theft part of the legislation.

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

Mr. LATOURETTE. Mr. Speaker, I want to first begin by commending the gentleman from Ohio (Mr. OXLEY) and the ranking member, the gentleman from Massachusetts (Mr. FRANK), for their hard work together with the conferees. I think the gentlewoman from Illinois (Mrs. BIGGERT) said earlier that this is the most important piece of legislation to come out of this committee this year, and I agree.

I also want to pay special tribute to the gentlewoman from Oregon (Ms. HOOLEY). When we began working in the 106th Congress on identity theft, some people had not heard of it. Today, I think every Member has a horror story about identity theft. In my district it was Maureen Mitchell. She and her husband found out that they owned not one, but two, luxury SUVs in the period of a couple of hours in Chicago, Illinois, that they had not participated in or purchased.

I think the conferees have produced a good bill. They have not only produced a good bill; they have produced a bill that does not have a one-size-fits-all remedy, and it still gives the regulators flexibility to deal with the ever-evolving strategies that identify thieves come up with.

Lastly, I want to pay tribute to the gentleman from Alabama (Mr. BACHUS), the chairman of the subcommittee, because he sat through hours and hours of hearings to make sure that we got it right; and, lastly, the ranking member, the gentleman from Vermont (Mr. SANDERS), I think he had some excellent ideas on bait and switch. I hope we revisit that in the next Congress.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield 1½ minutes to the gentleman from Texas (Mr. HINOJOSA), another active member of our committee.

Mr. HINOJOSA. Mr. Speaker, I rise in strong support of the conference report to accompany the Fair and Accurate Transactions Act of 2003. And I congratulate the gentleman from Ohio (Mr. OXLEY) and the ranking member, the gentleman from Massachusetts (Mr. FRANK), the subcommittee chairman, the gentleman from Alabama (Mr. BACHUS), and the ranking member, the gentleman from Vermont (Mr. SANDERS), and all the committee staff for the wonderful work they did in completing this conference report.

This conference report will strengthen the provisions of the Fair Credit Reporting Act. I am proud to have been an original co-sponsor of this legislation, to have supported it in committee, and to have voted in favor of it on the House floor.

Let me take this opportunity to thank the conferees for including in the financial literacy provision of the legislation language that will allow the financial literacy commission the bill creates to take any action to develop and promote financial literacy and educational materials in languages other than English. This will apply to the hot line, Web site, and educational materials the commission produces or recommends.

It is imperative that financial literacy materials be created and disseminated in languages other than English to recognize the diversity of our great Nation. I especially want to thank the ranking member, the gentleman from Massachusetts (Mr. FRANK), for his assistance with this language and Jaime Lizarraga of his staff.

Rest assured that the Congressional Hispanic Caucus and the Hispanic community appreciate your efforts and the language you inserted into the conference report.

Mr. Speaker, I rise in strong support of the conference report to accompany The Fair and Accurate Transactions Act of 2003. I congratulate Chairman OXLEY and Ranking Member FRANK, Subcommittee Chairman BACHUS and Ranking Member SANDERS and all the House and Senate conferees on completing this conference report.

This conference report will strengthen the provisions of the Fair Credit Reporting Act. I am proud to have been an original cosponsor of this legislation, to have supported it in Committee and to have voted in favor of it on the House floor.

I want to read at this time a portion of a letter Federal Reserve Board Chairman Alan Greenspan sent to me dated February 28, 2003. Chairman Greenspan was responding to a question I submitted to him in writing asking what would happen to the U.S. economy if the exceptions to the Fair Credit Reporting Act were allowed to expire after January 1, 2004. In his letter, Chairman Greenspan warned that: ''Limits on the flow of information among financial market participants, or increased costs resulting form restrictions that differ based on geography, may lead to an increase in the price or a reduction in the availability of credit, as well as a reduction in the optimal sharing of risk and reward.''

I am very pleased that this conference report heeded Chairman Greenspan's warning, and I believe that its passage will help our struggling economy to improve.

Let me take this opportunity to thank the conferees for including in the financial literacy provision of the legislation language that will allow the Financial Literacy Commission the bill creates to ''take any action to develop and promote financial literacy and education materials in languages other than English.'' This will apply to the hotline, website, and educational materials the Commission produces or recommends. It is imperative that financial literacy materials be created and disseminated in languages other than English to recognize the diversity of our great nation.

I especially want to thank Ranking Member FRANK for his assistance with this language and Jaime Lizarraga of his staff. Rest assured that the Congressional Hispanic Caucus and the Hispanic community appreciate your efforts and the language you inserted into the conference report.

The SPEAKER pro tempore (Mr. THORNBERRY). The gentleman from Ohio (Mr. OXLEY) has 1 minute remaining. The gentleman from Massachusetts (Mr. FRANK) has 6 minutes remaining.

Mr. OXLEY. Mr. Speaker, does the gentleman have any further speakers?

Mr. FRANK of Massachusetts. Mr. Speaker, I have several.

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

I have the right to close, is that correct, Mr. Speaker?

The SPEAKER pro tempore. The gentleman is correct.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield 1¼ minutes to the gentleman from Massachusetts (Mr. MARKEY), who has been so active on the privacy issue.

Mr. MARKEY. Mr. Speaker, I thank my friend, and I congratulate him for all the good things that are in this bill, all the credit report and the negative statement issues that are dealt with.

But there is one concern which I have which is consumers are, by this bill, going to see the California privacy law preempted, as they are going to see as well other States who want to make stronger privacy protection for their constituents something that is part of the law.

My concern is that increasingly what we see with companies like TransUnion and Equifax is that they are sending the records off shore. For example, TransUnion, one of the three major credit reporting agencies' spokesman said last month, 100 percent of our mail regarding customer disputes is going to India at some point. We expect to sign that contract by the end of the year.

My hope is that as the years go by we will be able to return to this issue because the globalization of the information marketplace is going to make clear that Americans are going to want more protection as their information is going to be put in the hands of foreigners with no laws on the books or the ability to police them.

I rise to opposition to this legislation.

I understand that some good things have been done in this bill, such as the provisions granting consumers free access to copies of their credit report, notice of negative statements being added to their credit reports, or adverse credit decisions being made based on their credit report. I support these provisions, and I also support stronger protections against identify theft.

The problem is that consumers are being asked to pay a price for these provisions—their privacy. As I read this bill, we are permanently pre-empting any stronger state privacy laws, such as the California law, in favor of a federal standard that provides consumers with only a very narrow ''opt-out'' right to block affiliate sharing of the consumer's information for marketing purposes. I do not believe that an ''Opt Out'' is appropriate. Companies should have to obtain the affirmative consent of the consumer—an ''Opt In'' before they share information about their transactions or experiences with the consumer with other affiliates or with unaffiliated third parties.

Moreover, I am concerned that by limiting the ability of a consumer to exercise their Opt-Out solely to marketing, this bill allows affiliates to share information about the consumers for other purposes without any consumer right to say ''No.'' I am also concerned that even after a consumer has ''opted out,'' their decision to do so gets sunsetted after 5 years and they have to ''opt out'' again. If the consumer has said no, that should mean no illness and until the consumer says yes.

I also want to raise a concern about some statements I have seen in the press from the credit reporting agencies suggesting that if these companies are forced to provide consumers with free credit reports, they will accelerate their current efforts to transfer their databases and back office operations off-shore.

TransUnion and Equifax, two out of the three major credit reporting agencies already are in the process of offshoring the processing of detailed credit files on 220 million U.S. consumers.

Earlier this month, a TransUnion spokesman said that ''A hundred percent of our mail regarding customer disputes is going to go to India at some point. We expect to sign that contract by the end of the year.''

Equifax has had a vendor in Jamaica for four years, where Jamacian workers handle data entry at the beginning of the reinvestigation process for disputed credit reports.

Experian, the third of the three major credit reporting agencies, is considering whether to offshore some of its operations: ''We definitely are evaluating every option on the table, and offshoring is one of them. I don't want to be quoted as saying we'll never do it.''

Privacy experts are concerned about offshoring of the Social Security numbers, addresses and other personal information contained in credit reports:

''Consumers should be worried. The infrastructure to protect information just isn't there in a lot of these places.'' (Beth Givens, director, Privacy Rights Clearing House)

''The problem is not that they're in India, the problem is that American laws are not going to be enforced in India.'' (Chris Hoofnagle, Electronic Privacy Information Center)

''If you're an international crime ring, and you want Social Security numbers for identity theft, you're going to look at the weakest link, and that's quite possibly these overseas companies.'' (Beth Givens)

In October, a Pakistani woman threatened to post UCSF patient files on the Internet, unless she was paid for the medical transcription services she had performed. In the email she sent to UCSF, the woman wrote: ''Your patient records are out in the open to be exposed, so you better track that person and make him pay my dues or otherwise I will expose all the voice files and patient records on the Internet.''

That is the future that we are looking at with the credit reporting agencies. Consumers may be able to call up to get a free copy of their credit report, but the person on the other end of the line may be in Karachi or New Delhi, where U.S. privacy standards do not apply.

Indeed, this bill may provide Americans with the most expensive ''free'' credit report they'll ever get. They'll pay with their privacy.

That is why I think that we need to put the consumer back in control of their own information. We need an ''opt-in'' not a limited ''opt-out'', and we need to ensure that American's privacy does not get offshored at the same time that their jobs are getting offshored.

I urge the defeat of this legislation.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I want to begin by saying that if we on the Democratic side were in the majority, this would be a different bill. We are not, so we have the bill that we have here.

Given that, given that there are some differences, I must tell you that this is a better bill than I had hoped we would see. And I am very appreciative of my colleagues on the other side. They did not give in on any issues of principle that are important to them. We have on both sides of the aisle a strong commitment to making sure that the free-market system in this country can work.

These credit allocations have become a very important part of that free-mark system. And this bill, I believe, preserves that system, the credit allocation system for individuals as well as need be.

We also, though, have, as we often do with the free market, a situation where the market does well what it is supposed to do, but it does not do everything. There are areas where we need to step in and help the market. What is important is for us to do that in ways that do not impinge on the market function.

I believe that working together we have come closer in doing that in this bill than I had thought. I would like if there had been fewer preemptions in the field, for instance, of identity theft; but as a result of a meeting which we had this morning, I think we agreed to preserve the integrity of the identity theft provisions that we have in there, to make sure that they can function without interference and without distraction, but did not unduly preempt if the States want to be additive in other areas. So there is, in fact, room for States to do something as long as the scheme that has been set forward in this bill is not interfered with, detracted from, and in particular, companies are not subjected to conflicting or confusing multiple requirements.

We have done other things. People, as a result of this, will be able to get a lot more information. Until recently, credit and credit scoring have been kind of mystical things to a lot of people. Consumers, home buyers, automobile buyers, others have found their lives affected financially by factors of which they were only dimly aware. As a result of several provisions in this bill, the system will be allowed to work, but consumers will have a lot more information about it. And they will get that information in many cases early enough to act on it.

Frankly, one of the things that some of our friends in the business community were skeptical of I think will wind up helping them. A requirement that people be notified if something they have either done or failed to do will cause them to have a negative comment on the credit report, I think that will have an incentivizing effect. I think the first time someone is late unneccessarily with a payment for a mortgage and is notified that this will

be on your credit report, you are likely to see much less lateness. We also took steps to improve the accuracy of the data.

The system on the whole works very well, but no system works perfectly. I think this credit system was a little bit flawed in that it did not adequately give people a chance to correct errors. We do a much better job of this. I would have liked there to have been a sunset on the preemptions.

I think this bill benefits from the fact that it was here today. Congress did this 7 years ago. There was a sunset. And as a result, we are here today doing what everybody agrees is improving the bill. I would have liked, and my colleague from Pennsylvania (Mr. KANJORSKI) offered an amendment to give us a chance to do that again. We lost on the floor, and that is the way the votes went. But I do hope and I believe that we may very well from experience learn that more has to be done or things have to be done differently.

□ 1845

When this bill was passed in 1996, identity theft was not a big issue. The fact that it was sunsetted gave us a chance to deal with identity theft I think in a very effective way. This will not be the last time that the crooked people in this world will think of a way to swindle the great majority of the honest ones.

So I just want to make it clear that while we will not have this automatically coming up, I hope we are all committed, and I believe we are, that as new problems come up we will be able to deal with them.

Given the fact that the majority is the majority, I believe that we did a good job, not a perfect one, in adding consumer protections and safety factors to this general system of allowing the credit allocation to individuals to work, and for that reason, I would urge Members to vote for the bill.

Mr. OXLEY. Mr. Speaker, I yield myself the remaining time.

First of all, I want to thank the staff. I always tend to forget to do that, and we have been through a lot on this bill. This is a complicated piece of legislation that got more complicated as we took on this whole issue of identity theft, and throughout this process, the staff on both sides of the aisle have been just superb, working late nights and early mornings to get us where we are today, and I want to personally thank them for their efforts. They know who they are, and I know who they are and we most appreciate it, and also to the Members, I think this is, Mr. Speaker, perhaps a textbook example of how the legislative process ought to work in terms of hearings, in terms of everybody having an opportunity to have their say, involving Members on both sides of the aisle, many of them newer Members, freshmen Members, to really get their feet wet on an important piece of legislation that we bring to the floor today and this conference report that will close it out.

This is truly a historic day, and I think in the real traditional way that we have started in the Committee on Financial Services of turning out good legislation in a bipartisan manner, and for that, I am very thankful to all concerned.

Mr. BEREUTER. Mr. Speaker, as a member of the Financial Services Committee and a conferee, this member rises today to express his strong support for the conference report of H.R. 2622, the Fair and Accurate Credit Transactions Act of 2003 (FACT Act). This important legislation permanently extends those provisions in the Fair Credit Reporting Act (FCRA) which relate to the preemption of State laws—a very necessary step in this instance. The current provisions in the FCRA are set to expire on December 31, 2003. Thus when this conference report is enacted into law, it will continue the nationwide credit system while providing important consumer protections.

This member would like to thank the distinguished gentleman from Alabama, Mr. BACHUS, the chairman of the House Financial Services Subcommittee on Financial Institutions and Consumer Credit on which this member serves, for introducing the legislation on which this conference report is largely based. Furthermore, this member would like to thank both the distinguished gentleman from Ohio, Mr. OXLEY, the chairman of the House Financial Services Committee, and the distinguished gentleman from Massachusetts, Mr. FRANK, the ranking member of this committee, for their outstanding effort in bringing this excellent conference report to the House floor. As was suggested at the conclusion of the conference, this may be an instance where most of the conferees from both the House and Senate believe the conference report is better than either original Chamber's product.

The FCRA is the Federal law which governs the furnishing of reports on the credit worthiness of consumers. This member supports this conference report which would permanently extend the FCRA for many reasons. However, he would like to focus on the following three reasons.

First, this conference report provides for a free credit report annually for consumers. Typically, credit reporting agencies charge consumers up to $9 for the disclosure of the information in their credit files. Under current law, a consumer may receive a free consumer report from a reporting agency only under certain circumstances, such as when a consumer receives a notice of an adverse action by a reporting agency. The FACT Act would provider a free credit report annually for consumers for any reason. This member believes that this provision will promote consumer awareness of a person's credit history as well as provide an opportunity for the consumer to correct any inaccurate information on one's credit report.

Second, this conference report provides important provisions to curb identity theft. To illustrate the need for these provisions, the Federal Trade Commission (FTC) released a survey at the beginning of September of this year which showed that a staggering 27.3 million Americans had been victims of identity theft in the last 5 years, including 9.9 million people in the last year alone. This conference report, among other things, allows consumers to place "fraud alerts" in their credit reports to prevent identity thieves from opening accounts in their names.

Lastly, this conference report continues the Federal preemption of State laws as it relates to the corporate affiliate sharing of financial information. During the consideration of the 1996 amendments to the FCRA, this member authored a provision, which was signed into law, that required a consumer opt-out when nontransactional information is shared among corporate affiliates. Examples of nontransaction information include data from a consumer credit report and information on an application such as a consumer's income or assets. This provision on consumer notice is very important as it was the first consumer "opt out" on the sharing of financial information that this member is aware of that was signed into Federal Law.

Mr. Speaker, in conclusion, for the reasons stated above and many others, this member encourages his colleagues to support the conference report of H.R. 2622.

Mr. CANTOR. Mr. Speaker, I rise today on behalf of the Fair and Accurate Credit Transactions Act, H.R. 2622. This sound piece of legislation will aid in the prevention of identity theft. Additionally, it will guarantee that consumers have access to affordable credit.

I do have one concern, and I would like to clarify congressional intent in regard to this legislation. It is vitally important for consumers that the information reported about them to credit bureaus is accurate. When errors occur, they must be corrected. The overwhelming majority of disputes are properly handled through existing procedures as defined in section 611 of the Fair Credit Reporting Act. Nevertheless, a very small percentage of unusual disputes are not completely resolved through the reinvestigation process. Section 312 of the conference report for the bill provides a means by which some of these cases could be submitted directly to the furnisher for possible resolution.

I recognize that there are potential risks in the adoption of this section. For example, I am very concerned that any mechanism designed to address these few cases is not burdensome. If it becomes burdensome, furnishers may become discouraged from reporting complete and accurate information in the first instance. Additionally, this could lead to misuse by credit repair clinics to overwhelm furnishers in an attempt to cause them to change accurate information.

The conference report for H.R. 2622 has charged the relevant agencies with issuing rules only after they have determined the benefits of a direct resolution process. Congress has provided the agencies with four criteria to review in connection with any rulemaking pertaining to the direct reinvestigation of consumer disputes with furnishers. This criteria must be satisfied before any rules are to be issued.

I believe it is a positive piece of legislation that will give consumers the tools to fight identity theft and continue to access affordable credit.

Mr. Speaker, I urge passage of this legislation.

The SPEAKER pro tempore (Mr. THORNBERRY). The question is on the motion offered by the gentleman from Ohio (Mr. OXLEY) that the House suspend the rules and agree to the conference report on the bill, H.R. 2622.

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. SANDERS. 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.

FURTHER MESSAGE FROM THE SENATE

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

S. 1741. An act to provide a site for the National Women's History Museum in the District of Columbia.

The message also announced that the Senate agrees to the report of the committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate 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.''

VITIATION OF MOTION TO INSTRUCT CONFEREES ON H.R. 1, MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

The SPEAKER pro tempore. Under clause 8 of rule XX, the filing of the conference report on H.R. 1 has vitiated the motion to instruct conferees offered by the gentleman from Washington (Mr. INSLEE) which was debated yesterday and on which further proceedings were postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, and the Chair's prior announcement, the Chair will now put each question on which further proceedings were postponed earlier today in the following order:

Previous question on H. Res. 459, by the yeas and nays;

H. Res. 459, if ordered;

Previous question on H. Res. 458, by the yeas and nays;

H. Res. 458, if ordered;

H. Con. Res. 206, by the yeas and nays.

The Chair will reduce to 5 minutes the time for any electronic vote after the first such vote in this series.

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

The SPEAKER pro tempore. The pending business is the vote on ordering the previous question on H. Res. 459, on which the yeas and nays are ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The vote was taken by electronic device, and there were—yeas 225, nays 202, not voting 7, as follows:

[Roll No. 659]

YEAS—225

Aderholt
Akin
Bachus
Baker
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Bereuter
Biggert
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Bradley (NH)
Brady (TX)
Brown (SC)
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Carter
Castle
Chabot
Chocola
Coble
Cole
Collins
Cox
Crane
Crenshaw
Cubin
Culberson
Cunningham
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeLay
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Dreier
Duncan
Dunn
Ehlers
Emerson
English
Everett
Feeney
Ferguson
Flake
Foley
Forbes
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gillmor
Gingrey
Goode
Goodlatte
Goss
Granger
Graves
Green (WI)
Greenwood
Gutknecht
Harris
Hart
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hobson
Hoekstra
Hostettler
Houghton
Hulshof
Hunter
Hyde
Isakson
Issa
Istook
Janklow
Jenkins
Johnson (CT)
Johnson (IL)
Johnson, Sam
Jones (NC)
Keller
Kelly
Kennedy (MN)
King (IA)
King (NY)
Kingston
Kirk
Kline
Knollenberg
Kolbe
LaHood
Latham
LaTourette
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
McCotter
McCrery
McHugh
McInnis
McKeon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy
Musgrave
Myrick
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Osborne
Ose
Otter
Oxley
Paul
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Porter
Portman
Pryce (OH)
Putnam
Quinn
Radanovich
Ramstad
Regula
Rehberg
Renzi
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Royce
Ryan (WI)
Ryun (KS)
Saxton
Schrock
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shuster
Simmons
Simpson
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Sweeney
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Tiahrt
Tiberi
Toomey
Turner (OH)
Upton
Vitter
Walden (OR)
Walsh
Wamp
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (AK)
Young (FL)

NAYS—202

Abercrombie
Ackerman
Alexander
Allen
Andrews
Baca
Baird
Baldwin
Ballance
Becerra
Bell
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Boucher
Boyd
Brady (PA)
Brown (OH)
Brown, Corrine
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Case
Clay
Clyburn
Conyers
Cooper
Costello
Cramer
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Doggett
Dooley (CA)
Doyle
Edwards
Emanuel
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Ford
Frank (MA)
Frost
Gonzalez
Gordon
Green (TX)
Grijalva
Gutierrez
Hall
Harman
Hastings (FL)
Hill
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Honda
Hooley (OR)
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy (RI)
Kildee
Kilpatrick
Kind
Kleczka
Kucinich
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Lynch
Majette
Maloney
Markey
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Michaud
Millender-McDonald
Miller (NC)
Miller, George
Mollohan
Moore
Moran (VA)
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Rodriguez
Ross
Rothman
Roybal-Allard
Rush
Ryan (OH)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Sandlin
Schakowsky
Schiff
Scott (GA)
Scott (VA)
Serrano
Sherman
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Spratt
Stark
Stenholm
Strickland
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Tierney
Towns
Turner (TX)
Udall (CO)
Udall (NM)
Van Hollen
Velazquez
Visclosky
Waters
Watson
Watt
Waxman
Weiner
Wexler
Woolsey
Wu
Wynn

NOT VOTING—7

DeMint
Fletcher
Fossella
Gephardt
Marshall
Murtha
Ruppersberger

□ 1909

Mrs. MALONEY and Messrs. WYNN, MORAN of Virginia, SCOTT of Georgia, PALLONE, ALLEN, and COSTELLO changed their vote from ''yea'' to ''nay.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore (Mr. THORNBERRY). The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. SLAUGHTER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 228, nays 200, not voting 6, as follows:

[Roll No. 660]

YEAS—228

Aderholt
Akin
Bachus
Baker
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Bereuter
Biggert
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Bradley (NH)
Brady (TX)
Brown (SC)
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Carter
Castle
Chabot
Chocola
Coble
Cole
Collins
Cox
Cramer
Crane
Crenshaw
Cubin
Culberson
Cunningham
Davis (TN)
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeLay
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Dreier
Duncan
Dunn
Ehlers
Emerson
English
Everett
Feeney
Ferguson
Flake
Foley
Forbes
Fossella
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gillmor
Gingrey
Goodlatte
Gordon
Goss
Granger
Graves
Green (WI)
Greenwood
Gutknecht
Harris
Hart
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hobson
Hoekstra
Hostettler
Houghton
Hulshof
Hunter
Hyde
Isakson
Issa
Istook
Janklow
Jenkins
Johnson (CT)
Johnson (IL)
Johnson, Sam
Jones (NC)
Keller
Kelly
Kennedy (MN)
King (IA)
King (NY)
Kingston
Kirk
Kline
Knollenberg
Kolbe
LaHood
Latham
LaTourette
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
McCotter
McCrery
McHugh
McInnis
McKeon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy
Musgrave
Myrick
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Osborne
Ose
Otter
Oxley
Paul
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Porter
Portman
Pryce (OH)
Putnam
Quinn
Radanovich
Ramstad
Regula
Rehberg
Renzi
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Royce
Ryan (WI)
Ryun (KS)
Saxton
Schrock
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shuster
Simmons
Simpson
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Sweeney
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Tiahrt
Tiberi
Toomey
Turner (OH)
Upton
Vitter
Walden (OR)
Walsh
Wamp
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (AK)
Young (FL)

NAYS—200

Abercrombie
Ackerman
Alexander
Allen
Andrews
Baca
Baird
Baldwin
Ballance
Becerra
Bell
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Boucher
Boyd
Brady (PA)
Brown (OH)
Brown, Corrine
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Case
Clay
Clyburn
Conyers
Cooper
Costello
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Doggett
Dooley (CA)
Doyle
Edwards
Emanuel
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Ford
Frank (MA)
Frost
Gonzalez
Green (TX)
Grijalva
Gutierrez
Hall
Harman
Hastings (FL)
Hill
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Honda
Hooley (OR)
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy (RI)
Kildee
Kilpatrick
Kind
Kleczka
Kucinich
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Lynch
Majette
Maloney
Markey
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Michaud
Millender-McDonald
Miller (NC)
Miller, George
Mollohan
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Rodriguez
Ross
Rothman
Roybal-Allard
Rush
Ryan (OH)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Sandlin
Schakowsky
Schiff
Scott (GA)
Scott (VA)
Serrano
Sherman
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Spratt
Stark
Stenholm
Strickland
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Tierney
Towns
Turner (TX)
Udall (CO)
Udall (NM)
Van Hollen
Velazquez
Visclosky
Waters
Watson
Watt
Waxman
Weiner
Wexler
Woolsey
Wu
Wynn

NOT VOTING—6

DeMint
Fletcher
Gephardt
Goode
Marshall
Ruppersberger

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1919

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

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

The SPEAKER pro tempore (Mr. THORNBERRY). The pending business is the vote on ordering the previous question on H. Res. 458, on which the yeas and nays are ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 225, nays 202, not voting 7, as follows:

[Roll No. 661]

YEAS—225

Aderholt
Akin
Bachus
Baker
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Bereuter
Biggert
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Bradley (NH)
Brady (TX)
Brown (SC)
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Carter
Castle
Chabot
Chocola
Coble
Cole
Collins
Cox
Crane
Crenshaw
Cubin
Culberson
Cunningham
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeLay
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Dreier
Duncan
Dunn
Ehlers
Emerson
English
Everett
Feeney
Ferguson
Flake
Foley
Forbes
Fossella
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gillmor
Gingrey
Goode
Goodlatte
Goss
Granger
Graves
Green (WI)
Greenwood
Gutknecht
Harris
Hart
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hobson
Hoekstra
Hostettler
Houghton
Hulshof
Hunter
Hyde
Isakson
Issa
Istook
Janklow
Jenkins
Johnson (CT)
Johnson (IL)
Johnson, Sam
Keller
Kelly
Kennedy (MN)
King (IA)
King (NY)
Kingston
Kirk
Kline
Knollenberg
Kolbe
LaHood
Latham
LaTourette
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
McCotter
McCrery
McHugh
McInnis
McKeon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy
Musgrave
Myrick
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Osborne
Ose
Otter
Oxley
Paul
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Porter
Portman
Pryce (OH)
Putnam
Quinn
Radanovich
Ramstad
Regula
Rehberg
Renzi
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Royce
Ryan (WI)
Ryun (KS)
Saxton
Schrock
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shuster
Simmons
Simpson
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Sweeney
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Tiahrt
Tiberi
Toomey
Turner (OH)
Upton
Vitter
Walden (OR)
Walsh
Wamp
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (AK)
Young (FL)

NAYS—202

Abercrombie
Ackerman
Alexander
Allen
Andrews
Baca
Baird
Baldwin
Ballance
Becerra
Bell
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Boucher
Boyd
Brady (PA)
Brown (OH)
Brown, Corrine
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Case
Clay
Clyburn
Conyers
Cooper
Costello
Cramer
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Doggett
Dooley (CA)
Doyle
Edwards

Emanuel
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Ford
Frank (MA)
Frost
Gonzalez
Gordon
Green (TX)
Grijalva
Gutierrez
Hall
Harman
Hastings (FL)
Hill
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Honda
Hooley (OR)
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
John
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy (RI)
Kildee
Kilpatrick
Kind
Kleczka
Kucinich
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Lynch
Majette
Maloney
Markey
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Michaud
Millender-McDonald
Miller (NC)
Miller, George
Mollohan
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Rodriguez
Ross
Rothman
Roybal-Allard
Rush
Ryan (OH)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Sandlin
Schakowsky
Schiff
Scott (GA)
Scott (VA)
Serrano
Sherman
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Spratt
Stark
Stenholm
Strickland
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Tierney
Towns
Turner (TX)
Udall (CO)
Udall (NM)
Van Hollen
Velazquez
Visclosky
Waters
Watson
Watt
Waxman
Weiner
Wexler
Woolsey
Wu
Wynn

NOT VOTING—7

DeMint
Fletcher
Gephardt
Jefferson
Jones (NC)
Marshall
Ruppersberger

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1927

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. FROST. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 224, noes 203, not voting 7, as follows:

[Roll No. 662]

YEAS—224

Aderholt
Akin
Bachus
Baker
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Bereuter
Biggert
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Bradley (NH)
Brady (TX)
Brown (SC)
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Carter
Castle
Chabot
Chocola
Coble
Cole
Collins
Cox
Crane
Crenshaw
Cubin
Culberson
Cunningham
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeLay
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Dreier
Duncan
Dunn
Ehlers
Emerson
English
Everett
Ferguson
Flake
Foley
Forbes
Fossella
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gillmor
Gingrey
Goode
Goodlatte
Goss
Granger
Graves
Green (WI)
Greenwood
Gutknecht
Harris
Hart
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hobson
Hoekstra
Hostettler
Houghton
Hulshof
Hunter
Hyde
Isakson
Issa
Istook
Janklow
Jenkins
Johnson (CT)
Johnson (IL)
Johnson, Sam
Jones (NC)
Keller
Kelly
Kennedy (MN)
King (IA)
King (NY)
Kingston
Kirk
Kline
Knollenberg
Kolbe
LaHood
Latham
LaTourette
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
McCotter
McCrery
McHugh
McInnis
McKeon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy
Musgrave
Myrick
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Osborne
Ose
Otter
Oxley
Paul
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Porter
Portman
Pryce (OH)
Putnam
Quinn
Radanovich
Ramstad
Regula
Rehberg
Renzi
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Royce
Ryan (WI)
Ryun (KS)
Saxton
Schrock
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shuster
Simmons
Simpson
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Sweeney
Tancredo
Taylor (NC)
Terry
Thomas
Thornberry
Tiahrt
Tiberi
Toomey
Turner (OH)
Upton
Vitter
Walden (OR)
Walsh
Wamp
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (AK)
Young (FL)

NAYS—203

Abercrombie
Ackerman
Alexander
Allen
Andrews
Baca
Baird
Baldwin
Ballance
Becerra
Bell
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Boucher
Boyd
Brady (PA)
Brown (OH)
Brown, Corrine
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Case
Clay
Clyburn
Conyers
Cooper
Costello
Cramer
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Doggett
Dooley (CA)
Doyle
Edwards
Emanuel
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Ford
Frank (MA)
Frost
Gonzalez
Gordon
Green (TX)
Grijalva
Gutierrez
Hall
Harman
Hastings (FL)
Hill
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Honda
Hooley (OR)
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy (RI)
Kildee
Kilpatrick
Kind
Kleczka
Kucinich
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Lynch
Majette
Maloney
Markey
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Michaud
Millender-McDonald
Miller (NC)
Miller, George
Mollohan
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Rodriguez
Ross
Rothman
Roybal-Allard
Rush
Ryan (OH)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Sandlin
Schakowsky
Schiff
Scott (GA)
Scott (VA)
Serrano
Sherman
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Spratt
Stark
Stenholm
Strickland
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Tierney
Towns
Turner (TX)
Udall (CO)
Udall (NM)
Van Hollen
Velazquez
Visclosky
Waters
Watson
Watt
Waxman
Weiner
Wexler
Woolsey
Wu
Wynn

NOT VOTING—7

DeMint
Feeney
Fletcher
Gephardt
Marshall
Ruppersberger
Tauzin

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SHIMKUS) (during the vote). Members are advised that 2 minutes remain in this vote.

□ 1935

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

SUPPORTING NATIONAL MARROW DONOR PROGRAM AND OTHER BONE MARROW DONOR PROGRAMS

The SPEAKER pro tempore. The pending business is the question of suspending the rules and agreeing to the concurrent resolution, H. Con. Res. 206.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 206, on which the yeas and nays are ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 423, nays 2, not voting 9, as follows:

[Roll No. 663]

YEAS—423

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldwin
Ballance
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Becerra
Bell
Bereuter
Berkley
Berman

Berry
Biggert
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Boswell
Boucher
Boyd
Bradley (NH)
Brady (PA)
Brady (TX)
Brown (OH)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Carter
Case
Castle
Chabot
Chocola
Clay
Clyburn
Coble
Cole
Collins
Cooper
Costello
Cox
Cramer
Crane
Crenshaw
Crowley
Cubin
Culberson
Cummings
Cunningham
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
DeLay
Deutsch
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Dooley (CA)
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Emanuel
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Foley
Forbes
Ford
Fossella
Frank (MA)
Franks (AZ)
Frelinghuysen
Frost
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gillmor
Gingrey
Gonzalez
Goode
Goodlatte
Gordon
Goss
Granger
Graves
Green (TX)
Green (WI)
Greenwood
Grijalva
Gutierrez
Gutknecht
Hall
Harman
Harris
Hart
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hill
Hinchey
Hinojosa
Hobson
Hoeffel
Hoekstra
Holden
Holt
Honda
Hooley (OR)
Hostettler
Houghton
Hoyer
Hulshof
Hunter
Hyde
Inslee
Isakson
Israel
Issa
Istook
Jackson (IL)
Jackson-Lee (TX)
Janklow
Jefferson
Jenkins
John
Johnson (CT)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Keller
Kelly
Kennedy (MN)
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Kleczka
Kline
Knollenberg
Kolbe
Kucinich
LaHood
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Leach
Lee
Levin
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Lynch
Majette
Manzullo
Markey
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCotter
McCrery
McDermott
McGovern
McHugh
McInnis
McIntyre
McKeon
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Mica
Michaud
Millender-McDonald
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mollohan
Moore
Moran (KS)
Moran (VA)
Murphy
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Oberstar
Obey
Olver
Ortiz
Osborne
Ose
Otter
Owens
Oxley
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pelosi
Pence
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Putnam
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Renzi
Reyes
Reynolds
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Royce
Rush
Ryan (OH)
Ryan (WI)
Ryun (KS)
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)
Smith (WA)
Snyder
Solis
Souder
Spratt
Stark
Stearns
Stenholm
Strickland
Stupak
Sullivan
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Toomey
Towns
Turner (OH)
Turner (TX)
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velazquez
Visclosky
Vitter
Walden (OR)
Wamp
Waters
Watson
Watt
Waxman
Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Young (AK)
Young (FL)

NAYS—2

Kennedy (RI) Maloney

NOT VOTING—9

Conyers Gephardt Ruppersberger
DeMint Lewis (CA) Sweeney
Fletcher Marshall Walsh

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1944

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.

Stated for:

Mrs. MALONEY. Mr. Speaker, on rollcall No. 663, I had intended to vote "yea" on H. Con. Res. 206, and request that the RECORD reflect my intentions.

Mr. KENNEDY of Rhode Island. Mr. Speaker, I wish to inform you that I inadvertently misvoted on rollcall No. 663 on H. Con. Res. 206.

I support this legislation and it was my intention to vote in support of it. I did not realize until after the voting had closed that I had mistakenly voted otherwise.

NATIONAL FLOOD INSURANCE PROGRAM REAUTHORIZATION ACT OF 2004

Mr. OXLEY. Mr. Speaker, I ask unanimous consent that the Committee on Financial Services be discharged from further consideration of the Senate bill (S. 1768) to extend the national flood insurance program, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate bill.

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

There was no objection.

The Clerk read the Senate bill, as follows:

S. 1768

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 "National Flood Insurance Program Reauthorization Act of 2004".

SEC. 2. EXTENSION OF NATIONAL FLOOD INSURANCE PROGRAM.

(a) EXTENSION.—The National Flood Insurance Act of 1968 is amended—

(1) in section 1309(a)(2) (42 U.S.C. 4016(a)(2)), by striking "December 31, 2003" and inserting "December 31, 2004";

(2) in section 1319 (42 U.S.C. 4026), by striking "after" and all that follows through the period at the end and inserting "after December 31, 2004.";

(3) in section 1336(a) (42 U.S.C. 4056(a)), by striking "ending" and all that follows through "in" and inserting "ending December 31, 2004, in"; and

(4) in section 1376(c) (42 U.S.C. 4127), by striking "December 31, 2003" and inserting "December 31, 2004".

(b) EFFECTIVE DATE.—The amendments made by this section shall be considered to have taken effect on December 31, 2003.

AMENDMENT IN THE NATURE OF A SUBSTITUTE OFFERED BY MR. OXLEY

Mr. OXLEY. Mr. Speaker, I offer an amendment in the nature of a substitute.

The Clerk read as follows:

Amendment in the nature of a substitute offered by Mr. OXLEY:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "National Flood Insurance Program Reauthorization Act of 2004".

SEC. 2. EXTENSION OF PROGRAM.

(a) EXTENSION.—The National Flood Insurance Act of 1968 is amended as follows:

(1) AUTHORITY FOR CONTRACTS.—In section 1319 (42 U.S.C. 4026), by striking "December 31, 2003" and inserting "March 31, 2004.".

(2) BORROWING AUTHORITY.—In the first sentence of section 1309(a) (42 U.S.C. 4016(a)), by striking "December 31, 2003" and inserting "the date specified in section 1319".

(3) EMERGENCY IMPLEMENTATION.—In section 1336(a) (42 U.S.C. 4056(a)), by striking "December 31, 2003" and inserting "on the date specified in section 1319".

(4) AUTHORIZATION OF APPROPRIATIONS FOR STUDIES.—In section 1376(c) (42 U.S.C. 4127(c)), by striking "December 31, 2003" and inserting "the date specified in section 1319".

(b) EFFECTIVE DATE.—The amendments made by this section shall be considered to have taken effect on December 31, 2003.

Mr. OXLEY (during the reading). Mr. Speaker, I ask unanimous consent that the amendment in the nature of a substitute be considered as read and printed in the RECORD.

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

There was no objection.

The amendment in the nature of a substitute was agreed to.

The Senate bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

□ 1945

MAKING IN ORDER AT ANY TIME CONSIDERATION OF H.J. RES. 79, FURTHER CONTINUING APPROPRIATIONS, FISCAL YEAR 2004

Mr. YOUNG of Florida. Mr. Speaker, I ask unanimous consent that it shall be in order at any time without intervention of any point of order to consider House Joint Resolution 79 in the House; the joint resolution shall be considered as read for amendment; the previous question shall be as ordered on the joint resolution to final passage without intervening motion except: one, 20 minutes of debate on the joint resolution, equally divided and controlled by the chairman and ranking member of the Committee on Appropriations; and, two, one motion to recommit.

The SPEAKER pro tempore (Mr. SHIMKUS). Is there objection to the request of the gentleman from Florida?

There was no objection.

GENERAL LEAVE

Mr. YOUNG of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.J. Res. 79, and that I may include tabular and extraneous material.

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

There was no objection.

FURTHER CONTINUING APPROPRIATIONS, FISCAL YEAR 2004

Mr. YOUNG of Florida. Mr. Speaker, pursuant to the order of the House just adopted, I call up the joint resolution (H.J. Res. 79) making further continuing appropriations for the fiscal year 2004, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the joint resolution.

The text of House Joint Resolution 79 is as follows:

H.J. RES. 79

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That Public Law 108–84 is amended by striking the date specified in section 107(c) and inserting ''January 31, 2004.''

SEC. 2. Section 8144(b) of the Department of Defense Appropriations Act, 2003 (Public Law 107–248), as amended by Public Law 108–84, is further amended by striking ''November 21, 2003'' and inserting ''January 31, 2004''.

The SPEAKER pro tempore. Pursuant to the order of the House today, the gentleman from Florida (Mr. YOUNG) and the gentleman from Wisconsin (Mr. OBEY) each will control 10 minutes.

The Chair recognizes the gentleman from Florida (Mr. YOUNG).

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

Mr. Speaker, yesterday the House passed H.J. Res. 78, the fifth continuing resolution for fiscal year 2004, which extends the date of the current CR through Sunday, November 23. The Senate has chosen to amend this CR so that it would remain in effect until Monday, November 24.

We have, in turn, decided with the Senate leadership just to introduce a clean CR, H.J. Res. 79, that we are now considering. That would extend the date of the CR to January 31, 2004. I think I should be very clear of what this means. It is not our intention with this CR to allow it to run through January 31, but it will allow us great flexibility in scheduling the completion of our work on the final appropriations bills and at the same time ensure that there will not be any disruption in government operations. And I would like to point out, Mr. Speaker, that the Committee on Appropriations has done its job and did so quite a long time ago, but some of the issues that are keeping us from completing work on the actual bills have nothing to do with appropriations. But, nevertheless, they are there, and we do have to deal with them, and we are dealing with them as best we can.

We are proceeding with our work on the remaining appropriations bills. And as my colleagues know, there are two conference reports that have been ready for some time to file, the conference report on Transportation and Treasury and the conference report on Foreign Operations. However, as we proceed, we will finish the remaining bills as quickly as we can, and it will be leadership's decision on when the bills will be filed and when we will vote on it. We are proceeding with our work as diligently as we can.

Mr. Speaker, I believe this CR is noncontroversial, and I urge the House to move the legislation to the Senate since the current CR does expire today.

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

Mr. OBEY. Mr. Speaker I yield myself 6 minutes.

Mr. Speaker, as this joint resolution demonstrates, we are in another year that simply refuses to end. Last year we did not see this Congress finish the work that was supposed to be done by October 1 until well into the winter of the next calendar year. At that time the majority party in the House blamed that inability to get the work done on the fact that there was a majority of the other party in the other body.

This year they do not have Tom Daschle to kick around anymore. This year the Republicans control it all. They control the White House. They control the House. They control the Senate. They control the schedule. They control what gets to the floor. They control how long the votes are held open. They control everything. And yet we are in a situation where tonight, long after the fiscal year is supposed to be over, we still have not seen the budgets passed for VA–HUD, for the State Department, for the Justice Department, for the Commerce Department. We have yet to see the foreign aid budget pass. We have yet to see the budget for the Labor, Health and Human Services, Education, social services agencies pass and the agriculture budget. I think we ought to ask why.

I do not believe that we are in this box because of any failure of the Committee on Appropriations leadership. I think we are in this box because the Republican House leadership is insisting on having every decision made in a top-down style. That means that the only real decisions that count except on minor matters are those made in the office of the Speaker or in the office of the majority leader.

No conferees are appointed unless they agree with the leadership's position on major issues. And yet even after rigging those conferences, even after stacking those conferences, when they still cannot win the votes that they need to win in those stacked conferences, they simply adjourn those conferences and then put legislation together in some off-corner office without any meaningful participation by anybody except perhaps some unelected members of the leadership's staff. So much for the legislative process in what used to be regarded as the greatest deliberative body in the world.

This process is about as respectful of rank and file Members as an AARP board meeting is respectful of the senior citizens they supposedly represent. On the same night that legislation is going to be considered that will bankrupt Medicare, we see the ultimate degradation of the legislative process at the same time as it is demonstrated in the appropriations process.

It is not often, Mr. Speaker, that one can do in senior citizens and the democratic process on the same night, but the House leadership should be congratulated because they have managed to find a way.

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

Mr. YOUNG of Florida. Mr. Speaker, I yield myself 2 minutes.

I just would like to point out, and I have done this so many times that it does not hurt to be repeated. The House completed its work during the summer, ahead of the end of the fiscal year. And I appreciate the cooperation we had from both parties as we proceeded with our appropriations bills. I am not here to blame anybody, and I certainly would not blame anybody but circumstances.

The Committee on Appropriations, as the gentleman from Wisconsin (Mr. OBEY) pointed out, we had to do all of last year's work this year in January and February. Then we had three supplementals plus we did the 13 regular bills. This Committee on Appropriations has done its work. It has done its work well, and it has done its work

on time, as the gentleman from Wisconsin (Mr. OBEY) has conceded. There are other problems.

One of the problems, and I do not know that anybody is going to like to hear this especially on my side of the aisle, one of the problems is this tremendous desire to solve legislative problems that the authorizing committees either cannot or will not solve. They are put onto appropriations bills, and they ask us to solve them because appropriations bills have to pass, Mr. Speaker. They are the only bills here really that have to pass. So we become a magnet for all of those issues that authorizers cannot solve, and we try to do the best we can. I think we are on the verge of having completed this job for this year.

I do not think it does any good to blame anybody. In fact, I would like to say that the chairman of the Appropriations Committee in the Senate is an outstanding leader, a strong, dynamic leader, who is very knowledgeable and understands the process totally. He understands the issues as well as anybody that I know. But he has a very difficult situation in the Senate, and he has done the best job that he could.

Anyway, Mr. Speaker, we are closing in on this. We are really prepared. We have been prepared for 3 weeks to file the Transportation and Treasury appropriations bill. We have been prepared for a week to file the conference report on the Foreign Operations appropriations bill. And they can be completed in a very short period of time.

The other remaining issue would be the omnibus bill that includes five appropriations bills that have not been completed in conference. And we are very close to having that completed. We are very close to being able to file that bill and vote on it. As a matter of fact, we had hoped that we would file it tonight. A lot of changes happened during the day. And every time we make a change, it takes a little extra time. So we probably will not file that bill tonight unless the House remains in session very late.

Anyway, I would agree that the process has not worked the best, but I would also say that I compliment the Members of House and especially the members of the Committee on Appropriations in the House and the staff that worked so diligently with us. We did our job. We have done our job, and we are attempting to pursue the completion of the whole process.

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

Mr. OBEY. Mr. Speaker, I yield myself 4 minutes.

Mr. Speaker, as the gentleman from Florida has indicated, the Commerce-Justice bill could very easily have been brought back to this floor separately and passed separately. The Transportation bill could very easily have been brought back to the floor and passed separately. The Foreign Operations bill could very easily have been brought back to the bill floor and passed separately. The Agriculture the same and the VA–HUD bill the same.

The problem is, as the gentleman indicated, that there are many other issues that are being drug into the appropriations process. And we also see the situation complicated by the fact that the House Republican leadership, despite votes to the contrary on a number of issues, is insisting on seeing an outcome on a number of these issues which is at variance with the expressed wishes of the Members of the House. And I think therein lies the reason for the delay and delay and delay.

I think the problem that we have, Mr. Speaker, the gentleman from Florida, my good friend, indicated that the committee product is serving as a magnet for other authorizations. I think a better metaphor would be that it is looking more and more like a garbage truck. And the problem we have is that this bill has not been allowed to proceed because I think the House leadership is still trying to determine what bags of garbage have to be tossed down to the truck before the truck is driven through here in the dead of night.

□ 2000

So that is the choice that we face, Mr. Speaker. It is not a pretty sight, and the outcome is not going to be very good. But there is not much we in the minority can do to affect either the scheduling or to affect how much garbage is tossed on the truck before it is run through the Capitol. I just hope the smell is not too bad before it is over.

Mr. Speaker, I urge a ''yes'' vote on the resolution.

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

Mr. YOUNG of Florida. Mr. Speaker, I ask for a ''yes'' vote, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. SHIMKUS). All time for debate as expired.

The joint resolution is considered read for amendment.

Pursuant to the order of the House of today, the previous question is ordered.

The question is on engrossment and third reading of the joint resolution.

The joint resolution was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the joint resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. OBEY. 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, further proceedings on this question will be postponed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF JOINT RESOLUTION APPOINTING DAY FOR CONVENING OF SECOND SESSION OF 108TH CONGRESS

Mr. DREIER, from the Committee on Rules, submitted a privileged report (Rept. No. 108–398) on the resolution (H. Res. 464) providing for consideration of a joint resolution appointing the day for the convening of the second session of the One Hundred Eighth Congress, which was referred to the House Calendar and ordered to be printed.

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

Mr. DREIER, from the Committee on Rules, submitted a privileged report (Rept. No. 108–399) on the resolution (H. Res. 465) 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.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 8 o'clock and 4 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 2050

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. SHIMKUS) at 8 o'clock and 50 minutes p.m.

COMMUNICATION FROM HON. NANCY PELOSI, DEMOCRATIC LEADER.

The SPEAKER pro tempore laid before the House the following communication from NANCY PELOSI, Democratic Leader:

U.S. HOUSE OF REPRESENTATIVES,
OFFICE OF THE DEMOCRATIC LEADER,
Washington, DC, November 13, 2003.

Hon. J. DENNIS HASTERT,
Speaker of the House, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to section 7(b)(1) of the Prison Rape Elimination Act of 2003 (P.L. 108–79), I hereby appoint Ms. Brenda V. Smith of the District of Columbia and Ms. Jamie Fellner, Esq. of New York, to the National Prison Rape Reduction Commission.

Best regards,

NANCY PELOSI.

FURTHER CONTINUING APPROPRIATIONS, FISCAL YEAR 2004

The SPEAKER pro tempore. The pending business is the vote on passage

of the joint resolution, H.J. Res. 79, on which the yeas and nays are ordered.

The Clerk read the title of the joint resolution.

The SPEAKER pro tempore. The question is on the passage of the joint resolution.

The vote was taken by electronic device, and there were—yeas 407, nays 16, not voting 11, as follows:

[Roll No. 664]

YEAS—407

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

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Becerra
Capuano
Conyers
DeFazio
Dingell
Filner
Ford
Jackson-Lee (TX)
Kucinich
McDermott
Miller, George
Olver
Sherman
Stark
Tierney
Watt

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Clay
Costello
DeMint
Fletcher
Gephardt
Lewis (KY)
Marshall
Paul
Radanovich
Ruppersberger
Tauzin

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SHIMKUS) (during the vote). Two minutes remain in this vote.

□ 2137

Mr. GEORGE MILLER of California changed his vote from ''yea'' to ''nay.''

So the joint resolution was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PARLIAMENTARY INQUIRY

Ms. JACKSON-LEE of Texas. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore (Mr. LAHOOD). The gentlewoman will state it.

Ms. JACKSON-LEE of Texas. Mr. Speaker, is it my understanding that the rule we are about to take up for the underlying bill, H.R. 1, is a rule that is pursuant to a conference and a conference report where Democratic conferees were not even allowed into the room and where the Committee on Rules did not address the elimination or the lack of acknowledgment of the participation of the Democratic conferees? Is this H.R. 1 that we are about to take up? And is there any way for the points of order to be in order so that we could address that question on the floor of the House?

The SPEAKER pro tempore. The chair is about to recognize a member from the Committee on Rules to call up the rule, which will be read to the House.

WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON H.R. 1, MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT OF 2003

Ms. PRYCE of Ohio. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 463 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 463

Resolved, That upon adoption of this resolution it shall be in order to consider the conference report to accompany the bill (H.R. 1) 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, to amend the Internal Revenue Code of 1986 to allow a deduction to individuals for amounts contributed to health savings security accounts and health savings accounts, to provide for the disposition of unused health benefits in cafeteria plans and flexible spending arrangements, and for other purposes. All points of order against the conference report and against its consideration are waived. The conference report shall be considered as read.

The SPEAKER pro tempore. The gentlewoman from Ohio (Ms. PRYCE) is recognized for 1 hour.

Ms. PRYCE of Ohio. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to my colleague and friend, the gentlewoman from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

Mr. Speaker, H. Res. 463 is a standard rule waiving all points of order against the conference report to accompany H.R. 1, the Prescription Drug and Medicare Modernization Act of 2003. The rule also waives all points of order against its consideration.

Mr. Speaker, I rise today in full support of the rule and of the underlying bill. I would like to thank Chairman THOMAS and Chairman TAUZIN for their outstanding coordination, their remarkable leadership, and the inspiring vision that they have provided on this critical legislation. The conferees have all worked extraordinarily hard to

produce the most sweeping Medicare bill in generations.

Since 1965, Medicare has provided a guarantee of health care coverage for most all Americans. Stability, longevity, and integrity have been the hallmarks of this program, offering the promise of a secure retirement. But a lot has changed since 1965. Our investment in research and medicine has yielded us advanced medications, therapies, and technology that have paved the way for our seniors to live longer, healthier lives. Unfortunately, Medicare has not changed with these medical advancements. The most obvious shortcoming is the lack of prescription drug coverage, the best tool medicine has to offer.

Before us today is an opportunity to pass landmark legislation that addresses these shortcomings and finally propels the program of Medicare into the 21st century, most notably by covering these prescription drugs. If we do not act and pass this plan before us today, the future of our seniors will be in doubt, with their happy and healthy lives uncertain. And if we do not act today, the fate of Medicare will be certain: bankruptcy.

So today we will accomplish two long overdue goals. First, we will strengthen Medicare to save it for future seniors; and, second, we will enhance the program by providing much-needed prescription drug coverage, bringing this 1965 health care program into the 21st century. And to those who are telling us to slow down, I say seniors have waited too long. This House has passed a Medicare prescription drug plan three times since Republicans have controlled Congress, each time only to be scuttled. Today we will finally end the denial of benefits to our seniors and end the delay.

Folks in my district tell me that they cannot go another year without the help of Medicare prescription drug coverage. They want us to speed up the process. They tell me that when you are sick and you are elderly, Medicare is not just health care; it is peace of mind. Well, we listened and we acted, producing this historic package.

Our seniors are not the only ones who have spoken out in support of this plan. Let me tell you, some very knowledgeable folks on the front lines of health care delivery, people who understand the needs of our seniors and the problems with Medicare, have made their support for this bill very clear. Allow me to name just a few: the American Association of Retired Persons, the AARP, the largest senior group in the Nation representing 35 million seniors, card-carrying, dues-paying, voting seniors; the American Medical Association; the American Hospitals Association; employers Coalition on Medicare; the Alzheimer's Association; American Society of Radiology and Oncology; Rural Hospital Coalition; National Hospice and Palliative Care Organization; the College of Obstetrics and Gynecology; American Society of Anesthesiologists; American Physical Therapy Association; pathologists; nurse practitioners. The list goes on and on. It includes hundreds and hundreds of supporters. They back this plan because they know how important and long overdue it is, plain and simple.

There are many reasons to vote for this package, but I want to call attention to a few that are significant. First of all, this prescription drug plan is voluntary, universal, and guaranteed. Period. If you are over 65 and you qualify for Medicare, you qualify for this benefit. If you want it, you can have it. If you do not, you do not have to take it. With this benefit, 40 million seniors will begin receiving significant savings on their medications.

□ 2145

To begin with, we offer immediate savings with the prescription drug discount card that will offer up to 25 percent in savings early next year. This drug discount card is a tremendous first step while the larger benefit is implemented.

After the drug is fully phased in in 2006 it will work like this: After a $250 deductible, Medicare will pay 75 percent of seniors' drug cost up to $2,250 a year. Medicare will then provide catastrophic protection, giving seniors 95 percent coverage for out-of-pocket drug costs. That is beyond $3,600. On average this reduces seniors' cost of medication by 50 percent.

This package also switches the focus of health care from reactive disease treatment to proactive disease prevention. The old saying ''an ounce of prevention is worth a pound of cure'' could not be more appropriate in this instance. Gone are the days of waiting until the symptoms are so obvious and the disease is so advanced that the only options are expensive hospital stays and surgeries.

Twenty-first century medicine can prevent, preempt, and predict illnesses through advanced screenings and innovative tests. In many cases taking a pill is all that it takes to prevent a chronic disease from becoming a life-threatening illness. Medicare will cover the preventative medications that keep our seniors out of the hospitals and off of the operating tables. And with this revolutionary shift in focus, Medicare will cover the $20 prescription before the $6,000 surgery even becomes necessary. That is not only real savings for the American taxpayer, but it is a real life savings for our seniors.

This landmark bill improves health care for our seniors, especially those who need it most, through significantly increased assistance for so-called ''disproportionate share hospitals.'' Such hospitals, as the term implies, care for a disproportionate share of low-income patients, and the last thing they need is funding cuts. Under this plan the hospitals will see a significant increase and allow them to care for these low-income families and seniors.

In addition to its strong commitment to our lower-income seniors in general, the plan is particularly good news for women. Since women make up a majority of Medicare beneficiaries and tend to suffer more from chronic illnesses, this landmark improvement in the Medicare system will radically change their lives for better. Half of the senior women who are under Medicare will receive complete drug coverage, an extraordinary step forward for these women who are suffering unnecessarily high drug cost burdens even as we speak. The disease management aspect of this bill will help prevent the progression of the chronic illnesses from which a majority of senior women suffer.

Clearly, this plan means a better life for women and for all of our seniors, but it also will lessen the burden upon the Medicare program by creating a health savings account. Health savings accounts allow forward-thinking and penny-wise workers to start saving for their future medical costs tax free. These accounts are allowed to grow without burdensome taxation, providing all Americans with the opportunity to save for their own future medical expenses. Who can argue with the promotion of these strong values, values like personal responsibility, savings, financial discipline? These things have been gone from our health care delivery system for decades now. It is time we bring them back. And who can argue against a voluntary program that relieves the financial burden of Medicare and the taxpayers who fund it?

Finally, this package includes a provision that I have championed for many years. Under the current system, anticancer drugs are only covered if they are injected or intravenously delivered. But today with the new advances in cancer therapy, many anticancer drugs can be taken orally, and, therefore, are not covered by Medicare. This plan begins to change that finally.

The plan will deliver the comforting pain-relieving and cancer-curing drugs that these patients so desperately need to deal with their illnesses. They need these medications now, and they are going to start to get them now.

Mr. Speaker, there is a value attached to this legislation that resonates not only among our seniors but to all Americans. The value is the freedom to choose the plan that works best for someone in their own situation. Each senior is different with different needs and different family situations. With this plan these differences can, for the first time, be honored. Seniors who are happy with traditional Medicare in their current coverage are free to stay where they are, but if they choose, seniors will have many options available to them and they will be able to pick the coverage that best meets their health care needs. If they are not

content with the current coverage, they can choose from other plans to save on their medications and preventative care. This is a win-win solution, a commonsense approach. So today the vote is simple. It is either ''yes'' in favor of millions of seniors who plead for us to pass this bill, or it is another ''no,'' another ''no'' in favor of politics, another ''no'' in favor of partisanship, another ''no'' with an eye toward the upcoming election. In short, another ''no'' against American senior citizens and against the future viability of the Medicare system upon which they rely. Members can choose to listen to the seniors who are asking them to put partisanship, politics and election strategy aside, or they can oppose this bill.

But to those of my colleagues who plan to vote ''no,'' I would ask: How is this package not an improvement for our seniors who have no coverage and are struggling to pay for their medications? Why would they rather give our seniors nothing at all than give them this plan that will help them? How will they explain that to future generations, their children, their grandchildren why they did not support bringing Medicare up to speed with their generation and their needs?

I remember the opponents of the tremendously successful welfare reform of 1996. They predicted doomsday scenarios, millions of women and children out on the streets starving. The reality is that 7 years later, the welfare rolls have dropped from 14 million to 5 million. The reality is that welfare reform made the American Dream possible for millions of Americans who were previously trapped in generational cycles of poverty and helplessness.

These same naysayers are making the same claims about this Medicare plan today. I say to my friends, their shouts, their cries, their failed predictions were myths in 1996 and they are myths today. To those who plan to vote against strengthening America, I urge them to be bold, to exercise leadership and show courage by propelling America's health care system into the 21st Century. Vote for this bill. If the Members think this bill does good but does not go far enough to help our seniors, then I ask them to support it and let us work together to improve it in the future. Do not let the perfect become enemy of the very good. Our seniors deserve our support, all of our support.

I urge this Congress to pass the underlying bill, but first of all, let us pass this rule.

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

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

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

Ms. SLAUGHTER. Mr. Speaker, I thank the gentlewoman from Ohio for yielding me the customary 30 minutes.

Mr. Speaker, I want to repeat something I said earlier today when I heard the long list of people who support this bill. We have to ask ourselves do they know what in the world is in it? Because we certainly do not.

Seniors, we do know, are drowning from the high cost of prescription drugs and the Republicans are telling them to swim towards an HMO. To paraphrase the old saying, ''Congress giveth and Congress taketh away,'' but in this case it mostly takes away. Congress takes away any hope for meaningful prescription drug coverage. It takes away the existing employer-provided benefits and low-income protections from retirees, and it takes away Medicare as we know it. It lures seniors with the promise of generosity and then gives them a pittance. But when this bill does give, it is wonderfully generous.

The Medicare Prescription Drug and Modernization Act is a boon for the pharmaceutical industry and for the insurance companies but does absolutely nothing to control the skyrocketing prices of prescription drugs. In fact, the bill forbids the government from doing anything about it.

Drug prices have risen dramatically in the last 20 years, increasing 256 percent since 1980. For years seniors have called our Congress to do something about these crushing drug prices, but this plan does nothing to freeze or reduce the out-of-control prices of medications. What it does do, as I said, is prevent the government from using its market power to bring the prices down. The Veterans Administration has had great success in reducing drug prices by bargaining with the drug companies. Why would we purposely tie our own hands? Our health system is crumbling under the burden of the prescription drug costs. Tossing billions of dollars at insurance companies to get them to do what they do not want to do and 70 billion to corporations to get them to do what they should do and a boon to pharmaceutical companies by not allowing reimportation to please them is not going to buttress this health care system. That money would have been far better spent on the prescription drug program. But saddling the elderly with even greater drug costs and our children with even greater deficits is no way to solve a public health crisis.

A few years ago, I organized a busload of seniors to travel to Canada to purchase medicine at a fraction of the prices charged in the American market. We had dozens more people interested in the trip than we could accommodate, but the savings were anywhere from $100 to $650 on a 3-month supply of medication.

Would it not be wonderful if the seniors could save that much at their local drug store? Unfortunately, this bill will not let them go to Canada anymore. Despite having passed the House twice, money-saving drug reimportation would be banned. The out-of-pocket costs for prescription drugs would continue to consume more and more of the seniors' fixed income.

Almost 40 years ago, Mr. Speaker, Congress created the Medicare program and promised to help seniors with the burden of their health care costs. Private insurers did not want to offer the health insurance to older people any more than they do now. The premiums were raised to unaffordable levels, and seniors were dropped from health coverage altogether. Companies saw older people as a threat to the bottom line. So the Federal Government stepped in and filled the void in the marketplace.

And now we face a similar situation. If insurers thought they could make a dollar or two by offering prescription drug coverage to seniors, the plans would have already been in the marketplace. The bill creates a new benefits program unwisely relying on insurance products that do not exist. The Republicans are hoping that a $12 billion slush fund will entice the private insurers to develop prescription drug insurance. But the lucrative pharmaceutical industry with about a 30 percent profit yearly is the big winner in this game. A blank check is being written to the big drug companies, and in the first 8 years of this program, the companies stand to make a windfall of $139 billion over and above their current profits of 30 percent annually. The market recognizes this plan as a boon for drug companies because the stock prices of the major companies went up just over the news that this bill is nearing completion.

The proponents of privatizing Medicare also win. The scheme takes the first giant step to privatize Medicare. In six metropolitan areas, Medicare's guaranteed coverage would be replaced with what is essentially a voucher program to purchase private insurance with public money if they can find it. This ''demonstration'' could force up to 10 million seniors who want traditional fee-for-service Medicare to pay the higher premiums or turn to HMOs. Once Medicare is gone, there will never be another program ever like it in the United States paid for by payroll taxes. I am worried about the seniors that I represent, and it would be devastating for the seniors in western New York to lose those guaranteed benefits.

Mr. Speaker, the pharmaceutical companies, the HMOs, and the insurance industry had far more access to the negotiations than the Democrats did, as the Members have heard that story before, and I will not belabor it. But I do want to say something about the AARP. President William Novelli's endorsement of this plan is no surprise. The support is waved around as if it is the seal of approval of every American senior. But 210 national, State, and local organizations oppose the plan, and seniors from coast to coast are ripping up their AARP cards. Interestingly, Mr. Novelli is the founder of the firm Porter Novelli, the group behind the television ads that brought down

the efforts to reform health care in the 1990's. Do any of the Members remember ''Harry and Louise''? Is Mr. Novelli hostile to meaningful health care reform, or can he just be paid to do anything, because $20 million in this bill goes to AARP?

□ 2200

This is not the first time that Congress has messed with Medicare. Congress passed the Medicare Catastrophic Coverage Act of 1988 without even providing the Members sufficient opportunity to read its pages, much like tonight, and the fine print. The result was a momentous backlash. American seniors were outraged with the legislation, so outraged that Congress was forced to repeal the law the very next year.

Congress later created a Medicare+Choice program, which was also a failure. Within a few short years after its conception, private insurers dropped Medicare+Choice beneficiaries by the thousands, leaving them with no health benefits at all. My constituents are asking, does this face them again? I hope we remember our history and not repeat these mistakes and vote against this bill.

But the prescription drug proposal before us is a placebo, not a cure. It fails seniors, the out-of-control cost of prescription drugs will remain unchecked, and some will argue that this scheme is better than nothing. But believe me, a bad bill is worse than no bill. Medicare must be preserved. To dismantle this historic program is to break the sacred promise that Congress made to seniors.

Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from California (Ms. WOOLSEY).

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

Ms. WOOLSEY. Mr. Speaker, I rise against this sham Republican prescription drug bill that will harm, not help, elderly women.

Mr. Speaker, I rise today to express my profound disappointment at the Medicare Conference Report and this squandered opportunity to help seniors afford the increasing cost of prescription drugs.

I want to make one thing abundantly clear to everyone here today: This debate is not about prescription drugs. Instead, the majority has taken this opportunity to advance a plan that will undermine the future of Medicare.

Seniors may think this final bill will help them with some of their prescription drug costs. While it will save some seniors a small amount of money after they pay an unspecified premium, this bill will give them little more than a false sense of security.

Seniors will read the newspaper headlines and believe that we have passed a drug benefit that will alleviate all of their financial hardships. They'll mistakenly think that they no longer have to choose between paying for groceries and paying for their prescriptions.

But imagine their surprise when they read the fine print. Our seniors need immediate help. Many will be shocked to learn that this bill won't give them a prescription drug benefit until 2006. If this is such a great plan, why must seniors wait 3 more years to reap its supposed benefits?

They'll find that their out of pocket costs are still enormous. Imagine their outrage, as they dutifully write a check to pay their monthly premium, even though they aren't receiving any drug coverage, because they have fallen into the ''donut hole'' coverage gap.

Seniors who currently enjoy quality prescription drug coverage many think this doesn't impact them, but they too are in for a rude shock. As many as 2 million will watch their prescription drug benefit provided by their former employer vanish into thin air.

Others will find their previously generous benefit slashed to the bare bones level of Medicare, complete with high deductibles, premiums, and a ''donut hole'' coverage gap. That's because employers will be eligible for subsidies if they provide any type of coverage—even if it's less than what they promised their employees.

But this bill is about far more than prescription drugs. This is the biggest bait and switch operation I've seen in quite some time. The majority is saving one thing and doing quite another. They'll talk all they want about providing prescription drugs. But their actions will ruin the Medicare program that for decades has so effectively provided seniors with access to health care.

You won't hear them talking about their large subsidies to private health plans. They won't talk about the voucher scheme that will begin in 2010. They'll employ the euphemism ''demonstration project'', instead of speaking honestly to seniors about their real goal: privatization.

They won't talk about the catastrophic impact this legislation will have on the poorest of the poor. By imposing an assets test on poor seniors who need additional help, this legislation could force a widow living only on her social security benefit to choose between selling her wedding ring and qualifying for an additional subsidy. She could be disqualified from receiving the help she needs because she has purchased a burial plot next to her husband's. This is tragic—and you won't hear about it from the majority.

They also won't talk about the ways in which they are helping their friends in the pharmaceutical industry. By continuing a long standing restriction on the reimportation of prescription drugs, and by prohibiting Medicare from negotiating lower prescription drug prices, the majority is assuring that seniors will continue to pay astronomically high prices for the medicines they need.

Our seniors deserve an honest and complete explanation of what this bill will do to Medicare. Seniors deserve a prescription drug bill that is actually about prescription drugs. Our seniors need a comprehensive benefit, not a false sense of security. I urge my colleagues to join me in opposing this bait and switch proposal.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from New York (Ms. VELÁZQUEZ).

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

Ms. VELÁZQUEZ. Mr. Speaker, I rise against this sham Republican drug bill that will increase costs, reduce coverage, and dismantle Medicare as we know it.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent to the gentlewoman from Wisconsin (Ms. BALDWIN).

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

Ms. BALDWIN. Mr. Speaker, I rise in opposition to this conference report which will dismantle Medicare as we know it, harming millions of women who depend on that program.

Mr. Speaker, I urge my colleagues to vote against this sham of a bill. It does not provide the real, guaranteed, affordable drug benefit that our seniors desperately need. Worse yet, this bill sets the stage for dismantling the entire Medicare program.

I think that all of my colleagues would agree with me when I say that one of the issues we hear most about is the need for affordable prescription drugs. Whether I am at the grocery store, at the airport baggage claim, or in meetings all across my district in Wisconsin, the one thing that I hear over and over is that seniors cannot afford to pay for their prescription drugs.

The bill on the floor today does not contain the prescription drug benefit that seniors deserve. Instead of providing an affordable prescription drug benefit, this bill creates an incomplete and expensive benefit—a benefit with a hole, where seniors will be paying premiums and receiving no benefit.

Aside from the meager benefit, there is nothing in this bill that addresses the ever-rising cost of prescription drugs. Instead of including measures to ensure that prescription drugs are affordable, this bill actually prohibits the federal government from negotiating lower drug prices for Medicare beneficiaries. Instead of helping seniors obtain affordable prescription drugs, this bill provides partial coverage of drug spending until total costs reach $2,250 and then leaves seniors high and dry. There is a huge gap in coverage where seniors must pay 100 percent out of pocket and continue paying premiums, until they reach a high out-of-pocket cap. Millions of seniors will fall into this gaping hole. I believe seniors deserve affordable drug coverage, and this bill fails to achieve that goal.

Further, this bill takes us down the dangerous road of privatizing Medicare. It is my strong belief that privatization of Medicare is unwarranted. Our Nation's seniors and persons with disabilities have counted on Medicare since it was first enacted in 1965. It has provided health care insurance to the oldest, sickest, and frailest in our society and done so in a cost-efficient manner. Why then, would we seek to dismantle such a successful program? This bill relies on private insurers to provide a prescription drug benefit. Seniors would have to join HMOs and private insurance plans to get the benefit, meaning that premiums and benefits would vary across the country and seniors would not be able to choose their own doctor or pharmacy.

In addition, this bill includes a provision that authorizes a massive ''demonstration'' project that could affect up to 6 million seniors. Starting in the year 2010, this ''demonstration'' project forces Medicare to compete with private plans. This competition is wholly unfair

and on an unlevel playing field. Seniors will be given a voucher to purchase health care insurance, either from Medicare or from private insurers. We know from past experience what will happen: the youngest and healthiest seniors will go to private insurers, leaving the sickest and frailest seniors in Medicare. This will automatically drive up Medicare's costs and will give Republican legislators ammunition for dismantling this program. Make no mistake about it; this massive ''demonstration'' project will be the beginning of the end of Medicare.

Today, we will vote on the most dramatic changes in the Medicare program since its inception. This bill does include unprecedented benefits—unfortunately the benefits will go predominantly to the politically-connected pharmaceutical and insurance industries, rather than to America's seniors who need relief. It saddens me that the legislation we vote on today will not provide seniors with what they need most: comprehensive prescription drug coverage and affordable prices. Seniors need a comprehensive prescription drug benefit that is affordable and dependable for all—with no gaps or gimmicks in coverage. The conference agreement before us fails on all these counts, and I urge my colleagues to vote against it.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise against this misdirected Medicare proposal that will increase out-of-pocket expenses for the poorest and sickest women.

Mr. Speaker, this is about as ugly as it gets. Just when I thought the Republican Leadership could not work any harder to undermine the Democratic process, to abuse their power, and to play politics with critical issues at the expense of the American people—they have just taken it to a higher, or should I say ''lower'' level. This bill is a sham and the rule is a sham.

When this process first began, and the President and the House and Senate Leaders proclaimed that they intended to produce a Prescription Drug Plan, my Democratic Colleagues and I tried to give them the benefit of the doubt. We tried to work in a bipartisan fashion. At one point, I wrote a letter to the Members of the House-Senate Conference Committee and encouraged them to include fair provisions for our physicians and hospitals, so that they would be able to afford to continue providing excellent care for our seniors. I am pleased to say that they did respond to that request, and have put in some funds for those deserving groups. But that is where the collaborations ended.

The Democrats on the Conference Committee, among them, had decades of experience in the field of health policy. No one could question their commitment to helping Seniors, but in a deeply cynical move by Republican Leadership, Democrats were barred from even entering conference meetings. That is against everything our Founding Fathers intended this ''People's House'' to be. We got our first glimpse of this bill just over 24 hours ago. Even in our haste to get it read, we have found numerous flaws and pitfalls in it. In 2006, if it is allowed to come into effect, I am sure our Seniors will find many more.

No one in this House has had a chance to really think through this monstrous conference report. We should all join together and raise a massive point of order against it, so that we will have the time to give it the consideration it deserves. The Rule does not let us make that happen.

The Rules Committee Chairman seems to be saying, ''well money is tight, so let's just take what we can get, and be happy with this bill. Let's just shove it through.'' But the conference report that we are now finally getting a glimpse of is so bad, it would actually leave millions of Senior Citizens worse off than they were without it. And as Doctors say in the Hippocratic Oath, the most important rule in healthcare is Do No Harm.

Furthermore, there is no rush to pass this bill. The Republican authors conveniently made their plan kick in in 2006, well after the presidential elections of 2004. Obviously, they don't want Seniors to go to the poll furious when they realize how bad this plan is. The point is, we can wait till Spring and do this job right—and still make their 2006 timeline.

This rule and this bill really are the epitome of just how bad partisanship and political demagoguery can get. Let's defeat this rule. Let's take a step back, get some fellowship back over Thanksgiving, and start fresh later. We can do this right. Our Seniors deserve it.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from Michigan (Ms. KILPATRICK).

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

Ms. KILPATRICK. Mr. Speaker, I ask unanimous consent to revise and extend my remarks on this Medicare proposal that takes Medicare from patient care.

Mr. Speaker, I rise today to urge all my colleagues to vote against the Medicare Conference Report offered by the Republican leadership. Seniors want a prescription drug benefit that is affordable and guaranteed under the Medicare system.

Passage of this bill would weaken prescription drug benefits, fail to lower drug costs, and weaken the Medicare program.

Congress needs to pass a good Medicare bill that actually helps seniors and not just any bill that benefits pharmaceutical companies, HMOs, and special interest. Our colleagues on the other side of the aisle have a take it or leave it attitude. They want the American public to believe that if this conference report is not passed then all opportunities for a real prescription drug benefit under Medicare is lost. However, I submit to you that if a true bipartisan effort was made at the conference table, then much could be accomplished.

Mr. Speaker, there are dozens of reasons why this conference report should be defeated and never become law. Many of these reasons have already been mentioned but I want to take this time to highlight a few.

The three Democratic House conferees were shut out of the process and were not allowed in the conferee meeting. The treatment of these House Members is reasons enough for every member of this body to reject this conference report.

The legislation would not create a prescription drug benefit until in 2006. However, HMOs, insurance companies, and pharmaceutical companies receive billions of dollars upon enactment of the conference report.

The bill also explicitly prohibits the Secretary of Health and Human Services from negotiating lower drug prices on behalf of America's 40 million Medicare beneficiaries.

The bill does not allow Americans to import drugs from Canada and other countries where prices are lower. International comparisons of pharmaceutical prices have shown that elderly and uninsured consumers in the United States often pay more for prescription drugs than consumers in other countries. As a result, more and more elderly consumers are traveling outside the country to find cheaper, more affordable prescription drugs. My district borders Windsor, Ontario, Canada, where I have known many of my seniors travel to get their prescriptions filled.

The GOP plan includes provisions that will privatize Medicare and force senior citizens into HMOs and other private insurance plans.

Millions of senior and Americans with disabilities currently covered by Medicare would actually find themselves worse off if the conference report becomes law. Low-income seniors who get additional assistance form Medicaid will pay more for their prescriptions because they will lose their Medicaid benefit.

Currently, Medicare beneficiaries who receive medicine through Medicaid either pay no co-payments or are charged nominal amounts per month per prescription. Under the new plan, people will pay three-to-five dollars per month, per brand-name prescription and one or two dollars for generic drugs. Depending on their income. These co-payments will increase each year.

The GOP plan creates an unlimited program of Health Savings Accounts (HSAs). This tax break benefits the healthy and wealthy and could dramatically raise health insurance premiums for other Americans—particularly families with moderate incomes and those with high health expenses.

Seniors will lose their retiree health benefits. More than two million seniors in employer-based retiree plans are in jeopardy of being dropped from coverage because the bill creates incentives for employers to drop prescription drug coverage.

Mr. Speaker, the Medicare Conference Report before this body will have a detrimental effect on senior and disabled citizens in my home state of Michigan.

143,000 Medicare beneficiaries in Michigan will lose their retiree health benefits.

183,200 Medicaid beneficiaries in Michigan will pay more for the prescription drugs they need.

90,000 fewer seniors in Michigan will qualify for low-income protections than under the Senate bill because of the assets test and lower qualifying income levels.

44,980 Medicare beneficiaries in Michigan will pay more for Part B premiums because of income relating.

Providing affordable prescription drugs to our seniors and the uninsured should have been the goal. The Republican lead Congress squandered this opportunity to include a real prescription drug benefit within the Medicare plan.

Mr. Speaker, there are hundreds of national, state, and regional organizations that have

come out against the Medicare conference report. I stand today with the seniors in my district and across the nation in opposition to this bill.

I ask my colleagues to stand with me and vote against this Medicare Conference Report that fails to provide an affordable and reliable Medicare prescription drug coverage, gives billions to HMOs, insurance companies, and pharmaceutical companies, prohibits drug reimportation, and privatizes Medicare.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from New York (Mrs. LOWEY).

(Mrs. LOWEY asked and was given permission to revise and extend her remarks.)

Mrs. LOWEY. Mr. Speaker, I rise against this prescription drug bill, because it will prohibit Medicare from negotiating price with the pharmaceuticals to lower prices for our sickest and most elderly population.

Mr. Speaker, we are on the cusp of passing a Medicare prescription drug benefit that should have put seniors first, but, instead, will become the death knell for Medicare.

Some are saying this is a matter of now or never, that we must pass this legislation tonight. That's just not true—where there's a will, there's a way. So, I urge my colleagues to refrain from rushing to judgment, vote against this bill, and work together, Republicans and Democrats alike, through December to craft a plan that will stay true to Medicare's tried and trusted roots.

Mr. Speaker, the bill before us will allow insurance bureacrafts—not doctors—decide which drugs to prescribe and how much to charge seniors; and leaves major gaps in coverage that will affect almost half of Medicare recipients. I will end Medicare as we know it, and will have questionable impacts on some of the most well regarded state-sponsored drug coverage programs, including New York's.

But, my colleagues, the straw that breaks the camel's back is the lack of any attempt to bring down the skyrocketing costs of drugs. H.R. 1 will prohibit the federal government from using the muscle of the 40 million seniors in Medicare to negotiate lower drug prices. And it puts the brakes on the reimportation of pharmaceuticals from Canada and overseas—where drugs are sold for two, three, and four times less than in the U.S.

This one-two punch will not only hurt seniors. It will block hard-working Americans, including the 43.6 million uninsured, from obtaining cheaper drugs—leaving taxpayers to foot the bill for a plan that rewards private industry at the expense of consumers.

The drug companies, with profit margins over 18 percent, have spend hundreds of millions of dollars trying to influence American opinion on prescription drugs. Yet, they will be rewarded with 40 percent profit increases. The same HMOs that left seniors in the cold under Medicare+Choice will be given a $12 billion slush fund to entice their participation in this plan.

I have fought for years to give seniors an affordable, guaranteed, comprehensive, and voluntary prescription drug benefit under Medicare. I am deeply saddened and disappointed that the House leadership in forcing a vote on a bill, which many of us have not even been able to read in completion, that is not worthy of our seniors.

I urge my colleagues to vote ''no'' on the bill.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON).

(Ms. EDDIE BERNICE JOHNSON of Texas asked and was given permission to revise and extend her remarks.)

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise against this so-called Medicare proposal devised by former Speaker Gingrich and the pharmaceutical industry that will increase out-of-pocket expenses for the poorest and sickest women.

Mr. Speaker, the sham Republican prescription drug bill will harm, not help, elderly women.

I oppose the Republican Medicare bill because it does not ensure that our seniors, especially our most venerably elderly women, get the long overdue Medicare prescription drug benefit that is available and affordable to all.

How will this Medicare Reform proposal hurt women? First you must realize that women account for the majority of people who are on both Medicare and Medicaid. To make matters worst, the proposal is harmful to the poorest and sickest women because their out of pocket cost would increase above what Medicaid currently allows.

I believe we must carefully draft legislation to protect the health and well-being of our citizens. It is shameful that many American seniors must regularly make the heartbreaking choice between paying for food and paying for prescription medicine. As a former nurse, I have spend much of my career working to ensure that our nation's health care system provides a wide range of affordable services.

But unfortunately, drug prices are going up over 3 times the rate of inflation giving the drug industry more profits than all others—the result: seniors can't afford the medicine they need.

Yet this proposal would actually prohibit Medicare from getting the best price for seniors. This bill states, and I quote, ''[Medicare] may not . . . interfere in any way with negotiations between . . . Medicare Advantage organizations . . . and drug manufacturers . . .'' In laymen's term that means Medicare must pay whatever the drug companies want to charge. This makes the new law a multi-billion dollar subsidy to the drug industry and a rip-off for America's senior citizens.

This is especially hurtful to women because nearly eight in ten women on Medicare use prescription drugs regularly. Because the bill doesn't allow for the government to negotiate price controls on drugs, our women will have to face higher drug cost, as well as the American Treasury.

Democrats have led the fight to add a drug benefit to Medicare. But what started as a fight to add a drug benefit has become a fight to save Medicare as we know it. Over and over again we have demonstrated our willingness to compromise and accept a less-than-perfect drug benefit when they approved a bipartisan Senate bill this summer. But instead of seeking bipartisanship, Republicans have insisted on including provisions that would turn Medicare into a voucher program and could cap government spending on Medicare. These provisions have nothing to do with providing beneficiaries affordable prescription drugs. They are intended to undermine Medicare.

Medicare was created because the private health care system would not provide affordable health insurance coverage for seniors. We shouldn't be turning back the clock to those times. But that's exactly what the Republican bill—as written—will do.

The American public should be outraged that the Republican leadership is playing politics with the health and well-being of millions of our citizens, and I hope the voters will remember this shameful abuse of power when they go the polls at election time.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from New York (Mrs. MCCARTHY).

(Mrs. MCCARTHY of New York asked and was given permission to revise and extend her remarks.)

Mrs. MCCARTHY of New York. Mr. Speaker, I rise against the Medicare bill that is going to be giving billions of dollars of giveaway money that should be going for prescription drugs and not to the insurance companies and not to the pharmaceutical companies.

Mr. Speaker, I rise, once again, in opposition to this flawed prescription drug bill. It is nothing more than a sheep in wolf's clothing.

I'm frustrated because this Medicare bill contains some provisions I feel are necessary. Indeed, hospitals and doctors may see higher reimbursement rates. It would provide a meager prescription drug benefit, and includes some protections for low-income seniors.

All of these provisions are a step in the right direction. Unfortunately, they are overshadowed by the bill's overall shortcomings.

I had hoped that the effort to add a prescription drug benefit to Medicare would be a discussion about freeing seniors from the skyrocketing costs of medicine.

But instead, it's become a struggle for the future of Medicare.

The bill starts us down the path to privatizing Medicare. It damages the safety net we've stitched for our vulnerable seniors. And worst of all, it does nothing to make drug companies keep the cost of their medicines down, which is what I thought this effort was all about in the first place.

Most of Long Island's seniors would be forced to go to private insurers for their drug coverage. In fact, this bill takes us down the same road Long Island has already traveled with Medicare+Choice HMOs. At first, we throw money at them, the private plans provide coverage, and everyone's happy. But over time, costs mount, federal reimbursements don't keep up, and the private insurers cut and run. This Medicare plan would throw billions more at HMOs and other private insurers with no guarantee that they'd continue to cover seniors. What happens when the HMO gravy train stops? Once again, our seniors will be left holding the bag. That goes against the very reason we created Medicare in the first place: to provide seniors with a safety net that the private insurance market could not and did not provide them with.

In addition, the bill would actually prohibit the government from negotiating lower drug prices. Veterans on Long Island benefit from

lower drug prices because the Veterans Administration negotiates prices on their behalf. If it works for veterans, why deny it to our seniors?

Finally, many seniors would find themselves in the ''doughnut hole,'' a gap in the very prescription drug coverage we are supposedly trying to provide them.

Simply put, the bill is not good enough, and I refuse to compromise the needs of our seniors in hopes of advancing a political agenda.

We must go back to the drawing board and create a real prescription drug benefit for seniors. We must do it without damaging their safety net or turning Medicare over to HMOs and insurance companies. Finally, we must do no harm, I learned years ago as a young nurse.

Mr. Speaker, this bill will do harm. I must vote against it.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from California (Ms. WATSON).

Ms. WATSON. Mr. Speaker, I rise against this sham Medicare proposal that the AARP supports. Bill Novelli is smiling because AARP gets millions of dollars, he gets $420,000 annual salary, and all grandma gets is a doughnut hole.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LAHOOD). As recorded in section 957 of the House Rules and Manual, although a unanimous-consent request to insert remarks in debate may comprise a simple, declarative statement of the Member's attitude toward the pending measure, it is improper for a Member to embellish such a request with other oratory; and it can become an imposition on the time of the Member who has yielded for that purpose. The Chair will entertain as many requests to insert as may be necessary to accommodate Members, but the Chair also must ask that Members cooperate by confining such requests to the proper form.

Ms. SLAUGHTER. We would be happy to cooperate. Mr. Speaker, is it correct that we can rise for the unanimous consent request to say that we oppose the bill?

The SPEAKER pro tempore. The gentlewoman is correct.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield for a unanimous consent request to the gentlewoman from California (Ms. LINDA T. SÁNCHEZ).

(Ms. LINDA T. SÁNCHEZ asked and was given permission to revise and extend her remarks.)

Ms. LINDA T. SÁNCHEZ of California. Mr. Speaker, I ask unanimous consent to revise and extend my remarks about this sham Medicare proposal that I oppose.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from Ohio (Mrs. JONES).

(Mrs. JONES of Ohio asked and was given permission to revise and extend her remarks.)

Mrs. JONES of Ohio. Mr. Speaker, without embellishing my statement, I adamantly oppose the legislation that is before us on behalf of the millions of low-income workers who will not receive adequate funding under this bill.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from California (Ms. LOFGREN).

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

Ms. LOFGREN. Mr. Speaker, I ask unanimous consent to revise and extend my remarks in opposition to the bill because it increases costs for the poorest who are mainly women.

Mr. Speaker, the current Medicare Prescription Drug bill we are debating this evening, if passed, will force many low-income seniors to pay more for their Medicare coverage. Despite its $400 billion price tag, this legislation will leave some 6.4 million of the poorest and sickest Medicare beneficiaries who currently receive prescription drug coverage through Medicaid, worse off, as they will no longer be able to depend on assistance with their co-payments and will no longer depend on getting help paying for prescription drugs that are prescribed by their doctors but are not on the list of drugs and therefore not covered by the private insurers who will administer the new Medicare bill.

Mr. Speaker, this piece of legislation is not ''paid for.'' I expect that it will worsen the nation's long-term fiscal problems substantially adding to the deficit. Is the proposal good enough to justify this?

After weeks of secret hearings, in which not one Democratic Member of the House of Representatives was allowed to participate, we were presented with a Medicare prescription drug plan that is more geared towards benefiting industry, the HMOs, and insurance companies than in serving the healthcare needs of our elderly and disabled.

In the forty years since Medicare was created, it has been hailed as an affordable, defined, guaranteed, and comprehensive healthcare plan for all senior citizens. I agree that Medicare should evolve. I also understand that prescription drug costs are rising at an alarming rate of 17 percent per year. But the current proposal facing Congress does too little to help control drug costs, requires seniors to spend too much out-of-pocket, and compromises many of the basic principles that have made Medicare so valued and effective. This proposal prohibits the federal government from using its vast buying power to negotiate significant discounts for the millions of seniors and disabled who have come to rely on Medicare.

Mr. Speaker, my constituents and seniors across this nation believe that an affordable, guaranteed prescription drug benefit is urgently needed. Sadly, the prescription drug benefit in this bill would not go into effect until 2006.

Mr. Speaker, my constituents and seniors across this nation asked this Congress for a strong prescription drug benefit through Medicare, it did not ask this Congress to begin the process of privatizing Medicare. They believe that reforming Medicare does not mean privatizing Medicare. Under this bill, millions of Medicare beneficiaries are forced to pay more just to stay with their own doctors. Premium support, a provision included in this bill will allow private insurance plans to lure healthy seniors out of Medicare, leaving older and disabled seniors behind to pay higher premiums for the same coverage they're receiving today. Mr. Speaker, my district lies within Santa Clara County in California. Santa Clara County is in one of 41 metropolitan areas that could be selected to participate in this demonstration that would lead to the privatization of Medicare. Under this plan, seniors must be prepared to deal with changing benefits, premiums and access to care from year to year.

Mr. Speaker, these new benefits are not guaranteed. This Republican-drafted Medicare reform bill creates a major gap in coverage that will leave millions of seniors and disabled persons without any drug coverage during parts of the year. Once a senior's drug costs reaches a moderate level of $2,250, all coverage would be cut off. It isn't until the out-of-pocket prescription drugs costs rise to a much higher level—roughly $3600—that coverage kicks back in. It will also erode retiree coverage for up to 2.7 million seniors who, after years of hard work earned a prescription drug benefit through their retirement plans. Those lucky enough to have such coverage must now worry about whether or not they will lose that hard-earned benefit under this proposal.

Mr. Speaker, this bill is not comprehensive. The bill eliminates Medicare's promise to retirees by arbitrarily limiting the ability of Congress to fund the program. As baby boomers retire and require more physician visits, hospital services, and pharmaceutical coverage, Republicans want to limit the amount of money that would be spent on Medicare. This means the services seniors expect and deserve will be cut, premiums will increase, or reimbursements to physicians and hospitals will be severely restricted.

Mr. Speaker, I remind my colleagues and those trying to follow all the possible implications of this bill that the coverage offered under this plan is not, repeat not, like that offered to members of Congress and other federal workers. No Federal employee or member of Congress has a drug benefit that has a deductible, or a $2,850 coverage gap or donut hole in the benefit. In fact, during the debate on the drug benefit, Republican members of Congress voted to ensure that Federal employees' benefits would not be lowered to the level in the new drug plan.

There are many parts of this bill that I applaud. I am happy that the bill includes increased payments to doctors and to hospitals that will allow them to continue to offer services to Medicare patients. I am very happy that the bill includes critically needed funding for safety-net hospitals that serve our needy so well. Indeed in California, this provision alone will restore several hundred million dollars in reimbursements over the next ten years. Mr. Speaker, these provisions are the kind of reforms to Medicare that would pass this house nearly unanimously if they were presented separate from this bad bill.

Mr. Speaker, these good provisions do not override the potential devastating effects of this bill. I cannot support a bill that I feel will destroy the fundamental promise of Medicare, a program that seniors and the disabled have known and trusted for nearly 40 years. With the future of Medicare at stake, I believe that Congress can—and must—do better. Rather than pass a bad bill, we should defeat this bad

bill and stand firm as we fight for a prescription drug benefit that our seniors demand and deserve.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from Nevada (Ms. BERKLEY).

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

Ms. BERKLEY. Mr. Speaker, I ask unanimous consent to revise and extend my remarks about premium support provisions in this conference report that will undermine the Medicare system on which older women depend.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Ms. LEE) for a unanimous consent request.

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

Ms. LEE. Mr. Speaker, I ask unanimous consent to revise and extend my remarks on this sham Republican prescription drug bill because it will harm, not help, elderly women. I did not come to Congress to dismantle and privatize Medicare.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from California (Ms. LORETTA SANCHEZ).

(Ms. LORETTA SANCHEZ of California asked and was given permission to revise and extend her remarks.)

Ms. LORETTA SANCHEZ of California. Mr. Speaker, I ask unanimous consent to revise and extend my remarks about the premium support provisions in this conference report that I believe will undermine the Medicare system on which elderly women rely.

Mr. Speaker, I wish to express my concerns today over the Medicare bill and how it will leave millions of seniors without the adequate care they deserve.

Under this bill nearly 3 million seniors will loose their prescription drug coverage, while 6 million will likely see an increase in the price of their medications and nearly 10 million would see an increase their Medicare premiums if they refuse to join an HMO.

This bill is not a plan for our seniors, rather it is a plan that benefits drug companies and the insurance industry. This legislation would even prohibit Medicare from negotiating better prices for prescription drugs. It would spend $7 billion, desperately needed for covering all retired Americans, on creating individual health security accounts for only those who could afford them.

I urge my colleagues to vote against this legislation. We need to work for our seniors and provide them with a Medicare bill that helps them and not the big pharmaceutical and insurance companies.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Mrs. DAVIS) for a unanimous consent request.

(Mrs. DAVIS of California asked and was given permission to revise and extend her remarks.)

Mrs. DAVIS of California. Mr. Speaker, I ask unanimous consent to revise and extend my remarks expressing my opposition to this bill, which fails to provide women with the affordable and reliable Medicare prescription drug coverage that they desperately need.

Mr. Speaker, I rise to talk about older women and their need for a real prescription drug benefit. The legislation we have before us represents a hollow substitute for a bona fide Medicare prescription drug benefit.

Every week, I hear from seniors overwhelmed with the cost of prescription drugs. Many find themselves juggling their expenses—often putting off paying some bills—in order to buy their medication. These seniors, our parents and grandparents, who have worked their whole lives and contributed to making our nation great never imagined they would spend their retirement struggling to make ends meet. Congress must act and provide seniors with a prescription drug benefit.

Our seniors—especially older women who, literally, are the face of Medicare—are counting on Congress to provide a real solution to the rising cost of prescription drugs. However, this debate has moved beyond providing prescription drugs to seriously undermine Medicare.

The Medicare conference report before us disportionately harms older women in the following ways: Women account for the majority of people who are on both Medicare and Medicaid. However, this proposal prohibits Medicaid from continuing to provide the poorest and sickest women with drugs that certain Medicare drug plans may not cover.

Older and sicker beneficiaries, often women, have not joined HMOs and tend to rely on the traditional Medicare program. This conference report is harmful to older and sicker women because its ''premium support'' provisions would undermine the traditional Medicare program and cause costs in that program to rise.

Nearly eight in ten women on Medicare use prescription drugs regularly. This legislation is harmful to women because it prohibits the government from negotiating price controls on drugs, leading to higher drug costs for both seniors.

Where is the benefit for women who are living on a fixed income and cannot afford to pay out-of-pocket during the coverage gap?

Where is the benefit for the women who, because they were stay-at-home mothers and did not earn a pension, cannot afford the prescription drugs they desperately need?

For my constituents, this legislation is not good enough. I cannot support this legislation when I know we can do better. We are doing more than providing prescription drugs, we are legislating the future of Medicare.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) for a unanimous consent request.

(Mrs. CHRISTENSEN asked and was given permission to revise and extend her remarks.)

Mrs. CHRISTENSEN. Mr. Speaker, I ask unanimous consent to revise and extend my remarks in strong opposition to the rule and the conference report, which helps HMOs and hurts poor women, minorities, and the disabled.

Mr. Speaker, I rise in opposition to the rule and the Medicare conference report.

The process by which we come to this place has been ugly. The conference committee locked out the democratic leadership from the process, and is sending this bill down without the 3 days to review it that we were promised.

But we should not be surprised. The bill itself is a more important broken promise—this one to the Senior citizens and disabled persons who have relied on Medicare to be there for them, and who have waited long for a comprehensive prescription drug benefit. They would be the real losers if we pass this bill and that is why I am asking my colleagues to vote ''no.''

Let us not take away the Medicare wrap around provision for those who need it, let us not jeopardize the good prescription drug benefit so many of our seniors and disabled now have, let us not put any more money in the already rich HMO's, let us take the means test and the mean out of this bill, and above all let us not destroy Medicare.

Mr. Speaker, this bill stinks, and no amount of promises to fund rural hospitals or increase physician's reimbursement can make it smell any better. Besides, this is coming from the same Party leadership that has been cutting physician and hospital fees, and refusing to remedy them for years. If they are known for anything, it is for broken promises.

We have no reason to rush and accept this defective piece of legislation that takes away more than it gives, and puts the first nail in the coffin the Republicans have been building for a long time for Medicare.

Any prescription drug benefit won't take effect until more than two years from now, so if we really care about our seniors and disabled we should take the time to get it right.

And if all of the tears I see shedding on the other side of the aisle for our suffering doctors, the struggling hospitals are any more than of the crocodile variety, we should do the right thing before we go home and pass those provisions now.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from Georgia (Ms. MAJETTE) for a unanimous consent request.

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

Ms. MAJETTE. Mr. Speaker, I rise to oppose the Republican prescription drug bill because it is bad for women, especially poor, elderly women; and they deserve better than this.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Ms. MILLENDER-MCDONALD) for a unanimous consent request.

(Ms. MILLENDER-MCDONALD asked and was given permission to revise and extend her remarks.)

Ms. MILLENDER-MCDONALD. Mr. Speaker, I ask unanimous consent to revise and extend my remarks about the premium support provisions in this conference report that will undermine the Medicare system on which elderly women in my district depend.

Mr. Speaker, today I rise in opposition to H.R. 1. This conference report represents the beginning stages of this Administration's withdrawal from its promise to seniors. This report being considered on the House floor today, sets the stage for a gradual pullout of the federal government providing benefits to seniors and shifting the responsibility to private insurers.

As our nation's population ages and the baby boomer generation places additional burden on our healthcare infrastructure, we can

no longer provide a ''one-size fits all'' level of healthcare. I am a strong and passionate advocate of a Medicare program that would cover all of our nation's seniors and provide a comprehensive prescription drug benefit. This is not that benefit. Mr. Speaker, this is not a better solution than ''no benefits''—it's worse. It gives our seniors false hope. It makes seniors think that this government is expanding Medicare services, while it takes a backdoor approach to privatization of the Medicare program.

Mr. Speaker, in my home state of California, hundred of thousands of Medicare beneficiaries will lose their retiree health benefits. Medicaid beneficiaries will pay more for the prescription drugs they need. Hundreds of thousands of Medicare beneficiaries will pay more for Part B premiums because of so-called income relating provisions.

Last night, Mr. Speaker, I spoke with my Congressional Seniors Council which represents leaders from senior associations in the 37th congressional district. This council has expressed its deepest concerns with H.R. 1. On behalf of the more than 51,000 seniors in the 37th Congressional district, this council fears Seniors, who should otherwise qualify for a drug benefit, may no longer qualify because of the asset provision in this report. Seniors, who have saved their hard-earned money for use during retirement, who relied on the promises of this Administration, become disqualified from receiving the prescription drug benefit. Very poor and very sick dual eligible beneficiaries will lose wrap around coverage for prescription drugs making out-of-pocket costs more than they can afford.

I urge my fellow colleagues for the sake of Medicare beneficiaries in their districts, to vote against H.R. 1. Our seniors deserve better.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Mrs. CAPPS), who is also a nurse, for a unanimous consent request.

(Mrs. CAPPS asked and was given permission to revise and extend her remarks.)

Mrs. CAPPS. Mr. Speaker, I rise in opposition to the harmful cuts in care amounting to $1 billion a year for all those who are being treated for cancer.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from Ohio (Ms. KAPTUR) for a unanimous consent request.

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

Ms. KAPTUR. Mr. Speaker, I rise to oppose this GOP drug company bonanza that is going to make affordable drug prices impossible for the majority of this Nation's seniors. What a shame.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Ms. SOLIS) for a unanimous consent request.

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

Ms. SOLIS. Pido permiso para revisar y decir estas palabras.

Sr. Orador, estoy en contra del proyecto de ley Medicare que no ayudara a las mujeres que son el 70 por ciento de los mayores de edad.

(English translation of the above statement is as follows:)

Mr. Speaker, I rise in opposition to this Medicare bill which does nothing to help women, who make up more than 70 percent of the elderly poor.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Ms. WATERS) for a unanimous consent request.

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

Ms. WATERS. Mr. Speaker, I rise in opposition to this sham Medicare proposal that will end Medicare as we know it and simply fatten the pockets of the pharmaceutical industry and the HMOs.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from Missouri (Ms. MCCARTHY) for a unanimous consent request.

(Ms. MCCARTHY of Missouri asked and was given permission to revise and extend her remarks.)

Ms. MCCARTHY of Missouri. Mr. Speaker, I ask unanimous consent to revise and extend my remarks about the premium support provisions in this conference report that will undermine the Medicare system on which the elderly in my district and around this Nation depend.

Mr. Speaker, I rise today in opposition to H.R. 1, the Medicare Prescription Drug and Modernization Act of 2003. I strongly support the inclusion of a prescription drug benefit as part of the Medicare program. Unfortunately, instead of providing a prescription benefit, this legislation includes dramatic changes in the entire Medicare program. As Washington Post columnist E.J. Dionne recently wrote, ''They went in to design a prescription drug benefit for seniors and came out with an aardvark.''

Mr. Speaker, in 1965, President Johnson and the Congress had the wisdom to create the Medicare program. The program accomplished its mission—it has ensured every single American's health coverage upon reaching 65 years of age. Since the bill's passage, Congress has made changes to the program to keep it current and to ensure that seniors received the highest quality care.

Now seniors are asking us to include a prescription drug benefit within the Medicare program. They want a benefit that offers comprehensive, affordable coverage to all seniors. I agree with them wholeheartedly. Instead of designing a prescription drug benefit, the majority created H.R. 1, which will end Medicare as we know it.

Mr. Speaker, this proposal is confusing and inadequate. For the first $2,000 of coverage, the consumer will pay over $1,100; for the first $5,000 of coverage, the consumer will pay approximately $4,000. If a consumer buys $5,000 of drugs a year, the consumer will pay 80 percent of that cost. Elderly women will be hardest hit.

Under this misguided plan, seniors will be forced to choose private prescription plans each year. A move between states, or even between towns, could force them to select another plan. In my district, seniors who chose to relocate from Kansas to Missouri could face the loss of their chosen prescription drug plan.

I am also concerned that this legislation will encourage companies that offer employer-provided drug coverage to drop or reduce their benefits. While the bill includes billions in subsidies for companies to maintain their benefits, more than 2.7 million retirees are likely to lose their employer provided coverage under this bill.

Seniors have been asking for a prescription drug benefit. They have not been asking for HMOs to take over Medicare. Yet that is what we are being asked to vote on today. This legislation includes ''cost containment'' provisions that will prompt significant cuts in the Medicare program if more than 45 percent of the costs of Medicare are borne from general tax revenues. Let's be clear—this cost cap would effectively end Medicare as a basic right for our seniors.

In a machiavellian effort to pass this misguided legislation, the authors have included billions in additional payments for doctors, hospitals, rural health facilities, and ambulance services among others. Sadly, these quality health care providers are forced to support this legislation even though many fear it will be bad for seniors and could unravel the Medicare program. Those funds should not be held hostage by this Medicare privatization scheme. I urge my colleagues to consider supporting stand alone legislation that would help our providers and save the Medicare program.

As E.J. Dionne wisely recommended, we should reject this flawed bill and ''let's then have a national debate on the future of Medicare, out in the open, and not in some congressional back room.'' Mr. Speaker, I urge all of my colleagues to reject this measure and go back to the basics. Give seniors what they deserve—a comprehensive Medicare prescription drug benefit.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from Connecticut (Ms. DELAURO) for a unanimous consent request.

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

Ms. DELAURO. Mr. Speaker, I rise against a prescription drug bill that prohibits the government from using its market power to negotiate the best price for prescription drugs, the central issue of this debate and concern of the people of this country.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Ms. ESHOO) for a unanimous consent request.

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

Ms. ESHOO. Mr. Speaker, I rise against this bill which, in my view, I used the yardstick to measure it by my mother; and in doing the calculations, my mother, at 89½ years old, will be hurt by this, as will women her age across the country. She and they deserve so much better.

It's with great disappointment that I rise today to express my opposition to this Medicare Prescription Drug legislation. As the daughter of a Medicare beneficiary, I know first hand how important prescription drug coverage is for America's seniors, and I held out great hope that this would be the year we finally succeeded in providing seniors with an affordable, stable benefit.

Unfortunately, now that we have the long-awaited legislation before us, it is clear that it doesn't embody any of these important principles.

This bill does nothing to lower drug costs for America's senior citizens. It provides an unstable insurance benefit, undercuts the viability of the employer-provided retirement health insurance, and fundamentally undermines the Medicare program that has served seniors so well for nearly 40 years.

Specifically, the bill: Brings privatization to the Medicare program in 2010. Although this is being described as a ''demonstration project,'' this ''demonstration'' will affect as many as 7 million beneficiaries who will be forced to pay higher premiums and more money to keep the same benefits they have today if they don't join an HMO; has a $2800 gap in drug coverage that will leave millions of seniors without any help in paying for their drugs for part of the year, even though they will have to continue to pay their monthly premiums; Creates disincentives to employers to retain retiree drug coverage. An estimated 2 to 3 million seniors who have good drug coverage now through retiree health plans could lose it under the proposed plan.

In California, this means more than a quarter of a million seniors may lose their employer-sponsored health care. Real reform would encourage employers to expand retiree coverage, not take it away; Purposefully creates, for the first time, disparities between seniors across the country. Seniors living in different areas of the country will pay different premiums for the exact same benefits. In another first, this bill links how much a senior earns to how much they will pay in premiums. If a senior makes more than $80,000 they will pay higher premiums than the rest of the Medicare population.

Does not address the rising cost of prescription drugs for individuals, nor does it harness overall Medicare spending in future years. In fact, the bill specifically prohibits the Secretary of Health and Human Services from negotiating with drug companies for lower prices.

Jeopardizes coverage for cancer patients by drastically cutting funding for chemotherapy drugs.

Finally, this bill dramatically changes Medicare by limiting the total amount of money that can be spent on the program—meaning services will be cut and premiums will increase.

I do want to take a moment to highlight the few bright spots in this bill.

The bill reverses a recent decision by the Centers for Medicare and Medicaid Services (CMS) that threatened seniors' access to innovative treatments. For years biotechnology products, which often represent the most advanced treatments for diseases, were critically under-reimbursed. This bill ensures that these life-saving treatments will be available for all seniors by raising payment levels to an appropriate level. This bill also provides more speedy coverage of new medical device technologies and more streamlined processes by new technologies in the Medicare program.

Second, the bill includes critical funding for relief from the devastating payment reductions to Medicaid disproportionate share hospitals. This is very important for California which has a severe budget shortfall. The funding in the Conference Report restores several hundred million dollars to safety-net providers in California over the next 10 years. With more than six million MediCal recipients and 6.3 million uninsured residents in California, Medicaid DSH funds are invaluable to the safety net hospitals that serve low-income populations.

Unfortunately, these issues aren't enough to overcome the faulty foundation that this bill rests on. It's with a heavy heart that I say ''This Medicare Prescription Drug bill should be rejected.'' We have not honored the seniors who have done so much to make our country great, and I cannot justify a ''yes'' vote on a bad bill just for the opportunity to say we've succeeded in providing a drug benefit.

Mr. Speaker, I urge my colleagues to vote against the bill.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from Florida (Ms. CORRINE BROWN) for a unanimous consent request.

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

Ms. CORRINE BROWN of Florida. Mr. Speaker, I rise against this sham Medicare proposal on behalf of Claude and Mildred Pepper, my grandmother, and all of the other seniors who will be increased out-of-pocket expenses for this sham Medicare bill.

Ms. SLAUGHTER. Mr. Speaker, I am proud to yield to the gentlewoman from California (Ms. PELOSI), our leader, for a unanimous consent request.

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

Ms. PELOSI. Mr. Speaker, I rise in opposition to this hoax of a plan. How can a plan be for the benefit of seniors when the first $4,000 of $5,000 of benefits have to be paid for by a senior who makes $13,500 a year?

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from New York (Mrs. MALONEY) for a unanimous consent request.

(Mrs. MALONEY asked and was given permission to revise and extend her remarks.)

Mrs. MALONEY of New York. Mr. Speaker, I rise in opposition to this ill-conceived bill which promises to be a magic potion for seniors, but is a poison pill for Medicare.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to the gentleman from Florida (Mr. HASTINGS), my colleague on the Committee on Rules.

(Mr. HASTINGS of Florida asked and was given permission to revise and extend his remarks.)

Mr. HASTINGS of Florida. Mr. Speaker, after that array, you have to be a very strong man to oppose this bill, and I ask unanimous consent that my remarks be included in the RECORD.

Mr. Speaker it gives me no greater disappointment to rise today in opposition to the co-called Prescription Drug and Medicare Modernization Act Conference Report. I might call it something else but that wouldn't be appropriate.

Since 1965 Medicare has been a vital instrument in ensuring quality healthcare to America's elderly and disabled. Medicare's 40 million beneficiaries use thousands of different health care products and services furnished by over 1 million providers in hundreds of markets nationwide. However, today a great number of you seek to dismantle Medicare with a fool's gold of a bill tilted the Prescription Drug and Medicare Modernization Act.

Despite my Democratic colleagues' best efforts to make this an inclusive and comprehensive process; one that addresses the real concerns of America's seniors and disabled, we were shut out from negotiations. We were shut out in June and we are shut out now. Today we have before us what the Republicans think is a Medicare and Prescription Drug reform. This is not a reform. This is a gutting of Medicare. It eviscerates one of the most successful great society programs in order to line the pockets of pharmaceutical companies.

Mr. Speaker, I am disturbed to my core that any person in their right mind would find this bill fit to deliver to America's seniors. HR 1 is seriously flawed and inept for several reasons. First, the prescription drug benefits is only available through private insurance companies and HMOs.

Second, the bill does not ensure affordable prescription drugs. Because of the arbitrary budget cap pushed by the administration, HR 1 has high deductibles and does not guarantee an affordable premium.

In addition, this scam of a sham bill creates large coverage gaps—with many seniors being required to pay high premiums even when they don't receive benefits.

Lastly, the bill does not promise prescription drug benefits to all beneficiaries. By relying on private insurance companies to offer coverage, this approach does not guarantee the same benefits for seniors, like Larry Colado of Myakka City, Florida, who lives in a rural community. Larry Colado is a Vietnam Veteran turned farmer who cannot afford health coverage and now faces losing the little that he has because, unlike Darwin, this administration believes in the survival of the richest.

Approving this bill may not guarantee a destitute future for members of Congress, but it will guarantee a destitute future for those seniors who do not and have not served in this body.

Mr. Speaker, simply put, this bill should be wrapped around a toilet paper holder and stuck in one of the Capitol's bathroom stalls.

I adamantly oppose the so-called Prescription Drug and Medicare Modernization Act. It is a snake oil and it stinks.

Ms. PRYCE of Ohio. Mr. Speaker, I yield such time as he may consume to the gentleman from California, the chairman of the Committee on Rules (Mr. DREIER).

Mr. DREIER. Mr. Speaker, continuing this spirit of comity, I ask unanimous consent that the conference report on H.R. 1 be debatable for 2 hours, doubling the amount of time that is made in order for consideration for a conference report.

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

There was no objection.

Ms. PRYCE of Ohio. Mr. Speaker, I am very pleased to yield 2 minutes to the gentleman from Florida (Mr. LINCOLN DIAZ-BALART), my friend and colleague from our Committee on Rules.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I thank the gentlewoman from Ohio for yielding me this time.

This legislation is very important legislation. It will help seniors, all seniors throughout the land; but especially low-income seniors will benefit, will benefit the most from this law. America's neediest seniors, individuals with up to $12,900 a year of income, $17,000 per couple, will immediately receive a cash credit of $600 to purchase their medications. And, again, in the year 2006, seniors with incomes of up to $10,300, or $13,250 per couple, will pay only $1 for generic prescriptions and $3 for brand-name medicines. Mr. Speaker, 13,235 reside in the district that I am honored to represent. I would urge all of my colleagues here this evening to check.

The gentleman from Florida (Mr. SHAW) has the information and he was so kind to provide it to me, district-by-district, how many low-income seniors will get extraordinary relief by this legislation.

□ 2215

Those with incomes of up to $13,900 a year, $17,900 per couple will pay only $2 for generic medications and $5 for brand name medications.

Mr. Speaker, 20,715 reside in the district that I am honored to represent. Seniors with incomes up to $15,500 a year, $20,000 per year per couple, will pay only a minimum monthly premium and initial deductible of $50 and then only 15 percent of their prescription drug costs up to $3,600 after which they will pay only $2 for generic drugs, $5 for brand names.

Now, all other seniors receive extraordinary help by this legislation, Mr. Speaker, but low-income seniors more than anyone else.

So I urge everyone in this hall, I think we all have an obligation to check the facts with regard to what we are voting on this evening: Concrete important specific help for seniors throughout the country on an issue that, I think, is the most important domestic issue facing this country. And I am proud to have supported this legislation in the Committee on Rules and to urge all of my colleagues to make it law, send it to the President tonight.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from Massachusetts (Mr. MCGOVERN).

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

Mr. MCGOVERN. Mr. Speaker, Medicare is one of the most important successful social programs in the history of this country. For nearly 40 years, Medicare has been a lifeline for our senior citizens. I certainly do not argue that Medicare is perfect. Thanks to extraordinary advances in medical science, it is clear that Medicare needs a real prescription drug benefit.

The program should be strengthened so that future generations have access to high quality, affordable health care, but I believe that Medicare is a sacred trust between the United States government and the seniors of this country. The Republican majority in this House clearly does not believe what I believe, because if they did, this bill would not be before us.

This is a bill that fails to give seniors the drug benefit they need and deserve and expect. This bill forces millions of seniors to pay more for their prescription drugs. This bill is a huge giveaway to the HMOs and the drug companies. This bill does nothing to control the exploding costs of medicine. And worst of all, this bill shoves Medicare down the path to privatization. It ends Medicare as we know it. This is a defining issue. You can put all the bells and whistles and spin on it that you want. You can add a little money here or a tweak there to buy off a few interest groups or to make the bill more appealing to certain geographic areas. You can try to claw your way to a majority vote, and you might succeed. But your success will not mask the fact that this bill is bad for senior citizens.

So much of what people think is good about the Federal Government the supporters of this bill are ripping apart.

And let me say just a word, actually two words, about the processing used here. It is lousy. No one has had the time to properly review this. There are rules of this House, and we should follow them, especially with regard to giving Members of both parties the chance to actually see what they are voting on. But the Committee on Rules, once again, decided that the rules of this House do not matter. Maybe we should rename it the ''Break the Rules Committee.''

I guarantee you that for weeks to come we will be discovering lots of goods for special interests tucked into the dark corners of this legislation. The leadership of this House is more concerned with doing this bill fast than doing it right. If we take our time and do this right, it would give every Member the chance to read the fine print. Unless, of course, that is exactly what scares the leadership most.

Now, I have heard the argument out there that, well, this bill is not perfect. It is not even very good, but we have to pass something. Mr. Speaker, not if that something is a windfall for HMOs and drug companies. Not if that something is the privatization and dismantling of Medicare. Not if that something is a sound bite rather than a meaningful drug benefit.

There is a fundamental disagreement here because, to me, protecting Medicare is non-negotiable. If I voted for this bill I could not look at the people who sent me here and claim that I was representing their interests.

I believe our seniors deserve a defined, guaranteed, affordable prescription drug benefit under Medicare and that is what I am for. This bill does not even come close.

Vote no on the rule. Vote no on the bill.

Ms. PRYCE of Ohio. Mr. Speaker, I yield 3 minutes to gentleman from California (Mr. DREIER), the very distinguished Chairman of the Rules Committee.

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

Mr. DREIER. Mr. Speaker, I rise in strong support of this rule and the underlying conference report. My friend from Massachusetts (Mr. MCGOVERN) is absolutely right, Medicare is a sacred trust. He is also right when he says that this conference report, when we pass it, will end Medicare as we know it. Medicare as we know it does not have provisions for prescription drug coverage. And guess what? If we pass this, we will, in fact, end Medicare as we know it by making prescription drugs available to seniors.

It will also end Medicare as we know it because right now under Medicare there is a provision that allows for $148,000 to be expended on heart transplant surgery, but at the same time it does not provide the $1,000 a year that would be necessary for people to prevent heart disease by giving them access to Lipitor. And so it is true, we are going to finally bring about the very important reforms necessary so that we can maintain that sacred trust to which my friend refers.

So I believe, Mr. Speaker, that we have an opportunity to go a long way towards addressing this concern that exists on both sides of the aisle. I know that my democratic colleagues, Mr. Speaker, want to make sure that we do provide access for senior citizens to affordable prescription drugs. And I believe that on both sides of the aisle, Mr. Speaker, there is a clear understanding that if we are going to do that, we have to bring about major reforms so that we maintain the solvency of Medicare for the future. I also believe that as we look at the changes that will come about in the area of potentially creating another new entitlement program, Republicans and Democrats, Democrats who raise concern regularly about deficit spending, should feel good about the unprecedented measures that we put in this bill that allow for our Members to insist on a vote if, in fact, Medicare outlays exceed 45 percent of general revenues.

So I believe we are going a long way towards addressing these concerns. And then that wonderful incentive that also is there for people to plan for retirement with health savings accounts. Planning for their health care needs of the future is exactly what this measure will do by taking those very successful HSAs that have been out there and expanding that program.

Mr. Speaker, this may not be, this may not be the perfect solution, but this is our opportunity to bring about these much needed reforms.

And I urge my colleagues to support this rule, and, in a bipartisan way, do as I know the other body will do, and that is vote in support of this conference report so that we can help our seniors.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from Maryland (Mr. HOYER), the minority whip.

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

Mr. HOYER. Mr. Speaker, I rise in opposition to this rule. And I invite the 41 Members of this side of the aisle who wrote a letter just a few days ago, those 41 Members, all Republicans, said to the gentleman from Illinois (Speaker HASTERT) and the gentleman from Texas (Majority Leader DELAY) that this is one of the most important issues that this Congress, or any Congress, will consider, and give us at least, they said, 3 days to consider this bill.

This bill is over 1,100 pages in length. It will affect not only the 40 million Americans who are eligible for Medicare, but it will also affect their families, their children, their sons and daughters who are confident that this country will provide for health care security for seniors.

I invite those 41 Members, this is about the process, this has been a terrible process, a shameful process. Speaker HASTERT, an honorable man, appointed the gentleman from Michigan (Mr. DINGELL), the Dean of this House, serving here since 1955, one of the most knowledgeable people, not Democrats or Republican, most knowledgeable Americans with respect to health care and Medicare and Social Security. And then he appointed one of the most senior Members of this House, the gentleman from New York (Mr. RANGEL) to this conference, and the gentleman from Arkansas (Mr. BERRY), the only pharmacist that serves in this House.

Shamefully, shamefully, they were neither invited, nor allowed, to come to the table to discuss this bill. I invite the 41 signers of this letter, if they meant what they said in this letter, to vote no on this rule. To vote no on this rule so that we can, in fact, look at it closely. Just 2 more days this bill, 1,100 pages in length, which was put on the Web just last afternoon, just approximately 24 hours ago.

I say to the signatories on this letter, if you meant what you said, if you believe the processes of this House ought to be followed, if you believe this issue is important enough to know what you are doing, to read the bill, to digest its consequences, to understand the adverse consequences that it will have on the poor, on those who were left behind in Medicare when the HSAs take the healthiest and wealthiest out of the system and force premiums higher for those who can least afford it, read this bill, understand this bill. You have not done so.

Some of our most respected colleagues signed this letter, Republicans all. I ask every Democrat to vote against this rule, to give ourselves and our constituents further time to consider this bill. I ask the Republicans honor their letter, honor their rules. Vote no on this one.

Ms. PRYCE of Ohio. Mr. Speaker, I yield 3 minutes to the gentleman from Washington (Mr. HASTINGS), my friend from our Committee on Rules.

Mr. HASTINGS of Washington. Mr. Speaker, I thank the gentlewoman from Ohio (Ms. PRYCE) for yielding, and I congratulate her on the way she excellently laid out the main provisions of this bill in her opening remarks.

I support this bill, Mr. Speaker, and this bill includes several important improvements to Medicare in addition to making prescription drugs available and affordable for seniors. But I am particularly pleased that this bill contains the largest, most comprehensive rural health care package ever considered by Congress to ensure that seniors in rural America are able to get the care they need.

I often hear from seniors they are having a hard time finding a doctor will accept Medicare patients. Now, doctors and hospitals in rural areas provide the same quality care as in urban areas, all too often Medicare fails to pay rural health care providers enough to cover their costs. This often forces doctors to consider whether they can continue accepting Medicare patients and, therefore, causes hospitals to cut back on their services.

As a member of two rural health care caucuses, I have met repeatedly with committee leaders and Secretary Thompson to stress the importance of ensuring that rural areas receive the Medicare payments that they deserve.

Mr. Speaker, until the disparity between rural and urban reimbursement is fixed, seniors in small town America have fewer and fewer health care options. I commend the conferees for recognizing this need. I am pleased that the National Rural Health Care Association has endorsed this bill saying, quote, ''This is a strong step forward this strengthening the health care system for nearly 60 million rural Americans,'' end quote.

By passing this bill, we will permanently end the disparity in Medicare payments between urban and rural hospitals. We will provide more money to rural hospitals for the care of uninsured patients, we will increase funds for critical access hospitals and home health care agencies and raise payments to doctors to encourage them to provide services in physician-short areas.

Simply put, Mr. Speaker, after years of effort H.R. 1 will finally give doctors, hospitals, home health nurses, and other care providers the resources they need to provide seniors who live in rural areas like my district in central Washington the medical care they deserve.

Accordingly, I urge my colleague to support both the rule and the underlying bill.

□ 2230

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. MENENDEZ), the minority caucus chairman.

Mr. MENENDEZ. Mr. Speaker, the Republican plan that we consider here tonight is not a Medicare prescription drug plan, but rather a poison bill for our Nation's seniors and for Medicare itself. The more you know about this bill, the less you like it.

The Republican plan would encourage employers to drop retiree coverage for their employees. And this means that approximately 94,000 New Jerseyans in my State will be left with no coverage. I thought this debate is supposed to be about expanding coverage for our seniors, not taking it away.

Under their demonstration plan, 7 million beneficiaries would be forced to pay more for Medicare if they do not give up their doctor and join an HMO. The Republican plan would cut payments to oncologists nationwide and would result in New Jersey cancer care providers losing $552 million, this in a State that has the third highest instance of cancer in the United States, and in which cancer is the second leading cause of death.

Republicans would include a $14 billion bribe to get private insurance company plans to compete against Medicare. Why give away billions of taxpayers money to private insurance interests when that money could be used to enhance a true prescription drug benefit under Medicare? Obviously, Republicans are more concerned about their special interests than senior interests.

Republicans would make millions of seniors pay more for their drugs. Seniors would pay $4,020 out of the first $5,100 in prescription drug costs. And low-income seniors, like my 83-year-old mother who worked her entire life in the factory of New Jersey and who suffers from Alzheimer's, would pay higher premiums and would lose additional assistance under Medicaid. And only in Washington would Republicans prohibit the Federal Government from using the collective purchasing power of 40 million citizens to obtain lower prescription drug prices.

Let us stand up for our parents and our grandparents and our seniors. Vote against the rule. Vote against this poison pill that is this plan.

Ms. PRYCE of Ohio. Mr. Speaker, I yield 2½ minutes to the gentleman from the State of New York (Mr. REYNOLDS), my very good friend from the Committee on Rules.

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

Mr. REYNOLDS. Mr. Speaker, I thank the gentlewoman for yielding me time.

Mr. Speaker, I rise in strong support of this rule and the underlying legislation.

For the first time in the nearly 40-year history of the Medicare program, Congress tonight has the opportunity to provide more than 40 million seniors

and disabled Americans a guaranteed prescription drug benefit.

In my home State of New York, this means nearly 3 million Medicare beneficiaries will have greater access to life-saving prescriptions. For many of these beneficiaries, this amounts to drug coverage that they would not otherwise have; and for countless others, it means vastly improved benefits.

In providing a prescription drug discount card, greater access to less-expensive generic drugs, enhanced ability to create individualized health savings accounts and strong protections for retirees with current coverage, this bill helps bring Medicare into the 21st century.

What the bill also accomplishes is improved access to care in a variety of other areas that will help Americans all across the country get the care they need and deserve. For example, by updating the critical hospital formulas for marketbasket and indirect medical education, New York State will be infused with over $1.2 billion over the next 10 years.

Of that, hospitals in my congressional district will receive close to $40 million. In cash-strapped regions of western New York that I represent, this payment relief is great news for patients of all ages and income levels.

New York will also be bolstered by many other funding streams that will bring critical Federal funds into the State and help mitigate local fiscal burdens. And the Federal Government assuming costs of New York beneficiaries eligible for both Medicare and Medicaid, the State will save over $3 billion over 8 years on prescription drug coverage for its Medicaid population.

Because New York already provides a popular, generous prescription drug program, well over 300,000 seniors, the State will have access to $125 million over 2 years in transitional assistance to help the new Federal drug program coordinate with the existing State program.

These funds will ensure a seamless transition and coordination of benefits for many seniors who want to remain in the State program, yet still receive enhanced benefits through the Federal plan.

Mr. Speaker, this body is poised to make history. Today begins the final step in a journey that began not 3 days ago, not 3 years ago, but nearly a decade ago. Congress promised a prescription drug benefit. Congress promised to make Medicare stronger, and it took this majority to deliver on that promise.

I urge my colleagues to support the rule and the underlying legislation.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. BROWN).

Mr. BROWN of Ohio. Mr. Speaker, I thank the gentlewoman from New York (Ms. SLAUGHTER) for yielding me time.

We have been here before, Mr. Speaker. We will debate late into the night and consider one of the most important votes we have ever cast. At 2:54 a.m. on a Friday last March, the House cut veterans benefits by 3 votes.

At 2:39 a.m. on a Friday in April, House Republicans slashed education by five votes.

At 1:56 a.m. on a Friday in May, the House passed the Leave No Millionaire Behind Tax Cut Bill by a handful of votes.

At 2:33 a.m. on a Friday in June, the House GOP passed Medicare privatization by one vote.

At 12:57 a.m. on a Friday in July, the House eviscerated Head Start by one vote. And then after returning from summer recess, at 12:12 a.m. on a Friday in October, the House voted $87 billion for Iraq.

Always in the middle of the night. Always after the press had passed their deadlines. Always after the American people had turned off the news and gone to bed. And here we go again, Mr. Speaker.

Republican leadership delivered this bill to us last night at 1:46 a.m.

Mr. Speaker, I do not really blame my Republican colleagues because when Republican leaders sit down with the insurance industry and the drug industry behind closed doors and write a bill to privatize Medicare, of course they do not want the public to know.

When Republican leaders sit down with the drug industry to write a bill to deliver $139 billion in additional pharmaceutical profits to their biggest contributors, of course they do not want the public to know.

When Republican leaders sit down with the insurance industry to write a bill to set up a $20 billion slush fund for HMOs, some of their biggest contributors, of course they do not want the public to know.

This bill proposes the most radical changes to Medicare since its creation a generation ago. We should not do it under the cover of darkness. Americans deserve better.

Ms. PRYCE of Ohio. Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mr. BURTON).

Mr. BURTON of Indiana. Mr. Speaker, I admire our President and my leaders in the House, but I want to tell you why I oppose this bill.

The average senior is going to pay $4,000 in order to receive the first $1,500 in benefits. Now, we should take care of the 24 percent of seniors across this country that have no drug coverage; but this covers all of them, including the 76 percent that do have coverage.

Employers will, in my opinion, in spite of a $70 billion payoff, drop their seniors and put them on the government program, and they are going to get less coverage than they have right now, and it will cost a lot more.

This program is going to cost much more, in my opinion, than the $400 billion that we estimate. I think it will go as high as maybe a trillion dollars over the next 10 years. And, finally, there is no negotiation with the pharmaceutical companies on drug prices even though Americans are paying as much as five to 10 times more than they are paying in Germany and Canada and other places in the world; and that is just not right.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, a little history lesson. August 17, 1989, front page of the Chicago Tribune, outside the Copernicus Senior Center in Chicago. These are the constituents of Congressman Dan Rostenkowski who is in this car.

They are not happy with their Congressman, and they are not happy with the catastrophic health care bill.

When the Congressman escaped from his car, a reporter asked him if he sympathized with the seniors who were mad about this bill, and he said, ''No, they do not understand.'' But, unfortunately, it was not the seniors who did not get it. It was the Congressman. Three months later that bill was repealed.

A big mistake was made. This Congress overwhelmingly passed the catastrophic. Everyone on Capitol Hill liked it including the AARP. They did not check with the seniors, and we are about to make the same mistake tonight. A thousand pages and more, 40 years of Medicare, but 40 hours to read this bill.

I tell you, if you vote for this, you better get your running shoes. The senior citizens will be after you.

Ms. PRYCE of Ohio. Mr. Speaker, I yield 2 minutes to the gentleman from the State of Florida (Mr. SHAW), from the Committee on Ways and Means, who worked so hard on this bill.

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

Mr. SHAW. Mr. Speaker, I thank the gentlewoman for yielding me time.

Medicare passed this Congress on July 27 of 1965 and was signed into law in Independence, Missouri, on July 30 of 1965. It is interesting, and I was watching C–SPAN today and watching the goings on within the Committee on Rules. And I heard several of the Democrat witnesses come in and say, your party did not support Medicare in the first place and you want it to wither on the vine.

After hearing this over and over, I thought, well, it is about time somebody goes into the archives and finds out the truth. The truth is the majority of the Republicans in this House of Representatives in 1965 did support Medicare. So the big lie now can go down and be deflated.

Also, I have heard many witnesses on the other side say what a bonanza this is for big drug companies. Nobody is mentioning the fact that we are shortening the time that generics can get on the market. You think the big drug companies like that? Of course not.

Also, the discount card where prices will be negotiated and seniors will get

their drugs for less money. Nobody on that side is talking about that.

What this is actually is a cost-containment bill and probably the largest one that will ever be signed into law providing for the cost containment in drugs.

I sent out a survey as many of us do to some of our constituents and was just simply asking them did they want this drug bill. I received back the biggest number that I have ever received. They are still coming in and they are just now hitting and we already have 12,000 replies. And guess what? Only 100 said no. And most of them were misinformed by this bill thinking they might have lost the coverage that they had. This is a good bill. Let us do it for our seniors. Let us do it for the people at the lower economic levels who desperately need this.

Why would you deny this to them? Somebody can buy drugs for so little and be able to get a better quality of life. Life is meant to be enjoyed, not endured. Let us vote ''yes'' on the rule. Let us vote ''yes'' on the bill.

The SPEAKER pro tempore (Mr. LAHOOD). The gentlewoman from Ohio (Ms. PRYCE) has 3 minutes remaining. The gentlewoman from New York (Ms. SLAUGHTER) has 9½ minutes remaining.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. PRICE).

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

Mr. PRICE of North Carolina. Mr. Speaker, we began this effort years ago with a relatively simple concept: let us add a prescription drug benefit to Medicare, giving help to the countless older Americans who so desperately need it. But this bill has ended up doing the very thing seniors do not want us to do—to privatize their coverage.

Little do they know that the so-called prescription drug benefit will operate nothing like their other Medicare benefits. An enormous sticker shock awaits them. If a senior needs $5,000 worth of medication, he or she will have to pay $4,000 in order to get it. If drug costs are $3,500, he or she will pay $2,500.

This bill has a gaping so-called doughnut hole where any drug costs that fall between $2,250 and $5,100 are not covered at all. Do you think that is what our constituents have in mind when they think of prescription drug coverage?

But this spotty coverage is not the worst of it. An even more unpleasant surprise awaits. This bill forces Medicare beneficiaries to get drug coverage through private companies or an HMO.

Our Republican friends would apparently rather do anything than strengthen basic Medicare, so they have devised a convoluted scheme to throw enough money at private companies to induce them to offer drug-only policies, policies which these same companies say make no sense in terms of insurance principles.

□ 2245

The Senate bill offered a fallback plan to provide Medicare coverage if these private plans did not materialize, but that fallback has been fatally weakened in the bill before us.

We have heard a lot about choice tonight, but the only real choice most seniors will have under this bill is whether they obtain their prescription drug coverage through a private drug plan or an HMO, and whether they would rather have medications they can afford or a doctor of their own choosing. Under this plan they cannot have both.

Mr. Speaker, this bill is a betrayal of our seniors. This is not an improvement, an expansion of Medicare. It is just the opposite. We should defeat this bill and go back to the drawing board immediately.

Ms. PRYCE of Ohio. Mr. Speaker, I yield for a unanimous consent request to the gentleman from Florida (Mr. SHAW), a member of the Committee on Ways and Means.

(Mr. SHAW asked and was given permission to revise and extend his remarks, and include extraneous material.)

Mr. SHAW. Mr. Speaker, I submit to the RECORD a letter of endorsement from the Republican Governors Association and a letter from my own Governor, Governor Jeb Bush, endorsing this bill.

STATE OF FLORIDA,
OFFICE OF THE GOVERNOR,
Tallahassee, FL, November 21, 2003.

Hon. E. CLAY SHAW, Jr.,
Rayburn House Office Building,
Washington, DC.

DEAR CONGRESSMAN SHAW: Today, there is very good news for Florida's three million Medicare beneficiaries. The recent bipartisan conference agreement for Medicare will provide first-time access to prescription drug coverage. As the second largest home to seniors, this drug benefit—along with many other improvements and modernizations—will have the most significant impact for residents in our State since the enactment of Medicare in 1965.

Medicare will increase in value as our beneficiaries will have available to them a prescription drug benefit, and critical protections against high out-of-pocket drug costs. New preventive benefits will keep our residents healthier, and provide a higher quality of life. The new opportunities to be screened for many illnesses and conditions will result in far fewer serious health consequences.

Designed to provide enhanced coverage for the lowest income beneficiaries, over 650,000 of Florida's low-income Medicare beneficiaries—who are not eligible for Medicaid drug coverage—will receive $10 billion in critical prescription drug benefits from 2006 through 2015. The prescription drug discount card will provide our seniors and disabled Medicare beneficiaries with much-needed discounts, and a $600 per year subsidy in transitioning to the new drug benefit.

Another 490,000 low-income individuals dually eligible for Medicare and Medicaid will receive more than $6.7 billion annually in prescription drug benefits, with no gap in coverage. This new federal benefit will save the taxpayers of Florida over $3 billion—in just the first 10 years. These are state Medicaid costs that can be reinvested in other health care needs.

This reform package will strengthen the Medicare program, while providing beneficiaries a prescription drug benefit, more choices and improved care options. All Floridians will benefit from the option to accumulate tax-free health dollars through Health Savings Accounts to pay for medical expenses. Other reforms include a transition to electronic prescribing, creating incentives for our hospitals and doctors to reduce errors by using this new e-technology.

Seniors cannot afford to indulge the political appetites of Washington, where the issue of prescription drugs has turned into a search for the perfect. Our representatives must look to those who are being denied the opportunity for life-saving prescription drugs. Today's bill may not be ideal, but it is just right for those who have been waiting too long.

AARP has led the long fight for a Medicare drug benefit, and I commend their leadership in ensuring passage of this bill. I join with them in urging you to support this historic legislation. There has never been a greater opportunity to do more for the seniors in Florida.

Sincerely,

JEB BUSH,
Governor.

REPUBLICAN GOVERNORS
ASSOCIATION,
Washington, DC, November 21, 2003.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives, The Capitol, Washington, DC.

Hon. BILL FRIST,
Majority Leader, U.S. Senate, The Capitol, Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives, The Capitol, Washington, DC.

Hon. TOM DASCHLE,
Minority Leader, U.S. Senate, Washington, DC.

DEAR SPEAKER HASTERT, REPRESENTATIVE PELOSI, SENATOR FRIST, AND SENATOR DASCHLE: As Governors, we urge the U.S. Congress to pass the bipartisan Medicare Conference Agreement. Passage of this legislation will provide more choices and better benefits to Americans. Under the bipartisan agreement, Medicare beneficiaries would be provided significant savings and access to broader coverage.

Medicare will provide first-time access to prescription drug coverage to many of our seniors. The agreement also assists states with the costs related to the dual eligible population. Assistance to low income persons as well as critical protection against high out-of-pocket drug costs are essential components of this legislation. Most importantly, the preventive benefits found in this measure will keep our constituents healthier.

Passage of this historic legislation will modernize the delivery of quality healthcare in America. Therefore, we commend you and the conferees for providing leadership in developing this legislation and offer our support of its passage.

Sincerely,

Bill Owens, Governor of Colorado, RGA Chairman.
Bob Taft, Governor of Ohio, RGA Vice Chairman.
Robert R. Riley, Governor of Alabama.
Robert Ehrlich, Jr., Governor of Maryland.
Jeb Bush, Governor of Florida.
Felix Camacho, Governor of Guam.
Mitt Romney, Governor of Massachusetts.
Haley Barbour, Governor-elect of Mississippi.
Mike Johanns, Governor of Nebraska.
John Hoeven, Governor of North Dakota.

Olene S. Walker, Governor of Utah.
Ernie Fletcher, Governor-elect of Kentucky.
Frank H. Murkowski, Governor of Alaska.
John G. Rowland, Governor of Connecticut.
Sonny Perdue, Governor of Georgia.
Dirk Kempthorne, Governor of Idaho.
Tim Pawlenty, Governor of Minnesota.
Kenny Guinn, Governor of Nevada.
James H. Douglas, Governor of Vermont.
Don Carcieri, Governor of Rhode Island.
Mike Rounds, Governor of South Dakota.
Rick Perry, Governor of Texas.

Ms. PRYCE of Ohio. Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, this is a defining moment for the senior citizens of this country. For years we have tried to provide a prescription drug benefit to help them with the rising cost of medicine, but this bill does nothing about the central issue, price. It prohibits the government from using its market power to negotiate the best price for drugs and does nothing to allow Americans to import drugs from countries like Canada where prices are lower. As a result, prices will continue to rise and over time wipe out any gains that seniors realize from the new benefit which does not even begin until 2006.

Rather, the bill is the first step toward eliminating the universal guaranteed benefit that defines Medicare. For the first time, it caps the amount of money that can be spent on the program, meaning services that are guaranteed today will not be guaranteed tomorrow. It creates a two-tiered health care system, one for the affluent, one for everyone else. For as many as 10 million seniors, premium support will force them to give up the doctors that they have been with for years, force them into HMOs that will cut services and cost more.

So today we consider more than a prescription drug benefit. We consider the future of our contract with the families in this country, a contract that says that after a lifetime of hard work, paying taxes, that we have a moral obligation to ensure our parents and our grandparents have a dignified retirement. By ending the guarantee of equal health care provided to every senior in this country for nearly four decades, we are breaking that contract.

I was not elected to preside over the dismantling of Medicare, the embodiment of our country's shared values, in exchange for a feeble prescription drug benefit that does nothing to bring down the prices of prescription drugs. We should send this bill back to the drawing board, do whatever it takes to deliver a real drug benefit that maintains Medicare's promise to senior citizens. We owe them nothing less.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Arkansas (Mr. BERRY), actually a pharmacist.

Mr. BERRY. Mr. Speaker, this is the most shameful attempt to deceive the Greatest Generation. The question that continues to go through my mind is why would you want to do this to these good people. They survived the Depression, they fought World War II, and they built this great Nation into what it is today.

Being an Anglo-Saxon, male Protestant, I have not known the hurt of being excluded or denied my rights like my dear friend the gentleman from Georgia (Mr. LEWIS). After having served on this conference committee, I have an idea of what that must feel like. At every attempt to be a part of this conference, the House Democrats were ridiculed, humiliated, used every trick that they could imagine to try to make us feel like we just simply should not be a part of this act, and we are not. This is the Republicans' deal. Let them have credit for this sorry piece of work.

I can tell my colleagues, I do not also understand why they would want to continue to give billions of dollars to the drug companies and to pass an act that would make it possible for the drug companies of this country to have the exclusive right to continue to rob the senior citizens. The burden of this dishonorable act rests on those that have written it and those that will vote to pass it.

I suspect that our Founding Fathers must be very sad this evening, but let it be known henceforth and hereafter, the Republicans did this to our seniors, and the Democrats fought every last step of the way to try to keep it from happening.

Ms. SLAUGHTER. Mr. Speaker, may I inquire from my colleague, does she have anymore speakers?

Ms. PRYCE of Ohio. I have one remaining speaker.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Washington (Mr. BAIRD).

Mr. BAIRD. Mr. Speaker, I thank the gentlewoman for yielding me the time.

I cannot get up and say this bill is awful entirely. I think there are some very good parts, and I think some good efforts have been put into it, but I have two concerns.

First of all, side effects. I think the side effects of this bill may well be fatal to some, and more importantly, I believe that most Members on both sides of the aisle have not really read this bill and do not fully understand it.

Earlier tonight, I invited the gentlewoman from Ohio to explain a simple passage.

Ms. PRYCE of Ohio. Mr. Speaker, will the gentleman yield?

Mr. BAIRD. I yield to the gentlewoman from Ohio.

Ms. PRYCE of Ohio. Mr. Speaker, I appreciate that. Earlier today, and once again now, a statement was placed in front of me, a statement which was a long, drawn out document, and he was asking me to explain it, and it is very unfortunate that we were not provided with that in advance.

Mr. BAIRD. Reclaiming my time, the point I am making is I do not think the gentlewoman has actually read the bill sufficiently to explain it.

I spent 23 years of my life in health care. I hold a doctorate in clinical psychology. I have spent hours on this bill. My eyes are exhausted. I must say I do not know fully well enough what is in it.

My colleagues have said to us, and I agree, this is one of the most important bills that we will face in our career, and yet my colleagues have given us less than 24 hours to look at it.

The great philosopher Socrates said this when the politicians of Athens imprisoned him, he said to his the young people he taught, he said, These people have imprisoned me for pointing out to them how little they know. Instead of being angry at me for pointing that out, they should be angry at themselves for knowing so little.

His advantage was he admitted that he did not know. What I would ask the gentlewoman is a simple request that we almost never do here. Let us break with precedent. Let us say, you know what, this is important, we are moving too fast. I look around this room and I will say to my distinguished colleagues I bet you, you have not read the bill carefully, and you really, fully cannot explain it to your constituents, and if you have not and if this bill spends $400 billion of the taxpayers' money and is going to blow a hole in the lid of this deficit and is going to deprive people who desperately need pharmaceutical care, then why do we not just take a little bit of time and read it? Who knows, I might actually like it well enough to vote for it, but I cannot vote for something you have not given us enough time to read.

That is what the people of expect of us when they send us here. That is what a republic is all about it, but we do it a great disservice in this institution of late.

Ms. PRYCE of Ohio. Mr. Speaker, may I inquire as to the time remaining and how many speakers the gentlewoman from New York has?

The SPEAKER pro tempore (Mr. LAHOOD). The gentlewoman from Ohio (Ms. PRYCE) has 3 minutes remaining. The gentlewoman from New York (Ms. SLAUGHTER) has 1½ minutes remaining.

Ms. PRYCE of Ohio. I have one speaker.

Ms. SLAUGHTER. I have one more speaker.

Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. KUCINICH).

Mr. KUCINICH. Mr. Speaker, this legislation was written at the behest of insurance companies and pharmaceutical companies. This is the beginning of the end of universal health care for seniors.

Since Medicare was enacted in 1965, seniors went from a group least likely to have health insurance to most likely to have health insurance because of Medicare. Medicare has achieved goals that Congress has not been able to accomplish for the rest of our population

by keeping millions out of poverty, increasing access to health care, improving quality of life and even extending life expectancy by 20 percent.

This conference report will eliminate universal health care for the only part of our population that has it. It will lead to benefit cuts by the creation of an artificial cap on Medicare spending. It will increase costs for millions of seniors. It will privatize Medicare in order to dismantle it.

We should be expanding Medicare so that all Americans can have quality health care under a single-payer system with fully-paid prescription drug benefits.

This legislation is a choice between health care in the public interest which we still have with Medicare or health care in the private interest. Choose wisely. Reject the rule, reject the legislation.

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

Ms. PRYCE of Ohio. Mr. Speaker, I am very pleased to yield 2 minutes to the gentlewoman from West Virginia (Mrs. CAPITO), my friend and colleague.

Mrs. CAPITO. Mr. Speaker, I would like to thank my distinguished colleague from Ohio for yielding me the time. I rise in support of the rule and the underlying bill.

We have all listened to and viewed the rhetoric surrounding the Medicare prescription drug legislation this week. We have all faced the questions regarding what is in the bill and what is not. There has been a multitude of fallacies about who is covered and who is not. Mr. Speaker, the truth of the matter is this Medicare prescription drug package will grant 40 million Medicare seniors a drug benefit they do not have.

I am especially proud of the low-income provisions in this bill. In my home State of West Virginia where our seniors are clamoring for this coverage, fully one-third of the Medicare beneficiaries will only pay up to $5 for prescriptions. This is real savings for those who need it most.

The truth is that seniors fortunate enough to have coverage through a previous employer will maintain that benefit. Corporations, small businesses, unions, State and local governments will receive serious help to allow them to continue to offer that benefit.

The truth is that in this legislation senior women will now have greater access to more affordable health care. Women live longer than men, with less income and suffer from more chronic illnesses. Disease management and access to a prescription drug benefit will allow women to enhance the quality of life in their senior years.

Mr. Speaker, I can handle this truth. West Virginia's seniors can handle this truth. America's seniors can handle this truth. It is time to get past the rhetoric and deliver on a promise we have all made to America's seniors.

Ms. SLAUGHTER. Mr. Speaker, I yield myself the remaining time.

I am going to ask for a no vote on the previous question so we can amend the rule and restore the right of all Members under the House rules to consider the report for 3 days before they vote on it. Voting no on the previous question will not block consideration of the report. It will simply give all the Members who were not in the secret, closed meetings a chance to read it and a chance to look before we leap.

Mr. Speaker, I ask unanimous consent that the text of the amendment be printed in the RECORD immediately prior to the vote on the previous question.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

□ 2300

Ms. PRYCE of Ohio. Mr. Speaker, I yield myself such time as I may consume.

We have heard a lot of rhetoric tonight, as the gentlewoman from West Virginia (Mrs. CAPITO) mentioned. You would think we were talking about different bills. But the truth is the 35 million seniors that the AARP represents cannot be wrong. This bill is what America's seniors need. They know it and we know it. We have heard them.

And let me remind my colleagues that we have before us today a historic opportunity, an opportunity to make the most sweeping changes to the outdated Medicare program since it began in 1965. Bring our seniors the financial relief and the lifesaving medications that they so desperately need and deserve. Support this rule and the bipartisan legislation that it supports.

The text of the amendment referred to previously by Ms. SLAUGHTER is as follows:

Strike all after the resolving clause and insert in lieu thereof the following:

''That upon adoption of this resolution it shall be in order to consider the conference report to accompany the bill (H.R. 1) 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, to amend the Internal Revenue Code of 1986 to allow a deduction to individuals for amounts contributed to health savings security accounts and health savings accounts, to provide for the disposition of unused health benefits in cafeteria plans and flexible spending arrangements, and for other purposes. All points of order against the conference report and against its consideration (except those arising under clause 8(a)(1)(A) of rule XXII) are waived.''

Ms. PRYCE of Ohio. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore (Mr. LAHOOD). The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. SLAUGHTER. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for electronic voting, if ordered, on the question of agreeing to the resolution.

The vote was taken by electronic device, and there were—yeas 228, nays 204, not voting 2, as follows:

[Roll No. 665]

YEAS—228

Aderholt
Akin
Bachus
Baker
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Bereuter
Biggert
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Bradley (NH)
Brady (TX)
Brown (SC)
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Carter
Castle
Chabot
Chocola
Coble
Cole
Collins
Cox
Crane
Crenshaw
Cubin
Culberson
Cunningham
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeLay
DeMint
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Dreier
Duncan
Dunn
Ehlers
Emerson
English
Everett
Feeney
Ferguson
Flake
Fletcher
Foley
Forbes
Fossella
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gillmor
Gingrey
Goode
Goodlatte
Goss
Granger
Graves
Green (WI)
Greenwood
Gutknecht
Harris
Hart
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hobson
Hoekstra
Hostettler
Houghton
Hulshof
Hunter
Hyde
Isakson
Issa
Istook
Janklow
Jenkins
Johnson (CT)
Johnson (IL)
Johnson, Sam
Jones (NC)
Keller
Kelly
Kennedy (MN)
King (IA)
King (NY)
Kingston
Kirk
Kline
Knollenberg
Kolbe
LaHood
Latham
LaTourette
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
McCotter
McCrery
McHugh
McInnis
McKeon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy
Musgrave
Myrick
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Osborne
Ose
Otter
Oxley
Paul
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Porter
Portman
Pryce (OH)
Putnam
Quinn
Radanovich
Ramstad
Regula
Rehberg
Renzi
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Royce
Ryan (WI)
Ryun (KS)
Saxton
Schrock
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shuster
Simmons
Simpson
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Sweeney
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Tiahrt
Tiberi
Toomey
Turner (OH)
Upton
Vitter
Walden (OR)
Walsh
Wamp
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (AK)
Young (FL)

NAYS—204

Abercrombie
Ackerman
Alexander
Allen
Andrews
Baca
Baird
Baldwin
Ballance
Becerra
Bell
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Boucher
Boyd
Brady (PA)
Brown (OH)
Brown, Corrine
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Case
Clay
Clyburn
Conyers
Cooper
Costello
Cramer
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Doggett
Dooley (CA)
Doyle
Edwards
Emanuel
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Ford
Frank (MA)
Frost
Gonzalez
Green (TX)
Grijalva
Gutierrez
Hall
Harman
Hastings (FL)
Hill
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Honda
Hooley (OR)
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy (RI)
Kildee
Kilpatrick
Kind
Kleczka
Kucinich
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Lynch
Majette
Maloney
Markey
Marshall
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Michaud
Millender-McDonald
Miller (NC)
Miller, George
Mollohan
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Rodriguez
Ross
Rothman
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Sandlin
Schakowsky
Schiff
Scott (GA)
Scott (VA)
Serrano
Sherman
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Spratt
Stark
Stenholm
Strickland
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Tierney
Towns
Turner (TX)
Udall (CO)
Udall (NM)
Van Hollen
Velazquez
Visclosky
Waters
Watson
Watt
Waxman
Weiner
Wexler
Woolsey
Wu
Wynn

NOT VOTING—2

Gephardt
Gordon

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 2319

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Ms. SLAUGHTER. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 225, noes 205, not voting 4, as follows:

[Roll No. 666]

AYES—225

Aderholt
Akin
Bachus
Baker
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Bereuter
Biggert
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Bradley (NH)
Brady (TX)
Brown (SC)
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cantor
Capito
Carter
Castle
Chabot
Chocola
Coble
Cole
Collins
Cox
Crane
Crenshaw
Cubin
Culberson
Cunningham
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeLay
DeMint
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Dreier
Duncan
Dunn
Ehlers
Emerson
English
Everett
Feeney
Ferguson
Flake
Fletcher
Foley
Forbes
Fossella
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gillmor
Gingrey
Goode
Goodlatte
Goss
Granger
Graves
Green (WI)
Greenwood
Gutknecht
Harris
Hart
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hobson
Hoekstra
Hostettler
Houghton
Hulshof
Hunter
Hyde
Isakson
Issa
Istook
Janklow
Jenkins
Johnson (CT)
Johnson (IL)
Johnson, Sam
Jones (NC)
Keller
Kelly
Kennedy (MN)
King (IA)
King (NY)
Kingston
Kirk
Kline
Knollenberg
Kolbe
LaHood
Latham
LaTourette
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
McCotter
McCrery
McHugh
McInnis
McKeon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy
Musgrave
Myrick
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Osborne
Ose
Otter
Oxley
Paul
Pearce
Pence
Peterson (PA)
Pickering
Pitts
Platts
Pombo
Porter
Portman
Pryce (OH)
Putnam
Quinn
Radanovich
Ramstad
Regula
Rehberg
Renzi
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Royce
Ryan (WI)
Ryun (KS)
Saxton
Schrock
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shuster
Simmons
Simpson
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Sweeney
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Tiahrt
Tiberi
Toomey
Turner (OH)
Upton
Vitter
Walden (OR)
Walsh
Wamp
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (AK)
Young (FL)

NOES—205

Abercrombie
Ackerman
Alexander
Allen
Andrews
Baca
Baird
Baldwin
Ballance
Becerra
Bell
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Boucher
Boyd
Brady (PA)
Brown (OH)
Brown, Corrine
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Case
Clay
Clyburn
Conyers
Cooper
Costello
Cramer
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Doggett
Dooley (CA)
Doyle
Edwards
Emanuel
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Ford
Frank (MA)
Frost
Gonzalez
Green (TX)
Grijalva
Gutierrez
Hall
Harman
Hastings (FL)
Hill
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Honda
Hooley (OR)
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy (RI)
Kildee
Kilpatrick
Kind
Kleczka
Kucinich
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Lynch
Majette
Maloney
Markey
Marshall
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Michaud
Millender-McDonald
Miller (NC)
Miller, George
Mollohan
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Rodriguez
Ross
Rothman
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Sandlin
Schakowsky
Schiff
Scott (GA)
Scott (VA)
Serrano
Sherman
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Spratt
Stark
Stenholm
Strickland
Stupak
Tancredo
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Tierney
Towns
Turner (TX)
Udall (CO)
Udall (NM)
Van Hollen
Velazquez
Visclosky
Waters
Watson
Watt
Waxman
Weiner
Wexler
Woolsey
Wu
Wynn

NOT VOTING—4

Cannon
Gephardt
Gordon
Petri

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 2328

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Mr. Monahan, one of its clerks, announced that the Senate has passed without amendment bills of the House of the following titles:

H.J. Res. 79. Making further continuing appropriations for the fiscal year 2004, and for other purposes.

The message also announced that the Senate agreed to the amendment of the House to the bill (S. 1680) entitled ''An Act to reauthorize the Defense Production Act of 1950, and for other purposes,'' with an amendment.

CONFERENCE REPORT ON H.R. 2622, FAIR AND ACCURATE CREDIT TRANSACTIONS ACT OF 2003

The SPEAKER pro tempore. The pending business is the question of suspending the rules and agreeing to the conference report on the bill, H.R. 2622.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. OXLEY) that the House suspend the rules and agree to the conference report on the bill, H.R. 2622, on which the yeas and nays are ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 379, nays 49, answered ''present'' 1, not voting 5, as follows:

[Roll No. 667]

YEAS—379

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

NAYS—49

Becerra
Berman
Brown (OH)
Davis (CA)
Davis (IL)
DeFazio
Delahunt
Doggett
Duncan
Eshoo
Evans
Farr
Filner
Flake
Grijalva
Harman
Honda
Jackson (IL)
Kucinich
Lantos
Lee
Lofgren
Markey
Matsui
McDermott
Millender-McDonald
Miller, George
Nadler
Napolitano
Olver
Owens
Paul
Pelosi
Roybal-Allard
Rush
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Schakowsky
Schiff
Slaughter
Solis
Stark
Tauscher
Thompson (CA)
Waters
Watson
Waxman
Woolsey

ANSWERED ''PRESENT''—1

Ruppersberger

NOT VOTING—5

Conyers
Foley
Gephardt
Gordon
Gutierrez

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LAHOOD) (during the vote). Members are advised that 2 minutes remain in this vote.

□ 2337

Mr. DAVIS of Illinois changed his vote from ''yea'' to ''nay.''

Mr. RUPPERSBERGER changed his vote from ''yea'' to ''present.''

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. GUTIERREZ. Mr. Speaker, I was present today in this Chamber on November 21, 2003. However, I was inadvertently not recorded on rollcall vote number 667. Had my vote been recorded, it would have been a ''yea'' vote.

FURTHER MESSAGE FROM THE SENATE

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

S. 579. An act to reauthorize the National Transportation Safety Board, and for other purposes.

CONFERENCE REPORT ON H.R. 1, MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT OF 2003

Mr. THOMAS. Mr. Speaker, on behalf of seniors and taxpayers, pursuant to House Resolution 463, I call up the conference report on the bill (H.R. 1) 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, to amend the Internal Revenue Code of 1986 to allow a deduction to individuals for amounts contributed to health savings security accounts and health savings accounts, to provide for the disposition of unused health benefits in cafeteria plans and flexible spending arrangements, and for other purposes.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. HASTINGS of Washington). Pursuant to House Resolution 463, the conference report is considered as having been read.

(For conference report and statement, see proceedings of the House of November 20, 2003, Book II at page 11877.)

The SPEAKER pro tempore. Pursuant to the order of the House of today, the gentleman from California (Mr. THOMAS) and the gentleman from New York (Mr. RANGEL) each will control 1 hour.

The Chair recognizes the gentleman from California (Mr. THOMAS).

Mr. THOMAS. Mr. Speaker, I yield one-half of my time to the gentleman from Louisiana (Mr. TAUZIN), chairman of the Committee on Energy and Commerce.

The SPEAKER pro tempore. Without objection, the gentleman from Louisiana will control 30 minutes.

There was no objection.

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

Mr. Speaker, I called up this bill for seniors and for taxpayers. This evening you are going to hear some very harsh rhetoric. But what I really want to do is remind everyone here that since Republicans became the majority in this House in 1995, there has been a very positive and remarkable change to Medicare. Probably most important has been the introduction of preventive and wellness. For many years, it was available to be added to Medicare, but it was not. It took the Republican majority to add the testing and the education for diabetes, for osteoporosis, for improved mammography, for colorectal cancer screening, for prostate screening; and even today in this bill we continue with cholesterol screening and physical exams.

Tonight, the Republican majority is going to add prescription drugs to Medicare. We earnestly seek our friends across the aisle help in doing this. The conference report before us is bipartisan. It is bipartisan because of the House and the Senate structure. Tonight our friends across the aisle have a chance to make it bipartisan in the House. Our friends say that we are trying to destroy Medicare; but if we are trying to destroy Medicare, why is the American Association of Retired People supporting this proposal? Why is the AARP in favor of this bill? You have heard some very harsh rhetoric from my friends across the aisle describing their abandonment by the AARP. My friends, the AARP has not abandoned you. You have abandoned seniors. AARP has chosen to be with seniors, and they have chosen to be with us.

Fact: current Medicare cannot sustain itself financially. Question: Why in the world would we then be adding a $400 billion expansion of benefits under Medicare? Answer: today's medicine demands that we do so. Yesterday's medicine was hospitals and doctors. Hospitals and doctors still play a role, but prescription drugs play a central role. We simply would not be doing justice to our seniors if we did not try to add prescription drugs to Medicare.

But I also called this bill up for taxpayers, because if we add prescription drugs to Medicare, we need to be able to tell our taxpayers that we are also changing the funding structure of Medicare as well.

□ 2345

It cannot sustain itself, and we are adding an enormous new benefit. It would be irresponsible of us to simply think all we need to do is add prescription drugs. What we need to do is add prescription drugs, modernize Medicare, and make sure that those people who pay taxes today in the hopes of having a program tomorrow will be able to have one.

This bill protects low-income seniors. No one wants to place a financial burden on those unable to pay. But, Mr. Speaker, it is overdue to ask those who are financially well off enough to share.

We are hearing things from our friends across the aisle about how horrendous the suggested financial burdens are. For example, in today's voluntary, optional Part B Medicare, the premium is 75 cents on the dollar paid for by the taxpayers, 25 cents on the dollar paid for by the beneficiaries. This legislation is so radical, so extreme, that what it does is it asks people who are making $100,000 a year in retirement to pay 50 cents on the dollar and have the taxpayers pay 50 cents on the dollar. Ironically, that was the financial split when Part B Medicare began. All we are asking is for those who have the wherewithal to help share the financial burden. And where? There is an opportunity to provide a modest copay, one of the most significant factors in inhibiting overutilization. We ask those who are going to have a prescription drug, $2 on a generic prescription, $5 on a brand name. It will have a significant impact on utilization. It will also show that we understand, we need to be sensitive to taxpayers. Today they foot the bill, but tomorrow they also want a program. This bill is really all about a fair deal. Modernize Medicare with prescription drugs but put Medicare back on a sound financial basis as well.

We are going to hear a lot about what we are going to do for up to 40 million seniors in this legislation. Please understand with the modest structural changes we are asking for, there are going to be 140 million taxpayers who are going to be pleased as well.

This program cannot sustain itself. Add a new benefit and modernize the program. Medicare is not a Democrat program; they do not own it. Medicare is not a Republican program; we do not own it. It is a program that is in need of modernization, prescription drugs and better financing. The American people's Medicare, the seniors who receive the benefits, and the taxpayers who foot the bill deserve H.R. 1.

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

Mr. RANGEL. Mr. Speaker, I ask unanimous consent to turn one-half of the time allotted to the distinguished gentleman from Michigan (Mr. DINGELL), a member of the Committee on Energy and Commerce, the dean of the House of Representatives, the son of the author of the Medicare bill, who was denied admission into the conference.

The SPEAKER pro tempore (Mr. HASTINGS of Washington). Is there objection to the request of the gentleman from New York?

There was no objection.

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

This must be a very important piece of legislation, Mr. Speaker. It is 10 minutes to 12. When else would the majority bring out an important piece of legislation but in the middle of the night?

But more importantly than that, tomorrow for many of us is a date that many of us will never, never forget, at least those of us that were old enough to know of and to love the late John F. Kennedy. Most all of us will remember where we were or what we were doing on November 22. And I suggest to the Members that history will record what we do this evening and what we do tomorrow. The arrogance that has been displayed on this landmark piece of legislation defies description tonight, but history will record it. The audacity for people to talk about bipartisan here where for hundreds of years we inherited a House of Representatives that whether one was a Republican or Democrat, liberal or conservative, we could say in this House the people rule, and we have enjoyed saying that. Where do the Republicans get the audacity to say that when there is a conference, they would select the willing coalition, that they could look at a person and because they are a Democrat, appointed by the Speaker of this great House of Representatives, they exclude them? And let me tell the Members something else I am proud of, not just being a Member of this House, but sitting on this side of the aisle and taking a look at the faces and the backgrounds of the Members and where they come from, from the rural areas, from the inner cities, from America. We do not have senior citizens? We do not have a contribution to make? We can be excluded? And then to have the audacity to come to this floor, even if it is in the middle of the night, and call it bipartisan because you borrowed two Democrats from the other side. That is shameful.

No, our citizens really will recall what we do tonight, what you have done for AARP, what you have done for the pharmaceuticals, what you have done for the private sector whom you have subsidized. The bill is only 1,100 pages, but seniors know that they asked for some help for prescription drugs. No, they did not ask for competition. They did not ask for you to set up paper outfits. They did not ask for, at the end of the day, that you try to run them out of business. And I am suggesting to you, how would you know what you are going to hear on this side when just common decency prevented you from allowing you to follow the mandate that the Speaker set when he said that the House and the Senate, Republicans and Democrats, please go to conference, and you locked the door? One thing is clear. Seniors understand it better than a whole lot of Members do because it may in the middle of the night, but tomorrow they will be reading what we have done tonight.

Mr. Speaker, I yield the balance of my time to the gentleman from California (Mr. STARK), who has worked hard for decades on this legislation, and I ask unanimous consent that he be allowed to administer the remainder of the time that has been allotted to me.

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

There was no objection.

Mr. THOMAS. Mr. Speaker, I yield the remainder of my time to the gentlewoman from Connecticut (Mrs. JOHNSON), the chairperson of the Health Subcommittee of the Committee on Ways and Means, and I ask unanimous consent that she control the remainder of my time.

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

There was no objection.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield 2½ minutes to the gentlewoman from Washington (Ms. DUNN).

Ms. DUNN. Mr. Speaker, it is time to keep our promise and provide a comprehensive and voluntary prescription drug benefit for all seniors. Seniors cannot afford the frighteningly increasing cost of drugs any longer. This bill will protect the poorest seniors by helping pay for their drug costs immediately. By using the same principles already used by private companies, this bill will lower drug costs for seniors by passing along to them larger discounts from manufacturers.

As a result, over 775,000 Medicare beneficiaries in my State of Washington will get access to the drugs they need at affordable prices. The poorest seniors in Washington State, over 206,000 people living on fixed incomes, will pay only nominal fees, and I am talking about $2 to $5 for prescriptions, that is all, while qualifying for full assistance on their premiums, their deductions, and their coverage.

We can only strengthen Medicare's future if we are able to ensure access to the services that seniors need today. In this bill, we increase payments to doctors and hospitals, especially in rural communities, so that doctors will have some reason to stay in practice and seniors will get access to health services that they need.

For Medicare HMOs this bill requires Medicare to account for military retirees in the formula resulting in higher reimbursements in counties with military facilities. To help every State, the Federal Government will assume the drug costs for people eligible for both Medicare and Medicaid. This is hugely important. It will help 82,000 beneficiaries who qualify for both programs in my State with their drug costs, but this bill will also save my State $500 million, half a billion dollars over the next 8 years on drug coverage for its Medicaid population. In all, Washington State will receive at least an additional $800 million to serve our seniors.

Strengthening Medicare also means improving the quality of life for every senior. For this reason, I am very happy that we are able to provide preventative services to all seniors like a first-time initial physical exam. For the first time, seniors will have access to innovative treatments to deal with rheumatoid arthritis and other diseases. Seniors also will profit from disease management care, which means there will be coordination to help those seniors who suffer from multiple serious illnesses.

Mr. Speaker, these treatments will allow seniors to receive treatments in their homes, take the burden off physicians or hospitals, and I will tell the Members for too long our parents and grandparents have paid too much for the drugs they need. The time has come to strengthen the Medicare program so that seniors can get the care that they need and they deserve.

Mr. STARK. Mr. Speaker, I yield myself 2 minutes.

I first start by reminding the distinguished gentlewoman from Washington that the Seattle Times said that one suspects that many conservatives do not really care how the chips fall as long as they are heavy enough to break the back of traditional Medicare. All this talk about choice and updating or modernizing Medicare with market competition is pure malarky. So it does appear that somebody from the State of Washington understands what is going on here tonight.

But we are faced with a problem, and the Republican Party from the very top of its leadership to the very bottom have been lying to us. They have been lying to us about the war. They have been revising history. They have been going back on their word to give us 3 days. They have proven that we cannot trust them.

Just recently, the past few minutes, the chairman of the Committee on Ways and Means indicated that they had attempted to put in preventative measures. He seems to have forgotten that in 1995 he voted against colon cancer testing. He voted against prostate cancer testing. He voted against annual mammography. He voted against diabetes management. He has voted more often to cut Medicare benefits than he can remember, it appears.

So we are faced tonight with people who want to destroy Medicare. They will lie to us. They will lie to seniors for the pure purpose of their own messianic desires to destroy a system that will protect the fragile seniors in this country.

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

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. ENGLISH).

Mr. ENGLISH. Mr. Speaker, I rise tonight without any messianic pretensions to urge my colleagues to cast a vote for our seniors and support improved health care by voting for this bipartisan Medicare bill.

Mr. Speaker, today we have the best, and perhaps the last, opportunity to provide America's seniors with a voluntary and affordable prescription drug benefit as a part of Medicare. This is an unprecedented expansion of an entitlement program that will make life easier and health care better for many millions of Americans.

Mr. Speaker, I acknowledge this legislation is not perfect. There are things I wanted to see included that are not in the bill.

□ 0000

Yet, I am convinced that this is the best and most realistic compromise Medicare bill that Congress has so far developed. There are some here, I realize, who would make the perfect enemy of the good. But when you strip away all of the rhetoric and the partisanship, it really comes down to this: Do you support adding a prescription drug benefit to Medicare, or not?

In my district in western Pennsylvania, we have a diverse population of seniors. Some live on very low incomes and qualify for our State prescription drug benefit, PACE. Others are happy with their own private health plans, and some live in areas where there is only one hospital within a reasonable driving range.

This bill helps all of these seniors by offering a benefit that wraps around PACE, allows seniors to selectively participate in the Medicare plan, and includes a number of provisions to ensure that rural health facilities remain open and accessible.

Mr. Speaker, in 1965, our predecessors took the courageous and compassionate step of creating this important program. Now we have the best opportunity in years to build on their work by guaranteeing access to lifesaving drugs for our seniors. It is time for Congress to put people over politics and pass this Medicare bill.

I urge my colleagues to join AARP, America's doctors, America's hospitals, and major health care providers and vote ''yes'' on prescription drugs for our seniors.

Mr. STARK. Mr. Speaker, I am honored to yield 1½ minutes to the gentleman from Michigan (Mr. LEVIN), who understands that the United Steel Workers of America have said a vote for this measure is a vote to destroy the stability and long-term viability of the Medicare system.

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

Mr. LEVIN. Mr. Speaker, the key question: Why not add a prescription drug benefit to Medicare like for physicians and hospital bills? Because Republicans want to force seniors to get their drugs from private insurance companies and HMOs, with no set premium, and insurance companies would decide the benefits and could change them every year.

So again, why not simply add a drug benefit directly to Medicare? Because Republicans want to make sure the government has zero involvement in lowering drug prices for consumers. Indeed, their bill would prohibit Medicare from negotiating lower prices for drugs, and the only thing the government could do would be to keep people

from buying cheaper drugs from Canada.

Again, why not simply add a drug benefit to Medicare? Because the real Republican goal is to use a drug benefit as a vehicle for fundamentally changing and undermining Medicare.

The President's Medicare administrator called Medicare a dumb system. Under this bill, there would be a global cap on the size of the Medicare program and a voucher to buy private health insurance instead of getting regular Medicare, with the deck loaded against Medicare, $14 billion to HMOs.

Republican reforms are Medicare's destruction. Vote ''no'' on this Republican bill.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield myself 1 minute and 15 seconds.

I would remind the gentleman from Michigan that 28 percent of his seniors will have no more costs than either $1 per generic or $2 per generic or $3 for prescription and $5, and 35 percent of Michigan seniors have incomes under 150 percent of poverty and will be totally protected under this bill.

Mr. Speaker, I think as we proceed in this discussion, we ought to remember that 38 States, 38 States provide Medicaid coverage for people whose income is 74 percent of the national poverty income. So 38 States are not even at 100 percent of poverty income. We cover people completely, everything, except $1 per generic or $2, depending on income, and $3 or $5 per prescription drug.

Do my colleagues understand that of the Medicare population, 57 percent are women? Mr. Speaker, 57 percent are women, and half of them, half of those women will pay no more than $2 per generic or $5 per prescription. They will have no other obligation, all the way up through catastrophic. Half the women on Medicare. This is a giant stride forward in women's health.

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

Mr. STARK. Mr. Speaker, I am pleased to yield 1½ minutes to the gentleman from Maryland (Mr. CARDIN), who knows that all of the other members of the Older Women's League understand that this bill was supposed to modernize Medicare, not eviscerate it; and to deny basic health services for those who need it most, to increase the profits of the health care industry is criminal.

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

Mr. CARDIN. Mr. Speaker, I am very disappointed. I had hoped that I would have an opportunity to vote for a real prescription drug benefit within the Medicare system, or at least I would be able to vote on a bill that provides the foundation on which we could build a real benefit within Medicare. Instead, this conference report provides no guaranteed benefit whatsoever to our seniors for prescription drugs. It uses what is known as ''actuarial equivalent'' which depends solely upon private insurance companies.

We know what happened to Medicare+Choice with private insurance companies. The eight that were operating in my State of Maryland are all gone, leaving my seniors.

It has an ineffective mechanism to control prescription drug costs. It denies the government the tools that every other industrial nation in the world is using to bring down the cost of prescription medicines.

But worse than this, Mr. Speaker, it actually causes harm to our seniors. The Congressional Budget Office has estimated that 2.7 million retirees will lose their prescription drug benefits by the enactment of this bill. Mr. Speaker, this is not a voluntary bill for those 2.7 million Americans; they have no choice. It cost-shifts costs on to our seniors from basic Medicare because of premium support and triggers and caps. We overpay HMOs, using money that could be available to help our seniors. We make it more difficult for our seniors to get cancer treatment by the changes that we make on the reimbursement for cancer drugs.

So, Mr. Speaker, this bill does more harm than good. I support providing our seniors with a meaningful prescription drug benefit within the Medicare system that will strengthen Medicare. Therefore, I must oppose this conference report and urge my colleagues to do the same.

Mr. Speaker, I rise to express my disappointment with the conference report on HR 1. For the past several years, I have worked toward enactment of a prescription drug benefit for those who rely on the Medicare program for their health care needs.

A meaningful Medicare prescription drug benefit must be affordable, guaranteed, and available to all, it must contain an effective mechanism to lower the cost of medicines and it must be built on a sound structure that can be improved upon in future years.

I have carefully considered the legislation that is before us today, and it fails each of these tests. This Congress has missed an opportunity to enact far-reaching, bipartisan legislation that would provide the help that millions of seniors need and deserve.

Some have criticized the Medicare program as outdated, inefficient, a dinosaur. These members are ignoring Medicare's success in providing universal, comprehensive coverage. They are ignoring Medicare's low administrative costs—3%—relative to private insurers at 15 to 20 percent. They are ignoring Medicare's ability to cover a population that has been shunned by private insurers for decades.

Before Medicare was enacted, there was little private interest in covering elderly and disabled Americans. And there is still little private interest in doing so. That is why in my own state of Maryland, several hundred thousand seniors who once had the choice of eight Medicare HMOs, now have no HMO options available to them. As the options dwindled between 1998 and 2002, the remaining plans quadrupled their premiums, slashed their drug coverage and eliminated extra benefits. By 2003, the M+C HMO penetration rate in Maryland was zero percent. Nationwide, since 1997, more than 2.4 million seniors have been abandoned by private insurance plans, even though the plans were paid at 119 percent of fee-for-service Medicare costs.

This conference report changes the name ''Medicare+Choice'' to ''MedicareAdvantage,'' and adds $20 billion in subsidies to private plans, boosting their payments to equal more than 125 percent of the amount paid for traditional Medicare. But it cannot create private interest in the senior market. We have tried that and failed.

To be successful, a drug benefit must be within basic Medicare and based on a sound structure that can be improved over time. Only a benefit that is based on a solid foundation will give seniors the stability they need and deserve. Rather, this bill relies solely on the willingness of private insurance companies to offer the benefit. In the Ways and Means Committee, I fought for a fallback within Medicare that would be available to every beneficiary in the country. It would have a set premium, deductible, and copays that would always be there regardless of where seniors live and what plans enter their region. If the private sector offered a superior, more efficient plan, seniors would choose the private plan. But if the private plan never materialized, or if it offered a premium that was unaffordable, Medicare would be there for them. In rejecting my amendment, and choosing a ''fallback'' that could come and go from year-to-year, the conferees bypassed the opportunity to continue Medicare's promise of universally available health care for all seniors.

Ask your constituents if they want a choice of more private plans. They do not. They want a choice of hospitals and doctors, and they want stability, reliability, and real help with paying their prescription drug costs.

This conference report lets them down. It offers seniors an inadequate benefit. The President and the Republican leadership say that this plan gives seniors the same benefits enjoyed by Members of Congress and federal employees. That is untrue for several reasons. First, the benefit packages are nearly mirror images of one another. In most FEHBP plans, federal employees receive 80% coverage for prescription drugs. A federal employee with annual drug costs of $5,000, would pay about $1,000 out-of-pocket. But under this legislation, seniors with annual drug costs of $5,000 would have to pay $4,020 out-of-pocket.

Second, the Medicare drug benefit has a wide coverage gap that will leave many of our seniors paying premiums for several months when they are receiving no benefits. There is no plan approved by OPM that would require federal employees to continue paying premiums when we are receiving no benefits. Seniors should not have to do that either.

Third, under this bill, seniors who want to remain in traditional Medicare would have to enroll in a stand-alone drug plan to get prescription drug benefits, but there is no such plan in the under-65 market. The conference report does not guarantee them what their premium will be; only that a private company will offer them an actuarially equivalent benefit that can change from year to year. It is a level of uncertainty that our senior should not have to face.

Our seniors now know the details of this bill. They are calculating their prescription drug costs at kitchen tables across the country tonight. They are calling Congress to say how

disappointed they are at the inadequate benefits this bill provides, and they are urging us to vote no.

Rather than providing relief to our seniors, this bill shifts additional costs from government onto their backs. Although the drug benefit premium is estimated at $35, the conference report gives insurers license to charge much more. The Medicare Part B deductible will increase by ten percent in 2005 and then by program costs each year.

Some of my colleagues have tried for years to curtail Medicare spending by hundreds of billions of dollars, usually in the form of targeted provider cuts. But our hospitals, doctors, nursing homes and rehabilitation providers need fair reimbursement, and Congress has usually answered the call. In addition, these members have found difficult to argue the need for drastic cost containment given that Part A Medicare solvency is now the third longest in the history of the program. So the conferees have taken a surreptitious approach, adding a provision that was not in the House or Senate-passed bills. They created a new definition of insolvency that caps Medicare's use of general revenues at 45 percent of total Medicare costs and would force government to cut benefits or raise payroll taxes if this limit is exceeded. By triggering an increase in payroll taxes, which disproportionately affect lower-income Americans, this provision shifts the burden of Medicare away from those most able to support it to those who are least able, further jeopardizing Medicare's long-term stability.

Because we are limited to $400 billion in this bill, it would make sense to use every instrument possible to get the best price for prescription medicines. But the conference report contains an inadequate mechanism to lower the price of drugs, which have escalated steadily over the past few years, and show no signs of decreasing. This bill specifically prohibits the Secretary of HHS from using the federal government's purchasing power to negotiate lower drug prices, a tool that has been used effectively in nearly every other industrialized nation in the world. Instead, it relies on pharmaceutical benefit managers, which have had mixed results in past years.

I had hoped that this bill would improve health care for seniors. Unfortunately, the provisions affecting oncology drug reimbursement will do just the opposite for cancer patients and reduce their ability to get needed cancer care. The final bill still contains severe cuts to cancer care providers, nearly $1 billion annually. If this bill becomes law, many cancer centers will close, others will sharply reduce their staffs, and others will be forced to turn away patients.

The Ways and Means Committee and the Energy and Commerce Committee have examined this issue carefully. We recognize that the current payment system for cancer care needs to be fixed. Medicare over-reimburses for the drugs themselves, while it under-reimburses for the services that oncologists provide. I support appropriate reimbursement for cancer drugs, but we cannot make cuts of this magnitude without simultaneously paying oncologists fairly for the care they render. To do so will endanger the lives of cancer patients.

Finally I cannot support a conference report that harms currently covered retirees. I remain concerned about the impact of this bill on retirees with employer-sponsored drug coverage. Because of the inadequate reimbursements to retiree health plans, CBO estimates that 2.7 million retirees are expected to lose their benefits. The bill also encourages employers to drop the coverage they now provide by excluding private plan spending from counting toward the catastrophic limit. Because of provisions written into the bill, most seniors with retiree coverage and high drug costs will never reach the point at which Medicare resumes coverage. The authors of this bill say that the benefit they're devised is voluntary, but for those seniors who lose their private retiree health coverage, this plan won't be optional, it will be the only game in town.

Tonight's vote caps several years' efforts to provide Medicare beneficiaries with desperately needed prescription drug coverage. Unfortunately, the conferees have produced a bill that won't result in better health care for our seniors, a more efficient Medicare program, or fiscal responsibility. It will eventually do more harm than good to Medicare, and to those who depend on it for their health care needs. I support providing our senior a meaningful prescription drug benefit within the Medicare system that will strengthen Medicare. Therefore I must oppose this conference report and urge my colleagues to do the same.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield myself 15 seconds.

Mr. Speaker, if the gentleman will note and other Members will note, and the listening public will note, on pages 49 to 53 of the bill, which is all on the Internet, they will see that there is what we call a hard fall-back. That is, if private plans do not offer prescription drugs to our seniors, the government will. The seniors will be guaranteed a drug plan; that is in the statute.

Mr. Speaker, I yield 2 minutes to the gentleman from Arizona (Mr. HAYWORTH).

Mr. HAYWORTH. Mr. Speaker, I thank my good friend, the chairwoman of the Subcommittee on Health of our full committee, for yielding me this time.

It has been interesting to listen to the debate thus far this evening. In fact, it evokes memories of an earlier time when I first arrived in this Chamber and, much to my surprise, heard all of these horror stories about what might happen to senior Americans and how schoolchildren might be starved and all sorts of villainy and demonizations that had no basis in fact.

Mr. Speaker, good people can disagree, but it is important to take a look at what we are doing with this legislation. The first thing we are doing is actually strengthening Medicare and preparing it for the 21st century, for the influx of more seniors, demographically what we will see in the 21st century, in just a few short years. And what we are also doing is updating Medicare for the 21st century to reflect changes in medicine. Prescription drugs are the first line of defense for America's seniors. This legislation recognizes that reality and moves to cover it. But moreover, Mr. Speaker, we first reach out to those seniors most in need, and we provide for all seniors next year immediate discounts, with our discount drug cards. Very, very important.

Now, we have heard a lot of wailing and gnashing of teeth about the endorsement of this plan by the AARP. I think rather than tearing up cards or engaging in personal attacks on those who may serve very competently in that association, it might be good to actually listen to the words of our seniors who belong, the millions of seniors who depend on prescription drugs and believe in the AARP. And they readily admit, as all of us would admit, this legislation may not be perfect, but it is a good place to start. We all know, on both sides of the aisle, change comes incrementally. Let us adopt this legislation for America's seniors and for future seniors.

Mr. STARK. Mr. Speaker, I yield 1½ minutes to the gentleman from Wisconsin (Mr. KLECZKA), who agrees with the Arizona Daily Star from Tucson that by doing nothing to address the cost of medicines and by raising payments to private HMOs that want to compete with Medicare, the bill dooms the Medicare program to major problems down the road.

Mr. KLECZKA. Mr. Speaker, the gentleman from Arizona who just spoke advised us to listen to our seniors; and many of us, I say to my colleagues, are doing just that with our vote today. Here is a senior from my district who advises me to oppose this bill, and they just canceled their AARP membership this morning.

What is going on here? This bill started out as a drug bill for senior citizens and, all of a sudden, we find the bill before us has over $100 billion for special interests in this country, and the calls we are getting to support the bill are from those special interests. They are saying, here is 200,000 specialty physicians; support the bill. Here, a big fat letter. And not once do they mention Medicare drugs for seniors. They are worried about their own pocket. Letter after letter in my office and on my fax machine are from special interests who have lobbyists in town urging Members to vote for this bill because they are getting something out of it: more money. And none of them are saying, and also the senior provision is good.

That is what is going on here. The seniors who call us are against the bill. The special interests who, in a campaign period can give us $10,000 in campaign contributions, are encouraging us to vote for the bill. Who do you think is going to win at the end of the day, huh? The seniors do not got a PAC. They do not give us $5,000 a crack, $10,000 a crack. That is what is happening, I say to my colleagues. And let us not forget it.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield myself 15 seconds.

I do not consider the AARP a special interest group, or the Coalition to Ensure Patient Access a special interest

group, or the Alzheimer's Association a special interest group, or the Kidney Cancer Association a special interest group.

Mr. KLECZKA. The Hospital Association, the American Medical Association, that is who I am talking about.

Mrs. JOHNSON of Connecticut. Mr. Speaker, it is my time.

Mr. KLECZKA. Let us not kid a kidder; we know who they are.

The SPEAKER pro tempore (Mr. HASTINGS of Washington). The gentleman will suspend. The gentlewoman from Connecticut has the time.

Mrs. JOHNSON of Connecticut. The Mental Health Association of Central Florida, the Larry King Cardiac Foundation, the Latino Coalition.

Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY. Mr. Speaker, I rise tonight in support of the House-Senate Medicare agreement. For those of us who had hoped that this bill would contain more reforms or greater cost constraints, I agree. We did not accomplish all that we had hoped. But as a physician, I realize the medical reality of the bill, a medical reality that the prescription drug benefit itself is fiscally responsible and a potential cost-saver for Medicare.

By providing a prescription drug benefit, providers will be able to take the necessary preventive action to potentially stave off or treat an illness in an earlier stage, making it easier to control the cost of treatment.

□ 0015

The medical reality is that prescription medication can help seniors live longer, healthier lives, while saving a tremendous amount of money on treatment by avoiding costlier options.

Although I hope the future will bring about more changes and modernization to Medicare, the Medicare agreement will be a great start. And I urge my colleagues to take this fiscally responsible step and pass the Medicare conference report.

Mr. STARK. Mr. Speaker, I yield for the purpose of making a unanimous request to the gentleman from Minnesota (Mr. OBERSTAR).

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

Mr. OBERSTAR. Mr. Speaker, I rise in opposition to the conference report.

Mr. STARK. Mr. Speaker, I yield 1½ minutes to the gentleman from Georgia (Mr. LEWIS).

Mr. LEWIS of Georgia. Mr. Speaker, I stand in strong opposition to H.R. 1. I believe in Medicare, I believe that Medicare is a sacred trust between the Federal Government and the American people. I believe with all my heart, with all my soul, and with all my being that Medicare must have a dependable, affordable, and strong prescription drug benefit. And that is why I cannot support this bill.

Mr. Speaker, 38 years ago the Republicans did not like Medicare and they do not like it now. Republican Speaker Newt Gingrich gleefully stated that he wanted to see Medicare wither on the vine. Mr. Speaker, my colleagues, Newt Gingrich is back, and his fingerprints are all over this bill.

If this bill is passed, it would be a dagger in the heart of Medicare as we know it. This bill is an attempt by the Republican party to privatize Medicare. I stand against privatizing Medicare, and I stand against this bill.

Medicare is a sacred trust. It is a covenant with our seniors. Let us not breach this trust. Let us not violate this covenant. We must do what is right.

I urge my colleagues to vote against this unreliable bill, vote for the seniors, vote for those that are in need. Vote against this bill.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I reserve the balance of my time.

Mr. STARK. Mr. Speaker, I yield 1½ minutes to the distinguished gentleman from Massachusetts (Mr. NEAL), who agrees with the Boston Globe that this experiment needs to be stopped before the Republicans in Congress damage a program that has served the elderly well for 38 years.

Mr. NEAL of Massachusetts. Mr. Speaker, it is not always an easy task to agree with the Boston Globe.

Mr. Speaker, I thank the gentleman from California (Mr. STARK). Well, here we are again in the dark of night, whether it is doing Trade Promotion Authority or whether it is doing tax cuts, or whether it is doing the privatization of Medicare, we do it in the dark of night.

Only could the gentleman from California (Mr. THOMAS), the chairman of the Committee on Ways and Means, talk about the crisis that confronts Medicare after they led the charge to rip $2 trillion out of the Federal budget over the next 10 years. Tonight we are children of Roosevelt on this side and Johnson, and let us not forget it. When you hear them talk about their newfound affinity for Medicare, recall that it was Dole and Michael and Rumsfeld and Ford who voted against the establishment of Medicare.

And I want to say something to my colleagues on the democratic side tonight who are tempted by what is about to happen. You mark my words, we are going to be back here in a year, and the next step is Social Security. That is where they are headed. Medicare is an amendment to the Social Security Act. America is a more egalitarian society today because it was our party who stood against the forces of privilege. They are the ones that said no.

Turn down this privatization of Medicare.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield 1 minute to my colleague, the gentleman from Pennsylvania (Mr. PETERSON).

Mr. PETERSON of Pennsylvania. Mr. Speaker, I want to congratulate those that have worked on this very complicated bill. I was pleased this morning to receive from the Governor of Pennsylvania, Governor Rendell, an endorsement of this plan. Why would a democrat governor from Pennsylvania support his plan? His people were here and reviewed it.

This allows states like Pennsylvania and 20 other states who have pharmacy plans to wrap around and make a really comprehensive pharmacy program for their state with a state effort and the Federal effort.

Now, those of you who come from rural America better think seriously about voting against this bill. Rural health care has been fighting for its life. This is a lifeline that will for once and forever help stabilize Medicare payments. In rural America what good does a pharmacy program do if you do not have a doctor in a hospital and a home health care agency for him or her to work in?

This program does more to help rural health care than has ever been done. The urban areas of this country have had Medicare Plus Plus while rural America has had Medicare Minus Minus. An unfair system. And this bill does more to equalize that. It also preserves cancer care that has been under threat. And it brings health savings accounts that will be an offering to our businesses more seriously considering about walking away from health care because they cannot afford the current plan.

COMMONWEALTH OF PENNSYLVANIA,
OFFICE OF THE GOVERNOR,
Harrisburg, PA, November 21, 2003.

Hon. JOHN PETERSON,
Cannon Building,
Washington, DC.

DEAR REPRESENTATIVE PETERSON: I am writing to thank you for your efforts to develop provisions in the Medicare Prescription Drug bill to allow PACE to continue to be the primary source of drug benefits for qualifying seniors in Pennsylvania. As of early 2004, we expect approximately 325,000 Pennsylvania seniors to be in the PACE program, and we owe it to all of them to ensure the program on which they rely continues to work for them.

As the Medicare drug benefit legislation had been in development, our goals have been to ensure seniors in the PACE program would be able to benefit from the new federal benefit without experiencing any changes in the way they obtain prescription drugs and without being forced through a bureaucratic process along the way. Federal legislation must allow for a seamless transition for PACE beneficiaries while at the same time allowing PACE to expand its prescription drug program and services to more of our seniors.

I am informed that the language in the Medicare drug benefit bill achieves our major goals relating to the PACE program. This is good news for our constituents and I appreciate very much all the hard work you and others in the Pennsylvania delegation did to make this happen.

Should the legislation ultimately be enacted, I look forward to working with you and Secretary Thompson to make sure the PACE-related provisions are implemented as we all believe they should be.

Thank you again for your efforts on behalf of Pennsylvania's seniors.

Sincerely,

EDWARD G. RENDELL,
Governor.

Mr. STARK. Mr. Speaker, I yield 15 seconds to the gentleman from Pennsylvania (Mr. DOYLE).

Mr. DOYLE. Mr. Speaker, I just spoke with the Governor's office earlier this evening. I was aware of this letter that was sent out to four Republicans. Governor Rendell does not endorse this program. He does not support this program. And I just want that to be reflected in the RECORD.

Mr. STARK. Mr. Speaker, I yield 1½ minutes to the gentleman from Texas (Mr. SANDLIN) who agrees with the Houston Chronicle, the Republicans are interested only in the illusion of providing a popular benefit, a Republican driven bill to, quote, improve Medicare is impossible.

Mr. SANDLIN. Mr. Speaker, we have heard a lot of pretty words from the Republicans tonight, but every one on both sides of the aisle knows that this bill is nothing but a sham, a charade, a shameless trick on America's seniors.

America's seniors need help right now and yet the bill advanced by the Republicans does not even take effect until 2006. No coverage in 2003, no coverage in 2004, no coverage in 2005, and who knows what will happen in 2006.

Our seniors cannot afford prescription drugs, and in the face of that challenge, the Republicans have presented a bill that requires seniors to pay out of their pockets over $4,000 of the first $5,000 spent on drugs. That is no benefit at all.

Now, have the Republicans done anything to reduce the cost of drugs? No. The HMOs and the pharmaceutical companies will not let them do it. And this bill that is supposed to make drugs more affordable, there is no control over the prices charged by the pharmaceutical companies. Their greed is what got us in this situation in the first place. Do you think that philanthropy has suddenly invaded the boardroom of the pharmaceutical companies. Is that what you think?

Amazingly, this bill prohibits, makes it illegal, against the law for the government to negotiate for lower prices with a pharmaceutical companies. They supply the product, they set the price, the seniors foot the bill, that is a sweet deal for them. And can the seniors save money by getting drugs from Canada or Mexico? Oh, no, the Republicans in this bill that was written by the pharmaceutical companies say no. And that is the way it is.

Finally, Mr. Speaker, the Republicans have the audacity to support a plan that lines the pockets of HMOs by taking $10 billion out of cancer treatment, leaving America's seniors both broke and dying. If this bill passes, it passes on the back of the America's seniors. The Republicans will have to answer. They can run in the middle of the night, but they cannot hide.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I reserve the balance of my time.

Mr. STARK. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Ohio (Mrs. JONES), who is a woman who agrees with Al Hunt, who wrote in the Wall Street Journal that this is an open rip-off by HMOs. There is a reason most Americans and, virtually all who have endured serious medical issues, despise HMOs. They are, with few exceptions, vultures.

(Mrs. JONES of Ohio asked and was given permission to revise and extend her remarks, and include extraneous material.)

Mrs. JONES of Ohio. Mr. Speaker, I am proud to have had the opportunity to serve my first year on the Committee on Ways and Means. And I think it is important for America to know that, finally, we had an African American male on the Committee on Ways and Means who rose to ranking member, who rose to representation on the conference committee, and he was excluded from being part of the willing coalition.

I say to people across America, particularly the African Americans in this country, you were not at the table, your interests were not represented. Let me, in addition, say that since we have two Houses in this Congress, the House of Representatives and the Senate, that the House was not represented on the Democratic side in this report.

But let me address another issue. And I have got a written statement that I will submit for the RECORD. Everybody keeps saying about AARP and how renowned they should be. But they do not talk about that in the last 4 years AARP made $608 million in insurance-related expenses, 30 percent of its income. They do not talk about that AARP had a 10-year Medigap contract with some company and the business is now worth $3.7 billion. They do not talk about that AARP made $10.8 million last year by selling its member list to insurance companies. And they do not talk about the fact that AARP spends $7 million in support of this legislation. Talk about a conflict of interest. If there ever was one, it is right there. So I say to you, we are going to ruin neighborhood drug companies. We are not drug pharmacies. Do not vote for this bill. This bill is not in the interest of senior citizens.

Mr. Speaker, I rise in opposition and with great disapproval of the Medicare conference agreement. The republican leadership in the House of Representatives has excluded Democratic Members from the negotiations and has written a Medicare bill that bows to major drug companies and prevents Medicare from negotiating better prices. This agreement masquerades as an attempt to add a long-overdue prescription drug benefit, but this is really a Trojan horse designed to dismantle Medicare, as we know it.

This agreement is flawed in countless ways. Its concentration on privatization is misguided at best and devastating. This is a special interest giveaway to the insurance companies with provisions including a $12 billion slush fund to bribe HMO's and PPO's to participate, all at the expense of taxpayers and the elderly alike. The agreement leaves a substantial number of the 6.4 million low-income Medicare beneficiaries who are also eligible for Medicaid worse off by requiring them to pay higher copayments for prescription drugs than they pay today. This agreement also prevents Medicaid from filling in the gaps of this new, limited benefit. This bill squanders $6 billion needed for coverage on tax breaks for the wealthy which in fact creates an unprecedented tax loophole that would undermine existing employer coverage and adds to the ever-growing number of uninsured. These funds should be used to prevent employers from dropping coverage or to improve the drug benefit. Even worse, this bill would force some low-income seniors who have modest savings to impoverish themselves in order to take advantage of the extra help allegedly available in this bill. A disproportionate share of African American Medicare recipients are disabled. The cut-off points chosen in this conference agreement will pigenhole African Americans into what is referred to as the "donut" on paying for the drug benefit. This will unreasonably hurt African American Medicare recipients, many of whom have chronic ailments. We are forcing our seniors to choose among purchasing food, prescription drugs or paying for a roof over their heads.

In closing, please let me inform America that this bill does not address the needs of our citizens. This bill would manufacture a crisis when an arbitrary cap on general revenue funding is reached, which would trigger a fast-track process for consideration of legislation to radically cut Medicare, including benefit cuts, payment cuts for hospitals, nursing homes, home health providers and increased cost sharing. Without hesitation, Congress provided $87 billion to rebuild Iraq; is it too much to provide the appropriate funding needed to give our Nation's seniors what they deserve—an affordable and guaranteed medicare drug benefit?

Mr. Speaker, I represent 206,000 constituents in my district who are 65 and older and are below the federal poverty level. The same constituents I promised that I would vote for a Medicare prescription drug bill that would be affordable with reasonable premiums and deductibles that are designed to significantly reduce the price of prescription drugs; a meaningful medicare prescription drug bill that would be defined, provide guaranteed benefits, there would be absolutely no gaps; no separate privatized plan; and most important, I repeatedly told my constituents that I would support a Medicare prescription drug bill that would be available to all seniors and disabled Americans. The results of the Medicare conference agreement is not what I expected. Dear colleagues, I ask that you join me and vote against this measure.

[From USA Today, Nov. 21, 2003]

AARP ACCUSED OF CONFLICT OF INTEREST

(By Jim Drinkard and William M. Welch)

WASHINGTON.—AARP, the nation's leading lobbying force for retirees, has a major conflict of interest in its backing for a new Medicare prescription drug plan, opponents charge.

The organization receives millions of dollars a year in royalties for insurance marketed under its name. It stands to reap a windfall from the plan, which would pump $400 billion into a new drug benefit and open Medicare to private insurance competition.

AARP's annual reports show it has received about $608 million in insurance-related income over the four most recent years for which data are available. That's 30% of its total income, roughly equal to what it collects in membership dues.

''It's almost unimaginable that they wouldn't stand to gain'' if the new benefit is passed, says David Himmelstein of Harvard Medical School. He is a proponent of national health insurance.

Much of AARP's insurance business is in policies that pay costs not covered by Medicare—so-called Medigap insurance. UnitedHealth Group signed a 10-year contract with AARP in 1998 to provide health coverage to its 35 million members. The business was worth $3.7 billion last year to the insurance company.

''The same folks who are in the Medigap market would want to get into this, and the best route in is through the AARP membership list,'' Himmelstein says.

AARP also collects millions of dollars a year from insurance and drug companies that advertise in the magazine it mails to members. It also makes money—$10.8 million last year—by selling its members list to insurance companies.

From its earliest roots in the 1950s, AARP has been closely tied to the insurance business. It grew out of a retired teachers group that sought to provide health insurance to its members. ''They have always had this commercial identity,'' says Jonathan Oberlander, a political scientist at the University of North Carolina who has studied the politics of Medicare.

The breadth of AARP's business activities—which include not only insurance but credit cards, travel packages and prescription drugs—has drawn unwanted attention before. In 1995, Sen. Alan Simpson, R-Wyo., convened hearings that alleged the group was abusing its non-profit status. AARP was forced to pay back taxes on its earnings from those commercial ventures. and the group has faced periodic questioning about whether its business interests at times overshadow the interests of its members.

Simpson, now retired from the Senate, remains one of the group's sharpest critics. ''If there was a sublime definition of conflict of interest, it would be AARP from morning to night,'' he says.

AARP is tax exempt and officially non-partisan. ''We made public policy decisions without regard to business considerations,'' says the group's policy director, John Rother. Spokesman Steve Hahn says some of its Medigap policies and mail-order pharmaceutical sales are likely to be hurt by passage of the Medicare bill because it will increase competition.

Democrats in Congress seemed stunned this week when AARP announced it would support the Republican-drafted Medicare compromise and pour $7 million into a TV ad campaign urging passage.

Senate Minority Leader Tom Daschle, D-S.D., and House Minority Leader Nancy Pelosi, D-Calif., say the legislation would sell out the interests of senior citizens. It ''undermines Medicare and serves the agendas of big drug and insurance companies,'' they wrote in a letter to AARP head William Novelli. They asked Novelli to pledge not to profit from any program that might be created.

Rep. Pete Stark, D-Calif., called the legislation a ''special-interest boondoggle'' that will split AARP's leaders from its grass roots. On Thursday, a message board on the group's Web site was peppered with angry postings from members, including 839 new missives under the title, ''AARP sellout.''

For a decade, AARP has been a sleeping giant. The organization felt burned after its support for a catastrophic insurance benefit in 1988 backfired with seniors and had to be repealed. It had since been reluctant to take positions on hot political issues. Its membership is evenly divided among Democrats, Republicans and independents, making it hard to take sides in policy fights.

But when the group does decide to engage, its clout is unmatched. ''They are the most important and well-organized association in Washington,'' says James Thurber, who teaches lobbying at American University in Washington.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield 1 minute to my colleague, the gentlewoman from Florida (Ms. GINNY BROWN-WAITE), who has experience legislating in the area of health care reform.

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I am one of those Republicans who grew up very poor. My dad was a Democrat. And I remember asking him why he was a Democrat, and he said because the Democrats protect the poor.

What I am hearing here tonight says the Democrats do not care about the poor. They do not care about the little old lady whose income is about $11,000, who only has Social Security, who cannot get prescription drugs today. That is the wrong message to be sending if they hope to be the savior of the poor and the drowntrodden.

I also teach health care. One of the things that I teach in my class are statistics. And the statistics are that the African American community and the Hispanic community pass away at a much earlier age from heart attacks, from coronary artery problems, and you know what? These are the prescription drugs that will be available under this prescription drug plan. How can they go back home and say that they are protecting the poor and the down-trodden? These are the same, the poor and the down-trodden, these are the people that are going to benefit from this prescription drug plan. I fully support it. It is a good bill for everyone.

Mr. Speaker, I rise today in support of the Bipartisan Medicare Prescription Drug, Improvement, and Modernization Act because it finally provides the much needed prescription drug relief seniors have asking for, offers help to our rural hospitals and our nation's doctors, and begins the real modernization and reform of a Medicare program in dire need.

Throughout my public service, I have heard a persistent question from my seniors how are you going to help us with the cost of prescription drugs? With the passage of this bill, I feel that I can finally begin to answer that question.

For the first time in history, we are going to provide all 40 million seniors and disabled Americans with prescription drug coverage.

It gives me great comfort to know that in 2006, with this Prescription Drug Plan, drug costs for seniors could be cut almost in half. And as early as next year, senior will begin to save an estimated 25 percent on prescription drugs with their Medicare prescription drug card. In the first year we expect seniors to save an estimated $365.

As a member of the Speaker's Prescription Drug Task Force, this is something we fought for, and this is something we got.

In addition, we are giving Americans more control over their health care by creating Health Savings Accounts, where they can contribute up to $2,500 a year into these tax-free accounts and citizens 55 years or older are permitted to make ''catch up'' payments. These accounts can be used for future medical expenses and may prove to be an additional much needed asset to our aging population.

Mr. Speaker, I would also like to bring to the attention of my colleagues a very important component to this bill. As we are all aware, in 2004, the prescription drug discount card in Medicare will offer seniors up to 25 percent off their drug costs and provide low-income seniors, those with incomes of less than 135 percent of poverty into account, a $600 subsidy on top of the discount card. That's great savings, especially for wealthier seniors.

But what if you have an income of over 135 percent of poverty and you're disqualified from receiving the cash subsidy? Currently, hundreds of thousands of seniors in this country are provided discount cards from the prescription drug companies that offer significant savings on medications that a particular company produces. The income-restrictions on these cards are in some cases up to 300 percent of poverty. This means virtually all seniors in my district are eligible for this savings, which in many cases equals up to 80 percent off the retail cost of the drug. For example, Mr. Speaker, Eli Lilly makes Prozac; and if one of my 5th district seniors needs assistance with the cost of that drug, they can sign up to receive a card from Eli Lilly that entitles them to receive a 30-day supply of any Eli Lilly product for just $12. If, due to the new Medicare discount card, these important voluntary programs were discontinued, many of our Nation's seniors would end up paying higher prices. My constituent would end up paying over $75 for the same Prozac he or she is now receiving for only $12. Just as there was a fear this benefit would cause employers to drop coverage once it became available, I was concerned that the drug card would cause drug manufacturers to discontinue their cards.

Mr. Speaker, working with you, Majority Leader DELAY, Majority Whip BLUNT and many of my other colleagues in this House, I took the lead and fought to protect seniors who are benefiting from the current prescription drug cards.

Now, on page 64 of the report language addendum and addressing section 1860D–31 of Conference agreement; Section 105 of House bill; Section 111 of Senate Bill reads:

Seniors currently benefit from prescription drug assistance programs offered by pharmaceutical companies. Conferees intend that these programs continue to be offered until the full implementation of the prescription

drug benefit. Nothing in this conference report shall be interpreted as encouraging the discontinuation or diminution of these benefits.

Additionally, I have secured several letters from drug manufacturers in this country indicating their commitment to continuing to offer these worthwhile and necessary card programs, copies of which I'd like to insert into the RECORD.

Mr. Speaker, I simply want to bring this to the attention of my colleagues on both sides of the aisle and especially to the seniors in my district. Neither conference staff nor most of the members of this body were aware of this glitch in the proposal and I am very proud of the work we were able to do together.

In closing, Mr. Speaker, friends, colleagues, the citizens of the 5th Congressional District of Florida elected me to this seat because they believed my voice would be heard and that I would stand with them in making a prescription drug benefit in Medicare a reality. It simply has been too long that our Nation's seniors have had to choose between life-saving drugs and food and this is unacceptable.

No one in this chamber believes that this bill is perfect, including myself, but I believe this bill is a good beginning and it signifies progress in our efforts to provide all of our constituents with the best, safest, and most affordable health care the world has to offer. In the months and years ahead, it is my hope and my promise that I will continue to work with Democrats and Republicans, to continue to make progress in our ongoing battle to improve health care for all Americans, including additional protections for retirees currently receiving health care benefits and addressing the rising costs of prescription drugs.

But tonight we have a choice to make—to take a step forward or to accept the status quo. Instead of concentrating on the weaknesses of this proposal, we must each embrace its strengths and dedicate ourselves to the next step forward. Accordingly, I urge my colleagues to vote in favor of the Prescription Drug and Medicare Modernization Act.

Mr. STARK. Mr. Speaker, I am delighted to yield 2 minutes to the minority whip, the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. Mr. Speaker, this Medicare conference report is, sadly, a missed opportunity. I was here in 1983. Ronald Reagan, Tip O'Neill, and Bob Michael joined together to save Social Security. They came together, President Reagan, Speaker O'Neill, and Minority Leader Michael and said, we need to have a bill that has bipartisan support and will get the job done.

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It did.

The Republicans rejected that model. Most Members of this body on both sides of the aisle recognize that it is long past time that we provide for our seniors and give them a prescription drug program; but it is not this bill that they expected, a feeble benefit that forces them to pay 80 percent of their costs.

I will tell the gentlewoman from Florida (Ms. GINNY BROWN-WAITE) her dad was right. He was a Democrat because this party has historically and now believes that we should have done better by our seniors. Even the conservative Heritage Foundation, which is against this bill because they want to see Medicare done away with, says this, ''The politically engineered premiums and deductibles, coupled with the odd combination of 'donut holes' or gaps in drug coverage, are likely to be unpopular with seniors.''

The Heritage Foundation said that. Not STENY HOYER, not Democrats. Even Dick Armey, the immediate past leader of our party wrote in the Wall Street Journal on Friday that this conference report is ''bad news for seniors.''

Your majority leader just past said that. Now, he wants to do away with Medicare. He does not believe we ought to have Medicare. He nevertheless says this is bad news for seniors. Because it is bad news for seniors, we ought to vote against this bad bill.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield myself 10 seconds. I remind the gentleman from Maryland (Mr. HOYER) that of his 713,000 seniors, 31 percent will get total drug coverage under this bill.

Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. WELLER), a member of the Committee on Ways and Means.

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

Mr. WELLER. Mr. Speaker, this is historic legislation tonight. Again, we make another positive step forward in modernizing Medicare, a process we have been working on every year the nine years that I have served in the House of Representatives.

I am proud that a majority of House Republicans voted in favor of Medicare when it was created. I am proud a majority of this House, who is the majority, continues to work to modernize and improve Medicare for our seniors.

This legislation that came out of bipartisan work, it is endorsed by the AARP, a trusted organization that represents millions of American seniors. And in the case of Illinois, my home State, 1.7 million seniors benefit in the State of Illinois. They benefit because they will have for the first time ever prescription drug coverage that is voluntary, it is affordable, and it is universal, available for every senior citizen. It will be immediately available.

In fact, within 6 months of this legislation becoming law, seniors will have a prescription drug card immediately this coming year allowing them to see up to a 25 percent savings; and 2 years later, 2006, every senior again will have the opportunity to see up to a 75 percent savings on prescription drugs. They choose to enroll in a prescription drug plan available through this modernization of Medicare. In fact, at a cost of about $1 a day, they can see a 75 percent savings, up to a 75 percent savings. And if they are low income, they will pay little or no premium. This is a good plan. That is why it has bipartisan support.

I want to salute Senator BREAUX and Senator BAUCUS for working with Republicans to come up with a bipartisan plan.

I would also note that hospitals and community health centers do benefit because when you modernize Medicare, you also fix the reimbursements. In communities that I represent, almost all of our hospitals, I think every one of them, is a not-for-profit. They struggle, both the hospitals and community health centers. Some call them special interests, but they get big improvements back for Illinois, $400 million in additional reimbursements as a result of this legislation.

Mr. STARK. Mr. Speaker, the Republicans can lock out two of the leading Democratic legislators from their conference committee, but just to show you that we are bigger than all that, we will turn the other cheek. I yield 2 minutes to the gentleman from Indiana (Mr. BURTON).

Mr. BURTON of Indiana. Mr. Speaker, first of all, I want to make it clear, I am a Republican and I am very proud to be a Republican. However, there are problems with this bill that make it impossible for me to vote for it.

It has been said tonight that 35 million AARP members cannot be wrong, but I am telling you AARP does not speak for all seniors. And when the seniors find out what is in this bill, that most of them initially are going to pay about $4,000 of the first $5,000 they are going to spend on pharmaceuticals, they are going to be so angry it is going to be like 1988 all over again.

Now, I want to talk a little bit about the pharmaceutical industry. There is nothing in here that allows our government to negotiate the prices with the pharmaceutical industry. We pay the highest prices in the world for pharmaceuticals. We pay seven, eight, nine, 10 times as much for Tamoxifen, a woman who has breast cancer and has to have it, than they do in Canada; and yet there is no provision in this bill for negotiation.

You say we have a 25 percent discount card. Twenty-five percent of what? If the pharmaceutical industry has these high prices and you knock 25 percent off, they are still a hell of a lot higher than they are in Canada or Germany, and yet we cannot reimport. Why? It does not make sense.

Do we believe in free trade? We have NAFTA. You can import everything back and forth across the borders, but not pharmaceuticals because it is not safe. Yet when we talk to the Canadians, and I had four hearings on it, they could not find one case where there was a problem. This is not a safety issue. The problem is profit and price.

I want to tell you something. It has been said that for too long seniors have paid too much. They have been paying too much. But we are not doing anything in this bill to lower the price of pharmaceutical products.

Now, I want to say to my colleagues also there is $70 billion in this bill, a

pay-off to Big Business to keep their employees and their former employees covered under this plan.

I want to tell you something. As a businessman, they are going to look down the road and they are going to say, hey, Congress changes from time to time and they are going to start dumping their employees on the Federal plan. And when they do, those retirees are going to be so angry at us, you are not going to believe it.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield for the purpose of making a unanimous consent request to the gentleman from Florida (Mr. YOUNG).

(Mr. YOUNG of Florida asked and was given permission to revise and extend his remarks.)

Mr. YOUNG of Florida. Mr. Speaker, as one who represents the largest groups of senior citizens, older Americans who are on Medicare and Social Security, I rise in support of this bill.

Mr. Speaker, I rise in support of H.R. 1, The Medicare Prescription Drug, Improvement, and Modernization Act of 2003. This is the most important and comprehensive improvement to the Medicare program since it was established 38 years ago.

For the first time, Medicare will provide prescription drug coverage for 40 million older Americans. It will provide lifesaving help for the millions of seniors who today forgo taking prescription drugs because they have no coverage and cannot afford them. It will allow seniors to take their full dose of medicine as prescribed rather than cut them in half or skip days to make the supply last longer. And it will eliminate the heart wrenching decisions many seniors must make over whether to buy food or prescription medicine, because they cannot afford both.

One of the reasons Americans are healthier and living longer is that prescription medication is available to control many chronic diseases such as high blood pressure, cholesterol, and diabetes. Unfortunately, these medicines are oftentimes not available to those living on fixed incomes. This legislation changes that by creating a tiered benefit program that provides prescription drug coverage for everyone eligible for Medicare. Yet it still allows those who receive prescription drug coverage through their employers or other health benefit plans to elect to retain that coverage.

Because of the complexity of bringing the new Part D prescription benefits on line, those benefits will not take effect until 2006. In the interim, however, Medicare beneficiaries will be eligible beginning next April to receive a Medicare-approved drug discount card. Seniors will take this card to their local pharmacy to receive discounts of 10 to 25 percent off their prescription medicine. This will provide immediate savings to seniors while preparations are underway to launch the full Medicare prescription drug program in 2006.

Once implemented, seniors electing prescription drug coverage will pay a monthly premium of $35. Following a $250 deductible, they will receive federal coverage for 75 percent of the costs of their prescription drugs up to $2,250. For each prescription filled, there will be a $2 co-payment for generic drugs and a $5 co-payment for brand name drugs. If a senior incurs catastrophic drug costs, exceeding $3,600 in out-of-pocket costs, Medicare will cover 95 percent of drug costs over that amount.

For those on small fixed, limited incomes (below $12,123 for individuals and $16,362 for couples), they will pay no deductible and no premium and there will be no gap in coverage between the initial coverage limit of $2,200 and the catastrophic coverage threshold of $3,600. For those with incomes between those levels and 150 percent of the federal poverty level ($13,470 for individuals and $18,180 for couples), the premiums and deductibles will increase on a sliding scale.

In addition, it is estimated that this legislation will drive down the price of prescription medication by as much as 20 percent, to yield further savings for seniors. It also sets in place new federal laws that will allow drug manufacturers to bring to market quicker, more affordable generic drugs.

In addition to the new prescription drug coverage, this legislation will improve the quality of care for seniors in a variety of other ways. Most notably, it provides coverage for the first time for important new preventative benefits. Beginning in 2005, all newly enrolled Medicare beneficiaries will be covered for an initial physical examination. All beneficiaries will be covered for cardiovascular and screening blood tests and those at risk will be covered for a diabetes screen. These new benefits will allow for the screening of patients to catch many illnesses and conditions early, allowing them to be treated and managed in a way that improves their health and quality of life while at the same time lowering medical costs to individuals and the program by preventing later serious health consequences.

Finally, this legislation will ensure that Medicare payments for physician and hospital services keep pace with inflation so that we do not lose health care providers who are available to care for the growing population older Americans. It also seeks to stabilize the reimbursement rates and drug coverage for cancer patients, who have faced increasing problems with the reduction in Medicare payments for these services over the past few years.

Mr. Speaker, as the representative of one of the largest populations of Medicare recipients in this Congress, I know first hand the life-line that this program provides for seniors. My highest priority in the development of this legislation was to ensure that we do nothing to diminish or endanger the health care coverage it provides. We have done a good job in seeing that just the opposite is true. With its enactment, H.R. 1 will provide expanded benefits and will ensure that these benefits are more affordable and more available to all.

H.R. 1 also responds to the three major concerns I have heard from my constituents throughout the development of this legislation. First, it guarantees access to the traditional Medicare program, services, and benefits that they currently receive. It will, however, allow those who are interested to consider new Medicare-approved plans where drug coverage is integrated into broader medical coverage or lower cost managed care plans offering expanded benefits.

Second, H.R. 1 maintains the full Federal commitment and backing of the Medicare program. Some were concerned that the final legislation would in some way privatize the delivery of these health care benefits. That is not the case in this bill.

Third, H.R. 1 does not in any way encourage employers or private health care plans to drop current employees or beneficiaries from their health care or prescription drug plans. Instead, it provides a number of important incentives for employers and private health care plans to retain employees and beneficiaries in their health care plans and allows the new Medicare benefits to supplement the benefits they already receive privately.

Addressing these concerns is one of the many reasons the American Association of Retired Persons has endorsed H.R. 1. In a statement earlier this week, AARP said, ''AARP believe that millions of older Americans and their families will be helped by this legislation . . . The bill represents an historic breakthrough and important milestone in the nation's commitment to strengthen and expand health security for its citizens at a time when it is sorely needed. The bill will provide prescription drug coverage at little cost to those who need it most: People with low incomes, including those who depend on Social Security for all or most of their income. It will provide substantial relief for those with very high drug costs, and will provide modest relief for millions more. It also provides a substantial increase in protections for retiree benefits and maintains fairness by upholding the health benefit protections of the Age Discrimination and Employment Act.''

Mr. Speaker, the historic legislation before us today provides long overdue reforms to the Medicare program. It provides for the first time prescription drug coverage for older Americans. For those seniors currently unable to afford their medicines, it provides important new access to many preventive drugs. It also provides access for them to treat serious conditions before they worsen and require emergency room or hospital care.

This legislation also improves Medicare coverage for preventative health care including physicals and cardiovascular health and diabetes screening tests. This too will improve the quality of medical care our seniors receive and will forestall many serious and costly medical problems.

Finally, this legislation modernizes the Medicare program to provide 21st Century solutions to give seniors more health care choices. It also will bring market forces to bear to ensure that they receive better medical care at more affordable and competitive prices.

This is the culmination of a six year legislative effort that included the consideration of three separate prescription drug bills in the House. Our colleagues in the House and Senate have taken a hard look at the problems facing older Americans who receive their care through Medicare and have agreed upon a thoughtful and comprehensive approach. Certainly we will identify problems that will need correcting as the next step in implementing this complex program begins. For our seniors, however, this legislation fulfills a promise to give them access to prescription drug coverage for the first time through the Medicare program. It is a good response to a long overdue problem and I urge support for its final passage.

Mrs. JOHNSON of Connecticut. Mr. Speaker, how much time remains on each side?

The SPEAKER pro tempore (Mr. HASTINGS of Washington). The gentlewoman from Connecticut (Mrs. JOHNSON) has 9½ minutes remaining. The

gentleman from California (Mr. STARK) has 8 minutes remaining.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield myself 30 seconds.

I would like to note that the 25 percent discount means you pay 25 percent less. And once the subsidies go into effect, you pay 75 percent less, and half the Medicare recipients are women and half of those women will be covered totally. So this is a big, powerful prescription drug bill that will help half the women on Medicare by providing all of their drug coverage.

Mr. Speaker, I yield 2 minutes to the gentleman from Iowa (Mr. NUSSLE), chairman of the Committee on the Budget.

Mr. NUSSLE. Mr. Speaker, I thank the gentlewoman for yielding me time and for her leadership on this issue, as well as the chairman of the Committee on Ways and Means.

Mr. Speaker, America has got a big decision tonight and seniors have been waiting a long time. The previous gentleman said that seniors when they wake up tomorrow, if this passes, will find out they still have to pay a little bit of money. Some will not have to pay at all, but seniors will really be mad if they wake up tomorrow morning and find out that we failed yet again.

Four budgets in a row we have had the pleasure of putting into our budget plan a prescription drug benefit. This year is the first time we have been able to get it to this point, a conference report; and that is because the President of the United States has provided the leadership to get us to this point.

In Iowa we have been waiting for 20 years for fairness when it comes to reimbursement. We have been waiting for 20 years when it comes to the difficulty of recruiting physicians and other health care providers. We have been waiting 20 years to stop the cost shifting to the private side of health care that drives up the cost for small business people and farmers. We have been waiting for 20 years for seniors to have prevention and drug benefits and basic services.

Tonight we have the opportunity to solve so many of these problems. It is not perfect, as many people have said; but it is on the road toward making Medicare a fiscally responsible, sound and a very beneficial program for seniors. And it is fiscally responsible. I know there are Members who are suggesting that somehow this may not be perfectly fiscally responsible. Let me ask you the question, If we do nothing tonight, is Medicare going bankrupt? Wake up if you want to talk about fiscal responsibility. We are seeing a program go bankrupt before our very eyes. Doing nothing is not an option.

It is fiscally responsible to fix a program that we know is going bankrupt, to fix a program that would have a prescription drug benefit if it were created today, to fix a program that is not paying the bills in rural America and keeping doctors and health care professionals located there to provide quality health care.

Vote for this bill because it is fiscally responsible. We have been waiting long enough. Seniors deserve our answer tonight.

Mr. STARK. Mr. Speaker, I yield myself 15 seconds.

I remind the gentlewoman from Connecticut (Mrs. JOHNSON) that the seniors do not need to be misrepresented. I will not call it lying, but nowhere in that bill does it mention any percentage that they will save on the drug discount. You cannot find it in the bill because it is not in there. So do not tell the seniors something that is not true. It is not respectful.

Mr. Speaker, I yield 45 seconds to the gentleman from Illinois (Mr. EMANUEL).

Mr. EMANUEL. Mr. Speaker, I rise in opposition to this conference report.

The conferees have three opportunities in this bill to lower the price of prescription drugs. They could have opened the markets and allowed prescription drugs to compete and allowed competition and choices to bring prices down. They passed.

They could have allowed Tommy Thompson to lower prices and create a Medicare Sam's Club, a right enjoyed by private companies and businesses everywhere in this country. They took a pass.

They could have included meaningful provisions for generics to get to market to create competition. They took a pass.

This box of Zocor, a cholesterol drug, was purchased in Germany for $41. Here in the United States it cost $90. It went up 10 percent the last year. It is going up another 10 percent this year.

The only immediate benefit that comes out of this bill is the political benefit that its supporters are expecting in 2004. The elderly, on the other hand, will have to wait until 2006. Hopefully, they can survive 2 years while the politicians take their victory lap.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield 2½ minutes to the gentleman from Ohio (Mr. PORTMAN), a member of the committee.

Mr. PORTMAN. Mr. Speaker, I thank the gentlewoman for yielding me time, and I thank her for her leadership as chair of the Subcommittee on Health, as well as the gentleman from California (Mr. THOMAS), in getting us to this point.

This is not the first time we have had a Medicare prescription drug bill on the floor, but I think we have the best one. I think it is a great program that has been misdescribed tonight by a number of the speakers, and I just wanted to clarify a few things.

First of all, it is voluntary. People have come to the floor and talked about this is a mandate and people will be forced to get off their existing plans and get on this plan and so on. It is voluntary. If seniors do not choose to take up the prescription drug plans, they do not have to. Those who have looked at it, the Department of Health and Human Services, Special Budget Office, nonpartisan analysts think most seniors will, 90-some percent.

Second, I have heard people talk about the fact that, gee, some people have employer plans already. Let me give some statistics. In 1993, 40-some percent of employers provided coverage for their retirees. In 2002 it was 27 percent. It is happening. It is bleeding. People are not providing retiree benefits as they used to.

What I love about this bill is it goes the other way. It puts $88 billion into helping people be able to stay with their employer plans.

EBRI, which is a nonpartisan group that is called the Employee Benefit Research Institute, has studied this this week. Their analysis is that 2 percent, 2 percent of seniors will migrate from their existing retiree plans because their employers no longer offer it, into this. If this does not get passed, it will be greater than 2 percent. So those who have said this will result in a problem, I think it is just the opposite.

We are beginning to stop what is happening anyway. I think that is a good part of the plan.

People have talked about how puny the benefit is. Well, I have to tell you, over 35 percent of the American seniors, one figure says 38 percent, let us say over 35 percent of Americans who are seniors, who are low income, meaning they are less than 150 percent of poverty, their income, are going to be able to get prescription drug coverage with no premium, no deductible, no share. All they will do is pay a nominal co-pay, $5, $3.

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That is over 35 percent of our seniors, represented by all of us. Some of us in this House have districts where that number will be as high as 60 percent. So a puny benefit, I do not know where that comes from.

For other seniors that additional, let us say, 65 percent of seniors more than half of their drug costs, some say as high as 70 percent, more than half of their drug costs for the average senior, that is no average senior, but average senior costs for drugs will be covered, more than half of the drug cost.

This is why the AARP supports this. This is why the AARP is standing up for their seniors. Some people on my side of the aisle think it is too generous. People on the other side of the aisle ought to look at this plan, at what it is, not the politics, but the substance. It is a good plan, and I hope people on both sides of the aisle tonight will support it.

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

There they go again. I do not think they understand their own bill. Between 135 percent and 150 percent of poverty, there is a 15 percent copay, and regardless of what my colleague says, there are many, many poor seniors are going to pay more under this

bill than they do now, but it is sad that the people who wrote the bill do not know what they are talking about.

Mr. Speaker, I yield 45 seconds to the gentleman from Arkansas (Mr. ROSS), the distinguished member of our caucus who is in the pharmaceutical business.

Mr. ROSS. Mr. Speaker, as the owner of a small town family pharmacy and a wife who is a pharmacist, I see seniors who cannot afford their medicine. So I came here to help our seniors with the high cost of prescription drugs. This bill does not do that.

This morning we must decide whether to decide with the big drug manufacturers or side with America's seniors. In 2001, the gentlewoman from Missouri (Mrs. EMERSON) and I sponsored a bipartisan bill that would truly modernize Medicare to include medicine for our seniors, and the Republican leadership refused to give us a hearing or a vote on that issue, and now 2 years later the Republicans offer us a bill that does what? That says the Federal Government shall be prohibited from negotiating with the big drug manufacturers to bring down the high cost of medicine and provide seniors $1,080 worth of help on a $5,100 drug bill.

Have my colleagues ever heard of Medicare fraud? This is Medicare fraud.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I would like to inquire as to the time remaining.

The SPEAKER pro tempore (Mr. HASTINGS of Washington). The gentlewoman from Connecticut (Mrs. JOHNSON) has 4½ minutes remaining. The gentleman from California (Mr. STARK) has 6 minutes remaining.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I reserve the balance of my time.

Mr. STARK. Mr. Speaker, I yield 45 seconds to the distinguished gentleman from New York (Mr. CROWLEY).

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

Mr. CROWLEY. Mr. Speaker, I thank the gentleman for the time.

Mr. Speaker, let me see if I got this straight. In 1965, with a Democratic President, a Democratic House and a Democratic Senate the Medicare program was founded. Am I to believe today with a Republican President, a Republican House and a Republican Senate that somehow you all are going to save a program you did not support in the first place? We have an expression in New York and all around this country, give me a break. You are not about saving Medicare or Social Security. You are about dismantling it, and in 40 years, when I look at my children and they ask me where were you when they tried to dismantle Medicare, I will look them in the eye and I will be able to tell them that I voted against the dismantling of this great program.

I will vote against this, and I will vote against any chance that you may bring up to this floor to dismantle Social Security as well.

Mr. Speaker, I rise to support Medicare and oppose the incredibly offensive bill before us tonight. Medicare was created nearly 40 years ago to protect the health of seniors. And today, sadly, Members of this Congress are seeking to destroy the very program that has been so helpful to so many. In its place, Republicans claim they are inserting a new, better, and expanded program. But the reality is that this is not a bill about providing drug coverage under Medicare.

This is a bill about giving billions of dollars to insurance companies and drug companies. This is a bill about killing the Medicare program that seniors have depended on for generations.

Seniors in my district want and deserve prescription drug coverage. This could not be more true, as far too many of them are struggling without it. But I have yet to hear from a senior in my district who is asking for a $17 billion slush fund to be created for private insurance companies. Not one senior has talked to me about making sure that big drug companies are able to protect their massive profits. Not one of them has asked me for a prescription drug benefit where they have to pay $4,000 out of their first $5,000 in prescription drug costs. Not one of them has asked for a bill that would force seniors out of Medicare and push them into HMOs. And yet that is exactly what Republicans are giving them with this bill.

This bill seeks to help drug companies and insurance companies at the expense of seniors and American taxpayers of all ages. This bill does essentially nothing to bring down drug prices. It does not appropriately provide for reimportation despite this body overwhelmingly voicing its support of reimportation. Moreover, it expressly prohibits the government from trying to negotiate lower drug prices like other government entities have been able to do with much success.

Incredibly, Republicans are electing to protect drug company profits over the cost to our government. I have to wonder whose side the Republicans are really on?

Tonight Republicans are asking us to vote for a bill they claim will help seniors with their drug costs. Only the catch is that, in the process, we have to destroy Medicare, give billions to insurance companies and drug companies, and push seniors into HMOs. This bill is a slap in the face of the ideals that Medicare has stood for. This bill is a slap in the face of seniors who have waited far too long for a real prescription drug benefit.

But don't take my word for it. Listen to what the lead author, Republican Congressman BILL THOMAS of California said about this bill—a bill he wrote—and I quote him, ''To those who say that the bill would end Medicare as we know it, our Republican answer is: We certainly hope so.'' Protect Medicare—oppose this sham bill.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. HOUGHTON).

Mr. HOUGHTON. Mr. Speaker, in any situation where there is an argument at stake, there are two things that are important. First of all, it is to get the facts. Secondly, to face the fact, and I do not mean to oversimplify this, and a lot of people know much more of the details, but it seems to me two things come to the floor. One, Medicare needs an update, seniors need help with their drug costs, and I think this bill does both those things.

I have since learned that virtually any piece of legislation that comes before this body can be argued and attacked and counterattacked to death, but who are the customers? Who are we trying to help and are they being helped? Are the seniors being helped? Yes, probably not enough, but we do not know yet. Are the hospitals being helped? Yes, but they certainly could be helped more, but this is a never ending process. Are the doctors being helped who are opting out of the Medicare program? Yes. Are the ambulance drivers being helped? Yes, and it is about time.

Will the companies be helped who are thinking about whether to drop programs for their retirees? Absolutely. Will those purchasing drugs be helped? According to the arithmetic I read, there is absolutely no question about this.

I would rate this bill a B+, and the reason I do this is I do not think there is any bill that can come before this body that can get an A, not with the attack and counterattack process we use.

One of the great poets of this country, Ralph Waldo Emerson, used to say history is no more than a biography of a few stout individuals. It is the few stout individuals, Mr. Speaker, that we need tonight.

Mr. STARK. Mr. Speaker, I yield 45 seconds to the gentleman from Texas (Mr. REYES), who agrees with the Albany Times Union that what older Americans can least afford is for Congress to rush into a sweeping overhaul of a successful health care program without doing its research. This is not only an imperfect bill. It may also be a disastrous one.

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

Mr. LAMPSON. Mr. Speaker, the previous speaker said that we do not know, and we do not know what all is in this bill, but during this week I have heard from representatives of thousands of senior citizens in southeast Texas, like my 93-year-old mother, that they overwhelmingly oppose this proposal, and they give three reasons why.

They believe the privatization provisions will cause Medicare to wither. They are astounded that the bill prohibits our government from bargaining for better drug prices. They are concerned about the uncertainty of being put back into HMOs that dumped them recently.

Do our seniors a favor, slow this train down. Put some dignity back in the process and open it up. The benefits will not even go into effect for 2 years. What is it going to hurt to wait two more weeks and do what the seniors requested at that White House Conference on Aging in 1995 at the beginning of this debate. Save Medicare and

let us live our lives in dignity and independence.

In 1995 I was sent as a delegate to the White House Conference on Aging. 4000 seniors gathered for this non-partisan meeting. They set goals at that meeting and asked our government to do 3 things: protect medicare; protect social security; and allow seniors to live their last years in dignity and independence.

We have been debating medicare and a medicare drug component for years now. I have promised to work to create a program that would help seniors achieve the goals I just listed.

During this week I have heard from the representatives of thousands of seniors in Southeast Texas, like my 93 year old mother, that they overwhelmingly oppose this proposal . . . and the reasons they give are 3:

They believe privatization provisions will cause medicare to wither and die;

They are astounded that the bill prohibits our government from bargaining for better drug prices;

They are concerned about the uncertainty of having to go back into HMO's that dumped them.

My colleagues, do our seniors a favor, slow this train down. Put some dignity back into this process and open it up. The benefits won't even go into effect for 2 years. Let's take a couple more weeks and do what the seniors of this country asked at the beginning of this debate 8 years ago . . . save medicare and let them live their last years with dignity and independence.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I ask what time remains on each side.

The SPEAKER pro tempore. The gentlewoman from Connecticut (Mrs. JOHNSON) has 2¾ minutes remaining. The gentleman from California (Mr. STARK) has 4 minutes and 15 seconds remaining.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I reserve the balance of my time.

Mr. STARK. Mr. Speaker, I yield 45 seconds to the distinguished gentlewoman from Oregon (Ms. HOOLEY).

Ms. HOOLEY of Oregon. Mr. Speaker, despite the hard work and good intentions of many Members of Congress on both sides of the aisle, we have lost the forest for the trees, and so I rise today in opposition to conference report on H.R. 1.

We have lost sight of what seniors struggle with most, drug costs and the cost of coverage, and believe me, seniors have noticed that we have lost sight of them.

In the beginning and in the end, for me this issue has always been about the high cost of drugs and the need to affordably expand coverage. Regrettably, this bill prohibits ways to lower costs of drugs for American seniors, and for many, the coverage provided in the bill comes at a high price they simply cannot pay.

I urge my colleagues to reject this bill. Please go back to the negotiating table and give seniors what they really need, affordable drugs and affordable drug coverage.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield myself 10 seconds.

The gentlewoman from Oregon should know that with this prescription drug insurance plan Medicare recipients in Oregon who are covered will go from 60 percent up to 96.6 percent. This bill brings a benefit to Oregon.

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

Mr. STARK. Mr. Speaker, I yield 45 seconds to the gentleman from New York (Mr. HINCHEY), and pending that, I would like to remind the gentlewoman from Connecticut that 41,000 people in Connecticut are likely to lose employer-sponsored coverage under this bill.

Mr. HINCHEY. Mr. Speaker, very few people are surprised that as soon as the Republican Party has control of both Houses of the Congress and the White House they move to destroy Medicare, and that is what this bill essentially will do. It will drive Medicare into the ground.

The disguise that they seek to use in order to accomplish that is a prescription drug program, but just today the National Center on Policy Analysis told us that only $1 out of every $16 in this bill will be spent to provide drugs for senior citizens who would not otherwise get them. Most of the rest of the money goes to drug companies and to insurance companies.

But the thing that surprises me about this bill is the Republican party is engaging in price fixing. They fixed the price of drugs so that they cannot go down, they can only go up. They have made sure that we cannot import drugs from Canada or other places at a cheaper price, and they guarantee that every time the prices change it will go up. Price fixing, increasing the cost of drugs.

Mr. STARK. Mr. Speaker, may I inquire as to the amount of time remaining?

The SPEAKER pro tempore. The gentlewoman from Connecticut (Mrs. JOHNSON) and the gentleman from California (Mr. STARK) have 2½ minutes remaining.

Mr. STARK. Mr. Speaker, I yield 45 seconds of that precious time to the gentleman from Texas (Mr. REYES).

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

Mr. Speaker, I have a long been a strong advocate for an affordable, comprehensive Medicare prescription drug benefit, but I am opposed to this bill. I am opposed because the bill before us tonight would harm, rather than help, more than 77,000 Medicare beneficiaries in my district by breaking this program's promise of guaranteed quality health care for our seniors.

In my district, where approximately one in five seniors live below the poverty line, Medicare and Social Security are their only safety net in retirement. To jeopardize this safety net would be unconscionable.

Mr. Speaker, I urge my colleagues to oppose this conference report so Congress can instead offer America's seniors the kind of Medicare prescription drug benefit that they need and more than anything that they deserve.

Mr. STARK. Mr. Speaker, I am delighted to yield 45 seconds to the gentleman from Arkansas (Mr. BERRY), one of the gentlemen who was a conferee but does not know.

Mr. BERRY. Mr. Speaker, I thank the gentleman from California, and I appreciate his leadership on this matter for many, many years.

In the document that founded this great Nation, it says all men are created equal. Under this bill, the drug companies are a lot more equal than the seniors I can tell my colleagues. Why would we for any reason prohibit the negotiation of lower prices by Medicare? Why would we do that?

Tonight, we make a choice. We either serve the drug companies or serve our seniors. I find this a very easy choice to make. I choose to serve our seniors. I will not be a part of the continued effort to allow the prescription drug manufacturers of this country to rob the senior citizens of America.

Mr. STARK. Mr. Speaker, I yield the balance of our time to the gentleman from New York (Mr. RANGEL), the distinguished ranking member of the Committee on Ways and Means.

Mr. RANGEL. Mr. Speaker, I thank the gentleman from California (Mr. STARK) for the fine work he has done over the years on this subject, and as we close one-half of this debate on this historic subject, I would just like to remind those who are recording this event that when you excluded the Democrats from participating in the conference, you excluded 20 Members who are members of the Hispanic Caucus, 39 Members that are members of the Black Caucus.

□ 0100

You excluded the Congressional Asian Pacific Caucus. And you had the arrogance to believe that you had to be Republican to be concerned about our senior citizens. But the three that were selected by the Speaker, the Republican Speaker, was the gentleman from Arkansas (Mr. BERRY), who knows the problems of our seniors out there. It was me, who served for decades on the Committee on Ways and Means and has worked hard to participate to make this a better bill and a better Congress. But it also was the gentleman from Michigan (Mr. DINGELL), former chairman of the Committee on Energy and Commerce and a person who fashioned a program for the aged who are poor. He too was excluded.

So it is a great honor for me to invite up to manage the other half of the time here the gentleman from Michigan (Mr. DINGELL). He is the dean of this Congress, and we should feel proud that we are able to serve with him. His father is the author of the Medicare bill, and we should feel ashamed that he was excluded from the conference.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield myself the balance of

my time, and I rise in strong support of this legislation. And, indeed, I believe its founders would be proud that tonight we bring a voluntary, generous drug benefit to all seniors under Medicare.

This is a milestone. That is why AARP describes it as a historic breakthrough in the Nation's commitment to strengthen and expand health security for its citizens. Something that has not been talked about much here tonight is the new support for seniors with chronic illness. We forget that one-third of our seniors have five or more chronic illnesses and use 80 percent of the money under Medicare, and yet Medicare has no way of supporting them to prevent their chronic illness from progressing.

In this bill, we couple the drug benefit and the disease management program to help our seniors prevent their chronic illness from progressing and thereby keep them healthy and keep Medicare costs under control. This is particularly important for minorities, for they tend not to use the medical system early, and they tend not to be diagnosed early. In this bill, we provide an entry-level physical so we can see what early signs of chronic illness they have, and we can help them prevent their chronic illness from progressing.

This will be an extraordinary boon to the well-being of our senior citizens. This is a historic advancement in both bringing prescription drugs to Medicare and improving the quality of health care Medicare is able to deliver, and in assuring that Medicare will be able to deliver 21st-century, cutting-edge health care.

And this is a historic bill for the rural communities of our Nation. Without it, they will not be able to attract the next generation of physicians as the current generation retires. They will lose small hospitals. They will lose small home health agencies. In fact, without this, our inner-city hospitals will not be able to continue to provide clinics for the poor, clinics for those with mental health problems. This is an important payer package because it restores fairness to our payment system.

And lastly, it cuts prices dramatically. It cuts prices dramatically by bringing the bargaining power of the seniors to the table to reduce prices and piercing right through that price support system that keeps State prices high. I am proud to support this legislation, and I urge my colleagues to do likewise, for half of America's women will experience free health care under this bill.

The SPEAKER pro tempore (Mr. HASTINGS of Washington). Pursuant to a previous order of the House, the gentleman from Louisiana (Mr. TAUZIN) will control 30 minutes and the gentleman from Michigan (Mr. DINGELL) will control 30 minutes.

The Chair recognizes the gentleman from Louisiana (Mr. TAUZIN).

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

Mr. Speaker, I hope you will all bear with me for a second as I tell a short story. I recently accompanied my son, Tom, who is 25 years old, to see the movie ''Matrix,'' the third in the evolution of the ''Matrix'' movies, a rather complex series of movies. Young people follow them, I think, better than my generation; but I try to follow them with him.

When we came out of the movie, I said, Son, what did you take from this? What did this mean to you? And he thought a long while and in the car with me he said, what I take from this movie, Dad, is that freedom is meaningless without choice. And I thought about that and I thought, that is pretty profound for a 25-year-old. What he was saying, basically, from this movie, is that if someone else is making all the choices for you, if you are without choice, you are not really free. Freedom, by definition, is choice. It is your capacity to choose for yourself right or wrong what you do with your life.

And then it occurred to me how meaningful that little profound conversation we had was and how it relates to this issue tonight. Because we are talking about a generation of Americans who Tom Brokaw called the Greatest Generation of Americans, who fought for this entire world to be free, for we in this country to have freedom of choice in our lives. And every day that we live in freedom, we have that generation to thank for it. And the ironic thing about it, when it comes to their health care, is that so far we have not given them choice. We have basically said if you want health care as you get older, after you fought to give us freedom, we will give you one plan. We will give you the choice of government Medicare. And if it works for you, great; if it does not work well for you, sorry, that is your choice.

Every despot, every tyrant, every monarch and feudal lord in medieval time took the attitude that the peasants, the servants were not smart enough to make choices for themselves; that they had to make all the decisions for them. That is the nature of people who think government always knows best and always knows the right answer and people are not wise enough to make good choices for themselves. The essence of this debate tonight is whether we are freedom-loving enough in this body, whether we understand and appreciate the freedoms that they fought for and gave to us, that we can, in the context of health care, give our seniors some real choice about how and where they take their health care and their coverage.

Now, it is about adding a significant new benefit to Medicare. It is that. But it is also about creating other choices for seniors. And I brought a picture of my mother with me tonight. I thought about her this evening. It is a small picture, but I wish you could all see it. She is a beautiful lady. She is 85 years old. She chose to remain in Medicare when she had a choice of a private plan in our hometown. She probably is going to choose to remain in Medicare and take her prescription drug benefit from Medicare when this program is completed and we pass this bill and it is signed into law. But I want her to have a choice to choose between that plan and any other plan that might be available, the same way we in this government, the workers and the Members of Congress, have choices to choose different plans for our medical needs.

I want Mom to have the same choice. Her generation fought for me to have choices and to make choices, right or wrong. And sometimes it hurt her deeply when I made bad choices, but she always knew I had the right to make them. And people died to give me that right. I think we owe that generation choice. And that is one of the things we do tonight, we give them choice how they take this new benefit. And if they want to choose, like my mother, to stay with Medicare, we fought for the right to make sure it is still in the Medicare bill, and she will have that right.

The other thing we did was to make sure if she chooses to have Medicare, that, indeed, it is still going to be around for her for as long as, God willing, she lives. She is a three-time cancer patient. A marvelous woman. She won eight gold medals at the Senior Olympics again this year. She took top place in the shot put. You do not mess with Mamma Tauzin. She is quite a gal. And she will probably choose to take her prescription drugs out of Medicare in this program. But if she ever wants to take it out of one of the PPOs or the new programs we develop out of this bill, I want her to have that choice. She deserves it. She ought to get it.

And I think that is why AARP has endorsed our bill, because they know we have gotten a great generous coverage for the low-income American seniors who want to stay in Medicare or who want to choose something else. And we create new plans for seniors and nonseniors to begin saving in their own health accounts; tax free in, tax free out, to build their own long-term care the way they want to design it. And I guess some people do not like that. I guess they think government ought to design it all and say, You got one choice, Mamma Tauzin, and that is it.

But I think, I think the benevolent government of the United States of America, respecting the freedom that so many fought and died for to give us choice and freedom, this government now, that we serve as Members of Congress, with such great appreciation of the people who sent us here, we ought to say here in Washington that we return the gift of freedom; that we give seniors more choices, and we give them a brand-new drug coverage program so they do not have to take chances on the Internet or go anywhere else to get drugs they cannot afford, that they can afford them under an insurance coverage here in America, and they can

get it under a program they choose to live under.

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

Mr. DINGELL. Mr. Speaker, I yield myself 3 minutes.

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

Mr. DINGELL. Mr. Speaker, almost 40 years ago, this body enacted Medicare. It was a great triumph for the senior citizens. Perhaps the most beloved program, with the exception of Social Security, was Medicare. It is also one of the most financially responsible and successful programs in the history of this country. Tonight, the fight is not about whether or not we are going to give prescription drugs to our seniors; it is about saving Medicare from my Republican colleagues, who now, finally, have figured a way to destroy it.

I want my colleagues to look at the kind of competition that the Republican Party is forcing upon the senior citizens of the United States: 120 or 125 percent of the costs of competing with Medicare is going to be given by the Federal taxpayers and by Medicare to, guess who, the HMOs. The Republicans have been trying to destroy this part for years. They are very close tonight.

A flawed process has brought forth a bad bill, which is laid before the House of Representatives in the wee hours of the morning so that the people will not know what is going on. What is at stake here is the existence of the most successful program to provide health care for our senior citizens.

Let me just tell my colleagues, the competition is unfair, 120 percent and more they give. They put forward a sham discount card, which will probably be given mostly by the retailers, not by the prescription pharmaceutical manufacturers. The senior citizens will not get much out of that.

Now, Medicare is going to be rewarding now the Republicans' friends in the HMOs and the pharmaceutical houses, huge amounts of money to each. No competition whatsoever will take place with regard to prescription pharmaceutical costs. Why? Because the Republican Members absolutely forbid that.

No wonder they want to do this at 2 a.m. in the morning. No wonder they want to foreclose the public from knowing. No wonder they would not let the people on this side of the aisle, they would not allow the Democrats into the meeting. Because it was the only way they could bring forward this slippery and dishonest program which is directed at destroying Medicare as we know it. And take the word not of myself on this, but of Mr. Newt Gingrich, of Mr. Armey, and the chairman of the Committee on Ways and Means on the Republican side. They want to destroy Medicare as we know it. That is what is at stake.

We can anticipate that they will allow Medicare to slowly wither away. And the senior citizens who are dependent upon it will no longer have the assurance that a program that they know they can choose their doctor and their hospital will be available to them. They will have to belong to the HMOs or pay more for it, and all in exchange for a proposal which has a huge donut hole which denies senior citizens care after they pay $2,000.

□ 0115

It does not add it at that point, it takes it away. This is a sham. It is a bad bill. It is one which takes from the senior citizens. It is one which threatens Medicare. It is an unfair, dangerous piece of legislation conceived in the darkness of night and slipped through over the heads of the senior citizens.

Mr. TAUZIN. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. BILIRAKIS), the chairman of the Subcommittee on Health of the Committee on Energy and Commerce.

Mr. BILIRAKIS. Mr. Speaker, I would say I wish I had $100 for every hour that I spent in the wee hours of the morning during the time that the gentleman's party was in charge of this House.

Mr. Speaker, we have before us today an opportunity to finally provide our constituents with a meaningful prescription drug benefit that our Nation can afford. To finally do it; to finally do it, not to merely talk about it and to demagogue it. For four decades the other party controlled, and they did nothing. It seems every time we, since gaining the majority, attempt to meet a need, the Democrats finally awaken with nay comments. They do nothing. We attempt to do something, and they call our efforts a charade. We have not taken a pass, as one gentleman from the other side of the aisle said earlier. I would suggest the gentleman's party, which controlled for 40 years, took the pass.

While the bill before us certainly is not perfect, and we have admitted that, it targets the $400 billion available under our budget resolution towards areas where it can do the most good. Our bill provides a great deal of assistance to our low-income seniors. In fact, seniors who earn under $13,470 as a single or $18,180 as a couple will only be responsible for nominal copayments and will not experience a coverage gap. This is very generous coverage for the population of seniors who need it the most.

The conference report will also ensure that seniors will have the peace of mind of knowing that they will only be responsible for a very small amount of cost sharing once their out-of-pocket drug costs exceed $3,600 annually. It is a critical provision, and one I strongly support. This bill helps the poorest and sickest, and who can argue against that.

The conference report makes many other improvements to the Medicare program; in fact, too many to list tonight. However, I want to point out that the bill contains two provisions that I have long advocated for: Improved reimbursements for our Nation's physicians, and Medicare coverage for a physical exam upon entering the program. I call that the Dr. William Hale, ''Welcome to Medicare Program.'' Dr. Hale of Dunedin, Florida, gave me the idea some time ago. I am confident that this new benefit will ultimately save the program billions of dollars in the long term.

I would like to close by quickly dispelling a number of myths that we have heard on the House floor tonight, and over the past few months. The conference report does not privatize Medicare. It improves it, namely by adding a voluntary prescription drug benefit available to everyone, including those who do not wish to leave traditional fee-for-service Medicare. We are not pushing seniors into HMOs; I will not be a part of that. Or creating a voucher system. We are offering seniors voluntary choices other than traditional Medicare. And, finally, the conference report does not signal the end of Medicare. Instead, it marks the beginning of a new, better Medicare that will be available for generations to come.

Mr. Speaker, I would like to close by thanking all of the staff members who have worked to help make this bill possible.

Mr. DINGELL. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. BROWN).

Mr. BROWN of Ohio. Mr. Speaker, I thank the gentleman from Michigan.

Earlier this year President Bush stood in this well and pronounced solemnly, ''Medicare is the binding commitment of a caring society.'' Today just a few short months later, those words sound so empty.

Our Medicare offers the same reliable health coverage to retired and disabled Americans regardless of whether they are rural or urban, whether they are rich or poor, whether they are healthy or sick. Our Medicare is equitable, dependable, it is flexible, and cost efficient; but their bill takes $20 billion out of our constituents' pockets and showers those dollars on HMOs. It rigs the game so that the coverage seniors have today, the equitable, reliable, flexible coverage they have today, is sure to wither on the vine. That is the way they have set it up. As one of the authors of this bill, the gentleman from California (Mr. THOMAS) said, ''To those who say this bill would end Medicare as we know it, our answer is we certainly hope so.''

A binding commitment, Mr. President? Their bill leaves seniors with such high drug costs they still will not be able to afford their prescriptions. Their bill places retiree drug coverage of $12 million seniors at risk. Their bill forces seniors to either pay significantly more if they want to keep their doctor and their hospital, or join an HMO that may or may not cover needed drugs, that may or may not raise premiums beyond the $35 guesstimate,

that may or may not skip town if projected profits are not met. A caring society, Mr. President?

This bill is a big win for drug companies who stand to earn $139 billion in additional profits. No surprise there, the drug companies helped write the bill because the drug companies have given $50–60 billion to President Bush and to the Republican majority. It is a big win for insurance companies who are the beneficiaries of a $20 billion slush fund, no surprise there because the insurance industries and the HMOs gave tens of millions of dollars to the President and Republican leadership.

This is a tragic loss for America's seniors. Medicare should be the binding commitment of a caring society.

Mr. TAUZIN. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. FERGUSON), a valuable, distinguished member of the Committee on Energy and Commerce.

Mr. FERGUSON. Mr. Speaker, in addition to expanding Medicare to include prescription drug coverage for 40 million seniors, this important conference report also represents significant benefits for my home State of New Jersey. For years, my State has offered one of the Nation's most generous prescription drug benefits. It is called PAAD. Under this historic agreement to strengthen Medicare, New Jersey wins big time. In addition to ensuring a seamless integration of the new Medicare drug benefit and PAAD, this conference report also provides New Jersey with billions of dollars to strengthen PAAD and expand the number of seniors who benefit.

By using the drug discount card before the PAAD coverage begins, the State government will save $73 million. Because PAAD's enrollees will receive their drug benefit from Medicare, the State will save $2.8 billion. New Jersey will receive a 28 percent tax free subsidy to offset the drug costs it provides for retired State employees, saving the State $222 million. PAAD will no longer be forced to pay drug costs for seniors who qualify for both Medicare and Medicaid, saving the State $872 million.

How else does New Jersey benefit? In addition to $80 million for increasing the Medicaid reimbursement rate, an additional $756 million will be forwarded to New Jersey's hospitals. That is nearly $5 billion in Federal aid for New Jersey.

This bill has language to require coordination between Medicare and PAAD, no disruption for any senior currently enrolled in PAAD, and billions and billions for our State government to strengthen PAAD, offset low-income seniors' drug costs and expand the number of seniors who are served under PAAD.

My colleagues from New Jersey on the other side of the aisle can try to hide behind their partisanship, but they cannot ignore the fact that this conference report represents one of the biggest and most important victories New Jersey has ever, ever received in Congress.

Mr. Speaker, shame on them.

Mr. DINGELL. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Speaker, today we should be voting on legislation that makes a good prescription drug benefit a part of the Medicare program. We should give people real help without gaps in coverage requiring seniors and the disabled to pay thousands of dollars for drugs out of their own pockets.

Instead, what we have got is a bill that makes seniors buy private insurance to get drug coverage or go into HMOs where they might not be able to see their own doctor, a bill that lets insurance companies interested in their own profits decide what premium to charge and what drugs to put on their formulary, and a bill that will lead people holding the bag for most of their drug costs in far too many cases.

This is not what seniors and the disabled want. This bill uses the cover of providing drug coverage, inadequate as it is, to make very dangerous changes in Medicare. This bill is based on the point of view that Medicare was a mistake, that we should have left it to private insurers to provide health care for our seniors. Well, if we had done that, we would have a lot more seniors today who would be uninsured and struggling with their medical bills.

I do not want to turn the clock back on Medicare, I want to make it better. Much as I want prescription drug coverage for seniors, this inadequate drug benefit is not worth destroying Medicare. I do not want a Medicare where seniors and disabled people have to spend a lot more just to be able to stay in regular Medicare. I do not want a Medicare where seniors in Los Angeles have to pay premiums that are twice as high as premiums in some other area of the country, and depend on private insurance companies for what benefits they get.

So we might wonder, who benefits from this bill? Well, not the almost 3 million retirees who will end up losing the drug coverage they now have, not the 6 million of our poorest seniors who end up being worst off, and not the 40 million Medicare beneficiaries who cannot use their bargaining power to get lower prices from the drug companies, and not the people who have been able to get their drugs cheaper by going to Canada. It is the drug companies and the insurance companies who benefit from this bill. Let us improve Medicare, not ruin it.

Mr. TAUZIN. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. GINGREY), one of the three Members of the House who is an OB–GYN physician, and who happens to know something about health care.

Mr. GINGREY. Mr. Speaker, I thank the gentleman from Louisiana (Mr. TAUZIN) for yielding me this time.

Mr. Speaker, 35 million senior Members of AARP, 330,000 physician members of the American Medical Association who are providing care to hundreds of millions of Americans and 40 million Medicare beneficiaries, the American Hospital Association, the Rural Hospital Association, the United States Chamber of Commerce; Mr. Speaker, with so many for a prescription drug and Medicare modernization for our beloved seniors, who could be against it, and why?

The answer to that first question is pretty obvious, obstructionist Democrats. And why? Because they are more interested in attempting to embarrass President Bush and the Republican leadership of this House than they are in doing the right thing, the compassionate thing.

To suggest that this bill is nothing but a windfall for the pharmaceutical industry is like suggesting that Medicare Part A is nothing but a windfall for the hospital. Who is going to provide the prescription drugs, the chocolate chip cookie company? Give me a break.

But I say to my colleagues on the other side, stop the alliteration, stop the bizarre logic, the Mediscare rhetoric. Vote with us, vote for our seniors and make this truly a bipartisan victory.

Mr. DINGELL. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. PALLONE).

□ 0130

Mr. PALLONE. Mr. Speaker, I have listened to the rhetoric of the Republicans this evening, and it is cynical. They are trying to fool the seniors. I listened to the gentleman from Louisiana say that seniors are going to have a choice. They are not going to have any choice. They are going to lose their choice of doctors because they are going to be forced into an HMO. I listened to the gentleman from Florida say that seniors are going to get a meaningful benefit. Again they are fooling the seniors. There is no meaningful benefit here. They are going to have to shell out more out of pocket than they are going to get back in terms of a drug benefit. I listened to the gentlewoman from Connecticut earlier saying that she is going to give the seniors a discount. What a joke that is. There is no cost containment in this bill. The bill says that the Secretary cannot in any way negotiate price reductions. There is no reimportation in this bill. There is no way you are even going to be able to get discount drugs from other countries. There is no discount. There is no savings. They are just trying to fool the seniors.

I heard another speaker say that Medicare is going broke. The only reason it is going broke is because you have taken money away from their trust fund through your tax policies. You are trying to fool the seniors again. And then you are saying that the seniors are going to be able to have traditional Medicare, they can stay in

their traditional Medicare. Again you are trying to fool them because they are going to be forced out of traditional Medicare. You are going to limit them to a voucher, a certain amount of money. You have something in the bill that would cap the amount of money that comes from the Federal Government. They are not going to be able to stay in traditional Medicare. They are going to be forced out of it. Then finally you say, oh, they are going to get the drug benefit immediately. You talk about the drug card or whatever it is, the discount card. Again you are fooling the seniors. This bill does not even take effect, there is no drug benefit until the year 2006.

I want to tell you, the last thing of all was when I listened to my colleague tonight here from New Jersey (Mr. FERGUSON) say that New Jersey is going to benefit from this. There are 1.2 million Medicare beneficiaries in New Jersey; 91,000 of them will lose their employer-based prescription drug benefits; 186,000 of them in South Jersey would be subject to premium support and will lose their traditional Medicare. The list goes on. New Jersey is no different than any other State. You are not going to be able to fool the seniors. You should not try to. You ought to be ashamed of yourselves.

Mr. TAUZIN. Mr. Speaker, I yield myself 30 seconds to point out that the statement that this bill does not go into effect until 2006 is erroneous. The fact is that the drug discount card is effective immediately when this bill goes into effect early next year. The fact is that $600 per senior for drug costs is allocated immediately, next year. Not only that, but the $1,200 per couple that is allocated for drug costs for seniors is rolled over. If the senior does not use it the first year, they can use it the second year. It becomes a $2,400 benefit for seniors for that second year while the full program is enacted by the year 2006.

Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. UPTON), the distinguished chairman of the Subcommittee on Telecommunications and the Internet of the Committee on Energy and Commerce.

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

Mr. UPTON. Mr. Speaker, I would like to focus on one misconception about this plan that we are debating today and set the record straight. I have heard from a lot of retirees who have been led to believe that enacting the conference agreement will cause them to lose their employer-provided prescription drug and health care coverage. That is not true.

First, it is important to note that under current law, employers who provide solid retiree health care benefits receive no assistance at all from the Federal Government. And even in the absence of a Medicare prescription drug plan, many of these same employers under increasing pressure from rising prescription drug and other related health care costs are already cutting back or entirely dropping their coverage that they provide to their retirees today. Under this plan if we pass it today, the Federal Government will partner with employers who maintain or improve their current health care retiree health plans. They will receive a subsidy of up to 28 percent of their retiree drug costs between $250 and $5,000 and the subsidy will not be subject to taxation. So the reality is if we do not enact this plan, there will be no incentives for those employers to maintain or improve their current retiree coverage. Thousands of retirees will wind up with no help with their prescription drug costs, and we most likely will continue to see those retiree benefits continue to be slashed. With this plan, they will have an incentive to keep it.

I also remember back to the days when we passed a catastrophic health care plan, back in the early nineties. It was mandatory. Guess what? We repealed it because it was mandatory. This is voluntary. You can participate if you want; and if you do not want, you do not have to participate. I also remember a woman that came up to me at my son's little league game. Her mom had just had a stroke, $600 in additional costs that she was going to face every month. She said, Mr. UPTON, will this plan help my mom? Yes, it will help her a lot. It will in fact save her family thousands of dollars, provide her with some quality of life that her family expects and the plan will help.

I urge my colleagues to vote for this plan this morning.

Mr. DINGELL. Mr. Speaker, I yield 1½ minutes to the distinguished gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. Mr. Speaker, we have all not only been taught but tried to abide by something, part of the Ten Commandments, honor thy father and thy mother. I think more than anything else this evening, that is really what we are talking about, honoring our fathers and our mothers, our grandfathers and our grandmothers, the seniors, the elders of our Nation that are part of our Nation's family. It is not just my mother and father, and it is not just yours. It is collectively those that have built the country and handed it over to a new generation.

I do not believe that the process in this House for this bill is anything for the Members of Congress to be proud of, because if you do not honor those that represent the mothers and fathers of this country, it is a singular disgrace. So I start with that process. And I do not believe my friends, whom I have worked with day in and day out on the other side, tonight in their heart of hearts can be proud of that. It is dark. It is bad. It is wrong. And it has set a very bad tone for this bill.

We love Medicare on this side. You cannot drive a wedge between us and Medicare. If this were prescription drugs only, it would sail through the House. But that is the loss leader on this. This is about rewriting the contract between our mothers and fathers and our Nation. We object. We do not think it should be parceled out. My grandparents never said God bless the insurance companies. They said God bless America. Vote against this bill. It is wrong and it is bad. It dishonors our mothers and fathers and our grandparents.

Mr. TAUZIN. Mr. Speaker, I am pleased to yield 2 minutes to the distinguished gentleman from Oregon (Mr. WALDEN), a member of our committee.

Mr. WALDEN of Oregon. Mr. Speaker, my parents are both gone now. They died before this Congress could act to provide prescription drug coverage for them under Medicare. So they both paid for it out of their pocket. Let us talk about what this bill would do for those who survive. The agreement would provide 514,456 Oregonian seniors with access to a Medicare prescription drug benefit for the first time in the history of this program. Beginning in 2006, there would be 129,000 Medicare individuals in Oregon who would have access to drug coverage they would not otherwise have, and it will improve it for many more. They will get a $600 card if you are in the lower-income level of $12,000 a year. Couples who make $16,000 a year who lack prescription drug coverage today would be given $600 in annual assistance to help them afford their medicines along with the discount card of 15 to 25 percent. That is a total of $92 million for Oregon seniors that would help 76,000 of them be able to pay for their drugs in 2004 and 2005.

There are 151,000 seniors in Oregon who have limited savings and low incomes who will qualify for even more generous coverage. They will pay no premium, no deductible for their prescription drug coverage, and they will just be responsible for a minimal copayment. They will get the coverage. If you are low income under this plan, they get the coverage. Perhaps that is part of why the Portland Oregonian has endorsed this program. More importantly, my State like many has faced some fairly difficult fiscal challenges. I was there when we implemented the Oregon health plan and helped put it into place. Today because of the fiscal challenges, they are having to cut people off of Medicaid in Oregon. This plan over 8 years will return $279 million by having Medicare pick up the cost of those senior low-income people.

This is a balanced plan that will help our seniors get the prescription drug coverage they need. We ought to enact it.

Mr. DINGELL. Mr. Speaker, I yield 1½ minutes to the distinguished gentleman from New York (Mr. ENGEL).

Mr. ENGEL. Mr. Speaker, for many years I have sponsored and worked for a real prescription drug bill for seniors and this bill breaks my heart. This bill is not a bipartisan bill. It is a Republican fraud. The Republican leadership

would like to privatize Medicare and replace it with private insurance vouchers and HMO health care. That is what this bill does. It is the beginning of the destruction of Medicare and the destruction and privatization of Social Security is next.

You mark my words. We should be giving seniors a clean prescription drug bill under the Medicare program, but we do not have money for that because the Republican tax cuts for the rich and the stealing from the Social Security trust fund make it impossible to have any money left to pay for a real prescription drug program. The hodgepodge of benefits will do nothing but confuse seniors. After spending $2,200 in drug bills, seniors will have to pay the next $1,400 out of pocket without any help whatsoever while they still pay their monthly premiums. What kind of assistance is that? Seniors want a real drug bill and they want it to begin now, not in 2006. They want help in bringing drug prices down. This bill does none of that.

When I first came to Congress 15 years ago, I asked my mother what was the best thing we could do to help senior citizens and she said, give us a prescription drug program. Tonight, my colleagues, my mother gave me some more good advice. She said, vote against this sham bill. And that is exactly what I am going to do. Shame on this Congress for betraying our seniors and ramming this bill through in the middle of the night.

Mr. Speaker, I rise today in strong opposition to the Medicare Prescription Drug and Modernization Act. When I came to Congress 15 years ago, one of my highest priorities was to strengthen Medicare, provide drug coverage for seniors, and ensure that my children and generations to come would always have access to quality health care in their golden years. What the Republican leadership has put before us today does none of these things and threatens the very fabric of the Medicare program. The Republicans chose to give the richest Americans billions and billions of dollars in tax cuts rather than truly provide our seniors with relief from the high cost of prescription drugs. If this legislation is enacted, Medicare, and the cornerstone of Lyndon Johnson's Great Society, will be decimated.

There is nothing I would like more than to vote for legislation that would provide a meaningful Medicare drug benefit for seniors. In fact, I authored legislation to do just that. My legislation would have provided seniors with coverage comparable to most private plans and those utilized by federal employees. But what we have in this Conference Report is a fraction of that coverage. Most seniors will see little relief from the high cost of prescription drugs. Seniors will pay at least $35 a month in premiums with a $250 deductible, but these are just benchmarks and seniors may wind-up paying much more. There is also a gap in coverage where seniors will pay the premium while receiving no benefit. The gap in coverage is between $2,200 and $3,650 of out-of-pocket drug costs. This could mean that for half the year a senior will be paying a premium and getting no assistance. Additionally, the drug benefit doesn't even begin until 2006. Seniors in my district tell me they need help now. They don't want to wait two more years for this benefit to begin. I certainly think that they have waited long enough for assistance in paying for medicines that save and improve their lives. Our seniors deserve better treatment than this.

In keeping with the poor design of this benefit, it is expected that millions of retirees currently receiving drug benefits from their employers will lose it. So the Republican bill offers seniors a paltry benefit while taking away the quality benefits they currently enjoy. Wait till our seniors get a load of this.

As bad as all this sounds, it only gets worse. Despite the large outcry by seniors and Democrats across the country, this Conference Report embodies not the first small step toward privatization, but a giant leap that breaks the promise we made to our seniors and have kept since 1965 when Medicare was created. What is being dubbed as a demo project to ''test'' premium support, what is at best a voucher program, will encompass about ⅙th of Medicare beneficiaries. We're talking about 7 million people being forced out of traditional Medicare and into HMO's. These, the unluckiest of all the Medicare population, will pay higher premiums and receive some type of benefits, but we don't know what they are because the HMO's will package them as they see fit. For the first time in history seniors in different areas will be paying different premiums and receiving different benefits.

What is most troubling is that this legislation is setting Medicare up to fail. This legislation includes a provision that automatically triggers cuts in the program if Medicare spending increases to an amount determined by the Republicans. The likely scenario regarding this is that sometime over the next several years Medicare spending will increase triggering the cuts. In order to get under the arbitrary cap traditional fee-for-service Medicare will be decimated. Republicans will then point to their privatization as Medicare's savior and they will have finally succeeded in their ultimate goal of ending Medicare and leaving seniors to fend for themselves in the private market where HMO's will be the order. Make no mistake, we agreed on the path to full privatization and an end to one of the most successful government programs in our history.

We have all heard that this group endorsed the bill and that group endorsed the bill, so why are Democrats opposing it. The only reason this legislation has any life in it is because the Republicans have doled out billions of dollars in payouts to insurance companies, drug companies, and other special interests. These groups are not endorsing the bill because it helps seniors, they are looking out for themselves. Well I am not going to sell out our seniors.

Mr. Speaker, the greatest generation is about to face the brunt of the greatest hoax since since I have been in Congress. Most seniors are not watching this debate. They will have on their local news that Medicare will soon be covering their prescription drugs and they will be ecstatic. ''Finally'' many will say. What a shame it is that we re playing a political game with the lives of seniors around the country. I urge all of my colleagues to vote this bill down so that the can enact a real benefit that strengthens Medicare and provides a comprehensive drug benefit that will make this wonderful program even better.

Mr. TAUZIN. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Texas (Mr. BRADY).

Mr. BRADY of Texas. Mr. Speaker, I appreciate the leadership of our chairman on this important issue. For the last 4 decades, Medicare has helped millions of American seniors get needed health care, helping them live longer than any other generation before them. However, Medicare has become dangerously outdated. In America today, Medicare refuses to pay $80 a month for Lipitor to prevent heart disease, but will pay $20,000 in hospital costs after a life-threatening emergency has occurred. That does not make sense. Medicare needs to keep pace with these medical breakthroughs.

Medicare must also be preserved and strengthened for future generations. We worked hard and we must act now so that seniors, baby boomers, and our young people can count on Medicare decades from now. We have worked hard to make sure Medicare is more like the health care plans Congress enjoys, more choices, better plans, and lower expenses for Medicare down the road. There are thoughtful new reforms to keep Medicare costs from ballooning out of control, and there are exciting new savings accounts that give Americans of every age more freedom to determine their health care costs.

Our seniors deserve a modern prescription plan now and future generations deserve Medicare that they can count on. The bottom line is we can invest a dime now to help seniors afford their medicines, or we can pay a dollar later when they end up in the hospital or face emergency surgery that we could have prevented. Our seniors deserve a modern prescription plan today, and Republicans in Congress are going to deliver it.

Mr. DINGELL. Mr. Speaker, I yield 1½ minutes to the distinguished gentleman from Texas (Mr. GREEN).

(Mr. GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GREEN of Texas. Mr. Speaker, I rise in opposition to this so-called Medicare prescription drug conference report. Much as I want to support legislation creating a prescription benefit for our Nation's seniors, I cannot support this bill. First, the bill does absolutely nothing to drive down the outrageous costs of prescription drugs. In fact, it expressly prohibits Medicare from negotiating for 40 million seniors lower prices, and yet it still allows the insurance companies to do it. But they prohibit the government from doing it. The benefit has a huge doughnut hole that forces seniors to pay all their costs from $2,250 to $5,100. I guess I am so frustrated with this bill the best I can do is read a poem about America's Greatest Generation.

Rest gently, America's Seniors
You saved democracy in WW II
You survived a depression, too.
You built this Nation

to a great world power
so it is right you rest
at this late hour.

□ 0145

But while you slumber
There are voices raised
In our Capitol yonder
Of your high costs for your drugs of wonder.
This proposed legislation
Considered in the dark of night
Will not reduce your cost a ''widow's mite.''
Awake you will from your night's slumber
To repay and respond to those who plunder
Your hard-earned Medicare benefits.

Mr. Speaker, I rise in opposition to this so-called Medicare prescription drug conference report.

Much as I want to support legislation creating a prescription drug benefit for our Nation's seniors, I cannot support this bill.

The bill does absolutely nothing to drive down the outrageous costs of prescription drugs. In fact, the legislation expressly prohibits Medicare from using the negotiating power of 40 million seniors to demand reasonable prices for our Nation's seniors but allows insurance companies to negotiate.

The benefit has a huge ''donut hole'' that will force seniors to pay for all of their costs from $2,250 until their costs exceed $5,100.

So if you have drug costs that are $300–400 per month, you're only going to get a benefit for the first half of the year.

The rest of the year, you'll continue to pay premiums, but get absolutely nothing from them.

And finally, this plan would require Medicare to compete with private plans that would be paid more to treat healthier seniors.

There is no way Medicare could honestly be expected to compete with these overpaid plans, and I think the bill's crafters did that on purpose.

Mr. Speaker, this legislation leaves people worse off than they were before it. The CBO estimates that 2.7 million employees will lose their retiree benefits.

More than 6.4 million Medicaid beneficiaries will lose their wrap-around coverage.

And in the long run, seniors will be left shouldering a significantly higher portion of their health care costs. This is unacceptable, and I urge my colleagues to vote against this bill.

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

Mr. DINGELL. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Ohio (Mr. STRICKLAND).

Mr. STRICKLAND. Mr. Speaker, I thank my friend for yielding this time.

I probably will not need a minute to say what I want to say. But this bill was written by and for the pharmaceutical companies. Do the Members want an example of why I say that? A few days ago the Blue Dogs met with our Secretary of Health and Human Services, Mr. Tommy Thompson, and two Democratic Senators were there, Senator BREAUX and Senator BAUCUS. And in that meeting, a question was asked: Why is there a prohibition against the Secretary from negotiating discounted costs for America's senior citizens? And Senator BAUCUS said it is in there because PhRMA insisted that it be in there. Shame, shame, shame on you.

Mr. TAUZIN. Mr. Speaker, I yield myself 30 seconds.

I want to point out that the language that the gentleman just referred to in the bill first appeared in the motion to instruct by none other than the gentleman from California (Mr. STARK), who offered a motion to recommit H.R. 4680 with instructions that included the very same language that the gentleman is complaining about that was referenced in the Blue Dog meeting.

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

Mr. DINGELL. Mr. Speaker, I yield 1½ minutes to the distinguished gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, the Hypocratic oath requires that doctors first do no harm. There is no such oath for Members of Congress. But we would be wise to heed it when we consider the Medicare prescription drug benefit tonight, for this bill certainly will do harm to millions of Americans. I know this. My constituents know this, and seniors across the country know this. They are furious with the organizations and the Members of Congress that support this plan.

This is not an abstract debate. This has a huge impact on real people. It will do harm to people like Helen Lay, my constituent, a retiree in Colorado. Helen is worried because, as she sees it, this bill has something in it for everyone except the senior citizens. Helen and her husband, Frank, are fortunate enough to have good prescription drug coverage through their retirement plan. Right now, they spend about $800 a year on prescription drugs. Without insurance, they would be spending nearly $12,000.

This bill will do great harm to Helen and Frank and millions of other seniors because it will encourage employer retirement plans to end prescription drug coverage, forcing seniors into substandard plans that cost more, and no one knows what the coverage or the price will be.

Helen and Frank have other serious problems. They take 12 brand-name medications per month. But this bill specifically prohibits Medicare from negotiating drug prices, even though private companies like Wal-Mart and agencies like the Veterans Administration are able to negotiate cheaper drugs. That means even if this bill passes, Helen and Frank will still pay exorbitant prices.

I say to Helen that we are here to stand up for her today.

Congress first must do no harm. Send this plan back.

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

Mr. DINGELL. Mr. Speaker, I yield 1½ minutes to the distinguished gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. Mr. Speaker, I rise in opposition to the Medicare conference report. Seniors deserve a good prescription drug benefit through Medicare. This bill cripples Medicare and truly is not a prescription drug benefit at all. It forces seniors into private insurance plans to get all of their health care and contains a time-released poison pill that will starve Medicare of needed resources by arbitrarily capping federal funds.

But on top of this, the conference report cuts cancer care by $1 billion a year, $10 billion over 10 years. So many rural cancer centers will close as a result, and others will lay off oncology nurses and critical support staff. These centers are essential to the delivery of cancer care today. How can we do this to cancer patients? It is hard enough to live with this dreaded diagnosis, let alone the horrendous side effects of the treatments. And now this.

I repeat. This bill cuts $1 billion out of cancer care. I am ashamed.

Mr. TAUZIN. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. ROGERS) for the purposes of colloquy.

Mr. ROGERS of Michigan. Mr. Speaker, I thank the chairman for his leadership on this for the millions of seniors who today have no access, no access to prescription drugs that will have that when this bill is signed into law. I thank him for each and every one of them.

For the purposes of colloquy, it is certainly not the chairman's intent that the cuts to oncology practices across the country would go below such a level that would cause practices to close, thus jeopardize access to care for thousands of cancer patients, and should we see that CBO's projections were wrong and that oncologists were found not to be made whole for their drug reimbursement under the new Average Sales Price that we would swiftly reverse this payment methodology?

Mr. TAUZIN. Mr. Speaker, will the gentleman yield?

Mr. ROGERS of Michigan. I yield to the gentleman from Louisiana.

Mr. TAUZIN. Mr. Speaker, the gentleman is correct, but let me point out that CBO's estimates now indicate that this bill makes oncologists perfectly whole in this first year of the changeover. In fact, for the first 2 years, it is a neutral completely, and oncologists will be getting something like 2½ to 3 times the practice expense allowance that CMS now estimates they would get under their own data. This bill will actually give oncologists 100 million more dollars than they are currently getting under the old AWP formula this year, 2004, and $100 million less the second year. So it is a total neutral policy for that 2-year period.

Mr. ROGERS of Michigan. Reclaiming my time, Mr. Speaker, I thank the gentleman for clarifying.

In addition, it is not the chairman's intent that small rural cancer centers across the country would be detrimentally impacted under the new Average Sales Price reimbursement method for their drugs based on their inability to buy in volume like their suburban

neighbors. And if we found that to be the case, we would swiftly review the specific impact such a payment methodology had on access to care in these rural areas.

Mr. TAUZIN. Mr. Speaker, will the gentleman yield?

Mr. ROGERS of Michigan. I yield to the gentleman from Louisiana.

Mr. TAUZIN. Mr. Speaker, the gentleman is of course correct. That is why we built an ASP, Average Sales Price, plus a percentage to give the smaller oncology units a chance to buy, in case the larger units buy at a lower price, they could at least get coverage on top of the Average Sales Price to reimburse them, but we would always review that to make sure cancer care is indeed preserved.

Mr. ROGERS of Michigan. Mr. Speaker, I thank the gentleman for his attention on this matter.

Mr. DINGELL. Mr. Speaker, I yield 1½ minutes to the distinguished gentlewoman from Illinois (Ms. SCHAKOWSKY).

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

Earlier the gentleman from Louisiana (Chairman TAUZIN) waxed poetic about the deep meaning of a movie, of all things, and about the centrality of choice in our democracy. And I agree about choice.

But I have to tell the Members in all the years that I have worked for and with seniors, never, not once, did a senior citizen come up to me and say ''What I really want is a choice of insurance plans. I want more salesmen to call me, send me those brochures, include all those charts and graphs and fine print. I cannot wait to sit down each year and choose among HMOs.'' Never, not once.

Seniors want a choice all right. They want to choose their doctor. They want to choose the drug that their doctor prescribes for them. They want the choice of their pharmacy if they want to go to their neighborhood pharmacy. They want the kind of real choice they get under Medicare, the Medicare that they know and love. And that is the kind of choice they will lose under this bill and under a pile of brochures that they are going to be burdened with. But do the Members know what? That is okay. I want to tell the Members it is okay because the seniors know the difference between real choices and phony choices. And we can put all kinds of fancy pictures on it, but senior citizens will know, and I want to tell the Members that it is to their peril that they vote for this legislation and give seniors a phony choice.

Mr. TAUZIN. Mr. Speaker, I yield 1½ minutes to the gentleman from Arizona (Mr. RENZI).

Mr. RENZI. Mr. Speaker, I thank the chairman for yielding me this time.

There has been some talk about this not being about prescription drugs and more about the changes that we are looking at for Medicare.

In the 1950's and 1960's on the border of Nevada and Arizona at the test sites for the atom bomb, the schoolchildren in Arizona, in Kingman, Arizona, were given the day off to go up on the mountains and watch the A-bomb blasts. The skies would turn brilliant pink and orange. Years later, those adults are the ones that come down with the highest cluster rates of cancer in America. A lot of the folks in the Rust Belt send their cancer patients out to beautiful, warm Arizona, whereas one of the benefits of their suffering has been our ability to understand how to better treat cancer in these communities now rather than in the hospitals.

The nurses who provide that cancer care under the current Medicare are not allowed to bill and get their full amounts. That is because Medicare has not changed enough or at all since its inception.

Medicare must be updated. It must be modernized. To do so denies the ability to provide the proper billable hours for our nurses who provide cancer care and the better system of cancer care that we are seeing out in the West.

Modernize Medicare. Do not deny those nurses that kind of coverage.

Mr. DINGELL. Mr. Speaker, I yield 1½ minutes to the distinguished gentleman from Maine (Mr. ALLEN).

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

Mr. Speaker, we have talked a lot about this bill. I want to say just a couple of words about my seniors up in Maine. Two points. First, they are desperate for lower prescription drug prices. Number two, they want to keep the Medicare program that they have because it is all they have. There are no HMOs in Maine to provide services to them.

And here is what they do. To get lower prescription drug prices, they call my office in Maine every day. They pile into buses to go to Canada. They try to get their prescription drugs from Canada over the Internet.

And so what do they get out of this bill? They get a provision that says the government will not be able to negotiate lower prices for them, will not be able to negotiate lower prices. They get an inadequate benefit that is not as helpful to most seniors in Maine as the Canadian drug prices. It is a big win for PhRMA and a big loss for people in Maine.

Our seniors have come to rely on the stability, predictability, and continuity of Medicare. The chairman of the committee did talk about choice, but as in Illinois, no one in Maine has ever asked me for a choice between insurance plans. They have got the choice that matters now, a choice of doctors and hospitals. This bill over time drives them out of fee-for-service Medicare into HMOs. It is funded by an outrageous overpayment to private plans and HMOs.

My parents for 1 year were in a Medicare+Choice plan. It was not golden. It was not modern, not efficient, not fair. Just a bureaucratic nightmare. Defeat this Medicare bill. It is bad for Maine's seniors.

□ 0200

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

Mr. DINGELL. Mr. Speaker, I yield 1 minute to the distinguished gentleman from New York (Mr. ISRAEL).

Mr. ISRAEL. Mr. Speaker, last June I was one of nine Democrats who voted to move Medicare modernization into a House-Senate conference. That bill was flawed, but I wanted to give it a chance for bipartisan compromise and improvement. It saddens me that this bill was not improved, Medicare was not modernized; it has been privatized in this bill. I said when I voted for H.R. 1 that if it looked like privatization, if it sounded like privatization, if it felt like privatization, if it smelled like privatization, that I would oppose final passage. This bill sounds, it feels, it smells, it looks, it is privatization; and I have to oppose final passage.

Now, some say, well, it is not really privatization; this is just an experiment in six different areas. Do not worry. Mr. Speaker, when you are the guinea pig, you tend to worry.

We could have done a much better job with this bill, Mr. Speaker. We could have come up with a bill that Republicans and moderate Democrats could embrace, a bill that protects seniors and does not subvert them. I gave this bill every chance that I could. Tonight this bill robs our seniors of any hope that they have had for true Medicare reform. Medicare should be the Federal Government's obligation to seniors who need the right bill, not a profit center for the special interests who wrote this bill.

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

Mr. DINGELL. Mr. Speaker, I yield 1 minute to the distinguished gentleman from New Jersey (Mr. ANDREWS).

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

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

Several Members of the majority have said that this is a historic morning. They are correct. History will record that this is the day that any pretense the majority had, the Republican Party had of fiscal responsibility, ended.

Mr. Speaker, for every $100 we are spending to run our government tonight, we are only taking in $80, and you are taking every nickel out of the Social Security trust fund and then some to make up the difference. So what is your strategy to deal with this deficit? It is to add a $400 billion entitlement that you cannot pay for. You are using Social Security funds that are supposed to fund future retirements for our kids to pay for a sham prescription drug benefit for our grandparents.

This borrowing will purchase a Trojan horse, a massive giveaway to the health insurance industry disguised as a prescription drug benefit for senior citizens.

I listened to your speeches when you came here 10 years ago and said we could not afford to expand entitlements, and many of us on our side stood with you and made sure that we did not do that.

To have a real prescription drug benefit, you should repeal your sacred tax cut and pay for what is really necessary for America's seniors. Shame on the Republican Party for turning its back and releasing a torrent of red ink that we will pay for, for generations to come, when this bill metastasizes in the future. Oppose this ill-considered bill.

Mr. TAUZIN. Mr. Speaker, I yield myself 30 seconds. That was an interesting speech, but I got a letter from the Congressional Budget Office indicating that they prepared a preliminary estimate of the impact of the Democratic amendment to H.R. 1, the Democratic plan; and the estimate of CBO of their plan is $1 trillion. So a speech complaining about the fact that we in this House passed a budget that included $400 billion for this important program for seniors is wrong, when the other side prepared an amendment for $1 trillion; that is a little outrageous.

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

Mr. DINGELL. Mr. Speaker, I yield 30 seconds to the distinguished gentleman from Arkansas (Mr. BERRY).

Mr. BERRY. Mr. Speaker, I rise at this time to just express my gratitude and the gratitude of my caucus to the two gentlemen who have worked tirelessly for years on this issue, the gentleman from Michigan (Mr. DINGELL) and the gentleman from New York (Mr. RANGEL). And I hope that this entire body, even though they have been treated shamefully and disgustingly by the Republican leadership and by this conference committee, I hope that everyone here this evening will join me in thanking them for the magnificent job that they have done for America and America's seniors.

Mr. TAUZIN. Mr. Speaker, I yield myself 30 seconds. While he is not here, I think the Members on our side ought to show their appreciation for the chairman of the Committee on Ways and Means, the chairman of the conference who did an amazing job in bringing this excellent bill to the floor for our consideration, the gentleman from California (Mr. THOMAS).

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

Mr. DINGELL. Mr. Speaker, I yield 1½ minutes to the gentleman from Massachusetts (Mr. MARKEY).

Mr. MARKEY. Mr. Speaker, 40 years ago today, President Kennedy's assassination released an energy in our country that led to the passage of the Civil Rights Act and Medicare. By contrast, the bill before us today was conceived in secret, crafted by special interests, and cloaked in a prescription drug benefit to disguise its real purpose: the destruction of the Medicare program as we have known it in the United States over the past 40 years.

This bill is a Thanksgiving turkey, and this turkey will not fly. It forces senior citizens into HMOs. It gives HMOs billion-dollar subsidies. It raises drug costs for the poorest Americans, and it drops millions of seniors from their retirement plans.

Some claim this bill will provide America's senior citizens with new prescription drug coverage, but it will force millions of our frail elders to pay more for prescription drugs than they do now. Some claim it will lower Medicare premiums, but it will require Medicare beneficiaries to forfeit the power to choose their own doctors or their own drugs. Some claim it will make the Medicare program more efficient, but it will stick taxpayers with the bill for billions of dollars in subsidies to HMOs and new tax shelters for the rich.

This bill is not the elixir for Medicare; it is, rather, a poison pill that leads to the destruction of the Medicare program as John F. Kennedy and Lyndon Johnson envisioned it.

Mr. TAUZIN. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, it is the season of Thanksgiving, and this House is about to say thank you to a generation of Americans who we ought to say thank you to, and we are about to say it in the most important way we can. We are about to pass a $400 billion-insured drug account for these citizens who have no drug insurance today. We are about to pass a voluntary plan that gives them the right to join or not join, their choice, not mandated by government. It includes catastrophic coverage so they never have to lose everything they have worked for and saved for all of their lives. And we give to all Americans on this Thanksgiving holiday a chance to open up health savings accounts, tax-free in, tax-free out, tax-free interest earned to build their own long-term health care plans for the future.

This, indeed, is a time of Thanksgiving, and it is indeed a time for this generation to be true to our obligations of the previous generation. This bill does that. It gives the new generation choice in drug coverage for the first time.

It is amazing to me tonight, this debate. I have taken my parents to the hospital many times during my dad's life and my mom's. I do not ever once remember a doctor asking me as I checked in to the room there whether my mom was a Democrat or a Republican. This is not a partisan issue. I have gone and filled my mom's prescriptions every now and then for her. They never asked me at the pharmacy what party she belongs to. And when health deserts us in our senior years, when the ravages of time take us and we pass away, no mortuary worker stamps Democrat or Republican on our tombstones.

Health care is not a partisan issue, and it should not be a partisan issue. We have a chance today to do something that seniors desperately need, and we ought to join tonight together to do it.

There are a lot of people who helped write this bill. Let me tell you who they were. They were, of course, the members of the conference committee who worked together to put this bill together, but there were a lot of staffers; and I want to mention them today. They are the staff of the House and Senate legislative counsel. Special thanks to the House legislative counsel, Ed Grossman, who is a draftsman extraordinaire. Additional thanks go to Pierre Oisson and Peter Goodlow.

From the Senate side, Ruth Ernst and John Goetchus and Jim Scott.

Other staff members of the Congressional Budget Office and analysts, these individuals deserve great compliments for their analysis, their integrity, and their hard work. I want to thank Doug Holtz-Eakin and Steve Lieberman, Tom Bradley, and the entire CBO staff who worked night times and days for us.

I want to thank Tom Scully and the whole staff at HHS and CMS who sat and worked with us day after day to craft this bill.

I specifically want to thank the staffs of our committees. From Ways and Means, John McManus, who did such a great job; Madeleine Smith and Deborah Williams, and Joel White. From the majority side of the Finance Committee, I would like to thank Linda Fishman, Mark Hayes, Leah Kegler, Colin Roskey, and Jennifer Bell. Recognition is deserved to Liz Fowler and Andrea Cohen, Pat Bousilman and Jonathan Blum.

Last, but not least, all of the Committee on Energy and Commerce staff who toiled so hard for us, let me thank them again, over and over again: Dan Brouilette, Patrick Morrisey, Chuck Clapton, Jeremy Allen, Patrick Ronan, Kathleen Weldon, and Jim Barnette. They did a marvelous job for this House, and we owe them a debt of thanks. Thank you all.

Mr. DINGELL. Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Ms. ROYBAL-ALLARD).

(Ms. ROYBAL-ALLARD asked and was given permission to revise and extend her remarks.)

Ms. ROYBAL-ALLARD. Mr. Speaker, I rise in strong opposition to this bill.

Mr. Speaker, I rise in strong opposition to this extremely flawed bill. A bill that takes care of drug and insurance companies at the expense of our Nation's seniors.

Instead of helping our seniors, Mr. Speaker, this bill will result in higher drug prices, increased Medicare premiums for seniors who refuse to be forced into HMOs, and the erosion of retiree coverage for over two million seniors.

These are just a few of the problems with this bill, Mr. Speaker. There are far too many to name in the limited time I have.

Our seniors deserve better. They have worked and sacrificed and contributed greatly to our country.

We must not turn our backs on them, Mr. Speaker, with the passage of this bill. Instead let us honor our seniors by defeating this bill and coming back with a prescription drug plan that is affordable, comprehensive and guaranteed. A plan, Mr. Speaker, that protects Medicare not destroys it.

Let tonight's victory be for our seniors, not the pharmaceutical and insurance companies.

Mr. DINGELL. Mr. Speaker, I yield such time as he may consume to the gentleman from South Carolina (Mr. SPRATT).

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

Mr. SPRATT. Mr. Speaker, I rise in strong opposition to this bill.

Mr. Speaker, when we began this quest several years ago, our object was to make Medicare better by filing a big gap in its coverage. This conference report covers that gap with a drug benefit that is barely adequate and badly in need of redesign. The bill then goes on not to make Medicare better, but to move Medicare toward privatization, heavily subsidizing managed care with funds that could better be used to improve the meager drug coverage this bill provides.

I will vote against this bill not to kill it but to send it back to an open conference, where all participate, in an effort to make the bill worthy of our senior citizens who badly need this coverage, and depend on Medicare.

Here are some of the problems and objections that I find with this bill:

H.R. 1 couples meager drug coverage with major changes that move medicare toward privatization. The terms of coverage seem reasonable at first until you realize that they are not guaranteed. The premium of $35, the deductible of $250, and the co-payment of 25 percent are illustrative of what insurance companies may offer, but not written in stone. In any event, coverage stops after $2,250, just when it is needed most, and catastrophic coverage does apply until one has spent $5,100. For this first $5,100 in coverage, the consumer pays $4,020. Put another way, the plan pays 20 percent the consumer pays 80 percent. Catastrophic coverage starts after $5,100 has been spent, and seems reasonable, until you realize that this threshold, like all the other terms of coverage, is indexed to the rising cost of prescription drugs, and is likely to double in ten years. This is meager coverage, and a poor trade-off for all the changes crammed into this package to move Medicare toward privatization.

H.R. 1 contains a drug benefit that is flawed and needs to be fixed before it becomes law. Rather than providing continuous coverage, the Medicare benefit has a $2,850 gap in coverage that will leave millions of seniors without drug coverage for a good part of the year, even though they continue to pay premiums.

The drug benefit has a deductible of $250, and a coverage gap that begins at $2,250 in drug spending and ends at $5,100. According to CBO, this coverage gap of $2,850 will double to $5,065 by 2013. The structure of the benefit means that there will be several months out of the year when seniors are paying premiums and are not receiving any additional drug coverage. This odd benefit design, with its coverage gap does not currently exist as an insurance product.

H.R. 1 needlessly complicates prescription drug coverage by making it available only through private insurance policies and not through medicare. Even through stand-alone drug policies don't exist, and health insurance companies, fearing adverse selection, have made clear that they do not wish to write it, this bill provides primarily for private insurance coverage. Out of disdain for Medicare, the bill does not choose the simple solution and make drug coverage a feature of Medicare. Instead, in one of many steps toward privatization, this bill calls for drug coverage to be written by private insurance companies, adding unnecessary cost, complexity, and uncertainty.

H.R. 1 requires that drug coverage be purchased from a private insurance company even when there is only one underwriter and no competition. In regions where only one insurance company offers a drug-alone policy, Medicare will not provide ''fallback'' coverage under this bill, so long as there is a Medicare PPO or HOM in the area. The beneficiary will have three unappealing choices: take the coverage at a non-competitive price, leave Medicare fee-for-service and join the HMO, or go without drug coverage.

H.R. 1 bars the Federal Government from using the purchasing power of 40 million seniors to drive down the price of drugs—H.R. 1 flat prohibits the Secretary of Health and Human Services from negotiating better prices for prescription drugs. The bill divides Medicare's 41 million beneficiaries into numerous regions and to one or more private plans within each region. This fragmentation runs contrary to trends at the state level, where states have used the purchasing power of big beneficiary pools to negotiate better prices. This prohibition also flies in the face of prevailing federal practice, which requires government officials to seek the best possible price when spending the taxpayers' money—especially when spending $400 billion.

H.R. 1 overpays HMOs to induce them to join medicare and draw seniors into private plans—H.R. 1 provides $16.5 billion to sweeten subsidies paid to managed care plans and induce them to enter markets they have not found profitable. After spending billions to subsidize managed care plans, this bill then forces traditional Medicare to compete with the plans. This competition, known benignly as ''premium support,'' will destabilize Medicare as we have known it and lead to premium increases for seniors who want to stay with the government-run program.

According to the Medicare Payment Advisory Commission, Medicare already overpays managed care plans by 19.6 percent. They are paid 19.6 percent more than their members would cost if enrolled in traditional fee-for-service Medicare.

H.R. 1 increases HMO payments by another $4.5 billion and sets up a $12 billion fund to induce private plans to enter new markets. According to MedPAC, these changes will result in overpayments to managed care plans of 25 percent.

Medicare fee-for-service will then have to compete with private plans in six metropolitan areas starting in 2010. Obviously, the increased payments will allow private plans an advantage in the competition, one they will enhance by marketing their services to healthy seniors.

Managed care plans have a record of designing and marketing benefit packages that appeal to healthy beneficiaries. As private plans ''cherry pick'' healthier beneficiaries, traditional Medicare will be stuck with sicker, more expensive beneficiaries. If competing private plans run costs below traditional Medicare, the beneficiaries in fee-for-service Medicare will be assessed the difference through their Part B premiums. Traditional Medicare premiums will spiral upwards, forcing seniors who cannot afford the rising premiums to move into private plans that limit their access to doctors. The process will repeat itself year after year, beginning an insurance ''death spiral'' that will destroy traditional Medicare.

H.R. 1 will cause over six million low-income seniors to be worse off—The 6.4 million low-income and disabled individuals who now receive health coverage from both Medicare and Medicaid will be worse off under this bill.

Under current law, when a benefit or service is covered by both Medicare and Medicaid Medicare serves as the primary payer and Medicaid ''wraps around'' that coverage. Medicaid fills gaps in coverage that exist under the Medicare benefit. Medicaid also picks up most or all of the beneficiary co-payments that Medicare charges.

This bill largely eliminates Medicaid's supplemental—or ''wrap around''—coverage under the new Medicare drug benefit. As a result, substantial numbers of poor elderly and disabled people would be forced to pay more for their prescriptions than they now do.

In addition, in cases where Medicaid covers a prescription drug but the private plan that administers the Medicare drug benefit in the local area does not provide that particular drug under Medicare, poor, elderly and disabled beneficiaries who now receive the drug through Medicaid could lose access to it.

Under current law, low-income beneficiaries have co-payments that run from zero to as high as $3; but these amounts do not increase from year to year. The conference report raises cost-sharing for those with the lowest incomes by requiring $1 and $3 co-payments for beneficiaries whose income is less than $8,980 a year and $2 and $5 co-payments for beneficiaries whose income is between $8,980 and $12,123 a year. In addition, the $1 and $3 co-payments grow at CPI (1.5 percent to 3 percent). The $2 and $5 co-payments will rise at the same level as prescription drug spending, which is projected to average 10 percent a year, far exceeding the annual 1.5–3 percent. Social Security COLAs.

According to the Center on Budget and Policy Priorities, this provision will result in higher drug costs for 4.8 million seniors.

H.R. 1 will cause nearly 3 million seniors to lose retiree coverage—According to CBO, some employers will stop providing retiree coverage due to the structure of the drug bill, and this will result in 2.7 million seniors losing retiree drug coverage, in many cases far better than this plan.

According to the Congressional Budget Office, 11.7 million seniors currently have retiree coverage through their former employers. However, 23% of these seniors, or 2.7 million individuals, will lose this coverage. This loss of coverage results from the structure of the drug benefit, which gives employers an incentive to drop retiree coverage.

The drug bill targets Federal assistance toward those seniors who lack supplemental private drug coverage, most noticeably through the requirement that payments made by supplemental coverage don't count toward the beneficiaries' out-of-pocket limit. In effect, the out-of-pocket provision reduces Federal subsidies for beneficiaries with supplemental insurance. As a result, it provides a clear financial disincentive for employers to supplement the benefit.

Second, some employers see the enactment of a drug benefit as an opportunity to reduce the costs and risks of providing drug coverage.

H.R. 1 spends nearly $7 billion on tax shelters for the healthy and wealthy—Rather than marshaling funds to improve drug coverage, H.R. 1 diverts $7 billion to Health Security Accounts, which have nothing to do with Medicare drug coverage, and create an unprecedented tax break, which could undermine our employer-sponsored insurance system.

Under H.R. 1, tax-advantaged savings accounts to pay out-of-pocket medical expenses would be made universally available. These could be used with high-deductible health policies, but not with the comprehensive health coverage traditionally offered by employers. Holders of these accounts could make tax-deductible deposits, watch the earnings compound tax-free, and pay no tax upon withdrawal if the funds are used for medical expenses.

This would establish an unprecedented and lucrative tax shelter. In the existing tax code, when funds deposited in a tax-favored account are deductible, withdrawals are taxed. On the other hands, withdrawals are not taxed when deposits are not deducted. There is no precedent in the tax code for providing both ''front end'' and ''back end'' tax breaks. The political pressure to do the same for other types of savings and retirement accounts could become irresistible. A proliferation of such tax-free accounts would only send Federal deficits higher.

These savings accounts would also undermine comprehensive health insurance. Healthy, affluent workers would have an incentive to opt out of comprehensive health insurance in favor of the Health Security Accounts. They would receive a large tax break, and would not be much affected by switching to a high-deductible health policy since they generally use fewer health services. If large numbers of such workers opt out of comprehensive plans, the pool of people left in comprehensive plans would be older and sicker, causing premiums for comprehensive insurance to rise significantly.

That, in turn, would drive still more healthy workers out of comprehensive insurance, making those that remain even more costly to insure, adding pressure on employers to stop offering comprehensive coverage. Older and sicker workers could wind up paying more for health coverage or losing it altogether and becoming uninsured.

This suggests what could be done to make this bill better if it were taken back to a fair and open conference committee. The $7 billion allocated to Health Security Accounts and the $17 billion allocated to subsidizing HMOs could be used instead to narrow the ''doughnut hole,'' the zone where there is no coverage between $2,250 and $5,100. This is just one example of how this bill can be fixed and improved, and should be before it is passed.

Mr. DINGELL. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. FATTAH).

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

Mr. FATTAH. Mr. Speaker, I rise in opposition to this conference report.

Mr. DINGELL. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Arkansas (Mr. ROSS).

Mr. ROSS. Mr. Speaker, I thank the gentleman from Michigan for yielding me this time.

Mr. Speaker, in 2001, the Republican Congresswoman, the gentlewoman from Missouri (Mrs. EMERSON), and I offered up a bipartisan plan that would truly modernize Medicare to include medicine for our seniors, that recovered 80 percent of the cost of prescription drugs for our seniors, while taking on the big drug manufacturers, and the Republicans told us that we could not afford it. They said we could not afford $750 billion over 10 years.

But what has happened since then? They passed a $350 billion tax cut for the wealthy, and now they are proposing a $400 billion major prescription drug plan. I was not real good in math in high school, but I think I can figure that one out. That totals $750 billion. Two years later, we are getting a plan that does not even kick in until 2006. Our plan would be in effect today.

□ 0215

Seniors get $1,080 worth of help on the first $5,100 worth of medicine they need every year, and the Republicans even had the nerve at the urging of the big drug manufacturers to put language in the bill that says the Federal Government shall be prohibited from negotiating with the big drug manufacturers to bring down the high cost of prescription drugs. This is a bad bill. This is a bill that does not even fit our seniors, only the big drug manufacturers.

Mr. TAUZIN. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, again let me read the language of the bill that the gentleman just referred to, that terrible piece of language. It says in effect that in administering the prescription drug benefit program established under this, the Secretary may not, number two, interfere in any way with negotiations between private entities and drug manufacturers or wholesalers; or, three, otherwise interfere with the competitive nature of providing prescriptive drug benefit through private entities. That language in the bill comes from a motion to recommit prepared and filed in this House in the 106th Congress by the gentleman from California (Mr. STARK) on his motion to recommit. It is language of the other side that they are complaining about.

Mr. DINGELL. Mr. Speaker, I yield 2½ minutes to the gentleman from Texas (Mr. TURNER) for purposes of explaining the motion to recommit, which will be offered at the conclusion of the debate. I hope my colleagues will listen closely to this.

Mr. TURNER of Texas. Mr. Speaker, for years the pleas of our hurting seniors fell on the deaf ears of our Republican majority until one day our Republican friends were struck with an ingenious idea, wrapping a plan to privatize Medicare into a deceptive package called prescription drugs for seniors.

It keeps the drug companies happy because they can still charge twice as much for medicine here as anywhere else in the world. It keeps insurance companies happy by paying them 25 percent more to cover seniors than taxpayers pay to cover seniors under traditional Medicare. It keeps doctors and hospitals happy by paying them billions while leading them like sheep into the perils of managed care.

And it costs taxpayers $400 billion for a meager prescription drug savings of 25 percent, a savings that could be achieved at no cost to taxpayers by giving seniors the right to buy drugs at the same price they can get them in Canada. All this slight of hand to force seniors into private insurance and some day to give them a voucher and tell them fend for yourself. No security, no certainty, no guaranty of coverage, you are on your own. And the promise of Medicare is no more.

My seniors in east Texas see right through this. In a poll conducted tonight, over 6,000 seniors in my district, 85 percent said they were opposed to the Republican plan. Dress it all up as fancy as you can, it is a bad deal for America's seniors and they know it.

Mr. Speaker, I will be offering a motion to recommit to give seniors a meaningful prescription drug plan. This motion matches the conference report dollar for dollar on provider payments. It allows the Secretary of HHS to negotiate lower drug prices. It eliminates premium support ensuring that seniors will not have to pay more to keep the Medicare coverage they know and trust. It rejects the poison pill language that guts reimportation, and it prevents millions of retirees from losing their benefits and protects

low-income seniors by allowing Medicaid to provide wrap around coverage.

Mr. Speaker, let us give the greatest generation the certainty, the security, and the guarantee they deserve. Vote for this motion to recommit.

The SPEAKER pro tempore (Mr. HASTINGS of Washington). The Chair would advise Members that there are 2 minutes remaining on either side. The gentleman from Louisiana (Mr. TAUZIN) has the right to close.

Mr. TAUZIN. Mr. Speaker, I might inquire of the gentleman from Michigan (Mr. DINGELL) if he has further speakers. I am reserving for the Speaker of the House to close.

Mr. DINGELL. Mr. Speaker, at this time I would inform my distinguished friend in the House, the gentleman from Louisiana (Mr. TAUZIN) that we have only one speaker remaining who will close for this side.

Mr. TAUZIN. Mr. Speaker, then I would advise my friend to take advantage of that time at this time and the Speaker will close on the Republican side.

Mr. DINGELL. Mr. Speaker, is my good friend assuring me he has only one speaker remaining?

Mr. TAUZIN. Mr. Speaker, I can assure my friend that is true.

Mr. DINGELL. Mr. Speaker, then with a great deal of pride and pleasure I yield the remainder of my time to the distinguished minority leader, the gentlewoman from California (Ms. PELOSI).

Ms. PELOSI. Mr. Speaker, I first I want to invite my colleagues to join me in expressing our appreciation to our Democratic conferees who have been true champions of a defined affordable prescription drug benefit under Medicare, the dean of the House and ranking Democrat on the Committee on Energy and Commerce, the gentleman from Michigan (Mr. DINGELL), the distinguished ranking Democrat on the Committee on Ways and Means, the gentleman from New York (Mr. RANGEL), and a true champion for health care in this Congress and the country, the gentleman from Arkansas (Mr. BERRY), all for their leadership on this important issue.

Sadly, Mr. Speaker, the Republicans would not let these appointed conferees into the conference room. And this bill does not reflect the benefit of the thinking and experience of our very diverse caucus. That is a great loss to this debate and a great loss to our country.

Mr. Speaker, the Democratic Party has made ensuring the dignity and security of our seniors a cornerstone of our mission for generations. Nearly 40 years, ago a Democratic Congress and the Democratic President, Lyndon Johnson, honored that mission by making Medicare the law of the land. Ever since then, America's seniors have known where Americans stand. We created Medicare, we want to protect it and strengthen it.

Americas seniors have also known where Republicans stand. For 40 years, they have waged war on Medicare. When Congress passed Medicare in 1965, only 13 Republicans in Congress supported it. Only 13 in Congress supported it. When Newt Gingrich and the Republicans tried to gut Medicare in 1995, President Clinton stopped them. That same year, Newt Gingrich made his intentions about Medicare clear. He said, ''Now, we did not get rid of it in round 1, because we do not think that is politically smart, but we believe it is going to wither on the vine.'' And tonight the Republicans want to deliver the final blow. On behalf of America's seniors and disabled, we must stop them.

Recognizing the desperate need of America's seniors citizens, Democrats proposed a guaranteed, defined, affordable prescription drug benefit under Medicare. Instead of joining us in this historic opportunity, Republicans offered up a Trojan horse, a deceptive gift intended to win their 40-year war against Medicare.

Republicans said this is a first step toward a prescription drug benefit. This Republican plan is not a first step, it is a false step, it is a mistake. It puts profits for HMOs and big pharmaceutical companies over seniors, providing a $12 billion slush fund for HMOs and gives a $139 billion in windfall profits to the pharmaceutical companies over 8 years.

The Republican plan does not lower costs for prescription drugs. It prohibits the government from negotiating for lower prices. It privatizes Medicare and pushes seniors into HMOs. It makes seniors pay more to keep the Medicare they know and trust. It does all of this for a deceptive plan that makes most seniors pay $4,000 out of their first $5,000 in prescription drug costs. How do you explain that to mom? You are going to get a new benefit, this is the Republican plan. And of the first $5,000 of prescription drugs cost, you, senior citizen of America, are going to pay the first $4,000.

Nearly half of all Medicare beneficiaries, up to 20 million seniors and disabled Americans, will fall into a coverage gap, meaning they will pay premiums all year without receiving benefits all year. Under the plan most seniors will be worse off than before, and millions of retirees will lose their existing employer provided coverage.

Republican priorities are clear: They place the special from interest of the HMOs and the pharmaceutical companies before the public interest of America's seniors and disabled. This is not the beginning of a real prescription drug benefit under Medicare. On the contrary, this is the beginning of the end of Medicare as we know it. The more seniors across America learn about the details of this scheme, the less they like it, and the more they want us to keep fighting for real prescription drug benefit that really answers their needs.

Mr. Speaker, this is an hour of decision. Tonight there is own one way to improve this bill and that is to and to provide the benefit seniors need and deserve and that is to vote no. I urge my colleagues to vote against this Republican hoax. I urge them to send all of the conferees, Democrats and Republicans, to the conference room to produce a bipartisan bill that will be sustainable over time and meet the needs of our seniors and disabled. I urge them to stand with 40 million seniors and disabled Americans who look to us for help and hope at this defining moment.

Speaking on the day when he signed Medicare into law, President Johnson said that this Nation's commitment to its seniors was part of a noble tradition that calls upon us never to be indifferent toward despair, never to turn away from helplessness, never to ignore or spurn those who suffer untended in a land that is bursting with abundance. Tonight the hopes of 40 million seniors and disabled Americans rest upon us. They have waited too long, fought too hard, endured too many broken promises, only to be sacrificed on the alter of the special interest. We cannot, we must not, and we will not abandon them now.

Mr. TAUZIN. Mr. Speaker, in order to close this historic debate we yield the balance of our time to the distinguished Speaker of this, the whole House of Representatives, the gentleman from Illinois (Mr. HASTERT).

Mr. HASTERT. Mr. Speaker, I thank the gentleman from Louisiana (Mr. TAUZIN). I also want to thank those many, many staff members who spent uncounted hours, night and day, to help make this bill possible. I especially want to thank my own staff member, Darren Willcox, who sacrificed many late nights and early mornings and long weekends despite having a wife and a baby boy at home. I want to thank Brett Shogren of the majority leader's staff, and many, many other young men and women who committed their time, dedicated their time to try to do a good job in this people's House.

I want to thank those folks at the legislative counsel who spend untold hours of trying to craft the right language to make this legislation the right legislation for the American people, and those folks at the Congressional Budget Office who crunched numbers day after day after day to make things work.

In this time and space of legislative arena, there are times when things come together. There are times of great opportunity. And there is a time for change.

□ 0230

This, indeed, is one of those times for that opportunity. This, indeed, is one of those times for great change. A poet once said that ''things fall apart, the center cannot hold. The best lack conviction while the worst are full of passion and intensity.''

For the good of our senior citizens and for the good of our Nation, the center must hold. The best must be full of

passion and intensity. And today, we must pass this historic legislation.

I want to thank all of those who have put aside their partisanship and worked together for the good of this Nation. I want to thank the conferees, especially the gentleman from Louisiana (Mr. TAUZIN), the gentleman from California (Mr. THOMAS), the gentleman from Texas (Mr. DELAY), the gentlewoman from Connecticut (Mrs. JOHNSON), the gentleman from Florida (Mr. BILIRAKIS) in the House, and Senator FRIST and Senator BAUCUS and Senator BREAUX of the Senate.

They have worked long and they have worked hard on this product through many late nights and long weekends, and they deserve our gratitude.

The third time is a charm when it comes to prescription drugs. This Congress under this leadership passed drug prescription legislation in the 106th Congress. The House passed a prescription drug bill only to see it die in the Senate. In the 107th Congress, we passed a prescription drug bill only to see it die in the Senate. And finally, we are poised to complete this long journey.

When Medicare was first conceived, the baby boomers were young adults and most seniors got their health care from a doctor's visit or a trip to the hospital. Thus, those who constructed the program were not overtly concerned about long-term cost projections or about prescription drugs.

Today, we face a different story. The baby boomers are now thinking about retirement, and they want their prescription drugs. Prescription drugs now make up more than a third of health care costs.

This conference report makes two fundamental changes to the Medicare system. It makes it more sustainable in the future, and it provides seniors with a prescription drug benefit. Why do we have to make Medicare more sustainable in the future? Because if we do not, my kids and all those other young adults out there will be forced to pay 30 percent of their salary in the next decade or two for the Medicare program. And I just do not think we can make that happen, and that will not sustain Medicare; and I do not think it is fair to them.

So in this bill we start the process of making Medicare more sustainable. We means test the part B premium and index the deductible to inflation. We introduce free-market principles and give consumers more power to choose their health care. We include cost-containment measures so that if Medicare costs grow too quickly, the Congress and the President will be forced to confront that fact.

Finally, we create health savings accounts which might be the most dramatic and exciting reform of our health care system in generations. These health savings accounts give consumers the ability to make health care choices. This will hold down skyrocketing health care costs and deliver better health care for our citizens and for our seniors.

As we make these necessary financial reforms in Medicare, we also modernize the program with a prescription drug benefit. And after this legislation goes into effect, low-income seniors will never be confronted with the choice of putting food on the table or paying for life-saving prescription drugs. Low-income seniors will finally have the benefit that will take care of their drug costs, and this will save the deposit money in the long run. For example, if a low-income senior has diabetes, the monthly cost of Glucophage, a drug that helps control that disease, is about $30 a month. But if diabetes is left untreated, a single hospitalization for renal kidney failure is about $6,700. The benefit is both penny-wise and pound-wise.

It will also help the typical senior by cutting down their drug costs by 40 percent. And those seniors with high drug costs will save even more, up to 60 percent or more. In other words, this prescription drug benefit is a good deal for all seniors.

This legislation has other important factors. It includes incentives to employers so that they will not drop their current plans. In fact, this bill will make it more likely that if you have coverage with your employer, that employer will continue to offer that benefit. It also includes vitally important help to rural America. And if you live in the cities or urban America, it is probably not a problem. But if you are trying to compete with your rural hospitals and keep doctors and hospitals going in rural areas, you know that is a problem.

This bill solves the problem. It takes care of rural hospitals. It provides rural health care. That is something that many of us have been fighting for for a long, long time. Let me be the first to admit that this conference report is not perfect. The far left does not like it. And some of our friends on the far right do not like it. But let me tell you who does like it.

The AARP has endorsed it. So has the American Hospital Association and the American Medical Association and almost every other major seniors organization and doctor and patient group.

I urge my colleagues to put politics aside. I urge you to consider this piece of legislation for the good of this Nation. I urge you to stop and think when is the last time that we have really been able to change the paradigm of health care in this country. When is the last time that we have really had the chance to offer our seniors in this country a future for good health care, for good pharmaceutical coverage and for a chance to live and enjoy a great future.

I ask for a positive vote.

Mr. FILNER. Mr. Speaker, I rise today to say shame on this body for passing this reprehensible Medicare bill that has been rammed through Congress today by the Republican leadership.

This legislation does nothing that its supporters claim it does. They claim that this bill will help seniors with their prescription drug costs and give them more choices in their healthcare. But actually, this bill does none of that. It does not provide a comprehensive, affordable or reliable prescription drug benefit. Further, it unravels the consistent, guaranteed healthcare coverage that seniors have come to expect under Medicare. This bill is so bad, that even some Republicans refused to support it. Opponents of this terrible legislation see through the smoke and mirrors that supporters are putting up and realize that this bill was not about helping seniors pay for their prescription drugs or giving them access to better care, but that this bill was actually about helping the bottom lines of private insurance companies, HMOs and the pharmaceutical companies.

There are many, many bad provisions in this legislation, and I would like to highlight some of the worst of them here.

One: Under this bill, Medicare as we know it is completely unraveled. First, Medicare Part B will be forced to compete with private managed care plans. This leaves the health of our seniors to the whims of private insurance companies and does not guarantee that all seniors will be receiving the same benefits across the country. That means seniors in my District in San Diego, CA, might have better coverage than seniors in New York. Or seniors in New York might have better coverage than those in San Diego—we just don't know—it's completely up to the private insurance companies and HMOs to decide how much coverage they want to provide. Not only is the amount of coverage going to vary, but so are the costs of the premiums. Again, that means seniors in San Diego might pay more than seniors in New York—or vice versa—depending on how much the private insurance companies and the HMOs decide they want to charge!

Secondly, this bill would institute a ''means test.'' In layman's terms, that means that in 2007, the Medicare part B premium would be linked to income. This not only goes against the main tenet of Medicare—which grants coverage to everyone, regardless of income—but also, higher premiums create an incentive for healthier seniors to leave Medicare. This would leave only the sickest seniors in Medicare and drive up premiums even more.

Two: The so-called prescription drug ''benefit'' is absolutely inadequate and actually decreases coverage for some seniors and can cost them more than they're paying right now. Supporters of this bill claim that the prescription drug benefit will help seniors cover the costs of their medications. However, there are so many problems with this benefit that it's hard to decide where to begin. First of all, this benefit does not even kick in until 2006. When it finally does begin, seniors are expected to pay a high deductible. Then, there is a piece de resistance of this so-called benefit: there is a big hole in coverage. Rather than providing continuous coverage throughout the year, this bill has a $2,850 coverage gap in which seniors don't receive any coverage at all. Half of America's seniors fall into this hole. The icing on the cake is that despite the fact that they would not be receiving coverage for part of the year, they are still expected to continue to pay the premiums.

Additionally, more than 2 million retirees, who currently have drug coverage through

their former employers, will lose that coverage. Because drug costs keep rising and this bill has no measures to keep drug costs low, it is very tempting for employers to simply drop their coverage and force seniors onto this inadequate drug coverage plan. Furthermore, rather than having Medicare kick in when a retiree reaches catastrophic coverage, this bill forces the employer-provided benefits to cover those costs—yet another reason for employers to pull their coverage.

Three: This bill explicitly prohibits the government from negotiating with drug companies for lower drug prices. One of the greatest strengths of a prescription drug plan under Medicare is that it could reduce drug prices for participants using the large number of participants in the Medicare program to bargain with pharmaceutical companies for better prices on their products. Yet this bill denies Medicare participants those lower costs, ensuring continued skyrocketing prescription drug prices.

It is for those reasons—and many many more—that I could not support this poison pill for Medicare and a placebo of a prescription drug benefit.

Mr. THORNBERRY. Mr. Speaker, like most bills brought before us, this bill is a mixture of provisional I support and provisions I oppose. Unlike most bills brought before us, it affects every American and will have significant, long-term consequences for our Nation.

I believe that providing access to quality health care is one of the most formidable challenges facing our Nation now and in the decades to come. The retirement of the baby boom generation, which begins in less than 8 years, will make that challenge enormously difficult.

When the House considered its version of this bill in June of this year, I said that our objective should be to ''update and strengthen Medicare so that it does a better job of providing health care for seniors and at the same time put Medicare on a sound financial footing so that it can be sustained through the baby boom generation retirement.'' This conference report does begin to update Medicare by adding prescription drug coverage. It does little to put Medicare on a sound financial footing.

Making prescription drug coverage available to all seniors is very important. Not only will that benefit keep seniors from having to choose between buying medicines and other necessities of life, it will help them stay healthier. As they stay healthier longer, hospital and other medical expenses should be less.

This bill includes reforms of the system which are also important. Allowing all Americans to choose Health Savings Accounts gives everyone a new option to pay for health care and could help stem the tide of rising insurance rates and rising health care costs. Beginning to consider income in calculating Part B premiums is a significant change in the law. Other provisions related to provider reimbursements and reducing the discrimination against rural health care providers are worthy of support.

I am concerned that the total cost of this bill is vastly underestimated, as has happened before in Medicare. There are payments or tax credits for virtually every group interested in health care, yet of all of the groups affected by this bill, I worry that the interests of those paying the bills, especially future taxpayers, are given the least consideration.

So, we are left weighing the benefit of modernizing Medicare and some reforms versus the danger that this bill will hasten the day of Medicare' collapse. It is not an easy judgment to make.

It is clear that if we do nothing, millions of seniors will go without the prescriptions they need and that none of the reforms essential to Medicare's survival will occur. We must begin somewhere. Reluctantly, I have concluded that this most imperfect bill is at least a place to start.

If we are honest, we have to admit that this bill is something of a gamble. We are betting that the limited reforms begun here will flourish and work to strengthen Medicare for the 21st century. If we are wrong, the added benefits and payments may sink the entire program. Tonight, I choose to vote with my hopes rather than my fears, prayerfully mindful of both my parents and my children.

Mr. UDALL of Colorado. Mr. Speaker, I want to support a Medicare drug bill, but I can't support this bill. Instead of giving us a foundation to build on, I believe it will compromise the effectiveness of a very popular healthcare program for seniors in order to deliver an inadequate, unreliable and unfair drug benefit. Under this bill seniors will pay higher premiums, higher deductibles and higher prices for drugs. It will force seniors into HMOs, and millions of seniors will lose drug benefits that they get through their retirement plans. Instead of crafting a drug bill, the Republican leadership has used the opportunity to dismantle Medicare and turn it over to private insurance and drug companies.

I have long believed that Congress should act to help seniors with their prescription drug expenses. Congress should give seniors greater choice in coverage, but it should not force seniors into HMOs in order to get a drug benefit. Colorado could be chosen as part of the demonstration project under this bill, which would force seniors into HOMs in order to get the drug benefit. According to a recent analysis by the Department of Health and Human Services, most seniors would see increases in their premiums with some facing increases as high as 88 percent. Colorado seniors would pay some of the highest premiums in the country. For example, seniors in Adams County, CO would pay $100 a month while seniors in some parts of North Carolina will pay $58 a month. Why should Coloradans pay higher premiums than seniors in other parts of the country for the exact same benefit?

It's no wonder that seniors in my district are skeptical about this plan. Let's not forget, we tried private competition in Medicare when HMOs were allowed to participate in the program as a result of legislation that passed in 1997. Seniors were told that managed care was better able to deliver healthcare services to them. Managed care aggressively courted seniors to join Medicare+Choice plans and then dropped them because they couldn't make a profit. That left millions of seniors searching for doctors and coverage. Now, this bill includes billions of dollars in subsidies to managed care to provide coverage. If privatization is such a good idea, why do insurance companies need these large subsidies in order to participate in Medicare?

There are a few provisions in this bill that I support, such as the payment increases for hospitals and physicians and other providers. In fact, I have consistently voted to increase provider payments and I have cosponsored legislation to change the flawed formula upon which these payments are based. But those payments should have been brought up separately rather than as part of the Medicare bill.

It is grossly ironic that Medicare will pay for a senior's care following a stroke but will not pay for the anti-hypertension drugs that prevent them. The time is ripe to pass a Medicare prescription drug benefit, but not as proposed in this legislation. I had hoped that we would vote on a bill that created a fair, workable, financially sound prescription drug benefit. But I am not willing to set in motion forces that will lead to the destruction of a program that seniors and the disabled have trusted for nearly 40 years in exchange for a feeble prescription drug benefit. We should work to get it done right rather than get it done right now.

Mr. BUYER. Mr. Speaker, the measure before the House tonight, the conference agreement on the Medicare Prescription Drug and Modernization Act, H.R. 1, is not a perfect bill. But, it is also not the bill that I opposed several months ago when the House first considered the measure. As with any conference agreement, this bill is a product of compromise and negotiations. It is an improvement in the House-passed bill in some respects, a disappointment in others. Nonetheless, I think it is time to end the debate on a prescription drug plan in Medicare and move forward.

While this bill has some troubling flaws, it does take major steps forward in improving access to health care of our nation's seniors. It serves as a blueprint for enhancements to Medicare that will enable Congress to resolve the long-term solvency issues in Medicare's structure.

Reform cannot occur in a vacuum. We must be vigilant as we take these necessary steps to reform Medicare to provide greater choice and health care services to beneficiaries.

This measure will require close scrutiny by Congress to oversee the implementation of the drug plan to insure that it provides cost containment and prevention of drug overutilization. The provisions before us to enhance Medicare are likely to require annual maintenance by Congress.

If the provisions of this bill that expand Medicare Advantage plans, that improve Medical Savings Accounts in Medicare, and that create Health Savings Accounts, are successful in the marketplace, beneficiaries will have alternatives to government-run health care and greater choices to meet their health care needs.

I applaud the inclusion in this bill of provisions to address the needs of rural providers, especially rural hospitals. Under this bill rural hospitals will see an equalization on reimbursement on inpatient care as compared to their urban counterparts. This bill includes provisions which I have urged that give Critical Access Hospitals more flexibility in their bed limits. I also applaud the conferees for including a provision that will enable hospitals to seek a reconsideration of their classification. The bill also extends Medicare cost contracts until Medicare Advantage plans are available. These are good provisions that will directly address patient care in my district.

I am also pleased to see the inclusion of regulatory reforms that this House has passed twice.

Finally, the bill gives seniors help with their prescription drugs almost immediately by authorizing a discount drug card. In a serious level of effort, I worked with four of my colleagues in drafting legislation to add a drug card to the Medicare program. Under our approach seniors would have been able to choose from a variety of discount drug cards available at a very low annual fee. We also included funds for seniors, based on income, to help seniors pay for drugs; a catastrophic limit; and a mechanism for seniors to save and for others to help seniors pay for their drugs.

Frankly, I think this is a better approach and I would have preferred to see it made a permanent feature of this bill, rather than expiring at the end of 2 years. Nonetheless, the discount drug card provisions of H.R. 1 do incorporate many of the ideas that my colleagues and I advocated. It would be my hope that Congress will see the wisdom of extending the drug card program.

I am troubled by the present fallback provisions, by the extent of the subsidies permitted under the bill, and by the uncertainty as to whether Medicare will be adequately reimbursing physicians for providing care to patients needing injectable drugs. I am also concerned that this bill still does not effectively keep the costs in-line with the ability of the taxpayers to fund the benefits.

Nonetheless, the bill, on the whole, is more positive and I am fully aware that Congress will have to tackle difficult issues down the road, however, I will support H.R. 1, to add a prescription drug benefit to Medicare and create long-term solutions to solve access, choice, and solvency of Medicare when baby boomers become seniors.

Mr. BEREUTER. Mr. Speaker, this Member wishes to add his support for the Medicare conference report and would like to commend the distinguished Chairman of the House Ways and Means Committee (Mr. THOMAS); the distinguished Chairman of the House Energy and Commerce Committee (Mr. TAUZIN); and the other Medicare conferees for their leadership, expertise, and good efforts on this comprehensive Medicare reform package. This Member would especially like to thank the distinguished gentleman from California (Mr. THOMAS) and his staff for the time he spent briefing this Member on the rural health provisions as Medicare conference negotiations were taking place and for his work to bring greater equity to the rural health care delivery system.

This measure may well be one of the most complex and important bills that this Member has ever had to consider during his tenure in Congress. Although the conference report lacks immediate controls on the high cost of pharmaceuticals—the market-oriented and pro-competition cost-containment provisions provided for the existing Medicare program are critically important reforms. The conference report makes Health Savings Accounts available for the first time ever to all Americans, and includes the undoubtedly controversial, but necessary means-testing of Part B premiums on a sliding scale, beginning at $80,000 (for singles). The rural health care reforms are also exceedingly important for millions of Americans. The conference report is certainly not perfect, for the prescription drug benefits may be both unaffordable and a huge disappointment to the intended beneficiaries. Yet, the Medicare reform and greater Medicare equity for citizens of rural and non-metropolitan areas make this conference report on H.R. 1 worthy of an ''aye'' vote. Congress will have ample time and opportunity to address concerns, enhance, revise, and improve upon this historic legislation.

Until this year, there has been nothing but gridlock and delay in terms of how to reform the Medicare program. The Medicare conferees worked long and diligently to develop the Medicare reform agreement before us today. We cannot afford to let this prospect of Medicare reforms slip away.

Mr. Speaker, the rising cost of prescription drugs has become an issue that simply must be addressed. Senior citizens in Nebraska and throughout the United States should not have to compromise their quality of life or their health because the cost of their prescriptions is more than their income allows. Without an end to the ever higher prescription drug cost—the product largely of huge international cost-shifting onto the backs of American consumers—the prescription drug benefits we are adding will cost more than the $400 billion allocated—it will quickly be too expensive for our Nation to bear, even with Federal taxpayer funds. Therefore, this Member is very concerned that the measure lacks immediate restraints on the high cost of pharmaceuticals.

This Member is extraordinarily disappointed, but not surprised, with the intentionally unimplementable reimportation language included in the conference report. Drug re-importation from Canada was not the best approach to meeting the problem of escalating drug costs and it could be only an interim approach, but it is the only tool now available. The provisions of the bill allow for the importation of drugs from Canada, but the measure contains language in which the Department of Health and Human Services can say it cannot responsibly or legally implement the provision, as it has done on two previous congressional efforts. This language is the ''poison pill,'' and it is wholly unsatisfactory.

Mr. Speaker, it is additionally important that the conference agreement authorizes $50 million for fiscal year 2004 for the Agency for Healthcare Research and Quality (AHRQ) to conduct research on health care outcomes, comparative clinical effectiveness, and appropriateness of health care items and services—including prescription drugs. This Member has been a strong advocate for such research, as evidenced by his amendment to the Labor, Health and Human Services, and Education appropriations bill (H.R. 2660).

Americans deserve the best health care for their dollar. Clinicians, patients, and those financing health care services need credible, objective information on the benefits, risks, and costs of prescription drugs so that they can make informed decisions about the prescriptions they consume and prescribe. Consumers need information regarding the effectiveness, quality, and cost-effectiveness of new drugs, in comparison with existing alternatives, especially when new drugs can cost much more than those now on the market. This Member is pleased that the conference report language authorizes the AHRQ to conduct such research and that comparative clinical effectiveness is referenced but is concerned that cost-effectiveness is also not mentioned.

Mr. Speaker, in addition to adding a long overdue prescription drug benefit to the Medicare program, the conference report provides for robust reform of the rural health care delivery system. It is the best bill ever for the health care of citizens living in rural and non-metropolitan areas; it moves them to a more equitable position with respect to their urban counterparts.

This Member is extremely pleased that the Medicare conference report includes a substantial amount of funding specifically for rural areas and small communities. As the Interim Co-Chair of the House Rural Health Care Coalition, this Member has been working diligently to address rural health care issues and the needs of those individuals who practice, work, and live in rural areas. This conference report includes funding that is dedicated to assisting community hospitals, outpatient facilities, home health agencies, skilled nursing facilities, ambulance service providers, rural physicians, and other skilled health professionals. Such funding is crucial for cash-strapped rural facilities which are near a breaking point and in need of urgent aid.

This Member is especially pleased that the Medicare conference report includes language to address the significant differential in Medicare reimbursement levels to urban and rural skilled health care professionals. For the past 2 years, this Member has introduced the Rural Equity Payment Index Reform Act to assure that physician work is valued, irrespective of the geographic location of the physician. The Medicare conference report establishes a 1.0 floor on the Medicare physician work adjuster from 2004 to 2006, thereby raising all localities with a work adjuster below 1.0 to that level. This is a huge victory for this Member, my very able legislative assistant, Ms. Michelle Spence, for Nebraska, and for all Medicare localities with a physician work adjuster below 1.0.

Several other provisions are included in the Medicare conference report to assist rural areas physicians and other skilled health professionals. For example, the measure protects senior citizens' access to physicians by replacing a 4.5 percent across-the-board physician payment cut—scheduled to take effect on January 1, 2004—with 2 years of payment increases. Additionally, this Medicare agreement provides a five percent bonus payment for primary and speciality care physicians who practice in scarcity areas.

This Member is also pleased that the Medicare conference report addresses hospital payment disparities to ensure that facilities in rural areas and small cities can stay in business and continue serving patients who need care by permanently extending the standardized base payment. This policy will help maintain access to care in rural and less populated urban areas of the country by better aligning hospital payments to actual costs. The estimated impact of eliminating the base rate differential will result in $26.7 million over 10 years for Nebraska hospitals in the First Congressional District, according to the American Hospital Association.

Additionally, the Medicare conference report lowers the labor share of hospital wage index to 62 percent. This change will increase inpatient reimbursement for many rural hospitals and will more accurately reflect the labor costs of many rural facilities. According to the American Hospital Association, this provision would bring $3.3 million over 10 years to the First Congressional District of Nebraska.

Several other provisions are included in the Medicare conference report to address rural hospitals. For example, the agreement increases disproportionate share hospital payments for small rural and urban hospitals and increases critical access hospital payments to 101 percent of reasonable costs.

Mr. Speaker, in closing, this Member supports the Medicare conference report. It finally gives the American people some of the critical reforms that are essential if the system is to avoid fiscal disaster or unaffordable burdens on American employers and employees. And, on what is a gamble, at least until we reduce the huge international pharmaceutical cost-shifting onto Americans, it will provide senior citizens with access to prescription drugs when they need them most and it will greatly improve health care for Americans living in rural areas.

Mrs. MALONEY. Mr. Speaker, the seniors in my district have made their views on Medicare clear.

They believe that it should provide the same coverage for prescription drugs that it does for doctors' appointment and hospital stays. And they think that they should no longer pay the highest prescription drug prices in the world.

Unfortunately, however, the bill before us will provide inadequate benefits that would leave half our seniors paying more out of pocket for prescription drug coverage than they do now. And it contains a gap in coverage that will leave half of seniors without any drug coverage for part of the year.

Just as bad, this bill will impose a global ceiling on the size of Medicare. If the overall cost of the Medicare program exceeds a predetermined cap, Congress will immediately be forced to slash benefits or hike premiums for those currently on Medicare.

To add insult to injury, this bill will undermine initiatives to cut the cost of prescription drugs. It would bar by law any effort by the Secretary of Health and Human Services to try to negotiate with pharmaceutical companies to lower prescription drug prices.

This bill will undermine and ultimately destroy Medicare as we know it.

It's not a magic potion. It's a poison pill.

I urge my colleagues to vote ''no.''

Mr. LANGEVIN. Mr. Speaker, I rise today gravely disappointed by, and opposed to, the Medicare Modernization and Prescription Drug Act of 2003. The 108th Congress has squandered our best opportunity yet to provide a meaningful prescription drug benefit for our nation's seniors. I am outraged that the republican leadership has taken advantage of the public's cry for medication coverage. They have used the demand to exploit the elderly, funnel money to drug and insurance companies and privatize Medicare. Sadly, this debate is no longer simply about a prescription drug benefit. This debate is about the survival of the health care system that has been serving and protecting our seniors since 1965.

In a striking divergence from the universal nature of Medicare, the conference report we are voting on today establishes a system wherein seniors rely on private, drug-only companies to administer their drug coverage. Each of these companies will develop their own rules about premiums, deductibles and what medicines are covered. The standard this bill sets for the companies only offers 75 percent coverage of the costs up to $2,250—and no coverage at all until the expenses then reach $5,100. During that significant gap in coverage, seniors will still be responsible for paying a $35 monthly premium. Even more infuriating, that premium will not count toward their out of pocket expenses, making it take even longer for them to reach the catastrophic level. The Republican conferees claim to offer help for the poor, and indeed, premium subsidies are available to individuals earning less than $6,000 a year or couples earning less than $9,000. But these vulnerable, low-income seniors must first meet a strict assets test, where cars, burial plots and even wedding rights will be counted as assets. Additionally, I remain deeply concerned that the legislation fails to include a meaningful fallback plan seniors can rely on if private companies fail to emerge in their area, an all too likely scenario that it is our duty to protect against.

The prescription drug component of this bill contains a particularly troubling provision that strictly forbids the Secretary of Health & Human Services from using the bulk purchasing power of Medicare beneficiaries to negotiate for lower drug prices for senior citizens—a tactic that has proven effective in the state programs, as well as 25 other industrialized nations. America's seniors have made it clear that they want the government to assist them in obtaining their prescription drugs at a fair price. It infuriates me that that we have over 40 million people with a common and basic, need, yet instead of taking advantage of that power to secure lower prices for the most rapidly increasing component of health care, the Federal Government, under the proposal put forward, would outlaw that practice. This tremendous missed opportunity makes it clear to me that this bill was written with the interests of drug companies, not America's seniors, in mind.

The problems with this conference report go far beyond the inadequacy of the drug benefit. This bill not only fails to meet the needs of seniors and jeopardizes the retiree coverage used by 12 million Americans, it also lays a strong foundation for the demise of the Medicare program as we know it. Beginning in 2010, this agreement will expose millions of seniors to new cost and benefit uncertainties in as many as six large metropolitan areas, possibly including my home state of Rhode Island and neighboring Massachusetts.

This vast demonstration project, which will involve up to 7 million seniors, will subject Medicare to competition with private companies, coercing seniors into HMOs and private plans. These private companies will be given huge financial incentives to offer health coverage for seniors, funneling critical resources away from Medicare and those who rely on it. If a senior wishes to stay in the Medicare program, he or she will be required to pay the difference between the cost of the private plan and the cost of Medicare—which will, no doubt, skyrocket as private plans court the healthier seniors out of Medicare, leaving Medicare the more costly task of providing for a sicker, poorer risk pool. This plan breaks the fundamental promise of Medicare. It replaces a guarantee of quality health care with increased premiums, provides a voucher for health insurance, and leaves seniors and people with disabilities to fend for themselves in a market where they may not be able to find a health care plan that meets their needs. Medicare was created in 1965 because the private industry was unable to provide adequate health coverage for this population. The virtue of the system is that it creates a large risk pool. Injecting private competition, and subsidizing that competition with billions of taxpayer dollars, will leave the healthiest seniors with the ever-changing and unstable options of private plans, and will resign those who are not as fortunate, our most vulnerable population, to an even more uncertain fate.

Seniors in Rhode Island, and no doubt the rest of the country, will see through this scheme. My constituents remember the devastating effect of the abrupt departure of Harvard Pilgrim, an HMO that covered over 150,000 Rhode Islanders. The scramble to find a health insurance plan that would allow patients to keep their doctors, and the struggle to understand new sets of benefits that followed Harvard Pilgrim's exit from our state would be replicated on a regular basis in the regions affected by the so-called demonstration project contained in this bill.

I must also touch upon the issue of provider relief. I am a strong supporter of doctors and hospitals that serve Medicare beneficiaries, and voted three times this year in favor of striking the premium support provision from this bill and using that money to update provider payments instead of subsidizing private companies. The conferees failed to take this approach, instead providing some temporary relief to providers for the upcoming year, but no long term fix to the systemic problem that plagues doctors and hospitals year after year. Providers are already overburdened by Medicare-related paperwork and receive lower-than-average reimbursement rates for their services. Should the premium support provisions in this conference report become law, providers will be forced to negotiate new terms for payment annually with every private plan that emerges to serve Medicare beneficiaries in a region. This bill signs away the rights and responsibilities Congress currently has to these providers, leaving decisions about provider payments up to the CEOs of insurance companies. The high turnover rate of providers in participating Medicare + Choice plans signals the instability this will cause, for providers and patients alike.

In this year's debate over Medicare, once again, Congress has lost sight of what the public has asked for, and what American seniors need. Our seniors are choosing between paying their rent of buying food and obtaining the medication they need to stay alive. They need relief from prescription drug costs. They do not need the additional challenges, burdens and costs of navigating through a system of HMOs, subjected to a different plan, a different doctor and higher premiums each year. Our Medicare providers need a fair payment system over the long term. All Americans need their government to take action against the soaring cost of prescription drugs. Given the opportunity to make a difference in each of these areas, the Republican leadership chose to put their resources and their trust in the hands of insurance companies and drug companies. This Is a matter of priorities and principles. I urge my colleagues to make American seniors our priority, vote no on the conference report and immediately begin to take meaningful steps to solve these problems.

Ms. HOOLEY of Oregon. Mr. Speaker, over the last 7 years, Oregon seniors have told me

that their top concern is the high cost of prescription drugs coupled with the lack of coverage for these lifesaving medicines under the Medicare program.

Regrettably, the bill before us today does nothing to address the high cost of drugs, and it comes at too high a price for coverage. Many seniors would lose the expanded coverage they currently have through their retirement and many others couldn't afford the high premiums, deductibles and gaps in coverage.

Despite the hard work and good intentions of many members of Congress on both sides of the aisle, we have lost the forest for the trees.

And so I rise today in opposition to the conference report on H.R. 1.

In August, I sat in the House gallery with some guests as the reimportation bill came to the floor. We sat with a group of interns and junior staffers. Along the back wall was a line of representatives of the pharmaceutical industry. It was an interesting mix.

From that unique vantage point, we watched members on the floor who were not speaking to represent ''sides of the aisle,'' but who joined together across the aisle to form the People's House. It was an interesting perspective on the situation.

You couldn't necessarily tell what anyone's party affiliation was by the impassioned way they spoke about an issue that cuts across party lines. The vast majority of us were adamant about fighting for the people we represent back home who are no longer willing to tolerate the fact that people in Mexico and Canada can get their drugs for less than Americans.

That bill passed overwhelmingly, and yet this conference report has failed to include drug reimportation. It has failed to address the elephant in the middle of the living room: the high cost of drugs.

Seniors can't afford drugs, and they can't afford high priced coverage, or loss of coverage they currently enjoy.

Unfortunately, when we were closest to getting agreement on making medicines more affordable for all of the Nation's seniors, the pharmaceutical companies, who make the lifesaving drugs that patients need, killed every attempt to allow Americans to benefit from the same low drug costs that other countries enjoy.

They also made sure that this legislation specifically prohibits the Medicare program from negotiating the prices of drugs, a power that even other government agencies, such as the Department of Veterans' Affairs, have. Why? Because seniors would finally have the leverage to lower drug costs for themselves in this country. They would make one heck of a purchasing pool.

And, when we were closest to getting agreement on improving coverage for everyone, the conferees failed to adequately protect retirees' health coverage. Unfortunately, somewhere along the way we forgot that this isn't just a pharmaceuticals bill, this is a seniors' bill.

We lost sight of what senior's struggle with most . . . drug costs and the cost of coverage. And believe me, seniors themselves have noticed that we've lost sight of them.

Take 79-year old Ruth Beale of Portland who was just diagnosed with Parkinson's disease who writes: ''I still work 3 days a week as a companion to a 103 year-old. This gives me just enough cash to pay the $300/month for my prescriptions. Of course that doesn't include the pain medication for the Parkinson's, my doctor gives me free samples when she can, though sometimes she runs out.

My Social Security check is barely enough to cover rent, (and I live in a subsidized senior apartment), food and the $72 per month for my Medicare HMO premium. Under this plan, I wouldn't get any help for my drug costs. I really can't afford to pay any more than I do now. So I guess I'll just keep on working until I can't anymore—I'm going to give this Parkinson's a run for it's money though.''

And God bless her.

Although Dorothy Patch of Salem has supplemental insurance, she still pays over $230.00 per month out of pocket for her prescription drugs. Dorothy is concerned about being pushed out of the coverage.

Dorothy figures that she would actually pay more for her coverage if this legislation passes. Why?

1. Only 75 percent of her drugs would be covered up to $2,250 per year.

2. From $2,250 to $5,100 Dorothy would fall into the ''donut hole'' and not receive any coverage at all, while she is still responsible for paying a $250.00 deductible and $35.00 monthly premiums.

3. Even though under her current plan, Dorothy is paying $230.00 per month, there is no donut hole in her coverage and she is covered no matter how high her drug costs become per year.

4. She is using a fee for service system and does not want to be forced into an HMO.

The truth of the matter is that people who currently have no coverage would gain a little at a very high price, a cost that many who have contacted me say they cannot afford. For many in the district I represent, this legislation is a step backwards. For others, it is a sore disappointment that we were unable to slay the giant and make reasonably priced medicines within their grasp.

At the beginning and in the end, for me, this issue has always been about the high cost of drugs and the need to affordably expand coverage. Regrettably, this bill prohibits ways to lower drug costs for American seniors and, for many, the coverage provided in the bill comes at a high price they simply cannot pay.

I urge my colleagues to reject this bill, go back to the negotiating table and give seniors what they really need: affordable drugs and affordable drug coverage.

Mr. MATSUI. Mr. Speaker, I rise to express my strong opposition to the Medicare conference report before us today. It shortchanges seniors who have waited far too long for a comprehensive, affordable prescription drug benefit and it undermines the Medicare coverage they have counted on for almost four decades.

First, the drug benefit in this bill is woefully inadequate. Seniors will have to pay a $250 deductible before they receive any benefit, and there is a significant gap in coverage, or ''donut hole'', where seniors will continue to pay monthly premiums but receive no assistance towards the cost of their drugs. In fact, a senior with $5,100 in annual drug costs would pay $4,020 of that cost out of their own pocket.

The fact that seniors have to pay 80 percent of their first $5,100 in drug costs is appalling. But, it doesn't stop there. This bill does nothing to lower drug prices. To the contrary, it explicitly prohibits the government from using the collective purchasing power of more than 40 million seniors to negotiate lower drug prices. So, not only does this bill make seniors pay 80 percent of their first $5,100 in drug costs, it prevents the use of reasonable tools to bring those costs down.

Now, let me address for a moment the 12 million retirees who already have health insurance from their former employers. The Congressional Budget Office estimates that this bill will cause 2.7 million of them to lose their existing coverage. This happens because the bill excludes employer contributions from counting towards the prescription drug catastrophic cap. This will incentivize employers to reduce their coverage to the level in this bill or drop it altogether to avoid having to pay the cost of prescription drugs in the donut hole.

Finally, this bill undermines the fundamental commitment of Medicare to seniors. Beginning in 2010, Medicare will be forced to compete with private companies for the provision of all Medicare and prescription drug benefits. Often referred to as ''premium support'' or ''privatization'', this provision shifts Medicare from the guaranteed, defined-benefit program it currently is to a defined contribution plan. Under this legislation, privatization is aided by almost $20 billion in subsidies to insurance companies and HMO's, creating a competitive advantage that allows them to attract healthier seniors, leaving sicker or chronically ill seniors in Medicare. The result will be a Medicare program that is unaffordable for the seniors who need it the most.

Mr. Speaker, as we consider the merits of this legislation, it is critical to look at the history of health coverage for seniors in this country. Medicare was created in 1965 because seniors were unable to find health insurance in the private marketplace. The bill before the Congress today would return us to that very same scenario and I urge my colleagues to vote against it.

Mr. CASTLE. Mr. Speaker, I rise today in support of the Medicare Prescription Drug Conference Report, and thank all the Conferees for their dedication to providing relief for our seniors. This landmark legislation updates Medicare and finally brings the program into the 21st Century by modernizing the program and providing a prescription drug benefit. While not perfect, this bill presents us with an historic opportunity of providing 40 million Medicare beneficiaries with relief in the face of rising prescription drug costs. Every member of this body has identified health care reform as a top priority and now we have the opportunity to make progress. The reality is clear—every year we postpone this debate and fail to compromise on a Medicare and prescription drug bill, while the burden of drug costs on seniors continues to increase.

In 1965 when the Medicare program first began, the average senior's spending for prescription drugs was $65 a year. In 2002, overall spending had risen to $2,149—a 35-fold increase. The average retail prescription price increased more than three times the rate of inflation from 1998 to 2000. Over 60 percent of seniors spend more than 1,000 per year on prescription drugs and of those seniors, 17 percent spend more than $5,000. And with 80 percent of retirees using a prescription drug every day, the expense for many is out of reach. These statistics clearly show the transition of patients relying mostly on hospitals and

physician for their health care needs to patients relying more on prescription drugs as measures for health treatment and prevention.

The bill aims to make prescription drugs more affordable and more accessible by creating a voluntary prescription drug benefit. For the first time, since the creation of the Medicare Program, seniors, no matter where they live, will be able to receive financial assistance to help pay for these drugs, which are becoming increasingly integral to disease prevention, management and treatment. Seniors can keep whatever drug coverage they have now, choose a private plan or stay in the traditional Medicare program.

Once the benefits is in place, Medicare will pay 75 percent of seniors' drug costs up to $2,250 per year, with a $250 deductible and a monthly premium of $35. With the CBO estimate indicating that the average senior will spend $1,891 on drugs in 2006, I think most seniors will find this to be a strong improvement. Importantly, this legislation provides the most generous benefit to the lowest income seniors. These seniors do not pay a premium, nor do they have a deductible and there will not be gaps in coverage for the drug benefit.

This bill also takes strong steps towards preparing Medicare for future challenges, such as being equipped to meet the needs of retiring baby boomers. We offer new preventatives measures including an initial physical and certain preventative benefits such as diabetes and cholestrol screening as well as chronic care disease management. These common sense reforms are long over due—who can believe that Medicare was not covering an initial physical for our seniors? Encouraging beneficiaries to participate in preventive and early detection programs can not only improve their immediate health, but has potential to save billions in future healthcare costs.

Another key component of this legislation are incentives for employers to retain and enhance retiree coverage. During the debate in both the House and Senate a significant amount of time focused on employer-based coverage. With increasing costs of health care as a whole, it is logical that employers are looking for a way to reduce their overhead. Most likely, retirees who tend to be more costly than younger, healthier workers, are targeted for cost cutting measures. These are concerns that provisions would be included in this legislation to allow employers to drop coverage based on age, but fortunately, due to the work of many, that did not happen.

One-third of all Medicare beneficiaries currently have prescription drug coverage through their former employers. Retirees want to keep that coverage and frankly, I believe they should be able to make that choice for themselves. This legislation provides a percentage subsidy to employers who maintain coverage for their retirees, which also saves Medicare money. Specifically the legislation will provide a federal subsidy to employers equal to 28 percent of drug spending by their retirees between $250 and $5,000. This applies not only to private companies, but also to state governments, and unions, like teachers unions, which often have very generous retiree packages. Of course, this is not a fail-safe solution. The higher costs associated with retiree health care coverage is an expensive matter for most corporations, unions and other providers. But, we hope that these incentives will help curtail the problem.

Importantly, this legislation also contains numerous provisions intended to speed the entry of generic drugs into the market by preventing multiple 30-month stays by brand drugs and incentives for generic manufacturers to challenge weak or inappropriately listed patents. Generic drugs often provide consumers with a low cost alternative and I hope that the medical community will continue to make efforts to inform patients about the availability of generic drug options.

We also address the reoccurring problem of physician fee cuts by increasing reimbursements by 1.5 percent instead of earlier proposals to cut them by 4.5 percent. I have spoken to a lot of doctors in Delaware who said these cuts were likely to put them out of business. With the rising cost of malpractice premiums compounded by cuts in reimbursements, some physicians may have already been forced to close their doors, which clearly impacts all of us. However, this is only a temporary fix. We must now move forward to fix this physician fee formula that was laid out in the Balanced Budget Act so doctors are not strung along year in and year out worrying about this potential cut. I hope to work with my colleagues to ensure this formula is fixed in the coming years.

This legislation is not perfect and no one here today will tell you that it is. One of the major issues missing from this bill is a good faith provision allowing the reimportation of prescription drugs. Despite the overwhelming support in the House for true reimportation, this bill simply encourages the status quo by requiring the Secretary of Health and Human Services to certify the safety of these drugs coming from Canada. Essentially this is the current law of the land, yet we do not see pharmacists and wholesalers importing drugs from Canada and passing those savings on to consumers. Seniors will be forced to continue the bus trips to Canada and mayors and governors will continue to negotiate agreements with Canada, until we truly address our prescription drug costs. This bill does include a study to research the major safety and trade issues regarding reimportation, and I hope it will be conducted in good faith and in a timely manner so we can return to this important discussion.

I also have serious concerns about premium support and forcing Medicare to directly compete with private insurance plans because I believe it can lead to higher costs for those seniors who choose to stay in Medicare. While I believe the demonstration language in this legislation is far less disconcerting than a full premium support provision, I will continue to monitor this closely. In the end, we cannot undermine the basic tenets of the Medicare program, which has a history of providing an equal benefit no matter where seniors live. Varying premiums within and among states is surely not the message we want to send our seniors. Hopefully this demonstration program will yield positive results that drive costs down—only time will tell. I will work to ensure that Medicare is viable and that seniors who choose to stay in Medicare are protected.

I commit myself and I hope others will join me, in continuing to address the rising cost of health care, prescription drugs and the rising ranks of the uninsured. According to the U.S. Census Bureau, an estimated 15.2 percent of the population or 43.6 million people were without health insurance coverage during the entire year of 2002, up from 14.6 percent in 2001. That is an increase of 2.4 million people. What's even more disconcerting is the percentage of people who are employed but lack health care coverage. That number dropped from 62.6 percent to 61.3 percent. However, these are clear and challenging issues that we must address in the upcoming session.

Despite these and other concerns I have, I am supporting this legislation because I believe it provides desperately needed relief to Americans suffering from their overwhelming health care costs. American seniors have waited long enough for this assistance and I encourage my colleagues to provide them with the immediate relief in this bill.

Mr. RODRIGUEZ. Mr. Speaker, I rise to express my strong opposition to the Medicare Prescription Drug Conference Report that we will be forced to vote on today. This bill has been crafted behind closed doors with the help of those corporate interests which will most benefit. Unfortunately, the bill they have created offers nothing more than empty promises to our Nation's seniors.

Medicare was built on the principle that all seniors should have access to health care, regardless of how much you make or where you live. And for over forty years, this program has successfully worked to provide access to health care, offering hope and security to America's seniors. As the nature of health care has changed over the years, however, we recognize there is a need to improve upon the program and address the prescription drug price crisis.

Seniors that I have met with back home have asked that I fight for a prescription drug benefit under the traditional Medicare plan and that is exactly what I have done. Over the years, I have worked to enact legislation that would establish a guaranteed and affordable prescription drug benefit for all Medicare beneficiaries.

The industry-backed bill that Congress will vote on today falls far short of a benefit that will truly fit seniors' needs. While the bill provides $112 billion to entice managed care companies to participate in the program, seniors will receive little assistance with their drug costs. For the first $2,000 of coverage, the consumer will pay over $1,100; for the first $5,100 of coverage, the consumer will pay approximately $4,000. Put another way, if a consumer buys approximately $5,100 of drugs a year, the consumer will pay nearly 80 percent of that cost.

Despite the $400 billion price tag, millions of retirees and low-income beneficiaries will find themselves in an even worse situation. Up to 6.4 million of the poorest and sickest Medicare beneficiaries, including close to 390,000 Texans, could have drug coverage reduced. The bill prohibits Medicaid, the nation's low-income health insurance program, from helping with co-payments or paying for prescription drugs

not on the formularies of the private insurers administering the new Medicare benefit. And 2 to 3 million seniors could lose retiree prescription coverage, including at least 132,000 Texas retirees, due to a provision that lowers Medicare assistance to employer-sponsored retiree health plans.

Furthermore, by relying on private companies to deliver a benefit, we force seniors into the arms of the health insurance industry. We have learned all too well that private Medicare insurance plans do not work. In the early 1990s, Medicare HMOs were touted as the way to control escalating costs, but by the end of the decade, private plans abandoned thousands of seniors in rural regions. Over the past couple of years, Medicare+Choice beneficiaries in metro areas have faced dramatic increases in premiums and co-payments, and reduced benefits. Given that the Republican Medicare bill does not guarantee a defined premium and plans will have substantial flexibility to create their drug benefit, millions of beneficiaries will face the same situation in the years to come.

Lastly, this bill forces us down a path towards privatization. By employing measures like the voucher-type premium support system and the creation of an overall budget cap, we end Medicare as we know it. Congress established Medicare to rescue seniors from the failure of the private sector to offer insurance or health coverage. Now we are going back.

This 600-page measure will produce the biggest change to our safety net system in over forty years. The crafting of the legislation was done behind closed doors with the help of special interest groups. Incredibly, most Members of Congress have had less than twenty-four hours to pore through the pages and analyze how the bill will truly impact America's seniors.

I understand there are important provisions in this bill for certain hospitals and providers such as increased Medicare reimbursement rates for physicians and an increase in the Medicare DSH cap for rural hospitals. I have supported similar measures in the past either by cosponsoring legislation or voting in support of such legislation.

However, there are also provisions in this bill that will hurt patients tremendously. The Medicare bill still contains drastic cuts to our nation's cancer care system. Despite several efforts by the cancer community to reach a compromise, the bill will deprive America's cancer care system of $1 billion a year. A cut like this will be devastating to cancer care. If this happens, many cancer centers will close, others will have to admit fewer patients, and still others will lay off oncology nurses and other critical support staff.

Mr. Speaker, I urge my colleagues to vote against this bill. I do not agree with those who say something is better than nothing. I say a bad bill is worse than no bill at all. This proposal goes against the fundamental principles of a program created to serve all seniors. Let's not give America's seniors more bad medicine. Reject the Republican plan and adopt one that provides real coverage for all seniors.

Mrs. TAUSCHER. Mr. Speaker, ''I strongly believe that seniors deserve and need a prescription drug benefit that's part of Medicare. I believe we should strengthen Medicare by adding drug coverage that will save seniors money and preserve the choices that matter. I will vote against this bill because it does not get us where we need to be.

''This legislation prohibits Medicare from negotiating lower drug prices; gives big drug and insurance companies $82 billion in subsidies just to compete with Medicare; and will privatize Medicare by pushing seniors into HMOs.

''I introduced a bill that would have provided immediate, real drug discounts to all seniors without turning over part of Medicare to HMOs. Unfortunately, it was not brought to a vote.

''There are many serious problems with the bill being debated today that people are trying to sweep under the rug. Up to a quarter of seniors on Medicare would pay more for prescriptions than they do now. Up to seven million seniors would pay higher Medicare premiums unless they join an HMO and give up their choice of doctor. Two to three million retirees would lose the drug coverage provided by their former employers. Millions of seniors would go without drug coverage for parts of every year, even though they would be charged premiums year-around. Seniors would be prohibited from purchasing American-made drugs from Canada at lower prices. After they have spent $1,169 on prescription drugs, seniors will have to pay their full drug costs until they reach $3,600 in drug expenditures.

''I am deeply suspicious that this bill, written almost entirely by Republicans, put the special interests of HMOs and pharmaceutical companies over seniors' interests. It will give $82 billion to private insurance companies so they can compete with Medicare, yet Medicare will be forbidden from negotiating lower drug prices with drug companies and competing in the same way. Even AARP has a financial stake in this bill. The company derives almost 60% of its annual revenue from selling insurance products. If they capture even 10% of the prescription drug market, their profits would be $1.5 billion.

''As a former investment banker, I know risk management. The magic of Medicare is that everyone has always been in the pool—the wealthy and healthy as well as sick and lower-income seniors. This bill will turn that on its head—driving the healthy and wealthy out of Medicare and creating large tidal pools in which sick and lower-income people are left without anything.

''It is a bad bill that will hurt millions of seniors and not really benefit anyone but the drug and insurance companies. I will vote against it, and I encourage all of my colleagues to stand up for seniors and do the same.''

Mr. HOLT. Mr. Speaker, I rise in opposition to this legislation.

As my constituents in central New Jersey know, I have been working ever since I came to Congress to provide Medicare beneficiaries with coverage for the prescription drugs that improve their quality of life and often save or extend lives. Today we are considering a bill that purports to provide such coverage, but unfortunately fails on several counts.

I have pledged to the seniors in my district that I will not support any legislation that undermines Medicare, a program that has succeeded in providing adequate health care to tens of millions of seniors for nearly 40 years. That is why I cannot and will not support the proposal that is before us. We can do much better, and with something this important, we should not get it wrong.

First and foremost, this legislation would devastate the Medicare program. It forces several million seniors into private plans and lays the groundwork for privatizing the traditional fee-for-service program. In New Jersey alone, an estimated 186,000 seniors will be affected. We need to strengthen Medicare with a drug benefit, not use prescription drug coverage as a mechanism for dismantling the entire program. It is simply not good policy to spend $12 billion of taxpayers' money just to set up a for-profit competitor to Medicare.

Second, even after the government spends all this money, seniors will not even get a very good benefit. It is true that any level of assistance will be of some help to seniors, but the gap in coverage under this bill will leave most seniors still paying thousands of dollars out-of-pocket. In fact, seniors with high drug costs must pay over $4,000 to receive $5,100 worth of medications. For many seniors, after August or September or whenever their drug bills reach $2,250, they would get no benefit—even though they would continue to pay their monthly premiums.

Third, this bill clearly undermines the universal nature of the Medicare program. Everyone, no matter what his or her income level, pays Medicare payroll taxes, and everyone is entitled to an equal benefit. But under this legislation, many low-income seniors would be subject to an assets test to see if they qualify for low-income subsidies. I know seniors in my district will be up in arms when they hear they have to send in bank statements or declare the value of things they own, potentially even having to sell some to get the benefit.

This bill is also bad news for the 220,000 seniors who currently receive prescription drug coverage through New Jersey's highly successful Prescription Drug Assistance for the Aged and Disabled (PAAD) program. While the bill will allow the state to receive Medicare funds for its PAAD spending, it also means that seniors will not receive their prescription drugs in the same simple, reliable way they did under PAAD. Seniors may find themselves limited to a list of approved drugs and face other restrictions not imposed by PAAD.

The bill also fails our physicians and other health care providers. While it purports to solve the problem of insufficient reimbursements, it actually offers little more than a Band-Aid. Two years of a 1.5 percent increase will provide some small measure of relief, but Congress must still address the long-term problems inherent in the current physician payment system.

Health care providers should also be alarmed by the provision that triggers an automatic congressional procedure once general revenues make up an arbitrary proportion of Medicare spending. This means that a few years down the road, providers may find themselves facing drastically insufficient reimbursement levels, and seniors will find themselves with fewer benefits and fewer doctors willing to accept Medicare patients. One editorial writer noted that the spending trigger would sound an alarm if Medicare spending exceeds certain levels, but the bill itself does almost nothing to control spending.

This bill fails our seniors, and unfortunately, it will fail the test of history. We have a historic opportunity to craft a bill that genuinely helps seniors afford the medicine they need. Sadly, the Republican leadership has decided to write a bill that privatizes Medicare, moves

seniors into managed care plans, leaves gaping holes in coverage, and puts current retirees' benefits in jeopardy. I will not support such a plan.

I urge the Congress to address this again in January. I firmly believe we can pass a bipartisan prescription drug benefit that is universal, voluntary, dependable, and affordable, if we make the choices that put seniors first.

Mr. SKELTON. Mr. Speaker, there is no truer indication of a nation's priorities than the investment it makes in the health of its citizens, particularly our senior citizens. Medicare was created nearly 40 years ago with a basic fundamental principle in mind: health care coverage should be guaranteed, affordable, and equitable to all seniors. Throughout the time I have been privileged to serve in Congress, I have worked to make sure Medicare remains strong for those currently benefitting from its coverage and for those who will rely upon its benefits in the years ahead. As a member of the Rural Health Care Coalition, I was pleased when the administration and congressional leadership announced earlier this year that providing a prescription drug program within the reliable Medicare system was a high priority for the 108th Congress. However, it has become clear throughout the year that efforts to provide a meaningful prescription drug benefit within Medicare were being undermined by a systematic attempt to destroy the Medicare program. I am disappointed that the bill before us today, H.R. 1, does just that, undermining the very foundation of Medicare while creating a confusing and inadequate prescription drug coverage program for rural Missouri's seniors.

As I visit with seniors throughout Missouri's Fourth Congressional District, it remains clear that they depend on Medicare for their health care. They understand Medicare and trust it cannot be taken from them. Medicare is part of a health care contract with the senior citizens who brought this Nation out of the Depression, fought in our wars, and paid into the Medicare trust fund so they would have health coverage when they need it most. Unfortunately, H.R. 1 seeks to destroy the Medicare system on which these Americans have depended for nearly 40 years. Under this bill, in just six short years, millions of senior citizens in America could be coerced out of Medicare and into private insurance plans that generally don't do business in rural America. While the drafters of this measure explain that these private plans are simply a demonstration project and seniors don't have to participate if they don't want to, once the door is open to privatizing this vital government program, I am afraid it will not be closed.

It is also troubling that if these so-called demonstration projects take root around the nation as H.R. 1 prescribes, seniors within Missouri could be paying very different prices for the exact same health care benefit. It would create a very confusing situation, where folks in Versailles could pay more than citizens of Blue Springs or Lamar for their health care needs. Show-Me State seniors trust Medicare because they know that everyone participating in this program will pay the same rate for their health care insurance no matter where they reside. H.R. 1 undermines this fundamental principle, which could create even more disparity in the health care coverage of rural Missourians.

In addition to undercutting Medicare, I am concerned that the prescription drug portion of H.R. 1 will negatively impact seniors living in rural Missouri. This measure would require Medicare beneficiaries who wish to receive the new prescription drug benefit to enroll in private drug plans which rarely operate in rural America. These plans would be run by large insurance companies that would likely charge different premiums for the same prescription drugs. As an added benefit to large insurance companies, H.R. 1 would provide them with a $12 billion taxpayer subsidy while creating a $2,800 gap in prescription drug coverage for seniors. According to an article published in The Wall Street Journal on November 18, 2003, ''for the drug industry, the legislation is good news, at least in the short run.'' This is just plain wrong.

For rural Missourians, H.R. 1 would also impose an assets test on low-income seniors who earn below 150 percent of the federal poverty level. Seniors whose income falls within this financial threshold may be forced to either pay additional prescription drug costs if their assets—their car, their farm equipment, or their acreage, for example—total $10,000 per individual or $20,000 per couple, or sell their possessions to get cheaper pills. Many seniors in rural areas rely solely on their Social Security checks to get by each month and they should not be forced to sell their belongings or their property to qualify for a more comprehensive drug benefit.

While I am dismayed that the leadership of this Congress would work to dismantle Medicare through this legislation, I am pleased that conferees were able to address Medicare reimbursement rates for rural doctors and hospitals. Through the years, I have worked with my colleagues in the Congressional Rural Caucus to boost reimbursements to those who provide health care in rural America. In fact, time and time again on the House floor, I have voted to instruct the conferees writing the Medicare bill to abandon divisive ideas of privatization in order to provide more adequate reimbursement to rural providers. Unfortunately, these motions were defeated each time.

Mr. Speaker, senior citizens throughout Missouri understand and trust Medicare. They have worked all their lives, paid their taxes, and contributed to a system that takes care of their health care needs. Medicare is a contract with our seniors that should not be broken. That is why I will oppose H.R. 1 and urge all my colleagues to do the same.

In the days ahead, I look forward to working with my colleagues in a bipartisan manner to provide senior citizens with a real prescription drug benefit that strengthens Medicare.

Ms. CORRINE BROWN of Florida. Mr. Speaker, today the Republican party will finally do what it has been trying to do for 35 years, destroy Medicare.

Claude Pepper, my mentor on health care issues, the most well known advocate for seniors, a man who fought for years and years to strengthen Medicare and Social Security, would be rolling in his grave if he were here today.

This is a life and death issue for many of our senior citizens, and this hollow bill does nothing for them.

A snake is a snake, no matter what color it is. And AARP is getting into bed with a snake, the Republican party, in supporting this bill. To the AARP leadership, I have some sage advice that my Grandmother used to tell me: ''Those who sleep with dogs, wake up with fleas''.

Each provision in this bill is one more nail in the coffin of a program that has guaranteed health care for this Nation's seniors for 38 years. Under the Republican plan, HMO's that offer an alternative to Medicare will pick and choose their customers, and get paid more than Medicare to do it. And yes folks, these are the same Plus Choice providers that are fleeing your districts in droves, and leaving your seniors with absolutely no healthcare options.

Even more disturbing is the fact that this bill prohibits, yes, prohibits, Medicare from using its bargaining power to cut drug prices.

What happened in the 2000 election is a U.S.A. coup d'etat. This is what happens when you don't have fair elections. Folks, it matters who is in the White House. This is entirely a Republican initiative, and their goal is to destroy Social Security and Medicare entirely. Their goals is not to modernize it, but to have it wither on the vine.

Mr. STRICKLAND. Mr. Speaker, today, this Congress is missing a golden opportunity to pass a real prescription drug benefit for all seniors. During the Energy and Commerce Committee's consideration of the prescription drug bill this summer, my colleagues and I offered many amendments that would have improved this bill to ensure that all seniors, regardless of where they live, have access to an adequate, affordable, reliable prescription drug benefit. But my Republican colleagues defeated our amendments and pushed through a partisan bill that will do little to give meaningful help to the middle income seniors who most need a prescription drug benefit.

In other words, Congress is passing up an opportunity to ensure that the retired, 68-year-old steelworker who had a heart surgery last spring and lost his retiree health insurance this summer, and who, along with his wife, has an annual income of about $28,000 can afford the prescription drugs they need to stay healthy. This bill does not even ensure that a person under these circumstances can access affordable prescription drugs from Canada or elsewhere in the world. For shame that we are passing up such an opportunity to do the right thing by our seniors.

The AARP says that the prescription drug bill we are considering today is better than nothing, that it's one foot in the door. I disagree. The voucher demonstration program in the bill lays dangerous groundwork for a privatization scheme that I believe will undermine Medicare's ability to provide a guarantee of health security for all Americans when they turn 65. In addition, the drug benefit created by this bill will force many seniors to private insurance plans for their drug benefit. My colleagues who support this bill say that seniors want ''choice'' and that the private plans will give them the choice they want. Well, the seniors I talk to want choice, but not choice of a private plan. Instead, they want choice of their doctor, pharmacist, and hospital; they want the ability to choose their treatment plan when they are sick and the choice to access preventive services to keep them as healthy as possible. If seniors in my district have the choice of a private plan, the Medicare safety net as we know it today is no longer there. This is especially true since the bill we are considering tonight doesn't require these private plans to offer a standard premium, deductible,

or copayment—in fact, where these private plans have been tried, monthly premiums have ranged as high as $85 a month, not the $35 promised by proponents of this bill. I cannot overstate this: the bill we are voting on does not mandate a $35 premium.

Additionally, this bill includes a $12 billion slush fund to bribe private HMOs to participate in Medicare. This $12 billion is in addition to about $8 billion in huge overpayments to private plans. I believe that the billions we are spending in this bill in payments to private plans are simply to support an ideology of privatization that seeks eventually to destroy Medicare. This ideology is needless when you consider that traditional Medicare has both a strong track record with seniors and the amazingly low administrative overhead cost of only 2 to 3 percent.

It is for all of these reasons that I cannot support this bill. However, it does include some good provisions that I wish I could vote for today. I wholeheartedly support the physician and hospital provisions, particularly for rural providers. For the last 2 years, doctors have faced significant scheduled cuts in their Medicare reimbursements, leading some to stop-taking new Medicare patients or drop out of the program altogether. Especially in the current environment of high malpractice rates, rising medical school costs and medical school debt, rising overhall health care costs, and a growing Medicare population, it is unacceptable for Congress to ask doctors to continue providing the same care for less money. And our rural hospitals are struggling to maintain their ability to serve as our health care safety net for the uninsured. Seniors depend on a strong network of physicians and hospitals to provide care; each time a physician decides he or she cannot afford to take new Medicare patients, seniors are forced to look elsewhere to find care. This is particularly troubling in rural areas, where there are fewer physicians and where it may be more difficult to travel to a doctor's office.

I realize how important these provider provisions are, and I would say to the doctors and hospital advocates who are asking me to vote yes tonight that it is unfair to hold their needed reimbursement increases hostage in a bill that includes so many controversial provisions. We can and should pass a provider reimbursement bill apart from this Medicare package. In fact, I hope that we can defeat this Medicare bill and immediately pass these provider increases in a stand alone bill before we leave this session.

In closing, I reiterate my support for adding a strong, adequate prescription drug benefit to Medicare. Seniors need such a benefit and Medicare is not a complete health insurance program without it. But the benefit before us tonight does more harm than good, particularly in the long term. I urge my colleagues to vote no.

Mr. SERRANO. Mr. Speaker, I rise in strong opposition to the conference report on H.R. 1, the Republicans' Medicare ''reform'' bill. On procedure and on substance, the legislation is deeply flawed and the best course now would be to start all over and work toward a bipartisan package that truly provides benefits to our elderly and disabled Medicare participants.

Others have eloquently expressed the reasons to oppose this legislation, so I will not take much time to repeat what has been said. But I will quickly mention the major flaws.

This enterprise was meant to help seniors and the disabled get the prescriptions they need at affordable prices, but that's certainly not where it is ending up. This bill both increases the burden on seniors and lays the groundwork for taking Medicare apart altogether.

Coverage is limited and complicated, and there is a huge ''donut hole'' in coverage that, when combined with premiums, deductibles and copayments, can leave seniors paying up to $4,000 of the first $5,000 of prescription expenses as well as paying premiums but receiving no benefits for part of the year. Worse, dual eligibles, the Medicare beneficiaries who are poor enough also to be eligible for Medicaid, will end up worse off under an all-Medicare regime.

Drug prices in this country are high and rising fast, keeping even seniors with drug coverage through their employers facing difficult choices between medicines and other necessities. But the bill before us explicitly prohibits the Federal government from negotiating lower prices for Medicare beneficiaries. It also ignores the will of most Members of Congress who support reimportation of prescription drugs from Canada and other select countries. What a windfall for the pharmaceutical companies!

Millions of retirees who now have coverage through their former employers may end up without it when the bill's incentives cause employers to drop retiree health benefits.

The premium support demonstrations present insurers with the opportunity to cherry-pick healthier, wealthier beneficiaries, leaving Medicare covering the high-cost sicker and poorer elderly and disabled, which would force fewer beneficiaries to pay higher premiums until Medicare became unaffordable and unsustainable.

There are many other reasons to oppose this conference report. Let me just note that it does not include the Senate provision to remove the 5-year bar on federal health benefits for legal immigrant children and pregnant women.

The Republicans have not been shy about announcing their intention to dismantle the Medicare program, and this bill is a major step down that path.

Mr. Speaker, this is a profoundly bad bill that should go back to the drawing board. As the National Committee to Preserve Social Security and Medicare wrote to Members yesterday ''. . . a bad bill is worse than no bill at all''.

Mr. Speaker, I urge my colleagues to vote ''no.''

Mr. MORAN of Virginia. Mr. Speaker, I rise in opposition to the Medicare prescription drug benefit conference report that the House is scheduled to consider today.

I want to make it clear that I strongly support a Medicare prescription drug benefit for our nation's seniors and am supportive of a universal, affordable, voluntary and guaranteed Medicare prescription benefit for all.

Unarguably, the enactment of the Medicare program in 1965 was one of the wisest things Congress has ever done. At that time, there were very few prescription drugs with wide applicability, and that is why Medicare did not cover prescription drugs.

In large part, because of Medicare and Social Security, we have raised the life expectancy of our citizens, lifted millions of Americans out of poverty, and vastly increased the quality of life for our nation's senior citizens.

Unfortunately, this conference report does not reflect the vision and ideals of Medicare set forth by President Johnson and Congress, and will, if passed and signed into law, harm the 57,000 seniors that reside in my congressional district and millions of other seniors in America.

It had been my hope that any expansion of the Medicare program to include a prescription drug benefit would be above partisan politics. We have all heard first-hand from seniors how the high prices of their prescription drugs negatively impact their already limited incomes.

This issue which cuts across political lines should be about what's in the collective interest of our nation's seniors.

Unfortunately, this debate on one of the most important domestic issues, which not only affects today's seniors, but future generations as well, did not rise above partisan politics or enhance our democratic process.

In a decade, 10,000 people a day will turn 65 years old and with the retirement of the Baby Boom generation, America's senior population will almost double.

This conference report provides a weak prescription drug benefit for all seniors—regardless of income, and will change the Medicare program as we currently know it, by overpaying private insurance companies to administer this drug benefit, while giving them great latitude in setting premiums, deductibles, and pharmacy choice with little oversight through a premium support system.

One of the reasons why I voted against the House version of the Medicare Prescription Drug and Modernization Act of 2003 (H.R. 1) was that Medicare beneficiaries would pay 20% of their drug costs up to $2,000 and 100% of drug costs from $2,000 to $3,500, while still subjecting them to monthly premiums that would result in a gap of prescription drug coverage for most beneficiaries.

The coverage gap that exists in this conference report is even worse. Seniors will pay 100% of costs between $2,250 and $5,100—a gap of $2,800 which will be increased to over $5,000 by the year 2013.

I also cannot support a conference report that does nothing to alleviate the high costs of drugs imposed on seniors. This conference report actually prohibits the Secretary of the Health and Human Services from negotiating lower drug prices with the bargaining clout of the 40 million Medicare beneficiaries as well as the importation of drugs from countries where drug prices are lower, except Canada and only if they are certified by the Food and Drug Administration.

While I am pleased that this Congress has finally addressed the issue of reimbursement rates for doctors, hospitals, and other important health providers, I am discouraged that this conference report is still a bad deal for our seniors, and the endorsement of this legislation by the AARP, comes into question. The AARP is not recognizing its membership's need and desire for a true Medicare prescription drug benefit without the heavy reliance on the private health insurance industry.

It is with great sadness that I will have to vote no on this conference report. My constituents want a legitimate Medicare prescription drug benefit, lower drug prices and better Medicare services.

This conference report undermines the Medicare system, and I am afraid, will do

more harm in the long run than good in the short term for our seniors.

Mr. ETHERIDGE. Mr. Speaker, I rise in opposition to H.R. 1. As the Representative of North Carolina's 2nd District, I know firsthand how hard our older people have to struggle to pay for their prescription medicines. Since I began my service in the people's House in 1997, I have worked to create a prescription medicine benefit for our seniors. Seniors deserve a guaranteed Medicare prescription medicine benefit, not empty promises. I have consistently supported a prescription medicine benefit plan that features low, predictable premiums and allows seniors to obtain medicine from any doctor they choose. And I want seniors to be able to get their medicine from the local pharmacy, not some huge mail order company.

I oppose H.R. 1 because it does not deliver on its promises. This bill will force 73,000 Medicare beneficiaries in North Carolina to lose their retiree health benefits entirely and leave thousands more with significantly reduced benefits. According to the nonpartisan Congressional Research Service of the Library of Congress, this bill will force 222,800 Medicaid beneficiaries in North Carolina to pay more for the prescription medicines they need. Under this bill 99,500 fewer seniors in North Carolina will qualify for low-income protections than under the Senate bill because of the assets test and lower qualifying income levels. This provision will hit particularly hard the many farmers in North Carolina whose farm equipment and land are considered financial assets even if the farmers' income is below the poverty line. Also according to CRS, under this bill, 37,920 Medicare beneficiaries in North Carolina will pay more for Part B premiums because of income relating. And according to the CMS Actuary Tables, the premium variation under the bill's premium support program would range form $1,225 in some parts of North Carolina to $675 in other areas of the state. The bill contains a huge hole in coverage which will result in no benefit at all for seniors with prescription costs between $2,200 and $5,044.

I oppose H.R. 1 because this bill will have devastating economic consequences because the $400 billion price tag will be added directly to our massive national debt of $6.8 trillion. A few short years ago, we had achieved surpluses as far as the eye could see and were on pace to erase the national debt. But this Administration's tax policies have produced record budget deficits that will be compounded by the conference report on H.R. 1. Deficits matter for our current economy because in creased borrowing means the government has to spend more and more tax money on interest costs and will have less available for other important priorities. ''For example, even before this bill passage, this year the federal government will pay $156 billion for interest on the national debt. That is three times what the federal government will spend on education. When I asked a White House representative where the money will come from to pay for this bill, I was told that it is ''new money.'' This is not new money. These are borrowed funds that will be paid for by our grandchildren and their grandchildren.

Mr. Speaker, prior to holding elected office, I spent nearly twenty years as a small businessman. There can be no doubt that I strangely support the private sector. But there are some things the private sector does well and some things the private sector does not do well. Medicare was created because the private sector by itself does not do well at the important priority of providing a strong public health system for older Americans. This bill is a $400 billion ticket back to the days when senior citizens were forced to fend for themselves in the private health care marketplace. This bill sacrifices Medicare as we know it, and will cast senior citizens to the mercy of HMOs and force them to give up their own doctors and pharmacists.

Congress should reject this flawed bill and go back to the drawing board and get it right once and for all for our seniors. I urge my colleagues to vote ''no'' on the Republican Medicare Privatization bill.

Mr. EVANS. Mr. Speaker, this has been a disappointing week in Washington for seniors around the country. Not only are we voting on a bill that provides a meager prescription drug benefit through Medicare, but the once-regarded AARP has apparently put their profit margins before the health of the seniors by endorsing this Republican Prescription Drug bill.

There are so many disturbing provisions in this bill that I will only take the time to mention a couple.

This bill explicitly prohibits the Secretary of Health and Human Services from negotiating lower drug prices on behalf of America's 40 million Medicare beneficiaries. With my support, the Veterans' Administration adopted this practice some time ago, and the VA enjoys the ability to negotiate drug prices for numbers of veterans. This restriction on the Secretary of Health and Human Services clearly crimps efforts to keep prices down for seniors.

Another troubling provision is the ''demonstration project'' in this bill that coerces seniors out of the traditional Medicare program they know and enjoy to sign on with an HMO. Up to 7 million seniors may be forced to choose between staying in Medicare and purchasing a likely expensive drug-only plan from a private insurer or leaving their trusted doctors to join an HMO or other plan that would provide Medicare-like benefits including drug coverage. This is hardly a choice for our nation's greatest generation.

As our healthcare delivery system moves increasingly toward managed care, many people have expressed concerns about the care they receive from HMOs. Today it is frighteningly common for insurance companies, rather than doctors, to make the medical decisions that affect people's lives. As these concerns are aired, we are ready to throw our seniors into this lion's den. Until doctors are free to give the best medical advice based on a patient's need, not an insurance company's bottom line, our seniors are better served by traditional Medicare. While others have let HMO reform legislation die away, I still believe that we need to address these concerns, and they should be addressed before seniors are coerced into the system.

This debate has been fundamentally changed from one focused on providing seniors with a solid prescription drug benefit to defending the integrity of one of America's finest programs, Medicare. I have been part of the Democratic fight for years to add a meaning drug benefit for our nation's seniors, but I will not be a part of destroying a vital program that seniors have trusted for almost 40 years to settle for inadequate drug coverage. I strongly urge my colleagues to reject this bad bill.

Ms. SOLIS. Mr. Speaker, in 1965, Congress created Medicare and promised seniors that after a lifetime of working and paying into the system they would have access to health care coverage during their retirement years, regardless of where they live, their age or their income. Thirty-eight years later, instead of honoring our commitment to affordable, accessible health care for all seniors, Congress is set to create a prescription drug benefit program that will destroy Medicare as we know it and turn it over to the unreliable for-profit insurance industry.

A Medicare prescription drug bill should use the purchasing power of our nation's seniors to negotiate lower prescription drug costs, just as we do for veterans now, and it should provide assistance to low-income seniors who need extra help in their retirement years. Our hard working seniors and their families expect a high quality, affordable, universal and guaranteed prescription drug benefit within their trusted Medicare program.

Unfortunately, the Republican plan dismantles Medicare as we know it by turning it into a voucher system with private HMOs competing with the traditional Medicare system. Under this system, seniors who want to stay with the traditional Medicare system they trust would face premiums that could vary dramatically across the nation. Premiums for traditional Medicare in the Los Angeles area could be as much as $1,700 per year—119% more than seniors in other parts of California.

This bill is especially troubling for retirees who have health benefits through a former employer. I have received dozens of calls and letters from retirees concerned about the Medicare proposal's impact on the prescription drug coverage they have through a former employer. Well, under the Republican bill an estimated 244,860 Medicare beneficiaries in California will lose their retiree health benefits because the bill does not sufficiently stem the tide of employers reducing or dropping their retiree health coverage.

Nearly 6,000 seniors in my district are living below the poverty level, so I am especially troubled about what this bill will mean for low-income seniors struggling to pay for the medicines they need. The bill will increase drug costs for six million elderly and disabled Medicaid beneficiaries by imposing co-payments on their prescription drugs and prohibiting Medicaid from filling in the gaps of the new Medicare benefit. It is shameful that this bill would harm our most vulnerable seniors.

The supporters of this bill talk about the funding it provides for disproportionate share hospital (DSH) payments to hospitals that serve a high number of indigent patients and for improved Medicare payments to physicians. I have a strong record of supporting DSH funding, which is critical to protecting California's safety net hospitals. I have also long supported fixing the flaws in the Medicare physician payment system in order to help doctors who serve elderly patients, and recently voted to increase physician payments. It is important to note that the Democratic Medicare prescription drug proposal would have done substantially more to help doctors and hospitals than the bill before us today.

I would like to take a moment to comment on AARP's endorsement of the bill. AARP

claims to represent the needs of seniors throughout the country, but I can tell you that the seniors I represent are upset that AARP has chosen to endorse this wrong-headed bill that doesn't even meet the criteria they set back in July. I encourage seniors to continue to contact their lawmakers and let them know their views on this Medicare bill.

Let's be clear—the endeavor to make prescription drugs more accessible for seniors began as a bipartisan effort to modernize Medicare for our new era. Now it has turned into a fight for the soul of Medicare. I am tremendously disappointed that my Republican colleagues have chosen to reward the private insurance companies and big pharmaceutical industry at the expense of seniors. However, I will continue my efforts to ensure that seniors have access to the medicines they need.

Mr. REYES. Mr. Speaker, it is with great regret that I rise in opposition to the conference report on the Medicare Prescription Drug and Modernization Act of 2003.

I regret that I must do so, because I have long been a strong advocate for providing America's senior citizens with an affordable, comprehensive prescription drug benefit under Medicare. Unfortunately, however, the bill before us today would harm rather than help the more than 77,500 Medicare beneficiaries in El Paso County, Texas, which I represent, and millions of others like them across the country.

For example, instead of a comprehensive, continuous prescription drug benefit, the bill offers a benefit that has a $2,800 gap in coverage that will leave about half of Medicare beneficiaries without any prescription drug coverage for part of the year, even though they will still be paying monthly premiums. While without coverage, many Medicare beneficiaries in my district will have to pay the entire cost of their prescription drugs out of their own pockets, which is the very circumstance we are supposed to be remedying.

Rather than doing more to help low-income seniors, this bill fails to ensure that they will receive the prescription drugs they need under the proposed new program. The bill would, for the first time, prohibit federal Medicaid funding from being used to pay for drugs not paid for by Medicare. In Texas alone, it is estimated that 389,400 Medicaid beneficiaries would pay more for their prescription medications under the bill. In my congressional district, where approximately one in five people over age 65 lives below the poverty line, this change could be devastating.

At the same time, the bill requires states to make large annual payments to the federal government, offsetting the savings states would have realized by having the federal government provide drug coverage for low-income seniors under Medicare. In short, for the first time ever states will have to fund a federal Medicare benefit, at a time when my state of Texas and many other states are facing budget troubles.

Insteaad of expanding re-importation of prescription drugs, with appropriate safety checks, the bill blocks re-importation. By doing so, it ensures that Americans will continue to subsidize low drug prices in other countries, while paying the highest drug prices in the world here at home.

Rather than empowering Medicare with the authority to use its purchasing power to negotiate better drug prices, as the Veterans Administration currently does, the bill specifically prohibits Medicare from doing so. As a result, the pharmaceutical companies benefit, but hard-working taxpayer will have to foot the bill for the higher costs.

Perhaps most troubling, the bill puts us on a path toward privatizing the entire Medicare system, breaking our government's solemn promise to America's senior citizens to provide guaranteed, quality healthcare under Medicare. Two generations of seniors have relied on Medicare and Social Security to ensure their quality of life in their retirement years. For many poor seniors in my district, these programs are their only safety net. To jeopardize that safety net would be unconscionable.

This bill, with all its shortcomings, will cost the American people nearly $400 billion over the next decade. It does include a few provisions that I strongly support and have voted in favor of repeatedly—most notably provisions providing increased Medicare reimbursement rates for healthcare providers and funding to reimburse local governments and emergency medical providers for providing care to undocumented immigrants. However, the bill would do such significant harm to Medicare recipients and the Medicare program that, on balance, I find that I cannot support the legislation.

Mr. Speaker, I urge my colleagues to oppose this conference report, so Congress can instead offer America's seniors that kind of Medicare prescription drug benefit they desperately need and truly deserve.

Mr. BACA. Mr. Speaker, I rise in opposition of the Republican Conference Report on H.R. 1.

I oppose this Republican plan because it is bad for seniors. It's bad for California. And it's simply bad for the American people.

There are 40 million seniors across this Nation that need a safe and reliable healthcare plan that protects them, whether they are sick or not.

This plan will not help seniors. This is a $400 billion plan that will privatize care and cost seniors more than they pay now.

This plan is similar to having car insurance that doesn't really protect you. You're fine as long as you don't get into an accident.

Seniors are only fine under this plan if they don't get sick. But because of privatization, when a senior gets sick, this plan offers no guarantee that their premium will stay the same or that their carrier will continue to cover them.

Under Medicare, seniors at least had a guarantee that they would be insured. They at least had a guarantee that if they got sick; someone would be looking out for them.

Under this plan, privatization could force as many as 7 million seniors into HMO's. Seven million. How is this fixing Medicare? Who is this guaranteeing that all seniors have coverage?

Our parents and grandparents deserve better. They do not need privatization. They need to know they are going to be insured.

They need to know that they are going to be protected despite the cost.

Under this plan, there is a $2,800 gap that will leave millions of seniors without drug coverage. This plan leaves seniors uninsured for part of the year despite the fact that they are paying premiums.

Much like car insurance, if you knew your car wasn't going to be insured for half of the year, you wouldn't drive it.

But we can't do that with our health. Seniors can't say I just won't get sick. It doesn't work that way.

In my district of San Bernardino, California, we have seniors who board buses to travel down to Tijuana to purchase life saving prescription drugs.

Will this plan help the seniors in my district get off that bus?

No. If we pass this bill, seniors will still have to travel to Mexico to get their prescriptions.

The practice of forcing seniors to go across the border must stop. We have no way of knowing what our seniors are actually purchasing. This isn't safe and it isn't fair.

This bill could actually raise the cost of prescription drugs for over 6 million low-income seniors, and one in six Hispanics. In my home state of California, almost 900,000 will have to pay more.

Those are the people in my district. Those are the people that are risking their lives, going across the border, to purchase their prescriptions. And this bill does nothing to help them.

The Republicans are ignoring what seniors need.

Under this plan, over 3 million low-income seniors are going to be forced to pass a test before they get help paying for prescription drugs.

If you are a senior and you simply own a home, a car, or even a burial plot you could be considered too wealthy to get help with prescription drugs, under this plan.

If you are a homeowner, you'd better catch the bus for Tijuana because that is the only way you will be able to afford your prescription drugs because the Republicans think that you are too wealthy.

Many seniors in my district have worked hard their entire lives trying to put food on the table for their families. Many of them have been fortunate enough to have some health coverage from their employers.

Under this plan, 3 million retirees could lose that coverage. That affects over 250,000 seniors alone in California.

This plan leaves the seniors in my district will no option but privatized healthcare.

Our abuelos, our grandparents, have worked too long and too hard to be ignored.

They need a prescription drug coverage that preserves traditional Medicare, helps low-income seniors afford prescription drugs and keeps retirees in employer sponsored health plans.

It's time to give seniors what they want, what they need, and what they deserve.

Mr. OSBORNE. Mr. Speaker, I rise in support of H.R. 1, the Medicare Prescription Drug, Improvement and Modernization Act.

Today, this House will consider landmark legislation to help our Nation's seniors afford their prescription medications. I am particularly pleased with the generous assistance this legislation provides for the low-income seniors in my district.

Those seniors with incomes below 135 percent of poverty (individuals with incomes under $12,123 and couples under $16,362) will be eligible for a prescription drug discount card that immediately applies $600 annually toward the purchase of their medicines and covers up to 90 percent of their prescription drug costs. Seniors with incomes between 135 and 150 percent of the federal poverty level ($12,123–$13,470 for individuals and

$16,632–$18,180 for couples) could ultimately have 85% of their drug costs covered.

Beginning in 2006, seniors without coverage would have the option to join a Medicare plan that requires a $35 monthly premium and would cut seniors' yearly drug costs roughly in half. For example, a senior without any drug coverage and monthly drug costs of $200 would save more than $1,700 each year. Seniors with no drug coverage and monthly drug costs of $800 would save nearly $5,900 on drug costs each year. In addition, seniors would be protected against high out-of-pockets costs with Medicare covering as much as 95% of drug costs over $3,600 each year.

Mr. Speaker, this legislation also provides a historic opportunity to help strengthen the rural health care delivery system with billions of dollars in additional Medicare payments. For far too long, Medicare has short-changed rural health care providers in my district, which threatens seniors' access to care. This legislation eliminates many of the disparities that exist between rural and urban physicians, hospitals, and other health care providers.

Finally, this bill includes important cost-containment provisions. These accounting safeguards will alert future Congresses and Presidents if the expenditures of the entire Medicare program exceed 45 percent of total Medicare spending so they can address the problem.

This may not be a perfect bill, but it is a good bill, and I urge my colleagues to support the Medicare conference report.

Mr. KANJORSKI. Mr. Speaker, I rise today to speak about the conference report on H.R. 1, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. While I wholeheartedly support providing a prescription drug benefit to our Nation's seniors, I cannot support this bill in its current form because it does more harm than good.

Since the House of Representatives first began debating the creation of a prescription drug benefit for Medicare recipients, I have consistently maintained that this proposal must adhere to four key principles to garner my support. In my view, we must create a benefit that is affordable, easy to administer, nationally available, and comprehensive. I believe that the bill crafted by the conference committee falls short on all counts.

In addition, there are many other provisions folded into this bill that will substantially alter the Medicare system as we know it. These provisions would privatize the program, cause millions of seniors to lose their prescription drug coverage through their employers, and result in insufficient reimbursements for some Medicare providers. These ill-crafted proposals also influenced my decision to vote against this bill.

AFFORDABLE PRESCRIPTION DRUGS

In working to create a prescription drug benefit, we must ensure that the plan is affordable for Medicare participants. The benefit that is outlined in this legislation, however, will provide little relief for the senior citizens in my district. Because the plan requires sizable premiums, deductibles and copayments, seniors can still expect to pay between 50 and 80 percent of the cost of their prescriptions. This bill also creates a gap in coverage that will leave millions of seniors with drug costs between $2,250 and $3,600 without any benefit, even though they continue to pay premiums. While some may conclude that this is a good start to providing a prescription drug benefit, I disagree. We must do more to make prescription drugs affordable.

Seniors across the country, and especially in my district, cannot afford to pay thousands of dollars each year in prescription drug costs. Those seniors living on fixed incomes must already sacrifice on other necessities in order to afford their costly medications. These seniors need immediate relief and this legislation will not provide that help. In addition to the cost-sharing provisions of this bill, the benefit does not even go into effect for another two years. In the interim, seniors will receive a discount drug card that will provide only minimal relief.

This legislation also purports to protect low-income senior citizens. Individuals at the poverty level will not pay premiums under the program and will have copayments of only $1 to $3 for each prescription. In addition, for individuals slightly above the poverty level, assistance with premiums and the deductible will be available. These individuals, however, will be subject to an assets test. Individuals must have less than $6,000 in assets to receive the benefit while married couples must have less than $9,000 in assets. Therefore, any low-income senior who owns a home, a car, or any other large asset will not be eligible for this financial assistance. In my view, we should not force senior citizens to choose between selling their homes and getting their prescription drugs.

In addition, this legislation does nothing to address the high cost of prescription drugs. Under the current bill, there is no methodology for insurance companies to negotiate for lower drug prices. If the program were administered through Medicare, the Government could negotiate with the pharmaceutical companies for lower, more affordable prices because the program would cover a larger number of seniors.

Furthermore, with my support, the House recently passed legislation that would allow for the reimportation of prescription drugs from 24 foreign countries. These medications are often the same as those sold in the United States. They are, however, sold at a much lower price. Unfortunately, this legislation provides only for the reimportation of drugs from Canada and requires that the U.S. Food and Drug Administration certify that the reimportation of drugs is safe. While this may seem like progress, it is not. The Food and Drug Administration has already indicated its unwillingness to consider such a certification. Consequently, this legislative sleight of hand on drug reimportation will not increase the availability of affordable prescription drugs in the United States.

EASE IN ADMINISTRATION

A Medicare prescription drug plan must also be easy to administer. The proposal before us fails to meet this standard. This plan will create a complicated system of payments and programs. As a result, it will be difficult to administer.

In particular, senior citizens should not have to worry about whether the amount of money they spend on prescriptions during the year will leave them paying the whole amount of their drug costs at some point during the year as this bill does. Seniors who annually spend more than $2,250 for prescription drugs will find themselves without any coverage at all for a portion of the year. In order to remain in the program, however, these seniors will need to continue to pay the monthly premium, whether the program provides assistance or not.

Such a system will create confusion for seniors. This benefit should provide a sense of security for the elderly, who are used to receiving their benefits through the Medicare program. Instead, this complicated program will only serve to provide older Americans with more worries about their health care needs.

NATIONWIDE AVAILABILITY

An effective Medicare prescription drug plan must also be available nationwide. By making the benefit available through private insurance companies, there is no way to ensure that benefits will be equal across the country. in an area like Northeastern Pennsylvania, this scheme would have a devastating effect. By moving towards privatization, areas like mine would be disadvantaged because insurance companies would not be enticed to operate there. Northeastern Pennsylvania has a higher concentration of older residents than most areas in the country, and insurance companies will not want to operate in our area because they would not find it profitable, unless they charge exorbitant premiums. As a result, the government fallback provision would engage, but it would still result in these seniors paying more than those in other areas across the country.

We have tried such a scheme before. In 1997, we created the Medicare+Choice program. This failed experiment operated in Northeastern Pennsylvania for awhile. Initially, this program provided tens of thousands of seniors in our area with prescription drug benefits. Insurance companies, however, discovered that they could not make a profit because of the economics of the region. As a result, they abandoned the program, leaving thousands of senior citizens without affordable prescription drugs once again. By providing a prescription drug benefit through private insurance companies, we can expect this legislation to result in a similar outcome for Northeastern Pennsylvanians.

In addition, this faulty Medicare plan already anticipates that there will be a problem with providing prescriptions through private plans in areas like Northeastern Pennsylvania. Included in the bill is a provision to set aside $12 billion to pay insurance incentives to provide the prescription drug benefit. One must ask why, if we already anticipate the failure of the program, we are not considering alternatives, such as adding the benefit through Medicare.

COMPREHENSIVE BENEFITS

Finally, a prescription drug program must be comprehensive. Under a government program, seniors should have access to any drug prescribed by their doctor and the program should cover the costs of that drug. This bill, however, establishes a limited list of categories and classes of drugs, and only these drugs will be covered under the program. Hence, this exclusion will leave many seniors to cover more costly medications and experimental treatments out of their own pockets.

PRIVATIZATION OF MEDICARE

In addition to the prescription drug coverage, there are other changes made to ''reform'' Medicare by this legislation. If passed, for example, this legislation would put in place a radical system to privatize Medicare.

For example, rather than providing a prescription drug benefit through the current Medicare system, it will, as I have previously noted, instead be offered through private insurance companies, which can profit from their

participation in the prescription drug program. Once the system is in place it will be difficult to go back and make the necessary changes to make the prescription drug benefit affordable, easy to administer, available nationwide, and comprehensive. Earlier this year, I supported the Democratic version of this legislation that would have provided prescription drugs through Medicare and achieved these objectives. We should be considering that bill today.

This bill will also change the way the current Medicare program is run and move it towards a total privatization of the benefits Americans have worked their whole lives for and have come to depend on in their golden years. In 2010, this legislation would create a premium support demonstration program. This program would require seniors to enroll in a private plan and would provide a voucher for the cost of the insurance premiums. In addition, this bill would break the country into sections, providing different benefits in each. Therefore, the amount of money a person in Northeastern Pennsylvania pays could be substantially higher than the amount paid by a senior living in another part of the country.

In my view, this program will move the country on the slippery slope towards the total privatization of Medicare. Rather than providing health care benefits to senior citizens that are guaranteed, money would instead be provided to insurance companies to support seniors in a private program. We should not allow Medicare to wither on the vine. There is also no reason to believe that other benefits, such as Social Security, would not also eventually be privatized if we begin to privatize Medicare now.

PROVIDER ISSUES

This prescription drug bill also seeks to increase Medicare payment to physicians and hospitals. I must acknowledge that some of the provisions in this bill would provide relief to the doctors and hospitals in my area. In particular, the bill's provision altering the weight given to labor costs when determining the reimbursement rate for an area would provide millions of dollars to the hospitals in my district. In addition, physicians who are anticipating a 4.5 percent cut in their payment through Medicare would instead receive a 1.5 percent increase. Further, this bill provides additional funding for rural hospitals and for teaching hospitals.

For hospitals like the ones in my district, this legislation provides only minimal relief and these changes should not be used as a justification for voting for this bill. As one hospital administrator in my district said, ''If you are dying of thirst in a desert, even a drop of water looks good.'' Rather than providing a band-aid fix to these hospitals experiencing genuine financial difficulties, we should have worked to equalize reimbursements across the country.

In addition, there are portions, of this bill that will have severe impacts on the providers in my district. For example, the legislation provides for a system to competitive bidding for durable medical equipment to begin in 2007. This change in the program will have a devastating effect on the numerous small- and medium-sized medical equipment providers in my district. The competitive bidding system will cause a race to the bottom, resulting in cost cutting measures like layoffs and the loss of services provided for users of durable medical equipment.

RETIREE COVERAGE REDUCED

Beyond privatizing Medicare, this legislation will result in millions of retirees losing their employer-sponsored drug coverage, dealing an irreversible blow to the employer-based system that is the backbone of our Nation's health care system. Employer-sponsored retiree health benefits are the single greatest source of drug coverage for retirees, providing benefits to one in three Medicare beneficiaries. They also generally offer the best coverage available—generous benefits and low-cost sharing.

The Congressional Budget Office, however, projects that 2.7 million seniors in employer-based retiree plans will lose the coverage they have today due to the discriminatory treatment of seniors with retiree coverage in this legislation. As a result, those individuals would be forced into the flawed prescription drug program outlined in this measure. Men and women who have worked their whole lives with knowledge that they will have health and prescription drug benefits in their retirement should not be forced into a program that could leave them with inadequate benefits.

CLOSING

In sum, I cannot support this legislation. It falls short of providing seniors with an affordable, widely available, easily administered, and comprehensive prescription drug benefit. It will privatize the program and it will result in millions of retirees losing coverage through their former employers. Ultimately, this legislation will hurt senior citizens more than it will help them. We should do better for Americans in their golden years by defeating this bill and drafting a new one.

Mr. PASTOR. Mr. Speaker, I strongly support efforts to give prescription drug coverage to the Medicare patients who do not currently have it. But, this bill does a poor job of meeting our prescription drug needs, and it drastically and negatively alters the overall structure of the Medicare program.

We have the ability to give Medicare patients prescription drug coverage. But our hands have been tied by the arbitrary budget limits Congress has set on funding such a program.

Congress and the President decided that, over the next 10 years, $400 billion was all we could spend on helping the elderly who need prescription drugs. So, in order to meet this number, a prescription drug bill has been written that will prove inadequate for meeting the basic needs of today's senior citizens while proving itself a champion at destroying health care for the senior citizens of the future.

Simply put, Mr. Speaker, this bill is no longer about prescription drug coverage. It is about ending traditional Medicare coverage.

I oppose this bill for several specific reasons.

First, the bill will do little to alleviate significant out-of-pocket costs for most senior citizens. A senior who spends $2,200 a year, less than $200 a month, on prescription drugs, will be required to pay almost $1,200 for this coverage and the drugs. A senior spending $3,500 a year on prescription drugs will be forced to pay almost $2,500 out of his pocket. That is 70 percent of the total drug costs. While this bill provides some help, I fear it will not be enough to keep the poorest of our elderly from making the difficult choices between buying medicine and groceries.

I am also opposing this bill because, in essence, it is designed to privatize Medicare. The ''demonstration'' projects to be established in six areas of the country, the so-called Premium Support Program, is nothing more than a first step toward complete privatization. The authors of this bill hope that more and more people will forego traditional Medicare for cheaper private HMOs with less overall choice and coverage. In fact, the private insurance companies would receive billions of dollars in subsidies for luring patients away from the traditional program. We all know that the private insurance companies will only accept the healthiest of patients, leaving the sickest patients in traditional Medicare. This, in turn, would result in higher costs for traditional Medicare because it would serve a sicker population.

Additionally, I am opposing this plan because it will mean that a good portion of the 75 percent of Medicare patients who already have prescription drug coverage, many through former employers, will be dropped from their current plan and forced into a more expensive plan with less coverage. In hopes of avoiding that event, this bill is paying a tremendous subsidy to keep these companies from dumping their beneficiaries.

So, this bill provides billions and billions of dollars to private companies to help them lure senior citizens away from traditional Medicare and to continue to provide prescription drug coverage to former employees.

There is some disconnect here. As Robert Robb, the noted Arizona Republic conservative columnist writes, ''Congress is proposing to subsidize private drug plans that are currently being offered at no cost to taxpayers, in order to offer taxpayer-financed drug coverage to seniors that Congress hopes they won't take.'' He continues, ''See what I mean about being sort of stupid.''

Mr. Robb and I rarely agree on issues. But he has hit this nail right on the head.

A more logical solution might be to take these subsidies and use them to simply pay for prescription drugs for those who don't currently have coverage.

Mr. Speaker, I say, let's give prescription drug coverage to the senior citizens who need it. We could do that, in a fair and meaningful way. We only need the desire to do so. But, let's not hurt the seniors who have coverage, and all those in future generations, by passing this ill-advised legislation. We have the opportunity to do something good and important. Yet, the drafters of this bill have taken it as an opportunity to change the Medicare program so drastically that it can only prove devastating to this country's older population. Let's reject this bill and force ourselves to set aside partisan ideologies and help the current and future senior citizens of this great land.

Mr. BLUMENAUER. Mr. Speaker, our senior citizens need help with spiraling drug costs. It is outrageous that moderate income seniors pay the highest prescription drug prices in the world. The idea was to fix this problem, but somewhere along the line, the bill was hijacked by the Republican leadership for other purposes. I can't remember how many of my Republican colleagues have told me that they think this is a bad bill. From the Wall Street Journal to consumer advocates, thoughtful conservatives to people who classify themselves as very liberal, all find this bill deeply flawed.

Spending what's claimed to be $400 billion, but will actually entail far more cost to the

Treasury, and the unprecedented pressure and advertising may pass this bill. The fascinating reversal of position by the leadership of the AARP gives a public relations boost, but that move has already been attacked by its own members.

The authors of this bill are putting something in for almost everybody: not just the drug companies, but doctors, hospitals, insurance companies, and so on, but ignoring the fundamental needs of senior citizens. As over a thousand pages come into focus, details leak out and are investigated by outside groups, the press, even Members of Congress, it is clear the bill still does not meet the needs of our seniors. After all the dust settles, our senior citizens will still pay out of their pockets the highest drug prices in the world.

There's something wrong when the only people who appear to be happy with the Medicare Prescription Drug bill are the drug companies. They were able to strip out provisions that would have allowed reimportation of cheaper drugs from Canada. It will be illegal for the government to negotiate lower prices for Medicare recipients. Future price increases will not be indexed to inflation, but to the rate of runaway drug costs, ensuring that spending will continue to spiral out of control.

For the drug companies, the holidays may come a little early this year. Sadly, deserving senior citizens who need help won't even get this inadequate drug plan until 2006. Told that even in 2006, they will have to pay $4,000 of their first $5,100 of drug costs, they'll feel that they didn't get a present. I will vote against the conference report.

Ms. JACKSON-LEE of Texas. Mr. Speaker, this is about as ugly as it gets. Just when I thought the Republican Leadership could not work any harder to undermine the Democratic process, to abuse their power, and to play politics with critical issues at the expense of the American people—they have just taken it to a higher, or should I say lower level. Call it what you will. The Alliance for Retired Americans calls the Republican drug bill a lemon. Others call it a rotten turkey. Whatever it is, it sure isn't medicine for the American seniors who need it.

When Medicare was founded in 1965, U.S. Government formed a covenant with the people, and said, ''If you work hard and pay your share, we will make sure that you have access to health care when you retire.'' Modern medicine has made great strides over the past decades at managing health problems, not just through surgery and hospitalizations, but also with pharmaceutical drugs developed through great research at the National Institutes of Health, and in pharmaceutical companies here and around the world. These drugs can lead to dramatic improvements in quality of life, by helping Americans live longer, more comfortable, more productive lives.

As great visionaries Lyndon Johnson and the Members of Congress designed Medicare, however, they did not predict that prescription drugs would revolutionize medicine, and therefore they did not include drug coverage in Medicare. Medicine has changed, but the promise that the U.S. Government made to the American people has not. It is time for Medicare to change with the times. It is time to do the right thing and create a real prescription drug benefit for our Nation's seniors in Medicare.

I, with my Democratic colleagues, have been fighting day after day to make that happen. We have gone to the people of this Nation, and to our academics, and health care providers and developed bold plans to get people the medicine they need. We had developed great momentum and help might have been on the way. The problem is that ever since the times of Newt Gingrich, the Republican dream has been to privatize or destroy Medicare. That is why the Republican plan is a risky scheme only an HMO could love.

The Bush administration's Medicare Administrator has called traditional Medicare dumb and a disaster, highlighting Republicans' hatred for a program that Democrats have been fighting for since 1965. While Democrats have worked to modernize Medicare with prescription drugs, preventive care and other new benefits, Republicans are insisting on a riskier course even the conservative Wall Street Journal calls a business and social experiment.

When this process first began, and the President and the House and Senate leaders proclaimed that they intended to produce a prescription drug plan, my Democratic colleagues and I tried to give them the benefit of the doubt. We tried to work in a bipartisan fashion. At one point, I wrote a letter to the Members of the House-Senate Conference Committee and encouraged them to include fair provisions for our physicians and hospitals, so that they would be able to afford to continue providing excellent care for our seniors. I am pleased to say that they did respond to that request, and have put in some funds for those deserving groups. But that is where the collaborations ended. I wish that they could take the handful of good pieces in this bill and move them as separate legislation—the reimbursement pieces I asked for, the rural health provisions, the Hatch-Waxman Reforms—but they won't. These good things are being held hostage to leverage passage of a terrible bill.

Ultimately, the core mission of this bill is to provide prescription drugs to seniors and the disabled on Medicare. On that, this bill fails horribly. The Democrats on the Conference Committee, among them, had decades of experience in the field of health policy. No one could question their commitment to helping seniors, but in a deeply cynical move by Republican leadership, Democrats were barred from even entering conference meetings. That is against everything our Founding Fathers intended this ''People's House'' to be. We got our first glimpse of this bill just over 24 hours ago. Even in our haste to get it read, we have found numerous flaws and pitfalls in it. In 2006, if it is allowed to come into effect, I am sure our seniors will find many more.

Instead of merely blocking our ideas, as they have done for years, they hijacked this issue and in the name of a prescription drug bill, they are trying to shove a piece of legislation through Congress that will destroy Medicare as we know it. It privatizes Medicare, pushing seniors into HMOs and private insurance plans expecting them to do what is right for seniors. And we know from Medicare+Choice, that we cannot count on that. In one year alone, 46 percent of Medicare beneficiaries in Houston were chopped out of HMOs. Switching plans every year jeopardizes health and wastes time and money. The Republicans have invented new gimmicks like artificial caps on spending, and buzzwords, like ''premium support'' instead of what it really is a ''voucher'' system to replace Medicare in 2010.

It is a misdirected attempt, with a terrible benefit—with a giant doughnut hole in coverage. And as bad as the benefit package is—even it is not guaranteed. The entire system is just basically a guideline that Republicans hope and pray insurance companies will follow, and develop drug plans for seniors.

It seems like at this point, we might say, ''well money is tight, so let's just take what we can get, and be happy with this bill.'' But the conference report that we are now finally getting a glimpse of is so bad, it would actually leave millions of senior citizens worse off than they were without it. And as doctors say in the Hippocratic Oath, the most important rule in healthcare is do no harm.

Furthermore, there is no rush to pass this bill. The Republican authors conveniently made their plan kick in in 2006, well after the Presidential elections of 2004. Obviously, they don't want seniors to go to the polls furious when they realize how bad this plan is. The point is, we can wait until spring and do this job right—and still make their 2006 timeline.

AARP used to agree with us on every point I am making, but in a bizarre twist, this week the group, that supposedly represents the interests of our Nation's seniors declared that they would support this lousy bill. I was mystified by this until I learned that, according to a study done by Public Citizen that AARP will make an extra $1.56 billion in profits if this bill goes through. AARP is in the insurance business, and has become too tied to that industry and the Republican leadership. They have breached the trust of the American seniors, and seniors are angry. It is a sad turn of events.

With the measly Republican benefit, the average senior will actually be paying more for their prescription drugs a year after the bill kicks in, than they are paying now. And as every senior knows, it has a giant donut hole in the benefit plan, where seniors have to pay every nickel for their medications—thousands of dollars—while they keep paying premiums. This is tragic for seniors on fixed incomes, and it will be an administrative nightmare for pharmacies. It is a gimmick to compensate for the fact that the Republican administration has squandered and mismanaged our economy to a point that now they say we have no money to fund critical programs.

It seems that at every turn, the people who need our help are getting the short end of the stick. Minorities, who already suffer from tremendous disparities in health and health care, are left behind. While this bill gives a giant gift to the drug and insurance industries and other special interests, it does little to reverse those life-threatening disparities. My Democratic colleagues and I, in both the House and Senate, all came together recently and put forth the Healthcare Equality and Accountability Act of 2003. Our bill is the kind of thoughtful and comprehensive approach that healthcare deserves. One provision I wrote will create a Center for Cultural and Linguistic Competence to help every American take advantage of the health revolution that is upon us. The Republican Medicare bill seems to have the opposite goal.

For example, this conference report does not contain the Legal Immigrant Children's Health Improvement Act (ICHIA), included in the Senate Medicare bill, which would have

removed the 5-year bar on Federal health benefits for legal immigrant pregnant women and children. While these children and pregnant women may still get emergency medical care, States are unable to cover this population with basic medical services that may reduce the need for such emergency care. This unnecessarily increases the cost to taxpayers.

Hispanics are the largest minority group in the United States, and it's estimated that by 2025, Hispanics will account for 18 percent of the elderly population. Currently, one in six Hispanics seniors live under the poverty level. For these Americans, an increase in prescription drug payments or doctor's visits could mean disaster. Houston has a strong Hispanic population, and therefore my district will be hit especially hard by this bill.

And there is more bad news for Texas. 132,300 Medicare beneficiaries in Texas will lose their retiree health benefits. 389,400 Medicaid beneficiaries in Texas will pay more for the prescription drugs they need. 209,000 fewer seniors in Texas will qualify for low-income protections than under the Senate bill because of the assets test and lower qualifying income levels. 97,420 Medicare beneficiaries in Texas will pay more for Part B premiums because of income relating.

When we look at the health care system for our seniors in the United States today, we see two undisputable facts. One is that Medicare is an excellent program that seniors trust, and that delivers quality care at a fair price to those who pay in. The other is that drug costs are out of control and need to be brought down.

The Republican bill preserves the bad, the high cost of drugs—and it dismantles the good—Medicare.

Americans pay about twice as much for drugs as people do in other rich countries in the world—Canada, Germany, England, Japan. This is outrageous, since many of those drugs were developed here, by our workers, trained in our universities, funded by our National Institutes of Health. Our seniors deserve to get the same prices as they get across the border in Canada. The reason they don't is because the Canadian government negotiates with the drug companies, and says ''Hey, there are 30 million of us in Canada buying your products, give us a fair price.'' Both the Republican bill forbids the Secretary of Health and Human Services from bargaining on behalf of the 40 million seniors on Medicare. That is outrageous, especially considering how well such negotiations have worked at the Veterans Administration. This bill is a gift to the pharmaceutical industry and HMOs and the insurance industry.

This bill really is the epitome of just how bad partisanship and political demagoguery can get. Trying to pass it before Thanksgiving is a cruel—and expensive—joke on our seniors on Medicare. I don't want to do that to Houston. Let's don't do that to America.

I will vote against this bill, and keep fighting to get this done right.

Mrs. CHRISTENSEN. Mr. Speaker, I have listened to the debate tonight, and I think everyone agrees that some seniors and disabled would benefit by this bill. But if truth be told, many would lose, which is not what we set out to do—we need and promised a bill that provides a prescription drug benefit for all Medicare beneficiaries, not just a few.

What is clear and why we should oppose this bill, is that if passed it would sound the death-knell for Medicare.

We must insist that the Republicans provide funding to shore up our rural hospitals. We must insist that the Republican leadership not only increase the physician payments this fiscal year, but fix the formula, so that the payments won't be cut again next year.

But what we must not do, is let this divide and conquer tactic make us pass a bill that would do more harm than good and physicians and hospitals should not allow themselves to be used to dismantle the very program they and the patients they are sworn to serve, depend on for the long run.

With a few crumbs to seniors and the disabled, and playing on the dire need of hospitals and doctors, this bill is nothing more than another corporate give-away.

We can afford to vote this bill down, start again, with an inclusive process—the benefit doesn't start for two years anyway. What we cannot afford to do and must not do is to kill Medicare; we must vote no on H.R. 1.

Mrs. KELLY. Mr. Speaker, I rise in support of this important legislation. The Medicare Prescription Drug and Modernization Act will provide prescription drugs to seniors, and provide additional money for doctors and hospitals, both of which are the front line in providing health care.

I am particularly pleased with provisions in the bill which seek to provide financial assistance to hospitals currently experiencing difficulties with inadequate wage index reimbursement rates. And I am encouraged by the potential this bill holds for assisting hospitals in the Hudson Valley which are adversely affected by their proximity to the New York City Metropolitan Statistical Area (MSA).

I would also like to direct my colleagues' attention to an aspect of this legislation which perhaps hasn't received a great deal of attention, and that's the provision that creates Health Savings Accounts.

For years we have been concerned about the many people in this country who have no health insurance. Many of the uninsured are small business owners or employees who simply cannot afford health insurance. With the Health Savings Accounts established in this bill, the small business owner can not only save tax free money for health care, but offer tax free health care money to their employees.

Think of it. Now, because of Health Savings Accounts, the owners of small businesses across the country can make contributions—tax free contributions—to their employees.

Money in these accounts can be used for insurance premiums or spent directly on medical care. This means many more people can buy coverage. For the first time, health care will be more accessible to the millions of small businesses in this country.

This is a powerful tool for empowering working Americans who deserve to control important decisions over their own medical care.

Mr. NUSSLE. Mr. Speaker, I rise today to support a long overdue, welcome victory for Iowa's seniors and health care providers.

Medicare's policies have penalized health care providers in Iowa and other rural areas since the 1960s. While Medicare's primary purpose is to provide health care for seniors, its policies affect both our health care system and our economy. The flawed policies have had an impact not only on seniors, but on all Iowans.

As many of my House colleagues know, I have worked long and hard to address the problems affecting health care providers in rural states such as Iowa. In fact, I wrote this year's budget to reserve significant resources for rural health care as part of a $400 billion Medicare Reserve Fund. Later, in the Ways and Means Committee, I successfully amended the Medicare legislation to ensure that sufficient rural health care funds were included in the bill that was reported from committee. And I continued fighting on the House floor to ensure that these funds—the most generous rural package ever considered by the House—remained in the Medicare legislation as it worked its way through the House.

Today, we are considering a conference report that carries this rural health care package to the end of the process. The benefits for Iowa will be multiplied for years to come. This conference report contains an unprecedented $25 billion rural package including benefits of over $400 million for Iowa alone. I am proud to have worked toward this day with the distinguished chairman of the House Ways and Means Committee and with the senior Senator from my home state of Iowa.

With these significant strides to improve Medicare's reimbursement policies on Iowa's behalf, we help our health care providers to pay the bills and to continue recruiting and retaining top-notch professionals. With a more secure health care system in place, we can further job creation and economic growth for our state.

In addition to taking several steps to strengthen the overall program, we are, of course, finally giving seniors what they have sought since Medicare's inception in 1965—a prescription drug benefit that is affordable, accessible and completely voluntary. All seniors will save on their current prescription drug costs.

Another important feature in the bill is the provision to establish Health Savings Accounts (HSAs). These accounts will allow pre-retirees to accumulate tax-free savings over their lifetime and these savings will remain with the individual once they reach Medicare eligibility. Even with reforms such as these, I want to remind my colleagues that Medicare will still face long-term demographic pressures and Congress will likely have to take additional steps to address the program's sustainability.

Finally, as Chairman of the Budget Committee, I am pleased that the Medicare conference report—with a total cost of around $395 billion—is generally consistent with the $400 billion Medicare Reserve Fund that was laid out in this year's budget resolution. In a year of intense demands for limited government resources, this Medicare Reserve Fund was the largest policy initiative in the budget resolution and was arguably its centerpiece. Because the budget resolution struck a responsible balance between seniors' needs on the one hand and affordability on the other, we were able to generally stay within our own guidelines. I commend the conferees for staying within the $400 billion threshold.

Mr. Speaker, I have been spreading the word and twisting arms for a long time on behalf of legislation that would meet Iowa's health care needs. I am gratified that our message has been received and our persistence has paid off.

Mr. CAMP. Mr. Speaker, I rise in support of H.R. 1.

In the last five days, I've heard a lot about what this bill doesn't do. Let me be frank: life is not about what we don't do; it's about what we accomplish.

And, if I had a friend in need who asked me for $100 and all I had was $20, I wouldn't give him nothing. But that's what some here are prepared to do—turn away a friend in need.

For years we have agreed that our seniors needed a prescription drug benefit in Medicare; but unfortunately we have yet to provide them with any relief.

This Medicare bill offers a prescription drug benefit through competing private health insurance plans—marking the first time private sector plans and consumer choice would be the principal vehicle for delivering Medicare benefits. It also includes common sense reforms like preventive care and health savings accounts.

This is the first step in the direction of true reform. It's a step in the right direction and it is time we take it.

Mr. ORTIZ. Mr. Speaker, Congress created Medicare in 1965 to make healthcare affordable and available for all senior citizens. My colleagues and I have fought to maintain this original intent.

Today, the leaders in Congress are pushing dangerous legislation—called Medicare reform—on South Texas seniors that fails to include an adequate prescription drug benefit while privatizing Medicare, killing the program at the end of the decade.

This prescription drug ''coverage'' is not what seniors expect or deserve. When seniors have more than $2,200 in drugs costs, they will hit a gap, where Medicare will no longer cover the costs of their prescriptions until they reach $5,000.

When this happens, these seniors will be forced to pay 100% out of their own pockets while still paying monthly premiums. Meanwhile, their HMOs will select their doctors and their pharmacies.

Over 185 organizations with an interest in seniors' issues are wholly opposed to this bill. While one of the largest senior organizations has lent support to this bill (The American Association of Retired Persons, AARP), it is the only one to do so . . . it is the only one that provides insurance to seniors at a profit of $635 million . . . and the only one poised to take advantage of billions of dollars in the bill to entice private insurers to cover seniors.

The bill effectively ends drug reimportation by allowing the Secretary of Health and Human Services (HHS) to decide what prescriptions could be reimported. The HHS Secretary has already said he would allow none.

If this is not the answer, what is? I stand on my record, voting 8 times for a complete Medicare Rx drug plan . . . voting 6 times and co-sponsoring 6 bills supporting higher reimbursements to doctors and hospitals . . . voting 6 times not to kill Medicare . . . and voting 8 times and co-sponsoring 3 bills to improve rural healthcare.

Nothing in this bill makes prescription drugs cheaper. Other Federal programs, such as the Veteran's Administration, get cheap drugs negotiating directly with the big drug companies. The plan will keep the government from negotiating for lower drug prices for Medicare beneficiaries.

This plan protects the profits of drug manufactures instead of providing real savings to seniors. Rising drug prices are unaddressed in this bill, a victory for the drug industry for preventing any attempts to lower drug prices.

Meanwhile, the value of some seniors' property will be used to determine their level of coverage—including jewelry, cars, and other property of value for which they worked their entire lives.

In South Texas, for the short term anyway, the bill (which would not take effect until 2006) would help only about 30% of low-income seniors. Effectively, that means this bill will not help over two-thirds of our most needly seniors.

When I think about the seniors that bill will affect, I think of the ladies who took care of me as I grew up of Robstown, Texas. Life for them revolves around family and children, paying the bills and finding health care in their senior years.

These are the people affected by the bill, which ends Medicare as we know it, privatizing the entire progrm by the end of the decade. It is thousands of South Texans like these who have raised voices in opposition to this bill. I stand with them.

Medicare has been a trust between the government and those who do the hard work in our society, our senior citizens. Too many seniors depend on Medicare for their healthcare needs, and I will not support a bill that destroys that trust.

Mr. LARSON of Connecticut. Mr. Speaker, I rise today in opposition to H.R. 1, the Medicare Prescription Drug and Modernization Act of 2003. Some may claim that this legislation is the answer to the high prices seniors are paying for their prescription drugs. That is far from true. The reality is that this legislation is a Medicare privatization plan masquerading as a prescription drug relief bill. The big winners in this bill are not the seniors that desperately need relief, but pharmaceutical companies and big business.

Does this conference report strengthen the Medicare program that seniors know and trust? The answer is no. It includes a premium support demonstration project that is the first step towards forcing all seniors to choose private insurers to get the prescription drug benefit they need, or to pay more to stay in the traditional Medicare program. This bill having any effect at all is contingent upon the willingness of HMOs and insurance companies to participate, and the track record does not paint a positive outlook. We in Connecticut remember HMOs pulling out of Medicare Plus Choice plans because they simply could not make a profit.

Does this conference report allow the Government to negotiate the costs of prescription drugs and provide relief to seniors? The answer is no. The bill specifically prohibits the Secretary of Health and Human Services from leveraging the tremendous buying power of the Federal Government to negotiate lower drug prices for 40 million Medicare recipients, a system the VA currently uses.

Does this conference report allow reimportation of drugs from other industrialized nations so that seniors will be able to purchase less expensive drugs? The answer is no. It ignores the reimportation measure that this House passed this summer and places the decision in the hands of health officials who have vocally opposed reimportation.

Does this conference report help low-income seniors who need help the most? The answer is no. First, the proposal actually reduces coverage for the 6.4 million lowest-income and sickest beneficiaries who qualify for Medicaid today. It prohibits Medicaid from helping these beneficiaries with copayments or from paying for prescription drugs not on the formularies of the private insurers administering the new Medicare benefits. It also leaves behind 3.9 million seniors that would have qualified under the Senate bill. One reason for this is the imposition of an invasive assets test. This means that seniors with modest savings will not receive any assistance with the cost of their premiums, the deductible, copayments, or the cost of the medications while they are in the $2,850 coverage gap.

Does this conference report help cancer patients? The answer is no. It falls well short of the drug and practice reimbursements needed to provide millions of cancer patients with the care they need.

Will this conference report prevent employers from dropping health insurance for their retirees? The answer is no. Though incentives were added to encourage employers to maintain their retiree plans, the Congressional Budget Office estimates 2.7 million retirees will lose the existing coverage they rely upon and countless others may have their benefits reduced. Furthermore, it does nothing to protect retired teachers, firefighters, police officers, State and local government employees, and those who worked for nonprofit organizations.

Does this conference report help the hospitals and doctors struggling to meet the needs of their patients? The answer, surprisingly, is yes. It provides an increase in the Medicare Disproportionate Share Hospital cap for rural hospitals and urban hospitals with fewer than 100 beds. It increases payments for indirect medical education that would provide increased funding for the twenty Connecticut hospitals that have medical education programs. Also, it eliminates the 4.2% reduction in payments to physicians in 2004 and replaces it with a 1.5% increase for the next two years. These provisions are positive. But, this was intended to be a prescription drug relief bill and these positives are by far outweighed by the negatives of this legislation.

So, who are the winners in this conference report? The answer is pharmaceutical companies. They will receive the majority of the $400 billion that this legislation will cost. But, even better for them, they will not be forced to lower their prices. The Government will not be allowed to negotiate prices and seniors will not be allowed to purchase imported drugs from other industrialized nations. Apparently, the industry's army of lobbyists and $22 million in campaign contributions were effective.

Who are the losers? The answer is seniors, the ones this bill was meant to assist. They asked for prescription drug relief and we are trying to give them a Medicare privatization bill. That is why I urge my colleagues to join me in voting against this conference report.

Mr. UDALL of New Mexico. Mr. Speaker, I rise today with great disappointment in the conference agreement that has been brought to the floor. I sincerely hoped that the bill that passed the House in July would have been moderated with provisions included in the other chamber's bill.

Unfortunately, instead of considering legislation today that would have modernized the

Medicare program to provide prescription drug cost relief and coverage for seniors throughout this great nation, we have this agreement that is geared toward dismantling one of the most successful government programs ever implemented. Instead of considering legislation to modernize the Medicare formulas to fix the inequities between rural and urban areas, we are considering an agreement that wraps these crucial fixes in with a prescription drug benefit that is designed to achieve the ideologically extreme goal of privatizing Medicare.

Mr. Speaker, I will certainly admit that the provider package included in this agreement is excellent. For years doctors, hospital administrators, and other health care providers have suffered under the unfair Medicare formulas that severely hampered their ability to provide care to Medicare beneficiaries. The labor share revision, the geographic physician payment adjustment, increasing home health services furnished in rural areas, critical access hospital improvements—these are all incredibly important provisions that I strongly support in order to help strengthen the health care system in rural areas. I also support fixing the inequitable disproportionate share formula, which is done to a degree in this agreement. Unfortunately, however, the conference agreement removes language that would have given New Mexico a larger increase of DSH payments to $45 million. The physician fee formula update is another provision that is incredibly important. Without this fix, physicians will have no other choice but to stop seeing Medicare beneficiaries, which will lead to the total breakdown of a system that is already badly strained to its limits.

I recognize the importance of these provisions. I understand the difficulties that those in the health care industry are facing. I understand the difficulties seniors are facing in trying to purchase and pay for their medications. That is why I have cosponsored legislation to fix the disproportionate share provisions, I have cosponsored legislation to fix the Medicare physician payment updates, I have written letters supporting these provisions and urging Chairman Thomas to include these rural fixes in the legislation, I have written a letter to conferees asking them to retain this provisions, and, when this bill passed in July, I voted in favor of the Democratic alternative that not only included stronger rural provisions than those included in the Majority's bill, but also contained a real prescription drug benefit—not a benefit engineered to bring about the demise of the Medicare program.

Mr. Speaker, lets be clear about what our goal was supposed to be. We were supposed to create a new prescription drug benefit in Medicare. That's what we were supposed to be doing with this important legislation.

Unfortunately, we are doing much more than that, and a lot of it is terrible. We were supposed to be reducing the costs of drugs for seniors. Yet this plan prohibits the federal government from using its clout to force down the price of medicine.

We were supposed to help seniors keep their current drug coverage if they are fortunate enough to have it. Yet this plan may force up to three million seniors out of their current employer-based plans.

We were supposed to be strengthening the Medicare program by adding a voluntary benefit for prescription drug coverage. Yet this plan, under the guise of a premium support demonstration, weakens the Medicare program by forcing beneficiaries to pay more for Medicare if they don't give up their doctor and join an HMO.

We were supposed to help low-income seniors who get additional assistance from Medicaid afford their prescriptions. Yet this plan not only forces 6 million low-income seniors to pay more for their medications, but also imposes an unfair assets test that disqualifies seniors if they have modest savings.

We were supposed to be providing a prescription drug benefit that would ease the cost and emotional burden seniors face in dealing with medication purchases. Yet this plan leaves millions of seniors without drug coverage for part of the year due to the $2800 gap in coverage.

Mr. Speaker, I am extremely disappointed with this agreement. I am disappointed because what should have been a straightforward approach took a wrong-turn along the way. I think this is a terrible way to spend $400 million dollars on a supposed prescription drug benefit, and I will be forced to vote against this measure. I urge my colleagues to reject this shameless assault on Medicare.

Mr. STUPAK. Mr. Speaker, I rise today in opposition to this Medicare bill with limited prescription drug coverage.

This plan is bad for America's seniors and especially bad for rural areas like Northern Michigan, which I represent.

Medicare should be a right—this Republican Medicare bill threatens to undercut this right and destroy a program that seniors have trusted for nearly 40 years.

For most seniors, the prescription drug plan does not begin until 2006 while the Democrats' plan would have begun next year.

The Republican plan has a gap in prescription coverage the size of the Upper Peninsula. This gap starts at $2,250 and goes on until you hit $5,100.

We should be giving our seniors a real prescription benefit not one that gives you part-time coverage.

Illnesses and diseases do not take time off—you're not sick part of the time—seniors need full prescription drug coverage now.

Those seniors who now have coverage may lose it—CBO estimates that up to 3 million could lose their existing prescription drug coverage.

I cannot support a bill that will undercut our seniors' right to Medicare.

While Congress provides universal health coverage for Iraq that includes full prescription drug coverage—seniors in America will receive part-time prescription drug coverage but pay 100 percent of the costs.

Vote ''no'' on this ill-conceived bill.

Mr. DAVIS of Illinois. Mr. Speaker, I have heard my colleagues describe the prescription drug plan as ''not perfect'' and a ''step in the right direction.'' However, this legislation is neither. Our seniors will not gain better health coverage or a prescription drug benefit that is affordable. Instead the CBO estimates that approximately 2–3 million seniors, 107,000 alone in my state of Illinois, who currently have drug coverage from their employer, will lost that coverage. This bill lowers Medicare's assistance to the employers making it unaffordable to keep their retirees' coverage. The new cap on general revenue spending will cause reductions in provider reimbursement rates, higher out of pocket cost, or even raise the payroll tax—once again passing the buck along to future generations. Worst of all for our senior consumers, we do not even allow the Secretary of HHS to negotiate lower drug prices for them.

I am disappointed in this House for turning its backs on fulfilling our promise to seniors, but I am extremely disappointed that we are completely abandoning our Nation's most needy—our Nation's poor seniors. We are expecting our States to pay the Federal Government 90 percent of the cost of drugs for our low-income seniors. During a time when States are already faced with large debts and complicated decisions on what to cut next—how do we expect the States to afford 90 percent of the cost of drugs for our poor seniors? An estimated 6.4 million low-income and disabled people will have significantly worse coverage under this new plan. It is probably because this bill actually prohibits Medicaid from helping with copayments or paying for prescription drugs that are not approved by the private insurers. This means that certain, needed medications that are currently covered by Medicaid will no longer be available to seniors. This plan does not even provide assistance for our seniors that are between 150 percent and 160 percent of the federal poverty line that is an annual income of $15,300 to approximately $17,850.

Mr. Speaker, no one is saying that we should give our seniors something for free. But we are saying lets give them something that is fair, reasonable, and makes sense.

Mrs. BONO. Mr. Speaker, I rise in strong support of the Medicare Prescription Drug and Modernization Act of 2003. This has been a very long and cumbersome process; however, I believe that the American citizens will be pleased with what we have accomplished. I would particularly like to laud the accomplishments of the conferees who put in tireless hours crafting this monumental legislation.

More often than any other concern, I hear from the constituents of the 45th District regarding health care. They are legitimately frightened that without reform, they will lose their existing benefits and the standards of care to which they have become accustomed. The time had come to pass substantive legislation that will allow seniors to spend less money on prescription drugs and spend less time navigating through the red tape and paperwork.

This landmark legislation is responsive to the needs of our seniors and will allow access to affordable prescription drugs and improve health care to millions of our most needy senior citizens. This is the most generous package Congress has considered for rural and suburban health care giving seniors will have better access to doctors, hospitals and crucial treatment options, regardless of where they live. Additionally, this bill addresses the needs of the low income.

I am particularly proud that the bill includes the critical funding for relief from the drastic payment reductions in the Medicaid disproportionate share hospital (DSH) program. The provision will go a long way toward protecting California's fragile health care safety. The funding in the conference report will restore several hundred million dollars to safety-net providers in California over the next 10 years.

Safety net hospitals across the state of California, two of which are located in the 45th District in Moreno Valley and Indio, have had

to absorb drastic reductions in Medicaid DSH funding at a time when demand for their services has been increasing. The additional funding will help ensure that services to the most vulnerable populations are available.

This bill represents a breakthrough in the nation's commitment to strengthen and expand health security for its citizens at a time when it is most needed. I rest assured knowing that our nation's future generations will continue to receive the highest level of health care available.

Mrs. BIGGERT. Mr. Speaker, no single piece of legislation is as important to meeting the health care needs of Americans as is the bill we will vote on shortly, the conference report to H.R. 1, the Medicare Modernization and Prescription Drug Act. I rise to express my strong support for this legislation.

Today is truly a momentous day. Finally, Medicare will catch up with the realities of twenty-first century medicine. When the program was first created in 1965, the majority of medical treatment was done in a hospital. This is reflected in Medicare's current generous hospitalization benefit and paltry prescription benefit.

Well, times have changed, to say the least. Today, life-saving medications are helping seniors stay out of the hospital and live longer, happier and more productive lives. But, as we all know, prescription drugs are expensive, and seniors too often are forced to cut back on other necessities to afford the medicine they need. Passage and enactment into law of this conference report will help to ensure that this never happens again.

Here's how it works.

Six months from now, seniors will begin to see the benefits. In April of 2004, any senior who wishes to have one will be issued a voluntary drug discount card that will save them 10 to 25 percent on their prescriptions. For low-income seniors, $600 automatically will be added to their cards to help them afford the drugs they need. The discount card will work like a supermarket discount card, giving users a discount at the time of the purchase.

Another very important benefit kicks in beginning in 2005, when all newly enrolled Medicare beneficiaries will be covered for an initial physical examination. At last, patients and physicians will have an early baseline that can signal if problems exist or what areas might need to be monitored more closely in the future.

All beneficiaries also will be covered for cardiovascular screening blood test, and those at risk will be covered for a diabetes screen. These new benefits can be used to screen Medicare beneficiaries for many illnesses and conditions that, if caught early, can be treated, managed, and can result in less serious health consequences.

And perhaps most importantly, beginning in 2006, for the very first time in the history of Medicare, seniors will have a prescription drug benefit. If they choose to participate, seniors would pay about $35 a month. Once they have met the $250 a year deductible, 75 percent of their drug costs will be covered up to $2,250. When drug costs exceed $3,600 a year, 95 percent of costs will be picked up by Medicare.

No matter where in the country they live, seniors will be able to choose between at least two prescription drug plans.

If seniors are happy with the coverage they now have—and many in my district are—they do not have to switch into a new plan. This new benefit is absolutely, completely, 100 percent voluntary.

But there is much, much more to this bill than a prescription drug benefit option for seniors. In fact, this bill can affect the health and welfare of every American citizen, no matter how young or old. How is this so?

Well, first, this bill will expand access to health care for everyone.

As you know, physicians who see Medicare beneficiaries are reimbursed for the extra cost of treating these patients. These payments are already woefully inadequate and physicians have been forced to stop taking on Medicare beneficiaries because they simply cannot afford to keep seeing them. Under current law, these reimbursements will be cut by an additional 4.5 percent next year.

I am very, very pleased that the conference report addresses this issue by reversing the scheduled cut and increasing the payments by 1.5 percent. This means that more doctors will be able to treat more seniors, and more seniors will have a choice of which doctors they see.

Hospitals also will be better off under this bill. The conference report provides increases in payments to teaching hospitals and increases funding for hospitals that treat a large number of Medicare patients. It also reimburses hospitals for the costs of using the most advanced technology. In short, the conference report ensures that hospitals can continue to care for Medicare beneficiaries.

Finally, this legislation encourages Americans of all ages to save for their own healthcare needs. The Health Savings Accounts—HSAs— will let people save money and accumulate interest—tax-free—in order to take care of health care premiums and other medical expenses.

HSAs are completely portable, so when people change jobs, they can take their accounts with them. Individuals also can make ''catch-up'' contributions to their accounts once they turn 55, and still enjoy the tax benefits.

These accounts will help thousands of individuals who do not have access to health insurance—or who wish to augment their coverage—to better afford it.

Our seniors have worked hard throughout their lives. They should be enjoying their golden years, not worring about how to pay for their life-sustaining medicines. This legislation will go a long way in helping them get back to the business of enjoying life.

Drug discount cards, baseline physical examinations, prescription drug coverage, and disease screenings are just a few of the great new features that will help seniors stay healthy.

Health savings accounts and improved levels of physician and hospital reimbursements will go a long way to improving access to health care for Americans of all ages.

I am honored to support this legislation and I encourage my colleagues to do so as well.

Mr. CAPUANO. Mr. Speaker, I rise today to voice my strong opposition to H.R. 1, the Republican Prescription Drug Bill.

This bill represents the first step in a Republican plan to end Medicare as we know it. Under the guise of providing seniors with the prescription drug coverage they so desperately need, this Congress is attempting to destroy the program that seniors have depended on for over 35 years to provide them with the affordable, reliable health care they need and deserve.

Mr. Speaker, not only does this bill fall far short of what the senior citizens of this country expected of us, but it fails by the most basic of standards: it prohibits the federal government from negotiating for lower-cost drugs; it may lead to 3 million seniors losing the good prescription drug coverage they currently have through former employers; it subsides HMOs at 124 percent of what it pays to traditional fee-for-service Medicare; it creates new Health Savings Accounts, which benefit mostly the wealthy; and it sets up new ''cost-containment'' measures, designed to lay the groundwork for future cuts to beneficiaries and providers. But most alarmingly, this bill contains a massive demonstration program that it the first step toward the privatization of Medicare.

The ''premium support'' demonstration project in this bill could force 7 million seniors to be subject to a social experiment that has never been tested. Under the demonstration program, HMOs could ''cherry-pick'' healthy and wealthy seniors citizens, leaving the poor and sick in the traditional program, undermining the social insurance pool. Premiums for those in the traditional program would be driven up, and they could also vary by region and fluctuate from year to year. This is an unacceptable assault on the Medicare program that will only result in higher profits for the insurance industry.

There is no denying that some people may benefit from this bill. For example, it does provide some prescription drug coverage for those with the lowest incomes. Although instituting the first assets-test for low-income beneficiaries in Medicare's history, it will mean that many of these senior citizens now have access to prescription drugs.

Further, as the Member representing many of the teaching hospitals in the Boston area, I am well aware of the important provisions in this bill that will provide essential funding for the world-class hospitals, dedicated doctors, and other health care professionals who work so hard to provide quality care to all the citizens of my district.

However, the positive elements of this bill do not outweigh my concern for the damage this bill could do to a program that has become an integral part of our society. The steps toward privatization contained in this legislation are unacceptable. I am not willing to gamble with the health of our nation's seniors, placing their well being in the hands of the insurance industry. I do not believe this is a risk worth taking. Medicare has served us well for over 35 years. Its demise would mean an America where senior citizens are left to fend for themselves in the private insurance market without a safety net. While this bill may offer some appealing short-term benefits, the price could be the end of Medicare as we know ti. I cannot and will not be a part of it.

I urge Members to vote ''no'' on H.R. 1.

Mr. SHERMAN. Mr. Speaker, I rise to protest the process that brings H.R. 1, the Medicare reform and prescription drug legislation, before the House today. These procedures could only be described as undemocratic and unfair.

Republican Leaders were in the room for weeks as this bill was drafted, and were able to brief their members on its contents. Democratic Members could not begin to analyze the bill's provisions until yesterday.

We were given almost no time to review the conference report for this momentous legislation. We have waived the rules of the House to allow for this hasty, almost immediate consideration of a bill more than 1,000 pages long, so that not even the members of this body, to say nothing of the public, can fully grasp what is included.

There is no way that we, with a fairly full day of debate in this body, could have read the bill in the short time provided. And it is not enough that we merely read the bill. One must understand its implications. This alone demands that we vote ''no'' now, to give ourselves more time to fully deliberate and debate this legislation.

Mr. Speaker, again, I rise to express my strong opposition to the process by which we are today voting to overhaul one of the most important institutions in our country. American seniors deserve better, and we owe them more of our time; we owe them full deliberation, debate and our full consideration of this legislation.

Mr. ROTHMAN. Mr. Speaker, for seven years, I have been pushing and voting for a voluntary prescription drug benefit under Medicare. Such a plan would give seniors access to the quality, affordable, life-saving medicines they need. Unfortunately, the final Medicare bill—written in secret by the very same Republicans who eight years ago shut down the federal government as part of their strategy to force Medicare to wither on the vine—does exactly the opposite of what it is supposed to do. Instead of providing seniors with a voluntary, guaranteed drug benefit, the bill provides no drug coverage until 2006, and then forces millions of seniors to pay more for drugs if they don't give up their doctor and join an HMO—HMOs that can raise premiums at will and will throw out seniors who get too sick. The bill is nothing less than an outrageous giveaway of taxpayer funds to the health insurance industry.

A $12 billion slush fund in the bill will be doled out to insurance companies that offer privatized Medicare services and employers are given a $70 million windfall to maintain their retiree drug plans. These subsidies create a huge bias in favor of private plans. That's not competition, it's corporate welfare, and it's wrong.

The Congressional Budget Office projects that when the drug benefit begins in 2006, the average senior will spend $3,155 annually on prescription drugs. Under the Republican bill, because it so loaded up with giveaways to the private insurance industry, a senior with an income over $13,500 will pay $2,075 out of the first $3,155 in total drug costs—66 percent or two-thirds of the total—including the $35 monthly premium and the $250 annual deductible. And on top of these costs, 52,000 New Jersey seniors will face additional increases in their Part B premiums.

Also, instead of a voluntary benefit under Medicare, seniors will lose their doctors and be forced out of the system they know and trust. Worse still, 220,000 New Jersey seniors enrolled in PAAD and Senior Gold will have their health jeopardized and their choice of medicines limited by restrictive drug formularies imposed on the State by managed care plans. These seniors will face disruption in their coverage and will likely get less help than they currently receive. And it's a bad bill for doctors, whose reimbursement rates will be set not by the federal government, but by HMOs out to make a profit.

It is an especially bad deal for New Jersey seniors. As a result of the Republican bill, 94,000 New Jersey retirees will lose their drug coverage, 2–3 million nationwide. Over 150,000 Medicaid beneficiaries in New Jersey will pay more for drugs and 186,000 New Jersey seniors will be forced to leave traditional fee-for-service and accept vouchers to enroll in private plans starting in 2008.

The Republicans controlling the House of Representatives today dislike Medicare so much that they are literally willing to subsidize private health insurance companies to compete with Medicare, paying those companies $82 billion to create new private bureaucracies to handle prescription drugs for seniors and to even go so far as to build in a profit for them. We tried this experiment once already, giving private plans subsidies to offer Medicare services in the form of Medicare+Choice. But despite these subsidies, private Medicare+Choice plans felt they could not make enough of a profit, so they cut benefits and dropped hundreds of thousands of policyholders. Not only will this bill ultimately destroy Medicare and force seniors and their doctors into dealing with private HMOs, but the $82 billion could have been invested into the existing Medicare infrastructure, covering all seniors with a voluntary prescription drug program and reducing the premiums and co-pays for our nation's seniors.

Most galling the bill expressly prohibits the federal government from negotiating prices with the drug industry. The government already permits such negotiation in prices by the Department of Veterans Affairs and the Department of Defense—if this is good enough for veterans and those serving on active duty in the armed forces, why not for seniors? This is a $139 billion gift to drug companies in windfall profits. If Republicans were serious about reducing costs, their bill would not block the Secretary of Health and Human Services from using Medicare's enormous purchasing power to bring drug prices down.

AARP, which claims to speak for seniors, but is in fact a big insurance company with over $200 million in commissions on health and life insurance policies and prescription drug plans, has hastily endorsed the bill. Like hundreds of rank and file AARP members in my district who have called my office to disavow the national group's decision, I am outraged that AARP renounced the anti-privatization principles it claimed were central to its support. For this reason, I have resigned my AARP membership.

As many have said, this bill is a Trojan Horse: a radical dismantling of Medicare masquerading as a prescription drug bill. We must not forget that only a handful of Republicans voted for Medicare when Democrats created the program nearly 40 years ago. And at every turn since 1965, the Republican Party has worked to weaken a popular and successful health care system that allows seniors and their personal doctors to manage their own care.

We must not now adopt a privatization scheme that will harm seniors and risk Medicare's future. Instead, Congress ought to add a simple, straightforward and voluntary drug benefit to Medicare, save the $82 billion in subsidies to private insurance companies and private plans, and apply that money to lessen seniors Medicare drug premiums and co-pays. And then we should engage in a real bipartisan discussion about the future of Medicare—out in the open and not in a secret congressional backroom.

Mr. COSTELLO. Mr. Speaker, I rise in strong opposition to H.R. 1, the Medicare Prescription Drug and Modernization Act of 2003 conference report. Since coming to Congress, I have consistently promised over 70,000 seniors in my district that I would not support legislation that would fundamentally change the nature of Medicare and provide a prescription drug benefit that relies solely on insurance companies. This legislation does just that and I cannot in good faith support it.

Medicare has been a success because it provides guaranteed coverage for all elderly and disabled Americans. This legislation would end Medicare as we know it and may particularly harm rural areas that depend on the traditional Medicare program. Beginning in 2010, up to 6.8 million people could be part of a demonstration program that forces the Medicare fee-for-service program for doctors and hospital visits to compete with private insurance plans. People who wanted to remain in traditional Medicare would find their premiums going up as other beneficiaries opted for private insurance coverage. Seniors and the disabled would essentially be forced out of the traditional fee-for-service program and into some form of managed care.

In addition, this approach does not guarantee the same benefits for all seniors. Seniors who live where hospitals and doctors negotiate lucrative contracts with managed care plans would have to pay more; seniors with higher incomes would have to pay more; seniors in rural areas would have fewer choices of doctors and pharmacies; and seniors with low incomes but with assets such as a savings account might get nothing at all. These provisions violate the central promise of Medicare: to provide a consistent, guaranteed benefit that allows everyone, no matter where they live, how much they have, or how sick they are, access to quality medical care.

Further, I support a voluntary prescription drug benefit paid for by Medicare. However, this ill-conceived plan before us today will result in as many as three million retirees losing their employer-sponsored drug coverage which is more comprehensive than this legislation. At present, employer-sponsored retiree health benefits are the greatest source of coverage for retirees, providing drug coverage for one in three Medicare beneficiaries. Yet, this conference agreement creates an incentive for employers to drop retiree coverage they currently provide, rather than encouraging them to maintain it. In addition, it fails to help retirees from state and local government, multi-employer groups, and non-profit organizations. The additional funding, under the premise of shoring up retiree coverage, is meaningless to those who retire from public service, such as teachers, firefighters, and police, or other organizations with no tax liability.

Finally, the conference agreement is flawed because it offers seniors an inadequate prescription drug benefit. I am committed to providing a comprehensive benefit that is affordable and dependable for all beneficiaries with no gaps or gimmicks in its coverage. However, this legislation provides a huge gap in coverage leaving half of seniors without prescription drug coverage for part of every year.

Further, the bill is sorely lacking in any provision that might restrict the skyrocketing costs of the drugs themselves. It does not include meaningful reimportation language, strong language ensuring access to generic drugs, or the ability to negotiate prices as is done currently by the Veterans Administration.

This legislation relies too heavily on the insurance industry to bring drug costs down and does not guarantee seniors access to the medicine prescribed by their doctor or that they can get prescriptions filled at their local pharmacy. Seniors deserve fair drug prices and a real, affordable prescription drug plan.

Mr. Speaker, for these reasons, I oppose the conference report. I ask my colleagues to join me and reject this bill and send it back to the committee with instructions to bring the bill back to the floor with a real prescription drug plan that guarantees seniors affordable and dependable coverage.

Ms. McCOLLUM. Mr. Speaker, tonight, Republican leaders in Congress are poised to pass an overhaul of Medicare that provides a weak prescription drug benefit, fails to lower drug costs, and starts the process for the privatizing of Medicare—a program that seniors have depended upon and trusted for almost 40 years.

Seniors have been fighting for years for a Medicare prescription drug benefit that is affordable; available to all seniors and disabled Medicare beneficiaries by providing meaningful benefits within the Medicare program.

However, the legislation Republicans have produced does not make prescription drugs affordable, does not offer a guaranteed benefit under Medicare and does not sufficiently protect current retiree plans. Instead, this bill caters to the pharmaceutical industry, bribes the HMOs with $12 billion in subsidies, and allows the AARP to reap $1.56 billion in profits. This bill threatens the future of Medicare and the health of America's seniors.

Under this Republican Medicare bill: $88 billion in tax credits will be given to employers to retain coverage for their retirees, and; Despite this windfall, 2 to 3 million seniors will still lose benefits from their employer-based coverage; and millions of seniors will pay more in Medicare premiums if they refuse to join an HMO.

The prescription drug plan that Republicans have proposed is a sham. Seniors will pay more than 50 percent of their drug costs for coverage up to $2,250. Most troubling, the bill leaves a huge ''coverage gap.'' Seniors will have zero prescription drug coverage for medication costs that run between $2,250 and $5,100—and those beneficiaries will still have to pay the monthly premium! Over half of all Medicare beneficiaries would fall into this ''coverage gap.'' And this bill will scale back coverage for the poorest seniors. Up to 6.4 million low-income Medicare beneficiaries will get less drug coverage than they have now as a result of new low-income thresholds and stringent asset testing. Also, seniors will only be eligible for drug coverage through private insurance companies that will have wide latitude in setting premiums and deductibles. Private insurance companies will also be able to make decisions about which drugs are covered, as well as which pharmacies seniors can use.

Today, there are approximately 648,000 Medicare enrollees in Minnesota. According to the Minnesota Department of Health, about 46 percent have no prescription drug coverage. In Minnesota alone, this bill that may cause at least 39,480 Medicare beneficiaries to lose their coverage from their former employers and 89,800 Minnesotans will pay more for prescription drugs.

And the most outrageous part is that the Republican plan benefits the pharmaceutical industry by explicitly prohibiting the Secretary of Health and Human Services from negotiating lower drug prices on behalf of America's 40 million Medicare beneficiaries. It also blocks the re-importation of drugs from Canada at lower prices. Additionally, the plan will create health savings accounts, which are tax-free savings accounts for medical expenditures. This creates an unprecedented tax loophole that would undermine existing employer coverage and provide $6.7 billion in tax relief for the wealthy.

Earlier this year, I supported a bill that provides for a voluntary prescription drug benefit under Medicare. Medicare would pay 80 percent of drug costs after a $100 deductible and no senior will have to pay more than $2,000 in costs per year. This plan would cover all Medicare beneficiaries, regardless of previous health conditions, and guarantee people's choice of medication, pharmacy, doctor and hospital. The plan that I supported would also give the Secretary of Health and Human Services the authority to use the collective bargaining power of 40 million beneficiaries to secure lower costs for the most popularly prescribed medications to end price gouging by the big drug companies.

Minnesota seniors and persons with disabilities deserve better than the Republican bill that is before us tonight. I will only vote for a prescription drug benefit that is affordable and available to all seniors and disabled Medicare beneficiaries regardless of geographic location or health condition.

Mr. BISHOP of Georgia. Mr. Speaker, although the massive conference agreement over Medicare reform contains some of the provisions the country needs and that I support, the overall legislation is deeply flawed. Congress can do better. By voting against the agreement, I am calling on Congress to correct the flawed provisions that would deny many seniors any prescription drug benefit, increase health care costs for many lower income citizens, push many seniors into managed care, put employer-based prescription drug coverage at greater risk, and create an uncertain privatization process that could change the face of Medicare forever.

By voting down this proposal, we could fix the critical flaws and still have time to enact a sound Medicare reform bill that the country desperately needs before the end of the 2003 session. I am cosponsoring a bill introduced Friday (11/21) that would shore up rural providers and maintain the integrity of Medicare for rural communities, while putting aside the more rancorous issues until later. I urge its consideration.

Among the agreement's provisions that I strongly support are those that would provide realistic reimbursements to providers, including giving rural hospitals parity with urban hospitals. Many community hospitals have shut down, and many are struggling to survive. This puts the health of many of our rural citizens, and the vitality of many rural communities, at risk. Relief for at-risk hospitals is one of the positive things about the agreement, and it should be a part of any health care reform enacted by Congress.

But I cannot overlook the agreement's overwhelming downside.

Dr. Kenneth Thorpe, a noted health policy authority from Emory University, calculates that under this agreement 51,450 Georgians would lose employer retiree health benefits; 161,300 Georgians would pay more for prescriptions; 82,000 fewer Georgians would qualify for low-income benefits than under the Senate version; and 34,000 Georgians would pay more for Part B premiums for doctor and outpatient care.

There are other sections of this lengthy bill, released the same day debate began, that few outside the conference committee have had an opportunity to examine. But much of what we know is disturbing.

There are no measures in this bill to respond to the problem of skyrocketing of drug costs. Not only would the government be prevented from negotiating drug prices, the possibility of reimportation of less expensive medicine from Canada is effectively killed.

The actual prescription drug benefit is skimpy, with an enormous coverage gap and an asset test designed to limit access for thousands of truly needy Americans. Moreover, millions of retirees will see the superior coverage they now receive from their former employers weakened or eliminated. That's nearly 3 million individuals nationally and more than 50,000 in the state of Georgia alone.

One of the biggest concerns is the agreement's push to privatization. As drafted, it appears private insurers would tend to pull in the healthiest beneficiaries while those with medical problems would remain with Medicare, causing Medicare costs to sharply rise. This could create what some are calling a 'death spiral' of escalating costs in traditional Medicare. More and more seniors would be pushed into the less-expensive HMOs and PPOs simply because they could not afford the higher cost of Medicare.

From the enormous premium support ''demonstration projects'' to the weakened Federal fallback for areas without meaningful access to private prescription drug plans, this agreement reveals a poor understanding of the needs of rural providers and residents.

All of these flaws make this agreement unattractive in the short term. But if we look just a bit further down the line, the picture becomes even bleaker. In 2006, when the prescription drug benefit would actually begin, the benefit would be essentially worthless to the average citizen. And, when 45 percent of spending on Medicare comes from general revenues, extreme measures to curtail Medicare spending would be triggered. It's extremely cynical to include such a dramatic cost-containment mechanism while excluding responsible measures to control Medicare spending.

There is much that is wrong in this bill, and much less that is right.

Rarely will we consider any legislation that will have a greater impact on the well being of the American people.

Let's get it right!

Mr. OBERSTAR. Mr. Speaker, Medicare is the most successful health initiative in American history—improving the quality of life for America's senior citizens, extending their longevity, and relieving their anxiety about affording the health care they need.

For the past several years, Democrats in Congress have worked tirelessly for affordable, comprehensive, and guaranteed coverage for prescription drugs under Medicare.

This week, the Republican majority in Congress is poised to pass legislation that will require seniors to pay significant out-of-pocket costs for prescription drugs, will eliminate employer-provided health care coverage for 2.7 million retirees nationwide, and will ultimately undermine the entire Medicare program. Simply put, the Republicans brokered a deal that prioritizes the pharmaceutical and the insurance industries over providing a comprehensive benefit to seniors and the disabled.

I. EFFECTS ON MEDICARE BENEFICIARIES

I am particularly concerned with the inclusion of ''premium support,'' a misguided proposal that will undermine Medicare. Instead of providing a Medicare prescription drug benefit for seniors, congressional Republicans have embarked on a radical and untested social experiment that threatens the future of Medicare. The final Medicare bill clearly takes the first step toward privatizing Medicare by implementing a ''premium support demonstration project'' in six metropolitan areas.

The bill threatens traditional Medicare because it includes provisions designed to stack the deck in favor of the health insurance industry. The legislation allots $17 billion to HMOs to lure them into the market to provide senior citizens with taxpayer-financed health and drug benefits. As the Washington Post recently pointed out, if Medicare ''privatization is such a good idea, why do the private insurance companies need such big subsidies to enter the Medicare market? . . . That's not capitalism or competition. That's corporate welfare.'' Rather than divert $17 billion from Medicare to prop up private sector competition, it would be far better to invest that money in Medicare's future.

Seniors will essentially receive a voucher for services to cover the lowest-cost private insurance plan, if such plans are offered, which is not at all certain. If this plan does not pay for the services they need, seniors will have to cover the difference—which could be a big figure—out of their own meager income. Masquerading as increased efficiency, this concept disproportionately benefits healthier seniors and leaves seniors with more costly health care needs paying an estimated 25 percent more for traditional Medicare. Seniors living in different regions will also pay different prices for the exact same benefit. I believe America's seniors deserve a guaranteed drug plan that is available for all Medicare beneficiaries—regardless of where they live.

II. IMPROVED MEDICARE REIMBURSEMENT FOR RURAL HEALTH CARE PROVIDERS

I have strongly supported efforts to eliminate disparities in Medicare reimbursement for rural areas, and I am very pleased that the conference report contains significant improvements for rural health care providers. Health care is essential in greater Minnesota. The hospitals in many small communities throughout northern Minnesota are the major employer in town, and the health care they offer is critical for economic development and tourism.

It is encouraging news that 31 hospitals in my congressional district would receive $39 million over 10 years under this bill in improvements in Medicare reimbursement, including fourteen Medicaid Disproportionate Share Hospitals (DSH) and 12 Critical Access Hospitals (CAHs). Other notable changes in the policies for CAHs—albeit not attached to a dollar amount—would improve the delivery of mental health services in rural northeastern Minnesota by permitting 10 beds to be used for psychiatric or rehabilitative services. Physicians would see a payment increase of 1.5 percent rather than a 4.5 percent decrease. Teaching hospitals would each receive $183,000 spread out over 10 years in additional payments for Indirect Medicare Education, which would greatly assist the training of medical students at the University of Minnesota, Duluth, as they prepare to serve rural Minnesota.

III. PRESCRIPTION DRUG BENEFIT

Seniors will be eligible for drug coverage only through private insurance companies that will have wide latitude in setting premiums and deductibles. Private insurance companies will also be able to make decisions about which drugs are covered, as well as which pharmacies seniors can use.

The plan is difficult to explain, but let me try: it begins with uncertain private health insurance premiums, estimated to be $35 per month, but not specified in statute; then, seniors must pay a $250 deductible before they receive any assistance, after which they will pay a 25 percent co-insurance for up to $2,250 in drug costs. However, there is a large coverage gap where no assistance is provided between $2,250 and $5,100 in drug spending, the ''hole in the doughnut,'' where seniors will be paying premiums but receiving no assistance at all. Those seniors with $5,100 in drug costs annually will still pay $4,020 under this bill. This plan is as unfair as it is complicated and costly to older Americans living on fixed incomes.

IV. IMPORTATION/COST ISSUE

I firmly believe that in order to ensure the continued affordability of Medicare benefits for seniors, greater efforts must be made to address escalating health care costs, particularly the price of prescription drugs. Yet this bill does precious little to contain the cost of prescription drugs in the future. The legislation once again deceptively appears to permit drug importation from Canada, while including a poison pill that the Secretary of the Department of Health and Human Services must certify to the Congress that its implementation does not present a health risk. During the Clinton Administration, HHS Secretary Donna Shalala refused to make such a certification, as has the current Secretary, Tommy Thompson. When Americans are paying 30 to 300 percent more for prescription drugs than Canadians or people in other industrialized countries, there must be a concerted effort to fix the safety concerns in the legislation rather than jettison the entire effort with this poison pill.

Despite claims that this legislation introduces free market principles and competition, I am deeply troubled that the Republican Medicare plan prevents federal cost-saving efforts that would reduce prescription drug costs for seniors. At a time when many seniors must pinch their pennies to afford the basic necessities, this bill—incredibly—explicitly prohibits the Secretary of the Department of Health and Human Services from negotiating lower drug prices on behalf of America's seniors. Unlike the Department of Veterans Affairs, which does have such authority, the Secretary of HHS would not be allowed to leverage the market power of 40 million Medicare beneficiaries to reduce prices.

In my view, the big winners are the drug and insurance companies, at the expense of our nation's seniors. In addition to providing $17 billion to HMOs and prohibiting the Secretary of the Department of Health and Human Services from negotiating lower prices, the final Medicare bill will eventually undermine community pharmacies. Pharmacy benefit manages (PBMs), charged with administering the prescription drug benefit, will be able to contract out and establish an unequal playing field whereby mail order companies can sell larger quantities for lower co-pays than community pharmacies can. There is no transparency for PBMs—just a conflict of interest; PBMs are not held responsible to report rebates or kick-backs they might receive from the pharmaceutical industry for selling specific drugs—that provision was stripped from the conference report. I am continually dismayed that Republicans go to great lengths to serve special interests rather than the public good.

I have voted many times this year in support of a strong prescription drug program that would strengthen the Medicare program. However, I am not willing to cast a vote to undermine a program that seniors and the disabled have trusted for nearly 40 years, in exchange for an atrocious prescription drug benefit that directs formidable sums of money to special interests. Congress can do better; our seniors certainly deserve better.

Mr. DAVIS of Illinois. Mr. Speaker, it is said that the cruelest lies are often told in silence—in what you don't say. If that's the case, then the silence is deafening as the Medicare prescription drug legislation looms ever closer to final passage.

We promised the American people we would protect and strengthen traditional Medicare. This legislation does the opposite—it begins coercing millions of seniors out the common Medicare insurance pool into private HMOs.

It creates huge new tax shelters for the ultra wealthy with the ironic name of ''Health Savings Accounts.''

Meanwhile the very poorest seniors, those who also qualify for Medicare, will see their benefits slashed.

The bill places draconian new caps on future Medicare services and spiraling new tax burdens on middle income working families.

The bill inaugurates the process of means-testing and asset-testing seniors before providing them benefits—of checking their wallets before checking their health.

It would also add heavy new financial burdens to state budgets already strained to bursting by federal cutbacks.

All this in return for a pathetically inadequate prescription drug benefit and skyrocketing drug company prices and profits as far as the eye can see.

Fool me once, shame on you. Fool me twice, shame on me. Fooling our seniors shame on all of us.

Mr. Speaker, this Medicare prescription drug bill is not what it is advertised to be. It is a cruel hoax and a danger to the health and well-being of America's seniors.

As Representatives of the American people, we have a special moral responsibility to be honest with the people.

This legislation breaks that sacred trust. This bill deceives and dispossesses America's seniors.

I'm with Will Rogers: I'd rather be the man who bought the Brooklyn Bridge than the man who sold it.

Mr. VAN HOLLEN. Mr. Speaker, with regret, I rise in opposition to the Medicare conference report now before us. Rather than giving seniors the simple, comprehensive and affordable prescription drug benefit they deserve, this bill recklessly undermines the Medicare program, threatens many seniors' existing drug coverage and fails to bring down skyrocketing drug costs.

Let's be clear: This is not about whether we ought to add a prescription drug benefit to Medicare. Democrats—including myself—have been calling for a meaningful Medicare prescription drug benefit for years. Now that the Republican party has dropped its historic opposition to modernizing Medicare, there is broad consensus—at least rhetorically—on the importance of this goal.

Additionally, this is not about whether doctors should receive a positive payment update for services rendered under Medicare. I think everyone in this chamber understands we could pass a free-standing positive payment update for physicians today—and by a wide margin. Frankly, I would be first in line—because I don't think you can ask providers to participate in a program without adequate reimbursement. But if we were really interested in giving doctors a fair reimbursement rate, we would end this untenable ritual of dodging the next round of scheduled payment cuts with stop-gap, band-aid measures and finally get around to fixing the obviously flawed Medicare reimbursement formula once and for all. Unfortunately, that's not what we are doing here today.

Instead, after months of secretive negotiations and much highly publicized bickering, the majority is now presenting this House with a prescription drug bill that blatantly violates the first tenet of responsible medicine: Do No Harm.

If this conference report is enacted into law, as many as 7 million seniors will be forced to pay more for Medicare—unless they agree to give up their doctor and join an HMO, according to analysis done by the House Ways and Means and Energy and Commerce Committee minority staff. Additionally, over 2 million retirees who already have private prescription drug coverage stand to lose that coverage, according to the same report.

That is also the conclusion reached by the former Republican Majority Leader of the House Dick Armey, who called on Congress to reject this misguided bill in today's Wall Street Journal, saying in part: ''(T)his bill is going to cost millions of seniors their current prescription drug coverage.''

In my home state of Maryland, an estimated 60,000 Medicare beneficiaries could lose their existing private prescription drug benefits, according to analysis based on CBO data prepared by the Senate Health, Education, Labor and Pension Committee minority staff. Moreover, similar analysis from the Senate HELP Committee minority staff using CRS data projects that 75,000 Maryland Medicaid beneficiaries will pay more than they do now for the prescription drugs they need.

This legislation puts seniors with existing coverage—and the future of the entire Medicare program—at risk. And for what? A prescription drug benefit that—after all the premiums and deductibles and co-pays and coverage caps and out-of-pocket costs are accounted for—provides $1 of assistance for every $4 that seniors with significant drug costs will still have to pay themselves.

There are smarter, more efficient ways to spend $400 billion on a Medicare prescription drug plan. For starters, we should eliminate the $12 billion subsidy being offered the private insurance industry as an inducement to participate in the Medicare market. If PPOs and HMOs are really more efficient than traditional than traditional Medicare in delivering high quality care at a lower cost, they don't need a $12 billion taxpayer handout to do it. Additionally, we should scrap the Administration's ill-conceived and deceptively named ''Health Security Accounts'', which amount to little more than a $6 billion tax break for the wealthy. And finally, we should get serious about making drugs affordable for seniors and for all Americans—through such common sense steps as permitting re-importation from our industrialized trading partners and allowing the federal government to negotiate for lower drug prices on behalf of Medicare's 41 million beneficiaries—something the bill before us today actually forbids the government to do.

The ultimate value of allowing the Center for Medicare and Medicaid Services (CMS) to negotiate for lower prices will obviously turn on the outcome of those particular negotiations. But we know from the experience of the Veterans Administration—which does currently have the ability to negotiate for lower prices—that the savings can run upwards of 60 percent. In the absence of meaningful steps to curb the exorbitant cost of drugs, this bill does more for the pharmaceutical industry than it does for consumers.

I believe seniors deserve a real Medicare prescription drug benefit plan; one that is comprehensive, affordable and easy to understand; one that will strengthen Medicare rather weaken it; and one that will not reduce the benefits of seniors who already have prescription drug coverage.

Mr. Speaker, we should defeat this fatally flawed conference report, come together on a bipartisan basis and give seniors the meaningful prescription drug assistance they are asking for and need.

Mr. CUMMINGS. Mr. Speaker, I rise today to speak against the woefully inadequate Medicare prescription drug conference bill being considered today.

Mr. Speaker, this report is an insult to our seniors. Instead of a bill that helps our seniors, we have a bill that makes an untenable trade-off. A meaningless prescription drug benefit and the dismantling of the Medicare ''healthcare'' program for 40 million seniors and disabled Americans as we know it today. Quality healthcare coverage should come along with a prescription drug benefit, which Democrats have been fighting for over the past six years, not at the expense of it. But that is what this bill does. So today, what we have to consider is a bill that will do more harm than good—one that represents a giant first step in privatizing and the emasculation of Medicare—a program that our seniors and disabled know and love.

Under this disastrous plan:

Gone are retiree benefits. Because it gives employers no incentive to maintain prescription drug coverage for their retirees two or three million retirees will lose their current private drug coverage. In my home state of Maryland this includes 59,640 retirees.

Gone are wrap-around services. Six million low-income beneficiaries will pay more for their prescription drugs. Those who are dually eligible to receive both Medicare and Medicaid—seniors who are so poor that they need what we call wrap-around services to have healthcare coverage—will pay more for their prescription drugs under this plan. To add insult to injury this bill does not allow states to use their federal Medicaid monies to supplement them. This includes 75,800 seniors in Maryland.

Gone is the traditional Medicare Program as we know it. They say fee-for-service stays intact. Well if you as a beneficiary want to be nickeled and dimed to death—and pay almost 80 percent out of pocket for Medicare and prescription drug coverage up to $5,044, then it stays intact. Let me explain, that means that after a senior or disabled person has paid almost $4,000 out-of-pocket in premiums, deductibles and contributions, then the traditional Medicare coverage kicks back in.

Soon to be gone is traditional Medicare. Traditional Medicare is most threatened by what has been termed premium support. Beginning in 2010, about 7 million beneficiaries will be forced into a premium support demonstration that will make them pay more for Medicare if they don't give up their doctors and join an HMO. This also means that there will be tremendous premium variation from region to region even in the same state when this plan is fully rolled-out. While it may be just 7 million seniors in 2010, now make no mistake the goal is to end Medicare as a social compact, where eventually, Medicare will indeed ''wither on the vine'' and private insurance and pharmaceutical companies will rule the day. Unfortunately, passage of this legislation will mean that many of our seniors will wither right along with the Medicare program—which will no longer be seen as a guaranteed benefit—a concept our nation embraces.

Here to stay are vouchers for Medicare beneficiaries—to take to an HMO which will give these folks what they want them to have—there will be little real choice. Seniors want stability—knowing who their doctors will be, who will be able to fill their prescriptions, which drugs will be covered, and in which hospital they can receive services. I have not ever been told by a single senior that they want to be able to choose between profit-driven private insurer providers which may or may not want to have them as clients.

Here to stay is assets testing. What's good about this bill is that those beneficiaries who are 15 percent below the poverty level are able to forego paying the monthly premiums of $35 and the yearly deductible of $275, and to escape the donut hole in coverage from $2,200 to $5,044. But again our compassionate conservative friends give with one hand and take with the other.

In order to qualify as low-income, seniors have to go through the degradation of proving that they are poor enough to receive it—meaning all of their assets, not just incomes are tested. The one saving grace of this bill is poisoned by the lack of compassion. This means that low income seniors will be kicked out of receiving the low-income benefits of the plan depending on their assets—simply because they have been able to squirrel away a few thousand dollars into a savings account. This affects 53,000 seniors in Maryland, many in my district.

I ask, who is going to invade their privacy and check their assets—isn't it sufficient that

they're already living off of meager means 150 percent below the poverty level, should they too have to pay $4,000 to receive both Medicare and prescription drug coverage? What a trade-off. How despicable. I think my colleagues can agree that this is a very troubling proposition and a totally unfair result.

Here to stay is big money to the drug companies and HMOs. In fact, this bill overpays the private insurance plans by $1,920 per beneficiary at the expense of traditional Medicare by creating a $12 billion slush fund for these companies just to take on these beneficiaries. Mr. Speaker, our seniors do not need a handout, but a hand-up—use that $12 billion to give to our current providers and hospitals who already give outstanding care to our seniors, along with a meaningful prescription drug benefit.

Here to stay are HMOs that seniors will feel coerced into joining because they will not be able to pay for the traditional Medicare they enjoy today.

Additionally, with the establishment of the Voluntary Prescription Drug Benefit Program, beneficiaries again lose because of the lack of negotiated prices for the prescription drugs. Why not leverage the power of the 40 million Medicare beneficiaries? Why not mandate containment of drug costs in this bill? Why give seniors and the disabled a prescription discount card they cannot use until 2006 while the drug companies still get to determine the cost? Why enact health savings accounts that only the well-off can afford? Why include a poison-pill that kills any chance of reimportation of affordable medicines? Why include an artificial budget cap on general revenues funding for Medicare that triggers a fast-track legislation procedure that would allow immediate cuts in benefits, cut payments to nursing homes and home health care providers and increase cost-sharing? Why leave our seniors and disabled powerless?

I know the answers. It's because this bill is not a reform bill, but a rewards bill—and the pharmaceutical and the private insurance companies are the winners.

Mr. KIND. Mr. Speaker, I rise in reluctant opposition to the bill before us today. It was my hope that the conference committee would work in a bicameral, bipartisan manner and produce a bill focused on providing prescription drug coverage to seniors and improving Medicare. Instead, House Democrats were shut out of the discussion completely, and special interest groups were given more information than members of Congress. Even more troubling than the process, however, was the legislation that came out of this conference. This bill is a bad deal for American seniors and an even worse deal for our children and grandchildren. Estimated at $400 billion, this bill is not paid for and, without basic cost containment measures, like price negotiation or drug reimportation from Canada, will leave a legacy of debt for our children and grandchildren to inherit. The easiest thing to do in politics is pass a bill and don't pay for it.

Certainly, there are portions of this bill which I support—portions which generously and correctly bring aid and equity to hospitals, especially those in rural areas like western Wisconsin. For far too long, rural hospitals and critical access hospitals have been treated as second-best, and I have long been a champion of bringing equity to these hospitals which do such important work throughout our country. This bill will at last begin to equalize the base inpatient payment rate, increase the cap for Medicare disproportionate share hospitals, and bring the hospital update to full market basket. Providers also benefit a great deal from this bill, and I am pleased that instead of receiving a cut, Medicare providers would receive a 1.5% update for the next two years. Furthermore, the assistance to our providers is paid for with offsets in the budget, so it does not add to the historically large federal deficit. If these provisions were separate from the bill, I could support them in a heartbeat, and I am confident that such a bill would pass overwhelmingly in Congress. In fact, just today my colleagues and I have introduced a bill that is identical to the rural health care package included in the Medicare Conference Report. We could still pass such a bill if the Republican leadership wanted to, but they do not. Instead, they are holding the rural provisions hostage to all ill-advised and costly prescription drug program to be delivered to private insurance companies after we bribe them with billions to do it, even after they have told us they do not want to do this.

As important as it is to sustain our hospitals and our doctors, aspects of the bill which will hurt our seniors, our pharmacists, and our states make it impossible to support this bill. Too many seniors in my district in western Wisconsin have told me stories of skipping meals in order to afford prescription drugs or cutting their pills in half to make their expensive prescriptions last longer. I came to Washington to work towards a real solution to this problem, and I have championed the New Democratic Coalition's plan, which is simple, progressive, and affordable. I would be proud to stand on this floor today and support the Dooley prescription drug plan. I would have been able to compromise and support a bill that was close to the Senate's bipartisan bill. But I am unable to support a bill that will do relatively little to provide seniors with drug coverage, that bribes insurance companies, that threatens to destabilize existing coverage for retirees, that undermines Medicaid, and that has no reasonable measures to contain costs.

Sadly, for all the excitement over a prescription drug benefit, this bill would bring little relief to struggling seniors. The drug benefit does no start until 2006, leaving struggling seniors a few more years before they receive any help in paying for their prescription drugs. Once 2006 rolls around, many seniors will find a drug benefit far less generous than the one they expected. In fact, a senior who spends slightly over $5,000 per year on prescription drugs will have to spend over $4,000 of his or her own money, meaning the consumer still pays 80 percent of drug costs. This is hardly the relief from expensive prescription drugs that seniors have been promised and that they deserve.

Also of concern is the effect this bill will have on seniors who currently have drug coverage. Astoundingly, an estimated 58,170 Medicare beneficiaries in Wisconsin will lost their retiree health benefits because of this bill. And they are not the only seniors who will suffer. Wisconsin's Seniorcare program is a shining example of the great work that can be done to aid our nation's seniors when federal and state governments cooperate. The bill before us would punish Wisconsin's leadership on this issue; Wisconsin would most likely lose the matching funds it receives for Seniorcare and be forced to drastically scale back the program. Wisconsin's Seniorcare participants currently pay a nominal enrollment fee, low drug co-payments, and a modest deductible, with those seniors below 160 percent of the poverty level paying no deductible whatsoever.

The Wisconsin Medicaid program, as well as the 110,200 seniors who are dual eligibles, will see a significant risk in their drug costs as a result of this legislation. The bill purports to do good things for low-income seniors, but in my state, it will have exactly the opposite effect. For the 99 percent of seniors in my state who already have health insurance, the introduction of a new prescription drug plan means a confusing new benefit with higher costs to the state and beneficiaries and less coverage than many Wisconsin seniors already enjoy.

All of this speculation over a prescription drug plan assumes, of course, that drug-only plans will be around to offer this less than substantial coverage. Currently, there are no drug-only insurance plans, and representatives of the industry have maintained they do not want to start such plans. Because of this reluctance, the bill bribes private insurance companies, pouring billions into the industry in an attempt to entice the companies to create drug-only plans. Clearly, $400 billion is just a floor, costs will explode, and the insurance companies will return to Congress in the future to ask for more money or they will drop coverage of our seniors, just as many Medicare plus Choice plans are doing today.

The $400 billion price-tag is only the beginning of spiraling costs to the federal government; we have no idea what costs might be in the future for this benefit. Incredibly, even the original $400 billion is not paid for, and there are no attempts at cost control in this measure. The government, for both Medicaid and the Veterans Administration, negotiates drug prices. The 40 million Americans covered by Medicare constitute an immense and potentially powerful purchasing pool. Great savings could be realized by negotiation, yet this bill specifically prohibits the government from negotiating with drug companies. Another potential for savings is reimportation from Canada; once again, this cost-cutting measure is prohibited, as the Secretary of Health and Human Services would have to approve reimportation, and the agency has already indicated no such approval will be granted.

Finally, Mr. Speaker, I would like to speak of a group that has received little attention in a debate focused on seniors—our children and grandchildren. While I fully support providing seniors with a prescription drug benefit, I do not believe it is right to shift the costs of this benefit to future generations. We must devise a way to pay for these benefits now; we cannot and must not rely on future Congresses and future taxpayers to fix a problem of our creation. The party in power in Washington today wants tax cuts for the wealthy and pays no attention to fiscal responsibility. It is wrong to create a larger deficit than the one we already face. To protect seniors, to protect our children and grandchildren, I am opposing this bill, and I urge my colleagues to reject the flawed proposals contained in this bill. We can and must do better.

Mrs. DAVIS of California. Mr. Speaker, I support providing our seniors with prescription drug benefits under Medicare. It is one of the

most important efforts we have undertaken this session, and, I believe, one of the most attainable. This is why I rise, with regret, to oppose this Medicare Conference Report. The legislation before us fails our seniors and places them at the mercy of private plans and insurance companies.

There are some good items in this legislation. For example, the increased funding for hospitals and hard-working physicians is greatly needed in our communities. Unfortunately, the overall bill does not accomplish what our seniors need.

When I reviewed this legislation, I needed to answer the following questions: ''What are the benefits for our seniors?'' and ''What do the changes mean in the long run?''

In the very limited amount of time I had to review this legislation, I have concluded that, in reality, this Medicare bill will hurt seniors by making health care less reliable and more costly.

We needed a prescription drug bill. We received, instead, legislation that has been called a ''Medicare monstrosity.'' It mandates huge changes to Medicare, but evades the underlying issue of providing seniors with a comprehensive prescription drug benefit.

This legislation ends Medicare's guarantees to seniors. It gives billions for managed care, for tax shelters, and for many other special interests unrelated to prescription drugs. It significantly worsens current levels of coverage for millions of Medicare beneficiaries with increased Part B premiums and threats of disappearing employer benefits.

Are all of these changes worth a weak drug benefit that will disappoint millions of seniors? No.

Mr. Speaker, our seniors deserve better!

At townhall meetings and in thousands of letters, phone calls and emails, seniors have told me that they want a prescription drug benefit that is affordable, comprehensive, and guaranteed, and they would like the coverage provided in the current Medicare system. The bill before us meets none of these standards.

Instead this bill will make our seniors anxious—anxious about substantial cost increases; anxious about having to switch doctors; and anxious about losing he security that Medicare has provided for almost 40 years.

The Conference Report before us is a missed opportunity. I hope Congress does the right thing by going back to the drawing board, and giving seniors a reliable and affordable prescription drug benefit. We can do better or our seniors—and we must!

Join me in defeating this bill and working to pass legislation that truly addresses our seniors' needs.

Mr. RAMSTAD. Mr. Speaker, I rise in strong support of the Medicare Prescription Drug, Improvement and Modernization Act.

This is truly a historic day. After years of hard work, Congress is finally on the verge of delivering on our commitment to America's seniors. The bill before us will honor our promise to create a meaningful and long overdue prescription drug benefit for Medicare beneficiaries.

This legislation means seniors will no longer have to choose between purchasing life-saving drugs or the basic necessities of food and housing.

In addition to this important new prescription drug benefit, the bill modernizes and improves Medicare to give seniors better choices and greater access to state-of-the-art health care.

I am grateful for the many important provisions in this package from the bill I sponsored, the Medicare Innovation Responsiveness Act (H.R. 941), which will increase seniors' access to lifesaving medical technology. These provisions provide long needed reforms that will bring the Medicare program into the 21st Century.

As founded and co-chair of the Medical Technology Caucus, I have witnessed firsthand the remarkable advances that lifesaving and life-enhancing medical technology has made to treat and cure debilitating conditions. The current Medicare system is antiquated because of its failure to incorporate modern day advances in technology.

Currently, seniors face unconscionable delays of up to 5 years before Medicare grants access to new technology. This delay can literally be a matter of life or death for many seniors.

The legislation before us incorporates many of the reforms I proposed that will vastly improve medicare's coverage, coding and payment process. These reforms will remove barriers to FDA-approved, lifesaving technology for millions of seniors. The result will not only improve lives, but in many cases save lives as well.

Thanks to this legislation, we are finally eliminating the barriers that discourage innovation and deny America's seniors the medical technologies they desperately need. Seniors have waited too long for access to the same treatment options that other Americans routinely enjoy.

I am also pleased the bill includes legislation I introduced with Mr. Cardin to break down regulatory barriers facing specialized Medicare+Choice plans that serve the frail elderly.

I also worked diligently to ensure that seniors suffering from serious mental illness will have the necessary access, under the new drug benefit, to the psychotropic medication they desperately need. I am pleased that this legislation addresses this critical need.

Mr. Speaker, this package of reforms will improve the lives of today's seniors and seniors for generations to come. I urge my colleagues to support this landmark legislation and deliver on our promise to preserve, protect and strengthen Medicare.

Mr. CANTOR. Mr. Speaker, tonight is a truly historic night. Tonight we will reform and modernize the Medicare system to reflect the needs of seniors. This legislation will save Medicare for our children while allowing seniors access to affordable prescription drugs starting next year.

One important feature of this legislation that allows seniors to have more control of their health care is the inclusion of new Health Savings Accounts (HSAs). These tax-preferred savings accounts work like IRAs and allow individuals, not the government, to make choices that best suit their needs. HSAs, will put individuals back in the driver's seat when it comes to their own health care.

The success of 529 college-savings plans and Roth IRAs proves that HSAs will work. I am glad that we were able to add this conservative and common sense proposal to the bill.

Tonight for the first time in Medicare's history, we will provide nearly 1-million Virginians with access to affordable prescription drug coverage. I am proud to deliver this much-needed and past-due assistance to my fellow Virginians.

Mr. Speaker, I support the Medicare legislation before us. It is a critical step in the right direction, and I encourage my colleagues on both sides of the aisle to support this bill.

The SPEAKER pro tempore (Mr. HASTINGS of Washington). Without objection, the previous question is ordered on the conference report.

There was no objection.

MOTION TO RECOMMIT OFFERED BY MR. TURNER OF TEXAS

Mr. TURNER of Texas. Mr. Speaker, I offer a motion to recommit.

The SPEAKER pro tempore. Is the gentleman opposed to the conference report?

Mr. TURNER of Texas. Yes, I am, Mr. Speaker.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. TURNER of Texas moves to recommit the conference report on the bill H.R. 1 to the committee of conference with the following instructions to the managers on the part of the House:

(1) Strike the provisions of section 1860D–11(i) of the Social Security Act, as added by section 101(a) of the conference substitute and relating to noninterference of the Secretary of Health and Human Services with the negotiations between drug manufacturers and pharmacies and PDP sponsors.

(2) Substitute the provisions of title I of the Senate amendment to the bill for title I of the conference substitute recommended by the committee of conference, but provide for medicare as primary payor for prescription drug coverage for low-income individuals (as contemplated by the House bill), and permit State medicaid programs to provide wrap-around coverage (as contemplated by the Senate amendment).

(3) Substitute the provisions of title II of the Senate amendment to the bill for title II of the conference substitute recommended by the committee of conference with the following changes:

(A) Omit the provisions of section 231 of the Senate amendment (relating to establishment of alternative payment system for preferred provider organizations in highly competitive regions).

(B) Omit the provisions of subtitle E (relating to the establishment of a National Bipartisan Commission on Medicare Reform).

(4) Within the scope of conference and to the maximum extent possible, take up and reconsider title VIII of the conference substitute.

(5) Strike section 1123 of the conference substitute (relating to a study and report on trade and pharmaceuticals).

(6) Within the scope of conference and to the maximum extent possible, take up and reconsider the issue of importation of prescription drugs.

(7) Within the scope of conference and to the maximum extent possible, take up and reconsider the issue of special rules for employer-sponsored programs, including qualified retiree prescription drug plans.

Mr. TURNER of Texas (during the reading). Mr. Speaker, I ask unanimous consent that the motion to recommit be considered as read and printed in the RECORD.

POINT OF ORDER

Mr. THOMAS. Mr. Speaker, I make a point of order.

The SPEAKER pro tempore. The gentleman will state his point of order.

Mr. THOMAS. Mr. Speaker, do we have the motion to recommit in written form?

The SPEAKER pro tempore. The Clerk is reading the motion now.

Mr. THOMAS. Mr. Speaker, are we allowed to have the motion?

The SPEAKER pro tempore. The gentleman submitted his motion to the desk.

The Clerk will read.

The Clerk concluded the reading of the motion to recommit.

The SPEAKER pro tempore. The motion to recommit is not debatable.

Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

RECORDED VOTE

Mr. TURNER of Texas. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 211, noes 222, not voting 2, as follows:

[Roll No. 668]

AYES—211

Abercrombie
Ackerman
Alexander
Allen
Andrews
Baca
Baird
Baldwin
Ballance
Becerra
Bell
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Boucher
Boyd
Brady (PA)
Brown (OH)
Brown, Corrine
Burton (IN)
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Case
Clay
Clyburn
Conyers
Cooper
Costello
Cramer
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Doggett
Dooley (CA)
Doyle
Edwards
Emanuel
Emerson
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Ford
Frank (MA)
Frost
Gephardt
Gonzalez
Gordon
Green (TX)
Grijalva
Gutierrez
Gutknecht
Harman
Hastings (FL)
Hill
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Honda
Hooley (OR)
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson, E. B.
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Kennedy (RI)
Kildee
Kilpatrick
Kind
Kleczka
Kucinich
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Lynch
Majette
Maloney
Markey
Marshall
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Michaud
Millender-McDonald
Miller (NC)
Miller, George
Mollohan
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Paul
Payne
Pelosi
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Rodriguez
Ross
Rothman
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Sandlin
Schakowsky
Schiff
Scott (GA)
Scott (VA)
Serrano
Sherman
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Spratt
Stark
Stenholm
Strickland
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Tierney
Towns
Turner (TX)
Udall (CO)
Udall (NM)
Van Hollen
Velazquez
Visclosky
Wamp
Waters
Watson
Watt
Waxman
Weiner
Wexler
Woolsey
Wu
Wynn

NOES—222

Aderholt
Akin
Bachus
Baker
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Bereuter
Biggert
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Bradley (NH)
Brady (TX)
Brown (SC)
Brown-Waite, Ginny
Burgess
Burns
Burr
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Carter
Castle
Chabot
Chocola
Coble
Cole
Collins
Cox
Crane
Crenshaw
Cubin
Culberson
Cunningham
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeLay
DeMint
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Dreier
Duncan
Dunn
English
Everett
Feeney
Ferguson
Flake
Fletcher
Foley
Forbes
Fossella
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gingrey
Goode
Goodlatte
Goss
Granger
Graves
Green (WI)
Greenwood
Hall
Harris
Hart
Hastert
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hobson
Hoekstra
Hostettler
Houghton
Hulshof
Hunter
Hyde
Isakson
Issa
Istook
Janklow
Jenkins
Johnson (CT)
Johnson (IL)
Johnson, Sam
Keller
Kelly
Kennedy (MN)
King (IA)
King (NY)
Kingston
Kirk
Kline
Knollenberg
Kolbe
LaHood
Latham
LaTourette
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
McCotter
McCrery
McHugh
McInnis
McKeon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy
Musgrave
Myrick
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Osborne
Ose
Otter
Oxley
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Porter
Portman
Pryce (OH)
Putnam
Quinn
Radanovich
Ramstad
Regula
Rehberg
Renzi
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Royce
Ryan (WI)
Ryun (KS)
Saxton
Schrock
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shuster
Simmons
Simpson
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Sweeney
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Tiahrt
Tiberi
Toomey
Turner (OH)
Upton
Vitter
Walden (OR)
Walsh
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (AK)
Young (FL)

NOT VOTING—2

Ehlers
Gillmor

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 0301

Mr. SHADEGG, Mrs. BONO and Mrs. JO ANN DAVIS of Virginia changed their vote from ''aye'' to ''no.''

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

Stated against:

Mr. EHLERS. Mr. Speaker, on rollcall No. 668 I was delayed on the way to the floor to vote, and the vote ended just as I walked in the door. Had I been present, I would have voted ''no.''

The SPEAKER pro tempore (Mr. HASTINGS of Washington). The question is on the conference report.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. DINGELL. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to rule XX, this 15-minute vote on adoption of the conference report will be followed by a 5-minute vote on the motion to suspend the rules on S. 877.

The vote was taken by electronic device, and there were—yeas 220, nays 215, not voting 0, as follows:

[Roll No. 669]

YEAS—220

Aderholt
Alexander
Bachus
Baker
Ballenger
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Bereuter
Biggert
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Boucher
Boyd
Bradley (NH)
Brady (TX)
Brown (SC)
Brown-Waite, Ginny
Burgess
Burns
Burr
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Carson (OK)
Carter
Castle
Chocola
Coble
Cole
Collins
Cox
Cramer
Crane
Crenshaw
Cubin
Cunningham
Davis (TN)
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeLay
Diaz-Balart, L.
Diaz-Balart, M.
Dooley (CA)
Doolittle
Dreier
Duncan
Dunn
Ehlers
English
Everett
Ferguson
Fletcher
Foley
Forbes
Fossella
Franks (AZ)
Frelinghuysen
Gallegly
Gerlach
Gibbons
Gilchrest
Gillmor
Gingrey
Goode
Goodlatte
Goss
Granger
Graves
Green (WI)
Greenwood
Hall
Harris
Hart
Hastert
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hobson
Hoekstra
Houghton
Hulshof
Hunter
Hyde
Isakson
Issa
Istook
Janklow
Jenkins
John
Johnson (CT)
Johnson (IL)
Johnson, Sam
Keller
Kelly
Kennedy (MN)
King (IA)
King (NY)
Kingston
Kirk
Kline
Knollenberg
Kolbe
LaHood
Latham
LaTourette
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
Marshall
Matheson
McCotter
McCrery
McHugh
McInnis
McKeon
Mica
Miller (MI)
Miller, Gary
Murphy
Myrick
Nethercutt
Neugebauer
Ney
Northup
Nunes

Nussle
Osborne
Ose
Otter
Oxley
Pearce
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Pomeroy
Porter
Portman
Pryce (OH)
Putnam
Quinn
Radanovich
Ramstad
Regula
Rehberg
Renzi
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Royce
Ryan (WI)
Saxton
Schrock
Scott (GA)
Sensenbrenner
Sessions
Shaw
Shays
Sherwood
Shimkus
Shuster
Simmons
Simpson
Smith (NJ)
Smith (TX)
Souder
Stearns
Stenholm
Sullivan
Sweeney
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Tiahrt
Tiberi
Turner (OH)
Upton
Vitter
Walden (OR)
Walsh
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Wu
Young (AK)
Young (FL)

NAYS—215

Abercrombie
Ackerman
Akin
Allen
Andrews
Baca
Baird
Baldwin
Ballance
Barrett (SC)
Becerra
Bell
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Brady (PA)
Brown (OH)
Brown, Corrine
Burton (IN)
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Case
Chabot
Clay
Clyburn
Conyers
Cooper
Costello
Crowley
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
DeMint
Deutsch
Dicks
Dingell
Doggett
Doyle
Edwards
Emanuel
Emerson
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Feeney
Filner
Flake
Ford
Frank (MA)
Frost
Garrett (NJ)
Gephardt
Gonzalez
Gordon
Green (TX)
Grijalva
Gutierrez
Gutknecht
Harman
Hastings (FL)
Hill
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Honda
Hooley (OR)
Hostettler
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson, E. B.
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Kennedy (RI)
Kildee
Kilpatrick
Kind
Kleczka
Kucinich
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Lynch
Majette
Maloney
Markey
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Michaud
Millender-McDonald
Miller (FL)
Miller (NC)
Miller, George
Mollohan
Moore
Moran (KS)
Moran (VA)
Murtha
Musgrave
Nadler
Napolitano
Neal (MA)
Norwood
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Paul
Payne
Pelosi
Pence
Price (NC)
Rahall
Rangel
Reyes
Rodriguez
Ross
Rothman
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Ryun (KS)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Sandlin
Schakowsky
Schiff
Scott (VA)
Serrano
Shadegg
Sherman
Skelton
Slaughter
Smith (MI)
Smith (WA)
Snyder
Solis
Spratt
Stark
Strickland
Stupak
Tancredo
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Tierney
Toomey
Towns
Turner (TX)
Udall (CO)
Udall (NM)
Van Hollen
Velazquez
Visclosky
Wamp
Waters
Watson
Watt
Waxman
Weiner
Wexler
Woolsey
Wynn

Mr. MILLER of Florida and Mr. CULBERSON changed their vote from ''yea'' to ''nay.''

Messrs. ISTOOK, FRANKS of Arizona, OTTER, MARSHALL, DOOLEY of California, and SCOTT of Georgia changed their vote from ''nay'' to ''yea.''

□ 0553

So the conference report was agreed to.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore (Mr. HASTINGS of Washington). Without objection, the motion to reconsider is laid on the table.

Mr. FRANK of Massachusetts. Mr. Speaker, I object.

The SPEAKER pro tempore. Objection is heard.

Mr. FRANK of Massachusetts. Mr. Speaker, I move reconsideration. I move reconsideration, thanks to your arm-twisting.

The SPEAKER pro tempore. The gentleman will suspend.

Did the gentleman vote on the prevailing side?

Mr. FRANK of Massachusetts. I was until the game started.

The SPEAKER pro tempore. The motion to reconsider may be entered only by someone who voted on the prevailing side.

PARLIAMENTARY INQUIRY

Mr. FRANK of Massachusetts. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. FRANK of Massachusetts. After all the razzle-dazzle, exactly what was the prevailing side?

The SPEAKER pro tempore. The yeas have it. Without objection, the motion to reconsider is laid on the table.

Mr. HOYER. Mr. Speaker, reserving the right to object, and I am not going to object, I am not going to put people to the purpose of voting; but I will again say the democratic process is that we come to this floor. I will remind you that you said we had 17 minutes to vote. You made it very clear. You sent us a notice, and you said come with 15 minutes; we will give you 2 more minutes.

This vote has now been held open longer than any vote that I can remember. I have been here 23 years. Perhaps some of you have been here longer. The outrage that was discussed when Speaker Wright held the vote open for far less time than this was palpable on your side of the aisle. Democracy is about voting. But just as you cannot say on Tuesday of Election Day, we will keep the polls open for 15 more hours until we get the result we want, you ought not to be able to do it here, Mr. Speaker. We have prevailed on this vote. Arms have been twisted and votes changed. And I will continue to reserve.

The SPEAKER pro tempore. Is there objection to tabling the motion to reconsider?

Mr. FRANK of Massachusetts. Objection.

Mr. THOMAS. Mr. Speaker, I move to reconsider the vote just taken.

MOTION TO TABLE OFFERED BY MR. DELAY

Mr. DELAY. Mr. Speaker, I move to lay the motion on the table.

The SPEAKER pro tempore. The question is on the motion to table the motion to reconsider. That is not debatable.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. FRANK of Massachusetts. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 210, nays 193, not voting 32, as follows:

[Roll No. 670]

YEAS—210

Aderholt
Akin
Bachus
Baker
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Bereuter
Biggert
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Bradley (NH)
Brady (TX)
Brown (SC)
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Carter
Castle
Chabot
Chocola
Cole
Collins
Cox
Crane
Crenshaw
Cubin
Culberson
Cunningham
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeLay
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Dreier
Duncan
Dunn
Ehlers
English
Feeney
Ferguson
Flake
Foley
Forbes
Fossella
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gilchrest
Gingrey
Goode
Goodlatte
Goss
Granger
Graves
Green (WI)
Greenwood
Gutknecht
Harris
Hart
Hastert
Hastings (WA)
Hayes
Hayworth
Hensarling
Herger
Hobson
Hoekstra
Hostettler
Houghton
Hulshof
Hunter
Hyde
Isakson
Issa
Istook
Janklow
Jenkins
Johnson (CT)
Johnson (IL)
Johnson, Sam
Keller
Kelly
Kennedy (MN)
King (IA)
King (NY)
Kingston
Kirk
Kline
Knollenberg
Kolbe
LaHood
Latham
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
McCotter
McCrery
McHugh
McInnis
McKeon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Murphy
Musgrave
Myrick
Nethercutt
Neugebauer
Ney
Northup
Nunes
Nussle
Osborne
Ose
Otter
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Porter
Portman
Pryce (OH)
Putnam
Quinn
Radanovich
Ramstad
Regula
Rehberg
Renzi
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Royce
Ryan (WI)
Ryun (KS)
Saxton
Schrock
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shuster
Simmons
Simpson
Smith (MI)
Smith (NJ)
Souder
Stearns
Sullivan
Sweeney
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas

Thornberry
Tiberi
Toomey
Turner (OH)
Upton
Vitter
Walden (OR)
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (FL)

NAYS—193

Abercrombie
Ackerman
Alexander
Allen
Andrews
Baca
Baird
Baldwin
Ballance
Becerra
Bell
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Boyd
Brady (PA)
Brown (OH)
Brown, Corrine
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Case
Clyburn
Cooper
Costello
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Doggett
Doyle
Edwards
Emanuel
Emerson
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Frost
Gonzalez
Gordon
Green (TX)
Grijalva
Gutierrez
Hall
Harman
Hastings (FL)
Hill
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Honda
Hooley (OR)
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy (RI)
Kildee
Kilpatrick
Kind
Kleczka
Kucinich
Lampson
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Lynch
Majette
Maloney
Markey
Marshall
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McNulty
Meek (FL)
Meeks (NY)
Menendez
Michaud
Millender-McDonald
Miller (NC)
Miller, George
Mollohan
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Paul
Payne
Pelosi
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Rodriguez
Ross
Rothman
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sabo
Sanchez, Linda T.
Sanders
Sandlin
Schakowsky
Schiff
Scott (GA)
Scott (VA)
Serrano
Sherman
Skelton
Slaughter
Snyder
Solis
Spratt
Stenholm
Strickland
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Tierney
Towns
Turner (TX)
Udall (CO)
Udall (NM)
Van Hollen
Velazquez
Visclosky
Waters
Watson
Watt
Waxman
Weiner
Wexler
Woolsey
Wu
Wynn

NOT VOTING—32

Ballenger
Boucher
Clay
Coble
Conyers
Cramer
Davis (TN)
DeMint
Dooley (CA)
Everett
Fletcher
Ford
Gephardt
Gibbons
Gillmor
Hefley
Jones (NC)
Lantos
LaTourette
Meehan
Moran (KS)
Neal (MA)
Norwood
Oxley
Sanchez, Loretta
Smith (TX)
Smith (WA)
Stark
Tiahrt
Walsh
Wamp
Young (AK)

□ 0613

Mr. FRANK of Massachusetts changed his vote from ''nay'' to ''yea.''

So the motion to table was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid upon the table.

CONTROLLING THE ASSAULT OF NON-SOLICITED PORNOGRAPHY AND MARKETING ACT OF 2003

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent that the motion to suspend the rules and pass the Senate bill S. 877, as amended, which is the spam bill that we have bipartisan agreement on, be modified by the amendment that is at the desk, which has been cleared with the other side.

The SPEAKER pro tempore (Mr. HASTINGS of Washington). The Clerk will report the amendment.

The Clerk read as follows:

On page 17, line 8 strike ''misleading'' and insert ''falsified.''

On page 27, line 9 strike ''misleading'' and insert ''falsified.''

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

There was no objection.

The SPEAKER pro tempore. The pending business is the question of suspending the rules and passing the Senate bill, S. 877, as amended.

The Clerk read the title of the Senate bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Louisiana (Mr. TAUZIN) that the House suspend the rules and pass the Senate bill, S. 877, as amended, on which the yeas and nays are ordered.

Without objection, this will be a 5-minute vote.

There was no objection.

The vote was taken by electronic device, and there were—yeas 392, nays 5, not voting 37, as follows:

[Roll No. 671]

YEAS—392

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldwin
Ballance
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Becerra
Bell
Bereuter
Berkley
Berman
Berry
Biggert
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Boswell
Boyd
Bradley (NH)
Brady (PA)
Brady (TX)
Brown (OH)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Capps
Cardin
Cardoza
Carson (IN)
Carson (OK)
Carter
Case
Castle
Chabot
Chocola
Clyburn
Coble
Cole
Collins
Conyers
Cooper
Costello
Cox
Crane
Crenshaw
Crowley
Cubin
Culberson
Cummings
Cunningham
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Emanuel
Emerson
Engel
English
Eshoo
Etheridge
Evans
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Foley
Forbes
Fossella
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey
Gonzalez
Goode
Goodlatte
Gordon
Goss
Granger
Graves
Green (TX)
Green (WI)
Greenwood
Grijalva
Gutierrez
Gutknecht
Hall
Harman
Harris
Hart
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hensarling
Herger
Hill
Hinchey
Hinojosa
Hobson
Hoeffel
Hoekstra
Holden
Holt
Hooley (OR)
Hostettler
Houghton
Hoyer
Hulshof
Hunter
Hyde
Inslee
Isakson
Israel
Issa
Istook
Jackson (IL)
Janklow
Jefferson
Jenkins
John
Johnson (CT)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones (OH)
Kanjorski
Kaptur
Keller
Kelly
Kennedy (MN)
Kennedy (RI)
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Kleczka
Kline
Knollenberg
Kolbe
LaHood
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
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
Meek (FL)
Meeks (NY)
Menendez
Mica
Michaud
Millender-McDonald
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mollohan
Moore
Moran (VA)
Murphy
Murtha
Musgrave
Myrick
Nadler
Napolitano
Nethercutt
Neugebauer
Ney
Nunes
Nussle
Oberstar
Olver
Ortiz
Osborne
Ose
Otter
Owens
Pallone
Pascrell
Pastor
Payne
Pearce
Pelosi
Pence
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Putnam
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Renzi
Reyes
Reynolds
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Ryun (KS)
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)
Snyder
Solis
Souder
Spratt
Stearns
Stenholm
Strickland
Sullivan
Sweeney
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Tiberi
Tierney
Toomey
Towns
Turner (OH)
Turner (TX)
Udall (CO)
Udall (NM)
Van Hollen
Velazquez
Visclosky
Vitter
Walden (OR)
Waters
Watson
Watt
Waxman
Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Young (FL)

NAYS—5

Honda
Jackson-Lee (TX)
Kucinich
Lofgren
Paul

NOT VOTING—37

Ballenger
Boucher
Capuano
Clay
Cramer
Davis (TN)

DeLay
DeMint
Dooley (CA)
Everett
Fletcher
Ford
Frost
Gephardt
Gibbons
Gilchrest
Gillmor
Hefley
Jones (NC)
Lantos
LaTourette
Meehan
Moran (KS)
Neal (MA)
Northup
Norwood
Obey
Oxley
Smith (TX)
Smith (WA)
Stark
Stupak
Tiahrt
Upton
Walsh
Wamp
Young (AK)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 0623

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 1.

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

There was no objection.

ADJOURNMENT TO TUESDAY, NOVEMBER 25, 2003

Mr. DELAY. Mr. Speaker, I move that when the House adjourns this legislative day, it adjourn to meet at noon on Tuesday, November 25, 2003.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. DELAY).

The motion was agreed to.

APPOINTING DAY FOR THE CONVENING OF THE SECOND SESSION OF THE 108TH CONGRESS

Mr. DELAY. Mr. Speaker, I offer a joint resolution (H.J. Res. 80), and ask unanimous consent for its immediate consideration.

The SPEAKER pro tempore. The Clerk will report the joint resolution.

The Clerk read as follows:

H.J. RES. 80

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DAY FOR CONVENING OF SECOND REGULAR SESSION OF ONE HUNDRED EIGHTH CONGRESS.

The second regular session of the One Hundred Eighth Congress shall begin at noon on Tuesday, January 20, 2004.

SEC. 2. AUTHORITY FOR CALLING SPECIAL SESSION BEFORE CONVENING OF SECOND REGULAR SESSION.

If the Speaker of the House of Representatives (or the designee of the Speaker) and the Majority Leader of the Senate (or the designee of the Majority Leader), acting jointly after consultation with the Minority Leader of the House of Representatives and the Minority Leader of the Senate, determine it is in the public interest for Congress to assemble during the period between the end of the first regular session of the One Hundred Eighth Congress at noon on January 3, 2004, and the convening of the second regular session of the One Hundred Eighth Congress as provided in section 1—

(1) the Speaker and Majority Leader, or their respective designees, shall notify the Members of the House and Senate, respectively, of such determination and of the place and time for Congress to so assemble; and

(2) Congress shall assemble in accordance with that notification.

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

There was no objection.

The joint resolution was ordered to be engrossed and read a third time, was read a third time, and passed, and a motion to reconsider was laid on the table.

PROVIDING FOR ADJOURNMENT SINE DIE AFTER COMPLETION OF BUSINESS OF FIRST SESSION OF 108TH CONGRESS

Mr. DELAY. Mr. Speaker, I offer a privileged concurrent resolution (H. Con. Res. 339), and ask for its immediate consideration.

The SPEAKER pro tempore. The Clerk will report the concurrent resolution.

The Clerk read as follows:

HOUSE CONCURRENT RESOLUTION 339

Resolved by the House of Representatives (the Senate concurring), That when the House adjourns on any legislative day from Friday, November 21, 2003, through Friday, November 28, 2003, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand adjourned until 2 p.m. on Tuesday, December 2, 2003, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first; that when the House adjourns on any legislative day from Tuesday, December 2, 2003, through the remainder of the first session of the One Hundred Eighth Congress, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand adjourned sine die, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first; that when the Senate recesses or adjourns at the close of business on any day from Friday, November 21, 2003, through Friday, November 28, 2003, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand recessed or adjourned until noon on Tuesday, December 2, 2003, or at such other time on that day as may be specified by its Majority Leader or his designee in the motion to recess or adjourn, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first; and that when the Senate adjourns at the close of business on any day from Tuesday, December 2, 2003, through the remainder of the first session of the One Hundred Eighth Congress, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand adjourned sine die, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first.

Sec. 2. The Speaker of the House and the Majority Leader of the Senate, or their respective designees, acting jointly after consultation with the Minority Leader of the House and the Minority Leader of the Senate, shall notify the Members of the House and the Senate, respectively, to reassemble at such place and time as they may designate whenever, in their opinion, the public interest shall warrant it.

The concurrent resolution was agreed to.

A motion to reconsider is laid upon the table.

NATIONAL TRANSPORTATION SAFETY BOARD REAUTHORIZATION ACT OF 2003

Mr. DELAY. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the Senate bill (S. 579) to reauthorize the National Transportation Safety Board, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate bill.

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

There was no objection.

The Clerk read the Senate bill, as follows:

S. 579

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 ''National Transportation Safety Board Reauthorization Act of 2003''.

SEC. 2. AUTHORIZATION OF APPROPRIATIONS.

(a) FISCAL YEARS 2003–2006.—Section 1118(a) of title 49, United States Code, is amended—

(1) by striking ''and''; and

(2) by striking ''such sums to'' and inserting the following: ''$73,325,000 for fiscal year 2003, $78,757,000 for fiscal year 2004, $83,011,000 for fiscal year 2005, and $87,539,000 for fiscal year 2006. Such sums shall''.

(b) EMERGENCY FUND.—Section 1118(b) of such title is amended by striking the second sentence and inserting the following: ''In addition, there are authorized to be appropriated such sums as may be necessary to increase the fund to, and maintain the fund at, a level not to exceed $3,000,000.''.

(c) NTSB ACADEMY.—Section 1118 of such title is amended by adding at the end the following:

''(c) ACADEMY.—

''(1) AUTHORIZATION.—There are authorized to be appropriated to the Board for necessary expenses of the National Transportation Safety Board Academy, not otherwise provided for, $3,347,000 for fiscal year 2003, $4,896,000 for fiscal year 2004, $4,995,000 for fiscal year 2005, and $5,200,000 for fiscal year 2006. Such sums shall remain available until expended.

''(2) FEES.—The Board may impose and collect such fees as it determines to be appropriate for services provided by or through the Academy.

''(3) RECEIPTS CREDITED AS OFFSETTING COLLECTIONS.—Notwithstanding section 3302 of title 31, any fee collected under this paragraph—

''(A) shall be credited as offsetting collections to the account that finances the activities and services for which the fee is imposed;

''(B) shall be available for expenditure only to pay the costs of activities and services for which the fee is imposed; and

''(C) shall remain available until expended.

''(4) REFUNDS.—The Board may refund any fee paid by mistake or any amount paid in excess of that required.''.

(c) REPORT ON ACADEMY OPERATIONS.—The National Transportation Safety Board shall transmit an annual report to the Congress on the activities and operations of the National Transportation Safety Board Academy.

SEC. 3. ASSISTANCE TO FAMILIES OF PASSENGERS INVOLVED IN AIRCRAFT ACCIDENTS.

(a) RELINQUISHMENT OF INVESTIGATIVE PRIORITY.—Section 1136 of title 49, United States Code, is amended by adding at the end the following:

''(j) RELINQUISHMENT OF INVESTIGATIVE PRIORITY.—

''(1) GENERAL RULE.—This section (other than subsection (g)) shall not apply to an aircraft accident if the Board has relinquished investigative priority under section 1131(a)(2)(B) and the Federal agency to which the Board relinquished investigative priority is willing and able to provide assistance to the victims and families of the passengers involved in the accident.

''(2) BOARD ASSISTANCE.—If this section does not apply to an aircraft accident because the Board has relinquished investigative priority with respect to the accident, the Board shall assist, to the maximum extent possible, the agency to which the Board has relinquished investigative priority in assisting families with respect to the accident.''.

(b) REVISION OF MOU.—Not later than 1 year after the date of enactment of this Act, the National Transportation Safety Board and the Federal Bureau of Investigation shall revise their 1977 agreement on the investigation of accidents to take into account the amendments made by this section and shall submit a copy of the revised agreement to the Committee on Transportation and Infrastructure of the House of Representatives and the Committee on Commerce, Science, and Transportation of the Senate.

SEC. 4. RELIEF FROM CONTRACTING REQUIREMENTS FOR INVESTIGATIONS SERVICES.

Section 1113(b) of title 49, United States Code, is amended—

(1) by striking ''Statutes;'' in paragraph (1)(B) and inserting ''Statutes, and, for investigations conducted under section 1131, enter into such agreements or contracts without regard to any other provision of law requiring competition if necessary to expedite the investigation;''; and

(2) by adding at the end the following:

''(3) The Board, as a component of its annual report under section 1117, shall include an enumeration of each contract for $25,000 or more executed under this section during the preceding calendar year.''.

Mr. OBERSTAR. Mr. Speaker, I rise in strong support of S. 579, the National Transportation Safety Board (NTSB) Reauthorization Act of 2003. The bill is substantially the same as the NTSB reauthorization passed by the House on May 15, 2003, by voice vote. Passage of the Senate bill will enable the bill to go to the President.

In the last 5 years, NTSB has investigated 8,124 aviation accidents, 166 highway accidents, 24 marine accidents, 41 pipeline/hazardous materials accidents, and 82 railroad accidents. In addition, the NTSB has issued a total of 881 safety recommendations: 374 aviation; 188 highway; 24 intermodal; 112 marine; 51 pipeline; and 132 railroad.

To maintain its position as the world's preeminent investigative agency, it is imperative that the NTSB has the resources necessary to handle increasingly complex accident investigations. The NTSB has recently broken ground for its new training academy that will teach state of the art investigative techniques for transportation accidents. The NTSB now needs sufficient funding to sustain budget and personnel for both its Headquarters operations as well as the academy. Accordingly, S. 579 authorizes increased funding over the next 4 years: $73 million in fiscal year 2003; $79 million in fiscal year 2004; $83 million in fiscal year 2005, and $87.5 million in fiscal year 2006. The bill also authorizes approximately $5 million per year for the training academy. This funding is critical to ensure that the Agency has the necessary resources to hire additional technical experts as well as to provide better training for its current workforce.

In 2000, Congress authorized the transfer of investigative priority from the NTSB to the Federal Bureau of Investigation (FBI) in the event of an accident caused by an international criminal act. However, there was no mechanism for the transfer of family affairs responsibility. Since the events of September 11th, the NTSB now believes that once the FBI has been transferred investigative responsibility for an aircraft accident, the family affairs responsibilities should transfer as well. S. 579 provides for the transfer of the family affairs responsibility when investigative authority has been relinquished in aviation accidents.

S. 579 also addresses another matter of great import; that is, the DOT's notoriously slow response to NTSB's safety recommendations. The bill requires an annual report from DOT on the regulatory status of safety recommendations on NTSB's ''most wanted list.'' The bill also requires DOT to report biennially on NTSB safety recommendations concerning 15-passenger van safety, railroad grade crossing safety, and medical certifications for a commercial drivers license. These reports will enable the Committee to keep tabs on the progress of these very important recommendations.

Having a well funded, well-trained NTSB workforce is of the utmost importance for the American traveling public. I urge my colleagues to support this critical piece of legislation, and I compliment Chairman YOUNG, Chairman MICA, and Ranking member DEFAZIO for their efforts.

The Senate bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

HOMETOWN HEROES SURVIVORS BENEFITS ACT OF 2003

Mr. DELAY. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the Senate bill (S. 459) 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, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate bill.

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

Mr. ETHERIDGE. Mr. Speaker, reserving the right to object, I will not object, but let me thank the leader and his staff. I want to take this opportunity to thank the gentleman from Wisconsin (Mr. SENSENBRENNER) and his staff; the ranking member, the gentleman from Michigan (Mr. CONYERS), and his staff; the subcommittee chair, the gentleman from North Carolina (Mr. COBLE), and his staff; the ranking member, the gentleman from Virginia (Mr. SCOTT), and his staff; and my staff for all their hard work; the gentleman from Pennsylvania (Mr. WELDON); and the gentleman from Maryland (Mr. HOYER) and others because this bill is an important piece of legislation.

It provides for our first responders and their families a bit of security. There is a gap in the law where currently if they die of a heart attack or stroke doing their duties, their families would not get benefits. This is a bipartisan piece of legislation. Over 283 Members of this body have signed it. Let me thank the leader. I appreciate his help and the help of others in getting this to the floor.

Mr. SENSENBRENNER. Mr. Speaker, current law provides $267,494 to the survivors of public safety officers such as police officers, firefighters and rescue squad officers who die ''as the direct and proximate result of a personal injury sustained in the line of duty''. S. 459, the ''Hometown Heroes Survivor Benefits Act of 2003'', as introduced would provide that if a public safety officer dies as the direct and proximate result of a heart attack or stroke suffered while on duty or within 24 hours after participating in a training exercise or responding to an emergency situation, that officer shall be presumed to have died as the direct and proximate result of a personal injury sustained in the line of duty for purposes of that officer's survivors receiving a $267,494 death benefit.

The intent of the legislation was to cover officers who suffered a heart attack or stroke as a result of nonroutine stressful or strenuous physical activity; however, testimony at the hearing indicated that the legislation as drafted was overboard. Witnesses testified that the legislation as drafted would undermine the purpose of the Public Safety Officer Benefits program, which was intended to provide a benefit to heroes who gave their lives in the line of duty for their communities. As drafted, it would cover officers who did not engage in any physical activity but merely happened to suffer a heart attack at work.

A substitute amendment was introduced to address these concerns. The substitute amendment would create a presumption that an officer who died as a direct and proximate result of a heart attack or stroke died as a direct and proximate result of a personal injury sustained in the line of duty if: (1) that officer participated in a training exercise that involved nonroutine stressful or strenuous physical activity or responded to a situation and such participation or response involved nonroutine stressful or strenuous physical law enforcement, hazardous material response, emergency medical services, prison security, fire suppression, rescue, disaster relief or other emergency response activity; (2) that officer suffered a heart attack or stroke while engaging or within 24 hours of engaging in that

physical activity; and (3) such presumption cannot be overcome by competent medical evidence.

For the purposes of this Act, the phrase ''nonroutine stressful or strenuous physical'' activity will exclude actions of a clerical, administrative or non-manual nature. Included in the category of ''actions of a clerical, administrative or non-manual nature'' are such tasks including, but not limited to, the following: sitting at a desk; typing on a computer; talking on the telephone; reading or writing paperwork or other literature; watching a police or corrections facility's monitors of cells or grounds; teaching a class; cleaning or organizing an emergency response vehicle; signing in or out a prisoner; driving a vehicle on routine patrol; and directing traffic at or participating in a local parade.

Such deaths, while tragic, are not to be considered in the line of duty deaths. The families of officers who died of such causes would therefore not be eligible to receive public safety officers benefits.

For the purposes of this Act, the phrase ''nonroutine stressful or strenuous physical'' actions will include, but are not limited to, the following: involvement in a physical struggle with a suspected or convicted criminal; performing a search and rescue mission; performing or assisting with emergency medical treatment; performing or assisting with fire suppression; involvement in a situation that requires either a high speed response or pursuit on foot or in a vehicle; participation in hazardous material response; responding to a riot that broke out at a public event; and physically engaging in the arrest or apprehension of a suspected criminal.

The situation listed above the types of heart attack and stroke cases that are considered to be in the line of duty. The families of officers who died in such cases are eligible to receive Public Safety Officers Benefits.

Mr. ETHERIDGE. Mr. Speaker, I withdraw my reservation of objection.

□ 0630

The SPEAKER pro tempore (Mr. HASTINGS of Washington). Is there objection to the request of the gentleman from Texas?

There was no objection.

The Clerk read the Senate bill, as follows:

S. 459

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 ''Hometown Heroes Survivors Benefits Act of 2003''.

SEC. 2. FATAL HEART ATTACK OR STROKE ON DUTY PRESUMED TO BE DEATH IN LINE OF DUTY FOR PURPOSES OF PUBLIC SAFETY OFFICER SURVIVOR BENEFITS.

Section 1201 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796) is amended by adding at the end the following:

''(k) For purposes of this section, if a public safety officer dies as the direct and proximate result of a heart attack or stroke suffered while on duty, or not later than 24 hours after participating in a training exercise or responding to an emergency situation, that officer shall be presumed to have died as the direct and proximate result of a personal injury sustained in the line of duty.''.

SEC. 3. APPLICABILITY.

Section 1201(k) of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2, shall apply to deaths occurring on or after January 1, 2003.

AMENDMENT IN THE NATURE OF A SUBSTITUTE OFFERED BY MR. DELAY

Mr. DELAY. Mr. Speaker, I offer an amendment in the nature of a substitute.

The Clerk read as follows:

Amendment in the nature of a substitute offered by Mr. DELAY:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may cited as the ''Hometown Heroes Survivors Benefits Act of 2003''.

SEC. 2. FATAL HEART ATTACK OR STROKE ON DUTY PRESUMED TO BE DEATH IN LINE OF DUTY FOR PURPOSES OF PUBLIC SAFETY OFFICER SURVIVOR BENEFITS.

Section 1201 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796) is amended by adding at the end the following:

''(k) For purposes of this section, if a public safety office dies as the direct and proximate result of a heart attack or stroke, that officer shall be presumed to have died as the direct and proximate result of a personal injury sustained in the line of duty, if—

''(1) that office, while on duty—

''(A) engaged in a situation, and such engagement involved nonroutine stressful or strenuous physical law enforcement, fire suppression, rescue, hazardous material response, emergency medical services, prison security, disaster relief, or other emergency response activity; or

''(B) participated in a training exercise, and such participation involved nonroutine stressful or strenuous physical activity;

''(2) that officer died as a result of a heart attack or stroke suffered—

''(A) while engaging or participating as described under paragraph (1);

''(B) while still on that duty after so engaging or participating; or

''(C) not later than 24 hours after so engaging or participating; and

''(3) such presumption is not overcome by competent medical evidence to the contrary.

''(1) For purposes of subsection (k), 'nonroutine stressful or strenuous physical' excludes actions of a clerical, administrative, or non-manual nature.''.

Mr. DELAY (during the reading). Mr. Speaker, I ask unanimous consent that the amendment in the nature of a substitute be considered as read and printed in the RECORD.

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

There was no objection.

The amendment in the nature of a substitute was agreed to.

The Senate bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. DELAY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the Senate bill just passed.

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

There was no objection.

SENATE BILLS REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 1561. An act to preserve existing judgeships on the Superior Court of the District of Columbia; to the Committee on Government Reform.

ENROLLED BILLS SIGNED

Mr. Trandahl, Clerk of the House, reported and found truly enrolled bills of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 3182. An act to reauthorize the adoption incentive payments program under part E of title IV of the Social Security Act, and for other purposes.

H.J. Res. 79. Joint resolution making further continuing appropriations for the fiscal year 2004, and for other purposes.

SENATE ENROLLED BILLS SIGNED

The SPEAKER announced his signature to enrolled bills of the Senate of the following titles:

S. 117. An act to authorize the Secretary of Agriculture to sell or exchange certain land in the State of Florida, and for other purposes.

S. 286. An act to revise and extend the Birth Defects Prevention Act of 1998.

S. 650. An act to amend the Federal Food, Drug, and Cosmetic Act to authorize the Food and Drug Administration to require certain research into drugs used in pediatric patients.

S. 1685. An act to extend and expand the basic pilot program for employment eligibility verification, and for other purposes.

S. 1720. An act to provide for Federal court proceedings in Plano, Texas.

S. 1824. An act to amend the Foreign Assistance Act of 1961 to reauthorize the Overseas Private Investment Corporation, and for other purposes.

ADJOURNMENT

Mr. DELAY. Mr. Speaker, in honor of Scott Palmer's birthday, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 6 o'clock and 32 minutes a.m., Saturday, November 22, 2003), under its previous order, the House adjourned until Tuesday, November 25, 2003, at noon.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for speaker-authorized official travel during the third and fourth quarters of 2003, pursuant to Public Law 95–384 are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO KUWAIT AND IRAQ, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 6 AND OCT. 10, 2003

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Fred Upton	10/6	10/10	Kuwait-Iraq		1,167.00						
Hon. Jim Davis	10/6	10/10	Kuwait-Iraq		1,167.00						
Hon. Mike Castle	10/6	10/10	Kuwait-Iraq		1,167.00						
Hon. Wayne Gilchrest	10/6	10/10	Kuwait-Iraq		1,167.00						
Hon. Amo Houghton	10/6	10/10	Kuwait-Iraq		1,167.00						
Hon. Ron Kind	10/6	10/10	Kuwait-Iraq		1,167.00						
Hon. Gregory Muujs	10/6	10/10	Kuwait-Iraq		1,167.00						
Hon. Greg Walden	10/6	10/10	Kuwait-Iraq		1,167.00						
Bill Livingood	10/6	10/10	Kuwait-Iraq		1,167.00						
Joan Hillebrands	10/6	10/10	Kuwait-Iraq		1,167.00						
John ''JJ'' Pishadlo	10/6	10/10	Kuwait-Iraq		1,167.00						
Committee total	10/6	10/10	Kuwait-Iraq		1,167.00						1,167.00

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

——— ———, Nov. 10, 2003

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON APPROPRIATIONS, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JULY AND SEPT. 30, 2003

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Kay Granger	6/28	7/1	Croatia		1,104.00						1,104.00
	7/01	7/7	Italy		2,848.00						2,848.00
									1,226.41		1,226.41
Commercial airfare							5,709.57				5,709.57
Hon. Bud Cramer	6/28	7/1	Croatia		1,104.00						1,104.00
	7/1	7/7	Italy		2,848.00						2,848.00
									1,226.41		1,226.41
Commercial airfare							[3] 2,864.57				[3] 2,864.57
John T. Blazey II	6/28	7/1	Croatia		1,104.00						1,104.00
	7/1	7/7	Italy		2,848.00						2,848.00
									1,226.41		1,226.41
Commercial airfare							5,709.57				5,709.57
Therese McAuliffe	6/28	7/1	Croatia		1,104.00						1,104.00
	7/1	7/7	Italy		2,848.00						2,848.00
									1,226.41		1,226.41
Commercial airfare							4,489.36				4,489.36
Hon. C.W. Bill Young	7/26	8/1	Italy		1,016.00						1,016.00
Military & misc. commercial							1,110.40				1,110.40
									3,399.82		3,399.82
Hon. Dave Weldon	7/26	8/1	Italy		1,016.00						1,016.00
Military and misc. commercial							1,100.40				1,110.40
									3,399.82		3,399.82
Doug Gregory	7/26	8/1	Italy		1,016.00						1,016.00
Military & misc. commercial							1,110.40				1,110.40
									3,399.82		3,399.82
Jane Porter	7/26	8/1	Italy		1,016.00						1,016.00
Military & misc. commercial							1,110.40				1,110.40
									3,399.82		3,399.82
Hon. David Hobson	8/5	8/11	Russia		2,116.91		(4)				2,116.91
Hon. Mike Simpson	8/5	8/11	Russia		2,116.91		(4)				2,116.91
Hon. Marion Berry	8/5	8/11	Russia		2,116.91		(4)				2,116.91
Hon. Kay Granger	8/5	8/11	Russia		2,116.91		(4)				2,116.91
Hon. Robert Aderholt	8/5	8/11	Russia		2,116.91		(4)				2,116.91
Hon. Ed Pastor	8/5	8/11	Russia		2,116.91		(4)				2,116.91
Bob Schmidt	8/5	8/11	Russia		2,116.91		(4)				2,116.91
Kevin Cook	8/5	8/11	Russia		2,116.91		(4)				2,116.91
Dennis Kern	8/5	8/11	Russia		2,116.91		(4)				2,116.91
Scott Burnison	8/5	8/11	Russia		2,116.91		(4)				2,116.91
Hon. Jerry Lewis	7/26	7/29	Poland		1,215.00						1,215.00
	7/29	8/1	Portugal		468.00						468.00
	8/1	8/5	United Kingdom		1,840.00						1,840.00
							(4)		819.00		819.00
Hon. Alan B. Mollohan	7/26	7/29	Poland		1,215.00						1,215.00
	7/29	8/1	Portugal		468.00						468.00
	8/1	8/5	United Kingdom		1,840.00						1,840.00
							(4)		819.00		819.00
Hon. Rodney Frelinghuysen	7/26	7/29	Poland		1,215.00						1,215.00
	7/29	8/1	Portugal		468.00						468.00
	8/1	8/5	United Kingdom		1,840.00						1,840.00
							(4)		819.00		819.00
Hon. Lucille Roybal-Allard	7/26	7/29	Poland		1,215.00						1,215.00
	7/29	8/1	Portugal		468.00						468.00
	8/1	8/5	United Kingdom		1,840.00						1,840.00
							(4)		819.00		819.00
Hon. John Shank	7/26	7/29	Poland		1,215.00						1,215.00
	7/29	8/1	Portugal		468.00						468.00
	8/1	8/5	United Kingdom		1,840.00						1,840.00
							(4)		717.00		717.00
John T. Blazey II	7/26	7/29	Poland		1,215.00						1,215.00
	7/29	8/1	Portugal		468.00						468.00
	8/1	8/5	United Kingdom		1,840.00						1,840.00
							(4)		717.00		717.00
Scott Gudes	8/2	8/7	Israel (& W Bank/Gaza)		1,450.00						1,450.00
	8/7	8/10	Bosnia and Herzegovina		722.00						722.00
	8/10	8/12	Montenegro		402.00						402.00
	8/12	8/14	Austria		564.00						564.00
	8/14	8/16	Bulgaria		530.00						530.00
Commercial airfare							6,954.10				6,954.10
Hon. James P. Moran	7/26	7/28	Senegal		541.50						541.50
	7/28	7/29	Mali		202.00						202.00
	7/29	7/31	Tunisia		402.00						402.00
	7/31	8/2	Malta		493.00		(4)				493.00
Hon. Charles Taylor	8/2	8/5	United Kingdom		1,380.00						1,380.00

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON APPROPRIATIONS, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JULY AND SEPT. 30, 2003—Continued

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
	8/5	8/8	France		2,123.00						2,123.00
	8/8	8/11	Belgium		782.00						782.00
	8/11	8/15	Russia								
Commercial airfare							3,630.07				3,630.07
Elizabeth Dawson	7/26	7/29	Poland		1,215.00						1,215.00
	7/29	8/1	Portugal		468.00						468.00
	8/1	8/5	United Kingdom		1,840.00						1,840.00
	8/5	8/8	France		2,514.00						2,514.00
	8/8	8/11	Belgium		1,173.00						1,173.00
							(4)		717.00		717.00
Commercial airfare							2,857.00				2,857.00
							312.00				312.00
Chester Lee Turner III	8/1	8/5	United Kingdom		1,840.00						1,840.00
	8/5	8/8	France		2,514.00						2,514.00
	8/8	8/11	Belgium		1,173.00						1,173.00
	8/11		USA								
Commercial airfare							5,995.29				5,995.29
Hon. John Murtha	8/17	8/18	Kuwait		339.00						339.00
	8/18	8/18	Iraq		154.00						154.00
	8/18	8/19	Turkey		231.00		(4)				231.00
David Morrison	8/17	8/18	Kuwait		339.00						339.00
	8/18	8/18	Iraq		154.00						154.00
	8/18	8/19	Turkey		231.00		(4)				231.00
Hon. Jim Kolbe	8/18	8/19	Israel				362.00				362.00
	8/19	8/21	Kuwait				778.00				778.00
	8/21	8/23	Pakistan				526.00				526.00
	8/23	8/24	Turkey				276.00				276.00
Commercial airfare							6,175.62				6,175.62
Mark Murray	8/18	8/20	United Arab Emirates		400.00						400.00
	8/20	8/23	Afghanistan		800.00						800.00
	8/23	8/25	Israel		400.00						400.00
Commercial airfare							6,959.04				6,959.04
Christine R. Kojac	8/26	8/27	Poland		187.80						187.80
	8/27	8/28	Czech Republic		283.00						283.00
	8/28	8/30	Switzerland		654.02						654.02
									59.45		59.45
Commercial airfare							5,864.12				5,864.12
John T. Blazey II	8/24	8/27	Poland		558.00						558.00
	8/27	8/29	Czech Republic		566.00						566.68
Commercial airfare							6,110.68				6,110.68
Mike Ringler	8/5	8/6	Kosovo		202.70						202.70
	8/6	8/8	Germany		676.00						676.00
	8/8	8/9	Bulgaria		265.00						265.00
Commercial airfare							6,432.76				6,432.76
Rob Nabors	8/5	8/6	Kosovo		202.70						202.70
	8/6	8/8	Germany		676.00						676.00
	8/8	8/9	Bulgaria		265.00						265.00
Commercial airfare							6,432.76				6,432.76
Hon. Bud Cramer	8/21	8/23	Russia		714.00						714.00
	8/23	8/26	Czech Republic		849.00						849.00
	8/24	8/28	Malta		506.00		(4)				506.00
James W. Dyer	8/23	8/25	Israel		628.00						628.00
	8/26	8/27	Jordan		376.00						376.00
	8/27	8/29	Egypt		334.00						334.00
	8/29	8/31	England		828.00						828.00
Commercial airfare							7,473.01				7,473.01
Leslie F. Albright	8/23	8/25	Israel		628.00						628.00
	8/26	8/27	Jordan		376.00						376.00
	8/27	8/29	Egypt		334.00						334.00
	8/29	8/31	England		828.00						828.00
Commercial airfare							8,589.30				8,589.30
Rob Nabors	8/23	8/25	Israel		628.00						628.00
							63.45				63.45
Commercial airfare							6,129.80				6,129.80
Scott Lilly	8/23	8/25	Israel		942.00						942.00
	8/26	8/27	Jordan		376.00						376.00
	8/27	8/29	Syria		436.00						436.00
	8/29	8/30	Lebanon		420.00						420.00
Commercial airfare							6,427.85				6,427.85
David Morrison	8/23	8/25	Israel		942.00						942.00
	8/26	8/27	Jordan		376.00						376.00
	8/27	8/29	Syria		436.00						436.00
	8/29	8/30	Lebanon		420.00						420.00
Commercial airfare							7,128.65				7,128.65
Hon. Jim Kolbe	9/10	9/13	Mexico		177.00						177.00
Commercial airfare							1,025.12				1,025.12
Hon. Jim Kolbe	9/26	9/27	Costa Rica		255.00						255.00
	8/27	9/29	Guatemala		434.00		(4)				434.00
Alice Hogans	9/26	9/27	Costa Rica		255.00						255.00
	8/27	9/29	Guatemala		434.00		(4)				434.00
Carolyn Murphy	9/26	9/27	Costa Rica		255.00						255.00
	8/27	9/29	Guatemala		434.00		(4)				434.00
Charles Flickner	9/16	9/17	Azerbaijan		282.00						282.00
	9/17	9/22	Afghanistan		240.00						240.00
	9/22	9/23	United Arab Emirates		209.00						209.00
Commercial airfare							7,199.52				7,199.52
Hon. Jerry Lewis	9/26	9/28	Jordan		476.00						476.00
	9/28	9/29	Spain		259.00		(4)				259.00
Hon. Norm Dicks	9/26	9/28	Jordan		476.00						476.00
	9/28	9/29	Spain		259.00		(4)				259.00
Hon. James Walsh	9/26	9/28	Jordan		476.00						476.00
	9/28	9/29	Spain		259.00		(4)				259.00
Hon. Henry Bonilla	9/26	9/28	Jordan		476.00						476.00
	9/28	9/29	Spain		259.00		(4)				259.00
Hon. Rodney Frelinghuysen	9/26	9/28	Jordan		476.00						476.00
	9/28	9/29	Spain		259.00		(4)				259.00
Hon. George Nethercutt	9/26	9/28	Jordan		476.00						476.00
	9/28	9/29	Spain		259.00		(4)				259.00
Hon. Todd Tiahrt	9/26	9/28	Jordan		476.00						476.00
	9/28	9/29	Spain		259.00		(4)				259.00
Hon. Kay Granger	9/26	9/28	Jordan		476.00						476.00
	9/28	9/29	Spain		259.00		(4)				259.00
Hon. Mark Kirk	9/26	9/28	Jordan		476.00						476.00
	9/28	9/29	Spain		259.00		(4)				259.00
John Scofield	9/26	9/28	Jordan		476.00						476.00

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON APPROPRIATIONS, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JULY AND SEPT. 30, 2003—Continued

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
	9/28	9/29	Spain		259.00		(4)				259.00
Doug Gregory	9/26	9/28	Jordan		476.00						476.00
	9/28	9/29	Spain		259.00		(4)				259.00
Valerie Baldwin	9/26	9/28	Jordan		395.70						395.70
	9/28	9/29	Spain		342.25		(4)				342.25
John Shank	9/26	9/28	Jordan		476.00						476.00
	9/28	9/29	Spain		259.00		(4)				259.00
Steve Nixon	9/26	9/28	Jordan		476.00						476.00
	9/28	9/29	Spain		259.00		(4)				259.00
Committee total						11,6,736.77		126,916.81		23,991.37	267,644.95

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
[3] Reflects credit for return of unused portion of ticket.
[4] Military air transportation.

———— ————, Oct. 30, 2003.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON EDUCATION AND THE WORKFORCE, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JULY 1 AND OCT. 31, 2003 [4]

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Michael Castle	10/6	10/12	Iraq			[3]					
Hon. Ron Kind	10/6	10/12	Iraq			[3]					
Committee total											

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
[3] Military air transportation.
[4] Expenditures for the above travel unavailable by the deadline of Oct. 31, 2003 to file report.

JOHN BOEHNER, Chairman, Nov. 4, 2003.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON ENERGY AND COMMERCE, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JULY 1 AND OCT. 31, 2003

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Cliff Stearns	9/10	9/13	Mexico		708.00						708.00
Jack Seum	9/10	9/13	Mexico		708.00						708.00
Ramsen Betfarhad	9/10	9/13	Mexico		708.00						708.00
Manisha Singh	9/10	9/15	Mexico		1,239.00		771.65				2,010.65
Hon. Rick Boucher	7/26	7/31	Brazil		1,675.00						1,675.00
	7/31	8/3	Chile		822.00						822.00
	8/3	8/5	Costa Rica		450.00						450.00
Hon. John Shimkus	9/26	9/28	Jordan/Iraq		576.00						576.00
	9/29	9/29	Spain		259.00						259.00
Hon. Darrell Issa	8/27	9/2	Egypt		868.00		6,718.00				7,586.00
Chris Knauer	8/18	8/22	Germany		1,021.00		1,028.54				2,049.54
Hon. Cliff Stearns	6/27	7/2	Italy		1,005.00				1,527.45		2,532.45
Hon. Ed Whitfield	8/4	8/11	Russia		2,116.91						2,116.91
Hon. Michael Bilirakis	7/24	7/30	Italy		1,016.00		1,110.40		3,399.82		5,526.22
Hon. Joe Barton	7/25	7/29	Poland		1,065.00						1,065.00
	7/29	8/1	Portugal		1,042.50						1,042.50
	8/1	8/5	United Kingdom		1,640.00						1,640.00
Committee total					16,919.41		9,628.59		4,927.27		31,475.27

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

BILLY TAUZIN, Chairman, Oct. 31, 2003.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON FINANCIAL SERVICES, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JULY 1 AND AUG. 30, 2003

Name of member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]

HOUSE COMMITTEES

Please Note: If there were no expenditures during the calendar quarter noted above, please check the box at right to so indicate and return. ☒

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

MICHAEL G. OXLEY, Chairman, Oct. 29, 2003.

NOTICE OF PROPOSED RULEMAKING

U.S. CONGRESS,
OFFICE OF COMPLIANCE,
Washington, DC, November 20, 2003.

Hon. J. DENNIS HASTERT,
Speaker of the House of Representatives, Washington, DC.

DEAR MR. SPEAKER: A Notice of Proposed Rulemaking (NPR) for amendments to the Procedural Rules of the Office of Compliance was published in the Congressional Record dated September 4, 2003. Subsequent to the publication of this notice, this office announced a hearing for public comment on the proposed amendments in the Congressional Record on October 15, 2003.

The Board of Directors of the Office of Compliance cancels the hearing regarding the proposed amendments to the Procedural Rules of the Office of Compliance which had been scheduled for December 2, 2003, at 10:00 a.m. in room SD–342 of the Dirksen Senate Office Building.

We request that this notice of cancellation be published in the Congressional Record. Any inquiries regarding this notice should be addressed to the Office of Compliance at our address below, or by telephone 202–724–9250, TTY 202–426–1665.

Sincerely,

SUSAN S. ROBFOGEL,
Chair.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

5566. A letter from the Acting Under Secretary, Department of Defense, transmitting the Secretary's certification that the survivability testing of the E/A-18G system otherwise required by section 2366 would be unreasonably expensive and impractical, pursuant to 10 U.S.C. 2366(c)(1); to the Committee on Armed Services.

5567. A letter from the Acting Under Secretary, Department of Defense, transmitting a status report on each research and development program that is approved as a spiral development program, pursuant to Public Law 107—314, section 803(e); to the Committee on Armed Services.

5568. A letter from the Principal Deputy, Department of Defense, transmitting the Annual Report for the Armed Force Retirement Home (AFRH) for Fiscal Year 2002, pursuant to 24 U.S.C. 411(h); to the Committee on Armed Services.

5569. A letter from the Administrator, Energy Information Administration, transmitting the Administration's Short-Term Energy Outlook for October 2003, together with the special article entitled ''Winter Fuels Outlook: 2003-2004,'' pursuant to 15 U.S.C. 790f(a)(2); to the Committee on Energy and Commerce.

5570. A letter from the Deputy Director, Defense Security Cooperation Agency, transmitting notification concerning the Department of the Army's Proposed Letter(s) ofOffer and Acceptance (LOA) to Saudi Arabia for defense articles and services (Transmittal No. 04-03), pursuant to 22 U.S.C. 2776(b); to the Committee on International Relations.

5571. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting certification of a proposed license for the export of major defense equipment and defense articles to Israel (Transmittal No. DDTC 119-03), pursuant to 22 U.S.C. 2776(c); to the Committee on International Relations.

5572. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting certification of a proposed license for the export of major defense equipment and defense articles to the United Kingdom (Transmittal No. DDTC 092-03), pursuant to 22 U.S.C. 2776(c); to the Committee on International Relations.

5573. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting certification of a proposed license for the export of defense articles or defense services sold commercially under a contract to Israel (Transmittal No. DDTC 115-03), pursuant to 22 U.S.C. 2776(c); to the Committee on International Relations.

5574. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting a copy of Presidential Determination No. 2004-07 on Waiving Prohibition on United States Military Assistance to Parties to the Rome Statute Establishing the International Criminal Court, pursuant to Public Law 107—206; to the Committee on International Relations.

5575. A letter from the Administrator, Office of the Independent Counsel, transmitting the annual report on Audit and Investigative Activities, pursuant to 28 U.S.C. 595(a)(2); to the Committee on Government Reform.

5576. A letter from the Secretary, Department of the Treasury, transmitting the Department's Performance and Accountability Report for FY 2003, as required by the Reports Consolidation Act of 2000; to the Committee on Government Reform.

5577. A letter from the Director, Office of Management and Budget, transmitting a draft bill ''To make technical corrections in the Act making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2004, and for other purposes''; to the Committee on Resources.

5578. A letter from the Senior Staff Attorney, United States Court of Appeals for the First Circuit, transmitting an opinion of the United States Court of Appeals for the District of Columbia Circuit (No. 02-2362 — United States v. Miguel Rosa-Ortiz (October 28, 2003)); to the Committee on the Judiciary.

5579. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Regulated Navigation Area and Security Zones; Port of Miami, FL [CGD07-03-144] (RIN: 1625-AA00, 1625-AA11) received November 18, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5580. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Security Zone: Pacific Ocean, San Diego, California [COTP San Diego 03-033] (RIN: 1625-AA00) received November 18, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5581. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Drawbridge Operating Regulation; St. Croix River, Hudson, Wisconsin [CGD08-03-043] (RIN: 1625-AA09) received November 10, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5582. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Special Local Regulations; World Championship Super Boat Race, Deerfield Beach, FL [CGD07-03-099] (RIN: 1625-AA08) received November 10, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5583. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Regulated Navigation Area; Reporting Requirements for Barges Loaded with Certain Dangerous Cargoes, Inland Rivers, Eighth Coast Guard District; Correction [CGD08-03-029] (RIN: 1625-AA11) received November 10, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5584. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Notification of Arrival in U.S. Ports; Correction [USCG-2002-11865] (RIN: 1625-AA41) received November 10, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5585. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Class D Airspce; and Modification of Class E Airspace; Topeka, Philip Billard Municipal Airport, KS [Docket No. FAA-2003-16407; Airspace Docket No. 03-ACE-75] received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5586. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Class D Airspace; and Modification of Class E Airspace; St. Joseph, MO [Docket No. FAA-2003-16026; Airspace Docket No. 03-ACE-70] received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5587. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Establishment of Class E Airspace; Viroqua, WI [Docket No. FAA-2003-16058; Airspace Docket No. 03-AGL-06] received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5588. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Amendment of Class E Airspace, Dunkirk, NY [Airspace Docket No. 02-AEA-08] received November 14, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5589. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Amendment to Class E Airspace; Charlottesville, VA [Docket No. FAA-2003-15789; Airspace Docket No. 03-AEA-09] received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5590. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Revision of Jet Route [Docket No. FAA 2001-10527; Airspace Docket No. ASD 02-AGL-16] (RIN: 2120-AA66) received November 17, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5591. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Amendment of Class E5 Airspace; Augusta, GA [Airspace Docket No. 02-ASO-19] received November 17, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5592. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Amendment of Class E Airspace; Jacksonville, NC [Docket No. FAA-2003-15846; Airspace Docket No. 03-ASO-12] received November 20, 2003, pursuant to 5 U.S.C.

801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5593. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures; Miscellaneous Amendments [Docket No. 30341; Amdt. No. 3033] received November 17, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5594. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Amendment of Class E Airspace; Maxton, NC [Docket No. FAA-2003-15847; Airspace Docket No. 03-ASO-13] received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5595. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Amendment of Class E Airspace; Raleigh, NC [Docket No. FAA-2003-15845; Airspace Docket No. 03-ASO-11] received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5596. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Corning, IA. [Docket No. FAA-2003-15727; Airspace Docket No. 03-ACE-69] received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5597. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Establishment of Class D Airspace; Ramona, CA [Docket No. FAA-2003-15887; Airspace Docket No. 03-AWP-11] received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5598. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directive; Bombardier Model CL-600-1A11 (CL-600), CL-600-2A12 (CL-601), and CL-600-2B16 (CL-601-3A, CL-601-3R, and CL-604) Series Airplanes [Docket No. 2002-NM-157-AD; Amendment 39-13360; AD 2003-22-12] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5599. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Chariton, IA. [Docket No. FAA-2003-15725; Airspace Docket No. 03-ACE-67] received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5600. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures; Miscellaneous Amendments [Docket No. 30393; Amdt. No. 3080] received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5601. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Cessna Model 750 Citation X Series Airplanes [Docket No. 99-NM-229-AD; Amendment 39-13347; AD 98-16-17 R1] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5602. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; McDonnell Douglas Model MD-11 and -11F Airplanes [Docket No. 2004-NM-52-AD; Amendment 39-13345; AD 2003-21-10] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5603. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Rolls-Royce plc RB211-524 Series Turbofan Engines [Docket No. 2003-NE-33-AD; Amendment 39-13351; AD 2003-22-04] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5604. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; McDonell Douglas Model DC-10-10, -10F, -15, -30, -30F (KC-10A and KDC-10), -40, and-40F Airplanes; and Model MD-10-10F and -30F Airplanes [Docket No. 2002-NM-164-AD; Amendment 39-13308; AD 2003-19-05] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5605. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives Aerostar Aircraft Corporation Models PA-60-601, PA-60-601P, PA-60-602P, and PA-60-700P Airplanes [Docket No. 2003-CE-44-AD; Amendment 39-13348; AD 2003-22-01] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5606. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Rolls-Royce plc RB211-524 Series Turbofan Engines [Docket No. 2003-NE-36-AD; Amendment 39-13346; AD 2003-21-11] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5607. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; The Cessna Aircraft Company Model 525 Airplanes [Docket No. 2003-CE-46-AD; Amendment 39-13342; AD 2003-21-07] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5608. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Empresa Brasileira de Aeronautica S.A. (EMBRAER) Model EMB-135 and -145 Series Airplanes [Docket No. 2002-NM-88-AD; Amendment 39-13189; AD 2003-12-04] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5609. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; McDonnel Douglas Model MB-11 and-11F Airplanes [Docket No. 2001-NM-52-AD; Amendment 39-13345; AD 2003-21-10] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5610. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Eurocopter France Model AS355E, F, F1, F2, and N Helicopters [Docket No. 2003-SW-10-AD; Amendment 39-13344; AD 2003-21-09] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5611. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Eurocopter France Model AS332C, AS332L, AS332L1, and AS332L2 Helicopters [Docket No. 2002-SW-58-AD; Amendment 39-13343; AD 2003-21-08] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5612. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 757-200 Series Airplanes [Docket No. 2001-NM-192-AD; Amendment 39-12967; AD 2002-24-02] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5613. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 747 Series Airplanes Powered by General Electric (GE) CF6-80C2 Series Engines [Docket No. 2001-NM-17-AD; Amendment 39-12968; AD 2002-24-03] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5614. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Seward, NE [Docket No. FAA-2003-15719; Airspace Docket No. 03-ACE-61] received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5615. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Rolls-Royce Deutschland Ltd. & Co KG, Model Tay 620-15 and 650-15 Turbofan Engines [Docket No. 2002-NE-37-AD; Amendment 39-12971; AD 2002-24-06] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5616. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; CFM International CFM56-5B and -7B Series Turbofan Engines [Docket No. 2001-NE-37-AD; Amendment 39-12857; AD 2002-16-18] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5617. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 727 Airplanes [Docket No. 2002-NM-271-AD; Amendment 39-12970; AD 2002-24-05] (RIN: 2120-AA64) received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5618. A letter from the Paralegal Specialist, FAA, Department of Transportation, transmitting the Department's final rule — Revision of Class E Airspace, Holyoke, CO [Airspace Docket No. 00-ANM-32] received November 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5619. A letter from the United States Trade Representative, Executive Office of the President, transmitting a report on the intent to initiate negotiations for a free trade agreement between the United States and the Republic of Panama, pursuant to Section 2104 (a)1 of the Trade Act of 2002; to the Committee on Ways and Means.

5620. A letter from the United States Trade Representative, Executive Office of the President, transmitting a report on the intent to initiate negotiations for a free trade agreement between the United States and Colombia, Peru, Ecuador, and Bolivia, the four Andean Trade Preference Act beneficiary countries, pursuant to Section 2104 (a)1 of the Trade Act of 2002; to the Committee on Ways and Means.

5621. A letter from the Secretary, Department of Agriculture, transmitting a draft of proposed legislation, ''To amend the Poultry Products Inspection Act, the Federal Meat Inspection Act, and the Egg Products Inspection Act to require establishments and official plants to pay the costs of Federal Inspection for additional shifts, and for other purposes''; jointly to the Committees on Agriculture and Government Reform.

5622. A letter from the Chair, Office of Compliance, transmitting a Notice for publication in the Congressional Record cancelling the hearing regarding the proposed amendments to the Procedural Rules of the Office of Compliance originally published in the Congressional Record on October 15, 2003; jointly to the Committees on House Administration and Education and the Workforce.

5623. A letter from the Secretary, Department of Veterans Affairs, transmitting a draft bill, ''To amend Title 38, United States Code, to improve veterans' benefits programs, and for other purposes''; jointly to the Committees on Veterans' Affairs and Education and the Workforce.

5624. A letter from the Chairman and Vice Chairman, U.S.-China Commission, transmitting the record of the Commission's hearing on September 25, 2003, on ''China's Industrial, Investment and Exchange Rate Policies: Impact on the U.S.''; jointly to the Committees on Ways and Means and International Relations.

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:

Mr. POMBO: Committee on Resources. H.R. 1629. A bill to clarify that the Upper Missouri River Breaks National Monument does not include within its boundaries any privately owned property, and for other purposes (Rept. 108–392). Referred to the Committee of the Whole House on the State of the Union.

Mr. THOMAS: Committee on Ways and Means. H.R. 2896. A bill to amend the Internal Revenue Code of 1986 to remove impediments in such Code and make our manufacturing, service, and high-technology businesses and workers more competitive and productive both at home and abroad; with an amendment (Rept. 108–393). Referred to the Committee of the Whole House on the State of the Union.

Ms. PRYCE of Ohio: Committee on Rules. House Resolution 463. Resolution waiving points of order against the conference report to accompany the bill (H.R. 1) to amend title XVIII of the Social Security Act to provide for a voluntary program for prescription drug coverage under the Medicare Program, to amend the Internal Revenue Code of 1986 to allow a deduction to individuals for amounts contributed to health savings security accounts and health savings accounts, to provide for the disposition of unused health benefits in cafeteria plans and flexible spending arrangements, and for other purposes (Rept. 108–394). Referred to the House Calendar.

Mr. TOM DAVIS of Virginia: Committee on Government Reform. Efforts to Rightsize the U.S. Presence Abroad Lack Urgency and Momentum (Rept. 108–395). Referred to the Committee of the Whole House on the State of the Union.

Mr. OXLEY: Committee of Conference. Conference report on H.R. 2622. A bill to amend the Fair Credit Reporting Act, to prevent identity theft, improve resolution of consumer disputes, improve the accuracy of consumer records, make improvements in the use of, and consumer access to, credit information, and for other purposes (Rept. 108–396). Ordered to be printed.

Mr. POMBO: Committee on Resources. H.R. 2696. A bill to establish Institutes to demonstrate and promote the use of adaptive ecosystem management to reduce the risk of wildfires, and restore the health of fire-adapted forest and woodland ecosystems of the interior West; with an amendment (Rept. 108–397 Pt. 1).

Mr. LINCOLN DIAZ-BALART of Florida: Committee on Rules. House Resolution 464. Resolution providing for consideration of a joint resolution appointing the day for the convening of the second session of the One Hundred Eighth Congress. (Rept. 108–398). Referred to the House Calendar.

Mr. LINDER: Committee on Rules. House Resolution 465. Resolution waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules. (Rept. 108–399). Referred to the House Calendar.

Mr. POMBO: Committee on Resources. H.R. 958. A bill to authorize certain hydrographic services programs, to name a cove in Alaska in honor of the late Able Bodied Seaman Eric Steiner Koss, and for other purposes; with an amendment (Rept. 108–400). Referred to the Committee of the Whole House on the State of the Union.

DISCHARGE OF COMMITTEE

Pursuant to clause 2 of rule XII the Committee on Agriculture discharged from further consideration. H.R. 2696 referred to the Committee of the Whole House on the State of the Union and ordered to be printed.

TIME LIMITATION OF REFERRED BILL

Pursuant to clause 2 of rule XII the following action was taken by the Speaker:

H.R. 2696. Referral to the Committee on Agriculture extended for a period ending not later than November 21, 2003.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions were introduced and severally referred, as follows:

By Mr. RANGEL (for himself, Mr. CARDIN, and Mr. MCDERMOTT):

H.R. 3568. A bill to provide extended unemployment benefits to displaced workers, and to make other improvements in the unemployment insurance system; to the Committee on Ways and Means.

By Mr. CONYERS (for himself and Mr. BERMAN):

H.R. 3569. A bill to reauthorize and amend the National Film Preservation Act of 1996; to the Committee on the Judiciary, and in addition to the Committee on House Administration, 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. KILDEE:

H.R. 3570. A bill to prohibit the closure or realignment of inpatient services at the Aleda E. Lutz Department of Veterans Affairs Medical Center in Saginaw, Michigan, as proposed under the Capital Asset Realignment for Enhanced Services initiative; to the Committee on Veterans' Affairs.

By Mr. LARSEN of Washington:

H.R. 3571. A bill to modify the boundary of the San Juan Island National Historical Park; to the Committee on Resources.

By Mr. MCDERMOTT (for himself, Mr. ROYCE, Mr. RANGEL, Mr. JEFFERSON, Mr. NEAL of Massachusetts, and Mr. PAYNE):

H.R. 3572. A bill to amend the African Growth and Opportunity Act to expand certain trade benefits to eligible sub-Saharan African countries, and for other purposes; to the Committee on Ways and Means, and in addition to the Committees on International Relations, Financial Services, and Agriculture, 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 (for himself, Mr. FALEOMAVAEGA, Mr. SMITH of New Jersey, and Mr. ROYCE):

H.R. 3573. A bill to promote human rights, democracy, and development in North Korea, to promote overall security on the Korean Peninsula and establish a more peaceful world environment, and for other purposes; to the Committee on International Relations, and in addition to the Committee on the Judiciary, 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. BAKER (for himself, Ms. ESHOO, Mr. DREIER, Mr. KENNEDY of Minnesota, Mr. HONDA, Mrs. TAUSCHER, Ms. LOFGREN, and Mr. CANTOR):

H.R. 3574. A bill to require the mandatory expensing of stock options granted to executive officers, and for other purposes; to the Committee on Financial Services.

By Ms. JACKSON-LEE of Texas (for herself, Mr. LEWIS of Georgia, Mrs. CHRISTENSEN, Mr. CLAY, Mr. GRIJALVA, Mr. CUMMINGS, Mr. PAYNE, Ms. KILPATRICK, Mr. BALLANCE, Mr. OWENS, Mr. RUSH, Mr. DAVIS of Illinois, Mr. CONYERS, and Ms. WATSON):

H.R. 3575. A bill to amend title 18, United States Code, to provide an alternate release date for certain nonviolent offenders, and for other purposes; to the Committee on the Judiciary.

By Mr. NUSSLE:

H.R. 3576. A bill to amend the Harmonized Tariff Schedule of the United States to provide a new subheading for certain log forwarders used as motor vehicles for the transport of goods for duty-free treatment consistent with other agricultural use log handling equipment; to the Committee on Ways and Means.

By Mr. EHLERS:

H.R. 3577. A bill to authorize appropriations to the Department of Transportation for surface transportation research and development, and for other purposes; to the Committee on Science.

By Mr. HONDA (for himself, Mrs. TAUSCHER, Mr. CASE, Mr. ACEVEDO-VILA, Ms. LOFGREN, Mrs. JONES of Ohio, Mr. GEORGE MILLER of California, Mr. MEEKS of New York, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. LEWIS of Georgia, Mr. BLUMENAUER, and Mr. ABERCROMBIE):

H.R. 3578. A bill to amend title 49, United States Code, to ensure the continuation of fixed guideway system projects, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. ROYCE (for himself, Mr. KANJORSKI, Mr. LATOURETTE, and Mrs. MALONEY):

H.R. 3579. A bill to ease credit union regulatory burdens, advance credit union efforts to promote economic growth, and modernize credit union capital standards; to the Committee on Financial Services.

By Mr. ANDREWS:

H.R. 3580. A bill to amend the Internal Revenue Code of 1986 to provide for the income tax treatment of legal fees awarded or received in connection with nonphysical personal injury cases; to the Committee on Ways and Means.

By Mr. BAKER:

H.R. 3581. A bill to amend title 28 of the United States Code with respect to venue in certain preference proceedings under title 11 of the United States Code commenced by the trustee against small businesses; to the Committee on the Judiciary.

By Ms. BALDWIN (for herself, Mr. SCOTT of Virginia, Ms. CARSON of Indiana, Mr. VAN HOLLEN, Mr. HOEFFEL, Mr. MCGOVERN, Mr. FROST, Ms. NORTON, Mr. MCDERMOTT, Mr. SERRANO, Ms. SCHAKOWSKY, Mr. PAYNE, Ms. LEE, Mr. MEEKS of New York, Mrs. JONES of Ohio, Ms. MCCOLLUM, Mrs. MCCARTHY of New York, Ms. WOOLSEY, Mr. KUCINICH, Ms. MAJETTE, Mr. HINOJOSA, and Mr. GRIJALVA):

H.R. 3582. A bill to amend the Elementary and Secondary Education Act of 1965 to prohibit federally subsidized discrimination in supplemental educational services, and for other purposes; to the Committee on Education and the Workforce.

By Mr. BARTLETT of Maryland (for himself, Mr. WYNN, Mr. GILCHREST, Mr. CARDIN, Mr. HOYER, Mr. VAN HOLLEN, Mrs. JO ANN DAVIS of Virginia, Ms. NORTON, Mr. GOODE, Mr. RUPPERSBERGER, and Mr. CUMMINGS):

H.R. 3583. A bill to direct the Secretary of Homeland Security to establish an independent panel to assess the homeland security needs of the National Capital Region; to the Committee on Homeland Security (Select).

By Ms. BERKLEY:

H.R. 3584. A bill to amend title XVIII of the Social Security Act to increase the amount of payment for physicians' services under the Medicare Program and to provide regulatory relief and contracting flexibility 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. BURGESS (for himself, Mr. BARTON of Texas, and Mr. SESSIONS):

H.R. 3585. A bill to require the Secretary of Transportation to develop and implement an environmental review process for safety emergency highway projects; to the Committee on Transportation and Infrastructure, and in addition to the Committee on Resources, 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. CANTOR (for himself, Mr. WILSON of South Carolina, Mr. ROGERS of Michigan, Mr. SESSIONS, Ms. PRYCE of Ohio, Ms. DUNN, Mr. WICKER, Mr. HOEKSTRA, Mr. EHLERS, Mr. CAMP, and Mr. POMEROY):

H.R. 3586. A bill to amend the Internal Revenue Code of 1986 to protect the health benefits of retired miners and to restore stability and equity to the financing of the United Mine Workers of America Combined Benefit Fund by providing additional sources of revenue to the Fund, and for other purposes; to the Committee on Ways and Means.

By Mr. CASE (for himself and Ms. BORDALLO):

H.R. 3587. A bill to amend the Immigration and Nationality Act to give priority in the issuance of immigrant visas to the sons and daughters of Filipino World War II veterans who are or were naturalized citizens of the United States, and for other purposes; to the Committee on the Judiciary.

By Mrs. CHRISTENSEN (for herself, Mr. LEWIS of Georgia, Mr. CUMMINGS, Ms. JACKSON-LEE of Texas, Mr. WATT, Ms. WATSON, Ms. LEE, Mr. HASTINGS of Florida, Mr. THOMPSON of Mississippi, Ms. MAJETTE, Ms. KILPATRICK, Mr. CLYBURN, Mr. MEEK of Florida, Ms. WATERS, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. WYNN, Ms. CORRINE BROWN of Florida, Mr. JEFFERSON, Mr. PAYNE, Ms. CARSON of Indiana, and Mr. SCOTT of Virginia):

H.R. 3588. A bill to direct the Secretary of Health and Human Services to establish health empowerment zone programs in communities that disproportionately experience disparities in health status and health care, and for other purposes; to the Committee on Energy and Commerce.

By Mrs. CHRISTENSEN:

H.R. 3589. A bill to create the Office of Chief Financial Officer of the Government of the Virgin Islands; to the Committee on Resources.

By Mr. CRAMER:

H.R. 3590. A bill to amend the Internal Revenue Code of 1986 to allow employers a credit against income tax to encourage them to have their employees provide volunteer services that aid science, mathematics, and engineering education in grades K-12; to the Committee on Ways and Means.

By Mrs. CUBIN (for herself, Mr. JOHN, Mr. PICKERING, Mr. SIMPSON, Mr. ROGERS of Michigan, and Mr. MCGOVERN):

H.R. 3591. A bill to amend the Public Health Service Act with respect to health professions programs regarding the practice of pharmacy; to the Committee on Energy and Commerce.

By Mr. DAVIS of Florida:

H.R. 3592. A bill to amend the Elementary and Secondary Education Act of 1965 to condition receipt of funds under part A of title V of such Act by a State on the State requiring successful completion of courses in American history and American government as a prerequisite to high school graduation, and for other purposes; to the Committee on Education and the Workforce.

By Mr. DAVIS of Illinois (for himself and Mr. OSBORNE):

H.R. 3593. A bill to amend the Higher Education Act of 1965 to provide funds for campus mental and behavioral health service centers; to the Committee on Education and the Workforce.

By Ms. DEGETTE:

H.R. 3594. A bill to amend the Public Health Service Act with respect to the protection of human subjects in research; to the Committee on Energy and Commerce.

By Ms. DELAURO (for herself, Mrs. JONES of Ohio, Mr. SANDERS, Mr. DELAHUNT, Ms. ROYBAL-ALLARD, and Ms. LEE):

H.R. 3595. A bill to amend the Child Care and Development Block Grant Act of 1990 to authorize financial assistance to permit infants to be cared for at home by parents; to the Committee on Education and the Workforce.

By Mr. DEMINT (for himself and Ms. SLAUGHTER):

H.R. 3596. A bill to amend the Internal Revenue Code of 1986 to repeal the medicine and drugs limitation on the deduction for medical care; to the Committee on Ways and Means.

By Mr. DOOLITTLE:

H.R. 3597. A bill to authorize the Secretary of the Interior, through the Bureau of Reclamation, to conduct a feasibility study on the Alder Creek water storage and conservation project in El Dorado County, California, and for other purposes; to the Committee on Resources.

By Mr. EHLERS (for himself and Mr. UDALL of Colorado):

H.R. 3598. A bill to establish an interagency committee to coordinate Federal manufacturing research and development efforts in manufacturing, strengthen existing programs to assist manufacturing innovation and education, and expand outreach programs for small and medium-sized manufacturers, and for other purposes; to the Committee on Science.

By Mr. EMANUEL (for himself, Mr. FOLEY, Mr. STUPAK, Mr. CAMP, and Mr. LANTOS):

H.R. 3599. A bill to prevent corporate auditors from providing tax shelter services to their audit clients; to the Committee on Financial Services.

By Mr. ENGEL:

H.R. 3600. A bill to amend the Public Health Service Act to require health insurance issuers to credit toward an annual deductible in case of subsequent issuance of similar health insurance policy by the same issuer to the same person; to the Committee on Energy and Commerce.

By Mr. ENGLISH (for himself and Mr. CARDIN):

H.R. 3601. A bill to amend the Internal Revenue Code of 1986 to protect the health benefits of steel industry retirees by expanding the availability of the refundable tax credit to the health insurance costs paid by former employers; to the Committee on Ways and Means.

By Mr. FOSSELLA (for himself and Mrs. KELLY):

H.R. 3602. A bill to establish a grant program to provide comprehensive eye examinations to children, and for other purposes; to the Committee on Energy and Commerce.

By Mr. GERLACH (for himself, Mr. MCGOVERN, Ms. BERKLEY, Ms. ROS-LEHTINEN, and Mr. GALLEGLY):

H.R. 3603. A bill to provide for the adjudication of claims of nationals of the United States against the Government of Iraq arising during the period beginning on May 16, 1987, and ending on May 1, 2003; to the Committee on International Relations.

By Mr. GOODLATTE (for himself, Mr. STENHOLM, Mr. LUCAS of Oklahoma, Mr. GUTKNECHT, Mr. BLUNT, Mr. GALLEGLY, Mr. OSBORNE, Mr. BURNS, Mr. CHOCOLA, Mr. NEUGEBAUER, Mr. NETHERCUTT, Mr. SMITH of Michigan, Mr. KINGSTON, Mr. BARTLETT of Maryland, Mr. BROWN of South Carolina, Mr. UPTON, Mr. CAMP, Mr. YOUNG of Alaska, Mr. COLLINS, Mr. BAKER, Mrs. JO ANN DAVIS of Virginia, Mr. DUNCAN, Mr. FORBES, Mr. GARRETT of New Jersey, Mr. HERGER, Mr. HOEKSTRA, Mr. JANKLOW, Mr. JONES of North Carolina, Mr. KELLER, Mrs. MILLER of Michigan, Mr. OXLEY, Mr. SOUDER, Mr. TIBERI, and Mr. WICKER):

H.R. 3604. A bill to simplify the process for admitting temporary alien agricultural workers under section 101(a)(15)(H)(ii)(a) of the Immigration and Nationality Act, to increase access to such workers, and for other

purposes; to the Committee on the Judiciary, and in addition to the Committee on Agriculture, 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. HAYWORTH:

H.R. 3605. A bill to amend the Internal Revenue Code of 1986 and the Employee Retirement Income Security Act of 1974 to clarify that federally recognized Indian tribal governments are to be regulated under the same government employer rules and procedures that apply to Federal, State, and other local government employers with regard to the establishment and maintenance of employee benefit plans; to the Committee on Ways and Means, and in addition to the Committee on Education and the Workforce, 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. HEFLEY:

H.R. 3606. A bill to amend the Internal Revenue Code of 1986 to eliminate the marriage penalty in the contribution rules for Roth IRAs; to the Committee on Ways and Means.

By Ms. HOOLEY of Oregon (for herself, Mr. FROST, Mr. WU, Mrs. MCCARTHY of New York, Mr. DEFAZIO, Mr. EVANS, Mr. GRIJALVA, Ms. KAPTUR, Ms. WOOLSEY, and Ms. DEGETTE):

H.R. 3607. A bill to amend the Internal Revenue Code of 1986 to provide a refundable tax credit to small businesses for the costs of qualified health insurance; to the Committee on Ways and Means.

By Ms. HOOLEY of Oregon (for herself, Mr. FROST, Mr. WU, Mrs. MCCARTHY of New York, Mr. DEFAZIO, Mr. EVANS, Ms. CARSON of Indiana, Mr. PAUL, Ms. MCCOLLUM, and Ms. DEGETTE):

H.R. 3608. A bill to amend the Internal Revenue Code of 1986 to provide a credit to employers for hiring new employees; to the Committee on Ways and Means.

By Mr. HOSTETTLER (for himself, Mr. PITTS, Mr. BARTLETT of Maryland, Mr. DOOLITTLE, Mr. TANCREDO, Mr. SMITH of Texas, and Mr. SOUDER):

H.R. 3609. A bill to amend the Revised Statutes of the United States to eliminate the chilling effect on the constitutionally protected expression of religion by State and local officials that results from the threat that potential litigants may seek damages and attorney's fees; to the Committee on the Judiciary.

By Mr. HOUGHTON (for himself, Mrs. JOHNSON of Connecticut, Mr. RANGEL, and Mr. NEAL of Massachusetts):

H.R. 3610. A bill to amend the Internal Revenue Code of 1986 to replace the recapture bond provisions of the low income housing tax credit program; to the Committee on Ways and Means.

By Ms. EDDIE BERNICE JOHNSON of Texas:

H.R. 3611. A bill to amend title 23, United States Code, to allocate transportation funds to metropolitan areas and increase planning funds to relieve metropolitan congestion, and for other purposes; to the Committee on Transportation and Infrastructure.

By Ms. EDDIE BERNICE JOHNSON of Texas (for herself, Mr. FROST, Mr. BELL, and Mr. OWENS):

H.R. 3612. A bill to amend title 38, United States Code, to improve the outreach activities of the Department of Veterans Affairs, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. SAM JOHNSON of Texas (for himself, Mr. BOEHNER, and Mr. HOUGHTON):

H.R. 3613. A bill to amend the Internal Revenue Code of 1986 to provide for the disclosure of return information for student financial assistance purposes; to the Committee on Ways and Means.

By Mr. KING of New York:

H.R. 3614. A bill to ensure that the national instant criminal background check system provides the Federal Bureau of Investigation with information on approved firearms transfers to persons named in the Violent Gang and Terrorist Organization File; to the Committee on the Judiciary.

By Mr. LARSON of Connecticut:

H.R. 3615. A bill to authorize the Secretary of Defense to reimburse members of the Armed Forces for the cost of protective body armor purchased by or on behalf of the member; to the Committee on Armed Services.

By Mr. LARSON of Connecticut:

H.R. 3616. A bill to establish the Commission on Preemptive Foreign Policy and Military Planning; to the Committee on International Relations, and in addition to the Committee on Armed Services, 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. MEEHAN (for himself and Mr. SHAYS):

H.R. 3617. A bill to amend the Internal Revenue Code of 1986 to reform the system of public financing for presidential elections, and for other purposes; to the Committee on House Administration, 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. MENENDEZ (for himself, Mr. PAYNE, Mr. HINOJOSA, Mr. OWENS, Mr. CLYBURN, and Mr. FATTAH):

H.R. 3618. A bill to ensure that all college students and their families have the tools and resources to adequately save for, finance, and repay their postsecondary and post-baccalaureate expenses; to the Committee on Education and the Workforce, 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. GEORGE MILLER of California (for himself, Mr. GEPHARDT, Mr. BISHOP of New York, Mr. KILDEE, Mr. KUCINICH, Mr. OWENS, Mr. GRIJALVA, Mr. DAVIS of Illinois, Ms. WOOLSEY, Mr. PAYNE, Ms. MCCOLLUM, Mr. TIERNEY, Mrs. MCCARTHY of New York, Mr. ANDREWS, Mr. RYAN of Ohio, Mr. VAN HOLLEN, Mr. HOLT, Mr. WU, Mr. HINOJOSA, Mr. KIND, Ms. PELOSI, Mr. HOYER, Mr. MATSUI, Ms. KILPATRICK, Mr. HOLDEN, Ms. CARSON of Indiana, Ms. SCHAKOWSKY, Mr. SABO, Mr. MICHAUD, Mr. DELAHUNT, Mr. PALLONE, Mr. ABERCROMBIE, Mr. PETERSON of Minnesota, Ms. SOLIS, Ms. SLAUGHTER, Mr. BACA, Mr. DOYLE, Mrs. MALONEY, Mr. SHERMAN, Mr. SERRANO, Mr. GUTIERREZ, Mr. HOEFFEL, Mr. MCNULTY, Ms. LINDA T. SANCHEZ of California, Mr. HINCHEY, Mr. BAIRD, Mr. RUSH, Mr. KING of New York, Mr. LYNCH, Ms. MILLENDER-MCDONALD, Mr. LANTOS, Mr. ALLEN, Mr. RODRIGUEZ, Ms. DELAURO, Mr. NADLER, Mr. BROWN of Ohio, Mr. UDALL of New Mexico, Mr. WEXLER, Mr. LEVIN, Mr. WEINER, Mr. CONYERS, Mr. JACKSON of Illinois, Mr. MCGOVERN, Mr. STARK, Mr. EVANS, Mr. SANDERS, Mr. RAHALL, Mr. DEUTSCH, Ms. LEE, Ms. CORRINE BROWN of Florida, Mr. CARDOZA, Mr. MEEHAN, Mr. SIMMONS, Mr. HASTINGS of Florida, Mr. LANGEVIN, Mr. WAXMAN, Mrs. CHRISTENSEN, Mr. PASCRELL, Mrs. JONES of Ohio, Mr. SMITH of New Jersey, Mr. HONDA, and Mr. PASTOR):

H.R. 3619. A bill to amend the National Labor Relations Act to establish an efficient system to enable employees to form, join, or assist labor organizations, to provide for mandatory injunctions for unfair labor practices during organizing efforts, and for other purposes; to the Committee on Education and the Workforce.

By Mr. NEAL of Massachusetts:

H.R. 3620. A bill to provide duty-free treatment for certain tuna; to the Committee on Ways and Means.

By Mr. NETHERCUTT:

H.R. 3621. A bill to extend the grace period for personal watercraft use in Lake Roosevelt National Recreation Area; to the Committee on Resources.

By Ms. NORTON (for herself, Mr. HOYER, Mr. WYNN, Mr. MORAN of Virginia, and Mr. VAN HOLLEN):

H.R. 3622. A bill to amend the Federal Water Pollution Control Act and the Water Resources Development Act of 1992 to provide for the restoration, protection, and enhancement of the environmental integrity and social and economic benefits of the Anacostia Watershed in the State of Maryland and the District of Columbia; to the Committee on Transportation and Infrastructure.

By Mr. OBERSTAR:

H.R. 3623. A bill to amend the Employee Retirement Income Security Act of 1974 to increase the maximum levels of guaranteed single-employer plan benefits, and for other purposes; to the Committee on Education and the Workforce.

By Mr. OBERSTAR:

H.R. 3624. A bill to provide that, for purposes of making determinations for certain trade remedies and trade adjustment assistance, imported semi-finished steel slabs and taconite pellets produced in the United States shall be considered to be articles like or directly competitive with each other; to the Committee on Ways and Means.

By Mr. PORTMAN (for himself, Mr. HOUGHTON, and Mr. POMEROY):

H.R. 3625. A bill to amend the Internal Revenue Code of 1986 to consolidate the Inspectors General relating to the Department of the Treasury, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Government Reform, 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. RODRIGUEZ (for himself, Mr. GONZALEZ, and Mr. DOGGETT):

H.R. 3626. A bill to amend the National Trails System Act to designate El Camino Real de los Tejas as a National Historic Trail; to the Committee on Resources.

By Mr. SAXTON:

H.R. 3627. A bill to establish in the Executive Office of the President the Office of Oceans and Coastal Policy; to the Committee on Resources, and in addition to the Committee on Science, 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 Ms. SCHAKOWSKY:

H.R. 3628. A bill to amend the Federal Food, Drug, and Cosmetic Act to facilitate the procurement of safe food by hospitals, nursing homes, schools, and child care facilities; to the Committee on Energy and Commerce.

By Ms. SCHAKOWSKY (for herself, Ms. SOLIS, Ms. CARSON of Indiana, Mr.

NADLER, Ms. NORTON, Mrs. JONES of Ohio, Ms. DELAURO, and Mr. HINCHEY):

H.R. 3629. A bill to amend the Federal Insecticide, Fungicide, and Rodenticide Act and the Solid Waste Disposal Act to establish prohibitions and requirements relating to arsenic-treated wood, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Agriculture, 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. SHAYS (for himself, Mr. INSLEE, Mr. PRICE of North Carolina, and Mr. GREEN of Wisconsin):

H.R. 3630. A bill to make available on the Internet, for purposes of access and retrieval by the public, certain information available through the Congressional Research Service web site; to the Committee on House Administration.

By Mr. SHERMAN:

H.R. 3631. A bill to prohibit the collection, by interactive video-related service providers, of personally identifiable information regarding the viewing choices of subscribers to such services; to the Committee on Energy and Commerce.

By Mr. SMITH of Texas (for himself, Mr. KELLER, Mr. WEXLER, Mr. GOODLATTE, Mr. GALLEGLY, and Mr. CARTER):

H.R. 3632. A bill to prevent and punish counterfeiting of copyrighted copies and phonorecords, and for other purposes; to the Committee on the Judiciary.

By Mr. SOUDER (for himself, Mr. HASTERT, Mr. DELAY, Mr. BLUNT, Mr. CANTOR, Mr. COX, Mr. DREIER, Mrs. MYRICK, Mr. DEMINT, Mr. KING of New York, Ms. DUNN, Mr. BURTON of Indiana, Mr. CRANE, Mr. WILSON of South Carolina, Mrs. JO ANN DAVIS of Virginia, Mr. CARTER, Mr. GOODE, Mr. LINDER, Mr. ROHRABACHER, Mr. GALLEGLY, Mr. DOOLITTLE, Mr. POMBO, Mr. HUNTER, Mr. FRANKS of Arizona, Mr. AKIN, Mr. FEENEY, Mr. BUYER, Mr. TIAHRT, Mr. BRADY of Texas, Mr. CHOCOLA, Mr. CULBERSON, Mr. BURGESS, Mr. CUNNINGHAM, Mr. PENCE, Mr. JONES of North Carolina, Mr. WELLER, Mr. GIBBONS, Mr. LINCOLN DIAZ-BALART of Florida, Mr. KING of Iowa, Mr. DUNCAN, Mr. PITTS, Mr. HERGER, Mr. THORNBERRY, Mr. HOSTETTLER, Mr. TOOMEY, Mr. GARRETT of New Jersey, Mr. KINGSTON, Mr. NORWOOD, Mr. TERRY, Mr. BISHOP of Utah, Mr. MCKEON, Mr. OSE, Mr. MANZULLO, Mr. OSBORNE, Mr. BOOZMAN, Mr. SHADEGG, Mr. WAMP, Mr. REHBERG, Mr. RADANOVICH, Mr. PEARCE, Mr. WELDON of Florida, Mr. LAHOOD, Mr. MARIO DIAZ-BALART of Florida, Ms. GINNY BROWN-WAITE of Florida, Mr. BALLENGER, Mr. THOMAS, Mr. HOEKSTRA, Mr. FORBES, Mr. TAUZIN, Mr. PAUL, Mr. ISSA, Mr. RAMSTAD, Mrs. MUSGRAVE, Mr. SESSIONS, Mr. OTTER, Mr. CRENSHAW, Mr. WALDEN of Oregon, and Mr. SHIMKUS):

H.R. 3633. A bill to provide for dime coins to bear the likeness of President Ronald Reagan, the Freedom President, in honor of his work in restoring American greatness and bringing freedom to captive nations around the world; to the Committee on Financial Services.

By Mr. SOUDER (for himself, Mr. CUMMINGS, Mr. TOM DAVIS of Virginia, Mr. SCOTT of Virginia, Mr. BALLENGER, Mr. TERRY, Mr. ACEVEDO-VILA, Mr. SESSIONS, Mr. PORTMAN, and Mr. BOOZMAN):

H.R. 3634. A bill to amend the Controlled Substances Act to lift the patient limitation on prescribing drug addiction treatments by medical practitioners in group practices, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, 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. STARK (for himself, Mr. MCDERMOTT, Mr. KENNEDY of Rhode Island, Mr. FROST, Mrs. CHRISTENSEN, Mr. JEFFERSON, and Mr. MCNULTY):

H.R. 3635. A bill to amend the Social Security Act to provide for coverage under the Medicare Program of chronic kidney disease patients who are not end-stage renal disease patients; 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. STEARNS:

H.R. 3636. A bill to amend the Public Health Service Act to prohibit health discrimination against individuals and their family members on the basis of genetic information, and for other purposes; to the Committee on Energy and Commerce.

By Mrs. TAUSCHER (for herself, Mr. SKELTON, Mr. COOPER, and Mr. GEORGE MILLER of California):

H.R. 3637. A bill to amend title 10, United States Code, to provide a temporary increase in the minimum end strength level for active duty personnel for the Army, and for other purposes; to the Committee on Armed Services.

By Mr. THOMPSON of California:

H.R. 3638. A bill to adjust the boundary of Redwood National Park in the State of California, and for other purposes; to the Committee on Resources.

By Mr. TIAHRT:

H.R. 3639. A bill to extend the Temporary Extended Unemployment Compensation Act of 2002, and for other purposes; to the Committee on Ways and Means.

By Mr. TIERNEY (for himself, Mr. MEEKS of New York, Mr. GEORGE MILLER of California, Mr. ACEVEDO-VILA, Mr. OLVER, Ms. MILLENDER-MCDONALD, Mr. DELAHUNT, Mr. MCGOVERN, Mr. OWENS, Mr. FRANK of Massachusetts, and Ms. WOOLSEY):

H.R. 3640. A bill to require the Commissioner of Labor Statistics to develop a methodology for measuring the cost of living in each State, and to require the Comptroller General to determine how certain Federal benefits would be increased if the determination of those benefits were based on that methodology; to the Committee on Education and the Workforce, and in addition to the Committees on Ways and Means, Financial Services, and Agriculture, 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. TIERNEY (for himself, Mr. GRIJALVA, Mr. HOEFFEL, Mr. KIND, Mr. CASE, Mr. GEORGE MILLER of California, Ms. BALDWIN, Mr. MCDERMOTT, Ms. WOOLSEY, Mr. BLUMENAUER, Ms. KAPTUR, Ms. SCHAKOWSKY, Mr. HINCHEY, Mr. FARR, Mr. NADLER, Mr. OLVER, Mr. FRANK of Massachusetts, Mr. MCGOVERN, Mr. SANDERS, Mr. CONYERS, Ms. DELAURO, Mr. LANTOS, Mr. DELAHUNT, Ms. ESHOO, Mr. WAXMAN, Mr. STARK, Mr. VAN HOLLEN, Ms. LEE, Mr. JACKSON of Illinois, and Mr. MCNULTY):

H.R. 3641. A bill to reform the financing of Federal elections, and for other purposes; to the Committee on House Administration, and in addition to the Committees on Energy and Commerce, and Government Reform, 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 Ms. WATERS:

H.R. 3642. A bill to require the Secretary of State to prepare an annual report on progress made to eradicate poppy cultivation and prevent illicit drug trafficking in Afghanistan; to the Committee on International Relations.

By Mr. WEINER (for himself, Mr. CROWLEY, Mr. ISRAEL, Mr. NADLER, Ms. BERKLEY, Mr. FOLEY, Mrs. MCCARTHY of New York, Mrs. MALONEY, Mr. HILL, Mr. MCNULTY, Mr. FRANK of Massachusetts, Mr. WAXMAN, Mr. SANDLIN, Mr. STRICKLAND, Mrs. TAUSCHER, Mr. EMANUEL, Mr. BISHOP of Georgia, Mr. MATSUI, Mr. CARDOZA, Mr. RUSH, Mr. DEUTSCH, Mr. MARKEY, Mr. GARRETT of New Jersey, Mr. ANDREWS, and Mr. FERGUSON):

H.R. 3643. A bill to halt Saudi support for institutions that fund, train, incite, encourage, or in any other way aid and abet terrorism, and to secure full Saudi cooperation in the investigation of terrorist incidents; to the Committee on International Relations.

By Mr. WELDON of Pennsylvania (for himself and Mr. ANDREWS):

H.R. 3644. A bill to establish a technology, equipment, and information transfer program within the Department of Homeland Security; to the Committee on Science, and in addition to the Committees on the Judiciary, Energy and Commerce, Transportation and Infrastructure, and Homeland Security (Select), 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. YOUNG of Alaska:

H.R. 3645. A bill To amend the Magnuson-Stevens Fishery Conservation and Management Act to clarify the definition of ''essential fish habitat'', and for other purposes; to the Committee on Resources.

By Mr. YOUNG of Florida:

H.J. Res. 79. A joint resolution making further continuing appropriations for the fiscal year 2004, and for other purposes; to the Committee on Appropriations. considered and passed.

By Mr. DELAY:

H.J. Res. 80. A joint resolution appointing the day for the convening of the second session of the One Hundred Eighth Congress; considered and passed.

By Mr. OWENS:

H.J. Res. 81. A joint resolution proposing an amendment to the Constitution of the United States limiting the number of consecutive terms that a Senator or Representative may serve and providing for 4-year terms for Representatives; to the Committee on the Judiciary.

By Mr. LANTOS (for himself and Mr. COX):

H. Con. Res. 336. Concurrent resolution expressing the sense of Congress that the continued participation of the Russian Federation in the Group of 8 nations should be conditioned on the Russian Government voluntarily accepting and adhering to the norms and standards of democracy; to the Committee on International Relations.

By Mrs. KELLY:

H. Con. Res. 337. Concurrent resolution expressing the sense of the Congress that raising awareness and working to prevent suicide in the United States are worthy goals,

and supporting the goals and ideals of National Survivors of Suicide Day, observed annually on the Saturday before Thanksgiving; to the Committee on Energy and Commerce.

By Ms. CARSON of Indiana:

H. Con. Res. 338. Concurrent resolution commemorating the 15th anniversary of Rebuilding Together, commending Rebuilding Together for its service, and encouraging Americans to volunteer with Rebuilding Together and similar community organizations; to the Committee on Financial Services.

By Mr. DELAY:

H. Con. Res. 339. A concurrent resolution providing for the sine die adjournment of the first session of the One Hundred Eighth Congress; considered and agreed to.

By Mr. ANDREWS:

H. Con. Res. 340. Concurrent resolution expressing the sense of Congress that the people of Taiwan should be able to conduct referenda votes free from intimidation or threat of force; to the Committee on International Relations.

By Ms. HOOLEY of Oregon (for herself, Mr. WALDEN of Oregon, Mr. BLUMENAUER, Mr. WU, and Mr. DEFAZIO):

H. Con. Res. 341. Concurrent resolution recognizing the 20th anniversary of the restoration of Federal recognition of the Confederated Tribes of the Grand Ronde Community of Oregon; to the Committee on Resources.

By Mrs. MALONEY (for herself, Mrs. BIGGERT, and Ms. HOOLEY of Oregon):

H. Con. Res. 342. Concurrent resolution commending Iraqi women for their participation in Iraqi government and civil society, encouraging the inclusion of Iraqi women in the political and economic life of Iraq, and advocating the protection of Iraqi women's human rights in the Iraqi Constitution; to the Committee on International Relations.

By Mr. MCGOVERN (for himself, Mr. SWEENEY, Mr. CAPUANO, Mr. MCDERMOTT, Ms. SLAUGHTER, Mr. SANDERS, Mr. GRIJALVA, Mr. KUCINICH, Mr. EVANS, Mr. ISRAEL, Ms. KAPTUR, Mr. ETHERIDGE, Mr. HINCHEY, Mr. BLUMENAUER, Mr. OBERSTAR, Mr. FORD, Mr. LANTOS, Mr. ABERCROMBIE, Mr. MOORE, Mr. REYES, Mrs. JONES of Ohio, Mr. MICHAUD, Mr. CONYERS, Mr. STRICKLAND, Mr. LIPINSKI, Mr. MCNULTY, Mr. LEWIS of Georgia, Mr. BERRY, Mr. BRADY of Pennsylvania, Mr. SKELTON, Mrs. MALONEY, Mr. BISHOP of New York, Mr. HOEFFEL, Mr. TOWNS, Mr. MEEKS of New York, Ms. BORDALLO, Ms. DELAURO, Mr. LEVIN, Mr. PAYNE, Mr. HASTINGS of Florida, Mr. OBEY, Ms. KILPATRICK, Mr. MARKEY, Mr. PASCRELL, Mr. KENNEDY of Rhode Island, Mr. ENGEL, Mr. KILDEE, Mr. VISCLOSKY, Mr. DICKS, Mr. STARK, Ms. LEE, Ms. LINDA T. SANCHEZ of California, and Ms. CARSON of Indiana):

H. Con. Res. 343. Concurrent resolution affirming the support of Congress for preserving President Franklin D. Roosevelt's profile on the dime because of his innumerable contributions to and lasting impact on the Nation; to the Committee on Financial Services.

By Mr. MEEKS of New York (for himself and Mr. CONYERS):

H. Con. Res. 344. Concurrent resolution expressing the sense of the Congress that American prisoners of war (POWs) during the 1991 Gulf War and their immediate family members should be adequately compensated, without delay, for their suffering and injury, as decided by the United States District Court for the District of Columbia; to the Committee on International Relations.

By Mr. ISSA (for himself, Mr. FILNER, Mr. LEWIS of California, Mr. BALLENGER, Mrs. BONO, Mr. EMANUEL, Mr. HOUGHTON, Mr. TERRY, Mr. SMITH of Michigan, Mr. MORAN of Virginia, Mr. PITTS, Mr. BARTLETT of Maryland, Mr. GILLMOR, Mr. CUNNINGHAM, Mr. YOUNG of Alaska, Mr. REYES, Mr. CONYERS, Mr. RAHALL, and Mr. BLUMENAUER):

H. Res. 462. A resolution supporting the vision of Israelis and Palestinians who are working together to conceive pragmatic, serious plans for achieving peace, and for other purposes; to the Committee on International Relations.

By Ms. SOLIS (for herself, Mr. REYES, Mr. RAMSTAD, Ms. SLAUGHTER, Mrs. CAPITO, and Mr. RODRIGUEZ):

H. Res. 466. A resolution conveying the sympathy of the House of Representatives to the families of the young women murdered in the State of Chihuahua, Mexico, and encouraging increased United States involvement in bringing an end to these crimes; to the Committee on International Relations.

By Mr. GONZALEZ (for himself, Mr. SMITH of Texas, Mr. RODRIGUEZ, Mr. LAMPSON, and Mr. BELL):

H. Res. 467. A resolution commending the astounding work of the Southwest Research Institute in discovering the cause of the Columbia space shuttle disaster; to the Committee on Science.

By Mr. GRAVES:

H. Res. 468. A resolution expressing disapproval of the consideration by Justices of the Supreme Court of the United States of foreign laws and public opinion in their decisions, urging the end of this practice immediately to avoid setting a dangerous precedent, and urging all Justices to base their opinions solely on the merits under the Constitution of the United States; to the Committee on the Judiciary.

By Mr. JONES of North Carolina:

H. Res. 469. A resolution to authorize and direct the Committee on Appropriations to create a new Subcommittee on Veterans' Affairs; to the Committee on Rules.

By Ms. ROS-LEHTINEN:

H. Res. 470. A resolution expressing gratitude to Israeli law enforcement officers for the counterterrorism training and consultation they have provided to law enforcement officers in the United States, acknowledging the common challenges that terrorism presents to law enforcement in the United States and Israel, and for other purposes; to the Committee on International Relations, and in addition to the Committee on the Judiciary, 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. RUSH:

H. Res. 471. A resolution congratulating the people of Haiti on the bicentennial of their independence; to the Committee on International Relations.

By Ms. SLAUGHTER:

H. Res. 472. A resolution providing for the consideration of the bill H.R. 3495; to the Committee on Rules.

MEMORIALS

Under clause 3 of rule XII, memorials were presented and referred as follows:

227. The SPEAKER presented a memorial of the Legislature of the State of Florida, relative to House Memorial No. 209 memorializing the Congress of the United States to provide the funds necessary for the Defense Prisoner of War/Missing Personnel Office of the Department of Defense and other Department of Defense agencies that play critical roles in achieving the fullest possible accounting of POW/MIA's to continue their work unimpeded from budgetary constraints or reductions; to the Committee on Armed Services.

228. Also, a memorial of the Legislature of the State of Michigan, relative to Senate Concurrent Resolution No. 11 memorializing the Congress of the United States and the Environmental Protection Agency to repeal 40 C.F.R. 122.3(a); to the Committee on Transportation and Infrastructure.

229. Also, a memorial of the Legislature of the State of Michigan, relative to Senate Concurrent Resolution No. 13 memorializing the Congress of the United States fund the Great Lakes Legacy Act at its authorized level of $54 million in Fiscal Year 2004; to the Committee on Transportation and Infrastructure.

PRIVATE BILLS AND RESOLUTIONS

Under clause 3 of rule XII, private bills and resolutions of the following titles were introduced and severally referred, as follows:

By Ms. CARSON of Indiana:

H.R. 3646. A bill for the relief of Adela and Darryl Bailor; to the Committee on the Judiciary.

By Mr. DAVIS of Illinois:

H.R. 3647. A bill for the relief of Roger Paul Robert Kozik; to the Committee on the Judiciary.

By Mr. DAVIS of Illinois:

H.R. 3648. A bill for the relief of Alzoubi Muhammed; to the Committee on the Judiciary.

By Mr. DAVIS of Illinois:

H.R. 3649. A bill for the relief of Stoyan Simeonov Stoyanov; 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. 211: Mr. EVANS, Mrs. MALONEY, Ms. VELAZQUEZ, Mr. SERRANO, Mr. CLAY, Mr. BALLANCE, Ms. CORRINE BROWN of Florida, Mr. SCOTT of Virginia, Mr. HASTINGS of Florida, Mr. RUSH, and Mr. NADLER.

H.R. 303: Mr. JACKSON of Illinois.

H.R. 433: Mr. GERLACH.

H.R. 434: Mr. FERGUSON and Mr. RYAN of Wisconsin.

H.R. 476: Mr. LOBIONDO.

H.R. 486: Mr. LEWIS of Kentucky.

H.R. 489: Mr. GARRETT of New Jersey.

H.R. 527: Mr. SCHIFF and Mr. VAN HOLLEN.

H.R. 548: Mr. DELAHUNT.

H.R. 571: Mr. HENSARLING.

H.R. 713: Ms. MCCOLLUM and Mr. BAIRD.

H.R. 728: Mr. HENSARLING, Mr. TIBERI, and Mr. BURGESS.

H.R. 742: Mr. DELAHUNT.

H.R. 745: Mrs. JONES of Ohio.

H.R. 785: Mr. SNYDER and Mr. JACKSON of Illinois.

H.R. 813: Mr. DELAHUNT.

H.R. 814: Mr. BISHOP of New York.

H.R. 819: Mr. DOGGETT.

H.R. 832: Mr. NEAL of Massachusetts.

H.R. 839: Mr. EDWARDS.

H.R. 857: Mr. EMANUEL, Mr. MATSUI, Mr. PAYNE, Ms. CORRINE BROWN of Florida, Ms. KILPATRICK, Mr. OBERSTAR, Ms. WATERS, Mr. LEWIS of Kentucky, Mr. FERGUSON, Mr. BECERRA, Mr. MEEHAN, Ms. MCCOLLUM, and Mr. GREEN of Texas.

H.R. 876: Ms. CORRINE BROWN of Florida, Mr. KILDEE, Mr. SABO, Mr. THOMPSON of Mississippi, Mr. NADLER, and Mr. RYAN of Ohio.

H.R. 918: Mr. RYAN of Wisconsin, Mr. ROSS, Mr. COSTELLO, Mr. WALSH, Mr. ROGERS of Kentucky, Mr. SMITH of New Jersey, Mr. CAMP, Mrs. JONES of Ohio, Mr. BOSWELL, Mr. BARTON of Texas, and Mr. GILLMOR.
H.R. 926: Mr. GOODE.
H.R. 933: Mr. GUTIERREZ.
H.R. 962: Mr. FROST and Mr. THOMPSON of Mississippi.
H.R. 990: Mr. CANTOR.
H.R. 1029: Mr. TOWNS.
H.R. 1034: Mr. SERRANO, Mr. GONZALEZ, Mr. BERMAN, Mr. NADLER, Mr. MARKEY, and Ms. LINDA T. SANCHEZ of California..
H.R. 1061: Mr. HEFLEY.
H.R. 1068: Mr. WELLER and Mr. JACKSON of Illinois.
H.R. 1083: Mr. WALDEN of Oregon and Mr. BISHOP of Georgia.
H.R. 1117: Mrs. BONO.
H.R. 1125: Mr. MANZULLO.
H.R. 1154: Mr. EVERETT.
H.R. 1157: Ms. LORETTA SANCHEZ of California.
H.R. 1227: Mrs. BLACKBURN, Mr. KLINE, and Mr. GARRETT of New Jersey.
H.R. 1258: Mr. ABERCROMBIE.
H.R. 1267: Mr. MEEKS of New York and Mr. NEAL of Massachusetts.
H.R. 1279: Mr. JACKSON of Illinois.
H.R. 1310: Mr. PETERSON of Pennsylvania.
H.R. 1325: Mr. FROST.
H.R. 1336: Mr. JACKSON of Illinois, Mr. DEAL of Georgia, and Mr. JOHNSON of Illinois.
H.R. 1348: Mr. GONZALEZ.
H.R. 1372: Mr. NEUGEBAUER, Mrs. BLACKBURN, and Mr. CRANE.
H.R. 1385: Mr. PASCRELL.
H.R. 1406: Mr. CUNNINGHAM.
H.R. 1414: Mr. DELAHUNT.
H.R. 1472: Mr. LANGEVIN.
H.R. 1477: Mr. JACKSON of Illinois.
H.R. 1501: Mr. BLUMENAUER, Mrs. CAPPS, Mr. CARSON of Oklahoma, Mr. KILDEE, and Mr. MARKEY.
H.R. 1508: Mr. HONDA.
H.R. 1513: Mr. JOHNSON of Illinois.
H.R. 1532: Mr. BISHOP of New York, Mr. SWEENEY, Mr. MATSUI, Ms. MILLENDER-MCDONALD, Mr. MEEKS of New York, Mr. EMANUEL, Mr. NADLER, Ms. CORRINE BROWN of Florida, Ms. WATERS, Mr. OBERSTAR, Mrs. NAPOLITANO, and Mr. FERGUSON.
H.R. 1534: Mr. CROWLEY.
H.R. 1546: Mr. GARRETT of New Jersey.
H.R. 1563: Mr. VAN HOLLEN.
H.R. 1582: Mr. LEVIN.
H.R. 1592: Mr. LARSEN of Washington.
H.R. 1600: Mr. SCHIFF.
H.R. 1657: Mr. BISHOP of New York.
H.R. 1662: Mr. WILSON of South Carolina.
H.R. 1688: Mr. DINGELL and Mr. JACKSON of Illinois.
H.R. 1694: Mr. HOEFFEL.
H.R. 1708: Mrs. CAPPS.
H.R. 1719: Mr. ANDREWS.
H.R. 1736: Mr. LAHOOD.
H.R. 1742: Ms. GRANGER.
H.R. 1749: Mr. RYUN of Kansas, Mr. PRICE of North Carolina, Mr. ISRAEL, and Mr. DEAL of Georgia.
H.R. 1752: Mr. FATTAH.
H.R. 1782: Mr. FROST and Mr. GONZALEZ.
H.R. 1793: Mr. NEUGEBAUER and Mr. OSBORNE.
H.R. 1796: Ms. LORETTA SANCHEZ of California.
H.R. 1800: Mr. PASCRELL.
H.R. 1861: Ms. DELAURO and Mr. THOMPSON of Mississippi.
H.R. 1873: Mr. BASS.
H.R. 1886: Mr. BERMAN and Mr. FILNER.
H.R. 1890: Mr. BRADY of Texas.
H.R. 1895: Mr. VAN HOLLEN.
H.R. 1905: Mr. BISHOP of New York.
H.R. 1919: Mr. DELAHUNT.
H.R. 1924: Ms. MILLENDER-MCDONALD and Mr. GUTIERREZ.
H.R. 1939: Mr. LEWIS of Georgia.
H.R. 1997: Mr. SHUSTER and Mr. HALL.
H.R. 2032: Mr. OLVER.
H.R. 2034: Mr. BURGESS.
H.R. 2039: Mr. TAUZIN.
H.R. 2052: Mr. BALLANCE, Mr. BISHOP of Georgia, Mr. EDWARDS, Mr. DICKS, Mr. TAYLOR of North Carolina, Mr. CRAMER, Mr. DOYLE, Mr. CLYBURN, Mr. BOSWELL, and Mrs. LOWEY.
H.R. 2062: Mr. TIERNEY.
H.R. 2072: Ms. GRANGER.
H.R. 2139: Mr. EVERETT.
H.R. 2157: Mr. ABERCROMBIE and Mr. ISSA.
H.R. 2166: Mr. HYDE.
H.R. 2173: Mr. JOHN, Mr. STUPAK, Mr. ACEVEDO-VILA, MR. BRADY of Pennsylvania, and Mr. TURNER of Texas.
H.R. 2217: Mr. DELAHUNT, Mr. NEAL of Massachusetts, and Mr. VAN HOLLEN.
H.R. 2239: Mr. SCHIFF, Mr. MICHAUD, Ms. MCCOLLUM, Mr. UDALL of Colorado, Mr. TIERNEY, and Ms. SLAUGHTER.
H.R. 2366: Ms. WATSON, Mr. STUPAK, and Mr. BISHOP of New York.
H.R. 2435: Mr. GUTIERREZ.
H.R. 2437: Ms. CARSON of Indiana.
H.R. 2449: Mr. MILLER of Florida, Mr. PUTNAM, and Mr. LEACH.
H.R. 2504: Mr. CARDIN.
H.R. 2509: Mr. RODRIGUEZ and Mr. BRADY of Texas.
H.R. 2511: Mr. DELAHUNT.
H.R. 2527: Ms. SOLIS.
H.R. 2539: Mr. OWENS.
H.R. 2540: Ms. CORRINE BROWN of Florida, Ms. HART, and Mr. SIMPSON.
H.R. 2560: Mr. ISRAEL and Ms. LOFGREN.
H.R. 2585: Ms. CARSON of Indiana and Mr. LANGEVIN.
H.R. 2625: Mr. DINGELL.
H.R. 2626: Mr. NEAL of Massachusetts.
H.R. 2665: Mr. BISHOP of New York.
H.R. 2671: Mr. GOODLATTE.
H.R. 2699: Mr. RUSH.
H.R. 2719: Mr. CASE.
H.R. 2733: Mr. SESSIONS.
H.R. 2743: Mr. OTTER.
H.R. 2809: Mr. WEXLER.
H.R. 2810: Mr. WEXLER.
H.R. 2823: Mr. BILIRAKIS and Mr. DELAHUNT.
H.R. 2830: Mr. WALSH.
H.R. 2853: Mr. GUTIERREZ.
H.R. 2880: Mr. OWENS.
H.R. 2906: Mr. JENKINS.
H.R. 2910: Mr. SESSIONS.
H.R. 2913: Ms. MCCOLLUM.
H.R. 2916: Ms. LOFGREN and Ms. BERKLEY.
H.R. 2929: Mr. GORDON, Mr. DEUTSCH, Ms. MCCARTHY of Missouri, Mr. GILLMOR, and Mr. HALL.
H.R. 2933: Mr. ISAKSON.
H.R. 2948: Ms. LEE and Mr. GONZALEZ.
H.R. 2959: Mr. ACKERMAN.
H.R. 2961: Mr. WAMP.
H.R. 2968: Mr. DREIER.
H.R. 2980: Ms. ROYBAL-ALLARD, Ms. SLAUGHTER, and Mr. KUCINICH.
H.R. 2983: Mr. FROST, Mr. FILNER, Mr. RANGEL, and Mr. KILDEE.
H.R. 2986: Mr. LANGEVIN, Ms. CARSON of Indiana, and Mr. WALSH.
H.R. 2990: Mrs. JONES of Ohio.
H.R. 3051: Ms. CARSON of Indiana, Mr. ORTIZ, Mr. BISHOP of New York, and Ms. SLAUGHTER.
H.R. 3057: Mrs. CAPPS and Mr. SCHIFF.
H.R. 3063: Mr. LANTOS and Ms. SCHAKOWSKY.
H.R. 3064: Mr. JOHNSON of Illinois.
H.R. 3066: Mr. RYAN of Wisconsin, Mr. HOUGHTON, Mrs. Musgrave, and Mr. OSBORNE.
H.R. 3099: Ms. DELAURO, Mr. MEEKS of New York, Mr. ALLEN, Mr. OWENS, and Ms. LINDA T. SANCHEZ of California.
H.R. 3104: Ms. KILPATRICK, Mr. KIRK, Mr. BISHOP of New York, and Mr. ORTIZ.
H.R. 3112: Mr. PASTOR.
H.R. 3133: Mr. CARDOZA.
H.R. 3142: Mr. SMITH of New Jersey, Mr. LATOURETTE, Mr. MATSUI, Mr. BERRY, and Mr. GUTIERREZ.
H.R. 3148: Mr. LEWIS of Georgia, Mr. MCNULTY, and Mr. SOUDER.
H.R. 3178: Mr. KIND, Ms. MCCOLLUM, Mr. ALLEN, Mr. UDALL of New Mexico, Mr. MORAN of Virginia, Mr. EHLERS, Mr. SNYDER, Mr. VAN HOLLEN, and Mr. ANDREWS.
H.R. 3190: Mr. BARTON of Texas, Mr. OSBORNE, Mr. KELLER, and Mr. HOEKSTRA.
H.R. 3192: Mr. MICHAUD.
H.R. 3193: Mr. CALVERT, Mr. ENGLISH, Mr. NUNES, Mr. BURNS, Mr. STUPAK, and Mr. TANCREDO.
H.R. 3203: Mr. HINOJOSA and Mr. EMANUEL.
H.R. 3204: Mr. BEREUTER, Mr. TOM DAVIS OF Virginia, Mr. HOBSON, Mr. OSE, Ms. PRYCE of Ohio, Mr. REGULA, Mr. REYNOLDS, Mr. ROGERS of Kentucky, Mr. TAYLOR of North Carolina, Mr. TERRY, Mr. TIBERI, Mr. WALSH, Mr. WELDON of Pennsylvania, and Mr. WHITFIELD.
H.R. 3220: Mr. MEEKS of New York.
H.R. 3242: Mr. MICHAUD and Mr. HERGER.
H.R. 3244: Ms. MCCARTHY of Missouri, Ms. LINDA T. SANCHEZ of California, and Mr. BISHOP of New York.
H.R. 3251: Ms. LINDA T. SANCHEZ of California
H.R. 3259: Mr. PLATTS and Mrs. WILSON of New Mexico.
H.R. 3263: Ms. BERKLEY, Mrs. JO ANN DAVIS of Virginia, and Mr. FALEOMAVAEGA.
H.R. 3275: Mr. LANTOS.
H.R. 3277: Mr. ABERCROMBIE, Mr. ACKERMAN, Ms. BERKLEY, Mr. BALLANCE, Mr. BECERRA, Ms. CORRINE BROWN of Florida, Mr. CLAY, Mr. CLYBURN, Mr. EDWARDS, Ms. ESHOO, Mr. FARR, Mr. GONZALEZ, Mr. GRIJALVA, Mr. HASTINGS of Florida, Mr. HOEFFEL, Mr. HOLT, Mr. HONDA, Ms. LOFGREN, Mrs. LOWEY, Mr. MILLER of North Carolina, Ms. PELOSI, Ms. LORETTA SANCHEZ of California, Mr. THOMPSON of Mississippi, Mr. VAN HOLLEN, Mrs. MILLER of Michigan, Mr. ISAKSON, Mr. KINGSTON, Mr. MCHUGH, Mr. CAPUANO, Mr. BISHOP of Georgia, Mr. BOSWELL, Mr. BOUCHER, Mr. BOYD, Mr. CONYERS, Mr. CUMMINGS, Mr. DAVIS of Illinois, Mr. DELAHUNT, Mr. DEUTSCH, Mr. ETHERIDGE, Mr. KLECZKA, Mr. LANGEVIN, Mr. MARKEY, Mr. MEEK of Florida, Mr. TAYLOR of Mississippi, Mr. UDALL of Colorado, Ms. VELAZQUEZ, Mr. MANZULLO, Mr. BISHOP of New York, Mr. DOGGETT, Mr. HINOJOSA, Ms. HOOLEY of Oregon, Mr. KENNEDY of Rhode Island, Mrs. MALONEY, Mr. PAYNE, Mr. RANGEL, Ms. LINDA T. SANCHEZ of California, Mr. SERRANO, Ms. SLAUGHTER, Mr. TURNER of Texas, Mr. WAXMAN, Ms. WOOLSEY, Mr. BLUMENAUER, Mr. HOYER, Mr. COOPER, Mr. EMANUEL, Mr. OBEY, Mr. STENHOLM, Mr. ROTHMAN, Mr. OWENS, and Mrs. TAUSCHER.
H.R. 3286: Mr. SNYDER.
H.R. 3299: Mr. CASE, and Mr. HOEFFEL.
H.R. 3304: Ms. LINDA T. SANCHEZ of California.
H.R. 3309: Mr. SERRANO, Mr. MARIO DIAZ-BALART of Florida, Mr. MCDERMOTT and Mr. FRANK of Massachusetts.
H.R. 3310: Mr. HINOJOSA.
H.R. 3325: Mr. MARKEY.
H.R. 3327: Mrs. CAPPS, Ms. WATERS, Mr. WAXMAN, Mr. FRANK of Massachusetts, and Mr. MARKEY.
H.R. 3329: Mr. PETERSON of Pennsylvania.
H.R. 3338: Mr. TIBERI, Mr. STUPAK, and Mr. WAXMAN.
H.R. 3340: Mr. WELLER, Mrs. BIGGERT, Mr. LAHOOD, Mr. GUTIERREZ, and Mr. MANZULLO.
H.R. 3341: Ms. WATSON.
H.R. 3344: Mrs. NAPOLITANO, Mr. STUPAK, and Ms. LINDA T. SANCHEZ of California.
H.R. 3350: Mr. LANGEVIN and Ms. BERKLEY.
H.R. 3352: Mr. NETHERCUTT.
H.R. 3355: Mr. RUSH, Mr. MCNULTY, Mr. ABERCROMBIE, and Ms. LINDA T. SANCHEZ of California.

H.R. 3361: Mr. MCGOVERN, Mr. BECERRA, Mr. PAYNE, Mr. GONZALEZ, and Mr. HINOJOSA.

H.R. 3362: Ms. BERKLEY.

H.R. 3363: Mrs. NAPOLITANO and Mr. MICHAUD.

H.R. 3378: Mr. PALLONE and Mr. ABERCROMBIE.

H.R. 3380: Mr. VAN HOLLEN.

H.R. 3398: Ms. HARMAN.

H.R. 3403: Mr. NETHERCUTT and Mr. SIMPSON.

H.R. 3410: Mr. SPRATT and Mr. ENGLISH.

H.R. 3424: Mr. KUCINICH.

H.R. 3425: Ms. BERKLEY and Mr. MCGOVERN.

H.R. 3437: Mr. SIMMONS and Mr. GREEN of Texas.

H.R. 3438: Mr. BAIRD, Mr. PRICE of North Carolina, Mr. TIERNEY, and Mr. VAN HOLLEN.

H.R. 3440: Mr. RANGEL, Mr. DELAHUNT, Mr. STUPAK, and Mr. NEAL of Massachusetts.

H.R. 3444: Mr. JACKSON of Illinois.

H.R. 3446: Mr. INSLEE, Mr. RAHALL, Mr. FRANK of Massachusetts, Mr. GRIJALVA, and Mr. FROST.

H.R. 3447: Mr. SERRANO, Mr. BECERRA, Ms. VELAZQUEZ, Mr. BACA, Mr. CARDOZA, and Ms. LINDA T. SANCHEZ of California.

H.R. 3451: Mr. GUTIERREZ and Mr. CLAY.

H.R. 3453: Mr. ISAKSON, Mr. LEWIS of Kentucky, Mr. PETRI, and Mr. WICKER.

H.R. 3474: Mr. ALEXANDER, Mr. CRAMER, Mr. KENNEDY of Rhode Island, Mr. CUMMINGS, Mr. SCOTT of Georgia, Mr. THOMPSON of Mississippi, Mr. FROST, Ms. CARSON of Indiana, Mr. GEORGE MILLER of California, Mr. MATSUI, Ms. WOOLSEY, Mr. HOLDEN, Mr. JONES of North Carolina, Mrs. MCCARTHY of New York, Ms. HART, Mr. MCGOVERN, Mr. KINGSTON, Mr. TAYLOR of North Carolina, Mr. EVANS, Mr. ACEVEDO-VILA, Mr. PAUL, Mr. HINCHEY, Mr. FATTAH, Mr. CARDOZA, Mr. GRIJALVA, Mr. BISHOP of Georgia, Mrs. CHRISTENSEN, Mr. LANTOS, Mr. PALLONE, Mr. KING of Iowa, Mr. UDALL of Colorado, Mrs. JONES of Ohio, Mr. BOYD, Mr. RANGEL, Mr. DOOLEY of California, Mr. LIPINSKI, Mr. PETERSON of Minnesota, Mr. KLINE, Mr. ISRAEL, Mr. GUTIERREZ, Mr. STRICKLAND, Mr. BASS, Mr. BRADY of Pennsylvania, Ms. LEE, Mr. BROWN of Ohio, Ms. MILLENDER-MCDONALD, Mr. SANDERS, Ms. SOLIS, Mr. DELAHUNT, Ms. WATSON, Ms. CORRINE BROWN of Florida, Mr. RYAN of Ohio, Ms. DELAURO, Mr. DEFAZIO, Mr. LATOURETTE, Mr. LYNCH, Mr. BISHOP of New York, Ms. BERKLEY, Mr. RODRIGUEZ, and Mr. FILNER.

H.R. 3500: Mr. DAVIS of Tennessee, Mr. MILLER of North Carolina, Mr. BALLANCE, and Mr. BISHOP of Georgia.

H.R. 3509: Mr. WELDON of Florida.

H.R. 3519: Mrs. JONES of Ohio, Mr. MATSUI, Mr. STARK, and Mr. MCGOVERN.

H.R. 3522: Mr. GARRETT of New Jersey and Mr. BILIRAKIS.

H.R. 3527: Mr. BURR.

H.R. 3539: Mr. ABERCROMBIE and Mr. MCNULTY.

H.R. 3544: Mr. ABERCROMBIE.

H.R. 3549: Mr. SCHIFF, Mr. HASTINGS of Florida, Mr. BOYD, Mr. WEINER, Mr. DAVIS of Alabama, Ms. LEE, Mr. GORDON, Mr. STUPAK, Mr. THOMPSON of Mississippi, Ms. MCCOLLUM, Mr. PASCRELL, Mr. FILNER, Mr. SCOTT of Virginia, Mr. CARSON of Oklahoma, Mr. MILLER of North Carolina, Mr. BAIRD, Mrs. MALONEY, Mrs. MCCARTHY of New York, Mr. FATTAH, Mr. GONZALEZ, Mr. RANGEL, Mr. STENHOLM, Mr. EDWARDS, Mr. JOHN, Mr. RODRIQUEZ, Ms. CORRINE BROWN of Florida, Mr. KILDEE, Ms. HOOLEY of Oregon, Mr. OBEY, Mr. PRICE of North Carolina, Mr. SCOTT of Georgia, Ms. MAJETTE, Mr. CARDOZA, Mr. MOORE, Mrs. CHRISTENSEN, Mr. BLUMENAUER, Mr. BALLANCE, Mr. FORD, Mr. SKELTON, Mr. POMEROY, Mr. CASE, Mr. TOWNS, Mrs. TAUSCHER, Mr. FALEOMEVAEGA, Mr. OBERSTAR, Ms. SCHAKOWSKY, Mr. INSLEE, Mr. COOPER, Mr. DAVIS of Florida, Mr. MARSHALL, Mr. MATHESON, Mr. TURNER of Texas, Mr. BACA, Mrs. TIERNEY, Mr. OLVER, Mr. SPRATT, Mr. EMANUEL, Mr. HOEFFEL, Ms. MILLENDER-MCDONALD, Ms. CARSON of Indiana, Ms. MCCARTHY of Missouri, Mr. LUCAS of Kentucky, Mr. EVANS, Mr. BOSWELL, Mr. DAVIS of Tennessee, Ms. LINDA T. SANCHEZ of California, Mrs. CAPPS, Ms. LORETTA SANCHEZ of California, Ms. SLAUGHTER, Ms. WOOLSEY, Mr. BERRY, Mr. HINCHEY, Mr. CAPUANO, Mr. MICHAUD, Mr. ROSS, Mr. THOMPSON of California, Mr. ABERCROMBIE, Mr. RAHALL, Mr. DICKS, Mr. KANJORSKI, Mr. STARK, Mr. DEFAZIO, Mr. GRIJALVA, Mr. GEPHARDT, Mr. LARSEN of Washington, Mr. ALEXANDER, Mr. KIND, Ms. DELAURO, Mr. HINOJOSA, Mr. HOLT, Mr. FARR, Mr. BISHOP of Georgia, Ms. BERKLEY, Mr. REYES, Mr. ORTIZ, Mr. ISRAEL, Ms. BALDWIN, Mr. STRICKLAND, Mr. BISHOP of New York, Mr. HOLDEN, Mr. ALLEN, Mr. UDALL of New Mexico, Mr. SNYDER, Mr. CLAY, Mr. JEFFERSON, and Mr. LIPINSKI.

H.R. 3550: Mr. BERRY, Mrs. JONES of Ohio, Mr. LAHOOD, Mr. EVANS, and Mr. GUTIERREZ.

H.R. 3554: Mr. BLUMENAUER, Mr. BAIRD, Mr. HOUGHTON, and Mr. DICKS.

H.R. 3556: Mr. BISHOP of New York.

H.J. Res. 28: Mr. FORD, Ms. WATSON, Mr. MEEK of Florida, Mr. CLAY, Mr. HASTINGS of Florida, Mr. FILNER, and Mr. HINCHEY.

H.J. Res. 29: Mr. FORD, Mr. MEEK of Florida, Mr. HASTINGS of Florida, and Mr. FILNER.

H.J. Res. 30: Ms. WATSON, Mr. MEEK of Florida, Mr. CLAY, Mr. HASTINGS of Florida, Mr. FILNER, and Mr. HINCHEY.

H.J. Res. 31: Mr. MEEK of Florida, Mr. CLAY, and Mr. CUMMINGS.

H.J. Res. 32: Mr. MEEK of Florida, Mr. CLAY, and Mr. CUMMINGS.

H.J. Res. 33: Mr. MEEK of Florida, Mr. CLAY, and Mr. CUMMINGS.

H.J. Res. 34: Mr. MEEK of Florida, Mr. CLAY, and Mr. CUMMINGS.

H.J. Res. 35: Mr. MEEK of Florida, Mr. CLAY, and Mr. CUMMINGS.

H.J. Res. 42: Mr. EVERETT.

H.J. Res. 56: Mr. SMITH of Texas, Ms. GINNY BROWN-WAITE of Florida, Mr. CANNON, and Mr. HULSHOF.

H.J. Res. 62: Mr. BISHOP of New York and Mrs. MCCARTHY of New York.

H. Con. Res. 15: Mr. FOLEY, Mr. MCCOTTER, and Mr. VITTER.

H. Con. Res. 30: Mr. GEPHARDT.

H. Con. Res. 37: Mr. SOUDER, Mr. GREEN of Texas, and Mr. VAN HOLLEN.

H. Con. Res. 37: Ms. SOLIS.

H. Con. Res. 234: Mr. LANGEVIN.

H. Con. Res. 242: Mr. GOODE.

H. Con. Res. 275: Ms. BERKLEY.

H. Con. Res. 304: Mr. ROHRABACHER, Mr. BOSWELL, Mr. OLVER, Mr. BROWN of Ohio, Mr. ISRAEL, Mr. WELDON of Pennsylvania, Mr. SCHIFF, Mr. JOHNSON of Illinois, Mr. GARRETT of New Jersey, Mr. FRANK of Massachusetts, and Mr. LANTOS.

H. Con. Res. 311: Mr. WAXMAN and Mr. RANGEL.

H. Con. Res. 317: Mr. FROST.

H. Con. Res. 324: Mr. FOLEY.

H. Con. Res. 326: Mr. LINCOLN DIAZ-BALART of Florida, Mr. LANTOS, Mr. SMITH of New Jersey, and Mr. CROWLEY.

H. Con. Res. 327: Ms. LEE, Mr. MCDERMOTT, Ms. BALDWIN, Mr. TANCREDO, and Mr. BROWN of Ohio.

H. Con. Res. 331: Mr. FLAKE.

H. Con. Res. 332: Mr. COLE, Mr. ANDREWS, and Mr. RUPPERSBERGER.

H. Res. 60: Mr. TANNER.

H. Res. 157: Ms. MCCOLLUM, Mr. WAXMAN, and Mr. SOUDER.

H. Res. 268: Mr. JACKSON of Illinois.

H. Res. 302: Ms. JACKSON-LEE of Texas and Mr. KENNEDY of Rhode Island.

H. Res. 320: Ms. SOLIS.

H. Res. 371: Mr. KNOLLENBERG and Mr. TANCREDO.

H. Res. 382: Mr. TOWNS, Mr. BERRY, Mr. MCGOVERN, and Mr. GRIJALVA.

H. Res. 389: Ms. LOFGREN.

H. Res. 402: Mr. DELAHUNT.

H. Res. 419: Mr. VAN HOLLEN.

H. Res. 440: Mr. DOGGETT.

H. Res. 445: Mr. PALLONE, Mr. DAVIS of Alabama, Mr. OBERSTAR, and Mr. BROWN of Ohio.

H. Res. 446: Mr. KINGSTON and Mr. GARRETT of New Jersey.

H. Res. 453: Mr. STEARNS, Mr. FRANK of Massachusetts, Mr. GARRETT of New Jersey, Mr. SOUDER, Mr. KING of New York, Mr. MCGOVERN, and Mr. STRICKLAND.

H. Res. 455; Ms. DUNN, Mr. GILCHREST, Mr. OSBORNE, Mr. WILSON of South Carolina, Mr. TIAHRT, Mr. BOOZMAN, Mr. MCCOTTER, Ms. GRANGER, Mrs. KELLY, Mr. BALLENGER, Mr. SAM JOHNSON of Texas, Mr. SHADEGG, and Mrs. MILLER of Michigan.

H. Res. 460: Mr. BOEHNER, Mr. CAMP, Mr. REGULA, Mr. CHABOT, Mr. HOEKSTRA, and Mr. STUPAK.

H. Res. 461: Mrs. NAPOLITANO, Mr. SANDERS, Mrs. MALONEY, Mr. FILNER, Mr. ABERCROMBIE, and Mr. FROST.

PETITIONS, ETC.

Under clause 3 of rule XII,

45. The SPEAKER presented a petition of the Legislature of Rockland County, NY, relative to Resolution No. 500 of 2003 petitioning the United States Senate to pass the Kennedy-Dodd Head Start Bill (S. 1483) or, in the alternative, pass the Alexander Head Start Bill (S. 1474); which was referred to the Committee on Education and the Workforce.

DISCHARGE PETITIONS—ADDITIONS OR DELETIONS

The following Members added their names to the following discharge petitions:

Petition 2, by Mr. JIM MARSHALL on House Resolution 251: David Vitter.

AMENDMENTS

Under clause 8 of rule XVIII, proposed amendments were submitted as follows:

H.R. 3482

OFFERED BY MR. PETERSON OF MINNESOTA

AMENDMENT NO. 1: Page 4, after line 24, insert the following:

(d) LIMITATION.—The Secretary may not award a grant to a State under this section if the laws of the State treat residents and non-residents differently with respect to the period in which an individual may engage in hunting or taking of migratory birds which are water fowl.

Page 5, line 1, strike ''(d)'' and insert ''(e)''.

Page 5, line 4, strike ''(e)'' and insert ''(f)''.