help the States to make sure that they do not cut back; tax credits; increase in the Pell grants. What do you want?

If you are a student and you want certain things, then you have to get out and participate in the system.

Mr. MEEK of Florida. As we close here tonight, I want to thank the gentleman from Ohio (Mr. RYAN) and the gentleman from New York (Mr. MEEKS) and also the gentlewoman from California (Ms. LINDA T. SÁNCHEZ) for their assistance and help here today.

We ask American people to continue to tune in and communicate with us. I want to commend the gentlewoman from California (Ms. PELOSI) for putting this together. We thank the Speaker for the opportunity to address the House and the American people tonight.

CHANGING MEDICARE

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

Mr. PEARCE. Mr. Speaker, I thank the body for allowing me to come and address them tonight.

America is absolutely a magnificent place. I was one of six children growing up on a small five acre farm just south of Hobbs, New Mexico. My father worked in the oil industry as a roustabout. We were not poor but we definitely did not have as much as many families have. And to have the six children graduate from high school and go on to college, and for each one of us to become successful in our own ways, to be blessed with the opportunity to serve in this House of Representatives, is truly one of the great blessings that this country offers.

My wife and I were able, about 14 years ago, to make a down payment on a business. And in this country we were able to pay that business off and able to build that business from four employees to 15 employees because of the tremendous opportunities that this country has.

One of the things that became obvious to many people in the last several years is that with all of the opportunities and with all of the hope that is there were still things that needed to be done.

Last year, as many as 75 percent of Americans said that we needed to pass a prescription drug bill. Mr. Speaker, when I got here to Congress, I began to look at the Medicare program. And one of the things that struck me was that both Democrat and Republican analysts, the economists, both forecast tremendous difficulties in the financial part of Medicare within the next 4 to 10 years, depending on which economists you talked with.

So it became obvious to me that we had two significant problems. We had a need for a prescription drug plan because America's seniors were having to choose between food and medicine, and we had a Medicare program that faced insolvency, some say earlier than the 2017 projected by the trustees of the Medicare program. At any rate, whichever figure that you use, the tremendous financial difficulties faced by the budget created by the Medicare problems needed facing.

As a business owner, I was not about to sit by idly and let that train wreck come toward me. We began to address the problem. So these were the two things that we put into a bill. The prescription drug bill and we began to reform Medicare in order to have Medicare available to the next generations and to the generations beyond that.

Now, we wanted to craft a bill that was entirely voluntary. That was very important. Many of our seniors wanted a choice. They said we want a choice but do not mandate the choice. Make the choice voluntary. So that was one of the elements that we put into this bill, that it was entirely voluntary. Seniors can choose to participate or they can choose to stay exactly as they have been.

Now, in my own marriage we are a couple that would probably split our choices because I do not like change. I am like the seniors that do not want change, but my wife every day reads all she can about medical literature. She reads all she can about the different medicines that are available. Myself, I just want to know what ones I am supposed to take and I will keep taking it. So I think that in our marriage that my wife and I represent the two different choices that seniors told us that they would like to have in, and this bill allows both camps to have it the way they would like to.

Now the reform process that we have put into place was significant. For the first time under Medicare, we are able to give physicals, people entering into the Medicare program will have physicals. And if there are problems that are noted, then Medicare can pay for those problems to begin curing because another reform that we have put in is that for the first time we are allowing disease management instead of waiting until the problem becomes catastrophic, which was the old method under Medicare. We are now proactive in dealing with the illnesses out front in allowing the physicals, but then also allowing disease management.

Now, under this program, another reform that we put into place is that we now allow screenings for cancer. We allow screenings for diabetes. We all know that if you screen and detect early, that the cost of cure and the cost of remedy is less than if you wait until the catastrophic point. Not only is the cost less, Mr. Speaker, also the survivability is much greater. So there are many reasons that we felt reform was desperately needed in this plan and we have addressed those one by one and put deep reforms into this plan so that Medicare could begin to lower its costs currently while offering better care, greater survivability, and offering financial stability into the next generation and the generations beyond.

Now, I mentioned that we wanted competition in this bill and we got competition. Seniors are going to be allowed to choose private parties if they would like that, but they are allowed to stay in Medicare as they know it if that is what they want.

Now, there has been much hubbub, Mr. Speaker, many of our friends on the other side of the aisle declare that this bill is full of corporate welfare. Now, what they are trying to cover up is that we have made some very good decisions. Many of the seniors in this country have retiree benefits. My father is an example. He retired from Exxon and has medical benefits through that retirement plan. Almost always when seniors tell me that they want us to not mess with their retirement benefits, they are hoping that their company will continue retirement benefits into the future.

What we did in this bill, Mr. Speaker, that is described as corporate welfare, is we gave an incentive to those companies who have retiree benefits. We are willing to pay almost a quarter or maybe a little bit more if the companies will keep those plans in place.

Now, we will tell you, Mr. Speaker, that before we put in plan into place in the bill, 40 percent of the Nation's companies that offer retiree benefits were scheduled to drop them or delete them. After we passed the bill, that 40 percent dropped to 16 percent.

Now, keep in mind that if the retirement benefit has dropped, is dropped by companies, that the Federal Government will pick up 100 percent of the costs as those people transition from retiree benefits over into Medicare.

To the Republicans in the House, it made sense that we would do what we could to encourage companies to hold those retirement benefits because our seniors liked them, but also they are cheaper for the Federal Government. So it can be described as corporate welfare if you would like, but the greater and deeper understanding is that we wanted to create an incentive which would allow companies just the possibility of extending retirement benefits.

One of the most dramatic things we did under the bill, Mr. Speaker, is we put a health savings account in. Health savings accounts are a fairly simple process. It is a medical IRA. You can put money in tax fee at any age. You build up interest on it tax free. You can take the money out tax free at any age if you use it for medical purposes. And then you can pass it on to the next generation if you do not use it, and the next generation has a head start on the cost of their medical care.

Mr. Speaker, the health savings account can, by itself, revolutionize the way we buy and spend our health dollars in this country today. The health savings account can be used for medical purposes which are described very broadly in this bill. It can be used to

pay for premiums. You can buy your insurance through your health savings account.

□ 2145

You use it to pay for deductibles. You can use it to pay for office visits, emergency room or prescription drug costs.

Mr. Speaker, I would tell you that my company that my wife and I had built, if we still had that company, I will tell you that we would give the bonuses that each year we gave to our employees, instead of writing the check to the employee, we would have put it into their health savings accounts. Typically, we would have put $2,500 or $3,000 into our employees' accounts each year. Then it probably also would have lowered their take-home pay, and we would put that money over into the health savings account so that we reach the maximum of $5,000 per year per account.

After we had put 5 to 10 or $15,000 into the account, we would then start shopping for insurance which instead of having a $500 deductible, it would have had a $2,500 deductible or $3,000 deductible. It is at that point that the insurance costs begin to collapse, usually to about one-quarter of what they are. So that $3,000 deductible, maybe the insurance rates might fall from $500 per month down to $100 or $150 a month.

As we compress the cost of health insurance, Mr. Speaker, more of our young couples will opt back into buying health insurance; and the young people in the system, those who use it the least, make our health insurance system more stable.

Again, another thing that, of course, we did in this plan is we built the prescription drug benefit into it. Basically, we wanted to make sure that the people of low incomes were treated as well as we could, and then people of higher incomes would receive a different treatment. We simply split that up in order to allow the government to pay for it. If we had given the same prescription drug benefit to all people, as our friends on the other side of the aisle have suggested, the cost would have been driven from about $400 billion to $1 trillion. We felt like that for the future generation's sake that we must watch the cost on this bill as much as possible.

So for our seniors, at 150 percent the rate of poverty and less, that is about $18,000 for a married couple, we have no gap in coverage. They are covered at 75/25. That is, government pays 75 percent; the participant pays 25 percent. And that is up to about $5,200, at which point we said we think that is catastrophic coverage and we will begin to cover it at 95 percent of everything above that upper threshold, the cap of the program.

The cap is available to all income levels because we did not think anyone should risk losing their house and home. If you have more than $18,000, if you are more than 150 percent the rate of poverty, then we have a different program. Up to $2,200, you again have the 75/25 split, the government picking up 75 percent, the participant 25 percent; but then there is the gap in coverage that has been so demonized by our friends on the other side of the aisle. We put the gap in simply to allow the bill to be paid on this, the Medicare bill to be paid by the government.

My mom is an example of someone who falls into the gap. So I called her before we voted the first time on this, Mr. Speaker, because I, like other Members, still go home for Thanksgiving dinner and need to talk to my mom when I get there. I felt it best to address the issue up front. So we called her and asked. Her response to me was, Son, we have been blessed more than most people. We are not rich, we are not wealthy, but we have a pension that comes in from Exxon. We think that if we can pay more we should pay more.

It helped me to make up my mind on this bill, to vote for that famous gap that people are talking about, which simply is an effort to make this bill affordable to this generation and the next generation, but the prescription drug benefit again is voluntary. You have the ability to opt in or the ability to opt out of it, but it is available for all.

Now then, that program starts in 2006, Mr. Speaker; and so we wanted to do something for our seniors that are currently facing the desperate need to pay for their prescription drugs. We have this year and next year a $600 card for those people at 150 percent the rate of poverty or less. Those people get the $600 card, which is just like a credit card and can be used to pay for their prescriptions. We felt that the people on the lowest end of the income spectrum needed attention immediately, and we did give that.

Also, one of the reforms that we built into this Medicare bill was income as it relates to Medicare. It is a very high income relating but still not only in the prescription drug bill; but in the Medicare portion of it, we felt like it was needed to begin to control costs so that Medicare is available to the next generation and the generation beyond.

There were some leveling mechanisms that we also put into this bill. Mr. Speaker, I campaigned, talking about the need to reimburse all States equally. Before this bill, an urban State received higher reimbursement than a rural State for the same procedure. If a person went into a hospital in New Mexico and had a procedure done, Medicare would reimburse at a lesser rate than if they went into the hospital in New York City. I campaigned saying that we needed to level those two amounts, the reimbursement amounts, and we did that 100 percent for the hospitals. The hospitals in rural areas now receive the same reimbursement for procedures that hospitals in urban areas previously did.

I will tell you, Mr. Speaker, that another important thing in this bill for New Mexico was the fact that we addressed the border question. By immigration law, when a person comes to the border, immigration law says that the nearest hospital will take that person and cure any medical deficiencies that they have. If the Federal Government is going to mandate that, and my district is on the border, then the Federal Government needs to help pay the bill, because I have hospitals in my district that have been greatly penalized by this requirement that should face all of us if it is a Federal law but instead was being faced just by the border hospitals. There is $1 billion in this bill, Mr. Speaker, that helps to defray the cost during the next 4 years that border hospitals have faced dealing with this immigration question.

Mr. Speaker, we also recognize that disproportionate share hospitals, the DSH hospitals, should receive greater reimbursement in this because they deal with a greater percentage of Medicare patients. If that is the case, then DSH hospitals, the disproportionate share hospitals, are receiving also a little more help under this bill.

Mr. Speaker, we have done dramatic work in this bill. I will tell you that the enrollment process for the prescription drug card began just yesterday. First of all, let me share, Mr. Speaker, with the House the enrollment process. You can get enrollment information from your local pharmacy or on the Web site, www.medicare.gov. That is www.medicare.gov, or you can call a toll free number of 1–800–MEDICARE, and you should receive packets in the mail from your local drug card sponsors. You can log on to the www.medicare.gov or call the 1–800–MEDICARE number to find out if you qualify for a prescription drug card and which card will benefit you the most.

To enroll in a Medicare-approved discount card program, beneficiaries must first select the discount drug card that best meets their needs. They then will submit basic information about the drug coverage status to select a drug discount card program. You will turn in your ZIP code, the drugs that you are currently taking, and how far you are willing to drive to your pharmacy, and then you are told how much that it is going to cost you.

Mr. Speaker, I received information just yesterday about the first person who was able to sign up for one of these cards. This person was 85 years old. She lives in New Mexico. She gets a $400-a-month Social Security check. Her prescription cost is $409 per month. Mr. Speaker, she is the target that we had in mind when we built this bill: people of low incomes, modest means, who are paying almost everything out for medicines that they take in.

She called the 1–800–MEDICARE to find out if she would benefit from a prescription drug card. She told them which medications she used, how much she paid for them, which pharmacy she wanted to go to, how much her Social Security check was, and what current

benefits she had. They used all of her information to determine which prescription drug card would benefit her.

Mr. Speaker, I myself felt like we had passed a good bill; but when I got the information from this lady in our State in New Mexico, I knew that we had done a good job.

Mr. Speaker, we have not yet gotten into the heart of the competition; yet this woman in New Mexico, a retiree, 85 years old, $409 a month in medications, with her card, her cost is going to be $13.61. Mr. Speaker, this is the value of competition. It is this competition that the Republicans in this House wanted to unleash and to get active in people's lives, allowing competition, not the government, to drive down the prices that we find our seniors paying.

Mr. Speaker, I will tell you that there was great debate. People wanted the Federal Government to negotiate for prices. Much was made of the fact that we did not have the government negotiating prices. Three of the letters that are most hated in the alphabet by our seniors are HMOs. When I go to town hall meetings, I hear the anger at HMOs because the HMOs have someone sitting in a room somewhere that is not a physician, who is telling them what medical procedures they can have and what prescriptions they can have.

Mr. Speaker, I will tell you that in the debate of whether or not the Federal Government should be buying medications and redistributing them, I felt like the competitive model was going to be the most powerful, and when I see that the competitive model that we have unleashed in this bill drives the cost from $409 a month to $13.61 per month, I know that we have chosen correctly. I do not think that the government could buy and distribute medicines that well. If we think the government can do it, then we think that the postal service is going to work efficiently tomorrow. I myself do not feel that way.

Mr. Speaker, I am joined tonight by good friends and colleagues of mine. We have got the gentleman from Georgia (Mr. GINGREY) and the gentlewoman from Florida (Ms. GINNY BROWN-WAITE). I would welcome them to the discussion and would ask that the gentlewoman from Florida (Ms. GINNY BROWN-WAITE) take the floor, make any comments that she would have, and then allow her to turn the floor to the gentleman from Georgia (Mr. GINGREY), who is a physician; and I would like to continue this discussion of the Medicare bill and the things that they are finding in their districts.

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I thank the gentleman from New Mexico for yielding.

Coming from Florida, we obviously have a large number of seniors; and particularly in my district, we do not have wealthy seniors. The interim prescription drug card that is available, that began to become available yesterday, is a great benefit for so many of my constituents.

A lot of times there is a great fear of the unknown, and I think it is exactly what happened. I think that some of our colleagues on the other side of the aisle in the Democrat Party had so frightened seniors that these cards were not going to be sufficient and that sufficient savings were not going to take place.

I have heard very positive comments from seniors in my district that the Web site is easy to navigate on. I actually, like you, also called Medicare because I wanted to make sure that there was not a big backlog or a long waiting period before you got a real person on the line, and that absolutely is not the fact. It is a very efficient system. There are operators standing by, and that number again is 1–800–MEDICARE, and you simply tell them your ZIP code and the number of prescriptions that you are taking now, and they will help you to navigate through which card is best for you.

I think it is important that Americans realize that, first of all, this is a voluntary prescription drug plan. It is not mandatory.

□ 2200

When one looks at the prescription drug cards, certainly it is not a one-size-fits-all scenario, nor should it be. Many people in my district have Tricare for life and/or they have retirement benefits from when they were employed, and they are happy with those. We want them to keep them. That is very important. I know that I worked with the two gentlemen here this evening, one from Georgia and the other from New Mexico, to make sure that we encouraged employers to continue to offer those benefits. How do we encourage them, with a tax-free subsidy.

I believe that the number of employers who will stop health care coverage to retirees, that the number of those that will stop will severely dwindle. I recently had a constituent come to me, and I am originally from New York. He had worked for a major power company there. He was so afraid that they were going to drop their coverage. Well, I called the power company for him as I told him I would do, and asked them exactly what their plans were, and explained the 28-cent subsidy tax free that they will receive. They have looked at the tax-free subsidy, they have no intention of dropping their coverage, and the constituent is very happy to know that the company that he had spent well over 35 years working for is going to continue the retiree coverage. As we worked on this bill, I know to many of us that was a very important factor.

I also visited the Web site, and here are a few examples of what I found on the Web site. For example, Lipitor, a common drug used to curb high cholesterol, according to the Medicare Web site, 17 Medicare discount cards are available to constituents living in, for example, Brooksville in my district, who take Lipitor. Most of the cards are accepted at over 8 different pharmacies within a 10-mile radius. Today, for example, seniors living in Dade City, Florida, are paying up to $87 for a 30-day supply of Lipitor. However, beginning in June, some of the cards will offer a 30-day supply for as low as $67. Many of the cards have no enrollment fee. That is a savings of $20 a month.

Another very common drug is Zyrtec, which is taken for allergies. Seniors in Crystal River are paying $86. According to the Medicare.gov line, one prescription discount card will only charge $58 a month for Zyrtec with no enrollment fee, and that means a $28 a month savings. There are many other examples of some of the other prescription drugs that also have savings, and I added some of them up. For example, Zyrtec, Lipitor, and Prevacid, which is used for acid reflux disease, the Prevacid, they actually will save $50 a month on by using the prescription drug cards. When we add all of this up, that is a savings of $350 a year, and that is if they are not low income. It is $350 this year, and $700 in 2005, and that is just for one prescription. If a senior took all three of these, they would save almost $600 this year. When you combine 2004 with 2005, it would be $1,100.

That is why I absolutely cannot understand why our colleagues on the other side of the aisle who are supposed to be so concerned about the poor in our Nation have absolutely no concept of the benefits that this prescription drug bill will bring to every constituent.

As I went around in my district when we were off during April, I had many town hall meetings, and there were some things I said to people who said I do not need the plan, I have a great plan or I am on Tricare, I am covered for life, I am fine, no thank you. I said to them, well, for your friends and neighbors or maybe later in life you decide this is a good plan for you, but there are some great benefits in there for those on Medicare. For example, they will have a Welcome to Medicare physical exam that never before has been available.

There was scheduled by a previous Congress, not one that any of the three of us belonged to, but there was scheduled to be a Medicare home health copay. That copay for home health care, which is so necessary when someone comes out of a hospital setting, and they are coming out of hospitals a whole lot sooner now, and they go to the home, and having home health care is such a blessing because it helps them to be in their home where they will recuperate better and also have medical supervision. There was a copay scheduled to be to go into effect. The copay scheduled has been scrapped by the Medicare Modernization Act.

Additionally, there was a $1,500 physical therapy, occupational therapy and speech therapy cap, a total of $1,500 a year for all the therapies. If you broke your wrist, $1,500 worth of therapy

might be okay; but Lord, if you have a stroke, you need all three of those therapies. You need physical, occupational and speech therapy, and $1,500 was just the tip of the iceberg for the needs of those who had had a stroke. We eliminated that very arbitrary and cruel $1,500 therapy cap which another session of Congress had imposed.

Additionally, doctor reimbursement. Physician reimbursement was scheduled to be cut by 4.5 percent. I was hearing, as were many of my colleagues in Congress, hearing that doctors were going to withdraw from Medicare because they had an unusual phenomenon of their Medicare reimbursement was going down and their expenses were going up, certainly including malpractice insurance. Those two storms, if you will, of rising costs and lower reimbursement were a problem on the horizon that this bill took care of. We did not cut physician reimbursement, we actually increased it by 1.5 percent so physicians are staying in the Medicare program.

With so many seniors in Florida, it is so important that we have adequate physicians, and it is funny the gentleman should mention the HMOs. In my area, so many of my constituents love HMOs. I actually was at an event last night in Lake County, and she said to me, What are you going to do to get some HMOs here? They had lived in another county that had a lot of HMOs, and she really appreciated HMOs and wanted to know when we were going to have an HMO in Lake County. I explained that is not something that the government mandates, but here is an example of somebody who is very happy with an HMO, and I have heard that from many of my constituents.

But for those who live in counties where HMOs are, this bill also increased the reimbursement to HMOs and mandated that they either increase the benefits to those subscribers who are in HMOs or that they cut the costs. In my area, in the Tampa Bay area, we have a variety. Some added services, and others cut the monthly subscription fee. So many people are very glad that the HMOs are being adequately reimbursed in this bill for those who love the HMO concept.

Mr. PEARCE. Mr. Speaker, I yield to the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY. Mr. Speaker, I appreciate the gentleman from New Mexico (Mr. PEARCE) bringing this timely discussion before Congress. As the gentleman has so carefully pointed out, it was yesterday, the very first day that seniors would have an opportunity to go, as the gentleman mentioned, on the Web site or pick up the telephone and just dial 1–800–Medicare, and find out which prescription drug discount cards are offered in their area. You just put in the ZIP Code. For me it is 30064 in Cobb County, Georgia. You find out which cards are offered in your area, and where is the closest drugstore which accepts one of these prescription discount drug cards. We had a great turnout. We probably had 60 seniors at the senior center in my district, the 11th Congressional District of Georgia. I think they were very pleased. There were some great questions.

And certainly this bill, if you look at the whole of it, and my colleagues have explained it very well tonight, yes, it can be a little bit confusing and that certainly is true. A lot of people, as mentioned, do not like change, and it is going to take a little while to get used to this, but help is there. The Secretary of HHS has hired an additional 1,400 people on the Medicare system just to man these call centers. Yes, those jobs are new jobs created in this country, they are not outsourced jobs. These people are sitting in front of a computer, and seniors who are not so comfortable sitting in front of a computer, all they have to do is respond to the questions, and they will get a list of the cards and they will put in the medications they are on, maybe it is 3 or 5, and the dose, and how many times a day they take those medications, and they will be able to compare.

If there are three cards available in their area, they will know how much discount they get on each one of those prescriptions. Obviously, they will want to choose the card that gives them the best deal.

I want to commend the gentlewoman from Florida (Ms. GINNY BROWN-WAITE) because when we first were discussing this bill, how about these pharmaceutical companies that offer discount cards, and usually they give these discounts and incentive programs to those people that the gentleman from New Mexico (Mr. PEARCE) was talking about, those that are on a fixed income, living at or near the Federal poverty level, so the pharmaceutical companies have helped in that regard. Typically, though, they only offer discounts on the drugs that they sell.

What I tell my seniors, as they look for the Medicare discount card, and maybe it covers 2 out of the 3 medications that they are on that gives a good discount, but on the third, if it does not, it may be that they have a discount card from that pharmaceutical company that makes that drug, and so they can use their cards in combination. Much credit for that goes to the gentlewoman from Florida (Ms. GINNY BROWN-WAITE) because she made sure that these companies submitted letters. As we were debating passage of the Medicare bill with the prescription drug benefit part D, she ensured that these companies pledge not to drop these programs, and I certainly commend her for that.

Mr. Speaker, one thing more I want to say about this bill. You have heard the expression that a group can accomplish great things, a team can accomplish an unlimited number of things if nobody cares who gets the credit. Now that is true, but I am, unfortunately, learning more and more in politics all too often it is really about who gets the credit. Politicians care too much, especially in a Presidential election year. Some of the opposition we are getting from the other side of the aisle as we debated that bill, and even now, it reminds me of the 2000 Presidential election.

I would say to them, do not go back to that sore-loser mentality. Get over it. Republicans and this President passed a bill that you guys were never able to pass. You made a promise, but you did not deliver on it, and now you are mad because this President did deliver on his promise, and this Republican-led Congress have finally given the seniors something that they have desperately needed.

□ 2215

But I would say to my colleagues on the other side of the aisle, join with us, take some of the credit. Indeed, a number of my colleagues on the other side of the aisle voted to support the bill. But to continue to scare seniors, to talk about this new Medicare Modernization and Prescription Drug Act that my two colleagues have so carefully outlined the benefits of, to say that that is a fraud on the seniors and it is just an election-year ploy or a sellout to the pharmaceutical industry, this is unconscionable, to scare these seniors. And when we talk to them in our districts, of course, we have to spend maybe the first 15 minutes of the hour trying to overcome some of that negative, inaccurate Mediscare rhetoric.

I would say to my colleagues, it is time. Embrace this bill. It is a wonderful thing. It is not perfect. Few bills are. I do not think I have ever seen any that did not need at some point some tweaking. But it is a great step in the right direction; and as the gentleman from New Mexico has so clearly stated, it gives the best benefit for the seniors who need it the most. In fact, it is an absolute godsend for seniors who have to choose between medication and food and utilities and a roof over their head. That is the safety net.

Yes, we wish we could do more; but as has already been stated, instead of costing, whether you estimated this at $400 billion or $520 billion, what the Democrats wanted to do on the other side of the aisle would have cost $1.75 trillion. Of course, we would like to be able to afford to do these things, but at a time when we are trying to win the war in Iraq and equip and protect our troops and shore up our Department of Homeland Security, there is just not enough money to do that.

I would say to my colleagues, get on board, join with us, take some of the credit and you will deserve it.

Mr. PEARCE. I thank the gentleman for his comments and the gentlewoman for her comments. They both pointed out many things that we really should be discussing. I have seen the Mediscare tactics that are used in my State. In fact, State officials are going around and trying to convince senior

groups that in fact this is not a good plan, but they are sledding against heavy opposition because the seniors themselves have been reading the bill. The seniors have looked at the endorsements of this bill. I think the endorsements were a very key part of not only passing the bill but feeling comfortable with passing it.

We are endorsed, of course, by the AARP. Almost all of the hospital associations endorsed this. The physician associations endorsed this. The prescription manufacturers endorsed it. One group after another and maybe either the gentlewoman from Florida or the gentleman from Georgia can tell me exactly, but I think there were over 130 endorsements of groups that cater to seniors and watch out for seniors, saying at the end of the day, this bill is a good bill. So it was with some comfort that I voted for it.

There are questions that come up about this bill when we are talking, people get concerned about the reimportation and why we cannot reimport drugs from other countries and why we did not put the reimportation of drugs into this bill. Mr. Speaker, I would remind this body that about 2 weeks ago we saw on the evening news, in China, a firm that was distributing counterfeit formula for infants, and we began to see hundreds of infants dying and hundreds of infants sick because there was a counterfeit drug used. I will tell you, Mr. Speaker, the last question that you have to ask is if we allow the wholesale reimportation of drugs, are we going to have those same counterfeit problems on our shelves here as China saw? At the crux of the problem is the security that we face when we purchase anything from our drug stores on the shelves of our stores. Mr. Speaker, that is one of the most important concepts that seniors ask about and there was a very good answer and a very sad answer given on that evening news report.

The one piece of legislation that as we look at our medical facilities, as we look at our medical costs, as we look at the ability of physicians and hospitals to provide care, the one thing that we need to have passed, Mr. Speaker, and I am sure the gentleman from Georgia will concur, is we need medical liability reform. The personal injury lawyers are driving up the costs of medicine, but they are driving providers out of business. We have been told, Mr. Speaker, in my district in one town we may not have an OB-GYN left in the town and it is a town of about 75,000, that there will not be an OB-GYN left in that town by the end of the year because of the threat of lawsuit. Mr. Speaker, one of the desperate problems that we must cure is the lawsuit abuse that is occurring in this country. No one person would watch while there was no remedy in our courts. What is going on right now is not a remedy. It is considered a lottery. The trial lawyers feel like they have a lottery, and they have access to everyone who provides medical coverage in this country, and it is literally driving the costs up too high to continue to practice.

I yield to the gentleman if he would like to discuss this.

Mr. GINGREY. I appreciate the gentleman yielding. Of course, that is a peripheral issue; but certainly it is an issue of great concern. I thank my colleagues, Mr. Speaker, on both sides of the aisle in the House when over a year ago, in fact, H.R. 5, the HEALTH Act of 2003, was passed in this Chamber. What I will always stress, Mr. Speaker, is that the medical liability reform issue, tort reform, if you will, is really all about balancing the playing field, leveling the playing field. I think that is our responsibility as Members of this Congress, to always try to have a balanced playing field and not to give one side a tremendous, unfair advantage to the detriment of the majority. I think that is what is happening now in our legal justice system, particularly in regard to the practice of medicine.

Again, I do not, Mr. Speaker, try to paint with a broad brush every good attorney in this country and some of whom, yes, practice personal injury law and represent their clients well, but there are so many frivolous lawsuits; and as the gentleman from New Mexico says, it is causing us huge problems of access. The bottom line is not so much the physician's bottom line, but it is the patient's bottom line. Of course, when a doctor stops his practice, Mr. Speaker, as the gentleman mentioned so many are doing in his district in New Mexico, it is not just a loss of a physician. It is also maybe a loss of 15 or 25 jobs in his or her office. It is a huge issue.

I appreciate the fact that the gentleman mentioned it in the context of talking about health care, talking about the Medicare Modernization and Prescription Drug Act. It is all interrelated. This President and this Congress can understand that, this Republican leadership, Mr. Speaker. That is why we wanted to get these things accomplished. We are unfortunately continuing to wait on the other body. But we did get this Medicare bill passed, in fact, by a large majority of the other body.

As I was saying earlier, it is time for our colleagues to get on board. Take some of the credit for some good that you have done even though we had to drag you kicking and screaming. I do appreciate the gentleman bringing it up.

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, it has been said that the cost of litigation drives up health care costs by 25 to 30 percent. It not only drives up physicians' costs and hospital costs but also pharmaceutical company costs because so many times there are extremely expensive lawsuits that are out there. Whether the lawsuit goes completely to court or whether it is settled out of court, all of this drives up the cost of health care. A lot of times, constituents will say to me, well, that medicine was actually patented 5 years ago. Why are they continuing to increase the price? It is a lot of times because of litigation that is ongoing that drags on for absolutely years.

When I was a State senator in Florida, I accomplished some tort reform in the area of nursing homes because we had nursing homes leaving the State. Accomplishing tort reform is a very difficult job. There is a very delicate balance there. You want to make sure that those who are harmed by an egregious act, that there is a method for compensation for them. But the number of frivolous lawsuits has gotten so out of hand. My constituents will come to me and say, isn't there some sort of law against filing frivolous lawsuits? In Florida we actually have a law. Does the gentleman know how many times judges have imposed fines on attorneys for filing frivolous lawsuits? There was one judge. It was an amount of money that he fined the lawyer that he could take it out of his wallet and hand it to the judge that day. Obviously, there is not enough of a financial disincentive there to thwart the number of lawsuits that are filed. Again, this drives up the cost of prescription drugs.

But getting back to the prescription drug bill, passage of this bill is one way that we can help so many low-income seniors. My mother-in-law was only on Social Security. The pharmacist came to us, gave me a call and said, you know, she's not refilling her prescriptions often enough. My husband and I took over and assisted with helping her with her prescription drug costs. But there are so many families out there who cannot or will not for some reason help their elderly parents or grandparents. The passage of this bill gives seniors dignity because they do not have to turn to their children. I think that is an important concept that we may have not promoted enough and that certainly the other side is missing. For somebody who only has Social Security, you cannot afford car payments and insurance payments and your rent and food and buy those prescription drugs. Believe me, my mother-in-law is not atypical. There are so many seniors who are in exactly that situation, older teachers who outlived their pension, just a lot of seniors who only have Social Security or very, very small pension amounts. They will fall into this category of a single person with $12,568 or a couple of $16,861. There are so many people who will benefit from this.

I say shame on the Democrats in this House for not promoting this bill in their districts, for again engaging in the Mediscare tactics of the past.

Mr. GINGREY. Just on that thought, the other side of the aisle always takes a lot of credit for being the party of women's rights. Yet they are certainly overlooking a tremendous women's right in regard to this particular bill, and I think the gentlewoman from Florida was just alluding to that.

Women live 4 or 5 years longer, maybe 85 years compared to us male counterparts, about 81 years. Many of them who work get into the workforce a little bit late in life, maybe they are choosing to raise a family, to be a mom, to be a grandmom; and they never quite catch up in their income level, even though in some instances they are doing the same work. And so more of them, a disproportionate share of women are the ones who are living and many times single at or near that Federal poverty level. They have got, Mr. Speaker, a great deal of health care needs, of course, and a lot of prescriptions, whether it is something for osteoporosis or high blood pressure, cholesterol or maybe even chemotherapy to control cancer. They are in desperate need.

So I say to my colleagues across the aisle, if you want to truly be the party of women's rights, then you certainly ought to support this bill.

Mr. PEARCE. I thank the gentleman for his comments and the gentlewoman for her comments. Women are the great beneficiaries, and a tremendous number of the people who will participate in this prescription drug program under Medicare will be women because many of them fall in the lower income strata and many will qualify for the 100 percent coverage throughout the spectrum, but they have been made afraid that they are going to be the ones falling into the gap.

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The only people who fall under the gap are those who can afford it. Those with the most desperate needs get coverage all the way up and down the spectrum, Mr. Speaker. So that is an important distinction to make.

One of the things that we have not yet talked about that the prescription drug bill did, it did three things to kind of give the prescription drug makers a wake-up call. None of us would choke the prescription drug manufacturers down to nothing because they are making magnificent miracle-like drugs that are extending life and extending the quality of life. But we did three things in this bill to really get the attention of the prescription drug manufacturers just a little wake-up call, if the Members would.

First of all, we cause generics to come to the market sooner in this bill. Secondly, we give incentives for people who will use the generics to convert useage over from the more expensive prescriptions into the generic field. But the third thing that we did was to stop an abusive pattern of constantly extending patents which kept competitive prescription drugs from coming to market. A prescription drug maker gets a patent when they reinvest in a new drug. When they do the research and development and create a new pharmaceutical, they have a patent period, and what they are doing is just indefinitely extending the patent. They would go to a second patent period, a third, a fourth, a fifth, and a sixth by minor changes in their patent application. It was legal, but it was not right.

So what we begin in this bill is saying that they get one patent period, they get one extension, and no more. The effect of that is it is going to bring those competing products to the market sooner. So we did three things in this bill, Mr. Speaker, to really address the seniors' frustration with their prescription drug makers to let them know that we appreciate what they do, they do good work, they are good companies, they are good corporate citizens, but to please look at their practices just a little bit.

Access and affordability are the two parameters of care. It does not matter if one has affordability if they do not have access. This bill attempted to cure access as well as affordability. And, Mr. Speaker, I think that we have done well in our job.

I thank the gentleman from Georgia and the gentlewoman from Florida for coming out tonight. This is a very important topic, and since yesterday was the initiation point of the ability to sign up for the drug cards, those discount cards, we felt like it was important to remind the people of this House exactly what that means and what the bill means. We wanted to have a review of the process which was directed at again the two basic overarching problems. One is the need for a prescription drug benefit in this country because our seniors were having to choose between food and medicine.

The second need we were addressing is the financial difficulty that Medicare faces in a very near-term future, extending on into the very distant future. This Medicare bill and this prescription drug bill began the process of reforming the Medicare program to where its financial viability is greater to where the next generation and the generation beyond that has access to the Medicare bill. But we also put in a prescription drug benefit that has the potential to dramatically lower the prescription drug cost that our seniors will face.

Mr. Speaker, I for one am proud of the work that we have done. And as I have visited with seniors around my district, and we have had 10 or 12 town hall meetings in my district about the prescription drug bill, I find that seniors are energized and excited about what we have done here in our legislation. They are excited about what it does currently for seniors, but they are also excited about the reforms that we have made to where their children and grandchildren will hopefully have access to the Medicare plan which they have grown to love and to trust.

Mr. Speaker, I share with the gentleman from Georgia (Mr. GINGREY) and the gentlewoman from Florida (Ms. GINNY BROWN-WAITE) the pride in what this body has done.

IRAQI DETAINEES AT ABU GHRAIB PRISON

The SPEAKER pro tempore (Mr. COLE). Under a previous order of the House, the gentleman from New York (Mr. MEEKS) is recognized for 5 minutes.

Mr. MEEKS of New York. Mr. Speaker, it is hard to decide where to start in expressing one's outrage about the revelations, including the graphic photographs, that our military personnel literally tortured Iraqi detainees at a prison near Baghdad. It is even harder to know where the responsibility ends for conduct that obviously violates the Geneva Convention on care for prisoners of war and Geneva Convention on the obligations of an occupation authority.

For any decent-minded American, whether he or she supports the war or opposes the war, to remain silent about this conduct is to be complicit with this conduct. To refuse to condemn it in the strongest terms possible, to be reluctant to hold accountable not only those who did this but also those who permitted it, those who ordered it, those who created an atmosphere that encouraged it, and those who sent the signals that everything and anything goes, no matter how far up the chain of command, it jeopardizes our relationship with the entire Arab and Muslim world. We should all fear for every American soldier and civilian in Iraq whose life has been placed in jeopardy by this irresponsible behavior and, frankly, the irresponsible conduct of this war.

Before these revelations, it was manifestly clear that our Iraq policy was in deep, deep trouble. It was already clear that we faced a widening and deepening resistance. It was already clear that the administration's characterizations of the resistance as ''dead-enders,'' ''remnants of Saddam's regime,'' and ''terrorists from the outside'' did not coincide with reality. These allegations, revealed first last week by 60 Minutes II, then detailed by investigator reporter Seymour Hersh of the New Yorker Magazine, and substantiated in a courageous report by Major General Antonio M. Taguba, may have made our situation irrevocably untenable.

Think of the predicament now facing U.S. occupation this way: What would anyone anywhere in the world want to do to someone who had done such despicable acts to a family member?

The President and other senior administration and Pentagon officials have been quick to say that only a few participated in these deeds. My question is who are the few? Over the weekend, the mistreatment was said to involve only six or seven military police. Now at mid week, we are told that 17 U.S. soldiers are under investigation for their role in the abuses, including seven supervising officers who will receive an official reprimand or admonishment, six enlisted personnel who are charged with criminal offenses in