

of the House, the gentleman from Texas (Mr. BURGESS) is recognized for 5 minutes.

Mr. BURGESS. Mr. Speaker, tonight I would like to speak on the issue of the 17 percent increase in the Medicare monthly premium for the part B of Medicare. This is an increase of \$11.60 on the monthly part B premium, which places it from \$66.60 up to \$78.20 a month.

The reason, Mr. Speaker, this was necessary is under a formula, by law, the part B premium has to cover at least 25 percent of the cost of medical providers, and in fact, with medical inflation and with an increase in reimbursement to medical providers that we gave last year in the Medicare Modernization Act, this increase in premium was necessary. It reflects medical inflation; and more importantly, it reflects that slight provider increase that was included in the act.

There is no question that this increase is significant for some beneficiaries. Mr. Speaker, I have done probably 60 town halls in my district in the 18 or 20 months I have been in Congress; and, yes, when I go into my district, people will complain about the cost of the prescription drugs and point out to me the difficulties they have in meeting the obligation of paying for their prescriptions. But what I heard at virtually every town hall, without exception, was seniors who had turned 65 and asked me, how come when I now turn 65, I lose my doctor. The reason they lose their doctor is because doctors are dropping out of providing for the Medicare program because they cannot keep up with the costs that are required to keep their offices open, and as a consequence, we gave a very small increase in Medicare provider fees during the Medicare Modernization Act.

If those same patients who now see a slight fee increase in the Medicare part B premium, if the increase had not happened, in all likelihood there would have been fewer and fewer providers for them to actually see.

The fact of the matter is, Mr. Speaker, some of my colleagues quickly forget that the medical profession was facing another significant cut when we passed the Medicare Modernization Act last December, and how quickly they forget that it was necessary to ensure that seniors have access, timely access, to doctors and other Medicare providers.

The problem is that taking this out of context, the opponents of the Medicare Modernization Act, and there are many, they are only seeking to inflame the passions of people who are perhaps uneasy about their medical care anyway. But, really, what do these changes mean for seniors? What do they represent?

They represent a secured access to a provider network by providing a 2-year 1½ percent reimbursement rate increase. That is a 1½ percent rate increase for providers, not a significant amount when we consider the overall

cost-of-living increases and the fact that medical inflation itself has gone up by 2.5 percent over the past 6 months.

Seniors also get preventive screenings to begin in 2005 for new beneficiaries; and in fact, these screenings will save the patients themselves and the Medicare program at large thousands of dollars.

New diabetes screenings will begin that will save beneficiaries thousands of dollars; and to top it all off, in 2006 a prescription drug benefit does begin that will save seniors money and improve their quality of life.

But I must point out, the rate increase that was announced last week, in no way is the prescription drug benefit responsible for that rate increase. That was purely to cover the 25 percent cost that, by law, our part B premium has to cover of the provider reimbursement.

It is important for us in this body to be honest about the changes in the Medicare Modernization Act and not use instances like the premium increase to scare seniors away from Medicare; and, Mr. Speaker, I will even go a little bit further. It is also important to bear in mind that, once again, we have not done liability reform, which is one of the things that I really looked forward to when we began this session of Congress in January of 2003.

The embedded cost of defensive medicine in our Medicare system, from a Stanford University study done in 1996, so these are 1996 dollars, \$50 billion a year is spent on defensive medicine in this country because of the unfairness of the medical justice system. We have had an opportunity to fix that. In fact, we passed that twice in the House of Representatives with caps on non-economic damages. It still awaits activity over 400 yards on the other side of the Capitol. I would like to think we could get that done this year. It does not seem that it will happen. It is of critical importance that we tackle that and get that done next year.

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

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

STATUS REPORT ON CURRENT SPENDING LEVELS OF ON-BUDGET SPENDING AND REVENUES FOR FY 2004 AND THE 5-YEAR PERIOD FY 2005 THROUGH FY 2009

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

Mr. NUSSLE. Mr. Speaker, I am transmitting a status report on the current levels of on-budget spending and revenues for fiscal year 2005 and for the five-year period of fiscal years 2005

through 2009. This report is necessary to facilitate the application of sections 302 and 311 of the Congressional Budget Act and section 401 of the conference report on the concurrent resolution on the budget for fiscal year 2005 (S. Con. Res. 95), which is currently in effect as a concurrent resolution on the budget in the House under H. Res. 649. This status report is current through September 6, 2004.

The term "current level" refers to the amounts of spending and revenues estimated for each fiscal year based on laws enacted or awaiting the President's signature.

The first table in the report compares the current levels of total budget authority, outlays, and revenues with the aggregate levels set forth by S. Con. Res. 95. This comparison is needed to enforce section 311(a) of the Budget Act, which creates a point of order against measures that would breach the budget resolution's aggregate levels. The table does not show budget authority and outlays for years after fiscal year 2005 because appropriations for those years have not yet been considered.

The second table compares the current levels of budget authority and outlays for discretionary action by each authorizing committee with the "section 302(a)" allocations made under S. Con. Res. 95 for fiscal year 2005 and fiscal years 2005 through 2009. "Discretionary action" refers to legislation enacted after the adoption of the budget resolution. This comparison is needed to enforce section 302(f) of the Budget Act, which creates a point of order against measures that would breach the section 302(a) discretionary action allocation of new budget authority for the committee that reported the measure. It is also needed to implement section 311(b), which exempts committees that comply with their allocations from the point of order under section 311(a).

The third table compares the current levels of discretionary appropriations for fiscal year 2005 with the "section 302(b)" suballocations of discretionary budget authority and outlays among Appropriations subcommittees. The comparison is also needed to enforce section 302(f) of the Budget Act because the point of order under that section equally applies to measures that would breach the applicable section 302(b) suballocation.

The fourth table gives the current level for 2006 of accounts identified for advance appropriations under section 401 of S. Con. Res. 95. This list is needed to enforce section 401 of the budget resolution, which creates a point of order against appropriation bills that contain advance appropriations that are: (i) Not identified in the statement of managers; or (ii) would cause the aggregate amount of such appropriations to exceed the level specified in the resolution.