

charged American consumers far more than anyone else in the world.

This bill today would allow the Secretary to negotiate for lower-cost prescription drugs. This is a commonsense solution that could have enormous cost savings for seniors and the government. The VA Administration already does this effectively; so does every other industrialized country in the world.

My own State of Maine has led the way in implementing this approach at the State level. I have introduced my America Rx bill based on Maine's approach in the past Congresses. I am so pleased that this bill today does that same thing, and I urge my colleagues to support this bill.

THE THREAT OF IRAN AND SYRIA

(Ms. FOXX asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. FOXX. Mr. Speaker, I rise today to address the growing threat of Iran and Syria and their involvement in the current war in Iraq.

As President Bush pointed out in his speech Wednesday night, we live in difficult times and are facing types of enemies never seen before. These terrorists are bent on the destruction of Western Civilization. I am pleased the President acknowledged the threat of Iran and Syria and included monitoring the borders of Iraq as an essential part of the solution to the Iraq conflict.

Seventy percent of American casualties in Iraq come from IEDs provided by Iran. This must be dealt with divisively or we will continue to lose the brave men and women who are fighting a noble cause in the global war on terror.

In addition, intelligence estimates show that at least 32,000 people are being paid by Iran to interfere with American efforts in Iraq. It is clear we cannot win in Iraq without dealing with Iran. They are determined to dominate the Arabian peninsula with their radical and twisted version of Islam, and to defeat and humiliate the United States in our efforts to help Iraq build a strong and stable democracy to serve as a model in the Middle East.

BRING OUR TROOPS HOME

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

Mr. GRIJALVA. Mr. Speaker, I believe this Congress has a mandate from the voters to start bringing our troops home from Iraq. This is not an option that we can pursue at our leisure. This is a solemn obligation of absolute urgency.

As we speak, preparations are being made to send more of our Nation's sons and daughters to Iraq, with or without

our consent, and some are already there.

A recent headline in the Financial Times states our predicament: "Congress is helpless only out of choice." The Constitution gives this House, gives this body, if it chooses to exercise it, the power of the Federal purse. No signing statement or political calculation can erase this hard fact. And if we choose to deny that we do have this power, we do a disservice to our Constitution, our constituents, and this body.

The escalation in Iraq, as announced by the President the other night, will only deepen our involvement in this debacle.

Mr. Speaker, this war is a financial, strategic and moral disaster for this Nation. We need to bring this sad misadventure to an end and start bringing our troops home now.

The American people have clearly expressed their view on Iraq in the last election that policy has to be changed by this Congress.

VOTE "NO" ON H.R. 4

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

Mr. BOUSTANY. Mr. Speaker, I once operated on a Vietnam veteran who then needed lifesaving drugs. But the VA program was going to make him wait for 2 weeks. He had no choice but to pay out of pocket hundreds of dollars. This is completely unacceptable. And we certainly do not want the same thing for our seniors.

I urge my colleagues to support seniors and vote "no" on H.R. 4 because this legislation prevents patients from getting the medication they need. When you scratch the surface, it becomes very clear that this legislation will lead to price controls and rationing. Furthermore, the idea of government negotiation is a joke.

Mr. Speaker, this limits seniors' choices, it's not going to reduce cost, and once again it's the heavy hand of government telling people what is best for them. So I urge my colleagues to support seniors and vote "no" on this legislation.

MIKE SHAMPINE

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

Mr. HARE. Michael Shampine, U.S. Air Force veteran, city councilman, labor union activist, and my good friend and constituent sadly passed away last Saturday.

Mike and I became close friends throughout the past years. His outstanding commitment to labor, his sincere friendship and great sense of humor will be the attributes I will remember the most about him. I do not know anyone who was more committed to his community and his union broth-

ers and sisters than Mike, which was exemplified in the positions he held as president of the Decatur Trades and Labor Assembly and as the business agent/financial secretary of Roofers Local 92.

The community of Decatur has greatly benefited from Mike's exceptional years of service, especially in the ways he successfully brought together labor, business and community leaders to solve the city's problems. His efforts and contributions served as an inspiration to all of us.

To Mike's family and close friends, I extend to you my sincere condolences and hope the pain and loss you feel will become less with each passing day.

God bless you, Mike.

VOTE AGAINST H.R. 4

(Mrs. BLACKBURN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. BLACKBURN. Mr. Speaker, I rise today to voice my opposition to H.R. 4, the Medicare Prescription Drug Price Negotiation Act. We could even call it the Big Government Medicare Prescription Drug Price Negotiation Act. You know, I represent about 70,000 Medicare part D beneficiaries in my district and they deserve low-cost prescription drugs and the option to choose the plans that best suit their needs.

Part D plans have produced greater than expected savings and our Medicare beneficiaries appreciate this. They are saving an average of \$1,200 annually on their drug costs. Program costs are going to be about \$200 billion lower than expected over the next 10 years. And repealing part D noninterference will create drug therapy restrictions found in the Department of Veterans Affairs programs.

There is a lot of talk about the Veterans Affairs and comparing that to Medicare. That is like comparing apples and oranges, because the VA is a direct provider of medical services, where Medicare part D is an insurance program for our seniors that allows them to choose to access and to control their health care.

Vote "no."

□ 0915

SUPPORT H.R. 4

(Ms. LORETTA SANCHEZ of California asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. LORETTA SANCHEZ of California. Mr. Speaker, I rise today in support of H.R. 4, the Medicare Prescription Drug Price Negotiation Act of 2007.

Now you can imagine how Democrats felt when the Republicans hijacked the whole idea of putting benefits into Medicare for prescription drugs. Not only did they do a bad job with the regular program with the doughnut hole

and higher prices, but on top of that, they added two additional things.

One, they made criminals of people who would go to Canada or Mexico to get the same drugs for lower prices because, of course, our pharmaceutical companies charge the highest price for drugs right here in the United States.

Secondly, they prohibited the United States Government from doing what all other health plans do: negotiate the price of prescription drugs for the people who are in their health care program.

Well, guess what? Today we will right that. Today we will allow the Secretary of Health and Human Services to negotiate on behalf of Americans.

HEALTH CARE DECISIONS SHOULD BE MADE BY DOCTORS

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

Mr. PRICE of Georgia. Mr. Speaker, today we will take up the Medicare prescription drug program, a program where costs were \$13 billion lower than projected in 2006; needed life-saving drugs are available; and 80 percent of the beneficiaries are supportive and satisfied with the program.

So what problems are the Democrats trying to solve? There is really a solution in search of a problem. The Democrats think that Washington can make better decisions than the American people about very personal medical matters. And what happens when the government gets more involved? Things become more bureaucratic and more expensive.

As a physician, I know how difficult it is to take care of patients, oftentimes because so many non-medical people are making medical decisions.

If H.R. 4 is adopted and becomes law, Washington bureaucrats will decide which drugs will be available for patients, not from a scientific or safety standpoint but purely based upon money.

That is not the way we ought to be making health care decisions. Those decisions ought to be made by patients and doctors.

SPECIAL INTEREST OVER PUBLIC INTERESTS

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

Mr. WELCH of Vermont. Mr. Speaker, a special interest over the public interest, there is no more vivid example of special interests trumping the public interest than the Medicare Part D legislation that we must reform today.

Extending a drug benefit to our seniors on Medicare is the right thing to do. Even in its current form, it has helped thousands of Vermonters and hundreds of thousands of Americans.

But when this Medicare drug benefit was first passed, a worthy extension of

this good program went terribly wrong because of the wrong-headed prohibition on the Federal Government's ability to do the obvious: negotiate fair prices for the taxpayer. This program fails on its most fundamental level, cost. Failing on cost, it impedes access.

The lobbyists who had such an influence in writing this bill bewildered our seniors and ripped off our taxpayers.

The public interest, the interest of our seniors and taxpayers are who we represent today and who we can help today with the passage of this bill.

FULLY FUND SAFE TEA-LU

(Mrs. CAPITO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CAPITO. Mr. Speaker, I rise today to fully support SAFE TEA-LU funding at its authorized level for fiscal year 2007.

If, as expected, the House passes a joint resolution extending funding for government programs through October 1, it is important that we allow the highway funds to increase from the 2006 level to the authorized 2007 level.

Federal highway funding is very important to all States, and my State of West Virginia is no exception. Significant progress is being made on construction of a new four-lane U.S. 35 and on Corridor H, and transportation improvements are needed across everyone's district.

Keeping highway funding steady at the 2006 level would stop a scheduled \$3.4 billion increase that State highway departments, workers and motorists have planned on and expected for this year.

The President's fiscal year 2007 budget, the House-passed transportation appropriation bill and the Senate appropriation bill called for \$39.1 billion for highway construction. Failing to allow an increase would cost West Virginia \$57.7 million, and 2,740 construction jobs.

NEW DIRECTION FOR AMERICA

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

Mr. LAMPSON. Mr. Speaker, my mother was an extraordinary woman. There is no doubt that Medicare helped her live the last of her 94 years with dignity and mostly independence. However, despite having one son as a doctor, one as a pharmaceutical executive and one as a Member of Congress, our family still struggled to meet her needs. As a Member of this body, I felt helpless and almost ashamed to know that there are millions more like her forced to decide between food and medicine each month.

I am proud now to be a part of this inspired and honest effort to make a difference in the lives America's elderly and disabled.

Although mother is gone now, I can still make a difference for her sister, my 91-year-old Aunt Mary. She fell into the part D doughnut hole and paid thousands of dollars a month for her medications. It is an outrage that my aunt and millions of Americans are paying record prices while drug companies are reporting record profits.

Giving Medicare the ability to negotiate drug prices is a monumental first step. I hope it is just the beginning of expanding every American's access to quality and affordable health care.

I urge you all to think of your mothers and aunts when you cast your vote for H.R. 4. Do this for every one of your constituents who has to decide between meals and medicine and show America that we are all dedicated to a new direction.

VOTE "NO" ON H.R. 4

(Mrs. DRAKE asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. DRAKE. Mr. Speaker, I rise today in opposition to H.R. 4, the Medicare Prescription Drug Price Negotiation Act.

The Medicare prescription drug insurance program continues to exceed expectations. The current private sector approach has resulted in more choices available to Medicare beneficiaries while simultaneously keeping costs below previous projections.

The majority of seniors are satisfied with the program and are saving on average \$1,200 a year. Seniors are able to choose a prescription drug plan that meets their needs.

The Congressional Budget Office has stated that requiring the Federal Government to negotiate drug prices with the manufacturer will not result in any savings to the Federal Treasury or the taxpayer. When asked, seniors support lower drug prices; but when told that means less choice of available drug or pharmacy, they disagree.

Seniors across America want their doctors, not the Federal Government, to choose the most effective drugs.

SENIORS AT MERCY OF CONFUSING DRUG RULES

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

Mr. ELLISON. Mr. Speaker, for over a year now, senior citizens in my State of Minnesota have been subject to a sink hole that the administration calls Medicare part D, the prescription drug program.

It was really never meant for our seniors. It was written for and by the pharmaceutical companies and the insurance companies at the expense of our senior citizens and paid for by the American taxpayer.

In 2006, companies like Pfizer, Eli Lilly, Merck and Novartis made record