

and provide ways for more Americans to save and invest more.

Mr. Speaker, I saved out the chart of my grandkids just to stress with every grandparent, with every parent that might be listening tonight, with every young student who is really the kids that are at risk for the kind of future that we might give them, if we do nothing, because the potential is that they are going to have to pay huge tax obligations, Vice President Gore by suggesting that we add another IOU and take the interest savings and apply it to other Social Security and, therefore, the trust fund gets big enough to pay it simply demands that sometime in the future, somebody is going to have to come up with that money to pay off the trust fund.

To do that, what we have done in the past is increase taxes; that is the easiest thing for this Chamber to do. It is the worst thing for our economy. There are only three ways to come up with the money. Let me point that out; I will put my pointer down so I can use my hands as I conclude this last statement.

Some people have said, do not worry, there is a trust fund out there. If we use the payback, the money from the trust fund, Social Security will last until 2035; and for the most of us, that is long enough.

I would suggest to you that there is no difference between having a trust fund and not having a trust fund, if we are going to keep our commitment that we are going to provide the benefits that we promised, because if we do not have a trust fund, the way to come up with the money to continue paying benefits is threefold. You either borrow the money from the public, and all the leading economists say if we were to borrow \$120 trillion over the next 75 years, it would so disrupt our economy that it would be disastrous for the United States of America.

□ 2100

So if we cannot borrow it, then how about the option of increasing taxes? That is the other option, increasing taxes.

Of course, the third option is cutting benefits. What they did in 1973 and again in 1983, before I got here, was they did both, increased taxes and cut benefits. Let us not do that again.

Those are the same alternatives we would have if we have a trust fund. So to pay back the money that is in the trust fund, we still have to raise taxes or cut other spending, or increase public borrowing. So, in effect, it is the same having or not having a trust fund.

It is important to pay down the public debt. It is a good start. It means we do not start spending the money for other government programs, and that is the danger.

The argument between the Republicans and the Democrats is, the Re-

publicans say, let us get the money out of town. Otherwise, we will spend it. The Democrats say, we will pay down the debt but we have a lot of increased spending we want to do.

The challenge is not whether we cut spending or pay down the debt, the challenge is, are we going to hold down spending in this country? Can we get this money out of town in some way?

The first choice would be to continue to pay down the debt held by the public with all of these surpluses that we bring in. We have decided 2 weeks ago, our Republican majority, that we were going to draw a line in the sand. Like last year, we drew a line in the sand saying, here is the social security lockbox. We are not going to spend any of the social security surplus for any government programs.

We held to it, we did it. That was good. This year we went further. We said, of all of the social security surplus, of all of the surplus coming into all of the other 120 trust funds, where most of the money is coming from, of all of the surplus, on-budget and off-budget, we are going to take 90 percent of that and use that money to pay down the debt held by the public.

Good. Good policy. That leaves 10 percent that we are arguing about, and that we hope to conclude this budget and this spending this year as we argue about that remaining 10 percent. But I think we have the edge now in the support of public opinion that we at least take 90 percent of all that surplus and use it to pay down the public debt.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF HOUSE JOINT RESOLUTION 114, FURTHER CONTINUING APPROPRIATIONS, FISCAL YEAR 2001

Mr. DREIER, from the Committee on Rules (during the special order of Mr. SMITH of Michigan), submitted a privileged report (Rept. No. 106-989) on the resolution (H. Res. 637) providing for consideration of the joint resolution (H.J. Res. 114) making further continuing appropriations for the fiscal year 2001, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON H.R. 4635, DEPARTMENTS OF VETERANS AFFAIRS AND HOUSING AND URBAN DEVELOPMENT, AND INDEPENDENT AGENCIES APPROPRIATIONS ACT, 2001

Mr. DREIER, from the Committee on Rules (during the special order of Mr. SMITH of Michigan), submitted a privileged report (Rept. No. 106-990) on the resolution (H. Res. 638) waiving points of order against the conference report to accompany the bill (H.R. 4635) mak-

ing appropriations for the Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, boards, commissions, corporations, and offices for the fiscal year ending September 30, 2001, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF S. 2796, WATER RESOURCES DEVELOPMENT ACT OF 2000

Mr. DREIER, from the Committee on Rules (during the special order of Mr. SMITH of Michigan), submitted a privileged report (Rept. No. 106-991) on the resolution (H. Res. 639) providing for consideration of the Senate bill (S. 2796) to provide for the conservation and development of water and related resources, to authorize the Secretary of the Army to construct various projects for improvements to rivers and harbors of the United States, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

Mr. DREIER, from the Committee on Rules (during the special order of Mr. SMITH of Michigan) submitted a privileged report (Rept. No. 106-992) on the resolution (H. Res. 640) providing for the consideration of motions to suspend the rules, which was referred to the House Calendar and ordered to be printed.

ACCESS TO HEALTH INSURANCE

The SPEAKER pro tempore (Mr. SHIMKUS). Under the Speaker's announced policy of January 6, 1999, the gentleman from Pennsylvania (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I wanted to make reference initially to last night's debate between Vice President AL GORE and Texas Governor Bush, but my focus this evening is on health insurance and the various health care issues that have come into play in this Congress, as well as in the presidential debate last evening.

I have always felt that one of the most important issues that we face and one of the biggest concerns that I have is the inability of many Americans to find health insurance, to be covered by health insurance. The candidates last night presented starkly different views on how to extend coverage to the 42.6 million Americans who currently lack health insurance. That is a large segment of our population, 42.6 million Americans, and it continues to grow.

During their exchange on this issue last night, the Governor said something which I found to be very telling and very disturbing. I wanted to read back what Governor Bush said during the debate. He said, "There is an issue with uninsured. There sure is. And we have got uninsured in my State. Ours is a big State, a fast-growing State. We share a common border with another nation, but we are providing health care for our people."

Continuing, the Governor added, "One thing about insurance, that's a Washington term."

Mr. Speaker, I was very offended by Governor Bush's referring to insurance, in this context health insurance, as a Washington term. In fact, I consider that remark very elitist and really absurd. All American parents who are out in the real world struggle to find a way to provide insurance for their children. I think they should be very alarmed when the Governor views health insurance as a Washington thing.

Really, all Americans should be alarmed because of his statement that somehow this is a Washington thing. Does that mean that Governor Bush thinks it is okay, for example, that my colleagues here, I will use the opposition, the Republican Members of Congress, the fact that they have health insurance and 42.6 million Americans do not?

And really, I would like to look at Governor Bush's record on the issue of health insurance, because I think that by referring to it as a Washington thing, he belittles it and shows that he really does not have much concern about the 42 million Americans that do not have health insurance.

If we look at the Governor's record in Texas, it shows that Texas has the highest number of uninsured children in the country. When setting up the State's Child Health Insurance Program, which we adopted as a Federal program in this House and was signed into law by President Clinton, but when setting up the State's Child Health Insurance Program pursuant to and with Federal money, Governor Bush wanted to set the eligibility threshold at only 150 percent of the Federal poverty level.

I say that by way of contrast to my own State of New Jersey, which also has a Republican Governor, but set 350 percent of the Federal poverty level for that CHIP Federal kids' health insurance program, or more than twice the level that Governor Bush proposed in Texas.

Now, what happened eventually is the Texas legislature came forward and said they wanted to push this eligibility threshold up to 200 percent, which Governor Bush eventually signed. But the point of the matter, the fact of the matter is that it was possible under the Federal law to push this eligibility higher and to include

more children under the Texas child health care program, and Governor Bush did not do it.

So when he says that insurance is a Washington thing, does that mean that he does not really care that much about the kids in Texas, that they should not be able to take advantage of the Federal program and Federal dollars that are allowing them to be covered by health insurance?

When it comes to insuring adults, Governor Bush's record is really no better than it is with the kids. Texas has the highest percentage of uninsured low-income adults, 51 percent, in the Nation. Its Medicaid eligibility level is just a paltry \$4,728 in annual income for parents of three-person families.

A little later I am going to get into the proposals that Vice President GORE and President Clinton and the Democrats in the House have put forward to try to get more adults insured. We care deeply to try to end the problem of the uninsured in this country. If that is a Washington thing, so be it. But I would maintain it is an American thing, that kids are suffering because they do not have health insurance, parents are suffering because they do not have health insurance.

When it comes to overall spending on health in the State of Texas, the Governor has distorted his own record. He made it look like health care is a much bigger priority for him than it really is.

In last week's debate, the previous debate prior to last night, Governor Bush said Texas had spent \$4.7 billion on health care under his administration when in fact that is simply not true. Something like \$3.5 billion of that money came from private and local sources and not the State expenditure.

I am trying to make the point, Mr. Speaker, that access to health insurance is simply not a priority for the Governor, not a priority in terms of spending, not a priority in terms of trying to get the State of Texas to cover more kids and more adults.

The lack of health insurance in the United States is not a problem that should be cavalierly dismissed as a Washington thing by any policymaker or any politician, let alone a candidate for the President of the United States. It is a very real problem that affects real Americans with real consequences.

Let me just give some statistics about why I say that, and why it is true that health insurance is not just a Washington thing, but something that everyone in the country has to be worried about.

There are millions of American parents who are unable to take sick and suffering children to the doctor because they simply cannot afford it. There are 27,000 uninsured women who are diagnosed with breast cancer every year, and are 50 percent more likely to

die from it because they are uninsured. There are older couples whose hopes for a dignified retirement after a lifetime of work are swept away in an instant by an unexpected avalanche of medical debt. There are young families whose hopes for the future are destroyed when a breadwinner dies or is disabled because an illness was not diagnosed and treated in a timely fashion.

Eighty-three thousand Americans die each year because they do not have insurance, and as a result, do not get adequate or timely care. I can assure the Members, Mr. Speaker, that to them, insurance is far more than just a Washington term to their families.

The Federal government and State governments across the country have spent the last 10 years trying to stem the tide of people turning to the emergency room for their medical care.

I know Governor Bush throughout the debates has talked about the fact that, you know, you can go to an emergency room in Texas, you can go to a hospital emergency room. The problem with that is that that is not really good health care because there is no prevention. If we have preventative care and take measures before we have to go to an emergency room, our likelihood of doing well and living longer and not being disabled are much greater.

Preventative care does not just save lives and stop tragedies before they occur, it is also more efficient and less expensive for everybody, including the Federal government. Those facts are understood by health experts, but not a lot of times by politicians.

I would say the same thing to the Governor: Rather than talk about the fact that people in Texas have access to an emergency room, put programs in effect so people can get health insurance and can take the preventative measures so they do not have to wait until they get so sick that they have to go to an emergency room.

Governor Bush's view that insurance is a Washington term may be a view that is held by wealthy people who have insurance and can foot the bill easily for any medical emergency that may arise, but it is definitely a view that is clearly out of touch with the American mainstream.

It is a view every American, particularly those without insurance, should be aware of in this political season. It is a view that, if followed, will throw a monkey wrench in both private sector and public efforts to bring down the cost of health care, and it is a view that nobody who is interested in addressing the problems of the uninsured in this country should for a single second take seriously.

I know it sounds very critical of me to talk about the Governor in this light, but it really annoyed me to hear the term "insurance" somehow referred to as a Washington term, as if

the rest of the country or the average person was not concerned about it. I know that they are.

I want to spend some time also this evening contrasting, if you will, not only the presidential candidates but the parties on the issue of health care. I know it sounds very political, but the bottom line is that this Congress only has another week or so before it adjourns.

The Democrats, including myself, over the last 2 years that this Congress has been in session have put forth a number of proposals, whether it is a prescription drug benefit under Medicare or it is HMO reform with the Patients' Bill of Rights, or it is the idea that whatever surplus is available should be primarily used to shore up social security and Medicare, or it is the idea of trying to cover more kids or more parents.

We have been out there putting forth, with President Clinton and Vice President GORE's support, many proposals that would address some of the problems that Americans face with health insurance, whether they are uninsured or they have some type of insurance that is inadequate.

It really galls me to think that we are here at the 11th hour and most of these problems have not been addressed by the Republican leadership on the other side of the aisle, and will not be addressed if Governor Bush is elected president.

So I think it is important to contrast the candidates and the parties on health care. I am just going to take a little time tonight if I could to give my own view, and then give the view of an independent group that has analyzed the proposals that have been put forth by both sides.

I want to start with the issue of prescription drugs, because I think right now the fact that so many seniors and disabled people who have Medicare are not able to access prescription drugs is a major problem, almost a crisis in the country.

If we listen to what George Bush has been saying, what Governor Bush has been saying, he is saying that he wants to provide some sort of prescription drug program that would provide coverage initially through State-based low-income-only programs, and then through HMOs and insurance companies.

I say that because what the Governor has proposed is not to bring prescription drugs under the rubric of Medicare, but rather, to give a subsidy or a voucher, if you will, to low-income people so they can go out and try to buy prescription drug policies in the open market, in the private market.

That is very different from what Vice President Gore and the Democrats have been saying. I think it was clearly defined in last night's debate. What Vice President Al Gore has been saying

is that Medicare is a successful program that provides coverage for one's hospital care and for one's doctor's care, and it would not be that difficult and would not cost that much money, particularly if we have a surplus, for the Federal government to provide prescription drug benefits under Medicare, as well.

So that is the major difference between the Democrat and the Republican proposals. The Democrats are saying they want to expand Medicare to include prescription drugs. The Republicans are saying they do not want to use Medicare as the vehicle, they want to give a subsidy or they want to give a voucher, or in the case of Governor Bush's proposal, a voucher essentially just for low-income people.

There are a lot of other differences, but I just want to say, Members do not have to take my word for it. There is an organization called Families USA which just put out a report on health care and the 2000 election.

I just want to describe Families USA. Families USA is a nonprofit, non-partisan consumer health organization established under section 501(c)(4) of the Internal Revenue Code that has never endorsed, supported, nor opposed any political candidate, and they are not doing it now.

In addition, Families USA has spent two decades working on various aspects of our health care system, and has amassed considerable expertise on health issues. The Democrats and myself have cited them many times, and the Republicans as well.

On the issue of prescription drugs, and I just want to run through this, if I could, in their report that just came out they say, "There is a marked contrast between the two candidates on this issue."

□ 2115

Vice President GORE intends to establish a voluntary prescription drug benefit in the Medicare program, and I stress in the Medicare program. This would ensure that all seniors and people with disabilities gain access to prescription drug coverage. It would also enable Medicare to bring its considerable market clout on behalf of program beneficiaries to the bargaining table.

Now, that sounds a little bureaucratic, but let me explain what that means. One of the biggest problems with prescription drugs right now is the cost for seniors. If they do not have some kind of coverage through their employer or through some sort of coverage that they are able to purchase, which many do not, then they have to go buy it on the open market at the local pharmacy, and the cost is prohibitive.

There is a price discrimination between seniors who have to just go buy the prescription at the local pharmacy out-of-pocket versus seniors who hap-

pen to be fortunate to be in some sort of plan, either through their employer or in some other way.

But what Vice President GORE does and what the Democrats do with their Medicare prescription drug proposal is they give the seniors who are now part of this plan clout with regard to prices, because they establish a benefit provider in each region of the country that will bargain for the best price, just like an HMO does, for example, for the prescription drugs, and that brings the price down. So that is what they are talking about here when Families USA says that the Democratic plan is better.

Then they say in the Families USA report, they contrast Governor Bush's approach by way of contrast. Initially he relies on State-run pharmaceutical programs and subsequently on insurance companies, HMOs, to offer prescription drug coverage.

To date, however, State pharmaceutical programs reach only a tiny portion of seniors who need drug coverage, and such assistance is usually confined to seniors with very low incomes.

The point is that the Republican plan is only going to help seniors with low incomes. It is not going to help the vast majority of seniors with middle incomes, which basically are the people that are crying out for some sort of help.

In addition, in analyzing the Bush plan, Families USA's assessment says that private health plans and insurance companies have very limited success in providing drug coverage for seniors.

I mention that because what they are basically saying here is that, if one gives the senior or the disabled person the voucher, the way Governor Bush has proposed, to go out and try to buy prescription drug coverage in the open market, not under Medicare, they are not going to be able to find it. They are not going to find an insurance company that will offer that for the price of the subsidy that the Bush plan proposes.

Now, additionally, what Families USA says about the GORE plan, the Democratic Medicare prescription drug plan, is that it is very specific in detailing the drug coverage that is guaranteed to every Medicare beneficiary as well as the cost sharing that seniors would have to pay.

So what we are saying in the Democratic plan is that we are going to be able to guarantee one to have any drug that is medically necessary. We are going to tell one exactly what the premium is, exactly what one is going to get.

Under the Bush proposal, on the other hand, decision making about the specifics of the drug benefit as well as out-of-pocket costs are left to the private insurance companies and the HMOs. So, again, one does not really know what one is getting.

But I want to stress again the difference here, the difference is the Bush Republican plan is a voucher plan. It does not come under the rubric of Medicare. The Democratic plan, the Gore plan, is an expansion of Medicare that covers prescription drugs just in the same way that hospital care and physician care is provided under Medicare right now.

Now, let me go to a second category here because I want to cover each of these health care issues because I think they are so important in terms of contrasting the difference between the parties.

The second one is the future of Medicare itself. Medicare, as we know, in the next, maybe, 10, 20 years, not right away, but at some point in the future will start to run out of money because there are going to be so many baby boomers that become 65, that become seniors, that there is not enough money to pay for it.

Now, what President Clinton and Vice President GORE have been saying is that they want to use most of the surplus to shore up the Social Security program and the Medicare program.

But what we see is that, instead, by contrast, Governor Bush talks about restructuring the Medicare program in ways that I believe that will increasingly privatize and encourage people to opt out of Medicare or go to private insurance.

I do not want to dwell on that too much because I want to get to the next issue, which is I think so important and, again, became an issue in last night's debate, right at the beginning of the debate.

That is HMO reform. HMO reform is clearly something that so many Americans are concerned about because more and more people are in HMOs, and they find that they are victims of various abuses, primarily because what they find is that decisions about what kind of Medicare they get, whether they get a particular operation, whether they get to stay in the hospital a particular length of time is determined, not by their physician and themselves as a patient, but by the insurance companies. Naturally they do not like it because it lends itself to all kinds of abuse.

Well, it was interesting last night because, during the debate, Governor Bush said that he was in support of HMO reform and that he mentioned that, in the State of Texas, his home State, that they actually had passed legislation that would provide for certain patient protections if one was in an HMO.

But the interesting thing about it is Governor Bush used the example of HMO reform to say he would be successful if he were to be elected President because, in Texas, he was able to bring both parties together and everyone together to pass patient protections.

Well, I have to point out that, when the issue of patients' rights in the context of HMO reform first came up in the tax legislature and the bill was passed in 1995, Governor Bush actually vetoed the legislation.

So he talked about playing a role and bringing people together, the Texas legislature decided they wanted HMO reform, he vetoes the bill. Well, a couple years later, in 1997, there was again passed in the Texas legislature legislation to protect patients in the context of HMOs. This was a very comprehensive HMO reform that Governor Bush referred to in last night's debate. Well, this time, even though he opposed the legislation and refused to sign it, he let it become law.

That is hardly an advocate for patients' rights. That is hardly someone who, as he says, is trying to bring people together to pass legislation. You veto it once and then you say, okay, I do not like it, but I will let it become law without my signature.

What it means is this was happening despite what Governor Bush wanted. He did not want it to happen, but he did not want to stop it probably because he was afraid of the political consequences if he vetoed it again.

By contrast, Vice President GORE last night and throughout the 7 years now that he has been the Vice President, with the support of Democrats and some Republicans as well in Congress, has been an advocate on a Federal level for a comprehensive HMO reform bill which Vice President GORE mentioned last night, the Norwood-Dingell bill.

He was very specific about bringing up that legislation in the debate last evening and asking Governor Bush repeatedly whether he supported the Norwood-Dingell bill and, of course, Governor Bush would not say whether he supported it or not. If he would not admit he supported it, I would say we have to assume he does not support it.

It is a much stronger bill than even what the Texas legislature passed without Governor Bush's signature. It is a bill that is vehemently opposed by the HMOs and the health insurance industry and all of the special interests and very much supported by the majority of the American people.

We passed the Patients' Bill of Rights, the Norwood-Dingell bill here in the House of Representatives. Almost every Democrat voted for it, and some Republicans voted for it too, otherwise it wouldn't have passed. In fact, the gentleman from Georgia (Mr. NORWOOD), one of the sponsors, is a Republican, the lead sponsor.

But the bottom line is that the Republicans both here, the Republican leadership, both here in this House as well as in the other body, have tried to kill this bill ever since it passed. It went to conference. I was part of the conference committee. It has never come out of conference.

I would almost guarantee that, in the week or two we have left here, it will not appear on the floor of this House or this Senate. It will not go to the President. It will not become law. Why? Because basically what it does is it does two major things. It says that decisions about what is medically necessary, what kind of care one gets, what kind of operation one gets, how long one stays in the hospital, decisions about what is medically necessary are going to be made by the physician and the patient, not by the insurance companies; and the insurance companies oppose that tooth and nail because they want to make the decisions to save money.

Secondly, it has very good enforcement so that if, in fact, one is denied care by one's insurance company, one has a way of redressing one's grievances by going to an independent panel that will review the decision and have the power to overturn it or ultimately going to a court of law and having the decision overturned so that one can get the medical care that one's doctor and that one feels is necessary.

So, again, marked contrast here between the views of the two candidates, the Presidential candidates as well as the parties on this issue.

I do not mean to suggest that all the Republicans are bad on this, because some of them are good. But the Republican leadership in the House as well as in the Senate, as well as Governor Bush, refuse to support the Patients' Bill of Rights, the Norwood-Dingell bill.

Let me go to an issue that I mentioned earlier, and that is the whole issue of increased access and for people to be covered with insurance who do not have it. I am not going to keep repeating over and over again what Governor Bush said about insurance being a Washington thing. I think he probably regrets that he made the statement, hopefully. But the bottom line is we still have over 40 million Americans who are uninsured. What are we going to do about it.

Again, I would like to contrast the records between the two candidates and again between the two parties. Fortunately, here in the House of Representatives, the effort to expand coverage for children was successfully passed on a bipartisan basis, the CHIP program. Initially, the Republican leadership opposed it, but eventually they came around to passing it, and it was passed on a bipartisan basis.

But what happened is that when this program then was given back to the States to handle it and to try to handle it in a way that would provide for coverage for the 5 million kids that it was meant to try to deal with and to give health insurance, as I mentioned already, Governor Bush, in his capacity as Governor of Texas, tried to make the eligibility for the program very

minimal, only 150 percent of the poverty level. In terms of the outreach to try to get kids signed up for the program, he was very ineffective.

In fact, the situation in Texas got so bad that a Federal judge just ruled a few weeks ago that Texas had to, under pain of the court's action or penalty, do a better job about enrolling kids in Medicaid as well as the CHIP program. So they were not even doing a good job getting kids enrolled in Medicaid at the very low end of poverty, let alone the ones that are eligible for the Federal CHIP program.

Now, by contrast, what Vice President GORE has been saying, and he mentioned it in the debate last night, is that he wants to expand the eligibility at the Federal level, and that money then goes back to the States so kids whose parents are even at a higher income can join up in the Federal-State health insurance program called CHIP.

He suggests raising the CHIP program, the Children's Health Insurance Program, eligibility to 250 percent of the Federal poverty level. He also says that, if you are parents and your income is even higher than, that he will allow you to buy into CHIP or Medicaid for children with family incomes above 250 percent of the Federal poverty level.

Now of course Vice President GORE successfully pushed for enactment of the existing CHIP program which Governor Bush tried to cut back in the State of Texas. But beyond that, what the Democrats and what Vice President Gore are now proposing is that the CHIP program be even expanded to cover the parents of the kids who are eligible for CHIP. Basically, this is a way of now expanding health insurance for people who were working but whose incomes are too high to be eligible for Medicaid.

What I would stress again, Mr. Speaker, is that, when we talk about Vice President Gore's program and the Democratic initiative here with children, the CHIP program, and expanding it to adults, we are not talking about people who are on welfare. They are usually eligible for Medicaid. We are talking about working people who on the job, because of their low income or because the employer does not offer it, are not able to get health insurance. These are working people. These are people oftentimes who have two or even three jobs, and they are not able to offer health insurance for their kids or for themselves.

So what Vice President GORE is saying is let us take this CHIP program, which is working, and let us expand it to the parents. If we enroll the parents, we also find that that means that they are more likely to get into the program and enroll their kids.

Some parents, unfortunately, selfishly, will not enroll their kids if they are not eligible for the program.

□ 2130

Vice President GORE has also been saying that with regard to the other large group of people that are uninsured, which are the people between 55 and 65, we call them near elderly, who are not yet eligible for Medicare, that they would be able to buy into the Medicare program and pay so much a month, \$300 or \$400 a month, to buy into the Medicare program. It is another way of expanding access to health insurance for people who are currently uninsured.

Now, I have made reference once so far this evening to the Families USA report in the context of prescription drug coverage, but I wanted to make reference to it again, if I could, in the context of health coverage for children and expanding the CHIP program to include more kids at higher incomes and also for their parents. If we look at this Families USA report, and I will not repeat what Bush and GORE are proposing, but I wanted to just give a little bit of the analysis that the Families USA report provides.

The report says, under the section that deals with expanding insurance for adults, that at the centerpiece of his proposal to expand coverage Governor Bush proposes to establish a refundable tax credit for people and families who purchase health coverage on their own if they do not receive insurance through their employers and do not qualify for Medicaid or any other government assistance. For individuals with incomes below \$15,000 per year, the tax credit would equal \$1,000 and would taper off as an individual's income increases above \$15,000. For families with incomes below \$30,000 per year, the tax credit would equal \$2,000 and would taper off as the family's income increases above \$30,000.

Now, Governor Bush has made reference to these tax credits, \$1,000 or \$2,000 depending on where one is below a certain income, and he suggests that that is one way of expanding coverage. This contrasts of course to what Vice President GORE has been saying about expanding the CHIP program for children and expanding it to include adults, the parents of those kids, as well as GORE's proposal to let the near elderly buy into Medicare.

Well, this is how Families USA assesses the two proposals. It says Governor Bush's proposals to expand health coverage for adults are likely to be ineffectual and in some respects may even be harmful. Because of its limited size, the tax credit proposal for low- and moderate-income individuals and families who purchase their own health coverage is unlikely to make a significant dent in the number of people who are uninsured.

Today, the average cost of a family health plan purchased by an employer is \$6,351 per year, and coverage purchased by families in the individual

market typically cost considerably more. As a result, a family would need to spend more than \$4,300 over and above the \$2,000 family tax credit simply to pay for premiums. This amount would constitute over 14 percent of income for a family earning \$30,000 a year and over one-fifth of the income of a family with \$20,000 in annual income. Either way, the tax credit would still leave most of these families with an inability to purchase health coverage.

Now, to his credit, Governor Bush is at least proposing something, and I will grant him that. But it is not anything that is going to be effective in expanding health coverage for those who are uninsured.

Vice President GORE's proposal, by contrast, and this is what Families USA says, to expand health coverage for adults builds on public programs, such as Medicaid, CHIP, and Medicare that work well. His proposal to establish CHIP-type health coverage for low-wage working parents will not only provide increased coverage for those parents but is likely to spur children's enrollment in CHIP as families are enabled to enroll together. The Medicare buy-in proposal is projected to increase health coverage for approximately 300,000 near-elderly persons.

Now, Mr. Speaker, I do not want to spend too much more time, and I think my time is probably running out; but I just wanted to say this in conclusion. I do not look at these health care issues from the point of view of ideology. I know that generally most Republicans tend to be more conservative than most Democrats, and more Democrats are liberal, even though not all of them are. But the bottom line is, I do not look at the ideology. I look at what works. And the difference between what Vice President GORE and Governor Bush are proposing and between what most of the Democrats and most of the Republicans are proposing, I think really does not come down so much to ideology but what works practically.

Practically speaking, if we want to provide a prescription drug coverage program for seniors, we should put it under Medicare, because Medicare works. And we should not look at the Republican proposals to provide some voucher that assume that people are going to go out and buy coverage that does not exist.

And the same thing is true for the CHIP program and the efforts to try to expand health coverage for the uninsured. Basically what Vice President GORE and the Democrats have been doing here for the last 6 years is advocating and, in some cases passing, legislation that would provide for the government to set up a program like CHIP through the States that people can pretty much be guaranteed that they are going to have health insurance. It is health insurance that is provided by the government.

Now, I am not saying that we want national health insurance, but where we have gaps and people who are working and still having the inability to get health insurance on the open market, the government needs to step in. That is what Vice President GORE proposed with CHIP. It is working. That is what he proposes for expanding coverage for the near elderly and for the parents whose kids are in CHIP. What Governor Bush is proposing as an alternative is simply to give a tax credit, which once again will not provide the money or the ability for those families to buy health insurance.

So all I am saying is that there are huge contrasts here between the two presidential candidates. There are huge contrasts between the parties on these various health care issues. And I think the major difference is that the Democrats are proposing plans that will actually work and make a difference for people who do not have health insurance, or who do not have prescription drugs, and who suffer from the abuses of HMOs. That is why what we are proposing should be passed.

My greatest regret in this Congress is that on many occasions when the Democrats have tried to put forward these programs they have not been successful because the Republican leadership has opposed them. We have had a few occasions where the Republicans have joined us, but in most cases they have not. And it is a very sad commentary that this Congress is going to end within the next week or two not having addressed these major problems that face so many Americans.

TRIBUTE TO THE HONORABLE
JOHN E. PORTER, MEMBER OF
THE HOUSE OF REPRESENTATIVES

The SPEAKER pro tempore (Mr. SIMPSON). Under the Speaker's announced policy of January 6, 1999, the gentlewoman from Illinois (Mrs. BIGGERT) is recognized for 60 minutes.

GENERAL LEAVE

Mrs. BIGGERT. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on the subject of the Porter special order.

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

There was no objection.

Mrs. BIGGERT. Mr. Speaker, it gives me great pleasure to host this special order tonight for the gentleman from Illinois (Mr. PORTER), and I want to thank the gentleman from Colorado (Mr. MCINNIS) for giving up his time to allow us to honor this very special gentleman tonight.

The gentleman from Illinois (Mr. PORTER) is retiring, after serving in Congress for 21 years. It is difficult for

those of us who are gathered to honor JOHN tonight to sum up in the short time everything that he has done for the 10th Congressional District of Illinois and for his country since joining this body in 1980. It is my hope, based on the words that my colleagues and I will offer tonight, that all who are within the sound of our voices will understand the tremendous character of this man and all that he has accomplished, most notably in the areas of human rights, health research, and protecting the environment.

It is also my hope that based on our comments JOHN PORTER will know how well-respected he is, not only by his congressional colleagues but by the elected officials of his home State and district, his staff, former staff, his constituents, and the many groups who have had the pleasure of working with him throughout the years.

Tonight, Mr. Speaker, we will hear of the legacy JOHN has created during his years of service in this body. We will hear a small part of the large impact he has made on his district, his State, his country, and the world.

I have a confession to make. I am an unabashed JOHN PORTER fan. It is not because I have lived for many years in his district and know how well his leadership and his views suit those of his constituents there, nor is it because of the small kindnesses he has always personally shown to me. Those are reasons enough to sing the praises of this wonderful man. Like hundreds of thousands of men and women in Illinois, throughout the United States and around the four corners of this globe, I know and love this man for his great humanity, his concern for the underdog, and his unquestioned commitment to making this world a better place in which to live.

When I was elected in 1998, to serve the people of the 13th District of Illinois here in Congress, I knew that it would be helpful for me to look at the other members of the Illinois delegation for guidance. Knowing his excellent reputation, JOHN PORTER was the first person I sought out. Asking him for input was easy, given our similar political ideologies. However, I doubt JOHN, and the ease with which he provided his advice, fully understood how much guidance he truly gave.

With that, Mr. Speaker, I am going to turn to some of my colleagues so that they too can share their thoughts on our dear friend. And I will first yield to the gentleman from Illinois (Mr. LAHOOD). As my colleagues know, before his election, the gentleman from Illinois (Mr. LAHOOD) served as the chief of staff to then House minority leader, Bob Michel of Illinois. In this capacity he had the opportunity to work on a number of issues with JOHN PORTER and, as a result, probably knows him as well or better than any other Member in this body.

I yield to the gentleman from Illinois (Mr. LAHOOD).

Mr. LAHOOD. Mr. Speaker, I appreciate the time that has been set aside here by the gentlewoman from Illinois (Mrs. BIGGERT) to honor our colleague, JOHN PORTER.

Mr. Speaker, JOHN deserves to be honored. JOHN has been an outstanding Member of this body. Prior to coming to the House of Representatives, he served with great distinction in the Illinois House of Representatives.

JOHN has known political turmoil in his life because he has been through some very, very tough elections. I think people who have not really followed his career should know that JOHN is probably as good a politician as there is. In order to get to this body, one has to be a politician, and JOHN has been, particularly in the early days of his election to the House of Representatives, come through some very, very close elections in the district that he represents.

JOHN represents a district north of Chicago, primarily Lake and McHenry County, Lake County primarily, and it is an area that is not really considered a suburban area of Chicago but kind of an entity unto its own. His district runs right up against the Wisconsin border. JOHN has done so well in representing his district that the last several years, he has had elections that were less contentious and the people of his district have recognized the many good things that he has been able to do.

Serving on the Committee on Appropriations, JOHN is known as a cardinal. What that means is that he is a chairman of a subcommittee. If not the most important, certainly one of the most important subcommittees of the Committee on Appropriations, the Labor-HHS subcommittee, which is the subcommittee that really looks very carefully at dollars that are provided for medical care and dollars that are provided for research. And JOHN has really set a legacy for himself in terms of his commitment to cancer research, to Alzheimer's research, to AIDS research, and to so many of the real, real serious kinds of diseases that face our country.

JOHN PORTER has been at the forefront of making a commitment of dollars to really find cures for these dreaded diseases; as I said, whether it be cancer or Alzheimer's or AIDS, or any other number of diseases. So he has been a leader in this area. And I really think it will be his legacy that he will be remembered for the enormous commitment that he made to research and particularly research to the National Institutes of Health, the National Cancer Institute, and so many of these programs here in Washington that try to reach out and find the very best people in America to help us find cures for these dreaded diseases.