

no bill for school construction. There was no rhetoric down here on the floor about the need to deal with kids. There was no concern about the people teaching in portable classrooms like I did for 7 years. There was no concern about falling ceilings. What are they telling us? All that occurred within the last 5 years?

The fact is, this is nothing more than political rhetoric. The first 2 years that the Democrats controlled the House and the Senate and the White House when they could have done anything they wanted, they did not even propose a bill to deal with school construction. This Congress has. With a bipartisan piece of legislation that we are going to pass, and hopefully this President will sign, we will do what a responsible Congress could have done 7 years ago, and that is deal with the issue of the need for modernization of our schools.

So I bring up this reality check, Mr. Speaker, because unlike most of my friends who are attorneys who never taught in the classroom, I taught in the classroom for 7 years. I know what it is like to teach in a portable classroom with 2 trailers bolted together, with kids who cannot go outside because when you open the door, the cold is right there. My point is I think a lot of what we heard today is nothing more than shallow rhetoric.

DEMOCRATS DEMONSTRATE SERIOUS COMMITMENT TO EDUCATION

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

Mr. LAMPSON. Mr. Speaker, I did not intend to address this issue earlier today, but I came over and after the gentleman from Pennsylvania (Mr. WELDON) spoke just a minute ago, I felt it incumbent to do so. I too was a classroom teacher. I taught for 9 years, I say to the gentleman from Pennsylvania, 2 more than he did, and I have lived in those classrooms and even had the experiences of the roof falling in, only this was not a roof, it was only a blind that fell and cut my face. We had to evacuate students from classrooms in my building because the walls leaked so badly that the kids could not sit in there because there was so much water.

Granted, that was a couple of decades back. I thought we had pretty much addressed all of that stuff.

Interestingly enough, my daughter today teaches sixth grade math, in Beaumont, Texas, the same school district in which I taught. She has children who do not have chairs in her classroom. They will fix it. They are in portable buildings right now. They are making the repairs in the regular school building.

The problem is that so many school districts do not have the ability to take care of these problems today, and it is incumbent upon this United States House of Representatives to try to help create the type of innovative financing to help school districts take care of themselves at home. In our State, there is a limit on how much one can raise in property taxes from a property taxpayer.

I was a county school tax assessor collector also for a while following the time that I taught, and I know that they have difficulty raising those dollars. I know what it is like to be a taxpayer, a property taxpayer at home and not be able to pay or afford to pay all of the taxes that we have to try to accomplish the many things that we have to do within our schools to keep our children learning and give them the opportunity to be good productive citizens and not end up either victimizing somebody or being victims themselves or going to jail.

Mr. Speaker, we have not made the right commitment, and that is what this debate is all about. Obviously, we all want to see our schools better. When are we going to make it the priority and do it? Our colleagues on the Republican side clearly have not done that.

Our own State of Texas has a plan in the Republican platform for its State to abolish the U.S. Department of Education. That to me does not speak to a commitment to make education better in this country.

Mrs. THURMAN. Mr. Speaker, will the gentleman yield?

Mr. LAMPSON. I yield to the gentleman from Florida.

Mrs. THURMAN. Mr. Speaker, I too listened to the other speaker and I too am I classroom teacher. I taught for 9 years, middle school math, in a very poor, rural area.

Mr. LAMPSON. Mr. Speaker, that is what my daughter teaches.

Mrs. THURMAN. Mr. Speaker, I too worked in one of those places that nobody wants to talk about, those portables. But I say to the gentleman, I am tired of hearing on this floor about how we controlled the House and we controlled the Senate for those first 2 years with the presidency. We were paying down a debt. There was no money. There could be no discussion about these issues. And on top of that, we had our States, because at that time I was in the State Senate in the 1980s, and this country was going through a recession. There was no money in the States to deal with these problems. So these things just went up and up and up.

Now, they want to come and say well, you did not do anything about it. Well, this is the first time we have had any surpluses to even be able to talk about it, and now what we are trying to talk about is \$25 billion to do school con-

struction, and the rest of the K through 3 program where we have been putting teachers.

I am also tired of hearing about how we are taking this away from the local level, it is their issue, they ought to be able to control it. Ask them to go look in their State legislatures. How many of them have adopted the goal to make K through 3 education top priority in reducing class size? How many States in this country are doing after-school programs? How many of these? In fact, just 2 years ago, when this whole school construction came up, our State legislature was having to call a special session to deal with the issue of school construction.

Yes, we are talking about it now because we have an opportunity to talk about it.

Mr. Speaker, I appreciate the gentleman yielding me this time.

Mr. LAMPSON. Mr. Speaker, I am glad to have the gentlewoman's comments.

It is clear, there is a difference in commitment to this issue. The Democrats indeed want to attempt to make a real difference, and I hope that instead of asking, as the gentlewoman well stated, instead of asking the question, where were you while we were in control, well, why has there not been some commitment, some effort to truly explain what the Republican commitment is while they have been in control of this House of Representatives in the last several years. I think we are doing so, and we are doing so in a responsible manner; and I hope that with our continued push that we will achieve that.

IMPROVING HEALTH CARE FOR AMERICANS

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

Mr. TURNER. Mr. Speaker, I thank my Democratic colleagues who have joined me on the floor today for this Special Order hour. We are here this afternoon on a beautiful fall day, here in this House Chamber, trying to urge this Congress not to adjourn for the year until we finish the job of meeting the health care needs of America's families.

Democrats in the House have worked for the entire 2-year session of this Congress to give America's families a strong Patients' Bill of Rights to ensure that you and your family make your health care along with your doctor, rather than having some insurance clerk who has never had a day of medical training, decide the treatment that you need. We have worked to make sure that when you are ill and when you are fighting for your life,

that you do not have to also fight your insurance company to get the help that you need.

Democrats in this Congress have been united also in the fight to give a prescription drug benefit to our senior citizens. We have worked for an optional part D under Medicare to guarantee that our seniors will never again have to make the choice between buying groceries and paying the rent or filling their prescriptions. And the Democrats in this Congress are united in our efforts to protect Americans' access to quality health care. We are fighting as we speak during the ongoing negotiations in the closing days of this Congress to answer the pleas from our hospitals, from our home health care providers, from our nursing homes and our other health care providers that we must strengthen Medicare, because many of us know that we have Medicare-dependent hospitals that will close their doors if Congress fails to get this job done.

□ 1415

Home health agencies have already closed by the thousands and our teaching hospitals are no longer able to pursue teachers, research, and indigent care due to lack of funding.

The American people have a right to know where this Republican-controlled Congress has failed to lead and failed to solve these pressing problems that confront every American family.

They have a right to know who is on their side, and they have a right to know who is fighting for them. The answer is all too clear. The Republican-controlled Congress has become the special-interest-controlled Congress. The powerful special interests are in the driver's seat, and the public interests are in the backseat.

On these three critical issues, patient protection, prescription drugs and protecting Medicare, the Republicans have danced to the tune of the big insurance companies and the big prescription drug manufacturers.

On patient protection, the powerful insurance industry has fought in every State legislature and in this Congress to defeat meaningful patient rights. I carried the first patient protection legislation in the country when I was a State senator in Texas. The State Senate there and the State House voted almost unanimously in favor of a bipartisan patient protection bill. That bill was vetoed by Governor Bush, and he vetoed it after the legislature had adjourned when we had no opportunity to override.

Fortunately, the legislature came back in the next session 2 years later and passed almost the identical package in four parts, and Governor Bush signed three, but let the fourth, regarding accountability of HMOs, become law without his signature.

Fortunately, we have patient protection in many of our States, but we

know that we must also pass a Federal bill to be sure that all patients under all plans are covered with these protections.

Early in this session of Congress, this House passed a strong patients' bill of rights with near unanimous support from Democrats and the courageous support of Republican Members, like the gentleman from Iowa (Mr. GANSKE) and the gentleman from Georgia (Mr. NORWOOD), only to see the bill watered down in the Senate and now languish in a conference committee with no action.

I ask the American people, who is on your side? Who is fighting for you? On prescription drugs, Democrats have united in support of a voluntary universal prescription drug benefit under Medicare, but our Republican friends have joined with the pharmaceutical industry to defeat our plan.

The pharmaceutical industry created a front group called Citizens for Better Medicare, if you can imagine, and spent millions of dollars in advertising across this country to say to the American people that private insurance can take care of the problem of prescription drugs for our seniors.

We know that Medicare is the system that our seniors trust, and we know that the big pharmaceutical manufacturers do not want a prescription drug benefit under Medicare because they know if Medicare is in the business of helping our seniors get prescription drugs, Medicare is not going to pay the same high prices that our seniors are having to pay every day when they walk in their local retail pharmacies.

Our Republican friends even introduced and passed a bill on the floor of this House authorizing insurance companies to offer prescription drug-only plans to seniors when even the president of Blue Cross and Blue Shield testified to this Congress that the plan was neither workable nor affordable for our senior citizens.

Well, that plan backed by the Republican leadership and by the big pharmaceutical companies never has become the law fortunately; but still we have been unable to pass a prescription drug benefit under Medicare.

Democrats want to update Medicare to make it consistent with the times, because we know that prescription drugs are now a big part of all of our health care costs.

It is time to end the pharmaceutical manufacturers' practice of charging America's seniors the highest prices paid anywhere in the world for prescription drugs. I ask the American people, who is on your side? Who is fighting for you?

Finally, when we look at what is happening today, this week, in this Congress, when we are fighting to increase funding for Medicare to save our hospitals and our health care providers, the Republicans put forth a bill and

passed it on the floor of this House, which the President has pledged, fortunately, to veto, that dedicates 40 percent of the increase in funding directly to the insurance company HMOs with no guarantee that any of that money will ever get to our hospitals, our health care providers, or our senior citizens on Medicare.

Why with only 15 percent of America's seniors living in an area where they even have access to a Medicare HMO plan would the Republican leadership give 40 percent of the increase in funding to the insurance industry? I ask the American people, who is on your side? Who is fighting for you?

We, Democrats, have gathered on the floor today to talk about these issues, and it is a pleasure for me to yield to the gentlewoman from Florida (Mrs. THURMAN), one of the best and hardest working Members of this Congress. The gentlewoman has worked on prescription drugs for seniors as long as any of us, and I am proud to yield time to her to discuss these important issues.

Mrs. THURMAN. Mr. Speaker, I appreciate those words from the gentleman from Texas (Mr. TURNER), but I would dare say that the gentleman and other Members of this Congress feel passionately about this health care issue as the gentleman so eloquently described in your opening remarks.

I think the gentleman is right, we are on their side.

I just want to go over some things, because the gentleman mentioned about a piece of legislation that potentially is going to be vetoed, if it ever gets to the President, I understand we may not get it there, but the fact of the matter is, two things I would say to the gentleman. I just received a letter October 20 from a gentleman, and he has also sent me some additional information on what is happening with his Medicare choice program, but it is very interesting. In the middle of his letter he says the medication providers made it tough to live up to these standards and something must be done to save the senior citizen, as well as the poor and middle-class citizens who cannot afford these high prices of medication.

Mr. Speaker, he went on to say, when I was in the Marine Corps in World War II, we were taught how to survive. But what is happening to us now with this health care system and prescriptions does not afford or teach us the liberty of surviving.

What I think caused him to send this letter to me was the letter that he just received from his Medicare choice program. Now, remembering the gentleman just said what was just passed was about \$8 billion or more that will go to these Medicare choice programs, even one of them getting about a 3 percent increase, before this bill was even voted on, before they even knew what potentially would be the outcome, this

is what they wrote to him, the name of the plan is changing in 2001 as shown in the table below. So-and-so's premium will no longer be offered in 2001. You will be automatically enrolled in this particular plan instead. I am not going to mention names. If after reviewing the benefit changes, you decide that this plan is not acceptable, you may wish to receive information about a valued plan available in your area.

This is how it goes. They have a chart. I would have blown up this chart, because I think it is very interesting. It is these kinds of phone calls and letters I am getting.

Benefit, monthly plan premium, 2000, \$19; 2001, \$179, from \$19 to \$179. Outpatient, physician specialist services, \$10 office visit copayment; \$15 office visit copayment, 2001. Outpatient hospital, \$20 in 2000; \$35 in 2001. Inpatient, no copayment; \$1,000, 2001, \$200 per day, limit 3 copayments per year. Inpatient hospital care, nonnetwork facility, no copayment; 2001, \$500 copayment per admission. Mental health, no copayment; 2001, \$200 per day, limit 3 copayment per year. Prescription drug, \$1,000 on outpatient prescription drug benefit, maximum benefit \$1,000, annual maximum for brand name drugs, the amount applied towards the benefit maximum was calculated as follows, the usual and customary price of the medication or the average wholesale price, whatever is less, plus the dispensing fee, minus your copayment. That is what happens in 2000. 2001, \$50 monthly maximum for brand name drugs, the amount applied to the benefit maximum is the amount that this company pays for the drugs.

Now, they are going to get a 3 percent, only covering about 15 percent by the way of the entire population, which is 40 percent of this entire package, and they are already sending out these notices saying that they are going to go from \$19 to \$179 and every other expense they have is also out of pocket expense going up. That is what I received.

Now, have we addressed this? We tried to address this. It was not going to make any difference. This is what they already said. By the way, on the back page, it says if you want to know you can opt out of this. I mean, these people are not going to have any place to go.

At a rare moment of this year in a political debate that I have actually made on a Sunday afternoon, I was handed, not by the same person, but by another person a monthly statement of what their medicines would cost. This is what really struck me. At the end of it, it said previous balance, \$649.59, charges this month \$2,322.56.

We have stood on this floor, the gentleman from Arkansas (Mr. BERRY), the gentleman from Connecticut (Mr. LARSON), the gentleman from Texas (Mr. LAMPSON), the gentleman from

Washington (Mr. BAIRD) have stood here and talked about at least one thing that we could have done that would have cost the Federal Government nothing. We are missing the gentleman from Maine (Mr. ALLEN), our friend.

I say to the gentleman from Texas (Mr. TURNER), we have offered it in the committee. We said put it under the Federal supply system. Use the Federal Government's buying power by buying the medicines at a reduced price. Use us just like we do in the VA system, just imagine this one alone would have been cut by almost \$1,200, just that one. Not even a benefit that we are fighting about right now. Just cut this in half. Let us be the buyer of this.

We buy bulk paper. We buy the hammers. We buy the highways. We buy the bridges. We do all of those things. We use our buying power for those purposes. Why can we not use that for these folks? Why are we saddling not only with the prescription drug costs that are outrageous and expensive and certainly not going for research, and I am sure somebody could jump up and talk about that, as we all could, but the fact of the matter is it is lining somebody's pocket. And on top of that, we have the increased costs.

My colleagues know what my solution is. I think we ought to get rid of Medicare choice. I think we ought to get rid of MSAs. I think we ought to get rid of all of that. I think we ought to look at a Medicare program that gives the safety net for every senior and not discriminate because they live in an area where they can get a Medicare choice or not.

We ought to be making sure that these things are covered under Medicare, become a Medicare benefit, and that would solve an awful lot of problems for a lot of people and would give us a health care system that is stabilized and not so off and on again and pulling people in and out of these programs, but something they can count on, which is what they always thought they were going to have when they had Medicare.

Mr. TURNER. I thank the gentleman from Florida (Mrs. THURMAN), and I appreciate her hard work on these issues. Her work in committee as well as on the floor has meant much to all of us.

Mr. Speaker, I yield now to the gentleman from Connecticut (Mr. LARSON), one of the most effective younger Members of this Congress, another Member who has worked with us very closely on these very critical issues.

Mr. LARSON. Mr. Speaker, I thank the gentleman from Texas (Mr. TURNER), and I appreciate his great leadership on this very important issue before Congress.

I think it is instructive to those that are listening today on a Saturday afternoon that we are here continuing

to press this vitally important issue. We are here for the people that Tom Brokaw appropriately recognized as the greatest generation ever, those people who persevered through the great Depression, who won the Second World War, who came home and rebuilt this great country of ours, provided for interstate commerce and made sure that we had school systems that were second to none so that we have risen today to be the preeminent military, economic, cultural and social force in the world.

□ 1430

All they are asking for is to live out their final days in dignity. I can say it no better than the woman who was on 60 Minutes who said, "I feel like I am a refugee from my own health care system, a refugee from my own health care system because I have to travel to Canada to get the prescription drugs that my doctor has recommended I take because I cannot afford them here in my own country."

That is why we need the legislation that the gentleman from Texas (Mr. TURNER) has sponsored, that the gentlewoman from Florida (Mrs. THURMAN) spoke about. That is why it is so important, as it should have been in 1965, that we follow the President's lead and the Vice President's lead in making sure that we make prescription drugs part of Medicare.

As the gentlewoman from Florida (Mrs. THURMAN) has pointed out as well, also following along the lines of the Allen bill which so many of us have supported here as well, that makes nothing short of common sense, that will not cost one new dollar in terms of adding onto bureaucracy, no new tax dollars, but just using the Federal Government as a resource, and pulling those Medicare recipients along with those Federal employees that already receive a discount, thus driving down the cost of prescription drugs for our elderly.

Everywhere I go across my district I can think of no more poignant issue where people have been calling upon Congress to put down their partisan differences. Instead, we get a charade. We get a charade of proposals claiming to have been for or have passed something akin to prescription drug relief.

The Republican proposal I have aptly named the Marie Antoinette plan. My colleagues all recall when those in Paris were starving and the then Queen said, "They are without bread. Let them eat cake."

The seniors of this country have come to the capital, have plead with us to give them prescription drug relief, and our Republican counterparts are saying, "They are in need of prescription drugs. Let them buy insurance."

That is not the way to make sure that we protect and provide for the greatest generation ever, those individuals that have sacrificed so much for

this Nation of ours. Let us get behind the American plan, not Democrat, not Republican, but the plan that allows people to live out their final days in dignity and provides them the access to prescription drugs, as the gentleman from Texas (Mr. TURNER) pointed out, that will not have them faced with the decision of choosing between the food they put on their table, the monies they need to heat their home, or the drugs that their doctors have recommended that they take to survive. I commend the gentleman from Texas (Mr. TURNER) for putting forward this very important issue at this critical time.

We have got a governor out there who is cawing how he can bring people together. I have a suggestion, call the gentleman from Texas (Mr. DELAY), call the gentleman from Texas (Mr. ARMEY), two of his fellow Texans, tell them to pull this Congress together in the waning days and pass on to those seniors. This is not a bipartisan issue, this is an issue of survival, this is a moral obligation on the part of this Congress to make sure that those seniors, those citizens that have given so much need these drugs to survive. Let us get together and make it happen. I commend the gentleman from Texas (Mr. TURNER) for his leadership.

Mr. TURNER. Mr. Speaker, I know we all agree with the gentleman from Connecticut (Mr. LARSON) completely. I appreciate his conviction on the issue.

Another Member who has worked tirelessly on this effort to bring fairness in prescription drug prices and a prescription drug benefit under Medicare to our seniors is the gentleman from Washington (Mr. BAIRD).

Mr. Speaker, it is my pleasure to yield to the gentleman from Washington (Mr. BAIRD) on this subject.

Mr. BAIRD. Mr. Speaker, I thank the gentleman from Texas (Mr. TURNER) for his leadership on this, and my colleagues who are here to speak to this.

Mr. Speaker, I did not come to the health care issue as a new Member of Congress because it polled well. I came to Congress as a member of the health care profession because we have a health care crisis.

For 23 years before serving in this body, I worked with patients. I was a clinical psychologist. I worked with cancer patients, with head injury patients, with folks with severe mental illness. I can tell my colleagues that, when we talk about 44 million uninsured Americans, 11 million uninsured children, those are not just numbers, those translate into real human lives.

I have worked with patients who put off needed health care. By the time they came to us, their disease had progressed so far, there was nothing more we could do. I have been by their bedside as they died. This is not a political issue. It is not something for rhetorical

flourish. It is a day-to-day matter of life and death for American people.

This Congress has named post offices. This Congress has passed resolutions on this and that. But this Congress has yet to pass a real Patients' Bill of Rights, a Patients' Bill of Rights that lets one choose one's health care provider, puts medical decisions in the hands of medical professionals, and holds insurance companies accountable when they deny one care.

This Congress has not passed that bill. Part of the reason we have not passed that bill is we have also not passed campaign finance reform. We have had a chance, but it has been held up again, two critical bills that could have passed.

The reason we cannot pass the Patients' Bill of Rights is the special interests who do not want to see that pass, who make money off other people suffering, have so heavily invested in certain campaigns that we will not even bring it to a serious discussion in the conference committee.

This Congress has not addressed pharmaceutical costs. The gentleman from Connecticut (Mr. LARSON) talked about the Republican plan as the Marie Antoinette plan, very apt prescription. I call it the placebo plan. Placebos, as my colleagues know, are medications or pseudo-medications designed to make one feel better if one believes they work, but they have no real effect. They are sugar pills.

Congress should not be passing sugar pills. The American people deserve better than placebos. The only bill we have managed to bring up is a placebo bill that resulted from polling that said the following: you have got to do something because the American people think there is a need for pharmaceutical benefits. But it does not matter what you do, so long as you say you care.

Saying you care and showing you care are different things. This body is in session still. We have set a record, I understand, one of the longest sessions of Congress in an election year. But in that time we have taken, that extended time, we have passed no Patients' Bill of Rights, no real pharmaceutical benefits. We have not done anything substantive to reduce the numbers of uninsured children and uninsured seniors in this country.

Our rural hospitals, Mr. Speaker, are suffering. There is a little bitty hospital named Morton General in a little mountain town, a timber town that has been pretty hard hit over the years. The winter weather is hitting Washington State right now up in the Cascades.

That town is an hour away from any trauma center. If a woman has a complicated pregnancy, or a logger sustains a serious ailment, that is the only hospital within an hour they can get to. With that winter weather, one

is not going to be able to get a life flight up there.

This week we passed a bill before this Congress that will not do what we need to do to protect our rural hospitals. It will not do what we need to do to protect our urban and suburban hospitals. It will not do what we need to do to protect our home health agencies. We passed it for the same reason we passed the placebo prescription medication bill, for political purposes, not for health care purposes. That, Mr. Speaker, is wrong.

We are in the richest country in the history of the world, the richest country in the history of the world; and 44 million Americans, 11 million children have no health insurance. Senior citizens choose every week whether or not to take their medication or pay their rent. Doctors are leaving our suburban and rural hospitals because they cannot afford to pay back their student loans. It is a disgrace.

Mr. Speaker, almost every weekend for the past 2 years, I have flown home to be with my constituents. I have had 103 town meetings. At every one of those, someone has brought me their prescription medication bill and said, please help us with this.

I would like to be home in my district right now, not so much because there is an election, but because I would like to be home and listen to my constituents.

But if we are here, for goodness sakes let us do something that matters. Let us do something that matters. We are not going to do that. We are going to pass CR after CR after CR. We are not going to do it. It is a shame. The 106th Congress is going to go down as the longest Congress to have done the least in American history.

I applaud the leadership of the gentleman from Texas (Mr. TURNER). I applaud my Democratic colleagues who have tried to do something really substantive for the American people.

I would appeal to this body, in the few days left, let us take a chance and work together and solve at least some of these problems, a Patients' Bill of Rights, a pharmaceutical benefit, real help for our rural hospitals, not a give-back to HMOs, but real help for our hospitals.

Mr. TURNER. Mr. Speaker, the gentleman from Washington (Mr. BAIRD) certainly brought the issues right down to home by the examples that he gave. I think many times people feel like we are down here debating some high-minded set of issues. But the truth is these issues make a difference to America's families. They make a difference to our hospitals and our districts. They make a difference to those health care providers that are out there trying to take care of the needs of the people we represent.

Mr. Speaker, it is my honor to yield to the gentleman from Texas (Mr.

LAMPSON), one of my Texas colleagues who has also worked very hard on these issues, who comes from a background where he has firsthand familiarity with the home health care industry, an individual who has fought hard on behalf of the people of his district and of Texas.

Mr. LAMPSON. Mr. Speaker, certainly not near as hard as what the gentleman from Texas (Mr. TURNER) has. The leadership that he has taken and put forth, both in the Texas legislature as a member of the Texas Senate, and then up here following through has been most appreciated. Without the effort that the gentleman has made, many of our colleagues would not have had the benefit of the knowledge, nor the encouragement to have played much of the role that we have. So we commend the gentleman from Texas (Mr. TURNER), and we thank him very much for that.

Mr. Speaker, I was involved in the home health care business. I went to graduate school in hospital administration following college. Then after, I taught school for a number of years. I have basically done three things. I was a schoolteacher. I was involved in local politics. Then I, when I was very much involved with the area agency on aging for southeast Texas, became involved with home health care.

I was a delegate to the White House Conference on Aging in 1995. One of our colleagues spoke a few minutes ago of our elderly seeking the opportunity to live out their years in dignity. Well, at that White House Conference on Aging in 1995, there were basically three goals that were set. They were to save social security, save Medicare, and save the Older Americans Act.

It was felt that, through the 5,000 people or so that participated in that conference, through the many, many, many meetings that took place over 6 or 8 days that we were there, that the primary goal was to give people the opportunity to live in dignity and to be independent in their last years of their lives.

That is what I want to talk about today. I guess it is the state of this Nation's health care that concerns me so greatly, all of us so greatly.

We saw recently, after we passed H.R. 2614, that the Republican leadership combined five bills into a conference report, even though much of what was in those conference reports had not been even considered by the Senate.

Some of the key components, like the Medicare provisions and even the, going back to education for a second, the school construction tax subsidized bonds, none of those were considered by either the House or the Senate.

It is the Democrats who have taken the lead in proposing a balanced package of Medicare and Medicaid restorations. This package ignores the efforts of the President and congressional Democrats to get Republicans to the table to craft such bills.

Instead, Republicans unilaterally put forward this partisan package. It truly bothers me. I am bothered by the Medicare, the Medicaid and the State CHIP provisions in this bill. This portion of the bill has never been acted on by either the House or the Senate.

There are increases of some \$31 billion over 5 years for Medicare, Medicaid and State CHIP providers. Of this, 41 percent goes to HMOs with no real guarantee that they will pass the funds on to beneficiaries in the form of enhanced benefits. In fact, there is not even a guarantee that they will have to stay in the communities that they now serve.

So much of the money in this bill is spent on HMOs that there is not enough for hospitals or nursing homes or home health care agencies or hospices or even community mental health centers. Only about 7 percent of the net increase in Medicare spending in the bill will directly benefit Medicare beneficiaries.

□ 1445

While I have my colleague's ear, and while I have the opportunity to visit for a few minutes up here, I would like to make a comment about prescription drugs. It was about a month ago, I think, that the gentleman from Illinois (Mr. HASTERT), the Speaker of the House, sent a letter to the President outlining a number of health care issues that could be resolved before Congress adjourns. And the President wrote back, and his response said, "I am extremely disappointed by your determination that it is impossible to pass a voluntary Medicare prescription drug benefit this year. I simply disagree. There is indeed time to act, and I urge you to use the final weeks of this Congress to get this important work done. It is the only way we can ensure rapid, substantial, and much-needed relief from the prescription drug costs for all seniors and people with disabilities, including low-income beneficiaries." That is what the President said.

Similarly, I signed on to a letter to Speaker HASTERT expressing my concern to learn that he had sent a letter to the President declaring his unwillingness to adopt a real Medicare prescription drug benefit before Congress adjourns this year. I disagreed that it is too late to pass real prescription drug legislation. I urged the Republican leadership to schedule for consideration legislation to improve meaningful drug coverage for all seniors. And has that been done yet? Is it on the schedule? No.

The Republicans' low-income-only prescription drug plan is an empty promise to seniors because it is not a Medicare plan. It would exclude 25 million Medicare beneficiaries from coverage. It includes no real protections or guaranteed benefits. It would provide

no help to a majority of even those who would be eligible. It would take years before its coverage provisions would be implemented. And even State officials, who would be responsible for implementing the program, said that they cannot do it. Well, this proposal is really no help at all to seniors who desperately need prescription drug coverage.

We have a responsibility to the American people to act on important issues facing this Nation. It is time to listen to the thousands upon thousands of seniors who have deluged our offices, certainly mine, with heart-wrenching letters of outrageously expensive prescription bills; to hear the stories like that from my own constituent, a widower, of a lady who taught school and died because her insurance company would not pay for the treatment that she needed to save her life from breast cancer.

It is this call for leadership that this Congress has so far refused to answer, and it is time to put the people's interests ahead of the special interests and pass a universal voluntary Medicare prescription drug benefit.

One of the things that stuck out in my mind, and it has been a few years now, obviously; but back in that last Presidential campaign, Bob Dole made a comment at some point that in 1965 he voted against Medicare. I think that that was indicative to me of the difference in commitment to honoring the goals that were set by those seniors in the 1995 White House Conference on Aging. The gentleman asked the question properly a few minutes ago: Who is it that is going to be on the side of America and make these things reality for our Nation as we have enjoyed them over the last several decades; those things that have expanded our life-span; that has given us a quality of life to be able to enjoy the last years? It is going to be the Democrats and the Democratic proposals.

I guess the final thing that I can say is that the work that we have done has been done in a manner and a way that families in southeast Texas make decisions, with common sense and fairness. That is what I think we represent, and what our efforts are trying to be. And I thank again and commend the gentleman for his efforts that he has made and the work of all my colleagues in trying to make this become a reality for the United States of America.

Mr. TURNER. I thank the gentleman from Texas (Mr. LAMPSON).

Well, Mr. Speaker, we have heard from a clinical psychologist; we have heard from the gentleman from Texas (Mr. LAMPSON), who has experience in home health care; in a minute I am allowing that we will hear from the gentleman from Arkansas (Mr. BERRY), who has a background in pharmacy. But now I want to yield to the gentleman from California (Mrs. CAPPS),

an outstanding Member who brings to this body her experience as a registered nurse.

Mrs. CAPPS. Mr. Speaker, I thank my colleague from Texas and appreciate my fellow Members of Congress for the time that we can have to discuss this important topic. We are in the final hours of this 106th Congress. We have passed some spending bills, but there remains still a few more.

When I think of my communities in the district that I represent and the concerns of the people that I represent, and I am so honored to represent them, I know that they look to me and to all of us in the area of health care as the most significant contribution that we can make to their lives here within the Federal Government, whether it is addressing the crisis of the number of uninsured Americans, people who face every day in terror that they will have health care needs that they have no resources to meet, or whether it is the people that I can call up in my mind, those seniors who live in my district who have to choose each day whether to fill their prescriptions, lifesaving prescriptions, or to put food on their table. These are people living on fixed incomes. They are not poverty stricken, but middle-class seniors.

These are issues that we really need to be addressing here. We need to put an affordable voluntary prescription drug opportunity for all seniors within Medicare. We need to address the issues of the uninsured.

I also want to use the minutes that the gentleman has given me to talk about another issue that people in my district have said we should do something about. They want us to do something about those HMOs that are making health care decisions in the place of their doctors.

We have had, we have still, a great opportunity to enact a bipartisan bill that passed here in the House, the Norwood-Dingell patient's bill of rights, 68 Republicans and an overwhelming number of Democrats. A good bill, yet it languishes. This is something we can still do in these last few hours of this session of Congress. It contains critical provisions which, I believe, are key to quality patient care and which come directly from the experiences of people in my district and around this country with their managed care providers and with their insurance companies.

They tell me in my district that they want to be able, as a patient, to choose their own doctors, their own hospital, to see specialists when it is appropriate. They do not appreciate having these decisions being made by insurance clerks and having the doctors told what they cannot and can do. The bill we enacted right in this House would protect medical privacy, guarantee emergency room care, and ensure that health plans cannot interfere when patients enrolled in clinical trials. Most

importantly, this bill we passed holds HMOs accountable when they make medical decisions that harm patients.

And this is a sticking point, and this is why there is such tremendous opposition to it right now. But we hold physicians accountable for malpractice. And when insurance companies practice medicine in a way that is not in the interests of the patients, they should be held accountable as well.

I am from California, where HMOs got started; and I have seen for myself in my own experience and those of the people with whom I worked so many years as a school nurse that HMOs have done some wonderful things, such as spreading the availability of preventive care. But over the past decade or so in my district, the power has swung too far into the corner of HMOs and insurance companies making health care decisions and into the area of pursuing profits over patient care. Patients are being cut out of the decision making process of their own health care. Doctors, nurses, other health care professionals are overruled by bean counters and profit takers. The bottom line is what is being intruded into health care, and our health care system is eroded today by mistrust and by anger.

This legislation that we passed here, the model that we could still enact into law, is supported by virtually every major health care organization in this country. As I mentioned, this House passed it by nearly a two-to-one margin last year. The American people support it overwhelmingly. We have no excuse that we cannot afford to do something about this. We have examples of the gentleman's own State where a patient's bill of rights has been in place and where it has worked effectively. It has not cost people more than a dollar or two more in their premiums.

The fear about everything going to the courts has not, in fact, turned that way. A very small number of lawsuits have actually resulted. When we have the example of Texas' patient's bill of rights being put into place, there is absolutely no reason why we should not be addressing this in this session of Congress before we adjourn. Our constituents at home are asking us to do this, and I am urging the leadership in this House and in the Senate and in that conference committee to deal with this before we adjourn.

Mr. TURNER. Mr. Speaker, we appreciate so much the experience the gentlewoman brings to this body with her background in nursing. It gives us a unique perspective.

I want to yield now to the gentleman from Arkansas (Mr. BERRY). He was one of the original cosponsors of the Prescription Drug Fairness Act. He comes to this body with a background of training in pharmacy, and I think he brings not only the expertise of pharmacy to bear on these issues but I have

found him to bring the common sense of rural Arkansas to bear on these issues, and for that I have been very appreciative. So I am honored to yield to the gentleman.

Mr. BERRY. I thank the distinguished gentleman from Texas (Mr. TURNER), my great friend; and I want to commend him for his leadership on health care matters in this Congress and in the time that he has been here. It is nice to be here with my Democratic colleagues today that have all worked so hard to try to improve the health care system in this country.

One of the previous speakers on the Republican side earlier today said it is time for a reality check. I could not agree more. Let us check the reality of the situation we are dealing with today. We are at the end of the session. We are here on a Saturday afternoon and would be proud to be here if we were just taking up the legitimate business of the American people. We have no patient's bill of rights. We have no prescription drug coverage for our senior citizens. That is the reality. We have not made provisions for more reimbursements for our hospitals to keep them in business. They are going broke every day. That is the reality. We have made no provisions to keep our home health care providers in business. That is the reality. Nor to keep our ambulance services in business. That is the reality. We have not made provisions for school bonds, smaller classrooms, after-school classes, teacher training, or any of the education programs that our children so desperately need. That is reality.

Let us talk about what we have done. We passed a patient's bill of rights in a bipartisan way in this House, and the leadership in the House and the Senate killed it in the Senate and in conference in a disgusting way. They should be ashamed of themselves.

They raised, and the Democrats voted against it, I voted against it, but the Republicans raised their own budget. They raised their own spending caps just a few days ago so that they could give an \$11.5 billion Christmas present to the HMOs, not to correct these problems I just talked about, not to help our seniors with a prescription drug benefit, not to provide a patient's bill of rights, not to help our hospitals or our health care providers, but to give a Christmas present, granted it would be early, but it would be a nice Christmas present to the insurance companies that have poured money, in an unprecedented way, into their campaigns. That is reality.

□ 1500

Governor Bush stands before the American people and proclaims his great concern for our senior citizens not having prescription medicines. He claims that he almost single-handedly passed a Patients' Bill of Rights in

Texas, which we all know is not right. And he also proclaims that he has this great ability to work in a bipartisan way.

I would suggest to you today, the Democrats are here. We are on the floor of the United States House of Representatives, and we are ready to go. We are ready to pass a Patients' Bill of Rights. We are ready to pass a prescription drug benefit for our seniors. We are ready to pass increased Medicare reimbursements to keep our hospitals and nursing homes and all of our other health care providers in business, not to enrich them, just keep them in business so that our seniors and our citizens in this country have decent health care in the greatest Nation that has ever been.

And he claims to have this great bipartisan ability. He will not even need bipartisan ability. We are ready to go. The Democrats are here. We are ready to do business. He has got to work on the Republicans. I would suggest, maybe he should call the Speaker Hastert. Maybe he should call the majority leader in the Senate and tell them, "I am for this." That is what he says. He says, I want to help America's seniors. I want to be sure every American that buys health insurance has the opportunity to make their own health care decisions along with their health care professionals. That is what he says. Maybe he should give the majority leader in the House a call. Maybe he should call the whip on the Republican side and say, "I'm ready to go. Let's just go ahead and do this this fall. It will be great for the campaign. We can say we don't even have to get elected. We have already gotten it done." But the reality is they only talk about it.

This is the greatest attempt to deceive a Nation that has ever been. The pharmaceutical manufacturers in this country have poured tens of millions of dollars into this campaign in an attempt to deceive the American people. Any time the American people see this tag line, Citizens for Better Medicare, look out. What they mean is citizens for more profit for the pharmaceutical industry, and we are supporting this candidate because we think they will support us when the time comes, and we think they will protect our outrageous profits at the expense of the wonderful senior citizens in this country. And it has already been mentioned, they are the greatest generation.

It is unbelievable that we are here today and have been fighting this battle for over 2 years. Yet even though we are here on Saturday afternoon, the Democrats virtually alone in their effort to move these issues forward, and it still has not happened. The President is ready to do these; he knows it is the right thing to do. The Republicans claim they are. It is absolutely amaz-

ing that we have not been able to get this done. That is the reality check. I thank the gentleman from Texas once again for his leadership in this matter.

Mr. TURNER. I thank the gentleman from Arkansas (Mr. BERRY). He has a unique way of bringing it right down to home in good common sense terms. As I asked in my opening remarks for this Special Order hour of the American people, who is on your side, who is fighting for you, I think it is clear that you and the other Democrats in this Congress are working hard to provide the prescription drug benefit, the Patients' Bill of Rights, and funding for the Medicare program that the American people want.

It is almost amazing as I heard you express it when you talked about the issue, when you try to identify who is against these things, who would want this Congress to fail to pass a Patients' Bill of Rights, who would want this Congress to fail to pass a prescription drug benefit for seniors. There are only two groups, the insurance industry and the big pharmaceutical manufacturers. Everybody else would say, "Let's move on and get the job done." As you said, we are here and we are ready to go to work and get it done before this Congress ends.

The gentleman from Arkansas (Mr. BERRY) brought experience as a pharmacist. The gentleman from Washington (Mr. BAIRD) brought his experience as a clinical psychologist. The gentlewoman from California (Mrs. CAPP) brought her experience as a nurse. The gentleman from Texas (Mr. LAMPSON) brought his experience to the table from home health care. It is now an honor and a privilege to yield time to the gentleman from Arkansas (Mr. SNYDER), a medical doctor.

Mr. SNYDER. Mr. Speaker, I thank you for spending part of your Saturday afternoon with us today.

I had lunch today at a Chinese restaurant. I got the little fortune cookie. I was walking, eating my cookie on the way over here. It said, "Laughter is the best medicine." My experience as a family doctor is the best medicine often causes hysterical laughter because when people get the bills and see what they are paying for these drugs, it is a shocker for them.

My experience as a family physician, and it is a sad experience, is that the patient comes into the doctor, you write out the prescription that you think is the right thing to do and you think this can help that person and they come back a week or two later. I bet the gentlewoman from California has had this experience, the gentleman from Washington has had this experience.

"How are you doing?"

"About the same."

Well, I wonder what happened. You talk and talk and talk. You finally find out, I went to the pharmacist to get

that medicine and they filled it for me, they gave me the bill and I could not afford it, and I decided not to take the medicine. That is the experience in Arkansas, as over a third of our seniors have no drug benefit at all. Also, those are the same group of people, I think it is over 60 percent of our seniors, their only source of income is Social Security. So this problem of not having a prescription drug benefit is a real one.

I was very optimistic when we began this Congress almost 2 years ago that we would do something in Medicare to modernize it. That is all we are asking for. We have a Medicare program. People talk about those bureaucrats in Washington. This is Medicare. They talk about the one-size-fits-all. This is Medicare. It is the Medicare program that my mother relies on, our parents all rely on; but it needs to be updated, and it needs to be updated with a drug program. Here we are on a Saturday afternoon, hoping that somehow in the next week before we finally adjourn that something will occur in this area; but I suspect most of us are not very optimistic that will happen.

The Patients' Bill of Rights. Let me relate another anecdote from my experience as a physician. I think that to me the worst thing I had to do that illustrates why I am a supporter of the Patients' Bill of Rights was I have had several occasions as a family doctor in recent years where if a patient came to see me and they were depressed, they had some mental health problem and I may or may not give them a prescription or do whatever I can do as a family doctor, but I thought they needed counseling and they had an insurance program. I would have to take them in, this is the way their plan worked, I would take them into a room and say, "Here's the telephone. Here is an 800 phone number; dial this number. You're going to get a complete stranger at the end of that line who will tell you, number one, do you get any counseling, number two, what kind of person will give you that counseling and, number three, how often and for how long a period you will get that counseling."

Well, that is that person. That is the patient's insurance company. They have made that decision, with their employer perhaps, to choose that insurance company. But my opinion as a health care provider, as a family doctor, if that clerk at the end of that phone is going to make health care decisions, then they should be just as liable as I am if something goes wrong. I see my fellow health care professionals over here also nodding their heads. That is what the most controversial part of the Patients' Bill of Rights is about, that if a health insurance program is going to practice medicine, they should be responsible legally like the rest of us that practice medicine for real. I do not know why that seems to be so controversial, but it is.

A third issue I want to touch on is this issue we have had come up just recently in the last few days with the vote on what was called this tax bill and the Medicare give-back provisions. That deals with the problem that our hospitals are struggling with around the country. A lot of us, I had promised my folks back home, yes, before we are out of here we are going to have some additional money for rural hospitals and health care providers. Lo and behold, I said, it is not going to be a problem because it is bipartisan; there is great support for it.

What happened? Instead of getting the kind of bill we all thought we were going to get, we are getting a bill that gives far too much money to managed care organizations, to HMOs, and not enough to hospitals. It is really difficult to understand at this late hour why on something like that we are here today, why that cannot be worked out so that we can give our health care providers back home some relief.

The last point I would like to make is on campaign finance reform. I think that sadly a lot of us have concluded, we would like these issues to be decided on what is the best policy. Unfortunately, a lot of these issues are being decided by who gives the most money to which party to help their particular position. The gentleman from Arkansas (Mr. BERRY) is trained as a pharmacist. He actually made most of his money now as a farmer, but he understands these drug issues so well, made mention of Citizens for Better Medicare and the reason that he and I talk about it is that they are now spending a ton of money in the Little Rock media market trying to influence this congressional race we have in South Arkansas.

It is not the race that he and I are involved in in our two districts, but it is in the same media market. The Arkansas Democrat-Gazette had a report come out about a week ago. Citizens for Better Medicare, which is financed by drug company money, these are pharmaceutical companies, has now spent close to \$800,000, if not more by this week, to impact that one race. They are opposing the proposals that we all support to include a drug benefit in Medicare.

I do not deny anyone their right to run an ad. I do not deny anyone the right to support whatever candidate they want, but when they call themselves Citizens for Better Medicare, people need to understand and the folks in south Arkansas and in my district also need to understand that Citizens for Better Medicare is drug company money trying to block a drug benefit for Medicare, and that is wrong.

I thank the gentleman from Texas for his work today and I thank the Speaker again for being here.

Mr. TURNER. I appreciate the comments of the gentleman from Arkansas

(Mr. SNYDER). I know all of us have been confronted with that front group called Citizens for Better Medicare, which there is no citizens there. It is just the big drug companies pouring money into these issues, trying to influence the outcome of elections, and it is wrong and I hope the American people understand who is on their side and who is fighting for them.

We have only a minute or two left. I want to yield to the gentleman from Washington because he wanted to share some of his thoughts about the unfairness of pouring the lion's share of the money into the HMOs for the Medicare+Choice side instead of giving it to our rural hospitals and other health care providers.

Mr. BAIRD. I will be fairly briefly. Most Americans do not realize it, but there is a tremendous inequity in Medicare compensation in our country today and it works like this: all Americans pay the exact same amount of money into Medicare as a percentage of their salary. But not all Americans receive the same benefit. Depending on where you live in this country, you may receive pharmaceutical benefits, eyeglasses, hearing aids in one part of the country under Medicare, but in another part of the country you may receive none of those benefits and pay a supplemental premium and have to pay copays. This inequity, more than anything else I believe is what we should be correcting in these so-called BBA fixes that we have been trying to pass in the last week, but this bill that came before us this week did not adequately address it. It was painful for many of us who know the desperate straits of our hospitals, who know the desperate straits of our rural health care communities and who also would like to see a minimum wage increase passed to have to vote against that bill because it did not do enough to restore fundamental fairness and equity to the Medicare compensation system. Neither did it do enough to protect our home health agencies, nor did it protect and promise that the money that went to the HMOs would actually get to our hospitals.

I applaud the leadership of the gentleman from Texas (Mr. TURNER) in raising these issues and thank him for his efforts and leadership on this.

Mr. TURNER. I thank the gentleman from Washington (Mr. BAIRD). I appreciate his participation along with the gentlewoman from Florida (Mrs. THURMAN), the gentleman from Arkansas (Mr. BERRY), the gentleman from Texas (Mr. LAMPSON), the gentlewoman from California (Mrs. CAPPS), and the gentleman from Arkansas (Mr. SNYDER) as we have tried to lay out before the American people the issues to let them have the choice and the decision as to deciding who is on your side on these critical issues. We are going to continue to work to get the job done for the American people.

THE REPUBLICAN CANDIDATE FOR PRESIDENT

The SPEAKER pro tempore (Mr. OSE). Under the Speaker's announced policy of January 6, 1999, the gentleman from Oregon (Mr. BLUMENAUER) is recognized for 60 minutes.

Mr. BLUMENAUER. Mr. Speaker, I appreciate the opportunity to spend a few minutes this afternoon discussing the situation we face ourselves today in terms of dealing with the home-stretch of the year 2000 election. There is, I understand why we have seen in many expressions of public attitude, a sense of confusion. We have heard the Republican candidate for President, Governor Bush, talk about his concern about the gridlock and partisan bickering here in Washington, D.C., trying to make it some aspect of his campaign, that somehow this would be an advantage of his candidacy, somehow either not knowing, caring or not being honest with the fact that it is his party that is not dealing with allowing partisan solutions to come forward.

As is known to every Member of this Chamber, there was a bipartisan solution to the issue of a Patients' Bill of Rights that was passed with overwhelming Democratic support and a number of Republican supporters as well, a significant majority of this Chamber. But unfortunately the Republican leadership refused to allow a fair and honest discussion of this proposal to move forward and decided to appoint members of the conference committee who actually disagreed with the overwhelming sentiment, the overwhelming bipartisan sentiment of this Chamber.

□ 1515

In the area of efforts to reduce gun violence, we had an historic opportunity last year when finally there was a little glimmer in the United States Senate where there were some provisions that were passed that would have been small steps towards reducing gun violence, a huge concern for people around the country.

One of those, the gun show loophole, for instance, had bipartisan Senate support, would have had an opportunity for passage here, but this legislation has been bottled up in a conference committee by the Republican leadership that will not meet with the Republican Senate leadership and bring legislation to the floor of this Chamber. That juvenile justice conference committee has not met since last summer; not the summer of the year 2000 but since August of 1999, losing an opportunity to have a bipartisan solution towards reducing the epidemic of gun violence.

Perhaps nowhere is the stark differences between the candidates more clear than dealing with the area of the environment, and I wanted to take the opportunity today to have an opportunity to discuss these issues.