

Sunday night; what do you think about being here on a Sunday. She said to me, she said, Congressman, is not our Government big enough already?

Mr. Speaker, that is the question most Americans should be asking, and a 16-year-old girl certainly is perceptive enough to realize that we are here because there are people who just want to spend more and for Sara's sake and the sake of my five kids we are willing to stay here as long as it takes to come to the right agreements with the House to make sure we do not spend the country into oblivion. But my goodness, we have answered this question. We have spent more than enough already. The White House wants more, and I just hope that we can come to an agreement that still leaves Sara's future in tact and her debt certainly no greater than it is today.

I yield to the gentleman from Michigan (Mr. HOEKSTRA).

Mr. HOEKSTRA. Mr. Speaker, I think we need to build on the progress that we have made. I think we would all agree that getting to a surplus for 3 years now and on our way to a 4th year of a surplus is great progress and great work. Having worked on the Committee on the Budget, if we had said that a few years ago, we would have said, by the year 2000, if we would have gotten that kind of track record, people would have said, no way. But we have done that. So we need to build on that record. We have stopped the raid on Social Security and Medicare, so let us focus on the good things that we have done here as well. Let us build on those things.

The same thing for education. Let us build on the positive progress that we have seen at the local level and then at the same time on a parallel track, let us fix the broken bureaucracy here in Washington.

Mr. SCHAFFER. Mr. Speaker, I yield to the gentleman from South Dakota.

Mr. THUNE. Mr. Speaker, I would say one of the good things we have done, we passed a Medicare package here last week; and it included some tax relief for people around this country too, a lot of things that I think many of us agree on, and I hope the administration agrees on as well. But the veto is threatened, and that is unfortunate, because we have a lot of rural hospitals and home health care agencies and nursing facilities that are really struggling out there. I think the President needs to explain to the American people and to all of those organizations who are supporting this legislation why he is going to veto it.

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This is something that in rural areas like South Dakota is very, very important to the people of my State to make sure that we provide quality health care.

In a bipartisan way we have come up with a package that addresses a lot of

those issues for rural hospitals, for skilled nursing facilities, for home health agencies and where we have addressed also some other things that I am very interested and allowing technology to better serve rural health care needs through telehealth. Those issues are included in this package.

The President is going to veto it. That is the wrongheaded thing to do, and that is putting politics in front of people, and that is unfortunate. It is the reason that we are here. But when the gentleman from Michigan (Mr. HOEKSTRA) talked about some of the good things that we have done here in the Congress, that certainly is an example of it.

I think that it is something most of us here this evening would argue are going to benefit, to a very big extent, the folks, the people in our respective congressional districts and States.

Mr. SCHAFFER. Mr. Speaker, I yield to the gentleman from Texas (Mr. STENHOLM).

Mr. STENHOLM. Mr. Speaker, I thank the gentleman for yielding, and I would say this one Member is glad the President is going to veto the tax Medicare bill, because it does not deal adequately with the health problems in my district, in my opinion.

In requesting additional spending, I am well aware that we have to find that money someplace else, because no matter how many times we say how much is enough, we have agreed \$645 billion is enough. When I say I am glad the President will veto the bill, I hope we will work out a better package for rural hospitals, teaching hospitals, all of the things that need a little better shake in that.

I say that realizing we have to take the money from someplace else, and I think the HMOs are getting a little bit too much. I think we can perhaps trim some other places. A very respected Member of the other body has said in this spending \$21 billion is very questionable.

I do not think that it is wrong for us to suggest a little more on hospitals at home would be a better use of some of that money.

#### A CONTINUATION OF HOW MUCH IS ENOUGH?

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

Mr. TURNER. Mr. Speaker, I want to speak to an issue raised by the gentleman from South Dakota (Mr. THUNE), my friend, regarding the concern that I think we all have regarding our rural hospitals.

The main reason that I object to the bill that was passed on this floor that the President has said he will veto is just the issue the gentleman raised, and that is, it is inadequate in terms of

its funding for our rural hospitals and dedicates too much of the money set aside to increase funding for Medicare to the insurance company HMOs.

Mr. Speaker, I have a letter here from a hospital administrator in my district, George Miller. He is the administrator of the Christus Jasper Memorial Hospital. He writes to me and he says we are extremely concerned because as the present language reads in the bill, the one we passed, one-third to one-half of BBA relief over 10 years would go to HMOs, leaving less for providers and beneficiaries in east Texas, such as the Christus Jasper Memorial Hospital. Further, the bill does not prohibit HMOs from dropping benefits or leaving the community as they have done here in Texas and left many of our patients without HMO coverage. We need your help, Administrator George Miller, Jasper, Texas.

That is the concern that I have about the bill that was passed, and that is why I support the President's threatened veto of the bill. The truth of the matter is, HMOs are abandoning our seniors. I only have four counties out of the 19 that I represent that even have an HMO plan offered to them after December 31 of this year.

I clearly, in representing my constituents, want to see more of that increase that we have provided in this bill applied to the rural hospitals, the health care providers, rather than giving 40 percent of that new money to those HMOs.

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

Mr. KINGSTON. Mr. Speaker, me say, number one, that I appreciate the gentleman's sincerity on this issue. However, in terms of the President, I have not seen any alternatives. And as the gentleman knows, this bill was endorsed by the American Hospital Association, the American Cancer Society, the American Federation of Home Health Care Providers, the National Association of Children's Hospitals, the National Association of Rural Health Clinics, Juvenile Diabetes Foundation, the National Association of Community Health Clinics.

I hope that the President, rather than to veto it, putting politics in front of people, I hope he will say, okay, here is how we can constructively make changes and fine tune this thing. I think if it was up to the handful of us tonight, we could work out the differences real quick. And I, too, represent a rural area; and we can have genuine disagreements on it, but I do question some of the motives down on 1600 Pennsylvania Avenue.

Mr. TURNER. Mr. Speaker, it is always easy to question motives, and I really think that what we have to do is try to form our own views on these issues. I am sharing with my colleagues mine, and that is too much of the increase in Medicare HMOs in this

bill goes to the insurance company HMOs, and there are only four counties in my district that even offer an HMO Medicare choice plan.

I am not sure how long they are going to be there. I would invite my colleagues to take a look at the report just issued by the General Accounting Office, which tells us a whole lot about the status of these Medicare HMO choice plans. Basically, the message is pretty clear. HMOs are not working in Medicare for either our seniors or for the taxpayers, because what we have seen, last year we had several hundred thousand seniors receive notices of cancellation of their HMO+Choice plans. I believe it was 328,000. And here this year, we have had almost a million receive a notice of cancellation.

The bottom line is, our seniors know that these HMOs cannot be depended upon, and I think what we see in the GAO report is that not only are they dropping out and canceling our seniors, but on average, it is costing the taxpayer more for a senior to sign up for these Medicare HMOs than regular fee-for-service Medicare costs.

Mr. Speaker, I yield to the gentleman from Oklahoma (Mr. COBURN).

Mr. COBURN. Mr. Speaker, let me just give my colleagues some facts. One of my friends that I went to high school with managed the health care for Wal-Mart. Wal-Mart discovered 7 years ago that HMOs are a terrible way to provide health care; it costs more. It costs them 19 percent more. They no longer have any HMOs.

The other thing, and I am sure that the gentleman is not aware of this, is that both sides of the aisle, when these bills were both in the Committee on Ways and Means and in the Committee on Commerce, had near unanimous votes on all of these issues, specifically the HMO funding, much to my chagrin.

#### A CONTINUATION OF HOW MUCH IS ENOUGH?

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Connecticut (Mrs. JOHNSON) is recognized for 5 minutes.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I want to respond to my colleagues in their discussion on rural health care.

Mr. Speaker, I am very proud to say that in this Medicare bill that the House voted on recently, we had put more money into rural health care than at any time in the existence of Medicare. For the first time, we dramatically increased the floor for rural health payments to a degree that the President never proposed, never anticipated, and, frankly, this house has never proposed in the past either.

My colleague from New Mexico (Mrs. WILSON) did propose in the Committee on Commerce to raise those thresholds to very high levels so the rural areas

will be able to provide the quality health care that those people deserve, and that should be the standard of care throughout the Nation.

I am proud of what this bill did, and I am disappointed that my colleagues on the other side of the aisle are not recognizing that this is a unique bill in its generosity to rural areas. That is why the rural providers all support it.

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

Mr. KINGSTON. Mr. Speaker, I wanted to quote the American Hospitals Association on this, and the reason why I keep getting back to the American Hospitals Association on this bill is that these are the folks whose members have to pay the bills and have to make ends meet on Medicare.

One of the things I heard over and over again from our hospitals on behalf of our seniors and directly from seniors is we need Medicare relief, and this is what this bill does. The American Hospitals Association says we are urging Members to vote in favor of this legislation and have recommended that the President not veto this legislation. I am just so concerned that the President is putting politics over people. This is legislation that does seek a solution to solve a problem, and it is not perfect.

I do not think we can have a perfect piece of legislation in a legislative body consisting of 435 people and 100 Senators, but it is a step in the right direction.

Mr. Speaker, I thank the gentleman for yielding to me.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I would point out under current laws these plans would get a 2 percent increase. All we are doing in this bill is a 3 percent increase. This is not big stuff as it goes down here. This is not worth vetoing.

Mr. Speaker, I yield to the gentleman from South Dakota (Mr. THUNE).

Mr. THUNE. Mr. Speaker, I want to thank the gentleman for yielding to me, because I appreciate the responsiveness of the committee to a lot of the requests that we made with respect to rural areas, because this is a very difficult, very complex issue. It is a quality-of-life issue for people in rural America. We have long distances.

I appreciate very much the inclusion of the telehealth provisions in this, because allowing technology to help us better meet the health care needs in rural areas is really, I think, the wave of the future. One of the reasons we have had such difficulty with Medicare+Choice is for the reasons that the gentleman mentioned and, that is, that making sure that we more fully fund this blend, that we allow some sort of floor there that enables programs, Medicare+Choice programs, to better succeed in rural areas has been a real challenge.

I agree. I mean, everybody would probably write a more perfect version

of it; but I do believe, as I look at this bill and the efforts that were made on behalf of the Committee on Ways and Means and the Committee on Commerce on trying to fashion something, it is responsive to it. It is sensitive to the needs of rural areas, and that is why I think, as the gentleman mentioned, a lot of these groups, including rural health care providers, have endorsed and supported this legislation.

Granted, not everyone is probably going to come on board. The gentleman from Texas (Mr. TURNER) obviously is not in support of this, but I think when we look at the organizations, the positions they have taken, the groups they represent, this is an effort, a very strong effort to try and address a lot of the shortcomings in providing health care to rural areas to our senior populations. I thank my colleagues for their work on that.

Again, I would be very disappointed if the President were to veto this, because I think it would be a real loss for rural areas in this country, who under this bill would benefit in some significant way.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield to the gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. I understood all the Democrats on the Committee on Commerce voted for this; am I correct?

Mrs. JOHNSON of Connecticut. The Committee on Commerce was a unanimous vote, but I believe it was a voice vote. On the Ways and Means subcommittee, which was the committee that has governed Medicare year after year after year after year, gets into all the complicated reimbursement issues. Improving managed care choice reimbursements by 4 percent was voted for unanimously by Republicans and Democrats.

In addition, we accepted an amendment by a Democrat member of the subcommittee to even improve the reimbursements above that to bring plans into the market, again, when they had not been there before; and again that would help the rural areas.

#### EXPLANATIONS FOR WHY THE HOUSE OF REPRESENTATIVES IS BEING KEPT IN

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

Mr. ROHRABACHER. Mr. Speaker, we have heard many explanations of why we are being kept in. It is important again to reiterate the President is asking us to spend more money in several different areas. Whatever his initial request was, it is irrelevant.

The gentleman from Texas (Mr. STENHOLM) has come up and very eloquently explained to us his point of view on why that is no longer relevant. But the fact is, the President's demands at this time are what is relevant. What is relevant to us and what