

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

is keeping us is the President of the United States is threatening to veto pieces of legislation unless we include more money, more money in different areas like health care, education, and different things that he has in mind for his priorities.

However, amongst that list of demands, it is not just more money for these things, but amnesty, a general blanket amnesty for millions of illegal immigrants into our society.

I think the American people who are paying attention to what is going on in Congress right now, when we say that the President is putting politics before people, he is putting politics before the American people. For some reason, he must believe that granting blanket amnesty to millions of illegal immigrants, making them eligible for these education and health benefits that should be going to our own people, that that in some way is going to get him votes for somebody. Give me a break.

The American people should be outraged that their President is holding the Congress hostage, trying to force us in order to get home to campaign, for us to grant a blanket amnesty to millions of illegal aliens which then in the long run will drain money from education benefits, drain Federal dollars from health care benefits, will make our Social Security and Medicare systems less stable.

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Why, because we put millions of new people into the system who have come here illegally from other countries. When they were in the other countries of course, they never paid into those systems. So granting an amnesty, blanket amnesty for millions of illegal immigrants is demonstrably against the well-being of our people; and Congress should stay here and fight to the last ounce of our strength to prevent this travesty from happening.

We have also compromised somewhat. We have said we will go along with the President and agree to a family reunion for those immigrants who are here legally now and have families and have been separated and overseas for a number of years waiting to get in and we will let them come into the country. There is a responsible number of people that we would then permit to come in for humanitarian reasons.

But to grant a blanket amnesty for millions, the last time we did this was 1986 and what happened after 1986? It was like a welcome sign had been lit over the United States, "come on in" to everybody in the world who would want to participate in our free society and receive government benefits, I might add.

What we had was a flood of illegal immigration that in my State of California has come close to destroying the viability of our health care system, of our education system. If we take a look

at the education scores in California, much of it has to do with the fact that we have had a massive flood of illegal immigrants into our society and we have to pay for their education, even though they just arrived and never paid into our system. That is unfair to our people.

Mr. Speaker, we care about the people of the United States of America. Yes, we care for other people as well. And most immigrants, illegal and legal, are wonderful people. But this bill that the President is demanding insults those people who are legal immigrants, who have stood in line and proven to be our very best citizens because they have come here legally. They respect our laws and they love the United States of America. We cherish their citizenship. But we have made fools out of them if we grant amnesty to people who have just jumped the line and come into our country illegally, thumbing their noses at our laws.

We must resist the President's efforts to force this Congress to ignore the well-being of our own people and bring in millions upon millions of illegal immigrants and give them blanket amnesty. It is unfair. It is not right. We have agreed to a compromise here. We have agreed that we will have some family reunification and that is a responsible position, because it helps those people who are here legally and already in our country to unite with their loved ones. But a blanket amnesty is outrageous, and I ask the American people to pay close attention.

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 4577, DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2001

Mr. HOEKSTRA. Mr. Speaker, pursuant to clause 7(c) of rule XXII, I hereby notify the House of my intention to offer the following motion to instruct House conferees on H.R. 4577, a bill making appropriations for fiscal year 2001 for the Department of Labor, Health and Human Services and Education.

The form of the motion is as follows:

Mr. HOEKSTRA moves that the managers on the part of the House at the conference on the disagreeing votes of two Houses on the Senate amendment to the bill H.R. 4577 be instructed to choose a level of funding for the Inspector General of the Department of Education that reflects a requirement on the Inspector General of the Department of Education, as authorized by section 211 of the Department of Education Organization Act, to use all funds appropriated to the Office of Inspector General of such Department to comply with the Inspector General Act of 1978, with priority given to section 4 of such Act.

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Mr. SCHAFFER. Mr. Speaker, pursuant to clause 7(c) of rule XXII, I hereby notify the House of my intentions to offer the following motion to instruct House conferees on H.R. 4577, a bill making appropriations for fiscal year 2001 for the Departments of Labor, Health and Human Services, and Education.

The form of the motion is as follows:

Mr. SCHAFFER moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 4577 be instructed to insist on those provisions that—

(1) maintain the utmost flexibility possible for the grant program under title VI of the Elementary and Secondary Education Act of 1965; and

(2) provide local educational agencies the maximum discretion within the scope of conference to spend Federal education funds to improve the education of their students.

HEALTH CARE IN AMERICA

The SPEAKER pro tempore (Mr. SIMPSON). Under the Speaker's announced policy of January 6, 1999, the gentleman from Oklahoma (Mr. COBURN) is recognized for one half of the time remaining before midnight as the designee of the majority leader.

Mr. COBURN. Mr. Speaker, I rise tonight with the gentleman from Arizona (Mr. SHADEGG) to talk about health care in America. It is Sunday night. We are in Washington. The politics, rather than people, are front and center stage within the House and the White House and the Senate.

A lot has happened in the last 6 years since I have been in Congress, but nothing has happened to fix the real problems. I want to spend just a little bit of time creating a set of circumstances that the American public might hear tonight about where we find ourselves.

If Americans are in an HMO today or in an insurance plan that is a PPO, a Medicaid HMO or if they happen to be fortunate enough to have pure fee-for-service medicine, the one thing that they know is that over the last 10 or 15 years they have lost a tremendous amount of their freedom. They have no ability to choose the physician or the health care provider that is going to care for them. That very personal aspect of their life, they no longer have a choice.

If Americans are in Medicare, they cannot go outside of Medicare to a physician who would not take Medicare. They have no right to do that under the laws of Medicare. A doctor in this