

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