

we can deliver our part, and that is to control Federal spending.

#### HEALTH CARE REFORM

The SPEAKER pro tempore (Mr. CULBERSON). Under the Speaker's announced policy of January 3, 2001, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I did want to indicate that I only plan to use about 20 minutes of the hour this evening, and then I would like to turn over the rest of the hour and yield to the gentlewoman, one of my colleagues from Ohio, who will be out here later, who is going to be talking, I believe, about Black History Month.

Mr. Speaker, I wanted to take to the floor, to the well, this evening, to talk about health care, and essentially to map out why I believe very strongly in this session of Congress we have an opportunity, hopefully on a bipartisan basis, to enact some health care reforms that will ensure more access to health insurance to more Americans, many of whom, about 40 million, do not have any kind of health insurance right now; and, secondly, that we enact a true HMO reform, along the lines of the Patients' Bill of Rights, a bipartisan bill that passed the House of Representatives last session, unfortunately, it did not become law, in order to reform HMOs. Third, I think that we should enact a Medicare prescription drug benefit for all Medicare beneficiaries.

I believe very strongly, Mr. Speaker, that these measures can pass in this Congress on a bipartisan basis.

I have to say I was a little concerned, I did not plan to talk about tax cuts tonight, but when I heard my colleague on the other side of the aisle who was here in the well before me, I do become concerned that if the tax cuts that are being proposed by the President become too large, so that the entire surplus, or most of the surplus that we now have, is used up, we not only face the potential of having a deficit situation again, with all the bad ramifications for its economy, but it would make it impossible for the types of things that I am talking about tonight, a Medicare prescription drug benefit, increased access to health insurance for many who do not have it, these types of things would be impossible to pass.

So I would ask my colleagues, when they look at these tax cuts, which all of us support tax cuts, and I certainly would like to see one passed, that it not be so large that it puts us back into a deficit situation or does not allow us to implement some of these needed health care reforms.

What I want to start out, if I could, Mr. Speaker, is by saying that when I talk about expanding health insurance

and access to health insurance, I think you know in previous Congresses we have worked, for example, to expand health insurance for children, the so-called CHIP program, which now allows children whose parents make more than would be eligible for Medicaid, and who mostly are working, are now allowed in their individual States to enroll in a Federal program so their kids are covered by health insurance.

However, during the course of the last campaign it was quite clear that the Democrats felt very strongly and still feel strongly that the CHIP program needs to be expanded to include adults, the parents of those children who are in the CHIP program.

It was very interesting, because during his confirmation hearings the new HHS Secretary, Secretary Thompson, actually said that he would like to see parents whose children are in the CHIP program be allowed to enroll in the program as well.

I mention that because I think even though this was a Democratic idea, it is something obviously that is supported by the current Health and Human Services Secretary, who is a Republican. So, again, I hope that we see some of our Republicans coming along with this proposal.

The other thing the Democrats have been championing for some time is the idea that people between the ages of 55 and 65 who are not eligible for Medicare now be able to buy into Medicare, the so-called "near-elderly." I would venture to say, Mr. Speaker, that if you were able to enroll all the kids that are now eligible for CHIP, and then expand the CHIP program to include all the parents whose children are in CHIP, and then expand Medicare so that the near-elderly, 55 to 65, could sign up, we would go a long way towards solving the problem of those 40 million Americans who work but who have no health insurance. I would like to see that done on a bipartisan basis.

Let me also mention the Patients' Bill of Rights, the HMO reform. It is abundantly clear to me that in the last Congress, even though the Patients' Bill of Rights was a Democratic initiative, the HMO reform, we had a number of Republicans who came forward and voted for it here in the House; and we had some very prominent Republicans who took the lead on it, the gentleman from Iowa (Mr. GANSKE) and the gentleman from Georgia (Mr. NORWOOD), who took the lead on it.

Why can we not pass that bill? We should be able to in this Congress. I know that most of the Republicans did not vote for it in the last Congress in the House, but there is no reason why we cannot do it.

President Bush comes from the State of Texas. Texas has a Patients' Bill of Rights, or an HMO reform, very similar to the Democratic Patients' Bill of Rights proposal. Let us see what we

can do to get it passed on a bipartisan basis.

Finally, let me talk about the prescription drug benefit. I know when I go home and talk to my constituents, the seniors in my district, the biggest concern they have is the fact that Medicare does not cover prescription drugs, and many of them cannot sign up for Medigap programs or cannot get into an HMO where prescription drugs are covered, or may have been in such an HMO and had their coverage dropped as of January 1 of this year.

So we need to enact a prescription drug program under Medicare. Everyone in Medicare should be eligible for prescription drug coverage, regardless of income, regardless of age, regardless of disability.

I wanted to talk if I can tonight, again I said I want to limit the amount of time that I took, because I want to yield to some of my colleagues, but I just want to develop a little more what the Democrats have been saying with regard to HMO reform and the Medicare prescription drug benefit.

What the Democrats have been saying is they want a strong enforceable Patients' Bill of Rights. This strong legislation with regard to HMO reform should include protections for all Americans and in all health plans. It should assure access to all emergency room care when and where the need arises. It should guarantee access to specialists when patients need it. It should guarantee access to a fair and timely internal and independent external appeals process, so patients can address disagreements with their health plans. It should have meaningful enforcement for patients who have been harmed as a result of health plan decisions. It should assure access to clinical trials and assure patients can keep their health plans.

If I could summarize what the Democrats have been saying about HMO reform and the Patients' Bill of Rights, basically we are saying we want medical decisions no longer made by the insurance company or the actuaries, but by the patients and their physicians. We want to switch it so that now those medical decisions are made by the patients and their physicians. And we want it that if the health care plan, if the insurance company, denies you care, that you have a right, either internally or through some arbitration, to review and to appeal that decision and have it reviewed by somebody who is not part of the insurance company. Finally, that you have the right to sue if all else fails. Those are the basic tenets of what we think are important for HMO reform.

Now, I have to say I was a little disappointed, because many of us, both Democrat and Republican, both House and Senate Members, most prominently Senator McCAIN as a Republican, Senator TED KENNEDY a Democratic, leaders on health care issues,

just a week ago we had a press conference. I was there along with some House Members, the gentleman from Michigan (Mr. DINGELL), the lead sponsor among the Democrats in the House in the last session, the gentleman from Iowa (Mr. GANSKE), one of the lead sponsors on the Republican side in the House, and we put forward a new Patients' Bill of Rights that is very similar to what was on the law in Texas, is on the law now, was there when President Bush was the governor, and very similar to the Patients' Bill of Rights that passed the House last session. It actually went even a little further than some of us would have liked by limiting punitive damages that patients can recover.

That was introduced last week on a bipartisan basis; and we were hopeful that President Bush, who talked about what existed in Texas during his campaign and how good it was, would go along with it. But, unfortunately, very quickly thereafter we saw the President's spokesman saying that this new bill, very similar to Texas law, very similar to the Patients' Bill of Rights in the last Congress, was not acceptable. In fact, I had a quote here from a letter that was sent, that the President wrote in the letter to the House and Senate GOP leadership, and he said he does not believe any bill currently before the Congress meets his principles.

So, again, I do not know what kind of games the President is playing. It seems to me that he should get on board this bill, with so many Republican Senators, so many Republicans in the House, on a bipartisan basis, and support it, because we need HMO reform and we need it now.

I am going to continue to speak out every night or as often as I can here on this issue, because I think it is important and it should pass and it can pass.

Let me just talk a little bit, for about 5 minutes, about the Medicare prescription drug benefit. The Democrats have certain principles, and I am just going to go through them very quickly.

We are saying the Medicare prescription drug benefit should be accessible and voluntary for all beneficiaries. Everybody in Medicare should be eligible for it, not just low-income people, not just certain people, everyone. It should be affordable to beneficiaries, it should be competitive and have efficient administration, because we do not want any waste, and it should provide high-quality and needed medications.

Let me develop those a little more. When we talk about accessible and voluntary, we say it should be an option for all beneficiaries, not limited to low-income beneficiaries, and provide an option to those with few or no choices.

It should be also available, whether or not you are in a traditional fee-for-service Medicare or you are in an HMO managed care. It should not matter.

You are still eligible for the prescription drug benefit. It should ensure adequate access to pharmacists.

Just as an idea, just to give you a little more detail about what we proposed, and we talked about it and tried to pass it in the last Congress, we are talking about \$26 per month in the first year that covers 50 percent of total premium costs, no lower premiums for low-income beneficiaries. I mean, if you are below a certain income, you would not pay any premium, is what we are saying. And there would be privately negotiated discounts gained by pooling beneficiaries' purchasing power, so we can keep the cost down.

I am not going to get into all the details this evening, but I just wanted to give you an idea of what the Democrats have been proposing and why it is so different, unfortunately, from what President Bush proposed just a few weeks ago.

This disturbs me a great deal, because during the course of the campaign, President Bush said, gave the impression, I thought, that he wanted a universal Medicare prescription drug benefit that everyone would be eligible for and all Medicare beneficiaries would have access to. But he is not proposing that.

This was, I guess, on January 31, just a few weeks ago, he unveiled his prescription medicine proposal called Immediate Helping Hand. It establishes block grants for States to provide prescription coverage for some low-income seniors and some seniors with catastrophic drug costs.

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His plan limits the prescription coverage to Medicare beneficiaries with incomes up to 35 percent above the poverty level; in other words, \$11,600 for individuals, \$15,700 for couples, and seniors with out-of-pocket prescription spending of over \$6,000 per year. That is the catastrophic coverage.

What does this mean? Most Medicare beneficiaries will not be able to get this prescription drug plan. It is not universal. I think that is a terrible thing, because I will be honest, if I can use my own home State as an example, in New Jersey if one is below these guidelines that the President has proposed, they automatically get what we call a PAAD program financed with casino revenue funds, so one only pays about \$5 for prescription drugs. It is the people above that that are hurting, middle-income people that have no access to a prescription drug plan, in most cases.

Just to give an example about how few people the Bush plan would cover, for example, a widow with \$16,000 in annual income and \$5,000 in annual drug spending would be eligible for no help at all because she is below the income, but she is not getting to that \$6,000 catastrophic coverage for the rest of the year.

Also, administering through the States, through block grants, it is not going to work. A lot of the States are not going to do it. The National Governors Association actually opposes it. Already some of the Senators have opposed the Bush plan. Senator GRASSLEY, the chairman of the Finance Committee, who is going to have so much input on this, he called the proposal dead before its arrival. I say, good. I think it should be dead before its arrival, because I think the bottom line is that we have to come up with a prescription drug plan into Medicare that covers all Medicare beneficiaries and is not just limited to low-income individuals, and that is not basically run by the States but run like Medicare, just like the Medicare program, throughout. That is what we need.

Again, we are going to be out here on a regular basis, the Democrats, talking about why this is necessary, not because we want to be partisan, because I do not think there is anything partisan about Medicare prescription drugs or HMO reform or coverage for more people who do not have health insurance.

The bottom line is, the Democrats believe in certain principles. We know some of the Republicans will come along with us, but we need to have more come along with us, and we need the support of President Bush if we are ever going to get anywhere with this.

Mr. Speaker, I yield to my colleague, the gentleman from Arkansas (Mr. BERRY), one of the co-chairs of our Health Care Task Force, who has been outspoken on this issue and many others.

Mr. BERRY. Mr. Speaker, I thank the gentleman from New Jersey for yielding to me, and I appreciate his leadership ever since I has been in the Congress on these issues, and everything that he has done.

As everyone knows, last year's Presidential race was the closest in history. The Senate is evenly divided, the House is very closely divided. I do not believe that the close elections give a mandate to gridlock. The American people expect us to get something done, and they should.

Health issues are certainly among the most hotly debated issues in the campaign. Both sides promised to advance a Patients' Bill of Rights and Medicare coverage for prescription drugs. I see no obstruction or barrier that is so great that Congress and the new President should not be able to work out important ideological differences that exist, and reach an agreement soon.

Last week I was happy to join with others in introducing a bipartisan Patients' Bill of Rights legislation that will ensure that every American with private health insurance has basic guaranteed protection.

While some HMOs behave responsibly, the legislation is desperately

needed to protect the vulnerable from insurance bureaucrats who place profits above all else. I encourage President Bush to come to the table and work with us to ensure a meaningful legislative package is enacted this year. For the sake of thousands of patients who are inappropriately denied health care daily, time is of the essence.

I want to also speak just a minute about prescription drugs. No single issue places a greater toll on our senior citizens than the outrageously high prices that pharmaceutical companies charge for prescription medicine. It is absolutely time that we do something about it. Drug spending over recent years has been climbing steadily at 15 to 20 percent a year. According to a study released last year by Families U.S.A., from January of 1994 to January 2000, the prices of prescription drugs most frequently used by older Americans rose an average of 30.5 percent. This increase was twice the rate of inflation.

In order to meet the needs of America's seniors, Congress should take immediate action to create a Medicare drug benefit and reform the pharmaceutical marketplace to be sure that it is fair to all Americans and all people. It only makes sense that the government should use the purchasing power of 40 million Americans on Medicare to win prescription drug discounts and not break the bank in creating a prescription drug benefit under Medicare.

I am encouraged that President Bush sent a prescription drug plan to Congress last week. However, I am disappointed that after an election in which the prescription drug issue was front and center, that the White House chose to unveil it in such a low-profile manner.

I agree with the concerns raised by members of both parties that instead of putting an emphasis on block grants to States that only attempt to help low-income seniors, a much more comprehensive approach should be taken that gives all seniors the opportunity to receive a prescription drug benefit under Medicare.

I look forward to working with members of both parties and the new administration to put a serious effort into seeing that meaningful HMO reform and Medicare prescription drug benefit is enacted in time to help all Americans who desperately need that help today.

I have been in this people's House now for a little over 4 years. We had these same problems when I came here. It is very distressing to think that we yet allow this to go on when it is a very simple thing to stop it and to help our seniors, and to be sure that people do not get mistreated by insurance companies that are willing to put their health and safety second behind profits.

Mr. PALLONE. Mr. Speaker, I thank my colleague for coming down here and joining me, as he has on so many other occasions.

Quickly, the gentleman is absolutely right, we have been talking about this for 4 years. I think we were very hopeful during the campaign when we heard President Bush then talk about these issues, the HMO reform, prescription drug benefit, that we were going to see quick action on it. Even in the beginning of the Congress, at the time of his inauguration a month ago, it seemed like this was going to be a priority.

We have heard very little about it. We have heard about the tax cuts, about defense spending, we have heard about a lot of other issues. When he unveiled his prescription drug benefit, it was almost like it was not even important. I just hope that that turns around, but we are certainly going to make sure that turns around. I thank the gentleman.

#### BLACK HISTORY MONTH

The SPEAKER pro tempore (Mr. CULBERSON). Under the Speaker's announced policy of January 3, 2001, the gentlewoman from Ohio (Mrs. JONES) is recognized for 40 minutes, the remainder of the time, as the designee of the minority leader.

Mrs. JONES of Ohio. Mr. Speaker, I want to thank my colleague, the gentleman from New Jersey (Mr. PALLONE). He has stood up on this issue. Last year was my first term in the U.S. Congress, and there was not a greater voice on the issue of health care than that of the gentleman from New Jersey.

I appreciate the gentleman yielding the balance of this hour as we celebrate Black History Month this year, and I thank the gentleman, who should let me know when he needs a speaker and I will be there for him.

Mr. Speaker, Black History Month is an excellent time for reflection, assessment, and planning. A full understanding of our history is a necessary and crucial part of comprehending our present circumstances and crafting our futures. An understanding of our history helps illuminate and inform the present discussions concerning voter rights, particularly the travesty we recently witnessed in Florida, a social, political, and legal travesty ultimately sanctioned by the United States Supreme Court.

At this time, the subject matter of our special order is black history. We are going to be talking about voting rights, and historically, the disenfranchisement that occurred through the years.

It gives me great pleasure to yield to the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON), the chairwoman of the Congressional Black Cau-

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I thank the gentlewoman from Ohio for yielding to me. I also thank her for her leadership in leading this series of speakers tonight here on Black History Month.

Mr. Speaker, it is my honor to open the Congressional Black Caucus' annual Black History Month special order. This is the year that we will focus on a very important area for every black American; that is, voting rights and election reform.

We do this in the spirit of Sankofa. In Africa, Sankofa is more of a philosophy than a single word. It means that we learn from the past, work in the present, and prepare for the future. So in the first year of this new millennium, it is fitting that we honor African-American heroes and heroines, on whose broad shoulders we stand.

Mr. Speaker, we must mention those who paved the way to freedom in thought and deed, such as W.E.B. DuBois, Harriet Tubman, Booker T. Washington, Mary McLeod Bethune, Sojourner Truth, Malcolm X. As Members of Congress, we must also take note of those who served in the political realm, such as Dr. Martin Luther King, Junior, Ralph Bunche, Barbara Jordan, Fannie Lou Hamer, Adam Clayton Powell, Marcus Garvey, Shirley Chisholm. I could go on.

These African-Americans and countless others whom I have not mentioned by name are the reason that I am standing here today in the well of the United States House of Representatives as chairperson of the Congressional Black Caucus. They paved the way for me and for many of my colleagues in Congress.

However, when I look at the past, we cannot forget essential elements of political representation and the right to vote. African-American men were first granted the right to vote as a result of the 15th amendment to the Constitution. That post-Civil War amendment to the Constitution guaranteed that newly-freed slaves would not be denied the franchise simply because they had been held captive.

As a result of the 15th amendment and the use of Federal troops in the formerly Confederate States, black people were able to enjoy the fruits of liberty. They were able to vote, and their votes were counted.

Between 1870 and 1900, there were 22 African-Americans who served in the U.S. Congress, and countless more serving in State and local governments. However, this era of reconstruction began to fade away, and in State after State the right to vote and to participate in democracy was whittled away by oppressive means such as the poll tax, the grandfather clause, and the literacy test. The right to participate was brutally wrenched away by the intimidation of the night-riding Ku Klux Klan and the questionable imprisonment of large numbers of black men