language in the Interior Appropriations language to prohibit funds to be used on any national monuments created since 1999. Congress has already spent too much time reacting to the unilateral declaration of such monuments.

Mr. BEREUTER. Mr. Chairman, this Member rises today in support of H.R. 4578, the Interior appropriations bill and wishes to particularly thank the chairman of the Subcommittee, the distinguished gentleman from Ohio (Mr. REGULA) and the ranking member, the distinguished gentleman from Washington (Mr. DICKS) for their hard work on the bill.

This Member understands that the Members of the Subcommittee were extremely limited by the 302(b) allocation received and as a result were forced to make tough spending decisions. However, this Member is pleased that continued funding was made available for the next phase of construction of the replacement facility for the existing Indian Health Service hospital in Winnebago, Nebraska. As the members of the Subcommittee know, this ongoing project has a long and difficult history, and the Subcommittee's support is greatly appreciated.

In closing Mr. Chairman, this Member wishes to acknowledge and express his most sincere appreciation for the extraordinary assistance that Chairman REGULA, the Interior Appropriations Subcommittee, and the Subcommittee staff have provided thus far on this important project and urges his colleagues to support the bill.

Mr. REGULA. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. PEASE), having resumed the chair, Mr. LATOURETTE, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 4578) making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2001, and for other purposes, had come to no resolution thereon.

HOUR OF MEETING ON TOMORROW

Mr. REGULA. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 2966

Mr. TANCREDO. Mr. Speaker, I ask unanimous consent to withdraw my name as cosponsor of H.R. 2966.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Colorado?

There was no objection.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

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

(Mr. PALLONE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. GREEN of Texas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. METCALF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

PRESCRIPTION DRUGS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Michigan (Ms. STABENOW) is recognized for 5 minutes.

Ms. STABENOW. Mr. Speaker, on April 12, I led an hour of debate on the topic of prescription drug coverage for senior citizens. I read three letters from around the state from seniors who shared their personal stories. On the 12th, I made a commitment to continue to read a different letter every week until the House enacts reform. This is the seventh week in a row that Congress has been in session in which I have returned to the House floor to read another letter from a Michigan senior citizen. This week, I will read a letter from Edith DeYoung of Spring Lake, Michigan.

Before I read Ms. DeYoung's letter, I would like to share some troubling statistics released just yesterday in President Clinton's report entitled, ''Prescription Drug Coverage and the Rural Medicare Beneficiaries: A Critical Unmet Need.''

Although Ms. DeYoung is fortunate to live next to a larger city in Michigan, Muskegon, there are many rural communities in our state, particularly in the Upper Peninsula that have unique health care needs. As a member of the Rural Health Care Caucus in the House of Representatives, I have been working to ensure that those needs are understood and met.

The President's report documents that seniors living in rural America face real challenges in accessing health services, especially prescription drugs.

Senior citizens who live in rural communities represent almost 25 percent of all Medicare beneficiaries, tend to have a greater need for prescription drug coverage, but have fewer coverage options. Their incomes are lower, access to pharmacies more limited, and out-of-pocket spending higher.

According to the President's report, rural beneficiaries are over 60 percent more likely to fail to get needed prescription drugs due to cost. A greater proportion of rural elderly spend a large percent of their income on prescription drugs. In fact, rural senior citizens pay over 25 percent more in out-of-pocket expenses for prescription drugs than urban senior citizens. Finally, rural senior citizens on Medicare are 50 percent less likely to have any prescription drug coverage.

I would like to take this opportunity to highlight an important provision in the Democratic prescription drug proposal that does not get as much attention as some of the other important provisions that offer coverage for Medicare seniors. The Democratic plan includes assurance that resident in rural communities will have full access to all prescription drug benefits.

Now, I will read the letter from Edith DeYoung. ''I'm writing this letter to you concerning medical prescriptions for people who have reached 65 years of age. I was getting Medicaid but now that I've reached the Golden Years, age 65, I can't get help from Medicaid and Medicare does not cover prescriptions. I get $915 a month on Social Security. I would like to know how you can pay rent, lights, and, oh yes, groceries, and still have to pay $437 on a spend-down for medicine that leaves me $478 a month to pay all the above and live on. I am sending you a copy of the prescriptions I get every year. I sure can't afford any other insurance. So please, help the bill pass and help us that are 65 and need it really bad. As a senior citizen, I would like to hear back from your office. Sincerely, Edith DeYoung.''

The time is now to enact real prescription drug legislation that includes a prescription drug benefit in Medicare.

Proposals have been offered by the other party that would essentially offer a subsidy for a private insurance plan—that may or may not be available to all senior citizens. I am especially worried about seniors living in rural communities. And, as Edith DeYoung said, herself, she can't afford additional insurance. The Democratic plan, on the other hand, would provide her with the real help she needs. The Democratic plan would create a Medicare benefit that, because of Ms. DeYoung's income level, would cover all of her prescription drug costs.

INTELLIGENT DESIGN IS NOT A SCIENCE

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

Mr. SOUDER. Mr. Speaker, on June 1, I received a letter that was written by seven members of the biology department and one professor of psychology from Baylor University in response to my co-hosting a recent conference on intelligent design, the theory that an intelligent agency can be