

Preyer and add his name to that long list of great Americans.

Mr. COBLE. Madam Speaker, the gentleman from North Carolina (Mr. HAYES) and the gentleman from North Carolina (Mr. BURR) expressed interest in speaking on this Special Order, but they are at committee meetings and it appears unlikely that they will be able to come to the floor. So, Madam Speaker, let me conclude.

Much has been said during this Special Order about Emily Preyer, but I do not believe it was mentioned that she pre-deceased her husband by several months.

I recall, Madam Speaker, recently, several days ago, we were at a full House Committee on the Judiciary meeting, and I looked into the faces of several people in the crowded room, and I detected a man who served as a former staffer to Rich Preyer. I called him forward. He came to the podium where I was seated in the Committee on the Judiciary hearing room, and I said to him, Ed, Rich Preyer is not in good health. I said, I am told that he is failing and I thought you needed to know that, because he was very close to Mr. Preyer.

He thanked me for having shared that with him. The next day, Rich Preyer passed away; and that told me in glaring terms, Madam Speaker, about the uncertainty, about the indefinite phase, of life. I am talking to Ed one day. His staffer was going to call him the next day to talk to him and it was too late.

I would extend our condolences and good wishes to the surviving children and their families and conclude with this comment, Madam Speaker. Jim Slosner, one of our well-known reporters at the Breezeberg News and Record, called me for a quote shortly after Rich Preyer's death. I thought for a moment, and I said when you saw Rich Preyer you instinctively uttered or concluded there stands a gentleman. He was, indeed, a rare gentleman.

I want to thank those who took part in this Special Order today, Madam Speaker; and I want to urge those who wanted to be here who were otherwise detained to feel free to submit their comments in a subsequent edition of the RECORD.

Mr. BURR of North Carolina. Mr. Speaker, I rise today to join my colleagues in honoring the memory of the late L. Richardson Preyer who served my home state of North Carolina and our country with distinction. Richardson Preyer has an outstanding record of public service dating back to his time in the U.S. Navy during World War II, for which he was awarded the Bronze Star.

Through his years as a State Superior Court Judge, a United States District Court Judge and then as a Member of the U.S. House of Representatives for six terms, Richardson Preyer saw his responsibility and fulfilled his duty when called upon. Serving with a quiet demeanor but effective in getting the job done, he commanded the respect of his constituents and his peers in the Congress.

Richardson Preyer was always concerned about the welfare of the people and his desire

to help those who were less fortunate was well known. It was the hallmark of his unsuccessful campaign for Governor of North Carolina in 1964 and then of his Congressional career from 1969 to 1981.

Richardson Preyer was never too busy to give of his time and his considerable abilities when he was needed. When Congressman Preyer passed away recently, North Carolina lost a valiant patriot who loved his country, and who served us well.

I am honored to have the opportunity to pay tribute to Richardson Preyer and I extend my sympathy to the Preyer family on their loss.

HEALTH CARE

The SPEAKER pro tempore (Mrs. JO ANN DAVIS of Virginia). Under a previous order of the House, the gentleman from Washington (Mr. LARSEN) is recognized for 5 minutes.

Mr. LARSEN of Washington. Madam Speaker, I rise today to discuss an issue that is a very important issue to my home State, Washington State, and to the people in that State. That issue is health care. As I traveled around my district during the Easter recess meeting with health care consumers, physicians and hospitals, again and again I heard of rising costs, declining reimbursements, and general frustration with our system.

First, I would like to address the issue of prescription drugs. I strongly support adding a prescription drug benefit for Medicare beneficiaries. Today, many seniors are forced to purchase expensive Medigap policies or join HMOs to try and avoid the high out-of-pocket expenses for prescription drugs.

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Seniors should not be forced to choose between groceries and their medicines.

In this time of government surpluses, I believe some of the surplus must be used to provide a Medicare drug benefit; and using the surplus for a drug benefit within the framework of reducing the national debt, we can provide for a more prosperous and healthy Nation.

I also have great concerns about Medicare reimbursement, particularly in my home State. Because of a flawed complex formula, the Federal Government provides fewer Medicare dollars for seniors in Washington State. Medicare reimbursements are based on the region's average cost of living, rather than on an individual's personal income, so Washington State senior citizens receive less Medicare support than most other States. Medicare payments in Washington rank fifth from the bottom nationally; and between 1998 and 1999, Medicare payments in Washington experienced the sixth fastest decline of all States.

As a result of the low reimbursement rate in Washington State, many health plans have opted to withdraw from Puget Sound area plans that serve seniors. Last year, as many as 30,000 seniors in Washington State received no-

tice that their health plans would no longer serve them or that they would increase the deductible for the same coverage. That is wrong. I support access and affordability; but, above all, equity for Washington State seniors and will work to rectify this unfair provision.

In addition, according to the Washington State Medical Association study, the average medical practice in Washington State lost \$95,000 in 1999. Reduced Medicare payments have led to a white-coat flight, with physicians leaving the State or retiring early. This is simply unacceptable.

Local hospitals also continue to contact me about their deep financial difficulties related to the cutbacks of the Balanced Budget Act legislation of 1997. As we know, the Balanced Budget Act of 1997 enacted some far-reaching changes in the way Medicare pays health care providers. These changes were intended to both modernize Medicare and save some \$115 billion over 5 years.

Today we know that the actual savings are much larger than Congress had anticipated and those changes are affecting services. Like many Members, I have been hearing from health care providers in my district regarding these cuts in the BBA and how they are affecting and may affect in the future their ability to provide quality health care to our seniors. I take these concerns very seriously.

For instance, Whidbey General Hospital on Whidbey Island has detailed for me their hardship. Approximately 50 cents of every dollar they receive goes to the cost of running their facilities and dealing with insurance plan requirements, not to patient care. These skyrocketing administrative burdens add cost, but little value, to the delivery of health care. Patients must come first.

So, Madam Speaker, I have outlined many of the health care concerns that are of the highest priority to patients and providers in Washington State. I plan to work on these issues in a bipartisan fashion in the 107th Congress so that we can get some much needed relief at home in Western Washington for our seniors, for our physicians, for our hospitals, but, most importantly, for patient care.

EVALUATING THE PRESIDENT'S FIRST 100 DAYS

The SPEAKER pro tempore (Mrs. JO ANN DAVIS of Virginia). 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. Madam Speaker, I would like to begin discussing today the first 100 days of the Bush Administration. I know that over the next week you will probably hear from both Democrats as well as from the President about the first 100 days, because