

month. Yes, their bill does not cap the drug premium. In fact, insurers would set the premium cost, and it would vary from plan to plan, place to place.

But let us ignore that flaw for a moment and assume it might be about \$35 a month. So that is \$420 a year for that premium. For the first \$250 you spend on prescription medication, this new plan will pay you exactly nothing. That is right. If you need no more than \$250 worth of medication, this plan will cost you \$670 a year, the \$35 monthly premium plus the \$250 deductible.

Now if you are one of every three Medicare beneficiaries who spend less than \$500 on medication every year, you are in for a treat. What would have cost you \$500 will cost you \$720 under the Republican plan. Yes, you would actually pay almost 50 percent more under their plan than you would pay without it.

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Maybe a person spends closer to \$1,000 a year, as half of the Medicare population does. If so, they do fare a bit better. If their medications will cost \$1,000, they will spend \$420 on the program, \$250 for the first batch of drugs and then 20 percent of the next \$750 they owe, or \$150. That adds up to \$820. They will have saved \$160.

But if someone is among the 30 percent of Medicare recipients that spends more than \$2,000 a year for drugs, I am afraid we have some bad news for them. Under the Republican plan, they are on their own for every dollar between \$2,000 and \$3,800. This plan will not pay them a cent.

Their plan is simply a sad attempt to gain political cover by sounding like they are working for and care about seniors while simultaneously draining Social Security and Medicare trust funds to pay for huge breaks for the superrich contributors.

So ignore the Republican rhetoric. We should provide seniors with a real and meaningful prescription drug benefit. We should encourage aggregate buying by groups of seniors, not sending each senior out there with some kind of expensive privatized plan in the rough waters of the marketplace in their very, very small canoes.

The first step to make Medicare and prescription medication available to our seniors at more affordable prices and to make them more available is to vote "no" on the risky Republican Medicare drug plan they intend to bring up this week.

The SPEAKER pro tempore (Mr. KERNS). Under a previous order of the House, the gentlewoman from California (Mrs. NAPOLITANO) is recognized for 5 minutes.

(Mrs. NAPOLITANO addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-

woman from Indiana (Ms. CARSON) is recognized for 5 minutes.

(Ms. CARSON of Indiana addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

ENSURING CONTINUITY OF LEGISLATIVE OPERATIONS DURING AN EMERGENCY

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

Mr. LANGEVIN. Mr. Speaker, today I rise to announce introduction of H.R. 5007, a bill to authorize the National Academy of Sciences and the Librarian of Congress to conduct a study on the feasibility and costs of implementing an emergency electronic communications system for Congress to ensure the continuity of legislative operations during an emergency.

Let me first express my most sincere gratitude to a man who illustrates the power of responsible, effective leadership, a man who made today possible and whom I am so proud to call my close friend, the gentleman from Ohio (Mr. NEY). The Chairman has devoted an immense amount of time to this issue of congressional continuity. He has led this House through one of the most difficult times in our history and has done so with great dignity. I honestly cannot thank him enough for his dedication and hard work in joining me in introducing H.R. 5007.

I also want to thank the gentleman from Maryland (Mr. HOYER), the ranking member of the Committee on House Administration. He has provided the same kind of leadership, wisdom, and guidance in moving this issue through the legislative process. He has worked closely with me ever since I introduced legislation to investigate alternatives in conducting congressional business in the United States Capitol and surrounding areas if there was a future attack or disaster. I would like to thank him for his support and commitment throughout this process.

Mr. Speaker, many of my colleagues know that for months now I have promoted the establishment of an electronic communications system for an emergency situation. When I introduced the Ensuring Congressional Security and Continuity Act last year, I wanted to spur some meaningful dialogue among Members on what we need to do to prepare for what was once an unthinkable but now, according to our own Vice President, is inevitable. I am pleased to report that the dialogue has indeed begun.

On February 28, the House Committee on the Judiciary, Subcommittee on the Constitution began this dialogue with a hearing on how to replace Members if a significant number were killed or incapacitated in an attack. My good friend, the gentleman from Washington (Mr. BAIRD), has introduced some insightful legislation to address this very issue.

On May 1, I was proud to see the Committee on House Administration hold a hearing on my proposal and the various issues surrounding the use of technology to conduct congressional operations in an emergency situation.

On May 16, the gentleman from California (Mr. COX) and the gentleman from Texas (Mr. FROST) brought together chairmen, ranking members, and other leaders in this area to discuss congressional continuity issues. Since then, the Cox-Frost team has continued to study this issue in a bipartisan and thorough fashion.

September 11 and the subsequent anthrax attacks on our congressional offices exposed just how vulnerable we are, particularly because we are centrally located. While none of us wants to think about or face our mortality, especially at the hands of terrorists, we have to recognize that it could happen. It is our duty as Members of Congress to ensure this country remains safe and we leave the American public with a system that ensures our freedom and democracy will prevail over any catastrophe.

Mr. Speaker, today we can do just that by passing H.R. 5007. I urge the leadership to bring this bill to the floor as expediently as possible. I would also like to thank the gentleman from Ohio (Mr. NEY), the chairman; the gentleman from Maryland (Mr. HOYER), the ranking member; and their staffs for working with me to meet this objective.

MEDICARE PRESCRIPTION DRUG BENEFIT

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

Mr. STRICKLAND. Mr. Speaker, the House is confronted with a major decision this week, and that is, whether or not to provide a prescription drug benefit for our senior population, and if we are to provide a benefit, what that benefit will look like.

In my district in southern and southeastern Ohio, I am continuously confronted by seniors who tell me of their difficulty in being able to get the medicines they need at an affordable cost, and so it is incumbent upon this House to take the action necessary to prevent our seniors from choosing between buying food and buying medicine or paying other essential bills. Nearly every Member of this House during the last election process made a commitment to their constituents that they would pass a meaningful, affordable prescription drug benefit; and if we do not do it, then shame on us.

The issues, though, that confront us are not only whether or not to provide the benefit but what kind of benefit. Sadly, the majority party in this House is proposing a benefit that, in my judgment, is worse than no benefit at all. It would be the first step toward the privatization of the Medicare system. It