

do that with Medicare. We truly need to do that with Medicare.

I have been practicing long enough to see some significant changes; and I have seen managed care, health maintenance organizations with a great emphasis on preventative healthcare, preventative healthcare; and I applaud that because it is extremely important. If we wait to treat people when an episode of poor health or an accident has occurred, then it is so expensive, not to mention the tragedy and the suffering and the loss of life that occurs, but just the expense of waiting until a person is so sick and they show up in the emergency room, that paradigm has got to shift. That paradigm has got to shift.

I tell my colleagues in the House, Mr. Speaker, of my experience recently of going through so-called open heart surgery that I was faced with right after winning this election to the Congress, and now I am on five prescription medications every day. I am not a senior citizen yet. I am not Medicare-eligible. But I know they are very, very expensive, very expensive; and it just makes me think how important it would have been for me and how important it is for our seniors who maybe just turned 65 to be able to get the medications that they need to strengthen their bones, to prevent osteoporosis, to lower that blood pressure so they do not have a premature heart attack or a stroke and end up in a nursing home for the rest of their lives.

So things are changed. Society has changed. And now I do not think there are many physician colleagues of mine in this great United States who would not agree that a prescription benefit is every bit as important as a hospital benefit or a surgical benefit, and we have got to make that change. And that is what this President is doing. That is what this administration, that is what this leadership, what the gentleman from Illinois (Speaker HASTERT) and the gentleman from Texas (Mr. DELAY) and the chairmen of our committees of jurisdiction, the gentleman from California (Mr. THOMAS) of the Committee Ways and Means and the gentleman from Louisiana (Mr. TAUZIN) of the Committee on Energy and Commerce, and their subcommittee Chairs are bringing to us. They are bringing not just this prescription benefit, but they are also bringing an option for change so that our seniors can get the same health care benefit that we, Members of Congress, have available to us and that all Federal employees have available to them, to be able to go to enhanced fee for service or a Medicare advantage plan where there is an emphasis on preventative health care, where they can get a routine physical done, where they can get their blood screened for lipid profile and cholesterol so that we will know early, early on, if they are at great risk for developing one of these serious illnesses. That is what it is all about. Colonoscopies, mammograms,

things that will keep people healthy and prevent them from getting so far down the line with an illness that they cannot recover.

So that is what we call, Mr. Speaker, compassionate conservatism. That is what this President and this administration and this Republican majority and this leadership is all about, and that is what we are going to bring to the seniors of this country. We are going to bring a prescription benefit that is weighted toward the needy, that has a catastrophic cap; and, yes, that cap is going to vary depending on a person's income or net worth, as well it should. I think it is only appropriate that we take care of our neediest first, but all seniors need the same kind of benefit that I enjoy and other Members of Congress and Federal employees enjoy.

So that is a very, very big part of this program. It is not just providing a prescription benefit but also giving our seniors an opportunity and an option. Of course, they can remain in traditional Medicare, which we all know about a comfortable pair of shoes and we get used to something and change is difficult. I know change was difficult for me when I gave up a medical career to join the Congress and get on this rather steep learning curve. It is scary. It is scary, and maybe some of our seniors will decide to stay in traditional-fee-for-service Medicare, but they will have a prescription drug benefit. They will have the same prescription drug benefit.

What they will not have in that traditional paradigm is they will not have any catastrophic coverage. They will still have catastrophic coverage of course for the prescription benefit, but not for other costs involved like hospital stay or nursing home stay; and that is what we are trying to avoid by giving them an opportunity to join one of these other options where it is a competitive environment and an opportunity for these plans to compete against each other and lower the cost at the same time they are providing this preventative health care benefit like I mentioned, routine physicals, routine screening, and, yes, indeed, catastrophic coverage so that people who have worked all of their lives to build a little nest egg not become destitute and burdens on society in their senior years. That is not right. That destroys their dignity.

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And if I do anything in this Congress, I am going to work hard to make sure that that does not happen to our seniors.

So in conclusion, Mr. Speaker, I want to thank my colleagues who are with me tonight to discuss this tremendously important issue. We do not have the perfect plan. Yes, bills can be improved, and that is what the committee process is all about. That is why we have two committees of jurisdiction and very intelligent people working on

this bill to perfect it. This is so much better, Mr. Speaker, this is so much better than what we have currently. I am just very proud of our leadership, and I am very proud to be supportive of the Medicare Prescription Drug and Modernization Act of 2003.

REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS

Mr. LINCOLN DIAZ-BALART of Florida (during Special Order of Mr. GINGREY), from the Committee on Rules, submitted a privileged report (Rept. No. 108-174) on the resolution (H. Res. 292) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2555, DEPARTMENT OF HOMELAND SECURITY APPROPRIATIONS ACT, 2004

Mr. LINCOLN DIAZ-BALART of Florida (during Special Order of Mr. GINGREY), from the Committee on Rules, submitted a privileged report (Rept. No. 108-175) on the resolution (H. Res. 293) providing for consideration of the bill (H.R. 2555) making appropriations for the Department of Homeland Security for the fiscal year ending September 30, 2004, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPUBLICAN PRESCRIPTION DRUG BILL OUTLAWS BULK PURCHASING POWER TO NEGOTIATE LOWER DRUG PRICES

The SPEAKER pro tempore (Mr. GARRETT of New Jersey). Under the Speaker's announced policy of January 7, 2003, the gentleman from Rhode Island (Mr. LANGEVIN) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Mr. LANGEVIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include therein extraneous material on the subject of this Special Order.

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

There was no objection.

Mr. LANGEVIN. Mr. Speaker, tonight I am pleased to be joined by many of my Democratic colleagues to discuss the lack of cost control provisions in the prescription drug bill before the United States House of Representatives, H.R. 2473. In particular, I feel that it is so essential that we call