

My request is that we pass this instruction to the conferees and that we get on with business.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. HASTINGS of Washington). Without objection, the previous question is ordered on the motion.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Tennessee (Mr. DAVIS).

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. DAVIS of Tennessee. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

MOTION TO INSTRUCT CONFEREES ON H.R. 1, MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

Mr. MICHAUD. Mr. Speaker, I offer a motion.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. MICHAUD moves:

1. To reject the provisions of subtitle C of title II of the House bill.

2. The House recede to the Senate on the provisions to guarantee access to prescription drug coverage under section 1860D-13(e) of the Social Security Act, as added by section 101(a) of the Senate amendment.

The SPEAKER pro tempore. Pursuant to clause 7(b) of rule XXII, the gentleman from Maine (Mr. MICHAUD) and a Member of the opposing party each will control 30 minutes.

The Chair recognizes the gentleman from Maine (Mr. MICHAUD).

Mr. MICHAUD. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to offer a motion to instruct conferees on H.R. 1, the Medicare prescription drug bill.

Mr. Speaker, this motion instructs conferees to do two simple things, two things that the House bill does not accomplish: one, it asks them to provide a guaranteed prescription drug benefit for all seniors; number two, it asks them to preserve Medicare as we know it today.

Upon signing the Medicare law in 1965, President Lyndon Johnson said, "Every citizen will be able, in his productive years when he is earning, to insure himself against the ravages of illness in his old age." It says "every citizen." Yet, the bill passed by this body does nothing to guarantee a prescription drug benefit for any citizen and attempts to privatize Medicare in 2010.

The proponents of this bill trumpet choice and competition between private plans as the way to provide the best benefit to Medicare beneficiaries. Yet, the truth of the matter is the only

choice that will be made will be made by private insurance companies choosing not to serve rural areas. In fact, 80 percent of rural Medicare beneficiaries, including all of the State of Mainers, currently live in areas that private insurance plans have chosen not to serve. Yet, this legislation does not contain a fall-back provision. Medicare+Choice has not worked in many areas, including my State of Maine, and there is a very good chance that this drug bill will not work either.

Where does that leave rural Americans? Out in the cold without a benefit. Without a fall-back provision, we are abandoning all rural seniors at a time when they need it the most.

As if the problems with this bill were not enough, it contains a premium assistance provision that aims to privatize Medicare by phasing out the traditional fee-for-service plan and replacing it with a voucher program in 2010.

This harmful provision would force Medicare to compete with private HMOs that will appeal to younger, healthier seniors, leaving traditional Medicare with those seniors who need a more comprehensive benefit. This change in the pool of beneficiaries will cause Medicare premiums to rise and become unaffordable, jeopardizing the long-term viability of the traditional Medicare program and abandoning seniors yet once again.

Do not be fooled by the arguments for premium assistance. It is just another step towards privatization of Medicare and elimination of the only plan available to seniors in areas such as the State of Maine, the traditional Medicare plan. Forcing rural seniors into private plans and making them give up traditional Medicare without a guarantee of coverage is not the right approach and is a disservice to rural Americans, but that is what this bill would actually do.

Like my colleagues who will also speak in support of this motion, I want to pass a real prescription drug benefit; but I will not vote for a plan that hurts America's seniors. Health care coverage is nothing if you do not have access to it. We have a historic opportunity to add a much-needed prescription drug benefit; but without guaranteed coverage, we have failed.

Let us take an important step today and guarantee coverage to all seniors by providing a real prescription drug benefit, not a thinly veiled attempt to privatize Medicare and abandon rural seniors.

Mr. Speaker, I urge my colleagues to vote for this motion to instruct.

Mr. Speaker, I reserve the balance of my time.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I rise in opposition to the motion to instruct, and I yield myself such time as I may consume.

Mr. Speaker, the gentleman from Maine has some very important concerns. It is unfortunate that he has not read the bill. This is the very best bill for rural America that this House has

ever considered. It addresses the problems of rural hospitals, of rural physicians in a way that no preceding bill ever has.

□ 2145

And that is in part because of bipartisan support that it attracted in the House. It is also true that this bill provides a prescription drug benefit to every citizen, every senior. And it is a disservice to seniors to imply that it does anything else. It provides an entitlement to prescription drugs for seniors, every senior. Secondly, it does not allow plans to discriminate between healthy seniors and unhealthy seniors.

Now, I do not fault the gentleman from Maine (Mr. MICHAUD) for not really understanding this. He is not a member of the committee. He has not been deeply involved in this bill, but if he were involved in this bill, he would know that the administration has now developed ways to risk adjust in 62 different categories, and it is not going to be possible for these plans to select healthy seniors and discriminate against unhealthy seniors. That is an issue of the past.

So this bill does not in any way privatize Medicare. It provides exactly the same program for seniors that we have been providing but a far better program, a programming that meets the challenges of 21st century medicine to manage chronic illness, that meets the challenge of Medicare covering prescription drugs, that meets the challenge that our seniors face in their everyday lives in their battles with chronic illness and their need and desire and health demand for prescription drugs.

This is an extraordinarily progressive modernization of Medicare, and this motion to instruct the conferees in two portions of the bill is extremely misguided, and I urge my colleagues to vote against it. It is important that in Medicare, Medicare control all parts of the plan, fee-for-service and also the plans. We have had those plans for a number of years. All those plans are controlled.

All we want is for seniors to have a strong fee-for-service program, and for seniors to have the kind of choice that the Federal employees have, and that is exactly what this bill provides. But the government controls all the choice plans just like they control all the Federal employee health benefit choices as well. This is a progressive plan.

This is an ill-thought-out motion to instruct, and I urge my colleagues to vote against it.

Mr. Speaker, I reserve the balance of my time.

Mr. MICHAUD. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the gentlewoman from Connecticut (Mrs. JOHNSON) is wrong. This plan does not provide that every senior will have a plan. This plan, all it does is provide the right for an individual to buy a private plan. It does not guarantee that plan.

Mr. Speaker, I yield 5 minutes to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, I am amazed when I listen to the comments of the gentlewoman from Connecticut (Mrs. JOHNSON) and she said that this plan, I assume she is talking about the House-passed plan, does not privatize Medicare.

The fact of the matter is that this motion to instruct that gentleman from Maine (Mr. MICHAUD) has so ably introduced and spoke upon, makes the point in his motion to instruct that the Republican House bill does exactly that. It does privatize Medicare.

And the motion to instruct essentially has two points. One is that we have to get rid of the overall privatization of Medicare because in the House bill essentially it says you get a voucher and by the year 2010, if you do not go into a private plan for all of Medicare, not just for prescription drugs, then you have to pay more if you want to stay in traditional Medicare.

So what happens is because you essentially force seniors to either take a private plan and find a private plan or this they do not want to stay and buy that private plan, stay in traditional Medicare, they have to pay more, you will eventually price traditional Medicare, fee-for-service Medicare, out of the market and the only thing left for the senior will be to take a private plan.

That is exactly what the motion to instruct tries to get rid of, this voucher system, this premium support system, that essentially forces privatization on the senior citizens by the year 2010.

The second thing that the motion to instruct tries to accomplish is to say that you do not have to join an HMO or a private plan to get your prescription drugs. Because if you look at the House plan there is really no way to get any kind of valid or valuable prescription drug benefit unless you join an HMO or some kind of private plan. And the second part of my colleague from Maine's (Mr. MICHAUD) motion to instruct says that unlike the House bill, we should adopt the Senate bill which essentially has a fallback and says that if you cannot find these private plans to provide you with prescription drugs, then you can stay in traditional Medicare and get the prescription drug benefit.

I kind of resent the fact that the gentlewoman from Connecticut (Mrs. JOHNSON) not only says inaccurately that the Republican House bill does not privatize Medicare, but she even tried to denigrate the gentleman from Maine by suggesting that he did not know what he was talking about when he said that in fact it does privatize. And then she went on to talk about how in rural areas they are somehow going to be favorably received. Well, the problem that the motion to instruct tries to deal with is particularly of concern to rural areas because it is most likely those rural areas where you are not going to be able to find a private HMO

or a private plan that would provide you prescription drugs. And if you do not have the fallback that is in the Senate bill that says you should get it under traditional Medicare and you are living in one of those rural areas that does not have an HMO, you are not going to get the prescription drug benefit.

So it is totally inaccurate for the gentlewoman to say that this House Republican plan does not privatize Medicare. That is exactly what it does. It basically provides the incentive that if you want a prescription drug plan, you have got to go private to an HMO. And it goes beyond that by saying that in the long run, by the year 2010, you have got to have a private plan for all of your Medicare needs, otherwise you will pay an extra \$500 a month or a year or \$1,000 a year and eventually be priced out of the market.

I have no idea where she is coming from on this issue. You have to vote for this motion to instruct if you want to make sure that we do not privatize Medicare. That is exactly what the Republicans have in mind because they do not like Medicare. They never liked it from the beginning. They want to force senior citizens to go into private plans and not have traditional Medicare.

Mr. HOYER. Mr. Speaker, will the gentleman yield?

Mr. PALLONE. I yield to the gentleman from Maryland.

Mr. HOYER. Is the gentleman saying that there is no reason to oppose this motion which says do not privatize Medicare if, in fact, their plan does not do that?

Mr. PALLONE. Reclaiming my time, I suppose you could argue that, that if they really believed that this does not privatize Medicare, they should agree to the motion. I agree with the Democratic Whip. But the problem is they are privatizing Medicare and that is why they have to oppose the motion.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield myself 10 seconds.

Mr. Speaker, it is very important for everyone to understand that this Medicare bill provides to the choice for seniors. It is entirely voluntary.

Mr. Speaker, I yield such time as he may consume to the gentleman from Wisconsin (Mr. RYAN).

Mr. RYAN of Wisconsin. Mr. Speaker, I thank the gentlewoman for yielding me time. I thank her for her leadership on this issue.

Let me address a couple of the inaccuracies that the last speaker mentioned. That is the word we are using, "privatize." Under the definition on the other side of privatization, under their definition Medicare is already privatized then, because Medicare right now is private providers providing care for our seniors.

All the doctors in your country do not work for the Federal Government, the hospitals, the nursing homes. What it is is Medicare paying the bills to private providers to provide care for our seniors. Right now you have HMO's

through Medicare providing care to our seniors. So today, under your logic, Medicare is already privatized. The point is this is not privatizing Medicare.

I would like to bring the gentleman from New Jersey's (Mr. PALLONE) attention to page 260 in the legislation where it says, "No change in Medicare's defined benefit package" shall occur. "Nothing in this part," and this is the title they seek to strike, "or the amendments made by this part, shall be construed as changing the entitlement to defined benefits under parts A and B of title XVIII of the Social Security Act."

The point is this is not privatizing Medicare. What we are simply doing is adding to the choices that seniors have to make in their lives. And the kind of choices that we want to give seniors entitlement to are the same choices that we, as Members of Congress have, and 9 million other Federal workers and their loved-ones have in choosing their health care.

So what we are saying here is every senior will always have access to traditional Medicare fee-for-service. Will their premiums go up by \$500 like the gentleman from New Jersey (Mr. PALLONE) said? No. The CBO says their premiums may go down. If anything their premiums could go up by a dollar a month. That is hardly a big increase given the fact that we are also covering prescription drugs.

Now, I answer the question about rural. If you take a look at rural America, this is the most significant, the most significant package for rural America since Medicare was written in 1965. The House bill dedicates over \$27 billion in payments to rural America to improve its Medicare program. That is even more than what the other body is doing.

Now, I simply want to put a point here, and that is this: We have to recognize the facts that Medicare itself is going insolvent. If we do nothing, if we do not pass this prescription drug bill, Medicare is going to go insolvent and bankrupt. If that time when we see an America where we have 40 million retirees today coming to the day within 15 to 20 years when we will have 77 million retirees, that is a day we must be prepared for. And so the Medicare actuaries are telling us if we want to make Medicare whole for the baby boomers before adding a prescription drug benefit, we will have to raise Medicare FICA taxes by 80 percent if we are going to do it on FICA taxes.

If you throw a prescription drug benefit on there, we could raise as much as 120 percent to keep Medicare solvent for the baby boomers. We do not want to see that happen because that would cost us jobs. That would be bad for the economy. What we want to see happen is a Medicare that is solvent, that is here for the baby boomers when they retire, and that is better for today's seniors. And by making it better for today's seniors, we will give them an entitlement to prescription drug benefits.

We will give them the same kinds of choices we, as Members of Congress, have when we pick health care for our families.

Those are the kinds of choices we are giving seniors in this legislation. It is not privatizing Medicare. Medicare will be the overseer, the regulator, the overseer of all of these programs just like it does today. What we are simply trying to do is improve benefits for today's seniors by modernizing it with a prescription drug benefit, giving them more choices like we as Congressmen and Congresswomen have, and do so so we can make this thing solvent, so this very, very important and vital program in the Federal Government will be there for the baby boomers when they retire, so we are not faced with the day when we are cutting back and rationing care and cranking up FICA taxes.

Mr. MICHAUD. Mr. Speaker, I yield 5½ minutes to the gentleman from Maryland (Mr. HOYER), the minority whip.

Mr. HOYER. Mr. Speaker, the previous speaker, of course, will have at least 35 to 37 or 39 years to worry about this problem. So for him it is not an immediate problem. For some of us, however, there is a heightened concern. And I will tell my friend from Wisconsin (Mr. RYAN), my young friend from Wisconsin, and the gentlewoman from Connecticut (Mrs. JOHNSON), who protest over and over and over again that we are not privatizing Social Security, of course, their party was led until just last year by a gentleman who said that we ought not to have Medicare in a free society and formerly led by a speaker who said it was going to fade away. And millions, I tell my gentlewoman friend and my young friend, million of seniors, forget about what we here in the House say, millions of seniors and their experts who have studied your program very carefully believe it is going to privatize Medicare, notwithstanding your legerdemain about our definition of it currently being privatized.

□ 2200

Nobody believes that. The fact of the matter is millions of seniors have reported back to my colleagues, hey, this program is not good for us.

Mr. RYAN of Wisconsin. Mr. Speaker, will the gentleman yield?

Mr. HOYER. I yield to the gentleman from Wisconsin.

Mr. RYAN of Wisconsin. Mr. Speaker, the only point I was making was I was not saying the current Medicare program is privatized. Under my colleague's logic, under my colleague's definition of privatization, Medicare is certainly privatized, which is not the case. That is why we are not privatizing Medicare.

Mr. HOYER. Reclaiming my time, that is the legerdemain I was referring to exactly.

Mr. Speaker, I urge my colleagues to support this motion to instruct. It recognizes what the ideologues on the

other side of the aisle refuse to admit. Turning Medicare into a voucher program will only encourage private insurers to skim the healthiest seniors, leaving Medicare to cover the sickest, most disabled beneficiaries.

Vouchers are nothing more than a thinly veiled attempt to end Medicare, our Nation's bedrock commitment to America's seniors for the last 38 years.

This motion instructs conferees to reject the provision in the House bill that would turn Medicare into a voucher program in 2010. In addition, it instructs conferees to accept the Senate-passed provisions requiring a Federal fallback prescription drug benefit if the private sector in any given area refuses to offer an alternative plan.

I have not heard any protestations that there is such a fallback in the House bill, because there is not. Under the Senate bill, if at least two private plans are not available to seniors, the Federal Government would offer beneficiaries a prescription drug benefit. Let us not turn a blind eye to reality. Insurers are not lining up to provide prescription drug-only policies. In fact, as I think the gentlewoman knows, because the former chairman of the subcommittee, I think he is now the Chair of, Mr. Gradison, had some comments to make when he was president of the Health Industry Association of America, said that private sector would not offer such plans that are contemplated under my colleague's bill.

They are in business to make money, as they ought to be; and they will not hesitate to drop customers who file too many claims or cost them too much. That has been our experience with the Medicare+Choice plan in which more than 2 million seniors have been abandoned by HMOs seeking higher profits, including in my own area. I do not criticize the HMO. They are in business, but this is a service that we want to guarantee to all of our citizens to have available to them at affordable prices; and as any homeowner can tell my colleagues, that is the experience in that line of insurance as well. One might think that they are in good hands, but if they file a claim, they might just find that those hands have said bye, bye. They might think that their private insurer is a good neighbor; but if they file a claim, they might just find that their good neighbor has moved away without leaving a forwarding address.

Finally, Mr. Speaker, let me say, on Saturday, July 19, more than 70 of my colleagues, my Democratic colleagues in this House, held town hall meetings in their districts on the issue of prescription drugs. The turnout at those meetings was terrific, and virtually every Member that I have talked to said that their constituents want a guaranteed, affordable, universal prescription drug benefit under Medicare now. That is not included, and their experts and the seniors who sat around their table with their pencils and papers said your bill does not give them

what they need, not necessarily what they want, but what they need.

They were deeply disappointed when they learned the details of the House GOP bill; and I might say to my friends, so that I do not just viciously attack my House friends, they are not too hot about the Senate bill either.

This motion does not address all the deficiencies of the GOP bill, but it does focus on two of the most important ones. I urge my colleagues to support this motion to instruct.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield myself such time as I may consume.

With all due respect to my friend from Maryland, for whom I have a lot of respect and have worked on many issues, his quote from Mr. Gradison is in regard to last Congress' bill, which was written entirely different. We do not hear anyone making that claim in regard to this bill. So to say that no one would offer this benefit about a bill that is not this bill is really misleading.

Secondly, my colleague's motion to move to strike the very section that guarantees Medicare's defined benefit package is duplicitous. I mean, why would they move to strike the section that guarantees, and here is the title, page 260, no change in Medicare's defined benefit package, no change. This is voluntary, this bill, and any senior who wants to continue to choose the Medicare defined benefit package and couple it with a prescription drug program is free to do so, and that defined benefit package is going to offer seniors a far more modern benefit than current Medicare because it is going to help them deal with chronic diseases which current Medicare does not help them deal with.

Thirdly, I am appalled that my Democrat colleagues want to provide this giveaway to the drug companies. CBO and CMS actuaries agree that the plans will be available to 95 percent of the beneficiaries, but CBS has said that if we choose the fallback provision in the Senate bill, it will cost 8 to \$12 billion. My colleagues know who gets the 8 to \$12 billion, the drug companies. They know what our bill does. It pierces the best price process in the States and goes below that and saves \$18 billion for seniors; and if they are serious about doing something about drug prices, they will not put in law the fallback provision in the Senate bill because it will cost 8 to \$12 billion and give it all directly to the drug companies.

Mr. RYAN of Wisconsin. Mr. Speaker, will the gentlewoman yield?

Mrs. JOHNSON of Connecticut. I yield to the gentleman from Wisconsin.

Mr. RYAN of Wisconsin. Mr. Speaker, is the gentlewoman saying that the fallback plan according to the Congressional Budget Office will lead to higher drug prices for seniors to the tune of 8 to \$12 billion?

Mrs. JOHNSON of Connecticut. Absolutely. That is exactly what I am saying. The fallback provision in the Senate bill will lead to drug prices that will cost our bill 8 to \$12 billion more.

Mr. RYAN of Wisconsin. Mr. Speaker, if the gentlewoman will continue to yield, so this motion to recommit raises prices for seniors 8 to \$12 billion?

Mrs. JOHNSON of Connecticut. You bet it does. It gives every one of those pennies to the drug manufacturers.

Mr. Speaker, I reserve the balance of my time.

Mr. MICHAUD. Mr. Speaker, I yield 1 minute to the gentleman from Maryland (Mr. CARDIN).

Mr. CARDIN. Mr. Speaker, let me just try to correct the record here.

First, the gentlewoman says this program's voluntary. It is not. It affects all of our seniors because my colleagues are affecting their basic program under Medicare fee-for-service which they are changing into a voucher program.

Secondly, GAO indicates one-third of our seniors who currently have prescription drug coverage will lose their coverage as a result of the passage of this bill.

My colleague mentioned the fact of cost. Yet they should mention the actuaries say we do not save one dime as a result of the passage of this bill; and quoting Mr. Scully, who is the administrator of the program, you know, the bankruptcy problem is a label, largely a cash flow problem, but is the Republican Medicare bill going to save money versus the original program? The answer is no.

Let us be frank about it and then we look at the Medicare trustees report which shows we have the healthiest trust fund we have had in recent histories. Let us be straight and honest with the facts. The fact of the matter is that if my colleagues would have adopted our amendment to the bill on setting price, we would have adopted the Canadian system and brought the prices down to what we are paying in Canada, but they rejected that approach.

Mr. MICHAUD. Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. BROWN).

(Mr. BROWN of Ohio asked and was given permission to revise and extend his remarks.)

Mr. BROWN of Ohio. Mr. Speaker, I thank the gentleman from Maine (Mr. MICHAUD) for his leadership on this very important prescription drug and Medicare issue.

I stand in support of the motion which instructs conferees to abandon the privatization provisions in the House prescription drug bill.

Under H.R. 1, Medicare would end as we know it. Medicare would end in 7 years. In 7 years Medicare would be replaced by a voucher to cover part of the premium for health insurance and costs would be shifted from the government to seniors. That is privatization pure and simple.

Mr. Speaker, we should not be surprised that Republicans want to privatize Medicare. Look at the history. In 1965 when Medicare came to a vote on the House floor, on the key vote on the key part of the bill, only 11 Republicans, 11 Republicans supported the creation of Medicare. Bob Dole, future Presidential candidate, voted "no." Gerald Ford, future President, voted "no." Strom Thurmond, long-time U.S. Senator, voted "no." In the Senate, Donald Rumsfeld, later Secretary of Defense, voted "no."

Republicans could not stop Medicare in 1965, its creation, as hard as they tried; but once Republicans got a majority in this House of Representatives, the first time they had a majority after Medicare was created, a full 30 years later, one of the first things that Newt Gingrich and my friends on the other side of the aisle did was cut Medicare \$250 billion to, guess what, pay for tax cuts for the highest-income, most privileged people in our country.

Now it is not just Newt Gingrich. It is the entire Republican leadership. Dick Armey, the majority leader until 9 months ago, as my friend, the gentleman from Maryland (Mr. HOYER), pointed out, said we would not have Medicare in a free society.

It is clear, Mr. Speaker, that the folks on that side of the aisle simply do not much like Medicare. Of course they want to privatize it. They did not support it when it was created. They have tried to cut it every time they have got a chance. They tried to end it as we know it. Now they have tried to privatize it. President Bush, Republican President, once he got a Republican Senate and Republican House, President Bush said, yeah, you can have a Medicare prescription drug benefit, but you have got to get out of Medicare to get it; you cannot have it in traditional Medicare the way the Democrats want to do it, provide the benefit the way that we know it works in traditional Medicare because seniors in this country love traditional Medicare, if they could have a drug benefit and a few other benefits that this Congress has denied them.

Instead, George Bush and the Republican leadership said, yeah, you can have a prescription drug benefit, but you have got to go into a private plan and have the insurance companies deliver it. That is what Republicans think about Medicare. So of course they are going to privatize it; and of course this motion to instruct says we are not going to let you privatize.

H.R. 1, the Republican bill, is a cop-out. The American public never, never in the election, never gave Republicans license to dissolve Medicare. The retirement safety net was not put in place for Republicans simply because they do not want Big Government to eliminate it.

Mr. Speaker, I stand in support of this motion, which instructs conferees to abandon the "privatization" provisions in the House prescription drug bill.

Under H.R. 1, Medicare would end in 7 years. In 7 years, Medicare would be replaced by a voucher to cover part of the premium for health insurance.

Medicare would no longer guarantee access to medically necessary care. Instead, the Government would contribute a capped amount to an HMO or some other health insurance.

So much for the Medicare entitlement. So much for guaranteed benefits. So much for the choices that matter: choice of hospital, choice of doctor. This voucher scheme would give seniors the "choice" to enroll in an HMO, and when that one abandons them, to enroll in another one, and when that one abandons them, to enroll in another one.

In his State of the Union address, the President called Medicare the "binding commitment of a caring community." H.R. 1 rips that commitment to shreds. It chokes off funding for the core Medicare program and sends seniors into the private market to try their luck.

The President and the authors of H.R. 1 say that seniors deserve more insurance options, and that more insurance options will somehow save the Federal Government money.

Fourteen years ago, the Medicare supplemental insurance market offered so many spurious, confusing "insurance options" that seniors were being conned into purchasing multiple plans covering the same benefits. To protect seniors, the Government had to crack down and dramatically curtail the number of "insurance options" that could be marketed.

Over the last six years, Medicare HMOs have abandoned millions of seniors. Insurers haven't abandoned their shareholders—the industry is doing quite well—but insurers have promised seniors reliable health insurance one year and dropped those seniors like a stone the next.

H.R. 1 stacks the deck against the only coverage options under Medicare seniors can truly rely on—the core fee-for-service program—and gambles seniors' health care on private insurance plans that by their very nature come and go. Insurance is supposed to alleviate uncertainty, not breed it.

Private plans are not and have never been a cost-effective alternative to Medicare. Medicare is a cost-effective alternative to private health plans.

Medicare costs have been growing at a slower rate than private insurance for 30 years now. 30 years.

H.R. 1 is a shell game. It doesn't confront drug costs or any other health care cost. It saves the Federal Government money by shifting the financial burden onto Medicare beneficiaries and their families.

It's a cop-out. The American public did not give us license to dissolve Medicare. The retirement safety net was not put in place because liberals wanted to make the Federal Government bigger, and it should not be dismantled because conservatives want to make the Federal Government smaller.

The retirement safety net was put in place because the private sector couldn't make a profit offering health insurance to seniors, so they stopped doing it. And it was put in place because the Nation believes Americans who helped build this Nation's unrivaled prosperity throughout their working years should not face financial uncertainty and hardship when they retire.

And now, the future of Medicare is on the line. My Republican colleagues say that seniors deserve "better options." What seniors deserve is the truth.

If my Republican friends want to abandon the key principles defining Medicare—Guaranteed coverage, equal treatment of seniors regardless of income, consistent benefits, reliable benefits—if my Republic colleagues want to abdicate their responsibility for Medicare—they shouldn't hide behind a prescription drug bill to do it.

Instead of abandoning Medicare, I urge my Republican colleagues to reverse course and pledge to protect it.

Support this motion.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield myself such time as I may consume.

It is too bad that in these debates we stray so far from the facts of the matter. The 1997 bill was passed unanimously by the Subcommittee on Health of the Committee on Ways and Means, almost unanimously by the full committee. I am proud to say that under Republican leadership we added coverage for the first preventive benefits under Medicare, mammograms and, since then, pap smears and also prostate cancer testing and a variety of other preventive benefits for diabetics and for other critical tests.

As Republicans led the effort to add preventive benefits to Medicare and President Clinton supported them, those bills had a lot of bipartisan support; and to say now that this bill privatizes Medicare when all it does is to strengthen both fee-for-service Medicare and the choice plans that can offer seniors some things that Medicare cannot offer them is simply a disservice to the seniors of America.

Just like Republicans led the effort to modernize Medicare by covering prescription drugs which had never been done before, so in this bill we are leading the effort to provide disease management and other tools to help seniors with chronic illnesses, never proposed by my Democrat colleagues. It pains me to have my Democrat colleagues just focus on the word "privatization," which actually ignores the modernization of this plan and has no place in this debate because in every year from now to 2010, 2020, all seniors will have the choice of fee-for-service Medicare or these plans, and the government will pay for coverage under both of those options and will control both of those options.

□ 2215

So they are government-controlled, government paid-for options, all part of Medicare, with a voluntary choice by seniors, an entitlement under the law.

Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. GREENWOOD).

Mr. GREENWOOD. Mr. Speaker, I thank the gentlewoman for yielding me this time. I had not come to the floor expecting to speak; but when I heard the gentleman from Ohio speak, I really felt compelled to.

I think it is sad and it is distasteful when we hear this kind of rhetoric that questions the motives of Members of the House, that makes such ridiculous

statements as Republicans want to end Medicare. What a stupid thing to say. Republicans on this side of the aisle have worked so hard for so many years to improve Medicare; and the record is replete with the work that the gentlewoman from Connecticut (Mrs. JOHNSON) has done, that I have done, that many Members on this side of the aisle have done with Members on the other side of the aisle.

It is an insult to the intelligence of this body and it is an insult to the intelligence of the senior citizens of this country for any Member of Congress to stand before this body and make a statement that would suggest that any one of us, who work so hard on these issues, would want to do anything except make the program as good as possible for our parents and for our constituents. It is just absurd.

Now, the fact of the matter is that we do have political and philosophical differences about whether or not what we think the role of the private sector should be in the delivery of the Medicare system. Seniors got choice, the opportunity to have prescription drugs under Medicare for the first time when we had Medicare+Choice, and it was allowing the private sector to go in and offer plans that were more efficient than the Medicare fee-for-service program. And with that efficiency, they provided the prescription drug benefit for the first time. Now, this Congress failed to fund those plans, and so they went away.

Now, nearly everyone in this country who has a prescription drug benefit receives that benefit from some kind of private sector pharmaceutical benefit manager. That is the way we all get our drugs. And that is the reason that the newest drugs get quickly available to us because the private sector can compete against itself, negotiate price, and get the best newest medicines available to all Americans. And all we are suggesting is that that is the most efficient, the most cost-efficient and the most compassionate way to bring prescription drugs to the seniors.

Now, if the other side of the aisle disagrees with that, fine, it is a good argument to have. But it really is stupid to stand here and pretend that there are some people in this House who actually care about the program and there are others who do not. We need to elevate this argument way above that.

Mr. MICHAUD. Mr. Speaker, I yield 3 minutes to the gentleman from Indiana (Mr. HILL).

Mr. HILL. Mr. Speaker, I want to first of all congratulate the gentleman from Maine for making this motion to instruct conferees. I want to address just briefly the comments that were made by the gentleman from Pennsylvania.

My colleague will have to realize that many people on this side of the aisle, when we hear comments from some Members on that side of the aisle that they would like to see Medicare

wither on the vine, that we hold suspect whether or not Republicans really believe in this program or not.

When I came to Congress in 1999, the Federal Government was projected to run a surplus of nearly \$5 trillion over the next decade. As a result, I advocated budgeting a portion of that money to provide a voluntary and comprehensive prescription drug benefit for all seniors under Medicare. While our fiscal situation has changed dramatically, the needs of our seniors have not changed. Like many areas across the country, southern Indiana is home to thousands of seniors who struggle every day to find room in their budgets for the mounting costs of prescription drugs.

My father died 2 years ago. He was 93 years old when he died. Much of his medical expenses when he died were paid for by Medicare. If he had to make the decision whether or not to go into a private plan or a plan under Medicare, it would have confused him. He would not have been able to make that kind of a choice. And that is the reason why Medicare is such an important program for Americans. It has been proven successful for almost 40 years now, a program that helps senior citizens, that helped my father pay his medical expenses. If it is not broken, do not fix it. It is not broken.

Medicare is not broken. If you ask every senior citizen in this country, well, maybe not every senior citizen, but most senior citizens whether or not they want to change Medicare as we know it today, they would say no, we like Medicare; it is one of our government's most successful programs. Millions of Americans are counting on us to make certain that this program is there when they retire.

I urge the conferees to do what is best for America, assure each and every American that Medicare and its program will be there, available to them when they need it. Medicare is not broken; we should not be trying to fix it by trying to privatize it in 7 more years. It will confuse our senior citizens, it will scare our senior citizens, and it is wrong the proposal that is being made. Medicare is a good program. We need to keep it as it is.

When I came to Congress in 1999, the Federal government was projected to run a surplus of nearly \$5 trillion over the next decade. As a result, I advocated budgeting a portion of that money to provide a voluntary and comprehensive prescription drug benefit for all seniors under Medicare.

While our fiscal situation has changed dramatically—the needs of our seniors have not. Like many areas across the country, southern Indiana is home to thousands of seniors who still struggle every day to find room in their budgets for the mounting costs of prescription drugs.

These seniors are depending on Congress to uphold its promise to provide some relief from their drug bills—and to make Medicare a stronger program for future generations.

I did not support H.R. 1. I am concerned that, instead of providing Medicare beneficiaries with greater security, this bill would

dismantle the traditional Medicare program—leaving seniors vulnerable to unstable and unpredictable health care coverage.

Medicare is one of our government's most successful programs. Millions of Americans are counting on this program to be there when they retire. I urge the conferees to do what is best for America—assure each and every American that the Medicare program will be available to them when they need it.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. NORWOOD).

Mr. NORWOOD. Mr. Speaker, I thank the gentlewoman for yielding me this time, and I think it is appropriate that we be honest here just a little bit. Medicare is a program that needs reform. That does not mean it needs to go away. Now, if my colleagues think everything is perfectly okay with Medicare, go for it. But Medicare can be better, and those on the other side of the aisle have to work with folks to get it better.

Secondly, I know none of my Democrat colleagues would want to continue to promote the lie about the "wither on the vine" phrase. Let us get that straight once and for all. Nobody over here ever said that. Mr. Newt Gingrich never said that. I was in the room when he gave the speech to the American Medical Association. He said HCFA should wither on the vine because it is one of the worst agencies in this town. He wanted HCFA to wither on the vine to make Medicare better. Now stop promoting that untruth.

Mr. MICHAUD. Mr. Speaker, how much time does each side have remaining?

The SPEAKER pro tempore (Mr. HASTINGS of Washington). The gentleman from Maine (Mr. MICHAUD) has 8 minutes remaining, and the gentlewoman from Connecticut (Mrs. JOHNSON) has 11½ minutes remaining.

Mr. MICHAUD. Mr. Speaker, I yield 3 minutes and 10 seconds to the gentleman from Rhode Island (Mr. LANGEVIN).

Mr. LANGEVIN. Mr. Speaker, I rise in support of the Michaud motion to instruct conferees on H.R. 1 to reject the House-passed provision that would turn Medicare into a voucher program and to accept the Senate-passed provision requiring a government-sponsored fallback prescription drug benefit.

Like many of my colleagues, it has long been my top priority to be able to go back to my district and report to my senior citizens who rely on Medicare that Congress has provided a prescription drug benefit for them. Well, time and time again Congress has failed to pass meaningful legislation on this topic, placing the profit margins of drug manufacturers and insurance companies over the health and the lives of America's senior citizens.

Twice now I have voted against the Republicans' prescription drug legislation, not because I am unwilling to work within the framework of the budget situation and accept a drug ben-

efit that is less than the dream package we could offer our seniors in a world without budget limitations. Rather, I voted against Medicare reform legislation that purports to help the elderly, but in reality it leaves the prescription drug plan in the hands of private insurers and undermines the entire health care system that 40 million American seniors rely on.

The House-passed legislation would force traditional Medicare to bid against private insurance plans beginning in 2010. Well, Mr. Speaker, my constituents in Rhode Island can tell you how dangerous this is. In 1999, the instability of the private market resulted in an HMO that insured 127,000 people in the State, Harvard Pilgrim, pulling out without any warning. The House-passed provision designed to induce seniors and people with disabilities to leave the traditional Medicare program and to enroll in private managed care plans will result in seniors having to find new plans to meet their needs, facing the possibility of higher premiums, new doctors, and a new set of co-pays and regulations every single year.

The House-passed privatization plan is the beginning of a spiral that will ultimately destroy the traditional Medicare fee-for-service program. Older, chronically-ill people who need the types of services offered by traditional Medicare will face escalating costs. As the premiums for traditional Medicare rise, the price tag will drive them into private plans, even though the data show that private plans are not good for the very old and chronically ill.

Mr. Speaker, both the House and the Senate plans have flaws. Most notably, neither plan takes the appropriate steps to lowering the prescription drug costs for Americans who pay up to 300 percent more for their medications than citizens in other industrialized nations. The reason for this price disparity is glaringly obvious, given that every other industrialized nation takes advantage of bulk purchasing power and negotiates lower prices on behalf of its citizens.

Mr. Speaker, I urge my colleagues to do the right thing and support the Michaud motion to instruct our conferees to work against the House-passed Medicare privatization provision and in favor of a government fallback plan for the prescription drug benefit. It is the right thing to do.

Mr. MICHAUD. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. DAVIS).

Mr. DAVIS of Florida. Mr. Speaker, I thank the gentleman for yielding me this time. I think first it is important to put into context the motion to instruct. The motion is an attempt to try to remove the voucher provision which many of us believe is an obstacle to finding a middle ground to developing a Medicare prescription drug benefit. And the second part of the motion inserts the fallback provision that has been developed by both Democrats and

Republicans in the Senate that many of us think is critical to having a middle ground.

I want to go back to the voucher debate and again try to be as factual as possible as to why that is so highly objectionable to Democrats in the House, and I believe to many Republicans in the Senate. Under the House bill that is being defended tonight, in 2010 seniors are forced to choose between private plans and a voucher. Private plans have made it perfectly clear that they do not want to insure people that are not an attractive risk, people that tend to have health problems after they are 65. So, instead, what those people are left with is a voucher whose value is equal to the average cost of beneficiaries in private plans. Those would be healthy people.

The chief actuarial for Medicare at HCFA has said that people who are over 65 that are not accepted by private plans could experience as much as a 25 percent increase in the cost of Medicare. Nobody yet has tried to defend or answer the question as to what happens to that Medicare beneficiary who has health problems who is not accepted by the private plan and who cannot afford to make up that huge difference in cost. And the reason nobody wants to answer that is because there is no answer. That person is left on their own. They are cut loose from Medicare.

Now, the second point about the fallback is this: it continues to be the case that private insurance companies in Washington say to Congress, we do not want your money. We do not want to get in the business of writing policies for drug coverage. And so unless we put the fallback provision the Senate is providing in this bill, we are relegating seniors to a false promise, and that is giving money to private plans to offer insurance they say they do not want to provide for seniors.

Mr. Speaker, I urge support of the motion to instruct.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. CUNNINGHAM).

Mr. CUNNINGHAM. Mr. Speaker, I have not been on the floor that long tonight, but I have sat and listened to a lot of nasty things. And according to my colleagues, all Republicans want to throw out senior citizens; we do not care about our grandmas, our grandpas, our wives, our children. But that is not true. I have a mom. I lost my dad. But I want to take care of them with Medicare, and I want to take care and make sure their health care needs are filled.

□ 2230

I believe in a private-public partnership. Let me give a good example. A couple years ago I had pneumonia. I went to the doctor, and then I went to get my antibiotic. It was called Augmentin. I looked at the prescription, and it was \$120. I remember

thinking how is someone with a low income with children going to afford \$120, especially if a couple of their children had pneumonia.

The total cost of that Augmentin was \$17 because my wife, being a school-teacher, had insurance. The more we drive up the cost of insurance, and I know it is the latest thing to demonize insurance companies, but if we have a private partnership with insurance companies and the public, they lower the cost of those prescription drugs so people can afford them. So instead of \$120, it was \$17. That is the goal, to make sure that people are taken care of.

Mr. Speaker, I am disappointed in the debate tonight. The wither-on-the-vine gentleman must not have been here because they know that is not true. But there are things that we can do. I understand the concerns about some of the arguments being made about privatizing some of the issues. I, on the other hand, think government control of health care is wrong, but somewhere in the middle we ought to be able to come together and not have the type of debate that was on the floor tonight.

Mr. MICHAUD. Mr. Speaker, I yield 2 minutes to the gentleman from Arkansas (Mr. ROSS).

Mr. ROSS. Mr. Speaker, I thank the gentleman from Maine for leading the motion to instruct on this very important issue this evening.

As the owner of a small town family pharmacy back home in Prescott, Arkansas, my wife and I got tired of seeing seniors walk through the doors of our pharmacy who could not afford their medicine or could not afford to take it properly. That was a big reason why I decided to run for the United States Congress in 2000.

The reason I am speaking to Members tonight from the Republican side of the aisle is this: I thought if there was ever an issue that would not be a Democratic issue or a Republican issue but rather a senior issue, this would be it. But instead, the Republican leadership has offered us nothing more than a false hope and a false promise for our seniors.

There are three problems with the bill. Number one, the drug manufacturers wrote the bill, and if Members do not believe that, read the bill. The Republican leadership had the nerve to put language in the bill that says the Federal Government shall be prohibited from negotiating with the drug manufacturers to bring down the high cost of medicine, and we call this a senior's plan.

Problem number two, we hear how prescription drugs are cheaper in other countries, they are. They are because the other countries tell the drug manufacturers if you want your drug in our country, you will give us a discount, and they do. The drug manufacturers know if we have 41 million seniors under one plan in America, we too will demand those kinds of discounts to

help offset the cost of the program for our seniors.

Problem number three, all of the talk for months about a prescription drug benefit for our seniors on the floor of this House boils down to this. When you do the math, on the first \$3,500 worth of medicine that a senior needs every year, Medicare is going to pay for \$900, leaving the senior to pay \$2,600 of the first \$3,500. Tell me if that is going to help seniors choose between buying their medicine, buying their food, paying their utility bill, and paying the rent bill. Of course it will not.

This is Medicare fraud at its worse. I will not rest until seniors can walk into the pharmacy of their choice and pull out their Medicare card and be treated.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield the balance of my time to the gentleman from California (Mr. THOMAS), the chairman of the Committee on Ways and Means.

Mr. THOMAS. Mr. Speaker, I imagine some people watching this debate are a bit confused about what is going on. You need to understand the underlying concern of our friends on the other side of the aisle. That is why they take the well and say someone who is no longer with us, he is passed, voted no in 1965. Or other people 30 years ago took a position. What about the people today?

The Democrats really believe this is their issue and, if they do not demonize the fact that Republicans are out to destroy Medicare, they do not have a bumper sticker they have used for years. Let us not talk about the noes that occurred in 1965, let us talk about the noes that occurred in 1995. Let us talk about the noes that occurred in 1997, or the noes that occurred this year.

The Democrats had 30 years to put prescription drugs in Medicare. Did they, no. Republicans are trying to put prescription drugs in Medicare. They will say anything to not let that happen because then, of course, Republicans are not trying to destroy Medicare. Their arguments are gone.

This year in the bill that passed this House, we voted to give every senior who becomes Medicare eligible a physical. They voted no. We voted to provide screening and education and early treatment for diabetes so we do not have an increase in end-stage renal disease. They voted no. We voted to have osteoporosis screening. They voted no. We voted for more digital mammography. They voted no.

Every time they voted no on a Medicare bill that we have passed, it is stopping new, progressive preventive measures that Republicans are adding to Medicare. How is that killing Medicare?

The fact of the matter is we have to go back to 1965 for your arguments about Medicare. We want to talk about today and tomorrow. One of the reasons Medicare is better off in the Part A trust fund is because a recent Democratic President transferred the fastest

growing portion of Medicare, home health care, from A, a defined payroll trust fund to the general fund that can suck up every penny in the general fund the way it is structured, every penny. That is why it is more solvent than it has been in a long time.

If the other side of the aisle wants to solve the problems of Medicare, get off their demagoguery hobbyhorse, get serious about trying to make Medicare workable, more progressive, better preventive care, quit voting no and quit playing games. These kinds of motions to instruct are destructive, not positive.

Let us work together. We are going to make a better Medicare. We are going to bring a conference report back and we are going to have every senior get a physical. Will the other side of the aisle vote no on that? We have better digital mammography. Will the other side of the aisle vote no on that? And we, Republicans, are going to put prescription drugs in Medicare. That is what this is all about. They cannot stand it.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield back the balance of my time.

Mr. MICHAUD. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, when we get through the smoke and mirrors of this bill passed by this House, it comes down that H.R. 1 aims to privatize Medicare in 2010. It does nothing to guarantee prescription drug benefits for Medicare beneficiaries in rural areas like the State of Maine. And actually, language in the bill prohibits the Secretary of Health and Human Services from negotiating for lower-cost prescriptions. That is wrong. The current bill is a disservice to all seniors, and I urge Members to adopt changes made in this motion to give Medicare recipients present and future the benefit that they deserve.

Mr. Speaker, I would say to the gentleman from California (Mr. THOMAS), we do not have to go back to 1965. I will quote the gentleman's words in 2003, "To those who say that the bill would end Medicare as we know it, the answer is, we certainly hope so." That is a quote in 2003 from the gentleman from California (Mr. THOMAS). I urge Members to adopt this motion.

Mr. GREEN of Texas. Mr. Speaker, I rise today in strong support of the Michaud motion to instruct conferees on the Medicare prescription drug bill.

This motion remedies two of the most controversial provisions of the House bill by striking provisions of the bill which would require privatization of the Medicare program by 2010, and ensuring that there is a government fallback plan for beneficiaries who do not have access to a private plan.

Over the August recess, my seniors made it clear that they do not want the Medicare program privatized. They like Medicare, they trust it, and they know that it will take care of them when they need it.

On the flip side, they know that private insurance companies have abandoned them

year after year, have raised their premiums, raised their copays, and raised their deductibles, all while slashing their benefits.

They don't trust Medicare HMOs any farther than they can throw them. Our seniors don't want HMOs, and this Congress shouldn't force them on them.

Now on the government fallback provision, you don't need to be an insurance expert to know that insurers aren't going to sell a policy that everyone is going to make claims against.

And we know that 86 percent of seniors have prescription drug costs. So we know that individuals buying these policies are going to use them.

The risks of individual claims far outweigh any potential profits from these policies. Insurers know that, seniors know that and I think even my colleagues on the other side of the aisle know that.

But if they admit that, than I guess they'd have to admit that the private market just does not work for Medicare beneficiaries.

So they've refused to allow for even the possibility that private insurers won't participate in this plan.

But I would argue that, if the private market really works for this population, than they shouldn't have any objection to a government fall-back, because—if they're right—they're never going to need it.

Mr. Speaker, when it comes down to it, fixing these two provisions would clear the way for passage of this legislation. I think anyone who has campaigned that they would be the ones to fight for a prescription drug benefit should vote for this motion to instruct conferees so that we can move this process forward, get a prescription drug benefit enacted and actually start providing some help to our seniors.

With that, Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. HASTINGS of Washington). Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Maine (Mr. MICHAUD).

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. MICHAUD. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will now put each question on which further proceedings were postponed earlier today in the following order:

Motion to instruct on H.R. 1588, by the yeas and nays;

Motion to instruct on H.R. 1308, by the yeas and nays;

Motion to instruct on H.R. 1, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining

electronic votes will be conducted as 5-minute votes.

MOTION TO INSTRUCT CONFEREES OFFERED BY MR. EDWARDS ON H.R. 1588, NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2004

The SPEAKER pro tempore. The pending business is the question on the motion to instruct conferees on the bill, H.R. 1588.

The Clerk will designate the motion. The Clerk designated the motion.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Texas (Mr. EDWARDS) on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 406, nays 0, not voting 28, as follows:

[Roll No. 500]
YEAS—406

- Abercrombie
- Aderholt
- Akin
- Alexander
- Allen
- Andrews
- Baca
- Bachus
- Baird
- Baker
- Baldwin
- Ballance
- Ballenger
- Barrett (SC)
- Bartlett (MD)
- Barton (TX)
- Bass
- Beauprez
- Becerra
- Bell
- Bereuter
- Berkley
- Berman
- Berry
- Biggart
- Bilirakis
- Bishop (GA)
- Bishop (NY)
- Bishop (UT)
- Blackburn
- Blumenauer
- Blunt
- Boehlert
- Boehner
- Bonilla
- Bonner
- Bono
- Boozman
- Boswell
- Boucher
- Boyd
- Bradley (NH)
- Brady (PA)
- Brady (TX)
- Brown (OH)
- Brown (SC)
- Brown, Corrine
- Brown-Waite,
- Ginny
- Burgess
- Burns
- Burr
- Burton (IN)
- Buyer
- Calvert
- Camp
- Cannon
- Cantor
- Capito
- Capps
- Capuano
- Cardin
- Cardoza
- Carson (IN)
- Carson (OK)
- Carter
- Case
- Castle
- Chabot
- Chocola
- Clyburn
- Coble
- Cole
- Collins
- Conyers
- Cooper
- Costello
- Cox
- Cramer
- Crane
- Crenshaw
- Crowley
- Cubin
- Culberson
- Cunningham
- Davis (AL)
- Davis (CA)
- Davis (FL)
- Davis (TN)
- Davis, Jo Ann
- Davis, Tom
- Deal (GA)
- DeFazio
- DeGette
- Delahunt
- DeLauro
- DeLay
- DeMint
- Deutsch
- Diaz-Balart, L.
- Diaz-Balart, M.
- Dicks
- Dingell
- Doggett
- Doolittle
- Doyle
- Dreier
- Duncan
- Dunn
- Edwards
- Ehlers
- Emanuel
- Engel
- English
- Eshoo
- Etheridge
- Evans
- Everett
- Fattah
- Feeney
- Ferguson
- Filner
- Flake
- Fletcher
- Forbes
- Ford
- Fossella
- Franks (AZ)
- Frelinghuysen
- Frost
- Garrett (NJ)
- Gerlach
- Gibbons
- Gilchrest
- Gillmor
- Gingrey
- Gonzalez
- Goode
- Goodlatte
- Gordon
- Goss
- Granger
- Graves
- Green (TX)
- Green (WI)
- Greenwood
- Grijalva
- Gutierrez
- Gutknecht
- Hall
- Harman
- Harris
- Hart
- Hastings (FL)
- Hastings (WA)
- Hayes
- Hayworth
- Hefley
- Hensarling
- Herger
- Hill
- Hinchev
- Hinojosa
- Hobson
- Hoeffel
- Holden
- Holt
- Honda
- Hostettler
- Houghton
- Hoyer
- Hulshof
- Hunter
- Hyde
- Inslee
- Isakson
- Israel
- Issa
- Istook
- Jackson (IL)
- Jackson-Lee
- (TX)
- Jefferson
- Jenkins
- John
- Johnson (CT)
- Johnson (IL)
- Johnson, E. B.
- Johnson, Sam
- Jones (NC)
- Jones (OH)
- Kanjorski
- Kaptur
- Keller
- Kelly
- Kennedy (MN)
- Kennedy (RI)

- Kildee
- Kilpatrick
- Kind
- King (IA)
- King (NY)
- Kingston
- Kirk
- Kline
- Knollenberg
- Kolbe
- Kucinich
- LaHood
- Lampson
- Langevin
- Lantos
- Larsen (WA)
- Larson (CT)
- Latham
- LaTourette
- Leach
- Lee
- Levin
- Lewis (CA)
- Lewis (GA)
- Lewis (KY)
- Linder
- LoBiondo
- Lofgren
- Lowe
- Lucas (KY)
- Lucas (OK)
- Lynch
- Majette
- Maloney
- Manzullo
- Marshall
- Matheson
- McCarthy (MO)
- McCarthy (NY)
- McCollum
- McCotter
- McCrery
- McDermott
- McGovern
- McHugh
- McInnis
- McIntyre
- McKeon
- McNulty
- Meehan
- Meek (FL)
- Meeke (NY)
- Menendez
- Mica
- Michaud
- Millender-
- McDonald
- Miller (FL)
- Miller (MI)
- Miller (NC)
- Miller, Gary
- Miller, George
- Mollohan
- Moore
- Moran (KS)
- Moran (VA)
- Murphy
- Musgrave
- Myrick
- Napolitano
- Neal (MA)
- Nethercutt
- Neugebauer
- Ney
- Northup
- Norwood
- Nunes
- Nussle
- Oberstar
- Obey
- Olver
- Ortiz
- Osborne
- Ose
- Otter
- Owens
- Oxley
- Pallone
- Pascrell
- Pastor
- Paul
- Payne
- Pearce
- Pelosi
- Peterson (MN)
- Peterson (PA)
- Petri
- Pitts
- Platts
- Pombo
- Pomeroy
- Porter
- Portman
- Price (NC)
- Pryce (OH)
- Putnam
- Quinn
- Radanovich
- Rahall
- Ramstad
- Regula
- Rehberg
- Renzi
- Reyes
- Reynolds
- Rodriguez
- Rogers (AL)
- Rogers (KY)
- Rogers (MI)
- Rohrabacher
- Ros-Lehtinen
- Ross
- Rothman
- Roybal-Allard
- Royce
- Ruppersberger
- Rush
- Ryan (OH)
- Ryan (WI)
- Ryun (KS)
- Sabo
- Sanchez, Linda
- T.
- Sanchez, Loretta
- Sanders
- Sandlin
- Saxton
- Schakowsky
- Schiff
- Schrock
- Scott (GA)
- Scott (VA)
- Sensenbrenner
- Serrano
- Sessions
- Shadegg
- Shaw
- Shays
- Sherman
- Sherwood
- Shimkus
- Shuster
- Simmons
- Simpson
- Skelton
- Slaughter
- Smith (MI)
- Smith (NJ)
- Smith (TX)
- Smith (WA)
- Snyder
- Solis
- Souder
- Spratt
- Stearns
- Stenholm
- Strickland
- Stupak
- Sullivan
- Tancredo
- Tanner
- Tauscher
- Tauzin
- Taylor (MS)
- Taylor (NC)
- Terry
- Thomas
- Thompson (CA)
- Thompson (MS)
- Thornberry
- Tiahrt
- Tiberi
- Tierney
- Toomey
- Towns
- Turner (OH)
- Turner (TX)
- Udall (NM)
- Upton
- Van Hollen
- Velazquez
- Vislosky
- Vitter
- Walden (OR)
- Walsh
- Wamp
- Watson
- Watt
- Waxman
- Weiner
- Weldon (FL)
- Weldon (PA)
- Weller
- Wexler
- Whitfield
- Wicker
- Wilson (NM)
- Wilson (SC)
- Wolf
- Wu
- Wynn
- Young (FL)

NOT VOTING—28

- Ackerman
- Clay
- Cummings
- Davis (IL)
- Dooley (CA)
- Emerson
- Farr
- Frank (MA)
- Galleghy
- Gephardt
- Hoekstra
- Hookey (OR)
- Janklow
- Klecza
- Lipinski
- Markey
- Matsui
- Murtha
- Nadler
- Pence
- Pickering
- Rangel
- Stark
- Sweeney
- Udall (CO)
- Waters
- Woolsey
- Young (AK)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. HASTINGS of Washington) (during the vote). Members are advised there are 2 minutes remaining in the vote.

□ 2300

Messrs. SIMMONS, BONILLA, LINDER, SAM JOHNSON OF TEXAS, KING OF IOWA, ROHRBACHER, GINGREY, SMITH of Michigan, HUNTER and Mrs. BLACKBURN