

MEDICARE CONFERENCE REPORT

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Georgia (Mr. GINGREY) is recognized during morning hour debates for 1 minute.

Mr. GINGREY. Mr. Speaker, I rise today in support of the Medicare conference report. This is a historic step in the right direction for our Nation's senior citizens. We are positioned to pass legislation to help seniors pay for the rising costs of prescription medications. Low-income seniors will be able to obtain the help they need and every senior will have the peace of mind of knowing that out-of-pocket catastrophic costs will not bankrupt them.

This legislation will provide the largest comprehensive rural package ever considered and updates and sets hospital payments at appropriate levels for 2005. The conference report also blocks a proposed 4.5 percent Medicare reimbursement cut to physicians for the years 2004 and 2005, and instead provides a 1.5 percent positive update for these 2 years.

The Medicare conference report has received the strong support of our health care community and the AARP, representing 35 million seniors.

Mr. Speaker, I urge my colleagues to vote in favor of our senior citizens and pass this bill.

 MINORITY HEALTH CARE
DISPARITIES

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from California (Mr. HONDA) is recognized during morning hour debates for 2½ minutes.

Mr. HONDA. Mr. Speaker, I rise today to discuss the current health disparities as they relate to minority health care. More importantly, I want to talk about the solution, the Health Care Equality and Accountability Act.

My district, alone, of Santa Clara County, California, is extremely diverse. Mr. Speaker, 30 percent of my community are Asian Americans and Pacific Islanders, 17 percent are Latinos, and 34 percent are foreign born, 43 percent speak a language other than English.

Despite the increasing diversity of our Nation, our health care system is not meeting the needs of our community, and our racial and ethnic minorities are too often denied the high-quality health care that most Americans receive.

According to the 2000 census data, the number of individuals who speak a language other than English at home has reached almost 45 million, and 19.5 million speak English less than very well, an increase of 40 percent from 1990.

There are two important things about our communities: number one, this bill and the solution codifies existing standards for culturally and linguistically appropriate health care, au-

thorizes a new center in the Office of Minority Health to assist in cultural and language services, and increases Federal reimbursements for these services.

Another area is data collection. Data is a crosscutting issue. Lack of data impacts our understanding of the health problems in our communities as well as the problems in access and quality. Adequate data collection continues to be a challenge for APAs. Though often mistaken to be a homogeneous group, the Asian Pacific group encompasses 49 ethnicities speaking over 100 languages.

Aggregating such a large and diverse group makes it difficult to understand the unique problems faced by the individual ethnicity it encompasses.

So what do we need to do? We need to be able to provide health insurance coverage; increase workforce diversity; reduce disease complications; provide cultural and linguistic services; attain quality data; strengthen health institutions to all minorities, Asian and Pacific Islanders, African Americans, Hispanics, Native Americans, Alaskan Natives and Native Hawaiians.

Mr. Speaker, in solidarity with the Democratic leadership and minority caucuses, we call on our colleagues and the Chief Executive in the White House to help enact the solution for minority populations across this great Nation, the Health Care Equality and Accountability Act.

 SUPPORT FOR THE ENERGY
POLICY ACT OF 2003

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Pennsylvania (Mr. SHUSTER) is recognized during morning hour debates for 1 minute.

Mr. SHUSTER. Mr. Speaker, I rise in support of the Energy Policy Act of 2003. In recent years, U.S. policy, or lack of it, has encouraged consumption and discouraged production. In response, Congress and the President have developed a national energy policy to promote dependable, affordable and environmentally sound production and distribution of energy for the future.

Most importantly, this bill will prevent the loss of jobs due to high energy prices and help create new ones. I am pleased with the provisions in this bill that affect rural America. Rural America has assisted the United States in its times of crisis and also in times of innovation. Our rural electric co-ops have been a huge part of that innovation.

I am pleased that this bill protects our rural cooperatives from unnecessary Federal costs and obligations and recognizes the unique role they play in our Nation's electric system.

Mr. Speaker, I am also pleased that there are significant provisions to promote the use of coal.

Both Houses of Congress have worked tirelessly toward a comprehensive na-

tional energy policy that promotes conservation, reduces our growing dependence on foreign oil, and improves our economy. It is time we passed this legislation for the good of this Nation.

 ELIMINATION OF DISPARITIES IN
HEALTH CARE FOR MINORITIES
LONG OVERDUE

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentlewoman from California (Ms. WATSON) is recognized during morning hour debates for 2½ minutes.

Ms. WATSON. Mr. Speaker, as former chair of the California Senate Health Committee for 17 years, let me say how pleased I am with the comprehensive legislation that the Health Care Equality and Accountability Act of 2003 contains. The elimination of racial and ethnic disparities is an issue whose time is long overdue, and I commend the CBC Brain Trust, the Tri-Caucus, the Democratic leadership, the Senate Health Committee, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), Senator TED KENNEDY, and everyone else who remained vigilant in completing this project.

As Americans, we take pride in our diversity, and it is our greatest achievement that based upon that diversity, whether it is economic, political, or cultural diversity, we have built a Nation that is dedicated to providing equal opportunity for all. But, Mr. Speaker, much needs to be done before we can say that we have accomplished that goal, most notably in the field of health care.

Racial and ethnic minorities too often are denied the high quality health care that most Americans receive. The Federal Government has recognized this serious problem and has set the goal of eliminating health disparities by the end of the decade. House and Senate Democrats have introduced legislation, the Health Care Equality and Accountability Act of 2003, that takes an important step towards making this national goal a reality.

We may have the finest health care system in the world, but too many of our people receive too little health care and are denied the right to lead full lives.

The reality is that the health care needs of minority Americans are often greater than those of white Americans. Minority populations disproportionately suffer from many diseases. Minority groups have higher rates of acute conditions such as tuberculosis, HIV/AIDS, chronic diseases, diabetes, heart disease and stroke, and many forms of cancer. In addition, minority women are at greater risk than white women for pregnancy-related complications, and their babies are at higher risk of dying during their first year of life.

Despite a substantial need for health care, minority groups often encounter