

I would just like to share with my colleagues what Mr. Novelli, this CEO of AARP, said in the foreword to Newt Gingrich's book.

□ 2350

He wrote: "Newt's ideas are influencing how we at AARP are thinking about our national role in health promotion and disease prevention and in our advocating for system change." I wonder how many AARP members across this country agree with Newt Gingrich, and how many of them feel good about their CEO and executive director actually saying that Newt Gingrich's ideas are going to be influencing how AARP will be advocating for system change.

The system change they are talking about is the destruction of Medicare as we know it. The American people need to understand that under this plan that is being promoted by the President and by the leadership in this House, they cannot maintain their relationship in traditional Medicare and have prescription drug coverage. They will be forced out of traditional Medicare and forced into a Medicare HMO, or if one is available, they will have to go outside traditional Medicare and purchase a drug-only plan. We are not talking about a Medicare prescription drug plan, we are talking about an HMO privatized prescription drug plan.

Mr. PALLONE. Reclaiming my time for a moment, Mr. Speaker, I know what the Republicans say. They say, oh, you can stay in traditional Medicare, but you do not get the drug benefit. And the only way you get it is if these plans the gentleman is talking about are not available in their particular area.

But, as I said before, it is very easy with all this money that they are throwing to these private plans to get one in an area that would provide the semblance of coverage at a very high cost, and then you are totally precluded from getting the drug benefit under traditional Medicare.

Mr. STRICKLAND. We have talked this evening about the fact that this plan does not start until 2006, and they say, well, it takes time, I guess, for the insurance companies to set this up. It would take very little time if we were simply to provide a prescription drug plan as a part of the traditional Medicare program. We could get this program underway, I would guess, in a matter of a few months, at most.

And yet they are going to pass this, or try to pass it. If they pass it, they are going to go tell America's seniors, we did it for you. Of course, it will not take effect until 2006, and by the time seniors find out what they have been given, they will realize they have been snookered. They will have been snookered, but the 2004 election will have passed, and we will have been able to boast to the American people that we provided them something. But what they will have provided the American people is a bitter pill.

I just hope that all of my colleagues, Republican and Democrat alike, will reject this sham legislation, protect Medicare, and do what is right for our seniors. I hope we will have the courage to stand strong in the face of what is going to be, and we all know it, it is going to be an onslaught of TV advertising paid for by the pharmaceutical companies. And that is a shame.

Mr. PALLONE. I want to thank the gentleman from Ohio and the rest of my colleagues. I think we may only have another minute or so left, but I started out by saying early this evening that I just want to provide a prescription drug benefit, as we all do on the Democratic side, for our seniors. We do not care about the ideology. We do not care about the different labels, conservative, liberal, progressive, whatever.

But the problem is, the Republicans are providing a sham bill. They are doing all kinds of twists and turns and whatever rather than just providing a straight drug benefit, and yet it is so easy, as my colleague said, to do just that. We just need to add it to traditional Medicare, just like we do with part B now.

I go around and explain that to seniors, and that is what they think they are getting. They think this is going to be a new part C or part D. And just like they receive their pay, the Federal Government pays for their doctor bills, that it will be the same way. They have no idea that they have to go through all these twists and turns and have to join an HMO or find some drug-only policy and end up paying a variable premium. It is going to be so shocking to them when they finally figure it out.

But as the gentleman said, the Republicans have figured this out. They have figured, let us pass it, get through the 2004 election, and then 2 years later, when they finally figure it out, well, we will deal with that later.

Mr. Speaker, I see my colleague from Arkansas is here, and so I will yield to him.

Mr. ROSS. We have primarily tonight talked about the Medicare prescription drug benefit, or the lack of it, under the Republican prescription drug plan, but this 1,100-page bill, which they have not even allowed us to see yet, has other provisions in it that I think are worth noting, two primarily.

One is that it increases part B deductibles for seniors in 2005, and then they will be indexed to grow based on part B expenditures for each year thereafter. They are going to increase part B deductibles. That is nothing more than a tax on sick seniors.

Secondly, a lot of seniors rely on oxygen to stay alive in their home and hospitals beds, and they are getting those things now through a local supplier. They have the freedom to choose. This is going to be put out for competitive bidding. Competitive bidding. That means that if your oxygen machine breaks or you have an ice storm, and

you have to have a portable tank, and your supplier may be someone that lives 5 or 6 hours away, that is a serious issue.

This bill has a lot more problems than simply the lack of a prescription drug benefit. But I will close, Mr. Speaker, by simply saying this: If seniors cannot afford the first \$2,200 worth of medicine, tell me how they are going to afford the next \$2,844? Because that is the gap. From \$2,200 to \$5,044 they are stuck paying the monthly premium of around \$35, but they get no help at all. They are footing the bill entirely on their own. And that is wrong.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

The following Members (at the request of Mr. CUMMINGS) to revise and extend their remarks and include extraneous material:

Mr. BROWN of Ohio, for 5 minutes, today.

Ms. NORTON, for 5 minutes, today.

Mr. EMANUEL, for 5 minutes, today.

Mr. KUCINICH, for 5 minutes, today.

Ms. LEE, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Ms. CARSON of Indiana, for 5 minutes, today.

Mr. CUMMINGS, for 5 minutes, today.

Ms. SOLIS, for 5 minutes, today.

Mr. MCDERMOTT, for 5 minutes, today.

Mr. HINCHEY, for 5 minutes, today.

Mr. INSLEE, for 5 minutes, today.

Mr. DAVIS of Illinois, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Ms. WATSON, for 5 minutes, today.

Ms. WATERS, for 5 minutes, today.

Ms. JACKSON-LEE of Texas, for 5 minutes, today.

Ms. MEEK of Florida, for 5 minutes, today.

The following Members (at the request of Mr. GINGREY) to revise and extend their remarks and include extraneous material:

Mrs. JO ANN DAVIS of Virginia, for 5 minutes, today.

Mr. SHUSTER, for 5 minutes, today.

Mr. WELDON of Pennsylvania, for 5 minutes, today.

Mr. JONES of North Carolina, for 5 minutes, November 20.

ENROLLED BILLS SIGNED

Mr. Trandahl, Clerk of the House, reported and found truly enrolled bills of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 23. An act to amend the Housing and Community Development Act of 1974 to authorize communities to use community development block grant funds for construction of tornado-safe shelters in manufactured home parks.

H.R. 1588. An act to authorize appropriations for fiscal year 2004 for military activities of the Department of Defense, for military construction, and for defense activities