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## House of Representatives

The House met at 10:30 a.m. and was called to order by the Speaker pro tempore (Mr. MEEKS of New York).

### DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,  
January 30, 2007.

I hereby appoint the Honorable GREGORY W. MEEKS to act as Speaker pro tempore on this day.

NANCY PELOSI,  
*Speaker of the House of Representatives.*

### MORNING HOUR DEBATES

The SPEAKER pro tempore. Pursuant to the order of the House of January 4, 2007, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to not to exceed 30 minutes, and each Member, except the majority leader, the minority leader, or the minority whip, limited to not to exceed 5 minutes.

The Chair recognizes the gentleman from Florida (Mr. STEARNS) for 5 minutes.

### MEDICARE PART D—WASHINGTON POST'S TAKE

Mr. STEARNS. Mr. Speaker, two weeks ago the House passed a bill to require the Secretary of Health and Human Services to negotiate with drug companies on the prices of pharmaceuticals for the part D drug program, H.R. 4 was the bill.

In my district, I have heard overwhelmingly good news about the existing part D program. For a striking example, there was a letter to the editor from one of my constituents on Sep-

tember 21, 2006 in the Gainesville Sun. Mrs. Vernell James wrote this letter. She and her husband, both in their seventies, married for 58 years, wrote, quote, "Medicare part D has been a great experience for our family. Health insurance is important because it helps us stay well and live a quality life. My husband is on three different medications, so good health insurance is something we need.

"The Medicare Web site made it simple enough to choose a plan and sign up. Now that the November 15th deadline is approaching, seniors need to be thinking about which plan is best for them. We save nearly \$250 a month because of Medicare part D on our medications, and we are looking forward to continuing savings next year."

I have met this lady, and she impressed upon me how this benefit has given them healthy coverage, and more importantly, peace of mind. But don't take my word for it or the word of this lady; I found no more convincing arguments than what was recently in the two editorials in the Washington Post. One appeared November 2, 2006, and one the day after the bill, H.R. 4, passed, January 13, 2007.

Because of the prominence of this newspaper to policymakers around this town, I would like to share these editorials with my colleagues.

On what grounds does the Post disagree with the Democrat bill, H.R. 4, which involves price fixing? First, the same point that many of us may have heard on the House floor during the debate, but unfortunately not in committee because the bill failed to go through regular Democratic order. On comparing Medicare to VA, Veterans Affairs, the VA "can do this because it is free to deny coverage for drugs whose makers refuse to provide discounts. Fully 3,000 of the 4,300 medicines covered by Medicare are unavailable under the veterans' program. Restricting the list of coverage drugs

saves money, but it also reduces the quality of the benefit; 1.5 million veterans are sufficiently unhappy with the result that they opt to buy the more inclusive Medicare coverage."

Well, they are not the same creatures at all, these two programs. I have the background to know, I have been a member of the Veterans Committee for 15 years; I served on the Health Subcommittee on this Veterans Committee. In fact, I chaired the VA Health Subcommittee in the past.

Next: Why do this at all when the private insurance market is keeping premiums costs low for beneficiaries? As the Post went on to write, quote, "the Congressional Budget Office estimated this week that savings from direct negotiations would be negligible, the average monthly premium has fallen since the program began a year ago. Private insurers can do this precisely because they are free to establish formularies, but market discipline ensures that these lists are not unappealing narrow. *The insurers need to keep customers.*" Emphasis added.

Further, the Post wrote, quote, "The Democrats' stance is troubling because it suggests an excessively government-led view of health care reform. The better approach is to let each insurer offer its own version of the right balance to see whether it attracts customers, and then adapt flexibly."

I have been extolling the Federal Employee Health Benefit Program as a model for over a decade. FEHBP works well precisely because the Office of Personnel Management administering it does not micromanage the program, does not set prices. It simply sets the terms of allowable plans, and then offers Federal and Legislative branch employees, including Members of Congress and the Executive Branch, the cafeteria of options, and they go forth and they choose what is best for them.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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