A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 174, noes 242, not voting 18, as follows:

[Roll No. 346]

AYES—174

Ackerman
Allen
Andrews
Baca
Baird
Baldacci
Baldwin
Barrett (WI)
Becerra
Bentsen
Berkley
Berman
Berry
Bishop
Blagojevich
Bonior
Borski
Boucher
Boyd
Brady (PA)
Brown (FL)
Capps
Capuano
Cardin
Carson
Clay
Clayton
Clement
Clyburn
Condit
Coyne
Cramer
Crowley
Cummings
Danner
Davis (FL)
Davis (IL)
DeFazio
DeGette
DeLauro
Deutsch
Dicks
Dixon
Doggett
Dooley
Doyle
Edwards
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Forbes
Ford
Frank (MA)
Frost
Gejdenson
Gephardt
Gonzalez
Gordon
Gutierrez
Hall (OH)
Hastings (FL)
Hill (IN)
Hilliard
Hinchey
Hoeffel
Holden
Holt
Hooley
Hoyer
Inslee
Jackson-Lee (TX)
Jefferson
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
LaFalce
Lampson
Lantos
Larson
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Luther
Maloney (NY)
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McDermott
McGovern
McIntyre
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller, George
Minge
Mink
Moakley
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Phelps
Pickett
Pomeroy
Price (NC)
Rangel
Reyes
Rivers
Rodriguez
Rothman
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sandlin
Sawyer
Schakowsky
Sherman
Shows
Skelton
Slaughter
Smith (WA)
Spratt
Stabenow
Stark
Stenholm
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Thurman
Tierney
Turner
Udall (CO)
Velazquez
Visclosky
Waters
Waxman
Weiner
Wexler
Weygand
Woolsey
Wynn

NOES—242

Abercrombie
Aderholt
Archer
Armey
Bachus
Baker
Ballenger
Barcia
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Bereuter
Biggert
Bilbray
Bilirakis
Bliley
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bono
Boswell
Brady (TX)
Brown (OH)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Castle
Chabot
Chambliss
Chenoweth-Hage
Coble
Coburn
Collins
Combest
Cooksey
Costello
Cox
Crane
Cubin
Cunningham
Davis (VA)
Deal
DeLay
DeMint
Diaz-Balart
Dickey
Doolittle
Dreier
Duncan
Dunn
Ehlers
Ehrlich
English
Evans
Everett
Ewing
Fletcher
Foley
Fossella
Fowler
Franks (NJ)
Frelinghuysen
Gallegly
Ganske
Gekas
Gibbons
Gilchrest
Gillmor
Gilman
Goode
Goodlatte
Goodling
Goss
Graham
Granger
Green (TX)
Green (WI)
Greenwood
Gutknecht
Hall (TX)
Hansen
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (MT)
Hilleary
Hobson
Hoekstra
Horn
Hostettler
Houghton
Hulshof
Hunter
Isakson
Istook
Jackson (IL)
Jenkins
John
Johnson (CT)
Johnson, Sam
Kasich
Kelly
Kind (WI)
King (NY)
Kingston
Kleczka
Klink
Knollenberg
Kolbe
Kucinich
Kuykendall
LaHood
Largent
Latham
LaTourette
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Maloney (CT)
Manzullo
Martinez
McCollum
McCrery
McHugh
McInnis
McKeon
Metcalf
Mica
Miller (FL)
Miller, Gary
Mollohan
Moran (KS)
Morella
Myrick
Nethercutt
Ney
Northup
Norwood
Nussle
Ose
Oxley
Packard
Paul
Pease
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Pombo
Portman
Pryce (OH)
Quinn
Radanovich
Rahall
Ramstad
Regula
Reynolds
Riley
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Royce
Ryan (WI)
Ryun (KS)
Salmon
Sanford
Saxton
Scarborough
Sensenbrenner
Serrano
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shuster
Simpson
Sisisky
Skeen
Smith (MI)
Smith (NJ)
Smith (TX)
Snyder
Souder
Spence
Stearns
Stump
Sununu
Sweeney
Talent
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Thune
Tiahrt
Toomey
Towns
Traficant
Udall (NM)
Upton
Vitter
Walden
Walsh
Wamp
Watkins
Watt (NC)
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wilson
Wise
Wolf
Wu
Young (AK)
Young (FL)

NOT VOTING—18

Conyers
Cook
Delahunt
Dingell
Emerson
Hinojosa
Hutchinson
Hyde
Jones (NC)
Lazio
Markey
McIntosh
Porter
Schaffer
Scott
Strickland
Vento
Wicker

□ 1147

Mr. SNYDER changed his vote from ''aye'' to ''no.''

Mr. WEXLER changed his vote from ''no'' to ''aye.''

So the motion was rejected.

The result of the vote was announced as above recorded.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LATOURETTE). The Chair would make the general pronouncement to remind all Members to be properly attired when they appear in the Chamber.

PROVIDING FOR CONSIDERATION OF H.R. 4680, MEDICARE RX 2000 ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Florida (Mr. GOSS) for 1 hour.

Mr. GOSS. Mr. Speaker, for the purpose of debate only, I yield, in the spirit of comity and bipartisanship, which is customary in this Chamber, the customary 30 minutes to the gentleman from Massachusetts (Mr. MOAKLEY), my friend; pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate on this matter only.

Mr. Speaker, this is an appropriate structured rule that ensures a rigorous debate on how best to provide our Nation's seniors with prescription drug coverage, a matter of great concern to them. The rule provides 2 hours of general debate divided equally between the minority and the majority of two committees of jurisdictions, the Committee on Ways and Means and the Committee on Commerce.

The rule provides that the amendment recommended by the Committee on Ways and Means now printed in the bill, modified by the one printed in the Committee on Rules report, shall be considered as adopted.

The rule also provides that, at any time on or before this Friday, it shall be in order for the House to entertain motions to suspend the rules with respect to two bills only. Mr. Speaker, I will repeat, it shall be in order for the House to entertain motions to suspend the rules with respect to two bills only, H.R. 3240 and H. Res. 535.

Finally, the rule provides a motion to recommit with or without instructions. This is a minority right that has become standard in every bill under the Republican majority.

Today is another historic day for our Nation's seniors. Three years ago, the Medicare program was speeding toward bankruptcy, many will recall. While the partisans and the naysayers said it could not be done to fix it, a Republican-led Congress appropriately stepped in and saved Medicare through sound structural reform of that program. Had we not acted responsibly, then our seniors would not even have access to hospitals or doctors let alone the services necessary to modernize the program. We met that challenge head on. We met it successfully.

Today we take the logical next step to provide every senior with the opportunity of a safe and secure prescription drug benefit. This is very good news. As in 1995 and in 1997, we will hear a lot of partisan vitriol and rhetoric today, probably see even a little more theater of the type we have already seen this morning, what The Washington Post has labeled as ''Mediscare.'' We will hear poll-tested attack words like ''vouchers'' and ''privatize'' and maybe even words like ''risky scheme.''

To be sure, this is an election year and nothing plays better than some good old-fashioned scare tactics aimed at the most vulnerable among us, our Nation's seniors, who we are here to serve, not walk out on.

While we should expect such attacks, we cannot let them go unanswered. The bipartisan plan crafted by the gentleman from California (Mr. THOMAS) and the gentleman from Minnesota (Mr. PETERSON) will provide a sound drug benefit while also recognizes the weakness of the current Medicare bureaucracy. It is a new universal benefit

for all seniors that reflects the advances of our modern health care delivery system, not the outdated top-down bureaucracy of the old system.

Unlike the President's plan, the bipartisan program we bring forward today promotes individual choice, choice so that our seniors can tailor the benefit to meet their own needs. Members of Congress currently enjoy a menu of choices when they choose their health care. We think it only appropriate that we extend that same privilege to our seniors.

We also think it is important to recognize that two-thirds of our seniors already have drug coverage, and we do not want to force any of them to abandon what they already have. We let them keep their coverage if they like it and focus most of our attention on the one-third who currently lack coverage.

Every senior has a right to complain about the rising cost of prescription drugs, this one included. Under the bipartisan plan, drug costs for the average senior will be cut by 25 percent, more than double the savings envisioned under the Clinton plan. This according to the independent Congressional Budget Office. We do not ignore those Americans with the highest drug costs.

The bipartisan plan delivers a strong stop-loss program in 2003 that will cap the cost of drugs for every senior. The Democrat plan does not offer this protection until the year 2006, 3 years later, conveniently escaping the 5-year budget window, and calling into question the sincerity of their commitment to this goal and their fiscal rationales.

Most importantly, the bipartisan plan provides unprecedented protections for our most needy seniors. We pay the full premium for any senior up to 135 percent of poverty with partial subsidies for those up to 150 percent. Poor seniors will no longer have to choose between paying their rent and getting needed prescription drugs.

While H.R. 4780 is not a perfect plan, it does provide a workable benefit and a meaningful and lasting reform to our Medicare program. It does so without busting the budget and without endangering the safety of the security of the overall medical program, Medicare, which we care about and need to preserve and make strong.

I am hopeful that Members will study the details, ignore the demagoguery, the dilatory tactics which we have already seen an abundance of, and support this historic reform to improve the quality of life of seniors across America.

This rule will ensure a vigorous debate. That is the purpose of the rule. I urge its adoption.

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

Mr. MOAKLEY. Mr. Speaker, I yield myself such time as I may consume. I thank the gentleman from Florida (Mr. GOSS), my dear friend, for yielding me the customary half hour.

Mr. Speaker, if people say they have not had much time to look at the bill, it is probably because we voted it out of the Committee on Rules at 2:30 this morning, and not too many people were here in the Chamber at the time.

Mr. Speaker, American seniors are having a very hard time today, and the House could really do something about it. Today we could have passed a Democratic bill to make sure that every single senior citizen gets help with their expensive prescription drugs and never again has to make the terrible choice between putting food on the table or medicine in their cabinet.

But my Republican colleagues decided against legitimate help for seniors. Instead, they decided to offer a bill to pour billions of dollars into the coffers of insurance companies and drug companies on the off chance that these companies will offer people some kind, any kind of drug benefit. In fact, Mr. Speaker, the Republican drug bill does more for insurance companies and the Grand Old Party than it does for grandparents.

Mr. Speaker, people with incomes over $12,600 get no direct help whatsoever from this Republican bill. But, Mr. Speaker, we have a chance to do something different. We have a Democratic prescription drug bill that would give every single senior American affordable, dispensable prescription drug coverage. It is ready right now. But the Republicans would not allow that amendment to be heard.

Mr. Speaker, seniors need our help. American senior citizens were promised Social Security and health care. They were promised dignity. They took their country at its word. I believe we should keep that word and shore up their health care with a real prescription drug bill.

Mr. Speaker, right now, the elderly account for one-third of the drug spending in this country. They spend an average of $1,100 each year. Let me repeat that, Mr. Speaker. The average senior citizen spends $1,100 each year on his or her medicine. But instead of us coming to their rescue, this rule makes in order a Republican drug bill that sounds great, but just does nothing to make seniors lives easier.

Now, Monday's New York Times, this is not my statement, this is not the Democratic statement, this is the editorial in Monday's New York Times, described the Republican bill as guaranteeing the elderly nothing but undefined policy of uncertain costs. That is a wonderful thing for seniors to look forward to.

Mr. Speaker, my Republican colleagues may cite respect for the Budget Act as an excuse not to help seniors with their prescription drugs, but let me tell my colleagues, Mr. Speaker, my Republican colleagues waived the Budget Act against eight appropriation bills, two emergency supplementals, and the Bankruptcy Reform Act in this very Congress alone.

□ 1200

The Republicans were willing to also waive the budget act for the minimum wage bill in order to accommodate tax cuts for the very rich. But, Mr. Speaker, they will not touch the budget act for senior citizens, even though we learned yesterday that the budget surplus will be twice as large as we originally anticipated.

Mr. Speaker, seniors should get their prescription drugs from the same place they get their prescriptions, Medicare, no matter where they live, no matter how sick they are. The Democrats have a bill that will just do that. So I urge my colleagues to oppose this rule.

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

Mr. GOSS. Mr. Speaker, I yield such time as he may consume to the gentleman from California (Mr. DREIER), the distinguished chairman of the Committee on Rules, who will speak to the question of doing the Nation's business on behalf of affordable prescription drugs for our seniors.

(Mr. DREIER asked and was given permission to revise and extend his remarks.)

Mr. DREIER. Mr. Speaker, I rise in strong support of this very fair and balanced rule which will allow the opportunity for each side to come forward with its proposals.

Mr. Speaker, each of us knows how important Medicare is to the American people, and not just to our Nation's senior citizens. Health care is obviously a key quality of life issue for seniors, so we are deeply concerned that parents, grandparents, and our older friends are, in fact, cared for and assured a strong and long and great quality of life.

Winston Churchill said that democracy is the worst form of government, except for all the rest. Similarly, the health care system that we have here in the United States is the worst, except for all the rest. And Medicare has clearly got to be included in that. Make no mistake, as I said, we have the best health care system in the world, but it is not perfect.

Medicare itself has clearly helped improve the quality of life for seniors for 3 decades now. The biggest mistake we can make is to try to look at a 3-decade-old program, which Medicare is, and freeze it in time. Here we are in a new millennium, and it is obvious that changes need to be made. We need to have a Medicare system which is going to focus on how it is that we can improve access and affordability of quality health care for our Nation's seniors.

Clearly, prescription drugs and the availability of those prescription drugs is very high on the priority list. We want to make sure that we get the best quality and the most affordable prescription drugs and that they are available to the American people. We know that those drugs save lives. We know that we, clearly, as a Nation, have an industry which is on the cutting edge at developing so many of these new drugs. The biotechnology industry. We have just in the last few days had this

very historic development in genome research.

I believe that we have now a wonderful opportunity to ensure that we get those quality drugs through this plan that we have put forward for our seniors. We are committed to ensuring that every American senior has the opportunity to have affordable and effective prescription drug programs to deal with this under the Medicare plan.

Frankly, both sides share that priority. I know the Democrats like to believe that they have a corner on this, but they do not. We have stepped forward, and we have been working hard with what is a very, very fair plan.

Our plan, I am happy to say, accomplishes this goal as part of a very fiscally responsible program. And we believe, as Republicans, that we can do much better than a one-size-fits-all plan, which is what my colleagues on the other side of the aisle are proposing. Our plan clearly should enjoy strong bipartisan support. And I predict that, at the end of the day, when we do have this vote, we will have the support of both Democrats and Republicans on this issue.

Now, let me take just a moment, Mr. Speaker, if I may, to talk about the rule itself and how we got to where we are. Many people are talking about the fact that we met in the middle of the night. And yes, it is true that it was 3:31 this morning when the gentleman from Texas (Mr. SESSIONS) and I were here and filed this rule. The fact of the matter is, it does, as I said, give an opportunity for the Republicans to come forward with a Republican plan and the Democrats to come forward with their plan.

Now, that is not something that would have existed when the Democrats were in the majority. And the reason I say that is that time and time again the minority, Republicans at that point, were not offered the chance to propose their alternative. Yet we, when we took the majority in 1994, having served for four long decades in the minority, said that we wanted to guarantee minority rights, and we made that change, Mr. Speaker. And the change is one which allows the Democrats the chance to come forward with their minority proposal. We made that change.

We guarantee the minority that right. Now, they will scream that they should have two bites of the apple while we, as Republicans, have one bite of the apple. That seems to me to be unfair to the majority. So we have a proposal which says let us look at their plan, let us look at our plan, and then have a vote. And that is exactly what this will consist of.

So it is a fair and balanced rule. It allows everyone the opportunity to look at the two choices and then have a vote. And I hope very much that my colleagues will support the rule and at the end of the day support this very fair bill.

Mr. MOAKLEY. Mr. Speaker, I yield myself such time as I may consume so that, before my chairman leaves, I can read him something from the Washington Post this morning.

In the editorial page it says: ''The legislation was hastily assembled and in our judgment wouldn't work. Not well, anyway. But the bill will achieve its principal purpose, which is to provide Republicans with cover, a basis for saying in the fall campaign that they are, too, for drug benefits, just not the kind the Democrats propose.''

Mr. Speaker, I yield 1 minute to the gentleman from Rhode Island (Mr. KENNEDY).

Mr. KENNEDY of Rhode Island. Mr. Speaker, every time seniors have to choose between drugs and food, they are going to remember this vote. Every time, in the future, when seniors have to cut their pills in order to make them last longer, they are going to remember this vote. Every time seniors are going to have to share their medications because they cannot afford them, they are going to remember this vote.

But I will tell my colleagues when they are really going to remember this vote. They are going to remember this vote in the November election, when they vote to return a Democratic majority to the House of Representatives. Because this Republican plan is nothing more than empty promises. And what do America's seniors get when they get empty promises? They get empty pill jars.

That is what this prescription drug plan that the Republicans have is all about: empty promises equaling empty pill jars.

Mr. MOAKLEY. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. PELOSI).

Ms. PELOSI. Mr. Speaker, I thank the distinguished ranking member for the time and for his leadership on this important issue.

Mr. Speaker, this is a very important debate today. Too bad we cannot have the Democratic option before us so that we could have a discussion that this issue deserves.

Since the creation of Medicare 35 years ago, the curative power of prescription medicines has increased dramatically. What once required surgeries and hospital care now can be treated with prescription medicines. However, these medicines are often very expensive. Prices for the 50 most prescribed drugs for senior citizens have been going up, on average, at twice the rate of inflation over the past 6 years. As these prices have soared, our Nation's elderly and disabled populations have found it harder and harder to afford the treatments their doctors prescribe.

As with so many of the issues that we have recently debated in this Chamber, the debate between the Democratic and Republican prescription drug plans comes down to a question of priorities. Democrats offer a voluntary, affordable, guaranteed prescription drug benefit that is available to all citizens through Medicare, the same program that has provided reliable access to doctor and hospital care for 30 years.

But the American people will not have a chance to hear about it, because in the dark of night the Republican majority has foisted a rule on this House that does not give us a chance to present our option to the American people. But America should know that we will be tireless in our efforts to have our proposal of direct benefits prevail.

It is no wonder that the Republican's scheme shies away from Medicare. The Republicans have always opposed it. Former Speaker Gingrich once said that Medicare would wither on the vine because we think people are voluntarily going to leave it. And the gentleman from Texas (Mr. ARMEY), in 1995, called Medicare ''a program I would have no part of in the free world.''

Mr. Speaker, it is very important that the Democratic plan prevail; that we have a plan that has a guaranteed defined benefit that gives seniors the benefit of being in a purchasing group which is private. We will work tirelessly to that end. I urge a ''no'' vote on the rule.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentlewoman from Michigan (Ms. STABENOW).

Ms. STABENOW. Mr. Speaker, I thank the gentleman for yielding me this time, and I appreciate very much his leadership and that of my colleagues that are working so hard on this issue.

I rise today to express my deep, deep disappointment that this rule does not allow for a vote on a real solution to the high cost of prescription drugs for older Americans. I want to share just a few words from Connie Lisuzzo from Dearborn, Michigan, who wrote me, as thousands of seniors and disabled have written me from Michigan, pleading for some help so they do not have to choose between getting their food and getting their medications.

She writes, ''I am a widow of 18 years. I am now 72 years of age. I find prescriptions going up every day. I have no insurance to cover any of these costs. I call around for the best price I can get. Seems that every visit to the doctor adds one more prescription. Please help us so we won't have to make choices between food and prescriptions.''

Unfortunately, today, Mr. Speaker, this bill does not directly help Connie Lisuzzo and the millions of other seniors who earn above $12,525 a year, barely enough to live on, which, by the way, are the majority of seniors in Michigan. I urge us to pass a bill that makes sense and modernize Medicare.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentleman from Rhode Island (Mr. WEYGAND).

Mr. WEYGAND. Mr. Speaker, I rise in strong opposition to this rule and against the Republican plan.

This bill that has been forced on to the floor will provide nothing for my

constituents back in Rhode Island. Matter of fact, it will be more harmful than helpful. Our Democratic colleagues and I have put together a proposal that will be a prescription drug coverage as part of Medicare versus part of private insurance.

That is really the clear difference between our two proposals. We would have a reliable consistent option that would provide for choices and be a voluntary plan. Their proposal would really put more money in or pad the pockets of insurance companies.

Rhode Islanders already know what happens when we rely too heavily on private insurance coverage. Over 120,000 Rhode Islanders, about 12 percent of our population, lost their health care coverage overnight when an HMO pulled out because it was not profitable for them to stay in our State any more. This is the same type of system that is proposed today as part of prescription drug coverage by the Republican plan. This will just not work.

We want to create a system that will truly be beneficial for our seniors, but this is a system that will surely fail. Vote ''no'' on the rule; vote ''no'' on the Republican plan.

Mr. MOAKLEY. Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. BONIOR), the Democratic whip.

Mr. BONIOR. Mr. Speaker, the Republican leadership has noticed that affordable prescription medicine is a major problem. Unfortunately, all they see is a major political problem. That is why today they have come to the floor with a purely political response, a scheme that, in the words of the National Senior Citizens Law Center, and I quote, says ''does nothing to address the needs of seniors for meaningful and affordable prescription drug coverage.'' Nothing.

America would be better off if the Republican leadership spent less time talking to their pollsters and more time listening to Dolores Martin, a person in my district. We call her Dee. She is 70 years of age. In April, she had two angioplasties. She does not need any pollsters to tell her about the high cost of medicine. She spends $330 each month.

What does the Republican plan offer seniors like Dee? Well, the chance to buy insurance she cannot afford from companies who do not even want to sell it to her. That is what they are all about. And all the sponsors say that the insurance companies and the HMOs will lower their prices only if we give them enough money. Their message is: trust the HMOs and trust the insurance companies.

□ 1215

My God, have we not learned anything in these last few years?

Older Americans deserve better. They have earned the right to affordable prescription medicine. And that is exactly what our plan would provide. But, as we heard today, we are not allowed to present our plan. We are not given an opportunity to each debate our proposal, let alone vote on it.

At a time when older Americans desperately need affordable medicine, the Republicans have written a prescription for disaster.

Say no to this sham. Vote ''no'' on this rule.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. WEXLER).

Mr. WEXLER. Mr. Speaker, this Republican bill is bad medicine. Instead of providing prescription coverage for seniors, this bill provides political coverage for Republicans. Premiums are 40 percent higher than the Democratic plan. Worst of all, it puts seniors desperate for life-saving drugs at the mercy of greedy HMOs.

Sorry Mom, one year you are covered, the next you are not.

Instead of helping seniors get well, this plan helps insurance companies get wealthy.

Mr. Speaker, seniors deserve a second opinion by allowing a vote on the Democratic plan which guarantees Medicare drug coverage. Republicans are guilty of congressional malpractice. And since they killed the Patients' Bill of Rights, we cannot even sue them.

Who will this bill truly cover? Republicans on election day.

Mr. MOAKLEY. Mr. Speaker, may I inquire of my dear friend from Florida (Mr. GOSS) if he has any speakers to defend his position?

Mr. GOSS. Mr. Speaker, I would be happy to inform the distinguished gentleman from the Commonwealth of Massachusetts (Mr. MOAKLEY) that we actually have several speakers who are on their way. We have been trying to let the time balance out.

Mr. MOAKLEY. Mr. Speaker, could the gentleman tell me where they are on their way from?

Mr. GOSS. Mr. Speaker, they are nearby.

Mr. MOAKLEY. Mr. Speaker, so the gentleman does not have any speakers at the present time?

Mr. GOSS. Mr. Speaker, actually, at this time we do have a speaker. If I could inquire how much time is remaining.

The SPEAKER pro tempore (Mr. LAHOOD). Both sides have 19 minutes remaining.

Mr. GOSS. Mr. Speaker, perhaps the gentleman from Massachusetts (Mr. MOAKLEY) would like to continue on his side since we are going to close, and then we will have a speaker ready to go.

The SPEAKER pro tempore. The gentleman from Massachusetts (Mr. MOAKLEY) actually has 17½ minutes remaining, and the gentleman from Florida (Mr. GOSS) has 19½ minutes remaining.

Mr. MOAKLEY. Mr. Speaker, the gentleman from Florida (Mr. GOSS) has more time, so he can go if he would like.

Mr. GOSS. Mr. Speaker, I thank the gentleman very much, and I appreciate the consideration. We see the spirit of bipartisan comity at work in the House, and we are very thankful for that.

Mr. Speaker, I yield 3 minutes to the distinguished gentlewoman from Ohio (Ms. PRYCE).

Ms. PRYCE of Ohio. Mr. Speaker, I rise in strong support of this rule, which will allow the House to debate a plan to give seniors access to affordable prescription drugs. This bipartisan plan is voluntary, affordable, and covers all Medicare beneficiaries.

Yet, the other side wants to change the subject. They want to divert our attention away from the fact that this Congress is about to vote on one of the most significant issues we face this year by trying to bring this House to a halt and to prove their claim that we are a ''do nothing Congress.''

It has been their plan all along. Before this rule was even written, they had the press release out celebrating their dramatic walk-out on the debate this morning.

Regardless of how many substitutes, amendments, hours of debate, their rhetoric and antics would be the same.

Well, methinks thou doth protest too much.

My colleagues know full well that, under this fair process, the rule provides that both Republicans and Democrats get one bite of the apple, one for them and one for us.

I would remind my colleagues that even this basic fairness was never guaranteed until the Republicans took control of the House and ensured that a motion to recommit would always be available to the minority.

But they do not want a fair fight. They want an unfair advantage. The Democrats do not want to debate the issue. They are throwing a temper tantrum to divert attention away from the merits of this bill.

Well, frankly, it is a transparent political strategy and it is irresponsible. But these political stunts are not surprising. It has been clear for some time that the issue of prescription drugs has been a political game to the Democrats all along. And every minute they waste, every dilatory tactic and every delay they employ will show their real intentions. They did not walk out on us, Mr. Speaker. They walked out on American seniors. And shame on them.

Mr. Speaker, I think the American people deserve better. They deserve an honest debate about the merits of the Medicare prescription drug plan that is before this House. Unfortunately, the Democrats' political grandstanding is designed to eclipse an honest debate on the merits. But we will walk through it if we must. We will do it cheerfully. The American people deserve no less. They want to hear an honest debate.

I urge my colleagues, come back from their grandstanding, their press conferences, their parade, and let us get to work. I urge my colleagues to support this fair rule.

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

Mr. Speaker, I am very happy to hear my colleague talk about a fair debate. If this were a fair debate, a Democratic substitute or an alternative would have been allowed. It was not. And if they call a motion to recommit a fair debate, which allows 10 minutes of debate at the end of the bill after all the debate, I do not understand it. And if it were not for that poll that was taken by some Republican leadership, this bill would not be on the floor because it showed the American people want a prescription bill.

So if they want to talk about politics, let us talk about politics.

Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. DEUTSCH).

Mr. DEUTSCH. Mr. Speaker, I hope that people here and people watching on C–SPAN have a sense of what is going on. We are debating a rule, and what that rule does, it prevents the Democrats from offering a prescription drug coverage bill. That is what the rule does.

Now, why would the Republican leadership want to do that rule? Think about that for a second. The reason they want that rule is it might pass, the Democratic proposal might pass if offered. And so, by this rule, the Democratic option will not be available.

Why not? Well, the Republican proposal, specifically when we get into what it does, literally destroys Medicare. It changes Medicare from a universal mandatory health care system for seniors to a selective system only for seniors who are at 130 percent of poverty.

So the broad-based political support that we have for Social Security and Medicare would end, and the things that we have done to sustain Medicare would end.

Mr. Speaker, the issue of a voucher part of the program would also be part of the Republican proposal, fundamentally different than what the Democrats are trying to do.

Finally, very quickly, in closing I say that, in 1965, Medicare would not have been passed if the Republicans were in charge. It will not pass in the year 2000 with the Republican majority.

Mr. MOAKLEY. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. FROST).

Mr. FROST. Mr. Speaker, in our small little meeting room on the third floor of the Capitol last night, long after the evening television news and safely passed newspaper deadlines, at approximately 2:30 a.m., Republican Congressional leaders moved to kill the momentum for prescription medicine help for seniors.

That is why there will be no vote in the House of Representatives today on a guaranteed Medicare prescription coverage plan for all seniors who want it, which Democrats offered in the Committee on Rules last night and which we are being prevented by this rule being debated right now from offering on the floor today.

Instead, this Republican Congress would do its best today to place an attractive shroud on the coffin of Medicare prescription coverage. The Republican plan provides seniors with nothing but an empty promise, one guaranteed by nothing more than their faith in the Republican party and their allies among the HMOs and insurance companies.

Until recently, Republicans made little secret of their indifference to skyrocketing prescription costs or their hostility toward Medicare itself. Over the past few years, we have all become aware of how poorly Americans have been treated by HMOs and insurance companies.

Under the Republican plan, though, their HMO or insurance company will decide which prescription medicines they get as well as which doctors they see. That is why Democrats earlier today took the dramatic step of walking off the House floor, because Republicans know that only in the dark of night can they hope to get away with denying seniors guaranteed Medicare prescription coverage and because guaranteed Medicare prescription coverage will remain a top Democratic priority until we get it done in a Republican Congress this year or in a Democratic Congress next year.

Mr. MOAKLEY. Mr. Speaker, I would like to inquire of my friend if any of his wandering minstrels have showed up.

Mr. GOSS. Mr. Speaker, we are doing very well attracting some very quality testimony for this debate. And, of course, we have Members out doing other things today despite efforts by the opposition to shut down the House, which they announced last night, which is regrettable because there is the Nation's business to do.

Mr. Speaker, I yield 1½ minutes to the distinguished gentleman from Tennessee (Mr. BRYANT).

Mr. BRYANT. Mr. Speaker, Social Security and Medicare, as we know it today, are not going to go away. Please do not listen to those scare tactics and listen to the honest debate that is before this House today on prescription drug benefits.

People have always wanted insurance to protect against their losses whether it is their house from burning or their car from being wrecked or loss of income from death or disability and, as always, they wanted a choice to be able to select the insurance that best fits their specific needs.

People do not want to look to Washington for the one-sheet-fits-all that we hear about so often, that solution that we know best in Washington. We all want to be in charge of making our own health care decisions.

Our bipartisan Republican/Democratic bill that we are talking about on this side does just that. If my mother likes the prescription drug program she is on, she gets to stay on that. She does not have to look to Washington for that one-shoe-fits-all. Now, if she wants to shop around for something better, then she has that freedom to do so. She has a real choice here.

Our bipartisan bill establishes a cap or a limit what a senior would have to pay each year even for high-cost drugs. So if we want a cap or limitation, our bipartisan bill establishes this cap or a limit on what a senior citizen will have to pay each year, even in high-cost drug situations.

So if my colleagues have seniors in their district who like to make their own health care choices, they ought to vote for this bipartisan bill. And if they have seniors who would really enjoy the security and the peace of mind of knowing that their yearly drug bill is limited, they might want to vote for this bill also and for this rule, which I strongly support.

Mr. FROST. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. HOEFFEL).

Mr. HOEFFEL. Mr. Speaker, I thank the gentleman for yielding me the time.

Mr. Speaker, I rise in opposition to this unfair, partisan, shameful rule. The fact, Mr. Speaker, is Medicare works. That is why we should add to Medicare a prescription drug benefit. That is the only way to add a reliable, affordable, guaranteed benefit for seniors.

We should not force seniors to deal with private insurance companies to get prescription drug coverage. Why? Those private insurance companies are not reliable.

The two major private insurance companies in Philadelphia that dominate the market have both in recent months reduced their prescription drug coverage, one company reducing from an $1,800 a year benefit to $1,000 and now down to $500 a year benefit, for the same premium I might add; and the second company refusing to cover any more brand name drugs, only covering generics for the same premium they originally charged. That will not do.

What can I say to Earl and Irene Baker of Lansdale, Pennsylvania? They need real insurance coverage for prescription drugs.

I urge a no vote on this rule.

Mr. GOSS. Mr. Speaker, might I inquire about the status of the time on either side at this point.

The SPEAKER pro tempore. The gentleman from Florida (Mr. GOSS) has 15½ minutes remaining. The gentleman from Texas (Mr. FROST) has 13 minutes remaining.

Mr. GOSS. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Oklahoma (Mr. COBURN).

(Mr. COBURN asked and was given permission to revise and extend his remarks.)

□ 1230

Mr. COBURN. Mr. Speaker, I thank the gentleman from Florida (Mr. GOSS) for yielding me this time.

Mr. Speaker, I would ask unanimous consent for the body to extend the time on this debate for 4 minutes and allow me a total of 5 minutes to speak.

The SPEAKER pro tempore (Mr. LAHOOD). Does the gentleman from

Florida (Mr. GOSS) yield for the request?

Mr. GOSS. I regret I am unable to yield the additional 4 minutes.

The SPEAKER pro tempore. The gentleman is recognized for 1 minute.

PARLIAMENTARY INQUIRY

Mr. COBURN. Mr. Speaker, point of inquiry. Is it out of order to make a unanimous consent request outside of the rule for additional time on extension of the rule?

The SPEAKER pro tempore. The manager of the resolution must yield for that request and has not yielded. The gentleman is recognized for 1 minute.

Mr. COBURN. Mr. Speaker, we are having a debate today; and we have heard a lot of partisan bickering back and forth, and it is because what we are doing is the wrong thing, and the politics of Washington is claiming to fix a problem that is very real, but it is fixing the wrong problem. The problem is, there is no competition within the pharmaceutical industry and what is there is limited in its base. As we seek to solve the problem for the very seniors that need our help, if we do not solve the problem on competition, then we will, in fact, have wasted Medicare dollars and cost-shifted another large cost of health care to the private sector.

I would like to introduce into the RECORD the FTC Web site showing four pharmaceutical companies who have been paying their competitors not to bring drugs to market, costing the American consumers over $250 million a year. I would also enter into the RECORD various portions of the paper talking about the pricing of prescription drugs, not the availability but the pricing. If we fail to address that, we have shirked our duty completely. Neither the Republican or the Democrat bill does that.

WHY THE HIGH COST OF PRESCRIPTION DRUGS IS A PROBLEM WE CAN'T AFFORD TO IGNORE

Spending on prescriptions rose a record 17.4% last year. Elderly patients saw the largest increases, with average prescription prices increasing 18% for women aged 70-79 and 20% for women 80 and older. Men in the same age groups fared a bit better, experiencing 9% and 11% increases, respectively. For all Americans, prescription spending averaged $387.09 per person in 1999, up from $329.83 in 1998.—Study by Express Scripts, a St. Louis-based pharmacy benefits manager, which examined claims data from more than 9 million patients, reflecting average wholesale prices, June 27, 2000.

Express Scripts projects that spending on prescription drugs will nearly double over the next five years, reaching $758.81 per person in 2004.—Wall Street Journal, June 27, 2000.

The history of Medicare shows that the federal government has seriously underestimated the future growth of the program. In 1964, the Johnson administration projected that Medicare in 1990 would cost about $12 billion (with an adjustment for inflation); the actual cost was $110 billion—almost a 1,000% cost underestimate. How much of a cost underestimate can we afford for prescription drugs?—The Origins of Medicare by Robert B. Helms, American Enterprise Institute, April 1999.

Express Scripts noted that the introduction of new drugs, such as the arthritis medicines Vioxx and Celebrex, contributed significantly to the rise in spending last year. However, roughly half of the total increase in drug spending was due to higher prescription costs.—New York Times, June 27, 2000.

Of the 50 top selling drugs for seniors in 1999; 11 increased at least 5 times the rate of inflation; 16 increased at least 3 times the rate of inflation; 33 increased at least 1.5 times the rate of inflation, and only 12 increased slower than the rate of inflation.—Families USA, April 2000.

Of the 50 top selling drugs for seniors between 1994 and 2000, 39 of which were marketed for all six years, 6 increased at least 5 times the rate of inflation; 11 increased at least three times the rate of inflation; 22 increased at least 2 times the rate of inflation; 30 increased at least 1.5 times the rate of inflation, and 37 increased faster than inflation.—Families USA, April 2000.

While prescription drugs accounted for about 5% of overall health care spending in 1992, some experts have predicted that that figure could rise to about 15% within 10 years.—Los Angeles Times, May 29, 2000.

Drug spending is increasing 15% to 20% a year even in well-run private health plans.—New York Times, May 15, 2000.

For 1999, drug spending is projected to have risen 14% to 18%, according to HCFA. A recent study by Families USA, a health-care advocacy group, said the average cost of the 50 drugs most used by the elderly rose 3.9% last year, outpacing the 2.2% inflation rate, and the prices of some medications jumped as much as 10%.—Wall Street Journal, May 11, 2000.

Pharmacia Corp., which markets a generic version of the drug called Toposar, reported a price of $157.65 for a 20-milligram dose in the 1999 industry guide. But the actual average wholesale price is $9.70, according to a government price list.—Wall Street Journal, June 2, 2000.

Today, federal and state investigators are threatening civil litigation against pharmaceutical makers that authorities believe have induced Medicare and Medicaid to overpay for prescription drugs by $1 billion or more a year.—Wall Street Journal, May 12, 2000.

In 1997, Zachary Bentley, an employee of a Florida company called Ven-A-Care that offered patients the option of receiving intravenous drugs in their homes rather than at a hospital, sent a toilet seat and an overpriced drug to HCFA. Bentley noted that Medicare was paying providers almost $428 a day for a product that could be bought for $49—proof, in Bentley's view, that the agency was wasting tax dollars as the Pentagon did with its high-priced toilet seats in the 1980s.—Wall Street Journal, May 12, 2000.

FTC CHARGES DRUG MANUFACTURERS WITH STIFLING COMPETITION IN TWO PRESCRIPTION DRUG MARKETS

COMPLAINT FILED AGAINST HOECHST MARION ROUSSEL, INC. AND ANDRX CORP.; PROPOSED SETTLEMENT REACHED WITH ABBOTT LABORATORIES AND GENEVA PHARMACEUTICALS, INC.

COMPLAINTS CHARGE MULTI-MILLION-DOLLAR ARRANGEMENTS WERE DESIGNED TO KEEP GENERIC VERSIONS OF CARDIZEM CD AND HYTRIN OFF THE MARKET

The Federal Trade Commission today charged two drug makers, Hoechst Marion Roussel (now Aventis) and Andrx Corporation, with engaging in anticompetitive practices in violation of Section 5 of the FTC Act, alleging that Hoechst, the maker of Cardizem CD, a widely prescribed drug for treatment of hypertension and angina, agreed to pay Andrx millions of dollars to delay bringing its competitive generic product to market. The Commission also announced a proposed settlement with two other drug makers, Abbott Laboratories and Geneva Pharmaceuticals, Inc., resolving charges that the companies entered into a similar anticompetitive agreement in which Abbott paid Geneva substantial sums to delay bringing to market a generic alternative to Abbott's brand-name hypertension and prostate drug, Hytrin.

''The financial arrangements between the branded and generic manufacturers were designed to keep generic versions of Cardizem CD and Hytrin off the market for an extended period of time,'' said Richard Parker, Director of the FTC's Bureau of Competition. ''These types of agreements have the potential to cost consumers hundreds of millions of dollars each year, Parker noted. He further explained that ''the proposed consents with Abbot and Geneva will provide immediate guidance to the drug industry and the antitrust bar with regard to these kinds of arrangements, and the Hoechst-Andrx complaint will allow the Commission to further consider the issues as it examines the arrangement in that case in light of a record developed during an administrative hearing.''

Under legislation commonly known as the Hatch-Waxman Act, a company can seek approval from the Food and Drug Administration (FDA) to market a generic drug before the expiration of a patent relating to the brand name drug upon which the generic is based. Pursuant to this Act, the first company to file an Abbreviated New Drug Application (ANDA) with the FDA has the exclusive right to market the generic drug for 180 days. No other generic can gain FDA approval until this 180-day period expires. The purpose of the exclusivity period is to encourage generic entry.

To begin the FDA approval process, the generic applicant must: (1) certify in its ANDA that the patent in question is invalid or is not infringed by the generic product (known as a ''paragraph IV certification''); and (2) notify the patent holder of the filing of the ANDA. If the patent holder files an infringement suit against the generic applicant within 45 days of the ANDA notification, FDA approval to market the generic drug is automatically stayed for 30 months, unless, before that time, the patent expires or is judicially determined to be invalid or not infringed. This 30-month automatic stay allows the patent holder time to assert its patent rights in court before a generic competitor is permitted to enter.

Hoechst-Andrx complaint allegations

Hoechst sells Cardizem CD, a once-a-day diltiazem product used to treat hypertension and angina—chronic, severe chest pain due to a reduction in blood flow to the heart. The Hoechst product accounts for approximately 70 percent of all once-a-day diltiazem products sold in the United States. In September 1995, Andrx filed its ANDA with the FDA to manufacture and distribute a generic version of the drug, and, as the first to file, was entitled to the 180-day exclusivity right. Hoechst promptly sued Andrx for patent infringement, which triggered the 30-month stay on FDA approval of Andrx's ANDA. This 30-month period expired in July 1998.

In September 1997, the FTC's complaint alleges, Hoechst and Andrx entered into an agreement in which Andrx was paid to stay off the market. Under the agreement, Andrx would not market its product when it received FDA approval, would not give up or transfer its 180-day exclusivity right, and would not even market a non-infringing generic version of Cardizem CD.

In exchange, Hoechst paid Andrx $10 million per quarter, beginning in July 1998,

when Andrx gained FDA approval for its product. The agreement also stipulated that Hoechst would pay Andrx an additional $60 million per year from July 1998 to the conclusion of the lawsuit of Andrx prevailed.

According to the FTC, the agreement acted as a bottleneck that prevented any other potential competitors from entering the market because: (1) Andrx would not market its product and thus its 180 days of exclusivity would not begin to run; and (2) other generics were precluded from entering the market because Andrx agreed not to give up or transfer its exclusivity.

According to the complaint, Hoechst's agreement with Andrx had the ''purpose or effect, or the tendency or capacity'' to restrain trade in the market for once-a-day diltiazem and in other narrower markets. Entry of a generic into the market immediately would have introduced a lower-cost alternative and would have started the 180-day waiting period.

The complaint alleges that the agreement between Hoechst and Andrx constituted an unreasonable restraint of trade; that Hoechst attempted to preserve its monopoly in the relevant market; that Hoechst and Andrx conspired to monopolize the relevant market; and that the acts and practices are anticompetitive and constitute unfair methods of competition, all in violation of Section 5.

Abbott-Geneva: Complaint allegations

Hytrin is the brand-name for terazosin HCL, a prescription drug marketed and sold by Abbott Laboratories. This drug is used to treat hypertension and benign prostatic hyperplasia (''BPH'' or enlarged prostate). Both hypertension and BPH are chronic conditions affecting millions of Americans each year, many of them senior citizens. According to the complaint, Abbott paid Geneva $4.5 million per month to keep Geneva's generic version of Hytrin off the U.S. market. This agreement also resulted in a significant delay in the introduction of other generic versions of Hytrin because Geneva was the first filer with the FDA and other companies could not market their generic products until 180 days after Geneva's entry.

In January 1993, Geneva filed an ANDA with the FDA for a generic version of terazosin HCL in tablet form; Geneva filed a similar ANDA for a generic version of terazosin in capsule from in December 1995. In April 1996, Geneva filed a Paragraph IV certification with the FDA for both ANDAs.

On June 4, 1996, Abbott sued Geneva, claiming patent infringement by Geneva's generic terazosin HCL tablet product. Abbott mistakenly made no such claim against Geneva's capsule version of the product, even though both tablets and capsules involved the same potential infringement issues. Pursuant to the Hatch-Waxman Act, Abbott's lawsuit triggered a 30-month stay of final FDA approval of Geneva's generic tablet ANDA, until December 1998. Because no similar lawsuit was filed regarding the generic capsule, the FDA's review and approval process regarding this product continued.

The complaint alleges that Geneva, confident that it would win its patent infringement dispute with Abbott, planned to bring its generic terazosin HCL capsule to market as soon as possible after FDA approval. As the first filer for approval of generic Hytrin capsules, Geneva would enjoy the 180-day exclusivity period provided under the Hatch-Waxman Act.

When Geneva actually received FDA approval to market its generic capsules, Geneva contacted Abbott and announced that it would launch its product unless Abbott paid it not to enter the market. Abbott, which estimated that the entry of a generic would eliminate $185 million in Hytrin sales in the first six months, reached an agreement with Geneva on April 1, 1998, pursuant to which Geneva would not bring a generic terazosin HCL product to market until the earlier of: (1) final resolution of the patent infringement lawsuit involving the generic tablet product (including possible review by the Supreme Court); or (2) entry into the market of another generic terazosin HCL product. Geneva also agreed not to transfer, assign or relinquish its 180-day exclusivity right to market its generic product.

In exchange, the complaint alleges, Abbott would pay Geneva $4.5 million per month until the district court ruled on the ongoing patent infringement dispute. If the court found that Geneva's tablet product did not infringe any ''valid and enforceable claim'' of Abbott's patent, Abbott agreed to pay $4.5 million monthly after that decision into an escrow account until the final resolution of the litigation. Under the agreement, the party ultimately prevailing in the patent litigation would receive the escrow funds. The court hearing the patent infringement case was not made aware of the agreement between the companies.

In accordance with the agreement, Geneva did not introduce its generic capsules in April 1998, and instead began collecting the $4.5 million monthly payments from Abbott, which exceeded the amount Abbott expected Geneva to receive from actually marketing the drug. On September 1, 1998, the district court granted Geneva's motion for summary judgment in its patent litigation with Abbott, invalidating Abbott's patent. Despite this victory, Geneva still did not enter the market with its generic product, content to have Abbott make monthly $4.5 million payments into the escrow account. On July 1, 1999, the Court of Appeals for the Federal Circuit affirmed the decision invalidating Abbott's patent. Under the agreement, Geneva was to await Supreme Court consideration of the matter before entering. According to the complaint, Geneva did not enter until August 13, 1999, when, aware of the Commission's investigation, it canceled its agreement with Abbott.

The complaint alleges that Abbott's agreement with Geneva had the ''purpose or effect, or the tendency or capacity'' to restrain competition unreasonably and to injure competition by preventing or discouraging the entry of competition into the relevant market. As a result of the anticompetitive behavior, the complaint alleges, the lower-priced generic version of Hytrin was not made available to consumers, pharmacies, hospitals, insurers, wholesalers, government agencies, managed care organizations and others during the time the agreement was in place.

Entry by a generic competitor would have had a significant procompetitive effect. The complaint alleges that the agreement between Abbott and Geneva constituted an unreasonable restraint of trade; that Abbott monopolized the relevant market; that Abbott and Geneva conspired to monopolize the relevant market; and that the acts and practices are anticompetitive in nature and tendency and constitute unfair methods of competition, all in violation of Section 5.

The proposed consent orders

Under the terms of the proposed settlement, Abbott and Geneva would be barred from entering into agreements pursuant to which a first-filing generic company agrees with a manufacturer of a branded drug that the generic company will not (1) give up or transfer its exclusivity or (2) bring a non-infringing drug to market. In addition, agreements involving payments to a generic company to stay off the market would have to be approved by the court when undertaken during the pendency of patent litigation (with notice to the Commission), and the companies would be required to give the Commission 30 days' notice before entering into such agreements in other contexts. In addition, Geneva would be required to waive its right to a 180-day exclusivity period for its generic terazosin HCL tablet product, so other generic tablets could immediately enter the market.

The proposed orders, which would expire in 10 years, also contain certain reporting and other provisions designed to help the Commission monitor compliance by the companies.

The Commission vote to issue the administrative complaint against Hoechst/Andrx was 5–0. The vote to accept the proposed consent orders with Abbott and Geneva was 5–0.

In a unanimous statement, the Commissioners said: ''These consent orders represent the first resolution of an antitrust challenge by the government to a private agreement whereby a brand name drug company paid the first generic company that sought FDA approval not to enter the market, and to retain its 180-day period of market exclusivity. Because the behavior occurred in the context of the complicated provisions of the Hatch-Waxman Act, and because this is the first government antitrust enforcement action in this area, we believe the public interest is satisfied with orders that regulate future conduct by the parties. We recognize that there may be market settings in which similar but less restrictive arrangements could be justified, and each case must be examined with respect to its particular facts.

''We have today issued an administrative complaint against two other pharmaceutical companies with respect to conduct that is in some ways similar to the conduct addressed by these consent orders. We anticipate that the development of a full factual record in the administrative proceeding, as well as the public comments on these consent orders, will help to shape further the appropriate parameters of permissible conduct in this area, and guide other companies and their legal advisors.

''Pharmaceutical firms should now be on notice, however, that arrangements comparable to those addressed in the present consent orders can raise serious antitrust issues, with a potential for serious consumer harm. Accordingly, in the future, the Commission will consider its entire range of remedies in connection with enforcement actions against such arrangements, including possibly seeking disgorgement of illegally obtained profits.''

The Commission is accepting public comment on the consent in the Abbott/Geneva matter until April 17, 2000, after which it will decide whether to make it final. Comments should be sent to the FTC, Office of the Secretary, 600 Pennsylvania Ave., N.W., Washington, D.C. 20580.

Mr. FROST. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BENTSEN).

(Mr. BENTSEN asked and was given permission to revise and extend his remarks.)

Mr. BENTSEN. Mr. Speaker, this is a particularly sad day for the House. My colleagues talked about this walk-out. The reason this man's portrait is on the wall right here is because they walked out on the British 224 years ago because they would not allow free and fair debate. Today we are not allowed free and fair debate on the floor.

The gentleman from Oklahoma (Mr. COBURN) just spoke about his opinion.

The problem is that the Republicans are going to allow debate on only one opinion, that gentleman's opinion over there. We are going to take up a bill that one man has written, that the full House is not going to get to debate, that affects 39 million Americans and we are going to hide behind a phony debate, a phony argument, of a limitation in a budget resolution that the Republican leadership violates time and again; in fact, intends to violate later this week with a waiver on a bill dealing with doctors.

They violated it on defense spending. Perhaps if we added an aircraft carrier to this, we might be able to get a real debate going on this issue.

They violated it for highway construction. They violated it for agriculture. When it comes to senior citizens and whether or not we can have a fair, full and open debate on the question of what type of Medicare prescription drug coverage they ought to have, the Republicans who never wanted to do this in the first place say, no, we will have one issue on our bill alone, which the industry has already said will not work, but we will talk about nothing else because they are afraid, they are afraid, that too many of their Republicans may side with too many of the Democrats in putting a real prescription drug plan under Medicare; and we cannot allow that to happen because we lose the political advantage.

Perhaps that is the unfair advantage that the gentlewoman from Ohio was talking about.

Let us do what our forefathers intended us to do, the whole reason that we are on the House floor today. Let us have a full, fair and honest debate as Americans in the same way that the country was established 224 years ago and be done with this sham debate on this rule behind a phony argument of budget constraint that the Republicans have already violated this year, violated last year, will violate apparently later this week, and will violate for the rest of the year.

Mr. FROST. Mr. Speaker, I would inquire as to whether the gentleman on the other side has a speaker on the floor at this point.

Mr. GOSS. Actually, we have several very excellent speakers on the floor at this time; but I think that the balance of the time, if the gentleman wishes to go forward for the short yield, that would be fine with us.

Mr. FROST. I would inquire of the Chair of the time remaining on each side.

The SPEAKER pro tempore. The gentleman from Florida (Mr. GOSS) has 14½ minutes remaining. The gentleman from Texas (Mr. FROST) has 11 minutes remaining.

Mr. FROST. Does the gentleman still wish that we proceed?

Mr. GOSS. I have no strong preference. We are prepared to proceed if the gentleman would like us to.

Mr. FROST. The gentleman has more time available at this time.

Mr. GOSS. I think I am detecting a suggestion that we proceed. In that case, I am most delighted to yield 4 minutes to the distinguished gentleman from Ohio (Mr. TRAFICANT), as part of a bipartisan spirit of unity.

Mr. TRAFICANT. Mr. Speaker, I heard the words today too risky, too hasty, bad procedure, not enough money, bad for seniors, unfunded mandates, politics, empty promises, on and on. And once again, divide, confuse, obstruct, pit seniors against youth, management against labor, more and more class warfare in the House of Representatives.

I think enough is enough, and I think it is time to tell it like it is today. The Democrats controlled Congress for 50 years. The Democrats never balanced the budget. The Democrats never did a thing about welfare. The Democrats never did a thing about prescription drugs. The Democrats never did a thing about IRS reform and how well I know, because for 12 years I tried to get the Democrats to take up the Traficant bill to change the burden of proof and to require judicial consent before the IRS can seize our property.

The Democrats would not even hold a hearing. The Republicans not only had a hearing, they included the Traficant provisions in the bill, even though the Democrats were against it and the President threatened to veto it for the Traficant provisions.

Now listen to the statistics, and I want to compliment the Republican Party. 1997 was the last year of the Democratic law; 1999 the first year of the Republican law. Attachment of wages, $3.1 million under the Democrats; $540,000 under the Republican reform. Property liens, $680,000 under the Democrats; $160,000 under the Republican reform. Seizure of our constituents' farms, businesses and homes, 10,037 under the Democrat law; only 161 under the Republican law.

But that is not what bugs me today. JFK would have never walked out from a fight. Truman would have never walked up that aisle. Eisenhower would have never walked that aisle. Colin Powell would have resisted that aisle like he resisted America's enemies. Warriors do not walk out. I am disgusted today because we are not warriors. We walked away.

I am going to vote for the rule. I am going to vote for the bill. Is it perfect? No. But what are the Republicans doing? What are they doing? They are giving us the first prescription drug opportunity to amend a great dilemma that as Democrats we have done nothing with. Now, ours is better. Bring a better one out, and I am going to vote for it; but I am going to vote for their bill because their bill is an incremental process step that can be perfected, made better.

I want my constituents to have the benefit of a prescription drug plan that begins the process of mitigating and remediating this horrible problem; but I will say one thing, I did not walk out and I want to commend the Republican Party, the Speaker and the gentleman from Texas (Mr. ARCHER) for helping me in the IRS reform bill, and I want to commend the Republican Party for not only not walking out but standing here and bringing forward this bill; and I am going to vote for it.

Mr. FROST. Mr. Speaker, I yield 1 minute to the gentlewoman from Nevada (Ms. BERKLEY).

Ms. BERKLEY. Mr. Speaker, I urge my colleagues to oppose this rule. This rule does not allow us to consider the best prescription drug plan that we can offer our senior citizens. I represent the fastest-growing senior population in the United States. Not a day goes by that I do not receive a call from a frightened senior begging me to help them obtain affordable prescription medication; sharing their feelings of despair and worry; sharing their horror stories of having to choose between buying food to survive or medicine that will help them survive; of having to choose between paying their rent and purchasing their prescription medication.

I have seen the Republican plan firsthand. The Nevada State legislature passed similar legislation over 13 months ago, relying on private insurance companies to provide drug coverage. To date, no insurance company, not one, has agreed to participate.

My friends in Nevada are attempting to fix the program. They have the best of intentions, just like my friends across the aisle. But why in the world, when it is not yet functioning for the 223,000 seniors in Nevada, would we try to replicate it for the millions of seniors that are desperately in need of affordable prescription medication?

I urge my colleagues to consider the Democratic alternative that would provide a comprehensive volunteer affordable prescription drug plan. Our parents and our grandparents are expecting better from us.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. Mr. Speaker, I thank the gentleman from Florida (Mr. GOSS) for yielding me this time. I too rise to join the gentleman from Ohio (Mr. TRAFICANT) and the other Democrats who are helping us pass and support this bipartisan bill. I am doing that in the name of some constituents of mine, Brian and Sue Doe in Vidalia, Georgia.

Now Mr. Doe is retired from the police force, and Mrs. Doe is retired from the Piggly-Wiggly Grocery Store chain. They are on a fixed income, $20,000 a year. They do not know what procedural motions are, motions to rise, motions to adjourn. In fact, it would be funny for them to figure why would people who are paid $136,000 a year vote to adjourn and quit working at 11:00 in the morning. But that is Washington.

Here is what they know, and here is what they are real experts on. On their fixed income they have to pay about

$8,200 a year for prescription drugs, $8,200. Anything from Lipitor for his cholesterol to something for her heart murmur; and they know that these expensive drugs, this one right here at $10 a shot, that they have to take three or four times a week, they know under this plan, this bipartisan plan today, it will go down from $10 to about $6. They know that $8,200 a year will go down to $6,000; even more than that. They know that they will have the choice of plans. They know that this will not get in the way of their doctor relationship. They will still have a doctor-patient relationship, and they know they will be able to go to the neighborhood pharmacist still, and they think this is very important because they do not really want a one-size cookie cutter Washington bureaucracy getting into their drug cabinet and telling them how to live.

It is very important for the Does in Vidalia, Georgia, for the folks in Savannah, Georgia, for the people in Miami, for the people in Maine, for the people in San Francisco. It is time to come together and put seniors over politics, and that is why I support this bill today.

Mr. FROST. Mr. Speaker, I yield 1 minute to the gentleman from Massachusetts (Mr. OLVER).

Mr. OLVER. Mr. Speaker, I oppose the rule because this bill is a sham. It covers only the poorest senior citizens whose incomes place them near or below the poverty standard. It deliberately creates another division in America: us who are wealthy enough to take care of ourselves and them who are given a taxpayer handout because they are poor. In fact, the Republican plan is carefully designed to fail, not immediately, of course, certainly not before the November election. It is being polished to look like gold until after the election. But next year when everyone realizes this plan was virtually useless and worthless, fool's gold, that failure will be used as a spear to attack Medicare, the hammer the Republicans hope to use to privatize Medicare.

That is the bottom line, privatization. Eliminate the Medicare program that provides universal, dependable, quality, guaranteed health insurance for every senior citizen by right of American citizenship. This bill is political chicanery at its very worst.

Mr. GOSS. Mr. Speaker, I yield 1 minute to the distinguished gentleman from North Carolina (Mr. BALLENGER), my friend and colleague.

Mr. BALLENGER. Mr. Speaker, I am a senior citizen. I actually am that proper age and have Medicare and each night I use Zocor and Cardura and Claritin D and Timoptin, but I pay for them myself. We in Congress earn over $130,000 per year. We should not receive government assistance. Let us help the poor who need it. The Democrat plan would take care of us, the Kennedys, the Houghtons and the Ballengers. We are too rich. We do not need it and nobody in Congress should get it, and yet the Democrat plan allows it.

□ 1245

Mr. FROST. Mr. Speaker, I yield 1 minute to the gentleman from West Virginia (Mr. WISE).

Mr. WISE. Mr. Speaker, I am concerned about the hundreds of thousands of rural West Virginians earning $12,000, $15,000 a year, sometimes less than that, and that is why I am voting for a bill, the substitute, that would extend the Medicare program as we already know it. We know it, it has worked, let us have a prescription drug benefit.

I am voting against the Republican bill, however, that would simply put this into the hands of the private insurance agencies, private insurance industry that says they do not want it. It would put it into the hands of private HMOs that are not functioning in rural States.

I am voting for a bill that would provide real prescription drug coverage. I will not vote for a bill that will deny almost 300,000 senior citizens, many of them in rural areas, true coverage.

At a time when senior citizens need real medicine, strong medicine, the Republican substitute unfortunately only gives them two aspirins and tells them to go home and forget about it. That is not what we ought to be doing here today.

Mr. Speaker, we should have a real bill on the floor to provide the prescription drug benefits. I oppose the rule.

Mr. GOSS. Mr. Speaker, I would like to advise my colleague, the distinguished gentleman from the Commonwealth of Massachusetts (Mr. MOAKLEY), that I have one speaker left besides myself to close.

Mr. MOAKLEY. Mr. Speaker, I say to the gentleman from Florida (Mr. GOSS), I appreciate the warning.

Mr. Speaker, I yield 1 minute to the gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. Mr. Speaker, I thank the gentleman for yielding me the time.

The Republican majority touts their plan for offering people choices. Why do they not begin by giving us a choice of bills? It is unthinkable that seniors would buy into a plan that thrusts them further into the managed care and HMO market that today routinely is dumping them. It is unthinkable that we would commit scarce health care dollars to the costly, countless administrative structures of HMOs instead of relying on low costs, administrative efficiency built into Medicare.

It is unthinkable that we would send our seniors to a private sector HMO party that private insurers say they will boycott. It is unthinkable that we would send seniors shopping among the chaos of premiums and deductibles and copayments, out there to snare even the most sophisticated.

This rule gives seniors choices they cannot take and cannot afford. It gives them every choice, except the choice they must have, a choice between a cosmetic bill and one that works.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentleman from Maine (Mr. BALDACCI).

(Mr. BALDACCI asked and was given permission to revise and extend his remarks.)

Mr. BALDACCI. Mr. Speaker, I thank the gentleman for yielding me the time.

Mr. Speaker, this rule is a terrible rule. The rule does not recognize alternatives. It does not recognize the importance of this debate. For instance, in rural Maine, there is no private insurance market and no matter how high we pile the money, no one is going there to offer the care.

We are going to be writing a check to the HMO insurance companies instead of providing universal voluntary and affordable coverage for Maine senior citizens. We have over 211,000 seniors in Maine on Medicare, over 15 percent, 16 percent of the State's population. They are dependent upon having the ability to have drug coverage and there is no private insurance market. They pay higher costs than urban or suburban areas.

We need to make sure that it is part of the Medicare program and it is universal across the board. I have heard references here today about John Kennedy and Harry Truman. Let me tell my colleagues, I do not know them, but I have read about them, and if they were here, I am sure that they would be distressed about what is being passed by the Republican leadership in the House today.

Mr. Speaker, I urge a vote against this rule and for more common sense legislation.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentlewoman from Florida (Mrs. THURMAN).

Mrs. THURMAN. Mr. Speaker, I want to thank the gentleman for yielding me the time.

Mr. Speaker, I want to say a couple of things. When I go home, I am an elected official, I represent Democrats, Republicans, and Independents. And what I heard from my constituents, and why we are protesting so loudly, is because there are Americans that are not being heard in this debate today.

I just want to bring up a few of those. We have the Older Women League who says that they are a national grassroots membership organization focusing soley on issues unique to women as they age, there was a disappointment to see that the Republican prescription drug plan does not represent a defined benefit added to the Medicare program but rather a private insurance option.

We can go on, and we can talk about the National Council of Senior Citizens. In short, the Republican RX 2000 Act is a fraud and a callous and partisan attempt to create the illusion of sensitivity to a desperate need of millions. It is based on private market plans in the face of massive withdrawals from Medicare coverage by health insurance industry.

Then on top of that, my colleagues should hear the health care industry that they think is going to give them this insurance.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentleman from Wisconsin (Mr. KIND).

Mr. KIND. Mr. Speaker, I thank my friend from Massachusetts (Mr. MOAKLEY) for yielding me this time.

Mr. Speaker, I rise today in opposition to the rule and in opposition to the majority bill that is before us today. I believe that the bill before us is set up for failure, and it is set up for failure for one simple reason, they don't want to do it. I do not want to question the motives of the Republican leadership in offering this type of bill, but we do know the intent and motivation of the insurance industry that is being called upon to provide the drug-only insurance plan in order to make this bill work.

They do not want to do it. In fact, in recent testimony by Charles Kahn III, President of the Health Insurance Association of America, before the Committee on Ways and Means earlier this month, he stated and I quote, the proposals we have examined that rely on stand-alone drug-only insurance policies simply would not work in practice. Designing a theoretical drug coverage model through legislative language does not guarantee that private insurers will develop the product in the market.

Mr. Speaker, good things happen in this place when we come together and work in a bipartisan manner to deal with a serious yet complicated issue such as providing affordable drug coverage to seniors who need it. That process did not take place today. I think we need to go back to the drawing board and get it right.

Providing affordable Medicare prescription drug coverage for our nation's seniors is one of the most pressing issues facing our country today. Even though the elderly use the most prescriptions, more than 75 percent of seniors on Medicare lack reliable drug coverage. It is time to modernize Medicare to reflect our current health care delivery system. The use of prescription medications is as important today as the use of hospital beds was in 1965 when Medicare was created.

I have heard from a number of seniors in western Wisconsin regarding the problems they have paying for prescription drugs. One woman from a small town in my district wrote to me and said:

> I am sending you my medicine receipts for the month of March. Why doesn't Medicare cover the cost of these drugs? This is more than I can handle on my Social Security income.

Her monthly cost for prescription medicines is $382.13. That is a lot of money for a widow on a fixed income.

Other seniors in my district are paying substantially higher medicine prices than pharmaceutical companies most favored customers, such as HMOs. A study conducted in my district found that price discrimination by pharmaceutical manufacturers is one of the principle causes of the high prescription medicine prices that confront seniors. Senior citizens who pay for their own drugs pay more than twice as much for drugs than do the pharmaceutical companies' most favored customers.

Not only are my seniors facing price discrimination in their hometowns, but they can go to Canada and get the same medicine for a substantially cheaper price. For example, a senior in Rice Lake, Wisconsin pays $105 for a prescription of Zocor. If this senior makes the short trip to Canada, then she would only pay $59 for the Zocor prescription—a 129 percent difference. On average my constituents would pay about 80 percent less for their drugs in Canada than they do at home in western Wisconsin. That is wrong.

The cost of prescription medicines should not place financial strains on seniors that would force them to choose between buying drugs and buying food. We need to make prescription medicines affordable and accessible to all of our seniors.

Unfortunately, today's debate is a sham. We will not have the opportunity to discuss this issue in a fair and open process. The majority decided to railroad the debate and silence the minority by not allowing an alternative to be debated and voted upon. Our nation's seniors deserve better. They deserve an open process, but the Republican leadership has failed to deliver this.

The leadership has also failed seniors with their prescription drug proposal. The Republican plan is doomed to fail because the plan relies on health insurance companies to offer drug only policies which they have said they won't offer. If insurance companies won't offer these policies, how will seniors actually obtain prescription drug coverage under the leadership plan?

Every insurance company with whom I have spoken has said that they will not offer a drug-only insurance policy. In fact, in February, the Health Insurance Association of America, which consists of 294 insurance companies, released a statement claiming, ''These 'drug only' policies represent an empty promise to America's seniors. They are not workable or realistic.''

Why should the insurance companies provide these drug only policies? They are in the business of insuring risk and there is no risk associated with a drug only policy because most seniors need prescription medications. This single benefit policy also will result in adverse risk selection—only people with predictably high prescription medicine costs will purchase the plan. This will increase the cost to the insurance companies who in turn will pass the costs on to the beneficiaries through higher premiums.

In addition, under the Republican plan, there is no guarantee that seniors will have access to the specific drugs that they need. Plans may establish restrictive formularies and exclude medicines they don't want to cover. If a senior needs a drug the policy doesn't cover, then he must prove that other similar drugs have an adverse effect on him and go through the hoops of an uncertain appeals process just to get the drug he needs.

We must provide a real solution to the problem of prescription drug coverage for our seniors. The Republican plan falls woefully short. The Democratic proposal heads in the right direction and builds on the current Medicare program. Our plan would allow Medicare beneficiaries the choice of traditional Medicare or Medicare HMO with a defined benefit that would be available across the country. Further, seniors would have lower premiums and a lower catastrophic cap.

Another issue our plan addresses is the regional disparities in Medicare reimbursement rates and payments. There are some seniors in select parts of the country that receive prescription drug coverage through Medicare+Choice plans, an HMO. Most seniors across the country, however, do not have this benefit. For example, the only Medicare+Choice plan in my district cannot afford to offer a drug benefit because of the low Medicare payment. Even though all seniors pay into the Medicare system, only a few receive the extra drug benefit. While both the Republican and Democratic proposals provide for some target relief such as increasing the minimum payment and moving faster to the 50/50 blend, the Democratic plan includes language that Congress will work to provide equal treatment for all seniors by not compounding the geographic disparities that unfairly penalize Medicare+Choice plans from doing business in low payment areas. The Republican plan is silent on this issue.

It is unfortunate that the Republican leadership has squandered an excellent opportunity to try and solve the problem of prescription drug coverage in a bipartisan fashion. Instead they have steam-rolled ahead and presented our nation's seniors with an unworkable solution to a grave problem. I urge my colleagues to reject this flawed proposal.

Mr. MOAKLEY. Mr. Speaker, how much time is remaining?

The SPEAKER pro tempore. The gentleman from Massachusetts (Mr. MOAKLEY) has 4 minutes remaining. The gentleman from Florida (Mr. GOSS) has 8 minutes remaining.

Mr. MOAKLEY. I have one remaining speaker so the gentleman from Florida (Mr. GOSS) may proceed.

Mr. GOSS. Mr. Speaker, I also have one remaining speaker other than myself to close.

Mr. Speaker, it is my privilege to yield 5 minutes to the distinguished gentleman from California (Chairman THOMAS), the author of the bill.

(Mr. THOMAS asked and was given permission to revise and extend his remarks.)

Mr. THOMAS. Mr. Speaker, today actually started in 1998, when, under the 1997 Balanced Budget Act, we created the Bipartisan Commission on Medicare. We knew that Medicare had to change, that prescription drugs had to be integrated into Medicare, that it was overdue. The bipartisan commission met for more than a year, and we came up with the proposal. That bipartisan effort has continued even though the commission ended.

In January of this year, the President, in his budget, finally presented a prescription drug proposal on the administration's behalf. Remember, 1999, the bipartisan commission offered a proposal, then early this year, the President offered it.

We have been working, on a bipartisan basis, to carry forward a plan to put prescription drugs in Medicare. Today we have that debate. Most of the

discussion so far has been on the rule, that somehow when the bipartisan plan gets a vote and the Democratic plan gets a vote, that is unfair.

Their argument is they cannot argue their issue. Every Democratic speaker that has gotten up to speak has condemned the bipartisan plan and praised theirs. There is an hour debate on the rule evenly divided. There is a 2-hour debate on the bill evenly divided. There is one vote for the bipartisan plan, and one vote for the Democratic plan.

The reason the Democrats are upset is because it is not two bites of the apple for them and one bite for us. They say the bipartisan plan is not in Medicare. They say it is not guaranteed. That, in fact, it is a shame. Now, I could spend a lot of time arguing with my colleagues on the other side to tell them they are wrong. Do not let me make the argument. We will let Horace Deets, the executive director of the American Association for Retired Persons, make the argument, and what does he say, we are pleased that both bills include a voluntary prescription drug benefit in Medicare.

If my colleagues are honest, they will not make that argument again. I quote from Horace Deets: ''Our plan and their plan puts it in Medicare. Further, both bills provide a benefit that would be available in either fee-for-service or managed care settings.'' They have made the argument. If they are honest, they will not make it again. It is available in fee-for-service, and managed. It is not just one area. Let us see if they are honest.

He goes on to say, ''There are differences between both bills, but the core prescription drug benefit is in statute.'' It is not illusionary. My colleagues have made the argument that we are offering something that does not really exist. Horace Deets and the American Association of Retired Persons say the bipartisan plan is in statute. It is guaranteed. It is part of Medicare. It is available on a voluntary basis, and we can get it in fee-for-service or in managed care.

I imagine that is going to require my colleagues to scratch out a lot of lines of their debate. Let us see if they scratch it out, so it is an honest debate or if they continue to repeat the untruths that Horace Deets shows are, in fact, untruths.

Now, what is it the real debate is going to be? It is going to be this: The bipartisan plan offers choice. Their plan does not. We offer pocketbook protection now, seniors should not have to pay high costs.

We incorporated it into the $40 billion, which was in the budget resolution, pocketbook protection for seniors now. Look at the Democratic plan. They matched the $40 billion over the first 5 years, the same as the bipartisan plan, but the Congressional Budget Office says over the next 5 years, it goes to $295 billion. Why? Because the pocketbook protection is not in the first 5 years, it is in the last 5 years.

They lose on that comparison. We have twice the savings that their plan has. The Congressional Budget Office certifies it. As we listen to this debate, just remember they get one vote, we get one vote. The time of the debate is evenly divided, they are making their points, we are making ours. The rule is fair. The question is will the debate be honest.

Mr. MOAKLEY. Mr. Speaker, I yield 4 minutes to the gentleman from Missouri (Mr. GEPHARDT), our Democratic minority leader.

(Mr. GEPHARDT asked and was given permission to revise and extend his remarks.)

Mr. GEPHARDT. Mr. Speaker, this process, this rule is an outrage against the American people. It has been said that the Republican plan is a bipartisan plan. It is not a bipartisan plan.

There has been no conversation about this plan and the putting together of the plan with the members of our Committee on Ways and Means. There has been no conversation between the leadership on either side about how we could build a bipartisan plan to add a prescription drug benefit to Medicare.

This process is a grave disservice to all Americans. The debate is being shut down on the most important issue to American seniors since the creation of Medicare. The decision of the majority does more than deny the view of the Democratic minority to be heard, it denies the American people a vote on a plan that would provide real affordable, definable, and guaranteed prescription medicine benefits for America's seniors.

This debate, like so many of the debates we have held in this Congress this year, is always my way or the highway.

□ 1300

Bipartisan is defined by: Are you for our partisan bill? Not: Can we work together to find real bipartisanship?

I believe the other party is stooping to this level simply for politics. They are intent on passing anything that is called ''prescription coverage'' in order to avoid the issue being raised in the November elections. It is the passage of a press release. It is the passage of a statement of intent. They want to ram through their bill and shut down debate so that the American people will not know what this sham bill really is. Their posters said it best when Glen Bolger told them, and I quote, ''It is more important to communicate that you have a plan than it is to communicate what is in the plan.'' This is a PR effort. It is a sham. It is a hoax. It is public relations. It is electioneering. It is not writing a plan that will help the American people.

Mr. Speaker, instead of making prescriptions more affordable for seniors, they want to hand a huge subsidy to the insurance industry, which has said it will not write these plans. The head of the association came and said, we will not write these plans. Why will they not write these plans? They will not write them because this is not what insurance companies do. They underwrite risk. We have fire policies on our houses. Why? Because most houses do not burn down. The lucky people pay for the unlucky people. When we come to prescription drug benefits, everybody makes a claim, because everybody needs prescription drugs. It is a benefit, not an insurance plan. That is why the basic supposition of the Republican plan that they are going to turn this over to insurance companies is completely flawed, and completely wrong.

Mr. Speaker, we believe this should be done through Medicare. We believe it should be affordable. We believe it should be definable. We feel it should be equal all over this country.

What is really happening today is what really happened 35 years ago. This is the same debate we had over Medicare. The Republicans wanted to privatize Medicare; we wanted to have Medicare run through a Medicare system. They want to set up a new bureaucracy in the Government to run this program; we say we can run it through the Medicare system.

Republicans have never believed in Medicare. As former Speaker Gingrich once said, ''Medicare would wither on the vine because we think people are voluntarily going to leave it.'' The majority leader once said, Medicare should not be part of our society. We should not have to be in this program.

Mr. Speaker, I say to my friends in the Republican Party, that is an honest debate. If my colleagues want to get rid of Medicare, say so. If they want to privatize it, try to do so. But let us have an honest debate. Let us have real alternatives on the floor. Our plan is a real benefit, it is definable, it is affordable, it is equal for everybody in this country. It would have catastrophic coverage so that people over $4,000 a year of costs would have all of their Medicare costs picked up.

I was in a press conference with seniors a few days ago. A woman who had a heart transplant got up and said her costs are $1,300 a month for her drugs. She said her Social Security benefit is $1,300 a month. And then she broke down and cried, because she could not figure out where the money to live on was going to come from.

Mr. Speaker, we need a plan that offers a real benefit to people like that who right now in today's world are facing this problem. Vote against this rule, vote to defeat this plan, let us get back to writing a real bipartisan plan that will help the seniors citizens of this country.

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

I think it has all been pretty well said on this rule. Each side has had a bite of the apple and, as we can tell from the debate so far, there are different points of view on what is the best plan. They are both being aired, so

those who would say there is no debate obviously would be incorrect. There is debate, and it is happening as we speak.

One of the problems I think that we are facing today is, indeed, the emergence of partisan politics again. I think the record is fairly well clear, the public record, I think it is established that the minority leader's game plan, and it has been stated as such, is to ensure that this is a ''do-nothing Congress.'' On our side of the aisle, our leadership intends to ensure that we are a ''do the important American business Congress,'' the business of America that they want done; and that important thing that is called affordable prescription drugs for our seniors certainly falls on the list of important things to do. We are doing that. We are not walking out, and I am a little confused by the minority leader's comments about press conferences that he has been going to, because I understand that that is exactly what the instructions were this morning to the minority, was to get up en masse and walk out and attend a press conference on the east front steps of the Capitol which, in fact, we witnessed.

I do not think that is the way to do the Nation's business. I realize we can get good sound bites at press conferences, but it does not get the hard work done, and we are here to do the hard work. I congratulate the gentleman from California (Mr. THOMAS), and I congratulate those on the other side of the aisle who have participated in working with him to bring forward a bipartisan bill which provides affordable prescription drugs for seniors. That is what we are doing today; that is the important Nation's business. The rule is fair, each side gets a bite at the apple; and I believe that the Thomas bill, along with his colleagues on the other side, have come up with a good bipartisan plan which will bring affordable prescription relief for our seniors; and I think that will be a huge accomplishment, and it will be well received.

Mr. Speaker, I urge a yes vote on this rule.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in strong opposition to the rule which has a sole purpose of prohibiting Democrats from offering our prescription drug benefit plan, for which we have been advocating long before the majority realized that it is a ''political imperative'', in this election year, to at least address the issue of prescription drugs.

As one of the first to join the Democrats prescription drug bill, I have been a vociferous advocate for the need for real prescription drug coverage and not the type of ineffective coverage proposed by the majority.

The Republican prescription drug plan is a political sham crafted to mislead America's seniors.

It has been said, ''The healthy, the strong individual, is the one who asks for help when he needs it. Whether he has an abscess on his knee or in his soul.'' Our senior citizens are asking for our help to continue to live their lives as healthy individuals. It is time for us to answer this call, but the majority refuses to do so.

If the majority were truly concerned about the needs of this nation's elderly and the disabled, then I ask them to allow alternative proposals to be offered, so that we can work together on both sides of the aisle, to benefit America's seniors and the disabled.

This is an absolute travesty of the legislative process. The majority voted in the wee hours of the morning to prohibit any amendments to their supposed ''prescription drug'' proposal because they are more concerned about their political races, than about true prescription drug coverage.

The drug plan introduced by the GOP will in no way guarantee access to coverage. Instead, this proposal allows plans to ration the prescription drugs available for coverage by limiting coverage to a specific list of drugs.

Therefore, if a doctor prescribes a medication which they deem medically necessary, but is not on the list, then seniors will not receive coverage. To make matters worse, this bill would actually limit seniors' choice of drugs and pharmacies and raise cost for some seniors with medical problems.

It is tragic that the majority truly believes that it can play games with the lives of this nation's seniors by attempting to disguise H.R. 4680 as a prescription drug plan, when it is actually a meaningless proposal to advance special interests.

Many senior citizens live on a limited, fixed income. The cost of prescription drugs is an important issue because senior citizens are more likely to suffer from chronic long-term illnesses, such as diabetes, high blood pressure, and Alzheimer's disease which require medication.

Although prescription drugs are covered by most private insurance, 37 percent of senior citizens do not have their own prescription drug coverage. The average senior citizen takes several medications a day (up to 30 prescriptions a year) and many of them pay for their own medications out of pocket.

If the majority were truly concerned about providing prescription drug coverage, then H.R. 4680 would provide benefits everywhere in the United State and not limit it according to the plans the private insurance industry and pharmaceutical industry decide to offer.

Currently, our nation's Medicare program provides vital health insurance for 39 million aged and disabled Americans.

The Republican leadership has never supported the Medicare program; thus it is not surprising that their prescription drug bill fails to adequately address the concerns of those seniors and the disabled currently on Medicare. Democrat proposals better reflect senior citizen's concerns.

It is clear the Republicans truly do not understand the needs of this nation's seniors and the disabled on Medicare. Instead of providing the prescription drug benefit plan that they request, the majority instead asks Americans to ''trust the HMOs.''

The Republican proposal fails to provide a single dollar directly to seniors or the disabled. Instead, they must rely on the private insurance industry that already fails to insure millions of this nation's population.

The Republican plan does nothing to address the soaring price of prescription drugs. However, under the Democrat plan, the nation's seniors and the disabled are protected, allowing them to obtain their needed medications without worrying about whether this purchase will prohibit them for paying rent, purchasing food or other necessities.

The facts are simple, Democrat proposals do more for seniors and the disabled. Democrat proposals provide comprehensive care for all of the nation's seniors and not just some.

Mr. Speaker, I strenuously object to the imposition of a closed rule because we all know that H.R. 4680 is simply the latest attempt to appease the nation's seniors into believing that they will obtain comprehensive prescription drug coverage while actually providing them with an empty excuse for a prescription drug plan.

Under H.R. 4680, it is the drug companies that benefit, not the nation's seniors. Yet, even these same insurance companies fail to believe that this proposal of a drug-only private insurance scheme will work in practice.

Heads of top Insurance associations and companies like the Health Insurance Association of America, Mutual of Omaha, and even Blue Cross & Blue Shield believe that a private sector drug benefit provides a false hope to America's seniors because it is ''neither workable nor affordable.''

In fact, the executive vice president of Mutual of Omaha Companies has stated ''I'm convinced that stand-alone drug policies won't work.

The National Association of Chain Drug Stores strongly opposed H.R. 4680 as do the United Auto Workers, the National Association of Manufacturers, the National Council of Senior Citizens, the Older Women's League, and even the American Association of People with Disabilities.

All of these groups agree that what America's seniors need is a prescription drug bill with substantive protection and not simply empty rhetoric. Simply communicating the message that ''I have a plan,'' despite what pollsters say, is not what America needs.

I stand in opposition to this rule and ask my colleagues to allow sincere measures to be offered on behalf of America's seniors. We need to invest in this nation's elderly who have contributed so much to the stability of this society. I urge my colleagues to reject this rule and the majority's attempt to deceive the American people.

Mr. GOSS. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore (Mr. LAHOOD). The question is on ordering the previous question.

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

Mr. MOAKLEY. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

Pursuant to clause 9 of rule XX, the Chair announces that he will reduce to a minimum of 5 minutes the period of time within which a vote by electronic device, if ordered, will be taken on the question of agreeing to the resolution.

The vote was taken by electronic device, and there were—yeas 227, nays 204, not voting 4, as follows:

[Roll No. 347]

YEAS—227

Aderholt
Archer
Armey
Bachus
Baker
Ballenger
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Bereuter
Biggert
Bilbray
Bilirakis
Bliley
Blunt
Boehlert
Boehner
Bonilla
Bono
Brady (TX)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Castle
Chabot
Chambliss
Chenoweth-Hage
Coble
Coburn
Collins
Combest
Cooksey
Cox
Crane
Cubin
Cunningham
Davis (VA)
Deal
DeLay
DeMint
Diaz-Balart
Dickey
Doolittle
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
English
Everett
Ewing
Fletcher
Foley
Fossella
Fowler
Franks (NJ)
Frelinghuysen
Gallegly
Ganske
Gekas
Gibbons
Gilchrest
Gillmor
Gilman
Goode
Goodlatte
Goodling
Goss
Graham
Granger
Green (WI)
Greenwood
Gutknecht
Hall (TX)
Hansen
Hastert
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (MT)
Hilleary
Hobson
Hoekstra
Horn
Hostettler
Houghton
Hulshof
Hunter
Hutchinson
Hyde
Isakson
Istook
Jenkins
Johnson (CT)
Johnson, Sam
Jones (NC)
Kasich
Kelly
King (NY)
Kingston
Knollenberg
Kolbe
Kuykendall
LaHood
Largent
Latham
LaTourette
Lazio
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
Martinez
McCollum
McCrery
McHugh
McInnis
McIntosh
McKeon
Metcalf
Mica
Miller (FL)
Miller, Gary
Moakley
Moran (KS)
Morella
Myrick
Nethercutt
Ney
Northup
Norwood
Nussle
Ose
Oxley
Packard
Paul
Pease
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Pombo
Porter
Portman
Pryce (OH)
Quinn
Radanovich
Ramstad
Regula
Reynolds
Riley
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Royce
Ryan (WI)
Ryun (KS)
Salmon
Sanford
Saxton
Scarborough
Schaffer
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shuster
Simpson
Skeen
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Spence
Stearns
Stump
Sununu
Sweeney
Talent
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Thune
Tiahrt
Toomey
Traficant
Upton
Vitter
Walden
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson
Wolf
Young (AK)
Young (FL)

NAYS—204

Abercrombie
Ackerman
Allen
Andrews
Baca
Baird
Baldacci
Baldwin
Barcia
Barrett (WI)
Becerra
Bentsen
Berkley
Berman
Berry
Bishop
Blagojevich
Blumenauer
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Capps
Capuano
Cardin
Carson
Clay
Clayton
Clement
Clyburn
Condit
Conyers
Costello
Coyne
Cramer
Crowley
Cummings
Danner
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Edwards
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Forbes
Ford
Frank (MA)
Frost
Gejdenson
Gephardt
Gonzalez
Gordon
Green (TX)
Gutierrez
Hall (OH)
Hastings (FL)
Hill (IN)
Hilliard
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Hooley
Hoyer
Inslee
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind (WI)
Kleczka
Klink
Kucinich
LaFalce
Lampson
Lantos
Larson
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Luther
Maloney (CT)
Maloney (NY)
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McDermott
McGovern
McIntyre
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller, George
Minge
Mink
Mollohan
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Phelps
Pickett
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Rivers
Rodriguez
Roemer
Rothman
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sandlin
Sawyer
Schakowsky
Scott
Serrano
Sherman
Shows
Sisisky
Skelton
Slaughter
Smith (WA)
Snyder
Spratt
Stabenow
Stark
Stenholm
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Thurman
Tierney
Towns
Turner
Udall (CO)
Udall (NM)
Velazquez
Visclosky
Waters
Watt (NC)
Waxman
Weiner
Wexler
Weygand
Wise
Woolsey
Wu
Wynn

NOT VOTING—4

Cook
Markey
Strickland
Vento

□ 1326

Mr. SNYDER changed his vote from ''yea'' to ''nay.''

Mrs. CUBIN and Mr. MOAKLEY changed their vote from ''nay'' to ''yea.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

MOTION TO RECONSIDER THE VOTE OFFERED BY MR. MOAKLEY

Mr. MOAKLEY. Mr. Speaker, I move to reconsider the vote by which the previous question was ordered.

The SPEAKER pro tempore (Mr. LAHOOD). Did the gentleman from Massachusetts vote on the prevailing side?

Mr. MOAKLEY. I did, Mr. Speaker.

MOTION TO TABLE OFFERED BY MR. DREIER

Mr. DREIER. Mr. Speaker, I move to lay on the table the motion to reconsider the vote.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. DREIER) to lay on the table the motion offered by the gentleman from Massachusetts (Mr. MOAKLEY) to reconsider the vote.

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

RECORDED VOTE

Mr. MOAKLEY. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 220, noes 205, not voting 10, as follows:

[Roll No. 348]

AYES—220

Aderholt
Archer
Armey
Bachus
Baker
Ballenger
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Bereuter
Biggert
Bilbray
Bilirakis
Blagojevich
Bliley
Blunt
Boehlert
Boehner
Bonilla
Bono
Brady (TX)
Bryant
Burr
Burton
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Castle
Chabot
Chambliss
Chenoweth-Hage
Coble
Coburn
Collins
Combest
Cooksey
Cox
Crane
Cubin
Cunningham
Davis (VA)
Deal
DeLay
DeMint
Diaz-Balart
Dickey
Doolittle
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
English
Everett
Ewing
Fletcher
Foley
Fossella
Fowler
Franks (NJ)
Frelinghuysen
Gallegly
Ganske
Gibbons
Gilchrest
Gillmor
Gilman
Goode
Goodling
Goss
Graham
Granger
Green (WI)
Greenwood
Gutknecht
Hall (TX)
Hansen
Hastert
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (MT)
Hilleary
Hobson
Hoekstra
Horn
Hostettler
Houghton
Hulshof
Hutchinson
Hyde
Isakson
Istook
Jenkins
Johnson (CT)
Johnson, Sam
Kasich
Kelly
King (NY)
Kingston
Knollenberg
Kolbe
Kuykendall
LaHood
Largent
Latham
LaTourette
Lazio
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
Martinez
McCollum
McCrery
McHugh
McInnis
McIntosh
McKeon
Metcalf
Mica
Miller (FL)
Miller, Gary
Morella
Myrick
Nethercutt
Ney
Northup
Norwood
Nussle
Ose
Oxley
Packard
Paul
Pease
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Pombo
Porter
Portman
Pryce (OH)
Quinn
Radanovich
Ramstad
Regula
Reynolds
Riley
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Royce
Ryan (WI)
Ryun (KS)
Salmon
Sanford
Saxton
Scarborough
Schaffer
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shuster
Simpson
Skeen
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Spence
Stump
Sununu
Sweeney
Talent
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Thune
Tiahrt
Toomey
Traficant
Upton
Vitter
Walden
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson
Wolf
Young (AK)
Young (FL)

NOES—205

Abercrombie
Ackerman
Allen
Andrews
Baca
Baird
Baldacci
Baldwin
Barcia
Barrett (WI)
Becerra
Bentsen
Berkley
Berman
Berry
Bishop
Blumenauer
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Capps
Capuano
Cardin
Carson
Clay
Clayton
Clement
Clyburn
Condit
Conyers
Costello

Coyne
Cramer
Crowley
Cummings
Danner
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Edwards
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Forbes
Ford
Frank (MA)
Frost
Gejdenson
Gephardt
Gonzalez
Gordon
Green (TX)
Gutierrez
Hall (OH)
Hastings (FL)
Hill (IN)
Hilliard
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Hooley
Hoyer
Inslee
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson, E. B.
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind (WI)
Kleczka
Klink
Kucinich
LaFalce
Lampson
Lantos
Larson
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Luther
Maloney (CT)
Maloney (NY)
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McDermott
McGovern
McIntyre
McKinney
McNulty
Meehan
Meek (FL)
Menendez
Millender-McDonald
Miller, George
Minge
Mink
Moakley
Mollohan
Moore
Moran (KS)
Moran (VA)
Murtha
Nadler
Napolitano
Neal
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Phelps
Pickett
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Rivers
Rodriguez
Roemer
Rothman
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sandlin
Sawyer
Schakowsky
Scott
Serrano
Sherman
Shows
Sisisky
Skelton
Slaughter
Smith (WA)
Snyder
Spratt
Stabenow
Stark
Stenholm
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Thurman
Tierney
Towns
Turner
Udall (CO)
Udall (NM)
Velazquez
Visclosky
Waters
Watt (NC)
Waxman
Weiner
Wexler
Weygand
Wise
Woolsey
Wu
Wynn

NOT VOTING—10

Buyer
Cook
Gekas
Goodlatte
Hunter
Markey
Meeks (NY)
Stearns
Strickland
Vento

□ 1337

Ms. WOOLSEY, Mr. DOGGETT, and Mr. MCDERMOTT changed their vote from ''aye'' to ''no.''

So the motion to table was agreed to.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

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

RECORDED VOTE

Mr. MOAKLEY. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 15-minute vote on the resolution, followed by a possible 5-minute vote on a question incidental thereto.

The vote was taken by electronic device, and there were—ayes 216, noes 213, not voting 6, as follows:

[Roll No. 349]

AYES—216

Aderholt
Archer
Armey
Bachus
Baker
Ballenger
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Bereuter
Biggert
Bilbray
Bilirakis
Bliley
Blunt
Boehlert
Boehner
Bonilla
Bono
Brady (TX)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Castle
Chabot
Chambliss
Coble
Collins
Combest
Cooksey
Cox
Crane
Cubin
Cunningham
Davis (VA)
Deal
DeLay
DeMint
Diaz-Balart
Dickey
Doolittle
Dreier
Duncan
Dunn
Ehlers
Ehrlich
English
Everett
Ewing
Fletcher
Foley
Fossella
Fowler
Franks (NJ)
Frelinghuysen
Gallegly
Gekas
Gibbons
Gilchrest
Gillmor
Gilman
Goode
Goodlatte
Goodling
Goss
Graham
Granger
Green (WI)
Greenwood
Gutknecht
Hansen
Hastert
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (MT)
Hilleary
Hobson
Hoekstra
Horn
Houghton
Hulshof
Hunter
Hutchinson
Hyde
Isakson
Istook
Jenkins
Johnson (CT)
Johnson, Sam
Kasich
Kelly
King (NY)
Kingston
Knollenberg
Kolbe
Kuykendall
LaHood
Largent
Latham
LaTourette
Lazio
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
Martinez
McCollum
McCrery
McHugh
McInnis
McIntosh
McKeon
Metcalf
Mica
Miller (FL)
Miller, Gary
Moran (KS)
Myrick
Nethercutt
Ney
Northup
Norwood
Nussle
Ose
Oxley
Packard
Paul
Pease
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Pombo
Porter
Portman
Pryce (OH)
Quinn
Radanovich
Ramstad
Regula
Reynolds
Riley
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Royce
Ryan (WI)
Ryun (KS)
Salmon
Sanford
Saxton
Scarborough
Schaffer
Sensenbrenner
Sessions
Shaw
Shays
Sherwood
Shimkus
Shuster
Simpson
Skeen
Smith (MI)
Smith (NJ)
Smith (TX)
Spence
Stearns
Stump
Sununu
Sweeney
Talent
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Thune
Tiahrt
Toomey
Traficant
Upton
Vitter
Walden
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson
Wolf
Young (AK)
Young (FL)

NOES—213

Abercrombie
Ackerman
Allen
Andrews
Baca
Baird
Baldacci
Baldwin
Barcia
Barrett (WI)
Becerra
Bentsen
Berkley
Berman
Berry
Bishop
Blagojevich
Blumenauer
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Capps
Capuano
Cardin
Carson
Chenoweth-Hage
Clay
Clayton
Clement
Clyburn
Coburn
Condit
Conyers
Costello
Coyne
Cramer
Crowley
Cummings
Danner
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Edwards
Emerson
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Forbes
Ford
Frank (MA)
Frost
Ganske
Gejdenson
Gephardt
Gonzalez
Gordon
Green (TX)
Gutierrez
Hall (OH)
Hall (TX)
Hastings (FL)
Hill (IN)
Hilliard
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Hooley
Hostettler
Hoyer
Inslee
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind (WI)
Kleczka
Klink
Kucinich
LaFalce
Lampson
Lantos
Larson
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Luther
Maloney (CT)
Maloney (NY)
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McDermott
McGovern
McIntyre
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller, George
Minge
Mink
Moakley
Mollohan
Moore
Moran (VA)
Morella
Murtha
Nadler
Napolitano
Neal
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Phelps
Pickett
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Rivers
Rodriguez
Roemer
Rothman
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sandlin
Sawyer
Schakowsky
Scott
Serrano
Shadegg
Sherman
Shows
Sisisky
Skelton
Slaughter
Smith (WA)
Snyder
Spratt
Stabenow
Stark
Stenholm
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Thurman
Tierney
Towns
Turner
Udall (CO)
Udall (NM)
Velazquez
Visclosky
Waters
Watt (NC)
Waxman
Weiner
Wexler
Weygand
Wise
Woolsey
Wu
Wynn

NOT VOTING—6

Cook
Jones (NC)
Markey
Souder
Strickland
Vento

□ 1400

Mr. GEORGE MILLER of California changed his vote from ''aye'' to ''no.''

Mr. WHITFIELD and Mr. MORAN of Kansas changed their vote from ''no'' to ''aye.''

Mr. DEFAZIO changed his vote from ''present'' to ''no.''

So the resolution was agreed to.

The result of the vote was announced as aboved recorded.

The SPEAKER pro tempore (Mr. LAHOOD). Without objection, a motion to reconsider is laid on the table.

Mr. MOAKLEY. Mr. Speaker, I object.

The SPEAKER pro tempore. Objection is heard.

MOTION TO RECONSIDER THE VOTE OFFERED BY MR. GOSS

Mr. GOSS. Mr. Speaker, I move to reconsider the vote.

MOTION TO TABLE OFFERED BY MR. DREIER

Mr. DREIER. Mr. Speaker, I move to lay the motion to reconsider on the table.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. DREIER) to lay on the table the motion to reconsider the vote offered by the gentleman from Florida (Mr. GOSS).

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

RECORDED VOTE

Mr. MOAKLEY. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 222, noes 204, not voting 9, as follows:

[Roll No. 350]

AYES—222

Aderholt
Archer
Armey
Bachus
Baker
Ballenger
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Bereuter
Biggert
Bilbray
Bilirakis
Bliley
Blunt
Boehlert
Boehner
Bonilla
Bono
Brady (TX)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Castle
Chabot
Chambliss
Chenoweth-Hage
Coble
Coburn
Collins
Combest
Cooksey
Cox
Crane
Cubin
Cunningham
Davis (VA)
Deal
DeLay
DeMint
Diaz-Balart
Dickey
Doolittle
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
English
Everett
Ewing
Fletcher
Foley
Fossella
Fowler
Frelinghuysen
Gallegly
Ganske
Gibbons
Gilchrest
Gillmor
Gilman
Goode
Goodlatte
Goss
Graham
Granger
Green (WI)
Greenwood
Gutknecht
Hansen
Hastert
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (MT)
Hilleary
Hobson
Hoekstra
Horn
Hostettler
Houghton
Hulshof
Hunter
Hutchinson
Hyde
Isakson
Istook
Jackson (IL)
Jenkins
Johnson (CT)
Johnson, Sam
Jones (NC)
Kasich
Kelly
King (NY)
Kingston
Knollenberg
Kolbe
Kuykendall
LaHood
Largent
Latham
LaTourette
Lazio
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
Martinez
McCollum
McCrery
McHugh
McInnis
McIntosh
McKeon
Metcalf
Mica
Miller (FL)
Miller, Gary
Moran (KS)
Morella
Myrick
Nethercutt
Ney
Northup
Norwood
Nussle
Ose
Oxley
Packard
Paul
Pease
Peterson (PA)
Petri
Pickering
Pitts
Pombo
Porter
Portman
Pryce (OH)
Quinn
Radanovich
Ramstad
Regula
Reynolds
Riley
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Royce
Ryan (WI)
Ryun (KS)
Salmon
Sanford
Saxton
Scarborough
Schaffer
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shuster
Simpson
Skeen
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Spence
Stearns
Stump
Sununu
Sweeney
Talent
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Thune
Tiahrt
Toomey
Traficant
Upton
Vitter
Walden
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson
Wolf
Young (AK)
Young (FL)

NOES—204

Abercrombie
Ackerman
Allen
Andrews
Baca
Baird
Baldacci
Baldwin
Barcia
Barrett (WI)
Becerra
Bentsen
Berkley
Berman
Berry
Bishop
Blagojevich
Blumenauer
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Capps
Capuano
Cardin
Carson
Clay
Clayton
Clement
Clyburn
Condit
Conyers
Coyne
Cramer
Crowley
Cummings
Danner
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Forbes
Ford
Frank (MA)
Frost
Gejdenson
Gephardt
Gonzalez
Gordon
Green (TX)
Gutierrez
Hall (OH)
Hall (TX)
Hastings (FL)
Hill (IN)
Hilliard
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Hooley
Hoyer
Inslee
Jackson-Lee (TX)
Jefferson
John
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind (WI)
Kleczka
Klink
Kucinich
LaFalce
Lampson
Lantos
Larson
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Luther
Maloney (CT)
Maloney (NY)
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McDermott
McGovern
McIntyre
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller, George
Minge
Mink
Moakley
Mollohan
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Phelps
Pickett
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Rivers
Rodriguez
Roemer
Rothman
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sandlin
Sawyer
Schakowsky
Scott
Serrano
Sherman
Shows
Sisisky
Skelton
Slaughter
Smith (WA)
Snyder
Spratt
Stabenow
Stark
Stenholm
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Thurman
Tierney
Towns
Turner
Udall (CO)
Udall (NM)
Velazquez
Visclosky
Waters
Watt (NC)
Waxman
Weiner
Wexler
Weygand
Wise
Woolsey
Wu
Wynn

NOT VOTING—9

Cook
Edwards
Franks (NJ)
Gekas
Goodling
Markey
Peterson (MN)
Strickland
Vento

□ 1411

Mr. SNYDER and Mr. WEYGAND changed their vote from ''aye'' to ''no.''

So the motion to table the motion to reconsider was agreed to.

The result of the vote was announced as above recorded.

MOTION TO ADJOURN

Mr. MOAKLEY. Mr. Speaker, I move that the House do now adjourn.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Massachusetts (Mr. MOAKLEY).

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

RECORDED VOTE

Mr. MOAKLEY. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 178, noes 244, not voting 13, as follows:

[Roll No. 351]

AYES—178

Abercrombie
Ackerman
Allen
Andrews
Baca
Baird
Baldacci
Baldwin
Barrett (WI)
Becerra
Bentsen
Berkley
Berman
Berry
Bishop
Blagojevich
Blumenauer
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Capps
Capuano
Cardin
Carson
Clay
Clayton
Clement
Clyburn
Condit
Conyers
Coyne
Cramer
Crowley
Cummings
Danner
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Edwards
Engel
Eshoo
Farr
Fattah
Filner
Forbes
Ford
Frank (MA)
Frost
Gejdenson
Gephardt
Gonzalez
Gutierrez
Hall (OH)
Hastings (FL)
Hill (IN)
Hilliard
Hinchey
Hinojosa
Hoeffel
Holden
Hoyer
Inslee
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
LaFalce
Lampson
Lantos
Lee
Levin
Lewis (GA)
Lowey
Lucas (KY)
Luther
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McDermott
McGovern
McIntyre
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller, George
Minge
Mink
Moakley
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal
Oberstar
Obey
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Pickett
Pomeroy
Price (NC)
Rangel
Reyes
Rivers
Rodriguez
Rothman
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sandlin
Sawyer
Schakowsky
Scott
Serrano
Sherman
Shows
Sisisky
Skelton
Slaughter
Smith (WA)
Snyder
Spratt
Stabenow
Stark
Stenholm
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Tierney
Turner
Udall (CO)
Velazquez
Visclosky
Waters
Waxman
Weiner
Wexler
Weygand
Woolsey
Wu
Wynn

NOES—244

Aderholt
Archer
Armey
Bachus
Baker
Ballenger
Barcia
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Bereuter
Biggert
Bilbray
Bilirakis
Bliley
Blunt
Boehlert
Boehner
Bonilla
Bono
Brady (TX)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Castle
Chabot
Chambliss
Chenoweth-Hage
Coble
Coburn
Collins
Combest
Cooksey
Costello
Cox
Crane
Cubin
Cunningham
Davis (VA)
Deal
DeLay
DeMint
Diaz-Balart
Dickey
Doolittle
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
English
Etheridge
Evans
Everett
Ewing
Fletcher
Foley
Fossella
Fowler
Franks (NJ)
Frelinghuysen
Gallegly
Ganske
Gekas
Gibbons
Gilchrest
Gillmor
Goode
Goodlatte
Gordon
Goss
Graham
Granger
Green (TX)
Green (WI)
Greenwood
Gutknecht
Hall (TX)
Hansen
Hastert
Hastings (WA)
Hayes
Hayworth
Hefley
Hill (MT)
Hilleary
Hobson
Hoekstra
Holt
Hooley
Horn