This provision exempting oil and gas companies from complying with the stormwater permitting requirements rolls back the clock on environmental protections and seriously jeopardizes the health of our Nations lakes, rivers, and streams.

I urge members to adopt this motion and instruct the Energy bill conferees to reject this provision.

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

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

There was no objection.

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

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

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

The yeas and nays were ordered.

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

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

Mr. CARDOZA. Mr. Speaker, I offer a motion to instruct.

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

The Clerk read as follows:

Mr. CARDOZA of California moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 1 be instructed as follows:

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

(2) To reject the provisions of section 231 of the Senate amendment.

(3) Within the scope of conference, to increase payments under the medicaid program for inpatient hospital services furnished by disproportionate share hospitals by an amount equal to the amount of savings attributable to the rejection of the aforementioned provisions.

(4) To insist upon section 1001 of the House bill and section 602 of the Senate bill.

Mr. CARDOZA (during the reading). Mr. Speaker, I ask unanimous consent that the motion to instruct be considered as read and printed in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

The SPEAKER pro tempore. Pursuant to clause 7 of rule XXII, the gentleman from California (Mr. CARDOZA) and the gentleman from Texas (Mr. BRADY) each will control 30 minutes.

The Chair recognizes the gentleman from California (Mr. CARDOZA).

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

Mr. Speaker, the motion we are debating tonight instructs the Medicare conference committee to reject the controversial plan of premium support and reallocate the money saved to increase payments to disproportionate share hospitals.

As a representative of an area with multiple DHS hospitals, I feel it is vitally important to provide them with the maximum Federal funding possible. However, let me first discuss the issue of premium support, and why I am concerned that this plan could potentially dismantle Medicare.

Under premium support, in the year 2010, private insurance companies and traditional fee-for-service would compete against each other to provide services to beneficiaries. Monthly premiums would be set according to an average and beneficiaries would then be given something similar to a voucher for which they could purchase coverage.

However, premium support will create a system where seniors' benefits can vary widely from county to county, State to State, and their choice in doctors can be restricted, vital services may not be covered, and their monthly premium can radically fluctuate. That is if the private plans even participate at all.

We need to look no further than the administration to find proof that this is an impending problem. A recent report by the Department of Health and Human Services actuary showed radical disparities in the monthly premiums by region. For example in Davidson County, North Carolina, Medicare beneficiaries would only pay $53 a month under premium support. However, my constituents in Stanislaus County would be forced to pay a whopping $117 per month, so more than double.

I am very concerned about subjecting a trusted health care system like Medicare to the uncertainty of the private market. I am especially hesitant about a system that relies on HMOs and other private insurance plans to administer services to our seniors. In my hometown of Merced County, there is not one, not one Medicare+Choice plan that my constituents can participate in, not one. However, for someone residing in Los Angeles County, 200–250 miles down the road, they have a pick of 11 different plans. HMOs have made it abundantly clear that serving rural America is not profitable, and, therefore, they have pulled out of those regions in a mass exodus. Now, the House bill relies on these plans to provide services for Medicare beneficiaries.

Mr. Speaker, to me it just does not make sense. So let us not take a gamble with our seniors. Instead, let us spend our resources on something far more tangible, disproportionate share hospitals. These are America's safety net hospitals caring for the sickest and poorest of our citizens, and they must not be abandoned in their time of need. Currently, there are over 40 million Americans without health insurance, and the number continues to rise. DHS hospitals accept every patient, regardless of their financial status, and provide the best possible care available day in and day out.

In my district, my hospitals fall between the cracks of not quite big enough to be considered urban, and just a little too large to be considered rural; but we have one of the largest uninsured populations in the country and increasing DHS funds are absolutely essential for their survival. Mercy Hospital in Merced County is facing severe financial shortages because of a lack of payments in this area and because of a high indigent population.

□ 1845

My motion not only directs the conferees to use funds saved by premium support for DSH hospitals but it also insists that the final legislation retain the most generous DSH provisions from the House and Senate versions of the Medicare legislation.

As we all know, DSH hospitals are facing the possibility of falling off a proverbial cliff due to the drastic reduction in Federal funding as directed by the Balanced Budget Act of 1997. Section 1001 of this bill increases DSH allotments in fiscal year 2004 to that of 120 percent of fiscal year 2003. Section 602 of the Senate bill increases the floor for low DSH States from 1 percent to 3 percent of total Medicaid spending. This provision is extremely important for States of Alaska, Arkansas, Delaware, Idaho, Iowa, Kansas, Maryland, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Wisconsin, and Wyoming who are bound by law not to spend more than 1 percent of their Medicaid dollars on DSH hospitals. Hospitals in these States are suffering as well, and we cannot let them fail, either.

Mr. Speaker, I urge every Member of this body to support my motion to instruct the Medicare conferees. America's seniors deserve a guaranteed Medicare benefit and America's safety net hospitals deserve our assistance.

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

Mr. BRADY of Texas. Mr. Speaker, I yield myself such time as I may consume.

Medicare recently celebrated its 37th birthday. Medicine has changed a lot since 1965. Unfortunately, Medicare has not. Back then our seniors spent half their medical dollars for doctors, the rest for hospitals. It was pretty simple. But today, a remarkable 40 percent of seniors' costs are for prescription medicine. Through the miracle of modern science, through lifesaving drugs, technologies and new treatments, our parents and grandparents are living longer and healthier lives than any American generation. Best of all, due to new medicines, they are spending less of their golden years in hospitals and nursing homes and more of their time with their children and grandchildren.

Medicare needs to change with the times. Our seniors deserve a Medicare

that includes a modern prescription drug benefit, one that is voluntary so seniors can keep the good plans they already have, one that gives seniors the right to choose the prescription plan that is best for them, not what is best for Washington, one that is affordable so that seniors have the peace of mind from knowing Medicare will remain strong and viable for generations to come. This is important as an issue to our country and to our State.

Back home in Texas, we have more than 2 million seniors who count on Medicare. On average, they fill 18 prescriptions a year, spending about $1,200 annually. Many of our seniors face serious problems paying for these medicines. It does not seem right that our neighbors when ill are opting to leave prescriptions unfilled or cutting back on food and sometimes traveling to other countries to purchase drugs simply to protect their precious health. At this point in their lives, do our parents and grandparents not deserve better? The time for petty partisan fighting is over. It is time for Congress to act right now.

That is why I am proud to serve on one of the two committees which developed the Medicare Prescription Drug Modernization Act that successfully passed the U.S. House of Representatives recently. The legislation brings Medicare into the 21st century. It provides catastrophic protection for seniors with very expensive medicine costs, extra help for the poor and lowers drug prices while still encouraging the medical breakthroughs that our loved ones are counting on. The plan starts with a 2-year discount drug card for the neediest seniors, reducing medicine costs by an estimated 25 percent. After that, a new Medicare part D that is for drugs will be available from several different health care plans for prescription medicine. Seniors may choose one or not. It is not mandatory. It is their choice.

Like most health care plans, there will be a small annual deductible, monthly premiums of around $35, and copayments up to a certain amount. Some seniors we know have extremely expensive medicine costs, much greater than the average person. To make sure these seniors will not face losing all that they have worked a lifetime to save, the new Medicare health plan includes catastrophic coverage that picks up most of the prescription costs over a certain amount. And for the neediest seniors, Medicare will pay for the prescription health care plan and many of the costs that go along with it. Those details are being finalized as we speak tonight.

But the House bill that we passed does more than just offer affordable prescription drug coverage. It also includes funding to make sure doctors and hospitals, nursing homes and home health agencies continue to treat our Medicare seniors. In fact, the DSH hospitals, those who take care of our neediest, will receive a 20 percent increase. The allotment is increased 20 percent, a major amount, for those hospitals. There are new preventive tests added to Medicare, such as cholesterol screening and initial physicals; and there are important reforms to speed generic drugs to the market to lower drug prices.

As one would imagine, no change of this importance is without honest disagreement. Some believe this bill is too small. They have offered a proposal three times larger, which as one would guess bankrupts Medicare within a few years and mandates a Washington-style one-size-fits-all plan that does nothing to actually improve Medicare. The better way, I believe, is to guarantee our seniors have a prescription plan they can count on; one that will not threaten future medical breakthroughs; one that will not lead to rationing of health care; and one that will extend the life of Medicare, not hasten its demise. Yet others believe this benefit is too large, that Congress should focus on giving help only to the poorest. Unfortunately, we already have a program like that. It is called Medicaid. It is not the model we should have for this Nation and for our seniors.

As a fiscal conservative, I looked real hard at the cost of adding prescription medicine to Medicare, an additional 10 percent over the next 10 years. I am convinced we can spend a dime now to help seniors with their medicines, or we can pay a dollar later when they end up in the hospital, end up with a surgery they did not need to have if we would have helped them a little with the drugs beforehand.

I am also proud to support one of the best improvements in the basic Medicare program, the one we are talking about tonight. In 2010, seniors will have a choice of their basic Medicare plans, much like the choice Members of Congress and other Federal workers have that are included in the Federal employee health care plan. Groups like the Heritage Foundation say these reforms found only in the House plan go a long way toward fundamental change in Medicare. My question is, If these health care plans are good enough for Congress, why can our seniors not have access to them? Why can they not have the type of choices we have for our families at taxpayer expense? Why can we not have plans like the Federal employee plan that not only works better, provides better coverage but does not increase so much in cost over the years?

Recently a study was done that compared Medicare for the last 20 years against the Federal employee health care plan, the one the Members of Congress have. What the plan showed was that Medicare without prescription drugs rose faster in cost and price than the Federal plan with prescription drugs did. In other words, less care in Medicare, higher growing costs. More competition, better health care and the costs were lower over the years. Why can seniors not have the same choice of good health care plans for Medicare and the cost where we know with the baby boomers coming into Medicare in the future, we will want those reasonable increases so that we can make Medicare last forever? That is the issue tonight that we are debating. Why can seniors not have the same type of health care that Members of Congress have? Why can they not have good choices? Why can we not have one that will actually make Medicare last longer and not hasten its bankruptcy? We need these types of reforms when we add Medicare prescription drugs.

As I watch our conferees, led by the gentleman from Louisiana (Mr. TAUZIN) of the Committee on Energy and Commerce and the gentleman from California (Mr. THOMAS) of the Committee on Ways and Means and the other conferees, I know that many Members of Congress, including myself, believe that added reforms to make Medicare better and last longer is the only responsible way to add a prescription drug benefit.

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

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

I would say to the gentleman from Texas that it is my understanding that we have never offered a proposal that costs three times as much. In fact, the gentleman alluded to the fact that he favored a plan much like the plan that Members of Congress currently have. That is something that we have proposed. We have never heard that plan from the Republicans. We would certainly be willing to entertain a plan that was something similar to what Members of Congress have for our seniors, without a doughnut hole.

Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. STENHOLM), the ranking member of the Committee on Agriculture and the cochair of the Blue Dog Coalition.

Mr. STENHOLM. Mr. Speaker, I rise in strong support of the Cardoza motion to instruct Medicare conferees. The Cardoza motion instructs conferees to insist on a House-passed provision that would largely eliminate reductions in Medicaid disproportionate share hospital payments, or better known as DSH payments, currently scheduled to go into effect in fiscal year 2004 and fiscal year 2005 and provide some benefits in later years. DSH funding is our Nation's primary source of support for our safety net hospitals that serve our most vulnerable populations. Medicaid DSH is especially important now as the number of uninsured Americans continues to rise, with now over 43 million Americans without health care coverage.

In our State of Texas, I say to my friend from Houston, where nearly a quarter of the population has no health insurance, hospitals and health care clinics rely heavily on the DSH payments in order to finance care for the

poor and uninsured. Despite the growing demand, Texas is increasingly constrained from making DSH payments to needy hospitals. In the recent budget cycle, Texas State legislators slashed millions in funding and services throughout the Medicaid program in response to the State budget deficit. In fiscal year 2003, Texas DSH payments were reduced by $80 million due to statutory limits in Federal law.

All of these cuts inevitably will fall on the shoulders of Texas' poor and uninsured, depriving them of their access to basic health care as providers like hospitals are left with no choice but to reduce services. Particularly this is a problem in rural areas. If hospitals and health care providers do not close their doors or fold under the financial pressure, they may shift the burden of caring for the poor and uninsured by charging more to the patients who can afford to pay, making health care more expensive for all Americans.

The House DSH provision contained in the Cardoza motion is essential to ensuring that the most vulnerable Texans continue to receive vital health care services. The provision, section 1001 in House bill 1, would provide Texas an estimated $140 million increase in fiscal year 2004 over current law. Sufficient DSH payments are absolutely critical if hospitals and health care clinics are to continue to serve the neediest and the poorest Texans. Now is not the time to deny the poor and uninsured access to the health care they need or to shift the burden to the average American on an experimental program.

I cannot say how strongly I oppose the general provisions that my friends on the other side of the aisle seem to believe that privatizing Medicare, turning Medicare over to the private industry, is going to be the best way to serve the uninsured in Texas. It will not work because it cannot possibly work when you already have a program that the administrative cost runs consistently less than 2 percent. No one has ever been able to show me in any debate, any discussion, anywhere at any time that you can do a better job with less money. I would enjoy hearing people defend this from the standpoint of something other than philosophy.

But in the case tonight, we have a clear choice. This motion is clear to us, unless you believe, as some do, that privatizing is the way to go. We have already experimented with this in agriculture. We have done it now for 10 years. It has not worked and cannot work, and we continue to hear folks coming to the floor of the House talking about the need for additional Federal involvement in disaster programs covered by insurance. It does not work there. It cannot possibly work in something as important as health care.

I encourage all of my colleagues to support the Cardoza motion to instruct Medicare conferees and hope the conferees are listening carefully.

Mr. BRADY of Texas. Mr. Speaker, I yield myself such time as I may consume.

The fact of the matter is that the best way that we can provide Medicare for our seniors is to give them a tested improvement that we ourselves are the beneficiaries of as Members of Congress. Some would like to just add Medicare prescription drugs onto the current Medicare system and if it goes bankrupt, it goes bankrupt. If the boomers use all the money, they use all the money. No big deal. Just let that happen. That is what this motion does.

What we are trying to do is take the responsible approach. What we are trying to do is to offer to Medicare seniors not only a way to help them with their prescription drugs but a way to make Medicare better for them and a way to make it last longer. Yes, seniors in Medicare today, they will tell you there are serious problems with Medicare. Fewer and fewer doctors are willing to see our seniors. There are complaints about service. This bill is increasing reimbursements to hospitals and health care providers, to these same hospitals that my friend from Texas talked about. But we are also adding something more important, a Medicare system you can count on for future years.

□ 1900

The way we do that is not, as my friend from Abilene, Texas, just said, sort of what has come to appear to be a tried-and-true tested way to scare our seniors by using the word ''privatize,'' by saying we are ending Medicare as we know it. The fact of the matter is we are creating Medicare the way Members of Congress know it. Where we have a choice of plans that have worked for years and years and years for us, that have worked very well for us, and the question still comes down to if we add a prescription drug plan, should we not make Medicare last longer and improve it? And why cannot seniors have the same type of choice of health care plans that Members of Congress have? I mean have they not earned it at this point in life? And we know from recent studies that this is a proven way to provide health care in a way that helps provide Medicare for years and years and years to come.

The sections that are being proposed to be struck today save costs for Medicare, make it more financially sound, and we have a prescription drug plan that they desperately need. We are putting Medicare on a sound financial basis that will last longer and be better. It allows taxpayers to share in the savings and, as beneficiaries, make the best choice for them, not what Washington wants. And it parallels the competition that we have in the plans that Members of Congress use. It creates a level playing field between traditional fee-for-service which our seniors can continue to choose, and many will, and private plans that offer more choices and lower costs over time. We are seeking these types of improvements because we know it is the only responsible way to help our seniors afford medicine costs and create a Medicare system they can count on for the future.

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

Mr. CARDOZA. Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. BROWN), a member of the Committee on Energy and Commerce, who has over the years become a leader in this body on health care in America.

Mr. BROWN of Ohio. Mr. Speaker, I thank my friend from California for his good work as a freshman in really stepping up and learning health care issues and fighting for the right causes in health care and protecting Medicare.

I would not expect the gentleman from Texas (Mr. BRADY) to know what his counterparts in the Committee on Energy and Commerce did. He is a distinguished member of the Committee on Ways and Means. But when he stands here and says that we just want to give to seniors what Members of Congress already get, he should know that the Committee on Energy and Commerce had an amendment, the Democrats in the Committee on Energy and Commerce, saying that every senior should get a plan at least as good as Members of Congress get, and it was voted down in a party-line vote. It was not the first time we had tried that. We had tried it other years. We will continue to try it. But the gentleman from Texas (Mr. BRADY) should remember that soon after the Medicare bill passed in the middle of the night, as all controversial bills pass in this body, by one vote, as almost all of them pass, and after Republicans surrounded a couple of Members on the House floor in the middle of the night, and convinced a couple of Republicans to switch their votes so they could get their bill through by one vote, he should remember a couple days after that, I believe the next week, that a Republican Congressman from, I believe, Virginia had legislation that said that we will not bring Members of Congress and Federal employees down to the level of the Republican Medicare plan. It was to protect those Federal employees, also protecting Members of Congress, but to protect them so they did not get a plan with this huge doughnut hole, this huge gap in coverage, with lots of out-of-pocket costs. My Republican friends did not want that plan for Federal employees and, I might add, for themselves.

This is the same Republican Congress where almost 200 Members of Congress voted for a pay raise for themselves and then a couple of months later voted against a $1,500 pay increase for our servicemen and women of Iraq, just to bring another issue which sort of hits home with a whole lot of us.

The fact is that Medicare works, Medicare is rock solid, it is equitable, it is dependable, it is flexible, it is

cost-efficient, it serves America's seniors so very well.

President Bush, when he unveiled his prescription drug plan, he said, If you want prescription drug coverage, Mr. and Mrs. Senior in this country, you have got to leave Medicare and go into a private HMO. Then he realized that did not sound too good. Even the privatizers on the other side of the aisle who want to turn Medicare over to the insurance industry, even they realized that was not going to work in an election year; so they backed off that plan.

But the fact is that H.R. 1 abandons Medicare as we know it, trades it in for a multi-health plan system we already know does not work, privatizes the system, turns it over to HMOs. That is why the Cardoza motion to instruct is so very important. That is why Members should support it if they like Medicare the way it is. But under their plan without the Cardoza motion to instruct, Medicare ends in 7 years. It is a bad idea. Support the Cardoza motion to instruct.

Mr. BRADY of Texas. Mr. Speaker, I yield myself such time as I may consume.

I think it is important to know that what we are talking about tonight is not about Iraq. It is not about congressional pay raises. It is about our seniors getting drug help for medicines that they desperately need and to make sure that we change and improve Medicare in a way that it lasts, in a way that they can count on for years and years to come.

It is true that an amendment was offered, and I always get a kick out of Washington. We think it is so important to score points against each other with amendments and clever motions on the floor. Our seniors, frankly, do not care about that. They need some help in buying medicines, and they need a Medicare system that will last long that they can count on. The fact of the matter is the amendment simply added costs to Medicare, did not add any of the improvements that would make it last longer. So bankrupting Medicare sooner is not something I would brag about, but in Washington people think that is clever.

Also, in Washington a big intent is SOS, scare our seniors, talk about how Medicare can never be made better, that there are no improvements, there are no other options to look at. But the fact of the matter is my colleagues on the other side continue to claim traditional Medicare is more efficient than the private plans that we as Members of Congress have. If that is the case, they have nothing to fear from the reforms and improvements in the Medicare bill.

If Medicare truly is more efficient than private plans, then the beneficiaries, our seniors, in competitive areas who remain in traditional fee-for-service will see their premiums go down; so they will benefit from this competition. We want to provide incentives for seniors to choose the best plan, the most efficient form of care, and if traditional Medicare is that, then they will be given incentives to remain in traditional Medicare through premium decreases. In other words, seniors will see their Medicare premiums go down, not up, and that will be a pleasant change for seniors. But if private plans like the ones Congress have can deliver Medicare service more efficiently, then we want seniors to have incentives to join those plans. We want them to have the choice to pick the plan that is best for them, not a one-size-fits-all from Washington.

These improvements are necessary to bring Medicare costs under control so it lasts longer, so it is something our seniors can count on. We are not scaring seniors. We are offering them the choices they deserve at this time in their life.

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

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

I would like to first assure the gentleman from Texas that I have not attempted to score debating points since I graduated from high school, and I think this issue dealing with Medicare for our seniors, prescription drugs for our seniors, is far too important to consider debating points. What we are concerned about is the fact that we have been excluded, predominantly, from a conference committee that is critically important to the vast majority of our seniors in this Nation. So this is the only method we have to have input into that conference process. I would also like to make the point that administrative costs in private plans are approximately 15 percent and under the Medicare system that we have in this country is probably one of the most efficient possible ways of delivering health care to our seniors. We only have a 2 percent administrative cost.

Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Mrs. CAPPS), my friend and colleague who has been a leader on the Committee on Energy and Commerce in fighting for maximum Federal dollars for Medicaid DSH hospitals.

Mrs. CAPPS. Mr. Speaker, I thank my colleague for yielding me this time.

Mr. Speaker, I rise in strong support of this Cardoza motion to instruct conferees on H.R. 1, the Medicare Prescription Drug and Modernization Act of 2003. I support it for what it protects, Medicare as we know it, and for what it supports, our underfunded DSH hospitals.

The House and Senate Medicare bills, as we know, would impose a privatization scheme on Medicare. This would jeopardize health care for our seniors and turn them over to the tender mercies of the private insurance industry whose strongest obligation is not to seniors but to their bottom line.

We created Medicare precisely because the private insurance industry cannot afford affordable health care for seniors, and recent experiences with Medicare+Choice simply reinforce that lesson. Covering Medicare beneficiaries is too expensive for private plans to justify to their investors, and this is especially true in rural areas, where the low population and the lack of providers has proved to be too high a hurdle for private plans. But in spite of this experience, the House bill would turn Medicare into a voucher program.

The Senate bill would simply pay HMOs more per beneficiary than the traditional fee-for-service Medicare costs, and this would result in what my colleague from Texas does not think will happen, but it is naive to assume that this bribery for the HMOs to take these patients would inspire patients to stay in traditional Medicare. Therefore, they would opt out and Medicare would end as we know it. Why not just stick with traditional Medicare as we have it now?

This is a waste of money, this plan to privatize, and the net result would drive premiums up for Medicare beneficiaries, way up. At the same time this Medicare modernization bill deals a double whammy to hospitals that deal with a disproportionate share of populations whose resources do not match their needs. These hospitals have suffered a cut of hundreds of billions of dollars in this bill because of efforts to limit spending on Medicare. So these cuts threaten hospitals' ability to provide health care for America's poor and uninsured, just when uninsured seniors will find themselves without the ability to pay for their medications. They are told that this is because the budget is so tight, we cannot afford to properly fix this problem. We simply should not be throwing money at the private insurance industry when so many hospitals are just struggling to stay open.

So I urge support for this motion to instruct conferees so that they will continue to support hospitals and patients over HMOs and protect our constituents from the ill-conceived changes which will eventually eliminate Medicare as we know it today.

Mr. BRADY of Texas. Mr. Speaker, I yield myself such time as I may consume.

Here we go again, trying to scare our seniors, privatizing, ending Medicare as we know it, all the phrases the pollsters have used and tested to make sure that we get a partisan message out rather than a drug plan for our seniors.

The truth of the matter is if we were to adopt this proposal tonight, Medicare would go bankrupt sooner. We would be adding the prescription drug plan that we seriously need, but we would not make any changes making Medicare better and last longer so that the next generation would have a Medicare system they can count on. The fact of the matter is we are not trying to end Medicare as we know it. We are trying to create it as Congress knows it, as Members of Congress have in the

health plans and choices we have today. The fact of the matter is that there is no effect on Medicare entitlement by the House plan. Seniors will have entitlement to defined benefits just the way they do today. They will have access to traditional fee-for-service Medicare all throughout the country. What they will have when we defeat this proposal, as we will later, is something they do not have today, which is a choice of Medicare plans, health care plans that are more to what they need, not what Washington needs, one that suits a changing senior population. Seniors, as my colleagues know, some of them are in very good health. Some of the seniors in my district have episodes in one-time, two-time types of illnesses. They have to treat other illnesses as they get older and move into more chronic care areas where it is a continual fight for a healthy life.

□ 1915

Having the types of choices the Members of Congress have, the types of health care plans we think are good enough for our families, but apparently some do not think are good enough for our seniors to have, those types of choices, I think our seniors deserve that.

More importantly, without these changes, without these improvements to make Medicare last longer and make it a better plan for seniors, we are simply bankrupting it sooner. We are abdicating our responsibilities as Members of Congress. We are not doing the right thing for seniors.

My thought is if someone promises you something that seems too good to be true, it usually is. Being responsible and adding a prescription plan that is affordable for future generations and improving Medicare in a way that keeps the costs down for future taxpayers, that is the responsible way of helping our seniors.

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

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

Mr. Speaker, I would respond to the gentleman from Texas by saying that those seniors in my district are already scared. They are scared about the fact that they cannot afford prescription drugs now. They are scared about the fact that all of the HMO+Choice plans have pulled out. They are scared about the fact that, in some parts of this country, it will be $53 a month, and in my district the administration says it will be $117 a month, which they do not know where it is going to come from.

Mr. BRADY of Texas. Mr. Speaker, will the gentleman yield?

Mr. CARDOZA. I yield to the gentleman from Texas.

Mr. BRADY of Texas. In the same setting, CBO estimates the premiums for fee-for-service Medicare may go down by $10 a month, or, at most, increase by $3 a month. It is much less variation than the CMS study that is cited here tonight.

The fact of the matter is that without some reforms to make Medicare better and last longer, premiums for taxpayers will go up and the whole system is going, frankly, to go bankrupt sooner.

I think one thing we share as Democrats and Republicans is wanting to try to find some way where we can make Medicare better and last longer. I do think that, despite our philosophical differences, we have some common ground in that area.

Mr. CARDOZA. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. SANDLIN), my fellow Blue Dog and a member of the Committee on Ways and Means.

Mr. SANDLIN. Mr. Speaker, I thank my friend from California for yielding me time.

Mr. Speaker, do we want to privatize Medicare? That is the question. It is as simple as that. Do we want to make prescription drugs available and affordable for senior citizens, or do we want to give money to HMOs to operate a plan for their profit? That is the question.

I rise today to join my colleagues in instructing the Medicare prescription drug bill conferees to reject the House-passed premium support provision, turning Medicare into a private voucher program, as well as the $6 billion wasted in the ill-conceived Kyl demonstration projects.

We have a clear responsibility as Members of Congress to improve Medicare, not to destroy it. Yet, if we allow the Republican leadership to continue on their dangerous path toward privatizing Medicare, our seniors' access to affordable health care will be compromised beyond compare. Further, Medicare's promise of equity will be ended in a regional free-for-all in benefits and prices.

The Republican leadership is playing games with the American public with their constant renaming of this ill-conceived proposal. We all know it. You can call it ''premium support,'' you can call it ''comparative cost adjustment,'' you can call it a ''voucher program.'' Heck, you can call it ''Ray'' or you can call it ''Jay,'' but it is the same thing. Starting in 2010, our seniors will no longer be entitled to a Medicare defined benefit. It is as simple as that. How is that fair? Importantly, contrary to what my good friend from Texas said, it is estimated that the average Medicare premium will rise by 25 percent under the Republican plan, and some up to 88 percent in rural areas.

Mr. Speaker, as you know, over 80 percent of rural Medicare beneficiaries live in an area that private insurance companies have made a choice not to serve at all. Now, how is that fair?

What about this Kyl demonstration project, Mr. Speaker? What is that all about? The Kyl demonstration project follows the same destructive path towards anti-consumer, anti-senior, anti-hospital, pro-private insurance company, HMO legislation. That is what it is. Under this proposal, private plans will be paid significantly more than it costs under Medicare to deliver the same service. Are we expected to believe that we are going to save money by spending more money for the same services? Is that what it is all about?

Just think what Congress could do if we freed up this money. I am sure our cash-strapped hospitals at home would not mind the money, particularly those in desperate need of improved DSH payments.

I can say with absolutely certainty in East Texas that the Atlanta Memorial Hospital, the East Texas Medical Center in Athens, Hopkins Memorial Hospital, Nacogdoches Memorial Hospital, Presbyterian Hospital of Greenville, Roy H. Laird Memorial Hospital and Titus County Memorial Hospital, they would be relieved and happy to receive this additional funding.

We should ensure that we retain the House provision in H.R. 1 that prevents cuts in Medicaid DSH payments. Furthermore, we should include the Senate provision that provides critical DSH increases for 18 ''Low DSH'' States.

Mr. Speaker, it is clear, our senior citizens and our hospitals and our rural communities need our help. The HMOs are doing just fine without us. I urge my colleagues to stand up for seniors, stand up for our hospitals, stand up for our rural communities, and vote in favor of the Cardoza motion. That is our obligation. That is our responsibility.

Mr. BRADY of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, let us clear up the facts again so we do not continue to scare our seniors for political purposes. The fact of the matter is that the Medicare entitlement has not changed. Medicare seniors will be able to choose the same fee-for-service they have for years. They will be able to choose it all throughout the country. The proposal we are talking about tonight actually saves money and lengthens the solid stability of Medicare.

The fact of the matter is when you hear Members talk about ''we do not want to privatize Medicare,'' what they are saying is we do not want to provide the same choices the Members of Congress have. When they talk about giving money to the big, bad HMOs, they do not say, just like we do in the plans of Members of Congress.

The fact of the matter is that in this proposal the reforms we are offering, the choices, are that we are giving seniors an opportunity to choose the plan that is best for them, plans like we have for our families here in Congress, but apparently we do not want to offer for our seniors.

What we do know from history is two things: One is that low-income seniors, when they have a choice between just Medicare and other plans, they choose the other plans, because they get better value for their money, better health care, and we can make Medicare last longer.

The other point is the recent study that showed when you compare 20 years of Medicare costs against the 20 years of Congress' health care plans and that of our Federal employees, the Medicare plan provided less health care at a higher increase in costs than the private plans that Members of Congress rely upon that we are going to start offering, where possible, for seniors, where we have got more health care and the costs did not increase as much.

If we want to be responsible about adding senior prescription costs for our seniors, we also have to be responsible about giving them the reforms to make Medicare better and make it last longer, because if we accept proposals like this, frankly, we are going to hasten the bankruptcy of Medicare, not extend it.

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

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

Mr. Speaker, I would respond to the gentleman from Texas by saying it is my understanding that we have offered to do the Congressional plan both in committee and here on the floor, and I would just say to the gentleman from Texas that I would be happy to join with him in this. In fact, the gentleman from Texas is in the majority, and he could propose that proposal tonight, if he so chooses.

Mr. Speaker, I yield 3 minutes to the gentlewoman from Indiana (Ms. CARSON), whose district is faced with a growing problem of uninsured.

Ms. CARSON of Indiana. Mr. Speaker, certainly my heartfelt thanks go to my colleague the gentleman from California (Mr. CARDOZA) for bringing this important issue to the attention of the United States Congress.

The gentleman from California (Mr. CARDOZA) himself is the beneficiary of quality health insurance, yet he is standing here tonight on behalf of the millions of Americans who do not have adequate insurance, who are either under-insured or have no insurance, and the $6 billion that this bill spends on vouchers certainly could be put to better use.

Let me explain very briefly about the Nation's DSH hospitals that need help right now. Let me use my own hospital as an example. Wishard Memorial Hospital, located in Indianapolis, is a Disproportionate Share Hospital and the fifth largest provider of outpatient indigent care nationwide. It is 144 years old and had some 850,000 patient visits in 2002, and that included a 19-percent increase over the prior year for indigent care.

Nine out of every ten of Wishard's patients receive health care through Medicaid or Medicare or are completely uninsured. Wishard collects, on average, 10 cents on the dollar from people who have no insurance. As a result, Wishard has one of the lowest private pay rates in the country. This fact makes it almost completely dependent upon the funding that it receives from the Disproportionate Share Hospital formula, leaving the hospital with virtually no means to make up for the financial losses.

Without Wishard Memorial's services, Indiana's healthcare system would be plunged into crisis. The magnitude of the ripple effect caused by its collapse would be felt by hospitals and clinics throughout Indiana as Wishard's indigent patients seek care elsewhere.

Wishard Memorial's demise would do significant damage to medical education, homeland security, and indigent care in Indiana.

Wishard's indigent care comprises of almost 850,000 annual patient visits.

The hospital contains one of only two adult level-one trauma centers in Indiana.

The hospital operates the largest adult burn unit.

The hospital provides the most mental health and psychiatric services to indigent patients.

The hospital is the medical facility in Marion County for bioterrorism and smallpox preparedness and response.

Two-thirds of Indiana's medical students are trained at the hospital.

The hospital expects to end this year with a shortfall of about $35 million and has started next year planning to spend $54.3 million less than this year.

Wishard provided $66 million in care to uninsured people in 1996. That figure jumped to $118 million last year.

I want to thank members of the Indiana delegation, Representatives BURTON, SOUDER, PENCE, CHOCOLA, VISCLOSKY and HILL for their continued support of Wishard Memorial Hospital.

I urge everyone to support this motion to Instruct. Our nation's Disproportionate Share Hospitals are in desperate need of your help.

Mr. Speaker, this is why I am so grateful to the gentleman from California (Mr. CARDOZA) for bringing this issue before the ears and eyes of America, and certainly before the United States House of Representatives, who can, in fact, see something that is broken and can fix it.

Mr. CARDOZA. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. STRICKLAND).

Mr. STRICKLAND. Mr. Speaker, I thank my friend for yielding me time.

Mr. Speaker, my friend from Texas said earlier we are not talking about a Congressional pay raise, but it is relevant, because the American people need to know that we are not willing to provide them with what we provide for ourselves. In this Chamber we voted to give ourselves a pay raise, and we voted to deny our soldiers a $1,500 pay increase. That is relevant to this discussion.

We have a pretty good health plan here. I think it is fairly well subsidized by the taxpayer. We are not willing to do that for America's senior citizens.

We need a Medicare program that is predictable, affordable, stable and secure. That is what our forebearers have given us, and that is what we need to hold on to.

My friend from Texas said we would hasten the destruction of Medicare. You know what will hasten the destruction of Medicare? Your party's raiding the surplus and using it for other purposes. That will hasten the demise of Medicare.

My seniors are pretty wise. They know what is going on up here. They know that we want to privatize this system, this system that they love and depend upon, and that we want to, by 2010, take away this guaranteed benefit. Quite frankly, America's seniors are going to storm this place when they find out what is happening. They will not tolerate these misstatements, this distortion, this exaggeration.

Quite frankly, if we allow the Republican Party under the leadership of this administration to do what they want to do, we will not have Medicare by 2010 as we know it today. Can you imagine what this country would be like without Medicare? Well, if your party has its way, I am afraid America's senior citizens are going to find out. That is why we ought to do the right thing here tonight and accept this motion to recommit.

Mr. BRADY of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, here is a lesson on how to scare seniors in three easy steps:

Tell them you are going to privatize Medicare. Do not tell them we are going to offer the same choices that Members of Congress have.

Tell them we are going to provide vouchers for Medicare. Do not tell them we are going to offer them the same types of choices that Congress has.

Tell them we are going to end Medicare as you know it, but do not tell them we are trying to offer Medicare the way Members of Congress have health care.

What they will not tell you, because it will actually reassure our seniors, is that the bill that we passed in this House, the bill that we are discussing tonight, says it clearly: There will be no change in Medicare's defined benefit package. Let me say that again: No change in Medicare's defined benefit package.

We are not ending Medicare as people know it; we are offering more choices and better Medicare. ''Nothing in this part shall be construed as changing the entitlement to defined benefits under Parts A and B of the Social Security Act.''

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The fact of the matter is, I think my friend, the gentleman from Ohio (Mr. STRICKLAND) said it best when he said we are not prepared to offer seniors what we have. Well, Members on this side of the aisle, we are. We know that the health care choices we have as Federal workers and Members of Congress should be the choices our seniors have, and that is what this debate is about tonight.

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

Mr. CARDOZA. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the distinguished gentleman from California for yielding me this time, and I thank him for his leadership on this motion.

I am delighted that my good friend from Texas, and we are good friends, put on the record that there will be no change in the Republican bill on defined benefits. That means that our seniors know what they are talking about. They are against that bill, because they will not get a prescribed, guaranteed Medicare prescription drug benefit as it now stands.

So the reason why we have a motion to instruct is because we are fighting not to privatize Medicare and, in so doing, I say to my colleague, the gentleman from California (Mr. CARDOZA) has rightly suggested that the premiums that we will save, we can then invest in our DSH hospitals who are suffering and whose doors are closing.

I want a guaranteed prescription drug benefit, Medicare prescription drug benefit, and I am committed to working with the gentleman from California (Mr. CARDOZA) and my friends on the other side of the aisle to get what seniors understand is realistic, something this Congress, Republicans and Democrats, have promised for over 10 years.

But as we are working now, it is important, since we are locked out of the conference, that we instruct them to recognize the importance of helping the suffering hospitals that I have in my district. Northwest Memorial Hospital, which I had a chance of visiting, has an enormous caseload of uninsured patients, if you will, or uninsured individuals in their service area. They have a desire to have a prenatal clinic that will serve a number of individuals, including our Hispanics and other minorities in the area. They cannot do it because they do not have the money.

Mr. Speaker, let us support this motion to instruct that provides the resources to help our hospitals from closing their doors.

Mr. BRADY of Texas. Mr. Speaker, I yield myself the remaining time, and I will be brief in closing.

The fact of the matter is that the section I read, this law, this very thick law deals with existing Medicare today, where we offer reassurance to seniors that there will be no change in those defined benefits. But the rest of that very thick bill talks about two things. The way that we can help seniors finally pay for the prescription costs that are so valuable to them, but so expensive, and, in a way that we are talking about tonight, we can offer seniors new choices in health care plans while we are making Medicare last longer and perform better.

This is the issue we have before us tonight: whether we are willing to just simply add prescription drugs to Medicare, a load that will be too large when our baby boomers, our next generation come to rely upon Medicare; or do we add prescription drug coverage in a way that we also improve Medicare, where we make it last longer, where we make it a better system for our seniors, one that the next generation can count on; where we give the reforms and offer the choices that Members of Congress and our Federal workers have; where it is not Washington one-size-fits-all plans; where we do not dictate to people and mandate to people; where we do not ration the health care; where we do not tell them what is best for them; and where the bureaucracy does not get in-between the doctor and the patient.

Mr. Speaker, our seniors want help with prescription coverage, but they also want a Medicare system they can count on for years and years and years to come. These reforms, these improvements will lengthen Medicare, make it a better health care system, offer new choices for seniors who want them, and offer the types of choices the Members of Congress have. That is the debate tonight.

It all comes down to this: why is the health care system we have good enough for us in Congress, but not good enough for our seniors back home? My answer is that it is. They ought to have those same types of choices. They have earned it. They deserve it. And we are going to have a system that is not only better, but will last a long, long time.

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

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

I would first like to thank all of my colleagues who spoke on behalf of this motion today. I would like to thank my colleague from Texas (Mr. BRADY) from across the aisle for participating in this debate. We may differ in our opinions about which way is the best way to reform Medicare, but I appreciate his willingness to engage, in any case.

I would like to urge my colleagues on both sides of the aisle to consider supporting my motion to instruct. The premium support provisions in both the House and Senate versions of this bill are a recipe for disaster for our seniors. If premium support is enacted, our seniors will be subjected to vastly different premiums and benefits depending on where they live, they will be forced to assume all the risks associated with health care, and they will most likely lose their ability to choose their preferred doctor and hospital, that is, if the private plans even participate.

In my district, all but one of the supplemental private insurance plans we have once had have pulled out of our area, leaving my constituents in a serious lurch. Let us not take this giant risk again, Mr. Speaker. Let us instead spend our resources helping our safety net hospitals survive. DSH hospitals are the backbone of our communities, and the number of uninsured continue to grow, as do their responsibilities to serve these populations. My motion retains the best provisions from both the House and Senate, and allocates any monies saved from dropping premium support to DSH hospitals across the United States.

Mr. Speaker, I urge an ''aye'' vote.

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

The SPEAKER pro tempore. Without objection, the previous question is ordered.

There was no objection.

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

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

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

The yeas and nays were ordered.

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

PROPOSED USE OF DISTRICT OF COLUMBIA PUBLIC SAFETY FUNDS RELATED TO TERRORIST THREATS—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 108–140)

The SPEAKER pro tempore (Mr. PEARCE) laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on Appropriations and ordered to be printed:

To the Congress of the United States:

Consistent with Division C, District of Columbia Appropriations Act of Public Law 108–7, the Consolidated Appropriations Resolution, 2003, I am notifying the Congress of the proposed use of $10,623,873 provided in Division C under the heading ''Federal Payment for Emergency Planning and Security Costs in the District of Columbia.'' This will reimburse the District for the costs of public safety expenses related to security events and responses to terrorist threats.

The details of this action are set forth in the enclosed letter from the Director of the Office of Management and Budget.

GEORGE W. BUSH.

THE WHITE HOUSE, *November 6, 2003.*

CONFERENCE ON THE CHANGING NATURE OF THE HOUSE SPEAKERSHIP

(Mr. DREIER asked and was given permission to address the House for 1 minute and to revise and extend his remarks and include therein extraneous material.)

Mr. DREIER. Mr. Speaker, it is among my duties to keep in mind the historical precedents of this body when