later today. These building blocks will continue to provide substantial stimulus over the coming months.

Most importantly, we must remember that America's strength comes from its workers, its small business owners, and its families dedicated to a better way of life. As a Congress, we must continue to assist our working men and women by removing the obstacles so they can capture the American dream.

NEVER NEVER LAND OF CORPORATE WELFARE

(Mr. EMANUEL asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. EMANUEL. Mr. Speaker, my colleagues on the other side of the aisle always talk about being the protectors of the free market system and believes if the free market would operate without government hindrance, business would be fine and society would be fine.

This week this House passed an energy bill that gave $20 billion of taxpayer money to companies to do drilling for oil, do their basic services, when they should be doing that on their own without taxpayer subsidies.

Now, we are about to pass a prescription drug bill that pays HMOs $80 billion to provide health insurance.

These are the bastions of capitalism? We used to have ''end welfare as we know it.'' This is a new form of welfare. These are businesses who have come to rely on the government subsidies as the only way to operate their businesses. I think that today, rather than being the culture of the protectors of capitalism and the principles of capitalism, the Republican Party has become the bastions of the culture of welfare and we need to end welfare as it is being abused in our society.

Lately, the way I have seen our government turn into literally a culture of welfare for corporate and special interests, I am beginning to think that we have been caught captive in the Never Never Land. It is not Michael Jackson, it is us who have been caught here in this culture of welfare that has come to dominate and be used by businesses that have come to rely on the government, and the taxpayers more importantly, to afford their basic bottom line.

ADOPTION INFORMATION ACT

(Mrs. JO ANN DAVIS of Virginia asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. JO ANN DAVIS of Virginia. Mr. Speaker, this Saturday, November 22, numerous organizations will join together in celebration of National Adoption Day to recognize the many blessings afforded by adoption. In honor of this day, I would like to draw attention to a bill that I introduced this year that seeks to raise awareness of adoption, the Adoption Information Act, H.R. 1229.

Essentially, the Adoption Information Act would require all federally funded clinics to provide a detailed pamphlet of adoption referral information to all people seeking family planning services. All too often, women seeking pregnancy counseling do not receive all the information necessary to make an informed decision. Information on what adoption is and referral for adoption services are rarely discussed at all, and when they are that information is often inaccurate and incomplete.

H.R. 1229 aims to ensure that women are empowered with the accurate and complete information they need to make informed decisions.

Mr. Speaker, I urge my colleagues to support the Adoption Information Act.

FIRST DO NO HARM

(Mrs. CHRISTENSEN asked and was given permission to address the House for 1 minute.)

Mrs. CHRISTENSEN. Mr. Speaker, I want to respond to one of my physician colleagues who was on the floor last evening and speak to others who think that they and we ought to support the conference report on Medicare reform. One of the most important tenets of the oath we take as physicians is that we must do no harm. This is to guide us in our practice and our interactions with both our patients and society.

The Medicare bill that will be before us today will do much harm by threatening to take away retiree prescription drug coverage. By refusing to provide wraparound coverage for poor seniors and disabled on Medicare, it will exclude many poor, disabled, and elderly by means testing, and most of all it will begin to destroy this important program which so many depend on and need.

Mr. Speaker, if this bill were to pass tomorrow, it would not help one senior next year. We have time to do it right and fulfill the promise we made to provide a comprehensive plan. Physicians, do not allow our profession to be used to pass a bad bill or hurt our patients.

I urge physicians to call their representatives and tell them to vote ''no.'' I urge my colleagues to vote ''no.''

Whether physician or Member of Congress, above all we must do no harm.

PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

Mr. SESSIONS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 456 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 456

Resolved, That it shall be in order at any time on the legislative day of Friday, November 21, 2003, for the Speaker to entertain motions that the House suspend the rules. The Speaker or his designee shall consult with the Minority Leader or her designee on the designation of any matter for consideration pursuant to this resolution.

□ 0915

The SPEAKER pro tempore (Mr. SIMPSON). The gentleman from Texas (Mr. SESSIONS) is recognized for 1 hour.

Mr. SESSIONS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), 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 only.

Mr. Speaker, this rule provides for suspensions that will be in order at any time on the legislative day of Friday, November 21, 2003. It also provides that the Speaker or his designee will consult with the minority leader or her designee on any suspension considered under the rule.

Mr. Speaker, as I noted yesterday, the Republican leadership of this House has set out on an aggressive legislative plan for this week on behalf of the American people. The goal of this plan is to pass a number of bills over the next few days which will dramatically improve the quality of life for all Americans.

This week we have already succeeded in passing an energy conference report that will bring our Nation's outdated energy policy into the 21st century through comprehensive legislation that promotes conservation, reduces America's growing dependence on foreign oil, and creates new jobs and cleaner skies.

Today we will consider legislation to make sure that America uses best practices technology and procedures to prevent tragic wildfires, like the ones that California just suffered through, from ravaging our Nation's forests. This important bipartisan legislation takes a healthy step forward in providing a better approach to addressing the problems that have to date prevented the proper management of forest health on private forest land.

This bill creates new programs to detect and suppress dangerous forest pests. It also creates two new programs which help family forest owners to manage their forests, protect watersheds, and help to protect wildlife on private lands. Both of these programs use a nonregulatory, incentive-based approach to promote conservation, rather than a top-down, one-size-fits-all regulatory approach.

For the balance of the week, we are slated to consider legislation to, among other things:

Number one, to authorize spending levels for the intelligence activities we need to win the war.

Number two, to reform Medicare to make sure that more of our seniors have the prescription drug coverage that they need while giving them much more and more choices for their health

care coverage, and also to allow all Americans to begin planning for their health needs through savings accounts that can be purchased, can grow, and can be used on a tax free basis.

Number three, and to provide for a uniform national credit reporting system that ensures that consumers are protected from identity theft while giving them access to the fast and reliable credit that makes our economy the envy of the world.

I understand that Members on either side of the aisle may have different views about how to address each of these issues that I have talked about, but we will have an opportunity to hear a great deal of debate from both sides over the next few days on each one of these issues, and so many other things. However, a great deal of the legislation that the Republican House leadership has also scheduled on behalf of all Americans has broad support from both the majority and the minority, and in an attempt to make sure that this important work is finished by the end of this legislative week as well, we are here today to pass a rule to provide for the consideration of those bills.

Mr. Speaker, this balanced rule provides the minority with the ability to consult with the Speaker on any suspension that is offered, ensuring that their input and views are duly considered before any legislation considered under this rule is brought to the floor.

Mr. Speaker, I encourage my colleagues on both sides of the aisle to support this uncontroversial and balanced rule which passed yesterday by a voice vote.

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

Mr. MCGOVERN. Mr. Speaker, I thank the gentleman from Texas for yielding me 30 minutes, and I yield myself such time as I may consume.

Mr. Speaker, we have no objection to this rule which would allow for this House to consider suspension bills today. We are not going to ask for a vote. There is no controversy over this and there is no reason to debate this. But I do want to just take a couple of minutes to alert my colleagues to something that I think is quite serious, and that is the fact that we probably some time today will consider the so-called Medicare prescription drug bill.

Mr. Speaker, this bill, if I understand correctly, was filed at about 1:20 a.m. this morning and under House rules, Mr. Speaker, all Members of this House, Democrats and Republicans, are supposed to have 3 days, 3 days to review any conference report so they can actually read what is in it so that they will know what, in fact, that they are voting on. It is obvious, as has been the case so many times over and over, that the Republican majority is choosing to ignore the rules of this House and it is particularly disturbing that they have chosen to do so once again with regard to a bill that I think is so very important.

This is a bill, in my opinion, that is going to end Medicare as we know it. It is going to privatize Medicare and is not going to provide our senior citizens with the prescription drug benefits that they expect. But yet we are rushing it to the floor with very little consideration and with almost no opportunity for Members to know what is in it.

Mr. Speaker, let me read today the lead paragraph in an editorial that appeared in today's Washington Post. ''Before we say anything else about the Medicare bill that the House-Senate conference committee approved yesterday, it is important to point out that the process by which this bill was created hardly reflects well on our political culture. This is an extremely expensive, 1,100-page bill that will have a profound effect on the Nation's fiscal and physical health and although it was not finished until yesterday afternoon after several months of a largely secret conference, last night House leaders were planning to bring it up for a vote tomorrow. If they do, most Members will have no real idea of what they are voting for or against.''

Now, my colleagues on the other side will say, gee, we are coming up to Thanksgiving and we all need to go home and we need to get everything done before Thanksgiving. Well, most Americans have a couple of days off at Thanksgiving and then they go back to work the following week. There is no reason why this House cannot go to work the following week and do the people's business and do it right.

One of the problems with not being able to read bills before they come to the floor is that oftentimes days later, weeks later, sometimes months later we find out that there are little goodies, special interest provisions that are hidden in these bills that are very expensive, that help one particular special interest, but do great harm to the American people.

Mr. Speaker, I do not want anyone to have an excuse that they do not know what is in this bill. And there are people on the other side of the aisle who also had requested early on that we have at least 3 days to review this important piece of legislation. I think it is unfortunate that we are moving today on a very important piece of legislation, a bill, as I said before, that in my mind undermines one of the most important and successful social programs in the history of this country, and is being rushed to the floor without giving Members or their staff the opportunity to read the bill or to go home and check with their constituents.

In case my colleagues forgot, constituents are the people who elect us. We are supposed to be serving constituents who have elected us to this high office, and I think we are doing a great disservice to those by allowing this Medicare bill to come to the floor without at least respecting the rules.

Mr. Speaker, let me finally say if my Republican colleagues want to continue to waive these rules and not report rules, why do they not just repeal all the rules? There is no sense to have rules of this House if they are not going to follow them.

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

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

Mr. Speaker, the gentleman from Massachusetts (Mr. MCGOVERN) is exactly correct. We are going to this morning, in about 35 minutes, walk upstairs here in the Capitol. We are going to go to the Committee on Rules. Our young chairman, the gentleman from California (DAVID DREIER), will open up the meeting where we will be open for debate and I am sure controversy. But most of all, it will be part of the process that has been something that the Committee on Rules in this House has done for a long time, and that is follow through with the process to make sure that people at 10 o'clock Eastern time in Washington, D.C., and Members of Congress have a chance to walk upstairs and to talk about this bill and to present their ideas and to talk about what this conference report is all about.

Obviously, this conference report is debatable. It is nonamendable. It will be an up-or-down vote. This is part of a process that has taken place where Members of this great body, with our colleagues on the other side of the Capitol, the Senate, got together, worked through problems. But I think that if we were trying to wait until today, as my colleague from Massachusetts would suggest, to find out what people want back home, I think we have made a terrible mistake. I think Members on this side of the aisle have already gone home and listened to people. That is what this is about, to be a body that has heard people. And we have passed not only this legislation as a result also of consultation back home, but even last January when we handled the budget we talked about what we thought this bill would look like. And, of course, our colleagues on the other side of the aisle, said there is no way that we could do that. We just would never pull that off.

Well, Mr. Speaker, today it looks like we have. And I would like to describe a little of what we pulled off. We will hear the details at 10 o'clock upstairs, but those details essentially include competition in the area of health care. This competition that we are talking about, which will be debated up in the Committee on Rules, is about allowing families back home, including people who may not be in Medicare yet, to begin saving for their future. We are going to have something that is called health savings accounts that were previously known as MSAs. These health savings accounts are going to allow people to save on a pre-tax basis and then save this money on a tax-free basis and then spend it in health care on a tax-free basis.

Why is this important? This is important because over the lifetime of a person and their family they will be able to prepare with this money for what their needs are going to be for health care. Why is that important? That is important to our Nation because a consumer that has money in their pockets can make wiser decisions, rather than showing up in a system like Medicare where many times they cannot even find where their doctor accepts Medicare.

This will change health care for this country as we continue on a moving-forward basis. It empowers people. We think it is the right thing. We think that is what people are asking for back home.

Mr. Speaker, on the prescription drug angle, no question in my mind, the Washington Post is probably right. Oh, my gosh, this is an expensive bill. But you know what? We did it in a way that will help people who need the most help and I am proud of that.

So, Mr. Speaker, I know that my friends want to talk about all the things that are going on up in the Committee on Rules here in just a few minutes. I can assure them and the American public that what we are all about is about process and doing the right thing for people back home.

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

□ 0930

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

Mr. Speaker, I appreciate the gentleman from Texas' comments, but he missed the whole point of what I was trying to say. On substance, we will debate that later.

This bill is a lousy bill. It privatizes Medicare. It does not provide our seniors with a prescription drug benefit that they believe they are going to get, and that they expect and deserve. This is a lousy bill.

But what I was talking about was the process. We will talk about the substance later. This process stinks, and the bottom line is that you and the majority continually ignore the rules of this House or waive the rules of this House.

The rules are that when you file a conference report, you are supposed to have 3 days to review it. This was filed, this important historical legislation that you talk about, was filed at 1:20 a.m. in the morning. All right. I do not know whether you read the whole thing, but I am going to tell you, most Members on both sides did not.

Let me read you a letter that was sent to the gentleman from Illinois (Speaker HASTERT); to the gentleman from Texas (Mr. DELAY), the majority leader; and to the majority whip, the gentleman from Missouri (Mr. BLUNT).

Dear gentleman: We write to request that if the conferees on the Medicare Prescription Drug and Modernization Act of 2003 report to the House a conference report, that copies of the text of the conference report, the text of the explanatory statement and the text of the Congressional Budget Office cost estimate for the conference report be made available to all Members at least 3 calendar days after filing, excluding Saturdays, Sundays and legal holidays, unless the House is in session on those days, and prior to consideration of the conference report or to any measure reported from the Committee on Rules providing for the consideration of the conference report.

''The general public will evaluate not only what Congress does regarding Medicare and prescription drugs, but the way in which it does it. A bill proposing such substantive changes to its Medicare system and costing an estimated $400 billion over the next decade deserves the careful and thoughtful consideration of all Members.''

It goes on and on. I will include this letter for the RECORD, Mr. Speaker.

OCTOBER 29, 2003.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives, Washington, DC.
Hon. ROY BLUNT,
Majority Whip, House of Representatives, Washington, DC.
Hon. TOM DELAY,
Majority Leader, House of Representatives, Washington, DC.

DEAR GENTLEMEN: We write to request that if the Conferees on the Medicare Prescription Drug and Modernization Act of 2003 report to the House a Conference Report, copies of the text of the Conference Report, the text of the explanatory statement, and the text of Congressional Budget Office cost estimate for the Conference report be made available to all Members at least three calendar days after filing (excluding Saturdays, Sundays, and legal holidays, unless the House is in session on those days) and prior to consideration of the Conference Report or to any measure reported from the Committee on Rules providing for the consideration of the Conference Report.

The general public will evaluate not only what Congress does regarding Medicare and prescription drugs, but the way in which it does it. A bill proposing such substantive changes to the Medicare system and costing an estimated $400 billion over the next decade deserves the careful and thoughtful consideration of all Members.

Allowing Members adequate time to properly evaluate the Conference Report will avoid a needless and difficult internal fight on the Rule, and allow Leadership to concentrate its efforts on final passage of the Conference Report. It will also lead to more public confidence in the legislative process and greater acceptance of that process' final product.

Therefore, while some of us are likely to support and others to oppose the Conference Report on H.R. 1, each of us strongly urges you to abide by regular order and provide at least three calendar days for Members to review the Conference Report and materials necessary to properly evaluate the Conference Report.

Sincerely,

Mr. John Kline, Mr. C. Michael Burgess, Mr. Randy Neugebauer, Mr. Johnny Isakson, Mr. Tom Tancredo, Mr. Dave Weldon, Mr. Virgil H. Goode, Jr., Mr. Donald Manzullo, Mr. Jim Ryun, Mr. Todd Akin, Mr. Gil Gutknecht, Mr. Ernest J. Istook, Jr., Mr. Jeff Flake, Mrs. Sue Myrick, Mr. Jeff Miller, Mr. Phil Crane, Mr. Trent Franks, Mr. Mike Pence, Mrs. Marilyn Musgrave, Mr. Pete Hoekstra, Mr. Joseph R. Pitts, Mr. Scott Garrett, Mr. Tom Feeney, Mr. Kevin Brady, Mr. Roscoe Bartlett, Mr. William ''Mac'' Thornberry, Mr. Tim Murphy, Mr. Steve King, Mr. Ron Paul, Mr. Johnson Boozman, Mr. John Culberson, Mr. J. Gresham Barrett, Mr. John Carter, Mr. John N. Hostettler, Mr. Devin Nunes, Mr. J. Randy Forbes, Mr. Mark E. Souder, Mr. Jim DeMint, Mr. Mark Kennedy, Mr. Charlie Norwood, Mr. Chris Chocola.

This was signed by 41 Republican Members of this House, and it is clear by the fact that we are moving in the fashion that we are today that not only do you not care that those of us on the Democrat side feel it is important, but you do not even care what your Republican Members think with regard to being able to read this bill.

So, Mr. Speaker, I would say to my colleague from Texas, what I am complaining about right now is the process, and on a bill this important, Members, staff and our constituents deserve to know what is in this bill. Quite frankly, the sound bites and the press releases from the leadership of this House, from the gentleman from California (Mr. THOMAS) and others, that does not cut it. We have been there, we have done that before.

What we need to do is read the fine print to find out what other special interest goodies are tucked in there for the pharmaceutical industry or the HMOs.

Mr. Speaker, I yield 4 minutes to the gentleman from California (Mr. GEORGE MILLER)

Mr. GEORGE MILLER of California. Mr. Speaker, I thank the gentleman for yielding me time. I think he makes a very important point.

We thought we had an agreement. In fact, we had the word of the Speaker of the House there would be a 3-day layover period for this legislation so Members and interested parties could read this legislation to discover exactly what is in it.

The Republicans make a great deal out of the fact that this bill will provide for competition. We know it will not provide for price competition on pharmaceuticals, because it specifically prohibits price competition. It does not let the Secretary of Health and Human Services negotiate lower prices, lower costs, for senior citizens in the Medicare program.

But, interestingly enough, Mr. Speaker, and maybe every Member of Congress will want to read the bill very closely, the gentleman on the other side says what we do here is we promote competition. We are going to put in place private health plans that are going to compete with Medicare, and people are going to get better services, more services, at a lower cost.

Now, that is an interesting notion of competition. I don't know where the free market is, but they decided now in this bill that they are going to have to give these plans almost a 30 percent increase, more than they pay for Medicare, to try to make these plans run. But this competition is such a good idea, and it is pushed by the Republicans. The victims are going to be the

senior citizens, but the Republicans are saying this competition is a great idea.

Well, I want to tell my Republican friends in the House who have not read the bill, pick up the Wall Street Journal today. See what your Senators have done. This is a great bill for competition. It is so good, it is so good, that Senator GORDON SMITH of Oregon, Senator KYL of Arizona, Senator SPECTER, and there is one other Senator whose name I cannot pick out of the story here, have decided it is so good, they have excluded their areas in their States from the competition.

They say, ''Oh, no, you are not going to do this in my area. You are not going to do this with my senior citizens.'' The Senators apparently are a little closer to the process here, and they have read the bill. They said, ''You know, we had one of these demonstrations a number of years ago, and it blew up in our face, both in terms of cost and in terms of services to the senior citizens.''

So, Senators, you know how they make their deals over there; we cannot do this over here because of the Committee on Rules, they got in there in the last minute and said, ''Exclude my area in Pennsylvania, exclude my area in Arizona, exclude my area in Oregon. I am not having any of this competition for my senior citizens. Just those lucky-duckies over there in the House that have one of these competition plans lands on their congressional district. Then we will see how it goes.''

That is why you want to read the bill. That is why you want to be able to have a 3-day layover period to protect the rights of every Member of this House and the constituents and the people that they represent in their congressional districts.

But the arrogance of this leadership, the arrogance of the Speaker, the arrogance of the Committee on Rules just constantly suggests that democracy means very little to them; the rights of each and every Member mean very little to them. They now have the power, the Republicans have the power, and, with that power, slowly has come arrogance. And they have decided that there is no reason for debate; there is no reason for us to be able to try to tell the American people what is in this bill before we vote on it so maybe they can participate.

They want to run the Congress like AARP runs their organization; one person at the top makes a decision, and 30 million people out there are put in jeopardy. That is not the democratic process. That is not the democratic process.

I cannot wait to see the Constitution you guys want to write in Iraq. If this is what you are doing to the People's House on the most important piece of social legislation in this country, you want to shut down debate, you do not want to give people time to read it.

If you cannot read the bill, my colleagues in the House, read the Wall Street Journal. Read the Wall Street Journal, because maybe you, too, can scramble up to the Committee on Rules in the next hour and get an exemption from competition like those wonderful, powerful Senators have done. Do not read the bill, read the Wall Street Journal.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SIMPSON). The Chair would remind all Members that they should refrain from improper references to Senators.

Mr. GEORGE MILLER of California. Mr. Speaker, I do not know how to identify them if I do not identify them by name.

The SPEAKER pro tempore. The Chair would remind all Members they should refrain from identifying individual Senators by name.

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

Mr. Speaker, this competition angle is an important part of what this Medicare bill will be. You see, we Members of Congress that occasionally go home who are aware of the things that happen at home in the real marketplace, some of those things that are very exciting in the world of competition are happening in health care. They are happening all across this country.

Sometimes when you go home and you open up a newspaper, or you watch on TV and they talk about LASIK eye surgery. LASIK eye surgery used to be $1,200 an eye. Due to competition, due to machines, due to procedures now becoming available, they are $299 an eye. That means that as a result of competition, as a result of physicians, medical doctors, learning how to do these procedures, we have sent these teachers all across the country, and they have perfected this technique. That is an example of where competition does work. Over 1 year these surgeries have gone from over $1,200 to $299 an eye. We think competition will be a huge part of the success of this Medicare bill.

But let us go back to the process. The process is that this has been debated not only in the public and in newspapers and TV and on this House floor since January, or before, when many of our colleagues on the other side were saying, where is that prescription drug bill? Where is that prescription drug bill?

Mr. Speaker, we now have it on the floor of the House of Representatives. It will be in the Committee on Rules today and on this floor very quickly. It will be something that has, by popular demand, been asked for, and it comes as a result of these two bodies, the House and the Senate, working through very difficult negotiations.

It is a process that has been followed, it is a process that works, it is a process that I think has allowed people for a long time to know the answer as to what is in this bill, so much so that the Democrat leadership has already blasted the AARP a week ago for supporting the bill because they knew what was in the bill.

So I think it is a misnomer to think that we just do not know or do not understand. People who wish to know, people who wish to be a part of this bill could gain the information. I am proud of what we are doing today. The gentleman from California (Chairman DREIER) will open up the Committee on Rules in about 20 minutes, and the debate there will start.

But, let us not forget, this is not about amending a bill. This is a conference report. This is not like one Member in this body can change one word that is in this document, because that is not our process or procedure. It will be an up-or-down vote. It will be based upon what a Member thinks is the right thing to do. I trust their judgment.

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

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

Mr. Speaker, the gentleman from Texas keeps on talking about the Committee on Rules and the action we are about to take, as if something important is going to happen.

What is going to happen in the Committee on Rules is we are going to waive all the rules. We are going to waive the rule that says Members have a right to read this bill. So I guess it is historic in the fact that once again we are going to trample on the rights of Members of both parties.

I should say to the gentleman from Texas, it is not just Democrats that are complaining about the need to read the bill. I just cited to him a letter that was signed by 41 of some of the most conservative Republicans in this House who said, we should read the bill. One of the reasons why, I suspect, is if you read the Washington Post today, there is a headline, ''Drug Makers Protect Their Turf.'' I will insert this article in the RECORD.

[From the Washington Post, Nov. 21, 2003]

DRUGMAKERS PROTECT THEIR TURF

MEDICARE BILL REPRESENTS SUCCESS FOR PHARMACEUTICAL LOBBY

(By Ceci Connolly)

No industry in negotiations over the $400 billion Medicare prescription drug bill headed to the House floor today outpaced the pharmaceutical lobby in securing a favorable program design and defeating proposals most likely to cut into its profits, according to analysts in and out of the industry.

If the legislation passes as Republican leaders predict, it will generate millions of new customers who currently lack drug coverage. At the same time, drug-manufacturing lobbyists overcame efforts to legalize the importation of lower-cost medicines from Canada and Europe and instead inserted language that explicitly prohibits the federal government from negotiating prices on behalf of Medicare recipients.

''It couldn't be clearer there is going to be a positive effect overall,'' said Dan Mendelson, president of Health Strategies Consultancy, which bills itself as a think tank and consulting firm. ''The volume will definitely go up. There will be a lot of people who didn't have coverage before who will have it now and a lot of people getting an upgrade in terms of coverage.''

Democrats and consumer advocates complain that the Republican-crafted compromise does little to contain soaring drug

costs. They say that by handing the Medicare drug program's administration to private insurers, Congress missed a chance to exert pressure on pharmaceutical companies to reduce prices.

But Republicans and some industry analysts say that adopting a drug-purchasing mechanism similar to those in corporate health plans is the best way to extract discounts from drugmakers.

If Medicare negotiated on behalf of its 40 million beneficiaries, ''I wouldn't be negotiating; I'd just be fixing the price,'' said Thomas Scully, the program's administrator. ''Let's get seniors organized into big purchasing pools and get bulk discounts and see how they fare.''

Representatives of the industry's main lobbying arm, the Pharmaceutical Research and Manufacturers of America (PhRMA), declined yesterday to discuss the legislation. But the clearest indication that the bill offers a brighter future for the industry came from Wall Street, where pharmaceutical stock prices have steadily risen over the past week as the legislation's prospects for passage improved. Analysts at Goldman Sachs & Co. project the new Medicare benefit could increase industry revenue by 9 percent, or about $13 billion a year.

After objecting for years to proposals to add prescription drug coverage to Medicare, the pharmaceutical lobby recently shifted positions and poured enormous resources into shaping the legislation. Since the 2000 election cycle, the industry has contributed $60 million in political donations and spent $37.7 million in lobbying in the first six months of this year.

The lobbying continued in earnest this week with a television and print advertising campaign urging passage of the bill. In one series of witty commercials sponsored by the industry-backed Alliance to Improve Medicare, elderly citizens look into the camera and demand: ''When ya gonna get it done?''

One Republican with ties to the industry said drugmakers eluded the three things they feared most: legalized importation of lower-cost medicines, many of them patented or made in the United States; government price controls; and easier market access for generic drugs that cost considerably less than brand-name drugs. ''In their view, by improving access for all seniors, we will ameliorate any pressure on the industry toward price controls or reimportation,'' the source said.

About 24 percent of Medicare beneficiaries—nearly 10 million senior citizens—do not have any prescription benefits. some of them buy medicine at the highest retail prices. Academic studies and anecdotal evidence suggest, however, they many go without prescription medicines and would become new customers for drugmakers if the bill becomes law. The remaining 30 million Medicare recipients but some supplemental drug coverage, according to the most recent government figures.

Even those with some drug coverage are expected to spend more with the new benefit, said Fredric E. Russell, whose investment management company owns several drug stocks. Whenever a new health benefit is offered, he said, patients and doctors jump at the chance to take advantage of it.

Under the bill, beginning in 2006, all Medicare beneficiaries would have the option of buying a drug plan for about $35 a month, plus a $275 annual deductible. Insurance companies and pharmacy benefit managers (PBMs) would administer the programs for the government.

The great unknown is what sort of prices those insurers will ultimately negotiate on behalf of their Medicare clients, said Kristine Bryan, senior health care analyst at Brown Brothers Harriman & Co. ''Generally, when you have a large purchaser, you have the ability to demand better pricing,'' she said.

Republican congressional staffers also point out that because the bill waives a requirement that state Medicaid programs receive the ''best price'' available, the new private insurers could save Medicare $18 billion. It would, however, likely increase states' drug costs.

Many Democrats say private purchases have not been as successful at bargaining as have government programs such as the Veterans Administration and Medicaid, which secure some of the steepest drug discounts available.

''We've been going through PBMs for 10 years and nothing's happened except the price of drugs has gone up,'' said Democratic presidential candidate Howard Dean, a physician.

Perhaps the most striking political victory for the pharmaceutical industry was the decision to reject provisions that would have allowed Americans to legally import drugs from Canada and Europe, where medications retail for as much as 75 percent less than in the United States. Polls show that an overwhelming majority supports the change, and the House approved the provision, 243 to 186. But the Bush administration and pharmaceutical lobby said the move was dangerous and would cut into future research and development.

The provision was dropped from the bill's final version.

□ 0945

Mr. Speaker, it talks about all the special sweetheart deals that are in this bill for the pharmaceutical industry. I do not know whether the gentleman was aware of all these little deals that were cut. I suspected they were there, but now I want to find out who is getting what and how much. I want to connect all the dots here. That is why we want to read the bill.

So, again, what we are saying here is not anything radical, quite frankly. We are saying follow the House rules. We have rules of this House. If you do not want to follow the House rules, if you keep on ignoring them, then do away with the rules. Do not have any rules. But we do have rules to protect not only the rights of the minority, but your Members, so they know what you are voting on.

Mr. Speaker, I yield 4 minutes to the gentleman from Oregon (Mr. DEFAZIO).

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

Mr. Speaker, 14,345 days. That is how long it has been since Medicare was enacted, the most important social program to lift seniors out of poverty in the history of the United States.

I worked with seniors, ran a senior citizen program, studied in the field of gerontology. Before Medicare, we had double the rate of poverty among seniors because they were driven there because of the cost of medical care.

Medicare has been a tremendous benefit to our seniors. It was opposed by the Republicans, it was opposed by the AMA, it was opposed by the nursing homes and all of them. Now, of course, they are the greatest supporters of the program because of the reimbursement and the business it provides.

But now we are about to make the most important changes in the 13,435-day history of Medicare, and we cannot have 1 day. We are not to be allowed 1 day to read a 791-page bill, which, to the best of my knowledge, and the gentleman can correct me on his own time if this is wrong, is not available in printed form. Some people like to read 791 pages on a computer screen. I do not. I think there are a lot of other Members of this Congress and the public who would like to actually have a printed copy in their hand to be able to flip back and forth easily and understand what this bill really does. But we are not going to have printed copies, or perhaps we will at some point when the debate begins. But even with speed reading, that is going to be tough.

So a 791-page, unbelievably complicated bill making extraordinary changes in a program which we have had for 39 years, and we cannot take 24 hours, or even, as the rules would provide, 72 hours to read it. What would be the harm in voting on Monday? Let it sit over the weekend. Let everybody have a chance to read it. I would be willing to stay over the weekend, work through the weekend, get through the other work and vote on this bill on Monday.

The gentleman talks about competition in the marketplace. This is a bizarre bazaar of a marketplace, because this is more like a souk, where there are all these back-room deals, and you do not know what is going on.

Competition? Well, it has subsidies for the private health insurance industry, HMOs, who still continue to enjoy an antitrust exemption, so there will be no requirement that they offer these plans; there will be no requirement that they guarantee seniors coverage beyond a 1-year basis; and there will be no requirement for them to take seniors who are not good risks or keep seniors after they make a claim. As many of my constituents know, as soon as you claim against an insurance company these days, they tell you are going to be terminated when your renewable comes up. That is what is going to happen to seniors in these private plans.

Then we have protectionism. The party of free trade, free trade over here, the Republicans are trading our jobs to China and all these other places, this bill is protectionist. It is not going to allow Americans to reimport FDA-approved, U.S.-manufactured drugs from Canada or any of the other developed industrial nations who bargain on behalf of their citizens and get huge price reductions. So Americans are going to have the door slammed on the one place they can get less expensive drugs. And none of the benefits under the bill, even at the cost of $400 billion, will reach the simple benefit that my constituents can get by importing FDA-approved, U.S.-manufactured drugs from Canada.

So we are going to spend $400 billion, create this unbelievable Rube Goldberg, and the benefit for every one of

my constituents will be less than they can get today by buying from Canada, and we are going to slam that door with this bill. So they are not going to have that opportunity any more. They are going to be forced to buy drugs at higher prices, even with the so-called coverage under this bill. That is price fixing.

So we have a bill that has protectionism, price fixing, subsidies for the HMOs, the insurance industry is exempt from antitrust laws, and the gentleman says somehow this is the marketplace of competition.

What a bizarre view of a true, free and competitive marketplace. We could more simply allow these Medicare constituents to have a negotiated price for the reduction of their drugs, as we do for VA, but the industry is opposed to that because there would be too much market force, too much market clout on the part of the government in those negotiations, and allow the continued, safe reimportation of drugs from Canada.

And there is a big red herring here. The administration says FDA-approved, U.S.-manufactured drugs reimported from Canada are not safe, they cannot guarantee their safety, except we know that the drug custody chain in the United States of America is much more compromised than in Canada.

Canada first negotiates about a 50 percent reduction in prices, licenses the importers, licenses everybody, and tracks all the people who touch the drugs. In the U.S., the pharmaceutical companies dump huge amounts of drugs into an unregulated secondary market that is licensed by the States, into these phony closed-door pharmacies, and organized crime is involved in getting counterfeit drugs into the system here in the United States.

There is a huge breach of the integrity and safety of the system here in the United States, which there is no concern about because the industry is making money by having that system, but we are going to say, oh, those Canadian drugs, they are not safe. They are safer, in all probability. There have been no instances proven in Canada, unlike the United States, of organized crime getting counterfeit drugs into the system.

Mr. Speaker, we could do something simpler and cheaper if we defeat this bill.

Mr. SESSIONS. Mr. Speaker, I have the honor and privilege to yield 4 minutes to the gentleman from Florida (Mr. FOLEY), a young man who serves on the Committee on Ways and Means.

Mr. FOLEY. Mr. Speaker, I thank the gentleman for bringing the rule to the floor and for yielding me time.

Mr. Speaker, there is a commercial on these days that has a catch line, and it says, ''What is in your wallet?'' Well, I ask Members of Congress to ask themselves that very question, what is in your wallet?

I will tell you what is in mine. It is a card that I get as a Member of Congress. It says BlueCross BlueShield Federal Employee Program. It is a PPO. It has a prescription drug benefit attached to it, a $35 copayment. Certain attributes of this plan work for Members of this Congress.

In my congressional district I have the fifth largest Medicare-eligible population of 435 Members of this body, the fifth largest Medicare-eligible population. When I go home to my town hall meetings, they say, ''I want what you have. I want choice. I want opportunity.'' Interestingly enough, they do not say, ''I want it all, and I want it free.'' They want fairness, because they want the system to continue.

The harangues on this floor the last couple days are amazing. We have heard repeatedly, speaker after speaker, ''We haven't seen this bill; we haven't read this bill.'' But we have spent hours of time talking about what is bad about what is in this bill, so either they have not seen the bill, or they are just guessing what must be in the final work product.

For 4 years I have been on this committee, and I have met over on the other side of the Chamber with the respected Senator BOB GRAHAM, Senator HARRY REID, at that time Senator CHUCK ROBB and a number of Members of the Senate as we tried to work out an opportunity to find a prescription drug plan that would suit the test of time and be financially equivalent, if you will.

In our bill there is a wellness provision which allows us to do diagnostic testing for cardiovascular disease, allows us to test for diabetes early, before the onset of these diseases. There is, in fact, a drug discount card that will be offered to those lower-income individuals who need assistance. That drug discount card will have, much like an ATM, $600 of purchasing power so they will have an opportunity to buy the vital drugs they need.

Many people on the other side of the aisle decided politically to sign the AARP pledge. If you read the pledge, it says all Medicare beneficiaries will have access to a stable prescription drug benefit on a voluntary basis. Not forced, not coerced, not mandatory. Affordable prices will be the rule, not the exception. We are trying to do that.

To those who suggest just reimport drugs from Canada, let me ask the basic question; read the articles in Florida in the newspapers where there have been numerous arrests because of counterfeit drugs coming from Canada.

Reasonable premiums, deductibles and copayments. Those are in the bill. Prescription coverage will leave no individual with extraordinary out-of-pocket costs. There is a catastrophic provision written into this legislation. Reduction in soaring drug costs will keep the program affordable. Extra help for low-income individuals. Help for rural communities that I represent with their hospitals, their ambulances, their doctors. We talk about a number of things in the bill that I think provide relief for every American. Increased fees, if you will, for physicians, increased index for the hospital what we call the market basket.

So if you look at the Medicare bill, yes, there may be problems for some. But AARP, which was, up until last week, described as the ''gold standard'' of senior lobbying organizations, has decided to take this first step with us.

Will this be a perfect vehicle? No. No legislation I have ever worked on in this process has ever been perfect. We have had to come back, work it, amend it, and deal with some of the consequences. And if we fail to make this critical step and pass this rule and pass this legislation, we will have surrendered our ability to bring seniors a necessary improvement to the Medicare health delivery system that they so vitally need.

So I urge my colleagues, support the rule and support the underlying legislation. Let us do for seniors what Claude Pepper and Franklin Delano Roosevelt tried to do to enhance their safety and security.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would remind Members to refrain from improper references to Senators.

Mr. MCGOVERN. Mr. Speaker, I yield 30 seconds to the gentleman from California (Mr. GEORGE MILLER).

Mr. GEORGE MILLER of California. Mr. Speaker, the President stood in the well and said he wanted the senior citizens to have a drug benefit like Members of Congress have with this card. Under our prescription drug benefit, the government pays 80 percent, we pay 20 percent. Under this bill, of the first $5,000, the seniors pay 80 percent and the plan pays 20 percent.

You guys have reversed the figures on the senior citizens. Out of the first $5,000, the seniors pay $4,200. Out of our first $5,000, the government pays 80 percent. Somewhere between the President's speech there and this bill, you lost 80 percent of the benefits for seniors.

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

Mr. Speaker, there was a statement that was made that I think we just need to set the record straight on, and that is that this bill does not talk about reimportation from Canada, where Congress makes a decision on that issue. We allow the FDA to make that decision. It is not the Congress that makes that decision.

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

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

Mr. Speaker, let me just say to the gentleman from Texas, he knows very well what is going on here. The administration already decided they are not going to allow citizens to be able to get their drugs from Canada, even though they are cheaper. They already made their decision.

What we have in this bill basically is to protect the status quo, which means

our senior citizens get gouged and gouged and gouged and gouged.

Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Florida (Mr. HASTINGS), my colleague on the Committee on Rules.

Mr. HASTINGS of Florida. Mr. Speaker, I thank my good friend from Massachusetts for yielding me time.

Mr. Speaker, it is very difficult to not get involved in the discussion that is ongoing. There is a great need for us to correct a few things, and I hope that I can without exuding the passion that I normally bring to debate.

I would borrow from an article in today's New York Times written by Paul Krugman where he says, ''Let's step back a minute. This is a bill with huge implications for the future of Medicare. It is also, at best, highly controversial. One might therefore have expected an advocacy group for retired Americans to take its time in responding, to make sure that major groups of retirees won't actually be hurt, and to poll its members to be sure that they are well informed about what the bill contains and do not object to it. Instead, AARP executives have thrown their weight behind an effort to ram the bill through before Thanksgiving. And, no, it is not urgent to get the bill passed so retirees can get immediate relief. The plan won't kick in until 2006 in any case, so no harm will be done if the Nation takes some time to consider.''

What we have asked for here is 3 days. That is a part of the Rules of this House of Representatives, and every Member of this body, particularly those of us on the Committee on Rules, know that to be true. Despite my Democratic colleagues' best efforts to make this an inclusive and comprehensive process, one that addresses the real concerns of all of America's seniors and disabled, we were shut out from negotiations. We were shut out in June, and we are shut out now.

What we have before us, plain and simple, is an evisceration of Medicare. This bill was filed at 1:30 a.m. this morning. There is an axiom that says, ''He who makes the rules, rules.'' All of us in the minority know that the majority rules. We should, however, in this great country be exemplars of fairness, lest we be perceived as fools making rules. If we cannot be fair, who can? And it is that this process is wrong, and it is just that simple. It is not a question about Medicare or anything, if we did this on the next bill, the forest measure, if we did it on yesterday's bill. This is the first time in the whole of this year that we have brought a bill in the daylight, and my colleagues know that.

What we are doing here is critically important. I, for one, do not want to go back to my district that joins the district of my good friend the gentleman from Florida (Mr. FOLEY), where both of us have as high as 34 percent seniors, and tell them that I sure did read this information that is in this bill. Never mind about castigating anybody, the fact of the matter is most Members of this body, all of them on this side, have not read the present contents of the bill.

Yes, there were hearings; yes, there were opportunities for people to talk through the years. I came here along with many of you 11 years ago. We were talking about prescription drugs then. I read my clippings. I was saying, ''I am going up there and try to get you prescription drugs.'' The Democrats were in the majority, we did not get it. The Republicans have been in the majority, and we have not gotten it. And what we are getting ready to get is have this country in turmoil because we are not protecting all of our seniors.

□ 1000

Mr. SESSIONS. Mr. Speaker, I yield myself such time as I may consume. The Committee on Rules begins testimony in 2 minutes. We came down to the floor this morning to make sure that we were going to have the ability to have a same-day rule. I am satisfied that we have broken into a lot of other things to talk about this morning.

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

Mr. MCGOVERN. Mr. Speaker, I yield myself the balance of my time.

Let me just conclude by saying that on the substance of the bill that we are talking about, the Medicare prescription drug bill, there is a fundamental disagreement between me and some of my friends on the other side of the aisle because to me protecting Medicare is nonnegotiable. I think we are going down a very dangerous road here with this bill.

But what my frustration is at this particular moment is that we are going down that road when most Members of this House have no idea exactly what is in this bill. We get little bits and pieces and some of what we are finding out, quite frankly, I think most Americans do not like, little special interest deals for pharmaceutical companies, for HMOs, a not-so-generous prescription drug benefit for senior citizens, something that does not kick in for another 2 years. I think the American people and the Members of this Congress deserve having all of us go into this with our eyes wide open.

I read to you before, I say to my colleague from Texas, a letter signed by 41 of some of the most conservative Republicans in this House who asked your leadership, made one simple request of your leadership, and that is that they respect the rules of this House and give them and the entire House 3 days to review the contents of this bill. That is not too much to ask for. I think people on both sides of the aisle, even those who are going to support this bill, want to know exactly what is in it. They do not.

The fact of the matter is we are about to go up to the Committee on Rules, we are going to waive all the rules, disregard them once again as has become a habit in this place, and I think it is sad, especially on a bill this important. Our constituents deserve better.

Mr. Speaker, I would hope that maybe between the time the gentleman from Texas and I leave the House floor to go up to the Committee on Rules that there might be a change of mind and the leadership might actually respect the rules of this House, but I doubt it. Having said that, I think it is unfortunate. I think the losers are the American people.

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

Mr. SESSIONS. Mr. Speaker, I yield myself the balance of my time. I thank the time that the Speaker has given us this morning to debate this rule. I believe it is a fair rule. I have not heard much debate about it.

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

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON H.R. 1904, HEALTHY FORESTS RESTORATION ACT OF 2003

Mr. HASTINGS of Washington. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 457 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 457

Resolved, That upon adoption of this resolution it shall be in order to consider the conference report to accompany the bill (H.R. 1904) to improve the capacity of the Secretary of Agriculture and the Secretary of the Interior to plan and conduct hazardous fuels reduction projects on National Forest System lands and Bureau of Land Management lands aimed at protecting communities, watersheds, and certain other at-risk lands from catastrophic wildfire, to enhance efforts to protect watersheds and address threats to forest and rangeland health, including catastrophic wildfire, across the landscape, and for other purposes. All points of order against the conference report and against its consideration are waived. The conference report shall be considered as read.

The SPEAKER pro tempore. The gentleman from Washington (Mr. HASTINGS) is recognized for 1 hour.

Mr. HASTINGS of Washington. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to my good friend and namesake, the gentleman from Florida (Mr. HASTINGS), 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 only.

(Mr. HASTINGS of Washington asked and was given permission to revise and extend his remarks.)

Mr. HASTINGS of Washington. Mr. Speaker, House Resolution 457 is a rule