The Times called him, ''a mentor to scores of lawmakers.'' I hope this doesn't upset anyone but he had at least one Republican protege who has been inspired by his example. Mr. Roybal was a giant in public service. A gracious man, who through his conscience and his actions was one of the great leaders of this city and our nation.

I have served in Congress for twenty-five years. It has been an honor to be a colleague of Mr. Roybal's for half that time and a colleague of Lucille's for the other half. There is no greater tribute to his legacy than the dedication of his daughter to the very same ideals and beliefs that guided him.

Ms. ZOE LOFGREN of California. Mr. Speaker, it is with a heavy heart at the loss but pride for the service of Congressman Ed Roybal that we yield back the balance of our time.

MEDICARE PRESCRIPTION PART D DRUG PLAN

The SPEAKER pro tempore (Mr. DAVIS of Kentucky). Under the Speaker's announced policy of January 4, 2005, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY. Mr. Speaker, I have an hour as the designee to talk about the subject that I want to bring to my colleagues, but I think I need to take at least a few seconds of my time from this side of the aisle to express my and our heartfelt sympathies to our colleague, the gentlewoman from California (Ms. ROYBAL-ALLARD), on the death of her father.

I spent the last 15 minutes listening to their special hour and learning about that great, great American who represented the State of California so well in this body for 30 years; and I want to express my sympathy to my colleague from California.

Mr. Speaker, today, November 15, is a historic day and not just because it is my wife Billie's birthday, which it is. Happy birthday, honey. But really the historic aspect of today is the roll-out and the sign-up today for the first of a 6-month window of opportunity for our seniors to voluntarily sign up for the Medicare part D prescription drug plan which this Congress made available to them in December of 2003. So indeed, Mr. Speaker, today, November 15, is indeed a historic day.

I have seen clips of the original signing of the Medicare legislation back in 1965 when President Lyndon Baines Johnson signed that bill into law. Actually, the very first person to sign up for the other voluntary part of Medicare, the part B which is applicable to the physician care and outpatient testing, not the hospital part but the voluntary part, the first individual to sign up for that was former President Harry Truman, that being 40 years ago.

Here we are now finally, Mr. Speaker, after all of these years, offering something that was left out of that original program, I guess for a fairly good reason. Maybe back then, I was a freshman in medical school, I barely knew who was happening, but there was not quite the emphasis then on prescription drug treatment. We had some good prescriptions but not nearly what is available to our public and our seniors today; and there was much more emphasis on trying to get hospital care and needed surgery, emergency room care, indeed long-term care, skilled nursing home care for people who had, as an example, suffered a stroke.

So this was all very, very important in the program; and I know my colleagues on both sides of the aisle would agree with me it has been a great success. There was some concern, though, I remember this much about it as I was working as a scrub technician during the summertime hearing the doctors at the scrub sink before they went into surgery, talking about this new law that was going into effect, this Medicare bill. There was some naysayers, no question about it, and some were downright opposed to it. But so many seniors were living in poverty and not getting needed health care, and it at that time was a Godsend for them.

Mr. Speaker, I will say this. I think today, starting today, November 15, 2005, some 40 years later another Godsend is coming to our seniors, brought to them by this Congress and this President, this administration, and that is the Medicare part D prescription drug coverage. It is especially a Godsend for those seniors who are living at or near the Federal poverty level, and I say that because heretofore they have not been able to afford prescription drugs.

They go to their doctor and get maybe a handful of prescriptions because many of our seniors who are living just off of a Social Security check are the very ones that have what are called co-morbidities, more than one disease, maybe high blood pressure, heart disease and diabetes; and they need to take four or five or maybe six prescriptions a day. They are the very ones who cannot afford it, not that they do not want to. They want to take care of themselves, but they also want to eat, and they want to have a roof over their head, and they have to pay their utility bills, so this program is so necessary for them.

In the past, Mr. Speaker, what has been happening is they would put off taking care of themselves because they have could not afford the prescriptions. Then, when some catastrophe would occur, they would finally get care, whether it was in the emergency room because their high blood pressure led to a stroke or whether it was on the operating table because their blood sugar, their diabetes was out of control and led to a limb becoming gangrenous and needed an amputation or maybe even because of high cholesterol they would have to have open heart surgery.

□ 2130

We have finally begun this prescription drug part D sign-up as of today, and that is what makes November 15, 2005, so historic.

I want to spend most of my time then talking about this aspect of the Medicare Modernization Act of 2003. There are other things that I think are going to be tremendously helpful.

I will mention just briefly, Mr. Speaker, the fact that with this change in the law, for the first time a senior can actually go to his or her internist or family practitioner, we call them primary care specialist, and get a complete, thorough physical examination when they turn 65, if you want to call it an entry-level physical examination. In the past, that was not paid for, and a lot of these diseases that I have already spoken of in their earlier stages have no symptoms at all, and people really do not know, but with this new program, they get an opportunity to go have that physical exam.

Also included in the modernization piece is the coverage for a lot of screening tests that were not included in the original Medicare. I am talking about things like mammograms, screening for breast cancer obviously; colonoscopies, screening for colon cancer; PSA blood testing, screening for prostate cancer. I am talking about checking blood sugar. I am talking about getting a cholesterol level to see if the patient needs to be on one of these statin drugs that do such a great job of hopefully preventing heart attacks.

All of this is now available to our seniors. I am not going to spend a lot of time, as I say, Mr. Speaker, on that aspect of the bill because I really do want to spend most of the hour talking about the prescription drug part because it is so important.

I have got a few posters here, and we will be referring to them from time to time. I also have some of my colleagues that have worked so hard and been so supportive of this legislation and are working hard in their districts as we roll out this program. As they go home, usually we get back into the district on Thursday or Friday morning, and I know a lot of our colleagues on both sides of the aisle are holding town hall meetings and trying to explain to the seniors and assure them that although this is somewhat complicated, there are people there to help them through the process and encouraging them, especially the low-income individuals that I spoke of, to sign up and sign up early.

They do have 6 months to do it. It starts November 15, today, and goes until May 15 of 2006. They have that window of opportunity; but it would be a real mistake, particularly for our low-income seniors, not to get signed up before the end of the year because the program really starts, Mr. Speaker, and I know my colleagues are aware of this, it starts on January 1. So if they wait till the last minute into May of 2006, they will have actually missed 5 months of opportunity, in many instances, to get their prescription drugs with hardly any cost, and I will repeat that, with hardly any cost except

maybe $1 if their medication is a generic drug and $3 to $5 if it is a brand-name prescription drug.

So I will have a number of my colleagues joining me, and we will be calling on them in just a few minutes. I want them to take as much time as they would like to talk about what they are doing in their districts, how they feel about this program, what sort of feedback they are getting from their seniors, and then maybe we will engage also in a little bit of colloquy.

Let me call my colleagues' attention to this first slide, which I think begins to tell the story: ''Helping seniors get the medicine they need to stay well.'' That is what it is all about. It is not an emphasis on episodic treatment and maybe trying to catch the horse after the barn door has been left open when some catastrophe occurs. It is so much more difficult, rather, to get the medicine they need to stay well. I do not think we can really emphasize that too much.

Now, Medicare helps seniors prevent disease in addition to treating it. I said at the outset, in 1965, all of the emphasis was on treating it, and that was good, but not the 21st century medicine. We need to emphasize the prevention of disease.

Medicare part D, it is important that our seniors know that this option, prescription drug coverage, really is for all seniors. It is not just the low-income. I mentioned them, and we will talk about throughout the hour, but no matter what a person's income, if they are a Medicare recipient, either because they are 65 years old, and that is probably 36 or 37 million in this country, or because of a disability at a younger age, and there are probably 6 million or 7 million of our citizens who are on Medicare because of a disability, but all of them, no matter what their income level, they are eligible for Medicare part D.

As I point out in this next slide, it is a voluntary program. Seniors must choose to enroll. They will be getting lots of information and have gotten lots of information, whether it is public service announcements on television or mail pieces that have come from CMS, the Committee on Medicare and Medicaid Services, information maybe they obtained from a senior center, from their physician's office or, indeed, from their Member of Congress' office, either in Washington or in the district, but they do have to make that decision. It cannot and will not be made for them.

There are going to be many plans. Seniors will have a choice of plans. We estimate that the monthly premium, and it is premium-based just like Medicare part B, Mr. Speaker, is a premium-based and an optional program. By the way, I would guess that I am accurate in saying that 98 percent, maybe more, of seniors have chosen and will continue to choose to enroll in that premium-based part B that covers the doctor's expense and outpatient testing and surgery because it is a very good deal.

We will talk a little bit later about what percentage of seniors we think will want to sign up for the Medicare part D, the prescription drug part; but it will be a substantial number. We are estimating that the monthly premiums for that monthly benefit will be about $25 on average, some plans less, some plans more, depending on what the coverage is.

All Medicare-approved plans cover both prescription and generic drugs, and they are accepted at local pharmacies. That is very important because people want to know if they can continue to go to that corner druggist. In no way am I suggesting that the chains, the Eckerds, the Walgreens, the CVSs that do such a great job, are not a wonderful place to go and get prescriptions filled. They are. Many of our seniors will choose that type of location, but others who have a pharmacist friend that they have known for many years, they call them doctor and go to church with them, a lot of times they are able to charge their prescriptions and pay a little bit along, the kind of service that only a small corner druggist can give. That is very important that they know that they will be able to continue as part of this program to be serviced by those great pharmacists that we call corner druggists.

Mr. Speaker, before I call on my colleague, the gentleman from Texas (Mr. CARTER), for his remarks, I want to just present one more poster; and, again, I do not think we can emphasize this too much, that is, this issue of the dates; and I have already mentioned several times that today is the starting date, November 15, for enrollment. This little icon, if you will, shows an hourglass, and that means that starting today the sands of time, that 6 months, is ticking away. Of course, the program, if you get signed up right away, you reap the benefits starting January 1. Then if you sign up before May 15, that 6-month window, then you incur no penalties; but after that, there are some penalties for signing up late. Again, I am sure some of my colleagues will talk about that.

At this time, I am very happy to see the gentleman from Texas (Mr. CARTER) with me again to share one of these hours on health care issues. The judge knows a lot about legal issues and the judiciary, but he also knows a lot about health care. So I am honored at this time to yield to the gentleman from Texas (Mr. CARTER).

Mr. CARTER. Mr. Speaker, I thank my colleague, the gentleman from Georgia (Mr. GINGREY), my good friend, for yielding to me; and I actually came down here because, Mr. Speaker, the gentleman from Georgia (Mr. GINGREY) is probably one of the people that has dedicated more time and effort to the health care issues that affect the American public than any other Member of this Congress.

On many occasions, he has educated me on health care issues and given me good advice and good counsel on how we need to make health care available, because the health of our Nation is very important to the gentleman from Georgia (Mr. GINGREY) and all Members of this House on both sides of the aisle. We battle and toil with how exactly we are going to address health care issues.

I really wanted to start and come down here and share with the gentleman from Georgia (Mr. GINGREY) an absolutely true event that happened to me personally; I guess by now it is probably almost 2 years ago or maybe even better. It was right after I was blessed to join this august body.

I was back home in my district, and I was back at my pharmacy, that I am not going to advertise for, but where I regularly buy my prescription drugs. I was standing in line for my turn to get prescription drugs, and I am sure people have told this story that I never had actually experienced, a story like this, until I heard the story.

There was a lady that was at that time being waited on by the pharmacist there at the counter and getting her prescription drugs, and they brought them to her. She was getting two prescriptions as I recall, one for herself and one for her husband. I do not know how old this lady was, but she was clearly on Social Security because she said so. This was when we were still working on trying to come up with a prescription drug benefit that would help our senior citizens.

She asked the pharmacist how much the two prescriptions were going to be. The price was very expensive for both of the drugs that she was going to have to pay, and between the two drugs, it was going to add up to, as I recall, over $500 for these prescriptions. She told the pharmacist, well, I cannot get these two prescriptions and continue to feed my husband and me on what we have to live on; I am just not going to be able to do it. Would it be possible that I could get half of the prescription?

The pharmacist said, well, ma'am, the one for you was obviously for something that had come upon her. The other was an ongoing prescription for her husband, the way I understood it. He said, your doctor has a reason he wants you to have this whole prescription. It may have been an antibiotic or something like that. I am not in the medical profession, but the pharmacist clearly said you need to take all of this prescription; you just cannot take half. Well, she said, ma'am, I just cannot spend that kind of money and take care of my family.

When you heard that, when you actually heard that from a human being, you said to yourself, we have got to do something to get some relief for people like this lady that was standing there. I was two people back from her in line, and what I heard that day from that lady touched my heart to where I really felt like I had seen the crisis firsthand.

□ 2145

We have now put together Medicare part D, as my colleague from Georgia has been explaining and will be able to explain in far better detail than I can as to what the benefits are for this, but we have now got a solution for that lady who was standing in line, and it is now time for people to start going out and getting signed up for Medicare part D. That is why I wanted to come join my colleague tonight in the hopes that people in my district and people across this entire country will hear our message that the time is here. We have arrived at the time when they need to go down and register to get involved in Medicare part D. And benefits will actually start, as Mr. GINGREY has explained, in January of 2006.

Now, I have traveled my district and I hold town hall meetings, and a lot of our senior citizens are concerned about, well, this seems so complicated, I do not know whom to turn to. And we are here to let the people know this is important to them and their loved ones. There are people there to assist them.

I would ask the families of those Medicare recipients that need help, sometimes as we grow into our later years, little things become big things to folks like my parents, who now are deceased, but I can remember when they become big things for them as we grow older. And I would hope that the families of these people along with these folks will encourage them to go look into getting registered, getting set up in a plan.

There are multiple plans that are offered. There are people there to help them understand those plans. There are people to tell them what fits their life, their life-style, where they come from, and I would hope not only those people who are going to be eligible for the program but those people who have folks in their family that will be eligible for the program will encourage them to go down and talk to folks, get the help, get signed up.

It is not as complicated as people think it is. There is a lot of fear that is unwarranted fear of this program. It happens on everything we do. When we deal with the government in many areas in our lives, dealing with the government is a frightening thing, dealing with plans and paperwork. This is cut down to where it is not going to be that hard to understand the plans.

There are people there to look at what people's circumstances are and tell them and show them which plans offer them the best options. Every State except Alaska has a State plan, as I recall. There are regional plans, and there are 10 nationwide plans that are available. There are multiple options that they can talk to them about. People can talk to their pharmacists. Medicare has people that will help them.

Call that number, 1–800–Medicare, and they will explain how to sign up. It is so important to your family. Do not let a little fear or a new world attitude that you do not understand keep you from getting signed up for a benefit. Because this is going to be able to assist all Americans in their health care needs, and it is especially going to be of great assistance to those people who are in the lower economic sector of our country. In most instances, those people who make, I think, $11,500 as an individual and $22,000 as a couple, they are basically not going to have hardly any Medicare costs for drugs. So it is important that you not let the fear of a new program or something you might have seen on television or some political rhetoric that was in some campaign somewhere that got you concerned that you would not be able to understand what the program is about to keep you from getting what you need so that you never have to be like that lady who stood in line in front of me and have to make a decision as to whether you took your medicine.

Does my colleague know what was really loving about that story? There was no question she was going to buy her husband's medicine. She never even blinked on that. She was saying, I will give up so we can live our life here what I need, but of course there is no question I am buying the medicine for my husband.

That kind of love permeates American society, and I think we have a duty to our loved ones who are eligible for Medicare to help them and encourage them to go get signed up for this. Because Americans do care about their elderly. Americans do care about those senior citizens who have given all that they had for us today. It is time for us to give them the benefits that they need so they do not ever have to have the kind of experience that that sweet lady did who was standing in front of me at the drugstore.

That is why I came down here tonight, to join Congressman GINGREY and speak directly to the American people and say, get out there and help, get out there and get yourself registered, or get somebody to help you get registered, because these benefits are important. There are occasions now where people say, right now, prescription drug benefits do not mean much to me. One never knows what is right down the road, and it is important that people get registered now and have those benefits available. Because in the month of May, they may come down with something where they have got a permanent situation where for the rest of their life they are going to be taking medicine, and if they had not gotten registered, then they would be in a scramble trying to get registered. So it is important to look at it now.

Mr. Speaker, one of the things that I think is most important as we sit here this evening is to encourage our seniors and their families to assist our seniors to get out and learn about the program and get signed up. Getting signed up is what it is all about. Trained professionals are available 24 hours a day, 7 days a week at 1–800–Medicare.

They have got a Web site, and I am reading from Congressman GINGREY's sign, www.Medicare.gov, for those high-tech seniors, who are probably better at that than I am, to get out there and do this on-line. There is a lot of help available.

I hope that that lady who was standing in line in front of me in the drugstore in Round Rock, Texas, I hope she hears, by accident or whatever, channel surfing, and tunes into this show tonight and will say ''I had better go do that.''

I think our colleagues on both sides of the aisle are going to be out in our districts talking to people and saying do not let something new keep you away. Get out there and get involved and get signed up.

Mr. GINGREY. Mr. Speaker, reclaiming my time, I thank the gentleman from Texas for being with me. I appreciate his comments tonight. I welcome him to, if possible, to stay around and maybe we can get involved in a colloquy or I can respond to his questions and yield to him.

Mr. Speaker, the thing that he pointed out, that little anecdote, true story, about that little lady in Round Rock, that is why it is so important. I appreciate Judge Carter mentioning that, because this is real, and the emphasis that he put in his remarks on how important it is to get signed up is real.

Thanksgiving is going to be upon us pretty soon. I think I am correct in saying a week from Thursday. And what comes the day after? Well, I call it ''black Friday,'' Mr. Speaker. That is that big shopping day, the first day of the Christmas season when everybody hits the malls. I think that would be a great day for families, children, grandchildren to sit down with their grandparents, children to sit down with their parents and help them. That would be a wonderful day. It would save money as well, probably. The retailers may not like me very much, Mr. Speaker, for mentioning that, but that would be a great day to just sit down and say, look, I am pretty good at the computer, Mom, Dad, and let us go on-line, let us get on www.Medicare.gov.

If I tried to do that, that computer would start smoking, and everybody in my office knows that. Anytime I need to do anything on the computer, they have to hold my hand. So I understand the need and the fear of computers. But really for the younger people especially, it is a challenge. It is pretty easy for them. They have learned it in high school and college, and some of them even work in the industry. So help is readily available, as Judge Carter said; and it is not that difficult.

I called this morning. I think it was about 8:30, and I decided I was just going to call 1–800–Medicare just to see how long it took to get somebody on the telephone. Mr. Speaker, I had a response in about 3 minutes. The first time I dialed, I got a busy signal, and

so I immediately, within a matter of seconds, dialed again and got right through and began the process.

Now I am not quite 65, and I did not have a card and a number, so at some point I had to quit. I had to hang up. It was a bogus call. But I was very impressed.

Of course, CMS has hired and trained, and that is very important, not just hired but trained probably by a factor of four the number of employees that they normally have responding to these calls. So, as Judge CARTER said, that information, that help is there, whether it is by the telephone or on the Web site, and we will get into the specifics of how a senior prepares themselves for this process. There is something called worksheets that are available through CMS. Those are easily obtained, and people just kind of go through that worksheet. We will talk about it a little later in the hour, so that when those questions come up, and, again, they are not difficult, they know the answers, and we can help them through the process.

Mr. Speaker, I see that we have been joined by another of our colleagues and not just any colleague because this is my good friend and fellow physician, indeed a fellow OB–GYN physician who came in in the 108th Congress with Judge CARTER and me, the gentleman from Texas.

So I yield to the gentleman from Texas (Mr. BURGESS) to give us a little of his insight into this program and what he is doing in his district.

Mr. BURGESS. Mr. Speaker, I thank the gentleman for yielding to me, and I thank him for once again bringing this subject to the floor of the House.

It is a timely subject. Here we are celebrating Medicare's 40th birthday; and, Mr. Speaker, as the Members will recall, 2 years and 1 week ago we actually passed this legislation, on November 22 of 2003, which now has become the Medicare Modernization Act and with it the prescription drug plan.

Mr. Speaker, I have been doing town hall events and informational groupings throughout my district, and my district is pretty diverse. I have been very fortunate. I have had someone there from CMS with me, and together I think we have been able to answer a lot of the questions that come up. I do not want to get ahead of the program that Dr. GINGREY has proposed for this evening, but the concept of the worksheet, the concept of prearranging some of the information in an organized fashion, is a critical one. It is so important because we are coming up on a time of year of celebration of holidays, Thanksgiving and Christmas holiday, when families are going to be together. It is a great opportunity for them to talk, after they have had all the football and turkey that they can handle, to sit down and talk about what are the changes that are coming up in this Medicare program.

The gentleman alluded to calling 1–800–Medicare. I must admit I have not had the courage to do that myself, but I do go on the Internet, and we can go into the plan selector part on www.Medicare.gov. They do ask for their Medicare number, but if they scroll down that page just a little bit, they can actually fill out the plan finder information without giving up any information, if they just want to check and see what is available.

I have done this for Texas. We have got in excess of 40 plans available to seniors in the Lone Star State, and they are good plans. Some of them come in with less of a premium and less of a deductible than what Medicare proposes. In fact, I have seen premiums as low as $10 and $20, and I have seen some programs with a zero dollar deductible.

A lot has been made about the so-called gap in coverage that occurs at some levels. And do remember, Mr. Speaker, we passed this legislation 2 years ago, and what were we trying to do? We knew we could not cover every last single person in this country, so we wanted to provide the greatest amount of coverage to those who were the poorest and those who were the sickest, and I think we did a good job in accomplishing that. But it does leave a gap in coverage, or at least the Medicare proposal, the proposal for the Medicare prescription drug plan, was to leave a gap. But, actually, there are some plans in Texas where, if they are willing to accept generics, there is, in fact, no gap in coverage. So there is complete coverage from the first dollar spent up and to the so-called catastrophic ranges.

I have had some people complain about the time frame that is available to sign up for this program. It starts today, and for the next 6 months people can sign up for any of the Medicare-eligible programs. Those who have not signed up by May 15, right now Medicare is proposing a 1 percent penalty per month. That will be 32 cents penalty the first month of June of 2006, and it will continue at a 1 percent per month increase thereafter.

□ 2200

But realistically, this should be thought of as insurance and not an entitlement. That is what I have tried to explain to my constituents when they say they do not like the idea that you are forcing me to sign up. It is a voluntary program. If you decide it is not for you, you are absolutely free not to sign up.

But when I was a physician and I offered health insurance to my employees, they would be expected to pay a small part of it. If they chose not to pay that part, they could opt not to take the insurance. But they could not just wait until they got sick and then say, I would like to sign up for the insurance. Otherwise, it would not be fair to the rest of the people who have been paying their premiums all along. The program is structured to look like commercial insurance. It is on purpose not scheduled to look like an entitlement, because it is not. It is insurance coverage for seniors who need help with paying for their prescription drugs.

Mr. Speaker, I would just stress as a last point that when people evaluate these plans for their families or for themselves, that they look at cost, coverage, and they look at convenience. Many of the plans cost less than what Medicare has proposed.

The coverage part is important. You want to be certain that you pick a plan that covers the medicines that you are actually taking. Talk it over with your doctor. If your doctor is watching a problem like a mildly elevated blood pressure, be sure that those medications would likely be covered. Every plan lists on the Web site how many of the top 100 prescriptions covered by Medicare that particular plan covers. Most are in the high-90 range. I have not seen one less than 82 or 83 of the top 100 prescriptions covered by Medicare. But check out the coverage.

Finally, convenience. They will provide a pharmacy that is close by. If your neighborhood pharmacy is the one you want to use because they have a delivery boy you like, use that tool to help you decide which one of those pharmacies you want to use. There is also mail order.

There is a lot of flexibility in these plans. Yes, it is complicated. Health care is complicated in the 21st century. These are not easy decisions. Yet at the same time, Tom Brokaw called you the Greatest Generation. You beat the Nazis, solved the problems of the Great Depression, and solved a lot of the problems related to civil rights. Seniors can solve these problems as well.

This program will become streamlined over time. I am happy about things like disease management and physicals that will be offered now. It is good legislation. Mr. Speaker, it is good medicine.

Mr. GINGREY. Mr. Speaker, one thing that the gentleman from Texas (Mr. BURGESS) mentioned was the fact that if a senior is interested in a mail order opportunity, then as they go through that list, the litany of companies that provide a benefit, they may want to choose one that would allow them to get their drugs in a mail-order fashion. So that option is available.

I had mentioned earlier in the evening talking about the worksheet and what a senior would need to have if they are dialing the 1–800 Medicare number or dialing the Web site with or without assistance at www.Medicare.gov, or coming to one of the congressional offices to get help, they need that work sheet and that work sheet should include and should already be filled out.

Again, it is information that the seniors know. First and foremost, it should include a list of the prescription drugs that you are currently taking, including the dosage, the milligram, the strength, if you will, and how often you are taking those drugs.

Secondly, information about any prescription drug coverage you currently have, be it employer or union-sponsored or a Medigap policy. Or maybe you are a veteran and have TRICARE for Life, or possibly you are retired State or Federal employee and you have coverage that includes a prescription drug benefit. You need to have that information so we can put that into the formula and help you decide whether you want to continue with that program or opt for the Medicare part D program, whichever is better, whichever really is the best deal, unique to your situation.

And of course the name and address, as Mr. BURGESS and Mr. CARTER both said, the name of the local pharmacy that you use to fill prescriptions. So we will need your ZIP Code as well and the out-of-pocket amount you spend on prescription drugs each year currently. Again, I know our seniors know that because they are real good accountants. They have to watch every dollar, and it is important that we know that. And then last but not least, your Medicare enrollment information, your Medicare number and your address and all of those particulars, whether you are on traditional Medicare or Medicare Advantage under an HMO or PPO-type program.

Mr. Speaker, I see that we are joined by another health care professional, the gentleman from Pennsylvania (Mr. MURPHY). Mr. MURPHY has been with us on just about all of these hours that we have done on health care and this particular issue.

Mr. MURPHY. Mr. Speaker, I thank the gentleman from Georgia for yielding to me. I thought it would be helpful to point out a couple of things. When an individual contacts 1–800 Medicare or Medicare.gov, when they have their name, address, medications and dosage level, and what they are paying for it and their ZIP Code, they can find out a number of things. They will be able to compare the cost of medications. Because with the 75 percent discount, 75 percent paid by their tax dollars and other folks' taxes for the first couple thousand, and then after $5,000, 95 percent is paid for by the government, but from this it is important to be able to compare medications.

I have a chart here. This is Pennsylvania, my home State. I want to point out something, and that is savings for seniors with multiple chronic conditions for someone in Pennsylvania, this is comparing the savings in the best plan and savings in an average plan. Let me read. Jane is a hypothetical medical beneficiary taking the following medications: Celebrex, 200 milligrams; Fosamas, 70 milligrams; Nexium, 40 milligrams; Singulair, 10 milligrams; Zoloft, 50 milligrams; and metroprolol tartrate, 50 milligrams.

What comes out of this is in the best plan it appears there is about a 60 percent savings, or $3,797. In the average plan, about a 32 percent savings, being $2,036 of what they will pay. I am not sure what sort of medical condition this is, and perhaps you can diagnose based upon the medications alone, but I am just interested in your comments on this because it becomes a matter, it is one of the reasons when somebody calls and says how much is my discount going to be, it gets complex. In each case, you have to look at the individual's prescriptions.

I wonder if my physician friends here can tell just what this tells them and why it is a matter that deals with the discussions of Medicare.

Mr. GINGREY. Mr. Speaker, I call on the gentleman from Texas (Mr. BURGESS) and enter into a colloquy with you on that issue.

Mr. BURGESS. Mr. Speaker, my understanding is you will be offered the top three plans based on cost to evaluate. Then you can go to the next three plans and the next three plans. So the information is given in those sorts of segment. My understanding is cost, since cost is one of the principal concerns in people's minds, cost is one of the parameters upon which the three plans are picked. Here are the top three plans in your area based on cost, covering some portion of these medications, and whether there would be a stand-alone prescription drug plan or one of the PPO- or HMO-type products that would include a prescription drug plan, those are also included in the choices as they are given.

We have some 47 prescription drug plans in Texas that are recognized by Medicare as being good products. You cannot evaluate all 47. So give me the top three based on cost, and let me figure out the coverage and convenience aspect of those. If you have expanded the search to include a HMO or PPO product, let me make the decision based on can I see any doctor I want or would I have to see a select panel of doctors.

Those are the kinds of decisions, the same kinds of decisions people would make in starting a new job, when they went and met with their employee benefits manager. Just like we did when we started in the House 3 years ago, they asked, do you want a HMO, PPO product, and went through the litany of things that might be available to us.

This would be the type of information that would be given to someone. And again, this may be too much for an individual 85 years of age to deal with three plans that are somewhat different in their construct. That is why it is going to be helpful to have a child, a nephew, a grandchild to be able to help make those decisions. Probably the person who helps arrange for those prescription purchases on a regular basis would be the best person to advocate for that particular senior and help them make those choices.

Mr. MURPHY. Mr. Speaker, when you are comparing plans, my understanding is if you look at the most commonly prescribed drugs for seniors, and not every drug may be covered by every plan, there is 97 to 95 percent overlap.

Mr. BURGESS. That is correct, and that information is listed on the Web site.

Mr. MURPHY. And the reason a person wants to compare different plans is to make sure that not only their drug is covered, but different plans may have different costs for those individual drugs. So the person can actually shop around on the Internet or on the phone.

Mr. BURGESS. That is correct. The Internet would provide some transparency that probably is not available to that senior today.

Mr. MURPHY. Mr. Speaker, I was in the grocery store the other day, and I wanted to buy a loaf of bread. I had not been in this store before. This store must have had 30 or 40 different types of bread. Every roll, shape, flat, cut, everything. I said I just want some whole wheat bread. They helped me find it.

I thought this sort of reminds me with some of the choices with the Medicare plan. If anything, yes, there are many choices, but it is important to keep in mind that by working with somebody on the Web site or on the phone, and many pharmacies and senior centers offer this. Ultimately the issue is this: that a person should not just compare the cost of a drug, what is this drug going to cost, but what is it going to cost me over a year's period of time.

We looked, for this hypothetical person Jane, what does it cost for a year because in some cases people may say if there is coverage up to $2,250, and if my drugs cost $3,000, they may ask, do I have to pay $3,000? And the answer to that is?

Mr. BURGESS. The answer is, if it is over $2,250, it would be $750.

Mr. MURPHY. But the rest is covered. That is part of the confusion that takes place. We need to make sure that our colleagues and America understands this is a matter of looking at the overall cost of medications for your year, and that is why it is important the person writes down all those numbers, and have those annual costs ready, or even your monthly costs, so you can compare.

□ 2215

But it is, I think, the most valuable way that seniors can look at the overall cost of the Medicare plan.

Mr. GINGREY. If the gentleman from Pennsylvania would yield for just a second in regard to that issue. As you go through the Web site, it is important that our colleagues know to let their seniors understand that there is a page there, and Mr. MURPHY was referencing that, where you are able to compare the different plans. Let us say you have several in your community that are available to you, and you narrow it down by the process of whether or not they allow mail order, if they have good discounts for all of the drugs you are on or three out of the four, and then you finally narrow it down maybe

to three or four that you want to choose from.

As you go through this process, and again there is someone right there to guide you through it, you can see really what your cost per year, as Mr. MURPHY was referring to, what each plan would be and then make that intelligent choice, based on a lot of factors, but not the least of which, of course, is that cost factor.

Mr. MURPHY. I thank the gentleman for explaining that. It is such a critically important thing here. And this is where, when you look at the cost, a couple of elements that I consider very important, as a health care practitioner myself, that one of the things we recognize is for the most part, when a physician prescribes medication, I am sure the gentleman has seen this too in his practice, prescribe medications, sometimes patients will not fill that prescription. Sometimes, even if they fill it, they may not take it all. They may take it in part and discontinue it, or they may find if they feel they cannot afford it, they stretch it out. Under such circumstances, when a patient does not take a medication that the physician feels is needed, it can actually worsen their health and cost more.

One of the things about this Medicare plan, when the critics were out there saying this is going to cost more, we have to remember the CBO, the Congressional Budget Office, does not score savings. And between the entry physical, between the case management, where there will be pharmacists and others who will work with the physician to make sure they are not getting duplicate drugs, there is not confusion, just checking the dosage and following through, plus the idea that the drugs are more affordable, lifesaving, life enhancing, the kind of things that are so important for people's health are more affordable, that means people will take them. And part of this effect is people will be staying out of the hospitals and staying out of emergency rooms with that as well.

Mr. GINGREY. If the gentleman will yield, Mr. MURPHY hit the nail, I think, right on the head. And as we talk about this, the gentleman from Texas (Mr. CARTER) is still with us. He may want to weigh in and share some of his thoughts on this subject. But there is no question that this program has the potential to significantly lower prices across the board, maybe not just for our seniors, but to everybody for some of these heretofore very expensive pharmaceutical drugs. And we anticipate that this program, and again, we talked about participation level. Remember, I said at the outset of the hour that Medicare part D, that other optional part of Medicare, probably got a 98 percent participation rate because it is such a good deal.

We will not have that higher participation rate with the part D because many of our seniors already have prescription drug coverage. We mentioned some of those categories. But this program, we anticipate across the board about a 50 percent savings, maybe 11 or $1,200 a year on average, and that of course includes people that are low-income. It includes people that are high-income; but on average, we anticipate, is that not right, Mr. CARTER, about a 50 percent reduction.

Mr. CARTER. That is right. And if the gentleman would yield once again. As we talk about this, let us reemphasize again to our seniors the importance of getting registered and signed up for the program. You know, as the gentleman was talking about these drugs, and we read the list off, of those drugs I am familiar with and some of them I am not.

But I thought about how much medicine has changed. And you are the doctors. I am just an old lawyer and trial judge. But I can recall that my father almost died from bleeding ulcers. As a younger man, I was working my way down that road, and, in fact, at one point in time had an ulcer. But Tagamet, I am not plugging any particular brand, but that is the name I know of because that is what I took when Tagamet came on the market; and with that drug, I have never had any more problems whatsoever with ulcers, where my father almost died. They had to give him 7 pints of blood, and he had to be cut from stem to stern like he had been in a knife fight to try to save his life and they had to remove two-thirds of his stomach.

Medicine now can stop a condition that we used to solve with major surgery with prescription drugs. This tool is now available to our Medicare recipients. It is critical that they understand, do not be frightened even by what we have tried to make simple here tonight. Some could even be frightened by that. Do not be frightened by that. Make the effort to save your life. Make the effort to go out there and have every tool that you can be one of those blessings to our country, and that is a senior citizen with long life and good wisdom to pass on to future generations. And you can only be that way if you take care of yourself.

And part of taking care of yourself is getting signed up so that modern medicine can care for you, because with no offense to the great work that our surgeons do, in the long haul, having had a couple of those surgeries myself, I will take that pill all day long and into the night before I want them to cut me wide open because I think modern medicine has been proven over and over, that good preventive medicine, which we now have in this plan, meaning going to get your checkups, get your tests for which you are now covered, do those things that were not available but are now available to you to make sure you are maintaining a look at your health.

And the prescription drug plan along with the other normal medical benefits that have been available before make this a better future for our senior citizens, a better, healthier, longer future. I cannot impress it upon our people enough. This is so, so life changing in the world. It is not perfect, and we all would love for the world to be perfect. But you know what? When we came in here, somebody hit on it tonight, when we came in here and signed up for Congress and they dropped those half a dozen or a dozen plans in front of me, it might as well have been written in Greek. And I sat there and stumbled and fumbled and said I am sticking with my Texas plan and stayed right where I was. And that is my own fault. And I am confessing it right here in front of God and everybody that that is what I did. But in fact I thought I had a better plan in Texas anyway. But that is a different story. But I understand their frustration because it is a frustrating thing. But that is the world we deal with right now.

Mr. GINGREY. Well, as usual, the gentleman is right on target. And I think it is important that we remember that the plan, typically, if I could describe a typical plan for the typical senior, would be about a $30 a month premium, would be a $250 deductible, would be a 25 percent copay, that is, the senior has to pay 25 percent of the cost of the prescription drugs after the 250 out of pocket, up to a total of $2,250. Then there is this issue of the hole in the doughnut, or the gap, where any cost above $2,250, up to about $5,100, is 100 percent on the back of the senior. A lot of people have been concerned about that. They tend to forget, though, that above that you have this catastrophic coverage. If you have spent in any one year on Medicare part D prescription drugs, if you have spent more than $3,600 out of your pocket, then anything above that is covered at the 95 percent level.

And, really, there are situations like that. Maybe for some seniors today before they sign up for this program, they already know that they are spending $3,600 or more, maybe $6,000 a year on prescription drugs. Now, they very well may want to choose a plan. This slide that I have in front of me now sort of goes over that, talks about the premium and the deductible and the gap in the coverage. Well, seniors can choose. They can literally, if they want, particularly, and I would recommend this, if they are on a number of drugs already and they have high costs already and they know that, then they may want to pick a plan that the monthly premium is a little bit higher than the average of 25 or $30, maybe it is $50 a month. But it does not have any gap in the coverage. Those plans are available, and that information of course is what they will obtain from the Web site.

I know we are getting close to the exhaustion of our time, and I wanted to call again on my colleague from Pennsylvania to see if he had any closing remarks before we wrap up this hour. And I want to, before I run out of time,

express my appreciation to Mr. CARTER, to Mr. MURPHY, and Mr. BURGESS for joining us during this hour.

Mr. MURPHY. Actually, I think we are out of time, so I yield back the floor here and thank the gentleman for leading this.

Mr. GINGREY. I thank my colleagues. Thank you, Mr. Speaker. I yield back whatever remaining time we have and look forward to the next session.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. INGLIS of South Carolina). The Chair would remind all members to direct their remarks to the Chair and not to the television audience.

30-SOMETHING WORKING GROUP

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, the gentleman from Ohio (Mr. RYAN) is recognized for half of the remaining time until midnight.

Mr. RYAN of Ohio. Thank you, Mr. Speaker. We appreciate the opportunity to be here again representing the 30-Something Working Group. I want to thank Leader PELOSI for the opportunity, our favorite uncle, BILL DELAHUNT, who is here from Massachusetts, also KENDRICK MEEK from Florida, DEBBIE WASSERMAN SCHULTZ from Florida, who are also members of the working group and will be here in just a few minutes.

We want to welcome, Mr. Speaker, everyone to the first-ever 30-Something Live, in which we will be interacting not only with other Members of Congress here, not only with the audience, C–SPAN audience, but also with our friends in the blogosphere. And we will be interacting with them, reading e-mails that they will be sending to us, as we have been receiving e-mails from our constituents in our offices for years on Capitol Hill.

But this is the first time ever that there will be interaction between Members of Congress on the House floor and at the same time constituents and citizens of the United States of America having direct access to this Chamber. So we are very, very excited about introducing 30-Something Live. Being the 30-Something Group, we are trying to take our communications to the next level, trying to reach out to the American people, because we have said for quite some time that if we are going to solve problems in this country, that we have to engage the best and brightest talent that is out in the country in order to do this.

So we are not only going to answer your questions, Mr. Speaker. We are going to take suggestions as to issues that need to be addressed, ideas that folks may have at home. And this is a pretty exciting time for all of us.

We have been joined here with our friend from Florida, Ms. WASSERMAN SCHULTZ. And this is going to be the first ever. So this is pretty exciting stuff.

Ms. WASSERMAN SCHULTZ. This is really amazing, and I guess, you know, it would not be a surprise. It was an excellent suggestion on your part, Mr. RYAN; and we, I think, are trying to make our generational working group here innovative. I mean, I think we all, as individual Members of Congress basically make our highest priority the ability and desire for us to interact directly with our constituents. And the one place that we are generally not able to do that is on the floor when we are here debating the very issues that impact everyone in this country.

We can interact fairly well with constituents in committee because they can obviously testify in front of us in committee meetings. We obviously interact with constituents in our offices. But once we are here, this is a very insular environment. This opportunity tonight for us to kick this off, 30-something Live, and interact with people who will be submitting questions to us online will be historic and exciting.

Mr. RYAN of Ohio. Now, you and I, we are ready to rock and roll on this. And when Mr. MEEK gets here, he is going to be ready to rock and roll. But we may have to break it down for our favorite uncle.

Ms. WASSERMAN SCHULTZ. Maybe we need a glossary for Mr. DELAHUNT.

Mr. RYAN of Ohio. We can break it down.

Mr. DELAHUNT. If I can just interrupt, I heard that in my absence the other night that there were some comments that were made about my lack of, well, made about my absence. Could you explain that to me?

Mr. RYAN of Ohio. I cannot remember exactly which one of us said something, but it was to the effect that we had to tuck you in bed and make sure that you were getting your proper amount of rest.

Mr. DELAHUNT. Well, I am part of the 30-Something Working Group. I might be a two-fer, though. You know, I mean, I would suggest that in my case you get two for one.

Ms. WASSERMAN SCHULTZ. The only difference in your definition of 30-something is maybe it is 30-something by decade.

Mr. DELAHUNT. Something.

Ms. WASSERMAN SCHULTZ. And we are 30-something by year.

Mr. DELAHUNT. Exactly. It is a very loose term.

Mr. RYAN of Ohio. It is very loose. Adaptable. But it is good to see that you got your nap in this afternoon.

Mr. DELAHUNT. I did. I am rested up and looking forward to participating tonight.

□ 2230

I do concur with everything you said and, again, I want to acknowledge your commitment, your creativity, and the fact that this is an effort to allow people to participate in our conversation, because we want to know what they are interested in, and my understanding is there has been a number of questions posed. Maybe the gentleman from Ohio (Mr. RYAN) or the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) could tell me what the number is.

Mr. RYAN of Ohio. I believe over 400 e-mails.

Mr. DELAHUNT. That is going to take some time.

Mr. RYAN of Ohio. Well, we are not going to be able to get through them all, so we will lay down some basic ground rules here. We will not be able to get through them all, obviously, Mr. Speaker. We are going to have to take a few and maybe expound on them, but we are going to continue, Mr. Speaker, to make our arguments. We are going to lay out the case for what we believe needs to happen in the country, what direction we need to go in, and as we receive information from the public, use that to supplement our arguments that we have been making here.

Ms. WASSERMAN SCHULTZ. This is not the last time we are going to do this. We are kicking this effort off. So even if we do not get to all the questions tonight, which with over 400 we obviously will not be able to in the 60 minutes, we will be doing this again.

Mr. DELAHUNT. This is simply an inaugural effort. It will be interesting.

Mr. RYAN of Ohio. I think it is important for us to recognize that we want to make cohesive, coherent arguments, and we are asking, Mr. Speaker, other Members in this chamber and the citizens around the country to help us with that, make points that we feel that maybe they feel need to be made.

Before we get into today, before we get rocking and rolling here, the big issue now is the pre-war intelligence. The President has dusted off this same old speech that he has given hundreds of times already in a hundred different viewing areas regarding the pre-war intelligence. The President has said that anybody accusing the administration of having ''manipulated the intelligence and misled the American people was giving aid and comfort to the enemy.'' So if you question the pre-war intelligence, you are giving aid to the enemy. So it seems like the President is asking us as Members of the United States Congress not to even question any of the intelligence or any of the drum beat leading up to the war.

Mr. DELAHUNT. Mr. Speaker, if I can, if the gentleman would yield, what I would like to do is try to emphasize that these questions have been posed by Republicans as well as Democrats regarding intelligence, whether it was manipulated, or whether it was used in a selective fashion.

Now, I am going to begin by quoting the former Secretary of State, Colin Powell, who back in June of 2004 in an interview had this to say about the issue of intelligence: In recent weeks, Powell has apologized for at least 2