



United States  
of America

# Congressional Record

PROCEEDINGS AND DEBATES OF THE 106<sup>th</sup> CONGRESS, SECOND SESSION

Vol. 146

WASHINGTON, SUNDAY, OCTOBER 29, 2000

No. 139

## House of Representatives

The House met at 6 p.m.

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer: Lord of the Sabbath, God of creation and our redemption, we praise You and we bless You as this weekend draws to a close.

In places of worship, Your people have gathered to reflect on Your word and offer You thanks for Your many blessings showered across this vast Nation.

Be with us now in the spirit of peace.

May the endeavors of this evening help bring the work of this Congress to its completion, so that, united in faith

and with our families, we may enter into Your rest.

You are with us now and forever.  
Amen.

### THE JOURNAL

The SPEAKER. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

Mr. McNULTY. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote

on agreeing to the Speaker's approval of the Journal.

The SPEAKER. The question is on the Chair's approval of the Journal.

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

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

The SPEAKER. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

### NOTICE—OCTOBER 23, 2000

A final issue of the Congressional Record for the 106th Congress, 2d Session, will be published on November 29, 2000, in order to permit Members to revise and extend their remarks.

All material for insertion must be signed by the Member and delivered to the respective offices of the Official Reporters of Debates (Room HT-60 or S-123 of the Capitol), Monday through Friday, between the hours of 10:00 a.m. and 3:00 p.m. through November 28. The final issue will be dated November 29, 2000, and will be delivered on Friday, December 1, 2000.

None of the material printed in the final issue of the Congressional Record may contain subject matter, or relate to any event that occurred after the sine die date.

Senators' statements should also be submitted electronically, either on a disk to accompany the signed statement, or by e-mail to the Official Reporters of Debates at "Records@Reporters".

Members of the House of Representatives' statements may also be submitted electronically by e-mail, to accompany the signed statement, and formatted according to the instructions for the Extensions of Remarks template at <http://clerkhouse.house.gov>. The Official Reporters will transmit to GPO the template formatted electronic file only after receipt of, and authentication with, the hard copy, signed manuscript. Deliver statements to the Official Reporters in Room HT-60.

Members of Congress desiring to purchase reprints of material submitted for inclusion in the Congressional Record may do so by contacting the Congressional Printing Management Division, at the Government Printing Office, on 512-0224, between the hours of 8:00 a.m. and 4:00 p.m. daily.

By order of the Joint Committee on Printing.

WILLIAM M. THOMAS, *Chairman*.

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

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



Printed on recycled paper.

H11491

The vote was taken by electronic device, and there were—yeas 286, nays 42, not voting 104, as follows:

[Roll No. 574]

YEAS—286

Aderholt	Gallely	Norwood
Andrews	Ganske	Nussle
Army	Gekas	Obey
Baca	Gephardt	Ortiz
Bachus	Gibbons	Ose
Baker	Gilchrest	Packard
Baldacci	Gonzalez	Pascarell
Baldwin	Gordon	Paul
Ballenger	Goss	Payne
Barcia	Graham	Pease
Barrett (NE)	Granger	Pelosi
Barrett (WI)	Green (TX)	Peterson (PA)
Bartlett	Green (WI)	Petri
Barton	Hall (OH)	Phelps
Bass	Hall (TX)	Pickering
Bentsen	Hansen	Pitts
Berkley	Hastings (WA)	Pombo
Berman	Hayes	Pomeroy
Berry	Hayworth	Porter
Biggert	Herger	Portman
Billirakis	Hill (IN)	Price (NC)
Blagojevich	Hill (MT)	Radanovich
Bliley	Hilleary	Rahall
Blumenauer	Hinojosa	Rangel
Blunt	Hobson	Regula
Boehler	Hoeffel	Reyes
Boehner	Hoekstra	Reynolds
Bonilla	Holden	Rivers
Bonior	Hoolley	Rodriguez
Bono	Horn	Roemer
Boswell	Hostettler	Rogan
Boyd	Houghton	Rogers
Brady (TX)	Hunter	Rohrabacher
Brown (OH)	Hutchinson	Ros-Lehtinen
Bryant	Inslee	Roukema
Burr	Isakson	Roybal-Allard
Burton	Istook	Royce
Buyer	Jackson (IL)	Rush
Callahan	Jefferson	Ryan (WI)
Calvert	Jenkins	Ryun (KS)
Camp	John	Salmon
Canady	Johnson, Sam	Sanders
Cannon	Jones (NC)	Sandlin
Capps	Jones (OH)	Sanford
Cardin	Kelly	Sawyer
Carson	Kildee	Saxton
Castle	Kind (WI)	Scarborough
Chabot	King (NY)	Scott
Chambliss	Kleczka	Sensenbrenner
Clement	Knollenberg	Serrano
Coble	Kuykendall	Sessions
Collins	LaHood	Shadegg
Combest	Lampson	Sherman
Cook	Largent	Sherwood
Cox	Larson	Shimkus
Coyne	Leach	Shows
Cramer	Levin	Simpson
Cubin	Lewis (CA)	Sisisky
Cummings	Lewis (KY)	Skeen
Cunningham	Linder	Skelton
Davis (FL)	Lofgren	Smith (MI)
Davis (VA)	Lucas (KY)	Smith (NJ)
Deal	Lucas (OK)	Smith (TX)
DeGette	Luther	Smith (WA)
DeLauro	Manzullo	Souder
DeLay	Markey	Spence
DeMint	Mascara	Stearns
Deutsch	Matsui	Strickland
Diaz-Balart	McCarthy (MO)	Stump
Dicks	McCarthy (NY)	Sununu
Dingell	McCrery	Tanner
Dixon	McHugh	Tauscher
Doggett	McKeon	Tauzin
Doolittle	McKinney	Taylor (NC)
Doyle	McNulty	Terry
Dreier	Meeks (NY)	Thomas
Duncan	Mica	Thornberry
Dunn	Miller (FL)	Thune
Edwards	Miller, Gary	Thurman
Ehlers	Minge	Tiahrt
Ehrlich	Mink	Tierney
Emerson	Moakley	Toomey
Eshoo	Mollohan	Trafficant
Etheridge	Moore	Turner
Evans	Morella	Udall (CO)
Everett	Murtha	Upton
Ewing	Myrick	Vitter
Farr	Nadler	Walden
Fletcher	Napolitano	Walsh
Foley	Nethercutt	Wamp
Frelinghuysen	Ney	Waters
Frost	Northup	Watt (NC)

Waxman  
Weldon (FL)  
Weldon (PA)  
Wexler

Whitfield  
Wilson  
Wolf  
Woolsey

Young (AK)  
Young (FL)

year 2001 for the Departments of Labor, Health and Human Services, and Education.

The form of the motion is as follows:

Mr. HOLT moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the bill, H.R. 4577, be instructed to insist on disagreeing with provisions in the Senate amendment which denies the President's request for dedicated resources for local school construction and, instead, broadly expands the Title VI Education Block Grant with limited accountability in the use of funds.

NAYS—42

Baird  
Bilbray  
Borski  
Brady (PA)  
Capuano  
Clyburn  
Coburn  
Condit  
Costello  
DeFazio  
English  
Filner  
Gejdenson  
Gutknecht  
Holt  
Jackson-Lee (TX)  
Kingston  
Kucinich  
Latham  
Lee  
LoBiondo  
McDermott  
McGovern  
Miller, George  
Moran (KS)  
Neal  
Oberstar  
Olver  
Pastor

Peterson (MN)  
Ramstad  
Rothman  
Sabo  
Schaffer  
Schakowsky  
Stenholm  
Taylor (MS)  
Thompson (CA)  
Udall (NM)  
Weller  
Wicker  
Wu

NOT VOTING—104

Abercrombie  
Ackerman  
Allen  
Archer  
Barr  
Becerra  
Bereuter  
Bishop  
Boucher  
Brown (FL)  
Campbell  
Chenoweth-Hage  
Clay  
Clayton  
Conyers  
Cooksey  
Crane  
Crowley  
Danner  
Davis (IL)  
Delahunt  
Dickey  
Dooley  
Engel  
Fattah  
Forbes  
Ford  
Fossella  
Fowler  
Frank (MA)  
Franks (NJ)  
Gillmor  
Gilman  
Goode  
Goodlatte

Goodling  
Greenwood  
Gutierrez  
Hastings (FL)  
Hefley  
Hilliard  
Hinchee  
Hoyer  
Hulshof  
Hyde  
Johnson (CT)  
Johnson, E. B.  
Kanjorski  
Kaptur  
Kasich  
Kennedy  
Kilpatrick  
Klink  
Kolbe  
LaFalce  
Lantos  
LaTourette  
Lazio  
Lewis (GA)  
Lipinski  
Lowey  
Maloney (CT)  
Maloney (NY)  
Martinez  
McCollum  
McInnis  
McIntosh  
McIntyre  
Meehan  
Meek (FL)

Menendez  
Metcalf  
Millender-McDonald  
Moran (VA)  
Owens  
Oxley  
Pallone  
Pickett  
Pryce (OH)  
Quinn  
Riley  
Sanchez  
Shaw  
Shays  
Shuster  
Slaughter  
Snyder  
Spratt  
Stabenow  
Stark  
Stupak  
Sweeney  
Talent  
Tancredo  
Thompson (MS)  
Towns  
Velazquez  
Visclosky  
Watkins  
Watts (OK)  
Weiner  
Weygand  
Wise  
Wynn

1823

So the Journal was approved.  
The result of the vote was announced as above recorded.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore (Mr. THORNBERRY). Will the gentleman from Kansas (Mr. TIAHRT) come forward and lead the House in the Pledge of Allegiance.

Mr. TIAHRT led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 4577, DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2001

Mr. HOLT. Mr. Speaker, pursuant to clause 7(c) of House rule XXII, I hereby announce my intention to offer a motion to instruct conferees on H.R. 4577, a bill making appropriations for fiscal

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 4577, DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2001

Mr. WU. Mr. Speaker, pursuant to clause 7(c) of House rule XXII, I hereby notify the House of my intention tomorrow to offer the following motion to instruct conferees on H.R. 4577, a bill making appropriations for fiscal year 2001 for the Departments of Labor, Health and Human Services, and Education.

The form of the motion is as follows:

Mr. WU moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the bill, H.R. 4577, be instructed to insist on disagreeing with provisions in the Senate amendment which denies the President's request for dedicated resources to reduce class size in the early grades and instead, broadly expands the Title VI Education Block Grant with limited accountability in the use of funds.

GENERAL LEAVE

Mr. YOUNG of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks, and that I may include tabular and extraneous material, on H.J. Res. 119.

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

There was no objection.

FURTHER CONTINUING APPROPRIATIONS FOR FISCAL YEAR 2001

Mr. YOUNG of Florida. Mr. Speaker, pursuant to the provisions of House Resolution 646, I call up the joint resolution (H.J. Res. 119) making further continuing appropriations for the fiscal year 2001, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the joint resolution.

The text of House Joint Resolution 119 is as follows:

H.J. RES. 119

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That Public Law 106-275,

is further amended by striking the date specified in section 106(c) and inserting "October 30, 2000".

The SPEAKER pro tempore. Pursuant to House Resolution 646, the gentleman from Florida (Mr. YOUNG) and the gentleman from Wisconsin (Mr. OBEY) each will control 30 minutes.

The Chair will recognize the gentleman from Florida (Mr. YOUNG).

Mr. YOUNG of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this is another one of those one-day CRs. We find ourselves here in the House Chamber on Sunday night because the President of the United States refuses to sign a continuing resolution longer than 24 hours. This resolution is to provide for one more day of continuing government funding until tomorrow night.

I would report briefly that the negotiations are ongoing this afternoon, negotiations with both parties and both Houses of the Congress. We will be meeting with the representatives of the White House later tonight. We would make every effort possible to conclude those negotiations sometime before tomorrow morning and hopefully be able to write this final bill and to file it in the House sometime tomorrow night and possibly have it on the floor Tuesday. That is why we are here tonight, Mr. Speaker.

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

1830

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

Mr. Speaker, while I am told the Packers lost, my only consolation is I guess the Vikings did too.

Mr. Speaker, we are now faced with the need to pass the eighth continuing resolution, I believe, of the year. Well, let me back up and just make an observation.

The gentleman from Florida (Mr. YOUNG) said we are here tonight because the President refused to sign any continuing resolution longer than 1 day. Let me respectfully disagree with that statement. We are here because the House worked all year, diligently, and passed all 13 appropriation bills.

The problem is that those bills had no attachment to reality. Those bills were fashioned, as they were, in order to allow the majority to continue its pretense that the surpluses would be large enough that we could provide very large tax cuts and still balance the budget and pay down the debt and provide all of the funding that the Congress intended to provide for its discretionary programs. The Congress, in the month of October, at least the House itself, did not finish action on a single appropriation bill, and now we are faced with the necessity to do a year's worth of work in 1 month's time.

The reason the President indicated he would not sign continuing resolutions longer than 1 day is because virtually no progress was made for the

first month after he had signed a series of longer continuing resolutions, and he felt that it was necessary to try to bring things to a head so that this body would in fact get its work done. Article I of the Constitution gives us the requirement to get our work done on basic things like the budget. The Congress has not done so. There are a number of bills that still have not yet gone to the President's desk.

So now we not only are dragging in terms of schedule, but because a whole range of other issues were not dealt with by this House and by the authorizing committees, we now have 313 separate authorization items which we are being asked to include in this bill by various persons within this institution. We are supposed to go through all of those items between 6:30 tonight and 10 o'clock tonight.

I am going to let somebody else say with a straight face that they will know what they are doing in dealing with all of those bills. I am one of the four that is supposed to deal with them, and I certainly do not know what all of them are.

The good Senator can tell me to stop speaking if he wants, but he is a guest in this House. Let me simply say that I am not going to stop speaking until I have finished my statement.

I would simply ask Members to recognize that this is not a responsible way to run a railroad. I hope it never happens again, and I would hope that tonight, as we enter that room, that we have a flexible response from the Republican leadership to the White House offer yesterday to end this impasse.

The White House has laid out a fairly straightforward proposition for ending the divisions, at least on the major bill that divides us, the Labor-Health-Education bill. I would hope that we would have flexibility on the part of both sides as we are in those negotiations.

Mr. Speaker, let me simply say I regret as much as anyone the fact that Members have to be kept here, but had we had a series of honest appropriation bills and sensible orders from the House leadership to begin with over the first 8 months of this year, all of this chaos would not be necessary.

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

Mr. YOUNG of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I just want to reiterate, we could have passed a continuing resolution on Friday that would have kept us going until Monday night, and Members could have been home Saturday and Sunday in their districts tending to their district business. But the President refused to sign one that would take us until Monday night, so we are here doing it on Sunday to get to Monday night. So that is the real reason.

Regarding the argument that my friend, the gentleman from Wisconsin (Mr. OBEY), makes about where we are in the process, the House Committee

on Appropriations had concluded all of its appropriations bills in July, early July, and we had them all through on the floor. We had them all through on the floor, and 12 of the 13 were passed through this House. The 13th was prepared to be passed, but it was pulled off of the schedule in July, and we did not take it up again until we came back from the August recess.

The House has done its job. But what has happened here, as the gentleman from Wisconsin (Mr. OBEY) has mentioned, is how many requests we have had from Members of the House on both sides of the aisle, Members of the Senate on both sides of the aisle, from the President of the United States, some of them just coming over, many slipped in the doorway in the last couple of days. So we have had to deal with all of these issues.

That, plus the fact that we have spent hour after hour, day after day, on amendments to bills in the House that had nothing to do with an appropriations bill, that were not germane, that were subject to a point of order; but as a courtesy to the minority, we allowed them hours and hours and hours of extra time on those amendments that we knew were not even in order. In fact, in most cases, the sponsor of the amendment withdrew the amendment after the delaying tactics of using up that time.

Now, that is why we are here. Let us be honest about it. We are here because the President will sign only a one-day CR per day, and we are here because there have been certain delaying tactics that have kept this House behind its appointed schedule.

Now, we ought to get this CR through here quickly so the other body can pass it tonight and the President can have it and sign it in time for the government to continue tomorrow.

There is another reason. Every hour that we spend on this floor now takes the gentleman from Wisconsin (Mr. OBEY) and myself, who are negotiators for the House, away from the negotiating table. We have Senators waiting in another room, waiting for us to come back to try to continue those negotiations, to go over the list of requests made by our colleagues here in the House, to see if we can agree to them or if we cannot agree to them.

So these unnecessary delays are keeping us from concluding our business. That is one reason that the gentleman from Wisconsin (Mr. OBEY) and I, whether we like it or not, are going to be here until the late hours tonight, Sunday night, and probably into the early hours of Monday morning, if we are going to get this product completed and filed by tomorrow night.

Mr. Speaker, I wanted to advise the gentleman from Wisconsin (Mr. OBEY) that at this point I have no further requests for time and will reserve the balance of my time so that we can conclude this CR.

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

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

Mr. Speaker, I do not want to prolong this, because the gentleman and I need to get back to the negotiations, but I do want to respond to one point he said. He has made much of the fact that the majority was so kind and gracious that they gave the minority an opportunity to debate amendments which were not in order.

Let me say that that itself is the problem, because the majority used the Committee on Rules to prevent us from offering amendments that would have made those appropriation bills real. They prevented us from offering those amendments because they knew if we brought them to the floor they would have enough Republican support, along with our support, to pass. So, instead of giving us the opportunity to get a vote on items that we thought were necessary, they said, no, we will not give you the right to vote on them. All we will do is give you an opportunity to talk on them for a little bit. So that was the second best option. It was the only option we were given.

So I think, in fact, the gentleman's remarks illustrate how arbitrary the majority was in assuring that the minority would never be able to produce amendments that would make these bills real. That is why we are stuck here tonight.

The other point I would simply make is that the majority has now passed appropriation bills which have taken these bills billions of dollars above the level of the amendments that we tried to offer that they said were not in order in the first place because they supposedly exceeded the budget resolution. The majority itself has now exceeded their own budget resolution by almost \$40 billion. So the idea that somehow we had a real legislative process going on on those 13 bills is a joke.

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

Mr. YOUNG of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I just wanted to make the point that all of the appropriations bills that we brought to the House floor were under an open rule, an open rule, and the rules of the House prevailed.

I would just like to say to my friend, the gentleman from Wisconsin (Mr. OBEY), that when we did allow that extra time of debate on amendments that were not even in order, that is the courtesy we showed to the minority that when they were the majority party they never showed to us.

Mr. OBEY. Mr. Speaker, will the gentleman yield?

Mr. YOUNG of Florida. I yield to the gentleman from Wisconsin.

MR. OBEY. Mr. Speaker, that is a distinction without meaning, because the fact is the gentleman says we were given amendments that we could offer under an open rule. But in fact that

was a closed rule, because of the nature of the budget resolution, which was so artificially low in order to make room for your "let's-pretend-tax-cut," that the rules were then used to preclude us from offering amendments that otherwise would have been in order under an open rule, and you know that as well as I do.

Mr. YOUNG of Florida. Mr. Speaker, reclaiming my time, that is a good spin on that subject, but check the record. They were open rules.

Mr. Speaker, I just ask for a vote on the CR, so we can get about the rest of our business tonight.

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

The SPEAKER pro tempore (Mr. THORNBERRY). All time for debate has expired.

The joint resolution is considered as having been read for amendment.

Pursuant to House Resolution 646, the previous question is ordered.

The question is on engrossment and third reading of the resolution.

The joint resolution was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the joint resolution.

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

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

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

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 342, nays 7, not voting 83, as follows:

[Roll No. 575]

YEAS—342

Ackerman	Brown (OH)	DeLay
Aderholt	Bryant	DeMint
Andrews	Burr	Deutsch
Armey	Burton	Diaz-Balart
Baca	Buyer	Dicks
Bachus	Callahan	Dixon
Baker	Calvert	Doggett
Baldacci	Camp	Doolittle
Baldwin	Canady	Doyle
Ballenger	Cannon	Dreier
Barcia	Capps	Duncan
Barrett (NE)	Cardin	Dunn
Barrett (WI)	Carson	Edwards
Bartlett	Castle	Ehlers
Bass	Chabot	Ehrlich
Bentsen	Chambliss	Emerson
Berkley	Chenoweth-Hage	Engel
Berman	Clement	English
Berry	Clyburn	Eshoo
Biggart	Coble	Etheridge
Bilbray	Coburn	Evans
Bilirakis	Collins	Everett
Blagojevich	Combest	Ewing
Bliley	Condit	Farr
Blumenauer	Cook	Fattah
Blunt	Cox	Filner
Boehlert	Coyne	Fletcher
Boehner	Cramer	Foley
Bonilla	Cubin	Fossella
Bonior	Cummings	Frelinghuysen
Bono	Cunningham	Frost
Borski	Davis (FL)	Gallegly
Boswell	Davis (VA)	Ganske
Boyd	Deal	Gejdenson
Brady (PA)	DeGette	Gekas
Brady (TX)	DeLauro	Gephardt

Gibbons	Matsui	Ryun (KS)
Gilchrest	McCarthy (MO)	Sabo
Gilman	McCarthy (NY)	Salmon
Gonzalez	McCrery	Sanders
Goode	McDermott	Sandlin
Goodlatte	McGovern	Sanford
Goodling	McHugh	Sawyer
Gordon	McKeon	Saxton
Goss	McKinney	Scarborough
Graham	McNulty	Schaffer
Granger	Meeks (NY)	Schakowsky
Green (TX)	Mica	Scott
Green (WI)	Millender	Sensenbrenner
Gutknecht	McDonald	Serrano
Hall (OH)	Miller (FL)	Sessions
Hall (TX)	Miller, Gary	Shadegg
Hansen	Minge	Sherman
Hastings (WA)	Mink	Sherwood
Hayes	Moakley	Shimkus
Hayworth	Mollohan	Shows
Herger	Moore	Simpson
Hill (IN)	Moran (KS)	Sisisky
Hill (MT)	Morella	Skeen
Hilleary	Murtha	Skelton
Hinojosa	Myrick	Slaughter
Hobson	Nadler	Smith (MI)
Hoeffel	Napolitano	Smith (NJ)
Hoekstra	Neal	Smith (TX)
Holden	Nethercutt	Smith (WA)
Holt	Ney	Souder
Hooley	Northup	Spence
Horn	Norwood	Stabenow
Hostettler	Nussle	Stearns
Hoyer	Oberstar	Stenholm
Hunter	Obey	Strickland
Hutchinson	Olver	Stump
Hyde	Ortiz	Sununu
Inslee	Ose	Sweeney
Isakson	Packard	Tanner
Istook	Pallone	Tauscher
Jackson (IL)	Pascarell	Tauzin
Jackson-Lee	Pastor	Taylor (MS)
(TX)	Paul	Taylor (NC)
Jefferson	Payne	Terry
Jenkins	Pease	Thomas
John	Pelosi	Thompson (CA)
Johnson, Sam	Peterson (MN)	Thornberry
Jones (NC)	Peterson (PA)	Thune
Jones (OH)	Petri	Thurman
Kelly	Phelps	Tiahrt
Kildee	Pickering	Tierney
Kind (WI)	Pitts	Toomey
King (NY)	Pombo	Towns
Kingston	Pomeroy	Traficant
Klecza	Porter	Turner
Knollenberg	Portman	Udall (CO)
Kucinich	Price (NC)	Udall (NM)
Kuykendall	Pryce (OH)	Upton
LaHood	Quinn	Velazquez
Lampson	Radanovich	Vitter
Largent	Rahall	Walden
Larson	Ramstad	Walsh
Latham	Rangel	Wamp
Leach	Regula	Waters
Lee	Reyes	Watt (NC)
Levin	Reynolds	Waxman
Lewis (CA)	Rivers	Weldon (FL)
Lewis (KY)	Rodriguez	Weldon (PA)
Linder	Roemer	Weller
LoBiondo	Rogan	Wexler
Lofgren	Rogers	Whitfield
Lowey	Rohrabacher	Wicker
Lucas (KY)	Ros-Lehtinen	Wilson
Lucas (OK)	Rothman	Wolf
Luther	Roukema	Woolsey
Maloney (NY)	Roybal-Allard	Wu
Manzullo	Royce	Young (AK)
Markey	Rush	Young (FL)
Mascara	Ryan (WI)	

NAYS—7

Baird	Costello	Miller, George
Barton	DeFazio	
Capuano	Dingell	

NOT VOTING—83

Abercrombie	Cooksey	Gillmor
Allen	Crane	Greenwood
Archer	Crowley	Gutierrez
Barr	Danner	Hastings (FL)
Becerra	Davis (IL)	Hefley
Bereuter	Delahunt	Hilliard
Bishop	Dickey	Hinchee
Boucher	Dooley	Houghton
Brown (FL)	Forbes	Hulshof
Campbell	Ford	Johnson (CT)
Clay	Fowler	Johnson, E. B.
Clayton	Frank (MA)	Kanjorski
Conyers	Franks (NJ)	Kaptur

Kasich	McIntosh	Snyder
Kennedy	McIntyre	Spratt
Kilpatrick	Meehan	Stark
Klink	Meek (FL)	Stupak
Kolbe	Menendez	Talent
LaFalce	Metcalfe	Tancredo
Lantos	Moran (VA)	Thompson (MS)
LaTourette	Owens	Visclosky
Lazio	Oxley	Watkins
Lewis (GA)	Pickett	Watts (OK)
Lipinski	Riley	Weiner
Maloney (CT)	Sanchez	Weygand
Martinez	Shaw	Wise
McCollum	Shays	Wynn
McInnis	Shuster	

1921

So the joint resolution was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. MALONEY of Connecticut. Mr. Speaker, I was unavoidably detained during rollcall vote No. 574. Had I been present I would have voted "yea."

Additionally, I was unavoidably detained during rollcall vote No. 575. Had I been present I would have voted "yea".

PERSONAL EXPLANATION

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, on rollcall Nos. 574 and 575 I missed votes due to an airline delay. Had I been present, I would have voted "yea" on both.

PERSONAL EXPLANATION

(Mr. HINCHEY asked and was given permission to address the House for 1 minute.)

Mr. HINCHEY. Mr. Speaker, as a result of travel difficulties, on rollcall No. 574 and rollcall No. 575, I was unavoidably detained en route to the Capitol. Had I been present, I would have voted "aye."

MOTION TO INSTRUCT CONFEREES ON H.R. 4577, DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2001

Mr. PALLONE. Mr. Speaker, I rise to offer a motion to instruct.

The SPEAKER pro tempore (Mr. THORNBERRY). The Clerk will report the motion.

The Clerk read as follows:

Mr. PALLONE moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 4577 be instructed, in resolving the differences between the two Houses on the funding level for program management in carrying out titles XI, XVIII, XIX, and XXI of the Social Security Act, to choose a level that reflects a requirement on Medicare+Choice organizations to offer Medicare+Choice plans under part C of such title XVIII for a minimum contract period of three years, and to maintain the benefits specified under the contract for the three years.

The SPEAKER pro tempore. Under the rule, the gentleman from New Jer-

sey (Mr. PALLONE) and the gentleman from California (Mr. THOMAS) each will be recognized for 30 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, I yield myself 5 minutes.

Mr. Speaker, the motion I am offering is an amendment to inject some needed accountability into the Medicare+Choice program. It instructs the conferees to support language that would require HMOs participating in the Medicare+Choice program to stay in their given markets for 3 years. In addition, it instructs the conferees to support language that requires HMOs to provide all the benefits they promised to beneficiaries when they enrolled in Medicare HMOs.

Last week, the Republican leadership passed a Medicare refinement bill that is really nothing more than a special interest giveaway to the managed care industry. Over 40 percent of the money in this bill is given to the managed care industry, and it is given to the industry with virtually no strings attached.

Mr. Speaker, there is nothing in this bill that passed last Thursday that guarantees any stability for seniors or that the plans will stay in a given area. The only thing that is guaranteed is that the managed care industry will be granted a massive government windfall. I suppose it is a reward of sorts for the managed care industry from the Republican leadership for their effective campaign to prevent the patients' bill of rights from reaching the President's desk.

Unfortunately, the managed care industry's gain translates into a significant loss for Medicare beneficiaries and the entire spectrum of Medicare providers in the health community. Every Member in this Chamber has heard from providers in their districts, be it hospitals, home health care providers, nursing homes, hospices, community health centers and others, that are being crushed by the unintended financial burden of the balanced budget agreement. Despite last year's BBA refinement package, there are countless Medicare providers around the country whose ability to provide care to Medicare beneficiaries is precarious because of the lack of adequate reimbursement. In my district, I have already seen a hospital forced to close its doors.

Mr. Speaker, it would have been infinitely more appropriate to spread what money has been set aside in the budget for Medicare refinements more evenly throughout the program than to give a disproportionate sum to an industry that has a clear record of putting profits ahead of patients. Working with the White House, we will continue to fight for a more equitable distribution of funds so that the Medicare beneficiary, not the HMO executive, will come first.

It would have also been appropriate to require that the HMOs are held accountable for the care they are supposed to provide beneficiaries in ex-

change for the windfall the Republican leadership wants to give them. As we saw a few days ago, and as we have seen for the last several years, the Republican leadership is unwilling to break its special interest bond with the managed care industry. They remain steadfastly opposed to any measure that would require the managed care industry to act in a more responsible manner that Medicare beneficiaries and all patients have been demanding.

Mr. Speaker, let me also say that my motion is not an attempt to hamstring the managed care industry or weaken it in any way. I want to preserve it and make it stronger for all seniors who may want to enroll in HMOs for their care. In fact, I have introduced legislation myself that would restore funding to Medicare HMOs.

I am not, however, willing to simply give HMOs untold billions and then allow them to continue to pull the rug out from underneath seniors who are lured into HMOs with the promise of extra benefits. And this latter point about benefits is very important. Medicare beneficiaries are not just destabilized when their HMOs pull out of the market. They are oftentimes destabilized when their HMO stays and their HMO just rescinds the extra benefits that attracted the beneficiaries in the first place, the most popular example of that being prescription drug coverage.

Seniors should be afforded some peace of mind and be able to know that when they enroll in an HMO for prescription drug coverage or whatever extra benefits they enroll for, they are going to get those benefits. If the Republican leadership remains wedded to giving the managed care industry multibillion dollar special interest giveaways at the expense of all other Medicare providers, the least the Congress can do is require that seniors are going to get what they are promised.

If my colleagues on the other side are as committed as they purport they are to providing seniors with a Medicare prescription drug benefit, they should have no opposition to requiring managed care companies to agree to provide what they promised beneficiaries they will provide for at least a 3-year period. I do not think that is a lot to ask for and that is what this motion to instruct is all about.

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

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

Mr. Speaker, I think first of all we should look at this motion to instruct. There are several levels of clearance that are required for a motion to instruct to be in order, and it has to deal with funding. Obviously, in this motion to instruct, it says that in resolving the differences between the two Houses on the funding level for program management of the Social Security Act. So it meets that test level.

But then it goes on to say that through the funding mechanism, they

are supposed to choose a level that reflects a requirement on Medicare+Choice organizations to offer a minimum contract period of 3 years. There is no funding mechanism that would require or even allow a 3-year contract under Medicare. Medicare+Choice programs are funded for 1 year under the Health Care Financing Administration. The amount that a Medicare+Choice program receives is based upon a number of factors: where it is located, the cost of medical services in the area, and, most importantly, the makeup of the beneficiaries that have signed up for that Medicare+Choice program. That is, what is their age, what is their medical condition?

All of these factors are taken into consideration when the level of reimbursement to the Medicare+Choice plan is determined. The difference by the Medicare+Choice program of offering the statutory mandatory benefits is what the Health Care Financing Administration has determined to be its payment level. If there are dollar differences between those two areas, by law that plan must either offer additional benefits or that money has to be refunded back to the Health Care Financing Administration; but it can only be done on a 1-year basis under current law.

Beneficiaries can sign up for a Medicare+Choice program and leave the program. That is, the patient profile of a plan can change from year to year. So it is nonsensical to think that a level of funding can produce a 3-year contract. It is also nonsensical to think that it can produce a set benefit package for a 3-year period. One of the reasons some of these plans are pulling out of areas is because they can no longer offer the benefits they had offered under their shrinking profit structure dictated and determined by the Health Care Financing Administration.

1930

So make no mistake, not only does this motion to instruct have no legal binding requirement, but it is nonsensical. It is germane. It does affect the funding level. But in no way does just affecting the funding level bring about any ability to create a 3-year contract or a guaranteed 3-year level of benefits. It is just nonsensical.

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

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from New York (Mr. ACKERMAN).

Mr. ACKERMAN. Mr. Speaker, I would like to thank the gentleman from New Jersey (Mr. PALLONE) for taking the initiative on this issue, which is of a critical nature to our senior citizens throughout this country and specifically to our constituents who happen to live presently on Long Island in New York.

Mr. Speaker, I would just like to disagree with my learned colleague on the

other side of the aisle who said that this is nonsensical. I think some of us read it in a different way that choosing a level that reflects a requirement, and the key word is a "requirement," on the Medicare+Choice organizations to offer plans that are no less than 3 years old. We think that that means that they can expend no funds other than to write a contract that would last 3 years. Anything else would be unacceptable under the language that we are offering.

Our senior citizens are in trouble in this country. They are not doing as well as so many other segments of society. There is so much uncertainty and insecurity in their lives that the instability that the current system offers them is totally unacceptable.

We approach things a little bit differently on Long Island, our congressional delegation that is, and we try to do things in more of a nonpartisan way when it affects our constituents. So we worked together, each and every one of us, Democrats and Republicans alike. And in the County of Suffolk, which is on the eastern end of Long Island, which I proudly share with our colleague, the gentleman from New York (Mr. LAZIO), we have a situation which is critical that is highlighted by this legislation.

Every single Medicare+Choice plan, with the exception of one, has announced that they are leaving Suffolk County because they are not being reimbursed quickly enough or adequately enough; and our senior citizens, those of the gentleman from New York (Mr. LAZIO) and mine, are absolutely traumatized. They do not know what is going to happen.

The one remaining plan has already announced they are going to have an additional \$75 premium each month. Somebody has to come down here to the floor and stick up for those senior citizens who are living in abject fear, whether they be in the district of the gentleman from New York (Mr. LAZIO) or my district on Long Island.

And those are not the only places. All of these, these are single-space lists of counties throughout the country where this problem is imminent right now. But in our county, that of the gentleman from New York (Mr. LAZIO) and mine, the announcement has already been made that they are packing up and leaving. They have given their 6-month notice.

These people have nowhere to go. There is but one plan left. What happens to my colleague's seniors? What happens to my seniors with the remaining plan if they are only limited to one more year? Where will these people go? They will have no coverage. And if that is the case, shame on each and every one of us for not providing to our constituents the protection that they need.

The constituents of the gentleman from New York (Mr. LAZIO) need it. My constituents need it. And the constituents of so many Members whose dis-

tricts appear on these lists need it, as well.

Mr. THOMAS. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, I would tell the gentleman that we certainly share his concern, but the idea of trying to get plans to stay for 3 years when there would be total uncertainty in the second and third year of what the contract might be will increase the chances of destabilizing the program, not decrease it, the exact opposite effect that the gentleman seeks.

For example, in the Med Pac report, March 2000, one concern "that may contribute to the lack of new plans and plan types and which may be discouraging current participants is uncertain future revenue streams for plans."

Mr. Speaker, I yield 3 minutes to the gentleman from Louisiana (Mr. MCCRERY), a member of the subcommittee.

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

Mr. Speaker, before I address the remarks of the last speaker on the minority side, let me just go over the numbers here so everybody has a clear understanding of what we are talking about.

There has been some misstatements made in several quarters about the amount of money in this Medicare package for HMOs or Medicare+Choice program. Here we see the numbers laid out by the CBO for each category in this package.

For hospitals there is \$11 billion, 34.9 percent of the total package. Beneficiary assistance and preventive benefits, \$6.7 billion dollars, 21.3 percent of the total package. And then we get to Medicare+Choice, the Medicare HMOs. There is \$6.3 billion in this package for Medicare HMOs, and that is 20 percent of the total package.

Now, I really believe that both sides on this issue are well-intentioned. I agree with the gentleman from New York (Mr. ACKERMAN). I think it is terrible that we have Medicare HMOs leaving certain parts of our country and, therefore, leaving those seniors with no coverage for things like prescription drugs, in some cases their deductibles, their copays, because those Medicare HMOs, those Medicare+Choice programs often provide those benefits.

I know in my district I had one Medicare HMO; and they left last year, the only one. I heard from hundreds of seniors in my district about that plan leaving. They wanted it back. They said that is the greatest thing we have ever had in Medicare, and we want it back. So I agree with the gentleman that we ought to try to encourage those plans to come to a locale and stay there.

But encourage is one thing; mandate is another. And in my opinion, I just have an honest disagreement with the gentleman as to how the market works. I think that if we mandate that

a plan stays in a locale for 3 years, we will have fewer and fewer plans locating in those marginal locales where the reimbursement rate is at the margin for them to make a profit.

So it is an honest disagreement, but I think the gentleman who has offered the motion to instruct is just wrong about the effects of his motion if it were to become law.

And so for that reason, I would urge all Members on both sides of the aisle who are interested in having their seniors have access to these type Medicare plans to vote no on this motion to instruct.

Mr. PALLONE. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, what the gentleman from Louisiana (Mr. MCCREERY) is not mentioning is that there are buried or hidden indirect pass-throughs which are actually part of that chart. In other words, what happens is that money goes to the providers like the hospitals; and then it is passed through to the HMOs, about one-sixth of what goes to hospitals and other providers. So it is still \$11 million, and it is still 40 percent of the total no matter how you cut it, and that is outrageous given that there are no strings attached.

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

Mr. THOMAS. Mr. Speaker, I yield 1 minute to the gentleman from Louisiana (Mr. MCCREERY).

Mr. MCCREERY. Mr. Speaker, I thank the gentleman for yielding me the time, and I will be glad to yield to my friend from New Jersey.

Mr. Speaker, the gentleman is right, there are interactions with the increased payments that we make to hospitals. Because, as the gentleman knows, in figuring the payment rate for the Medicare+Choice plans, it is the fee-for-service rate in that region that has an impact on the reimbursement rate for the Medicare+Choice program. That is true.

But certainly the gentleman would not suggest that we not raise the payments to the hospitals and the other providers that we are doing in this bill, would he?

Mr. PALLONE. Mr. Speaker, will the gentleman yield?

Mr. MCCREERY. I yield to the gentleman from New Jersey.

Mr. PALLONE. Mr. Speaker, the bottom line is that the HMOs are getting \$11 million, 40 percent of the total, no matter how you cut it.

Mr. MCCREERY. Mr. Speaker, reclaiming my time, but the gentleman is not suggesting that we should not be raising the reimbursement rate to hospitals and other providers?

Mr. PALLONE. Mr. Speaker, if the gentleman will continue to yield, no.

Mr. MCCREERY. Mr. Speaker, then as a natural consequence, we are going to get higher reimbursement for the Medicare+Choice plans. That is an interaction that is unavoidable in this plan. I am glad that the gentleman is not suggesting that we do not give

higher reimbursement rates to our hospitals and other providers.

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

Mr. Speaker, I am just pointing out that the \$11 million figure and the 40 percent that goes to HMOs still stands. The gentleman was trying to contradict that and he cannot.

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

(Mr. GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GREEN of Texas. Mr. Speaker, I thank my colleague from New Jersey and the Chair of our Democratic Task Force on Health Care for having this motion to instruct.

In a way I agree with my colleague from Louisiana that this may not be the best way to get the attention of the HMOs that predominantly serve our seniors. But it is our only battle tonight. And hopefully there is another way we can get their attention instead of just throwing more money at it.

HMOs only cover about 15 percent of our senior citizens. And yet, the bill we voted on last week would provide at least 40 percent and over 10 years 47 percent to HMOs for those 15 percent. Actually, in Houston, we have a little over 15 percent of our seniors who are served by an HMO.

I have a similar problem that my colleague from New York has. In Houston, Texas, we are down to one HMO left and they are capped, because they do not have the network to be able to add more seniors to it. So, as of December 31, our seniors will not be able to have access to an HMO.

Now, I am not real thrilled about HMOs to begin with. But let me tell my colleagues what happened in Houston, Texas. We at one time had four or five HMOs. But one big insurance company, and I will not name them because they have done this around the country, they bought up the other HMOs. They bought up NYLCare 65, Prudential. And then they served notice a little less than 6 months or maybe a little more than 6 months later that they are not going to serve the market.

That is what HMOs are doing. That is our only way to do this is to make them stay in the market because they actually controlled over 65 percent of the market, and then they announced they are not going to serve it. That is not doing a service to my seniors in Houston any more than they are doing it to Long Island, and that is what is frustrating.

The Medicare BBA provider bill last week actually gave 40 percent and then 47 percent. A lot of us voted against this bill simply because of that. We need to provide more for hospitals and for providers and for doctors and for home health care, you name it. But if we are going to provide more for HMOs, and I do not mind it, I voted for it last year in 1999 and I will vote for it again, but let us put some restrictions on them. Maybe not 3 years, but let us do

something instead of just giving them a blank check and then they still will not serve the seniors in my district.

Mr. THOMAS. Mr. Speaker I yield 4 minutes to the gentleman from Tennessee (Mr. BRYANT), a member of the committee that shares jurisdiction, the Committee on Commerce.

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

Mr. Speaker, I thank my colleagues from the other side who have talked about a spirit of bipartisanship and something I certainly agree with. I am concerned that this bill is going to be vetoed by the President. In the spirit of bipartisanship, I would ask my colleagues on the other side and our Vice President, who is from Tennessee, not to allow this to happen, to go to the President and to ask him to sign this bill.

Because my State of Tennessee really needs this legislation. Our Medicare beneficiaries in Tennessee will receive \$4.3 billion that will help reduce their Medicare copayments, the money they have to pay out of their pockets and other assistance, as well as they need the \$1.4 billion that this bill provides for new preventive benefits under the Medicare program. And our Tennessee hospitals need this legislation also.

Altogether, this bill will benefit hospitals to the tune of nearly \$14 billion through direct and indirect funding. If our hospitals in Tennessee are forced to close or cut services, the effect on our patients and on the more than 52,000 hospital employees could be devastating.

I also want this bill not vetoed because it contains \$1.6 billion in critical funding for nursing homes and \$1.8 billion for home health care and hospice service. The legislation also expands Medicare coverage for telemedicine services. This is important to the rural areas of the State of Tennessee that I represent.

Using today's cutting edge technology, telemedicine or telehealth has the potential to revolutionize the way we practice medicine in this country, and it has the potential to erase the disparities in medical care and quality of care between rural areas and urban areas.

And last, but not least, I would hope the Vice President would realize about his home State of Tennessee that, without this legislation, we will lose in Tennessee \$27 million for our State's children's health insurance program, or the S-CHIP program.

Because Tennessee had already covered many of our S-CHIP eligible children under our State Medicare waiver program, Tennessee has had to work much harder to get children to enroll in S-CHIP. As a result, it has taken us longer to use all of the money allotted to the State for the S-CHIP program.

1945

I hope the Vice President realizes that this bill will allow Tennessee 2

more years to use most of its S-CHIP money so that more Tennessee children can be covered. Now I know that our Vice President, Mr. GORE, spent a lot of time on this campaign trail talking about health insurance for children in Texas but, Mr. Speaker, I hope the Vice President will consider the needs of Tennessee's children in his discussions with the President about whether or not to sign this bill.

I urge my colleagues to vote against this motion to instruct and I urge the President to sign H.R. 2614.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. TURNER).

Mr. TURNER. Mr. Speaker, I am glad to hear the gentleman from Tennessee (Mr. BRYANT) express his concern about his rural hospitals and his health care providers in his district because I have the very same concern, and that is why I hope that he will join with us in urging this Congress to put a larger percentage of the increased funding for Medicare in increasing those reimbursement rates to those rural hospitals and to those rural health care providers instead of giving about 40 percent of it directly to the insurance companies that we do not even know if they will be passing that money along to those rural hospitals. That is why I oppose the Medicare funding plan that the Republican leadership has put before this body.

The truth of the matter is, Medicare+Choice HMO insurance plans are not working for our seniors and they are not working for the taxpayers. The bottom line is, in my district, as I went around in August talking to my seniors at town meetings, they stood in lines to tell me that their Medicare+Choice plans have been cancelled. In fact, 5,000 of them in my district received notices of cancellation just a month ago, and the truth of the matter is Medicare+Choice is being cancelled all across this country. That is why we need greater accountability, and that is what this motion is addressing.

Thirty percent of all Medicare beneficiaries in this country will have no Medicare+Choice option. Last year, 328,000 seniors got these notices of cancellation. This year almost a million seniors got notices of cancellation.

If one has looked at the recent General Accounting Office report on Medicare+Choice plans which was just issued, it will reaffirm the case that I am making tonight that our HMO plans are failing our seniors and our taxpayers.

Listen to this from the summary of the GAO report: Industry representatives contend that the Balanced Budget Act's payment rates are too severe and that low Medicare payment rates are largely responsible for the plan withdrawals. However, since the BBA was enacted, Medicare+Choice rates have risen faster than per capita fee-for-service regular Medicare spending. In addition, many plans have attracted

beneficiaries who have lower than average expected health care costs while Medicare+Choice payments are largely based on the expected costs of beneficiaries with average health care needs. The result is that Medicare can pay more for a beneficiary who enrolls in a plan than if the beneficiary had remained in regular fee-for-service Medicare. As we, the GAO, recently reported, these additional payments amounted to \$5.2 billion or 21 percent more in 1998 than the fee-for-service program would have spent to provide Medicare coverage benefits to plan enrollees.

The plans offered by the HMOs are costing the taxpayers more money than regular Medicare and increasingly those HMO plans are withdrawing from our seniors, and they need to have something better. That is why we fought for a prescription drug benefit under regular Medicare, which works for our seniors.

Mr. THOMAS. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. ENGLISH), a member of the Committee on Ways and Means.

Mr. ENGLISH. Mr. Speaker, briefly I urge my colleagues to vote against this perverse and misguided motion to instruct. I agree the trend of Medicare+Choice plans pulling out of areas across the country is enormously disturbing, but may I suggest to the folks on the other side that they have offered exactly the wrong solution. By forcing plans to commit to 3 years, we are ensuring that plans who are struggling to maintain their service will leave now, right now. Medicare+Choice funding, as the gentleman from California (Mr. THOMAS), noted, is too unpredictable under current HCFA policy.

This motion adds no accountability; just a poison pill. I find it ironic that the Democrats and the President have spent the past week tearing apart the Medicare bill that this House passed, calling the money spent on Medicare+Choice plans unjustified. If anyone thinks that the money dedicated to shoring up Medicare+Choice plans is unjustifiable, I invite them to come to Erie, Crawford, and Mercer County, Pennsylvania. I invite them to explain that to seniors who are facing copays that will double in January and decrease benefits.

If they are indeed serious about stabilizing Medicare+Choice, then I urge our friends on the other side of the aisle to drop this and urge the President to sign the House package and work with us to ensure that seniors relying on these plans continue to have access to quality health care. Do not simply adopt populist poses and deploy vacant partisan rhetoric while requiring Medicare+Choice plans to be at the mercy of HCFA for 3 years. This is no solution. They will simply leave and seniors will be left holding the bag.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. BROWN), the ranking member of our Subcommittee on Health.

Mr. BROWN of Ohio. Mr. Speaker, I thank my friend, the gentleman from New Jersey (Mr. PALLONE), for his leadership on this issue.

Mr. Speaker, December 31, 1998, Medicare managed care plans dropped 400,000 Medicare beneficiaries. December 31, 1999, Medicare managed care plans dropped 327,000 beneficiaries. On December 30 of this year, Medicare managed care plans will again unceremoniously drop 900,000 more senior citizens. Seniors in my district were dropped by United Health Care in 1998. Some switched to QualChoice, which dropped them in 1999. Some switched to Aetna, which will dump them at the end of this year.

A Medicare HMO is not real insurance. It is a roll of the dice that calls itself insurance. Why is the plus choice program failing seniors? Ask the HMOs and they will say it is because the Federal Government is underpaying and overregulating them. Ask the Inspector General and ask the General Accounting Office, and they will say we are actually overpaying and underregulating Medicare HMOs. They choose to hoard the profits they make in some counties while dumping those in less profitable counties.

This does not make them bad. It makes them businesses. It does, however, throw a wrench in it-is-all-the-government's-fault campaign that they are waging. If we are going to pay the managed care industry more, we owe it to beneficiaries and to taxpayers to demand that HMOs act responsibly towards those senior citizens who have enrolled in their plans. That means once HMOs enter a county, they should agree to stay put and they should agree to offer predictable benefits for at least 3 years. That way senior citizens will finally know exactly how long they can depend on their managed care plan. Before we hand over \$10 billion, almost half of the new Medicare dollars this Congress is appropriating, before we hand over \$10 billion of taxpayers' money to HMOs, before we hand over one dollar, we should do at least that much for beneficiaries. Support the Pallone motion.

Mr. THOMAS. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, the gentleman from Ohio (Mr. BROWN) should know, and perhaps he does not, that in the language of the Medicare provisions that were passed last week included was language requested by the Health Care Financing Administration and the Clinton administration, which we think is appropriate. The language says any dollars contained in this bill as an increase to Medicare+Choice programs must, must go to the beneficiaries in lowered premiums or increased benefits.

Mr. Speaker, I yield 2 minutes to the gentleman from Kentucky (Mr. WHITFIELD), a member of the Committee on Commerce and someone extremely interested in this issue.

Mr. WHITFIELD. Mr. Speaker, I am delighted that we are having this discussion tonight about this important issue and, of course, as we move closer to an election it is politically wise, I believe, to attack HMOs. And we recognize that all HMOs, there are some deficiencies there but also I think we must recognize that HMOs play a valuable part of providing health care to people throughout America. As a matter of fact, HMOs for our senior citizens are the only entities offering prescription drugs today, offering eye glasses today and so there are many benefits from HMOs that seniors receive.

There has been some discussion this evening about placing mandates on HMOs, and obviously we do need some mandates, but excessive mandates are not the answer. We have learned that lesson all too well in the State of Kentucky. Our Governor, about 6 years ago, placed such heavy mandates on the insurance companies offering health insurance in Kentucky that every one of them left, with the exception of one, and the insurance premiums in Kentucky skyrocketed and the number of uninsured in Kentucky skyrocketed because of mandates.

Now we can solve the health care problems in America today, but we cannot blame it all on the HMOs. We cannot blame it all on HCFA. But we have to work together. It is a complex issue, and I think that we can solve it.

I am particularly disappointed, however, that so many on the other side of the aisle and the President is now threatening to veto this bill that provides additional money for Medicare, about \$31 billion, \$6.5 billion to strengthen the Medicare+Choice program; more than \$500 million in increased funding for diabetes treatment, nearly \$500 million to the Ricky Ray Fund to compensate hemophiliacs, more than \$12 billion to strengthen hospitals, particularly rural hospitals. So I would urge the defeat of this motion to instruct.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise to support the motion to instruct by the gentleman from New Jersey (Mr. PALLONE). I thank the gentleman very much for his leadership.

Mr. Speaker, it is interesting, as I have listened to this debate, I heard the distinguished gentleman from Pennsylvania (Mr. ENGLISH) make the comment that is absolutely true. They will simply leave, and that is why we are on the floor this evening because the HMOs around this country have simply left. They have left with no admonishing, no requirements, no responsibility, no concern and no compassion; whether it is conservative compassion or liberal compassion.

I have in my hands pages and pages of those who have left Harris County,

and when I go to my senior citizen meetings all of them are looking at me with incredulity asking the question, why are the HMOs closing. And so I believe this is a very instructive and very important motion to instruct, because the good gentleman from California (Mr. THOMAS) mentioned a provision that was put in, the stabilization fund, he knows full well that there is no requirement for those dollars to go back to the beneficiaries. The HMO can sit on those dollars forever and forever and forever.

It is interesting, I heard the gentleman from New York (Mr. ACKERMAN) speak about his district. He mentioned the district of the gentleman from New York (Mr. LAZIO). My good friend, the gentleman from Tennessee (Mr. BRYANT), mentioned the HMOs closing in his district. They are closing in my district. What we are talking about here is responsibility, and to refer to the fact that it is only a 1-year contract that is incorrect, because the language in the regulation says at least 1 year. It does not say only 1 year. It says at least. That means it can go up to 2 years or 3 years.

In addition, Mr. Speaker, might I say that there is some conversation about this actuarial language in the bill; and I hope the President does veto it, in the tax bill. When we call the chief actuary and talk about them reviewing HMOs, he already has 30 people working overtime. He says he needs another 20 to be working to do what this tax bill wants him to do.

This is wrong directed and wrong headed. I want two things out of this tax bill. I want my hospitals to remain open, particularly my public hospitals; and I do not believe we should be giving \$34 billion to HMOs where only 15 percent of the seniors are actually enrolled. Give them an obligation to stay in our communities, and I might consider their tax bill.

Secondarily, give us the money to keep our public hospitals and our private hospitals open. When I talk to my constituents, they knew they could not work with the amount of money we had in this tax bill. It does not help home health centers, nursing homes, hospitals. It does not help anyone but the insurance companies. I believe this bill should be vetoed so the senior citizens all over this Nation can have HMOs that will stay in their communities with the requirement to sign a contract for 3 years and the doors of our hospitals will stay open to help the people who are really in need, and that compassionate conservative or conservative compassion, whatever it is, is really a reality that works for the American people. That is what we should be doing here and doing it today.

2000

Mr. THOMAS. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, I would tell the gentlewoman that a letter from the Amer-

ican Hospital Association said, "We are urging Members to vote in favor of this legislation and we recommend that the President not veto this legislation," along with 48 other organizations, many of them providers.

I am a bit perplexed by the gentleman's \$34 billion number going to Medicare+Choice programs, since the Congressional Budget Office score of H.R. 5543 says the total spending over the 5-year period is \$31.5 billion.

Mr. Speaker, I yield 2 minutes to the gentleman from Arizona (Mr. HAYWORTH), a member of the committee.

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

Mr. Speaker, listening to this debate tonight, and mindful of the reality of where we stand on the calendar, Mr. Speaker, here we are again with, sadly, my friends on the left apparently attempting to put politics before people. Perhaps it is not intentional, a misunderstanding, a misquoting of figures.

Believe it or not, despite the discord and debate, I do hear some common themes. I do hear friends on both sides of the aisle saying that health plans are crucial for seniors. Indeed, my friends on the left seem to be swearing by these HMO-Medicare+Choice programs, even as they swear at them. So if we agree that these programs are important, why do we not work now to save them?

That is what this House did last week, Mr. Speaker, with the legislation we passed, with the majority of funds going to hospitals. Of special concern to me are rural hospitals across the Sixth Congressional District of Arizona.

Indeed, Mr. Speaker, based on the fact that people knew we were working on this, the gentleman from the Fifth District of Arizona and I, working with our colleagues in the Senate, actually got a decision reversed on a health care provider preparing to leave Pima County.

Now, when we try to set arbitrary guidelines here, what we are doing is padlocking the insurance provisions. What we are doing is trying to stack the deck, and, in the process, kill the very thing we want to see happen.

Mr. Speaker, I would implore those on the left to put people before politics. We have a solution here and now that can work, that can keep insurance programs in place for seniors who have come to depend on those programs. That is why we must defeat this motion to instruct conferees and move forward with the legislation we passed.

Mr. PALLONE. Mr. Speaker, I yield 15 seconds to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, let me just say the American Hospital Association may be supporting it, but I have a letter indicating that the Texas Hospital Association is against it, as are the Greater

New York Hospital Association, the California Healthcare Association, the Massachusetts Hospital Association, New Jersey is against it, and the Health Care Association of New York State.

So I do think we have some disagreement. This bill should be vetoed.

OCTOBER 19, 2000.

[Letters to the Editor]

THE NEW YORK TIMES,  
New York, NY.  
To the Editor:

Re "Medicare Bill That Favors H.M.O.'s Faces a Veto" (Oct. 18): The Balanced Budget Act of 1997 (BBA) enacted unprecedented and damaging funding cutbacks to hospitals and other health care providers throughout the country. These federal cutbacks are doing serious—and possibly irreparable—damage to our country's health care providers. Now it appears that Congressional leaders are putting forward a BBA relief package that provides disproportionate funding to the HMOs at the expense of desperately needed relief for hospitals and other health care providers. We, who collectively represent more than 1,800 hospitals and other health care providers, applaud the Clinton Administration's call for meaningful bipartisan action to restore urgently needed funds to health care providers. We have consistently supported bipartisan legislation in the Congress, sponsored by a majority in both Houses, which reflects the urgency of desperately needed Medicare funding restorations. Bipartisan leadership and action is needed before Congress adjourns.

Sincerely,

GARY S. CARTER,  
*President, New Jersey  
Hospital Association.*

C. DUANE DAUNER,  
*President, California  
Healthcare Association.*

RONALD M. HOLANDER,  
*President, Massachusetts  
Hospital Association.*

KENNETH E. RASKE,  
*President, Greater New  
York Hospital Association.*

DANIEL SISTO,  
*President, Healthcare  
Association of New  
York State.*

TERRY TOWNSEND,  
*President, Texas Hos-  
pital Association.*

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from Florida (Mrs. THURMAN).

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

Mr. Speaker, I just listened to the last speaker on the other side. Do you know what my seniors are telling me at home? They are telling me they want stability. They are tired of joining a plan, having to give up their traditional providers and their Medigap insurance just because the plan offers extra benefits, and then have the plan abandon the extra benefits the very next year or in fact just pull out in general. They are tired of this.

Mr. Speaker, I would say to the gentleman from California (Chairman THOMAS), the gentleman knows I came

to the committee and I asked for a 2-year non-pullout time. I said, "Do you know what? My constituents, the ones that I sat in an open forum with, said to me, 'We do not want to lose this because we have problems. We are sick. We need to have stability. We want you to go up there, Mrs. THURMAN, and we want you to fight for at least 2 years. Let us at least have 2 years, so that we can have some stability in our plan.'"

Well, do you know what? We offered that, and it was defeated. Tonight we are on the floor offering a 3-year. But, do you know what? I just found out something. How many of you have gotten letters in your district from your constituents who have gotten letters from their Medicare+Choice programs that have said, you know what? Your Congress needs to give us more money.

So do you know what we are doing? We are giving them more money, and all we are asking back is one simple thing: stay there for 2 years. Let us not keep pulling people in and out of that.

But let me tell you what is happening to them. Profits, third quarter profits in one company, was 26 percent. Third quarter profits. But listen to what happened. This is a letter from a constituent that has a plan. Their monthly plan premium is going from \$19 to \$179, \$19 to \$179. That does not include what they are going to get from whatever we pass to them. Outpatient, \$10 visit copayment to \$15. Outpatient hospital, \$20 to \$35. Under inpatient hospital care, they had no copayment in 2000. Now it is going to be \$200 per day, a limit of three copayments per year. Inpatient hospital stay, no copayment last year, now \$500 copayment per admission. Then prescription drugs, they even get a lesser prescription drug benefit.

Two years, three years, let us pass this motion.

Mr. THOMAS. Mr. Speaker, it is my pleasure to yield 4 minutes to the gentleman from Louisiana (Mr. TAUZIN), a senior member of the Committee on Commerce.

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

Mr. Speaker, I think it is time we put this in perspective. Medicare+Choice programs are exactly that, they are Medicare plus, and they are choice programs. Nobody forces a senior to join them; nobody says you have to join it; nobody says you have to stay in it if you do not like it.

In fact, seniors join these Medicare+Choice programs because they like them, because they add new benefits, primarily prescription drug coverage, but sometimes even other nice benefits. Prescription drug benefit coverage obviously is something seniors want to have, and that is why this House passed a prescription drug benefit bill and sent it on to the Senate.

But for those seniors who join these programs, of course we all agree that we do not want these programs to shut down and move out. They have shut down in my district. They are threat-

ening to move out in my district as well.

But the reason cited as the most important reason why they are moving out, according to the MedPac March 2000 report, is the uncertainty of future payments. So can we all agree that the problem of reimbursement is one of the principal causes of hospitals shutting down in the rural parts of America and Medicare+Choice programs moving out?

So we pass the bill, H.R. 5543, which includes new reimbursement formulas, new monies to hospitals, new monies for the Medicare+Choice programs; and as the gentleman from California (Mr. THOMAS) correctly pointed out, it included language that said the money that went to the Medicare+Choice programs must be used for lower premiums and/or more benefits. It has to be used for that. So we provided more money to keep them there, to keep them home, and to keep them investing in our communities, providing these Medicare+Choice programs for seniors. We want to encourage them to stay.

The problem with the motion to instruct is that it may have the perverse effect of destabilizing them even more. What it says is you have to stay for 3 years, whether or not the program is working, whether or not the reimbursements are adequate to cover the benefits that are provided under the program.

The reason why this motion to instruct is wrong, even though we all agree that these are good programs that seniors want to have, even though we all agree that we do not want to see them move out of our districts, even though we all agree they are programs that provide extra coverage for our moms, for our dads and for our grandparents who desperately need extra coverage, the reason why this motion to instruct is wrong is it has the effect of destabilizing the presence of Medicare+Choice programs in our communities.

Why would someone come into a marginally profitable area? Why would they come into an area where the reimbursements are not quite adequate to cover the benefits? Why would they come in if they were told, whether or not it works, you have to stay 3 years? They would not come in at all. The chances of them not coming in, not being present for my mom, not being present for our grandparents around America, to have these programs available to them, is much stronger if this motion to instruct passes.

On the contrary, we ought to encourage the signature on H.R. 5543. Let me remind my friends on the other side, you voted to give more money to Medicare+Choice programs. You voted under the Medicare prescription drug bill we passed, or the Stark substitute. You voted for \$3 billion more to go to those programs. So you agree with us we ought to help them more, we ought to stabilize them, we ought encourage them to stay so seniors can have them.

But what we ought not do in this motion to instruct is further discourage them, further say there is a bigger risk in your coming to Thibodaux, Louisiana, where seniors would like you to be around. You see, there is a disconnect here. You cannot on the one hand attack these programs and refuse to help them out financially, and then on the other hand say that whether you make it or not, you have got to stick around for 3 years.

Mr. Speaker, this is a bad motion to instruct. We ought to defeat it.

Mr. PALLONE. Mr. Speaker, I yield 3¼ minutes to the gentlewoman from Connecticut (Ms. DELAURO).

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

Mr. Speaker, this debate is about holding HMOs accountable. It is about accountability. The Republican leadership does not want to hold HMOs accountable. They in fact would like to reward them for outrageous behavior.

Evidence: The Patients' Bill of Rights, HMOs are making medical decisions all of the time. Some of those decisions go wrong. We have tried to pass a Patients' Bill of Rights in this body. The Republican leadership has held that up. All we are asking is if they make a medical decision that goes wrong, that they are held accountable.

Let us take a look at this bill that we are talking about this evening. Medicare HMOs should stop breaking their promise to seniors. When a senior signs up with a Medicare+Choice plan, they should have the security of knowing they will not see their coverage reduced or dropped for at least 3 years. We should be able to protect our seniors from those Medicare HMOs that are pulling the rug out from under them.

These were the folks that were supposed to provide seniors with more choices, with prescription drug coverage that seniors cannot get through traditional Medicare, but they are giving seniors no choice at all.

Let me talk about my State of Connecticut. They have jettisoned 56,000 people. I went to Milford, Connecticut, to a senior center, to say to these people, do not get scared. You can go back to traditional Medicare. We came to allay your fears.

A woman raised her hand and she says, Rosa, do not tell me not to be scared. I am scared. You have insurance. I do not have insurance. What am I going to do?

That is what this is about, accountability, HMO accountability. Instead of protecting seniors, Republican Congress protects the Medicare HMOs. We should have passed a bill here last week that would have provided desperately needed funding to our Nation's hospitals, rural, urban, home health, hospice providers. They faced deep cuts in 1997. They need that kind of help from us.

Instead, the Republican Congress turned this bill into an \$11 billion early Christmas present to the Medicare

HMOs, 40 percent of the money in the bill, even though they only serve 15 percent of the seniors. They did it without any single guarantee that the Medicare HMOs will not stop reducing benefits or dropping seniors' coverage altogether.

Mr. Speaker, we should have learned something from the last time we increased the payment to Medicare HMOs. Last year we gave them an additional \$1.4 billion. Let me tell you how they returned the favor; they dropped nearly 1 million seniors. That is why we are asking here for tonight for the HMOs to have some guarantee that they need to stay for 3 years.

One more item. My Republican colleagues would go one step further. They would put the prescription drug benefit into the hands of HMOs; imagine, people who decided to cut the rug out from 1 million people.

Mr. Speaker, this motion says if Congress is going to give \$11 billion to Medicare HMOs, then Medicare HMOs should provide seniors with the coverage they promise. Keep faith with America's seniors and support the motion to instruct tonight.

2015

Mr. THOMAS. Mr. Speaker, it is now my very great pleasure to yield 3 minutes and 10 seconds to the gentlewoman from Connecticut (Mrs. JOHNSON), a member of the Committee on Ways and Means.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I would ask my colleague from Connecticut to read the bill and be honest with the seniors of Connecticut. Talk straight. The bill clearly sends every penny of new money to lower premiums or more benefits. Read the legislation.

The gentlewoman is right, our seniors are scared; and they have every right to be scared, because, my colleagues, when you push seniors out of Medicare+Choice, and you are going to with this kind of proposal, you are going to close up every plan within a month of passing this kind of legislation because the plans will have no choice. The seniors are scared because they are not going to be able to get into medigap plans. Most of them cannot afford them and those plans discriminate on the basis of preexisting conditions. Seniors will have no choice but Medicare, and they are in Medicare+Choice plans mostly because they are poor and need those copayments paid, and they are ill and they need a lot of care. So the seniors are afraid and this resolution will force many more plans to withdraw from the market realizing the greatest fears of our seniors.

My Democrat colleagues are going to close them up, because listen to what they want to do. They want the plans to commit to stay in 3 years and cover benefits, and every year we increase benefits, and they are going to make them cover them, but they do not say one word in their amendment about

paying for those benefits. Not one word.

Do my Democrat colleagues do their homework? Have they called their plans in the last year and asked them why they are losing money? Have they gone in and looked at the data that the plans have given them? Did it occur to my colleagues that when this body has given bigger increases to hospitals, nursing homes and home health cares every single year for the last 3 years and a 2 percent increase at maximum to our Medicare+Choice plans that they might be having trouble paying for the benefits that we want them to pay for? Of course. That is the problem.

That is why the Committee on Ways and Means Democrats voted with the Committee on Ways and Means Republicans to give these plans a 4 percent increase this year; and, as a result of the amendment of the gentlewoman from Florida (Mrs. THURMAN), because as she passionately described the fear and problems for her seniors if these plans go under, we gave them a higher increase, if they would come back into the market. Yes, we did that on a bipartisan basis, because we examined the facts. We talked to the plans, we talked to HCFA, we evaluated the information. That is our job on this committee with primary responsibility over Medicare.

Then, the President comes out and he says he wants 1 percent. Do we think they are going to stay in the markets with 1 percent when they have only been able to stay in the markets with the highest AAPCC at this time? And those happen to be the most densely populated markets, so they have the highest number of participants and it helps them stay in?

I am outraged, outraged that my Democrat colleagues would let politics bring this House floor to this level of dishonesty when they know that no plan will be unable to commit to 3 years and cover the benefits when they do not even guarantee them payment.

This amendment says nothing. It says negotiate. Well, the President wants 1 percent. Remember? The President said we only needed to add \$21 billion back to Medicare. The Republicans said no. We have to add \$28 billion back, or our hospitals will go under, our nursing homes will go under, our home health agencies will go under.

Give our seniors a break. Give our seniors a break. Give our health care providers the money they need to stay alive to not only serve our seniors, but serve the rest of the community that depends on our community hospitals, our nursing homes and our home care agencies. And yes, give them that choice of Medicare+Choice plans.

Mr. PALLONE. Mr. Speaker, I yield myself 30 seconds.

I just wanted to read from this report of the GAO that came out in September and it says, "Although industry representatives have called for Medicare+Choice payment rate increases, it is unclear whether increases

would affect plans' participation decisions. In 2000, 7 percent of the counties with a Medicare+Choice plan in 1999 received a payment rate increase of 10 percent or more. Nonetheless, nearly 40 percent of these counties experienced a plan withdraw."

The bottom line is, the Republicans are saying they want to give all of this extra money to the HMOs. The minimum they could do is provide a 3-year guarantee and keep the benefits the same way, because otherwise, it will not work.

Mr. Speaker, I yield 1½ minutes to the gentleman from Massachusetts (Mr. OLVER).

Mr. OLVER. Mr. Speaker, it is a hard act to follow from my colleague from Connecticut, but I rise in support of the motion to instruct. Rural areas like mine in western Massachusetts, and not so rural areas like the gentleman from New York (Mr. LAZIO) like Long Island, have been left high and dry by Medicare HMOs. They have largely abandoned rural markets to providing a prescription drug benefit for senior citizens, and those plans that do remain have raised premiums by as much as 300 percent in some cases.

Now, I support giving better reimbursements to health care providers that were harmed by the Balanced Budget Act. Hospitals, nursing homes, home health providers, and even HMOs need our help. But it makes no sense to me to give billions of dollars to HMOs, while allowing them to abandon senior citizens in rural America without coverage for prescription drugs. Such a handout to HMOs without holding them accountable is a reckless use of taxpayer dollars.

Mr. Speaker, if we are to give money back to the HMOs, we should have some guarantee that they will not take the money and run. We must add, we must require HMOs to offer a fair plan to all seniors for drug coverage that they desperately need.

Mr. THOMAS. Mr. Speaker, it is my pleasure now to yield 1 minute to the gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. Mr. Speaker, I want to speak to my friends on the other side of the aisle.

My dad is 82 years old. He has macular degeneration, and he has diabetes. That means he is legally blind, he cannot read his blood sugar level, and he is trying to live independently.

Now, I do know not what my Democrat colleagues think about when they play games with our seniors like my father, but it seems to me that there is a consistent pattern around here for the last 3 weeks to put politics over people over and over again.

Here is a bill that has been endorsed by the American Hospital Association, the American Cancer Society, the American Federation of Home Health Care Providers, the National Association of Childrens Hospitals, the National Association of Rural Health Care Clinics, which I know they do not

care about that, because the gentleman from Rhode Island (Mr. KENNEDY), their leader says, and I quote, "We have written off rural America."

Now, I know they are proud about that and I know what this is about, but the fact is, I would like my colleagues to think about people out there who have diabetes, people out there who are in nursing homes, people out there who yes, are scared, because you know what? It is November and every 2 years there are certain members of the Democrat party who cannot get reelected, so they get scared and they know the only way they can keep getting elected is to scare senior citizens. It is not right. I have a 97-year-old great grandmother. She does not appreciate putting politics over people. We are tired of it.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from New Mexico (Mr. UDALL).

(Mr. UDALL of New Mexico asked and was given permission to revise and extend his remarks.)

Mr. UDALL of New Mexico. Mr. Speaker, I would say to the gentleman from Georgia (Mr. KINGSTON), first of all, that we believe in rural America and the reason the gentleman in New Jersey (Mr. PALLONE) is offering this motion is because we support rural America; and we want accountability. I rise in strong support of this motion.

Congress has a responsibility to protect seniors and stop protecting the HMO industry. This motion is designed to require accountability for Medicare HMOs. This issue is especially important to my home State of New Mexico. Earlier this year, between 15,000 and 17,000 New Mexico seniors were told that by year's end, they were being dropped from their Medicare+Choice coverage. Needless to say, a frantic plea for help rang out from seniors asking for a solution.

Mr. Speaker, I am opposed to the solution offered by the majority to shovel more and more money to HMOs; and I urge support of the Pallone motion.

Mr. THOMAS. Mr. Speaker, it is now my pleasure to yield 2 minutes to the gentleman from North Carolina (Mr. BURR), a member of the Committee on Commerce.

Mr. BURR of North Carolina. Mr. Speaker, I thank the gentleman from California for yielding me this time.

Mr. Speaker, I have sat and listened to this tonight and what misses out of this debate is the human face behind the issue. It is that senior who sits at home, that has no coverage; that senior who has a Medicare system that this institution has refused to change year after year after year, that does not meet the needs of medicine today, the diagnostic tools that exist and the treatments that are available to those that can pay.

We ought to have a debate today about the changes in Medicare, but we are not. We are going to have a debate about how we hamstring choice for seniors, how we tie up the companies who

can provide that choice so that, in fact, they will not, further taking seniors and limiting them to the existing system.

Now, the gentleman before me, the gentleman from New Mexico (Mr. UDALL) said that it is just about paying them more money. One of the reasons that they are dropping out of the system is that we underfunded this particular portion, and every Member bipartisanly has agreed to that. But the question is, is there accountability? Can they prove the value of their service? I believe that they can; I believe that this motion to instruct in fact hampers any additional plus choice options in the marketplace for seniors that either have been dropped or are currently underserved.

Mr. Speaker, I would encourage every Member to vote against this motion to instruct and to vote for additional choices for seniors with health care.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. DINGELL), the ranking member of the Committee on Commerce.

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

Mr. DINGELL. Mr. Speaker, facts are awfully hard to quarrel with. What are the facts? Last year, we gave the HMOs \$2 billion and more. This bill gives them \$34 billion and more. HMOs have pulled out. Last year they pulled out and left about a half a million Americans without coverage. They have pulled out on almost 1 million more this year. The motion to instruct says one thing, and that is, if you are going to take this money, stay for 3 years.

What is so hard for my colleagues on the Republican side to understand? This is simply about accountability. They are going to get a lot of Government money, and they ought to stay to take care of the senior citizens.

Now, perhaps that is hard for my Republican colleagues to understand; but it is not hard for the GAO or for the Inspector General of HHS who said that the HMOs are now being overpaid. They have got more money than they need, but they do not have enough to satisfy them.

Now, some of the statements that were made on this side of the aisle have really touched my heart, and I would be much impressed if they were true. They talked about these important unfortunate HMOs. Well, these poor HMOs are pulling out on America's senior citizens and leaving them without coverage. That is what they are doing. The motion to instruct says, you are going to take a lot of Federal money, some \$34 billion or \$36 billion last year and this year, so stay around for a while and provide services. What is so hard for my Republican colleagues to understand about that simple fact?

Now, if I were crafting this bill, I would do it to really help the senior citizens. I would see to it that we put in a decent program for prescription medicine so that they have it. HMOs

could take this money, they do not have to do anything for it, except put it in the pockets of their executives or to see to it that it goes into the bottom line in dividends.

I would see to it that it goes to hospitals, to home nursing, and to nursing homes, so that we can really help those who need it. That is how we do the job.

2030

Mr. THOMAS. Mr. Speaker, I yield 1 minute to the gentlewoman from New Mexico (Mrs. WILSON), a member of the Committee on Commerce, who can tell my colleagues the real impact of this bill.

Mrs. WILSON. Mr. Speaker, the gentleman from Michigan (Mr. DINGELL) who just spoke talked how he would write this bill if he had the opportunity to, but the underlying bill went through the Committee on Commerce, and he voted for it.

The reason he voted for it is it is a bipartisan bill, and it is a good piece of legislation. I want to talk about the Medicare+Choice provisions because I was the author with the gentleman from Minnesota (Mr. LUTHER), a Democrat, of the underlying bill. Senator WYDEN and Senator DOMENICI were the authors in the Senate.

The biggest threat to eliminating the discrimination against States like New Mexico is not a motion to instruct. It is that the President of the United States has said he intends to veto this bill which will save health care coverage for a million Americans, 15,000 of whom live in New Mexico. And do my colleagues know who runs the HMOs in New Mexico? The Catholic church, the Presbyterian church, both of them running nonprofit corporations and Loveless hospital that has been serving our community for almost 60 years.

Mr. Speaker, I encourage the President of the United States to sign this bill and restore health care for America's seniors.

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

Mr. Speaker, I think we need to understand that the motion to instruct really ought to be, as the gentlewoman from New Mexico (Mrs. WILSON) said, to instruct the President to sign the bill. It is time to stop the politics. This is a bill that not only funds the providers, the hospitals, the home health care skilled nursing, but it creates a bi-annual test for Pap smears.

It screens glaucoma. It screens colonoscopy. It eliminates the time on Medicare benefits for immunosuppressive drugs. It puts limits on prescription drug charges so seniors are not bilked by unscrupulous providers. Yes, and it tells the plans that if we provide them with money, that money must go to beneficiaries.

This motion to instruct is all politics, and the President's failure to sign the bill is all politics. Let us end the politics. Vote no on this motion to instruct and tell the President to sign the bill.

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

Mr. PALLONE. Mr. Speaker, I yield myself the balance of the time.

Mr. Speaker, this motion is to protect the seniors and make sure they do not get thrown out of their HMOs and they do not lose their benefits, including their prescription drug benefits. And what the Republicans want to do in opposing this motion is they want to give all this money to the special interest HMOs so they can use it for their executives, so that they can put more ads on to try to lure seniors in to a benefit plan that they are not going to really get, and so that they can use the money for special interests for lobbying and to lobby to come down here and avoid HMO reform and the Patients' Bill of Rights and a Medicare prescription drug program.

This bill that the Republicans have proposed is for the special interests. What the Democrats are saying with this motion is let us make sure that the seniors can stay in a program that they can get their benefits. We are worrying about the little person who is being thrown out of the HMO all over this country, including in my district.

Mr. Speaker, I had a woman that had to go to a dinner. She was lured to a dinner with advertising by the HMO to get into a program with a lobster dinner. They gave her a lobster dinner so she would sign up for the HMO, and then she is thrown out of the HMO and she has nowhere to go.

It is a disgrace. Vote for the motion to instruct.

Ms. VALAZQUEZ. Mr. Speaker, I rise in support of the Pallone Motion to Instruct. This motion addresses yet another failure of the managed care system. The Medicare Plus Choice plans are currently constructed so that an HMO in the system can drop out at any time, leaving its patients to find another choice provider, or to re-enter the standard Medicare system. Often, this happens on very short notice.

This motion seeks to ensure that our frailest citizens do not suddenly find themselves kicked out of the system they depend on for their health coverage. Since January of 1999, this has happened to over 700,000 senior citizens nationwide. The Health Care Financing Administration estimates that over the next year, 10 to 15 percent of the nation's Medicare Plus Choice beneficiaries will find themselves in the same situation.

Therefore, we must support this motion to ensure that all providers offer coverage to seniors for at least three years after they join the system.

More importantly, rather than trying to mend an already fraying safety net, we need to pass comprehensive legislation—in particular, a patient's bill of rights to protect all Americans. If we had done this in this Congress, HMOs would already have been put on notice that we will not allow them to place profits over the health of people.

Last October, 275 Members of this House, from both sides of the aisle, passed a strong HMO reform bill. The Republican leadership has allowed it to die in conference, again thwarting the will of the House.

Even worse, Republicans are ignoring the demand of the American people for health care reform. They are also showing that they are more concerned about big business than the health of the American people.

My colleagues, we have a chance today to say that we will no longer stand by while the health of our senior citizens is sacrificed on the altar of corporate greed. If you agree, then I urge you to vote in favor of this motion.

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

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

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from New Jersey (Mr. PALLONE).

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

RECORDED VOTE

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

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 170, noes 183, not voting 79, as follows:

[Roll No. 576]

AYES—170

Ackerman	Gilman	Moore
Aderholt	Gonzalez	Morella
Andrews	Green (TX)	Nadler
Baca	Hall (OH)	Napolitano
Baird	Hall (TX)	Neal
Baldacci	Hill (IN)	Obey
Baldwin	Hinchev	Olver
Barcia	Hinojosa	Ortiz
Barrett (WI)	Hoeffel	Pallone
Bentsen	Holden	Pastor
Berkley	Holt	Payne
Berman	Hoolley	Pelosi
Berry	Horn	Phelps
Bilbray	Hoyer	Pomeroy
Blagojevich	Inslee	Price (NC)
Blumenauer	Jackson (IL)	Rahall
Bonior	Jackson-Lee	Rangel
Borski	(TX)	Reyes
Boswell	Jefferson	Rivers
Boyd	John	Rodriguez
Brown (OH)	Johnson, E. B.	Roemer
Capps	Jones (NC)	Rothman
Capuano	Jones (OH)	Roukema
Cardin	Kildee	Roybal-Allard
Carson	Kind (WI)	Rush
Clement	Kleccka	Sanders
Clyburn	Kucinich	Sandlin
Condit	Lampson	Sawyer
Costello	Larson	Saxton
Coyne	Leach	Schakowsky
Cramer	Lee	Scott
Cummings	Levin	Serrano
Davis (FL)	Lewis (GA)	Sherman
DeFazio	LoBiondo	Shows
DeGette	Lofgren	Sisisky
DeLauro	Lowe	Skelton
Deutsch	Lucas (KY)	Slaughter
Dicks	Luther	Smith (NJ)
Dingell	Maloney (CT)	Stabenow
Dixon	Maloney (NY)	Stenholm
Doggett	Markey	Strickland
Doyle	Mascara	Tanner
Edwards	Matsui	Tauscher
Emerson	McCarthy (MO)	Taylor (MS)
Engel	McCarthy (NY)	Thompson (CA)
Eshoo	McDermott	Thurman
Etheridge	McGovern	Tierney
Evans	McKinney	Towns
Farr	McNulty	Turner
Fattah	Meeks (NY)	Udall (CO)
Filner	Millender	Udall (NM)
Ford	McDonald	Velazquez
Frost	Miller, George	Waters
Ganske	Mink	Watt (NC)
Gejdenson	Moakley	
Gephardt	Mollohan	

Waxman  
WeinerWexler  
WilsonWoolsey  
Wu

## NOES—183

Army  
Bachus  
Baker  
Ballenger  
Barrett (NE)  
Bartlett  
Barton  
Bass  
Biggert  
Billirakis  
Bliley  
Blunt  
Boehlert  
Boehner  
Bonilla  
Bono  
Brady (TX)  
Bryant  
Burr  
Burton  
Buyer  
Callahan  
Calvert  
Camp  
Canady  
Cannon  
Castle  
Chabot  
Chambliss  
Chenoweth-Hage  
Coble  
Coburn  
Collins  
Combest  
Cook  
Cox  
Cubin  
Cunningham  
Davis (VA)  
Deal  
DeLay  
DeMint  
Diaz-Balart  
Doolittle  
Dreier  
Duncan  
Dunn  
Ehlers  
Ehrlich  
English  
Everett  
Ewing  
Fletcher  
Foley  
Fossella  
Frelinghuysen  
Gallegly  
Gekas  
Gibbons  
Gilchrest  
Goode

## NOT VOTING—79

Abercrombie  
Allen  
Archer  
Barr  
Becerra  
Bereuter  
Bishop  
Boucher  
Brady (PA)  
Brown (FL)  
Campbell  
Clay  
Clayton  
Conyers  
Cooksey  
Crane  
Crowley  
Danner  
Davis (IL)  
Delahunt  
Dickey  
Dooley  
Forbes  
Fowler  
Frank (MA)  
Franks (NJ)  
Gillmor

Gordon  
Gutierrez  
Hastings (FL)  
Hefley  
Hilliard  
Hulshof  
Hyde  
Kanjorski  
Kaptur  
Kasich  
Kennedy  
Kilpatrick  
Klink  
Kolbe  
LaFalce  
Lantos  
LaTourette  
Lazio  
Lipinski  
Martinez  
McCollum  
McInnis  
McIntosh  
McIntyre  
Meehan  
Meek (FL)  
Menendez

Pickering  
Pitts  
Goss  
Porter  
Portman  
Pryce (OH)  
Quinn  
Radanovich  
Ramstad  
Regula  
Reynolds  
Rogan  
Rogers  
Rohrabacher  
Ros-Lehtinen  
Royce  
Ryan (WI)  
Ryun (KS)  
Sabo  
Salmon  
Sanford  
Scarborough  
Schaffer  
Sensenbrenner  
Sessions  
Johnson (CT)  
Johnson, Sam  
Kelly  
King (NY)  
Kingston  
Knollenberg  
Kuykendall  
LaHood  
Largent  
Latham  
Lewis (CA)  
Lewis (KY)  
Linder  
Lucas (OK)  
Manzullo  
McCrery  
McHugh  
McKeon  
Mica  
Miller (FL)  
Miller, Gary  
Minge  
Moran (KS)  
Myrick  
Nethercutt  
Ney  
Northup  
Norwood  
Nussle  
Oberstar  
Ose  
Packard  
Paul  
Pease  
Peterson (MN)  
Peterson (PA)  
Petri

Metcalf  
Moran (VA)  
Murtha  
Owens  
Oxley  
Pascrell  
Pickett  
Riley  
Sanchez  
Shaw  
Shays  
Shuster  
Snyder  
Spratt  
Stark  
Stupak  
Talent  
Lazio  
Thompson (MS)  
Visclosky  
Watkins  
Watts (OK)  
Weygand  
Wise  
Wynn

HAGE and Mrs. KELLY changed their vote from "aye" to "no."

So the motion to instruct was not agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

#### HOUR OF MEETING ON MONDAY, OCTOBER 30, 2000

Mr. REYNOLDS. Mr. Speaker, I move that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow for morning hour debate, and 10 a.m. for legislative business.

The motion was agreed to.

A motion to reconsider was laid on the table.

#### MESSAGE FROM THE SENATE

A message from the Senate from Mr. Lundregan, one of its clerks, announced that the Senate has passed without amendment a joint resolution of the House of the following title:

H.J. Res. 119. Joint Resolution making further continuing appropriations for the fiscal year 2001, and for other purposes.

#### HOW MUCH IS ENOUGH?

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

Mr. HAYWORTH. Mr. Speaker, there is a simple question we confront tonight as we have moved in this common sense Congress to reach compromise and consensus in a bipartisan fashion. That is, after agreeing to many provisions on both sides of the aisle, with what some would call reasonable and others would call overly generous spending packages, Mr. Speaker, we are facing this question: How much is enough?

I would turn to the legislation we passed at midweek last week in this 106th Congress, reasonable plans that offered tax relief, but more importantly, ordered a Medicare refinement and restoration plan needed for our hospitals, needed for our home health care, needed for our nursing homes, and other provisions actually requested by the President of the United States who came to Arizona to embrace a new markets initiative, part and parcel of the bill we passed last week, and yet sadly so many people on the other side voted against it.

Mr. Speaker, how much is enough?

#### HOW MUCH MORE DOES THE PRESIDENT WANT?

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

Mr. GUTKNECHT. Mr. Speaker, I think a lot of the American people are surprised that the Congress is still in

session. I think a lot of people back in my district cannot believe that we have not resolved our differences. This chart is a little hard to read, but it follows on with what the gentleman from Arizona was talking about. What it shows in red is what the President requested in each of his budget requests per category.

On Education, Labor, HHS, the chart is about the same. Agriculture, right on down the line. In fact, in one of the areas in the Defense budget we are actually giving more than he requested. By the time we are done with this bill that we debated so hotly tonight, at least the motion to instruct, we are going to give the President significantly more than he originally requested, which leads to the real question that not only we in Congress but the American people, and frankly, members of the working press, ought to be asking the President of the United States: How much is enough?

2100

Now, we have been willing to meet with the President to negotiate in good faith. We have met him more than halfway. But we should not be in session today. How much is enough, Mr. President?

#### PERSONAL EXPLANATION

Mr. GREEN of Texas. Mr. Speaker, yesterday, October 29, 2000, I was unavoidably detained and missed two rollcall votes, Nos. 572 and 573. I would like the RECORD to reflect that I would have voted "yes" on rollcall No. 572 and "yes" on rollcall No. 573.

#### CONGRESS FIGHTING BATTLE OVER BUDGET

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

Mr. EHLERS. Mr. Speaker, it is a pleasure to be here this evening. This is an historic event. We have never met this late in our legislative season since World War II. But perhaps this is not all bad. We are fighting a battle here, too; and that battle is to keep the budget down.

Over the past few years, when we approached this point, the President demanded more spending. In order to wrap up this session and get home for elections, we capitulated.

This year we are not going to do that. The President is trying to shanghai us by saying, we will only let you go for 24 hours. You have to be here every day, even though there is nothing to do, because they are not negotiating.

I think it is rather unique. But we are here. We are willing to work. We are eager to work. Unfortunately, the President has been out on the West Coast raising money. But as soon as he gets back and as soon as he is willing to negotiate with us, we are ready and

willing to negotiate. But we are not going to give the ship away. We are going to restrain the budget and do the best we can to keep the budget balanced.

#### ISSUE IS NOT HOW MUCH MONEY

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

Mr. STENHOLM. Mr. Speaker, the issue is not how much money. The majority voted last week to increase the caps to \$645 billion in spending. That is \$13 billion more than the President requested. The Blue Dog Democrats suggested a compromise of \$633 billion a long time ago. The majority refused to talk to us.

I hope we will stop talking about money. Money is no longer the issue. Because if we exceed \$645 billion cap for 2001, there will be sequestration and we will bring all the spending back to \$645 billion, which is what the majority has set for the caps, which is way too much spending.

So I hope we will stop this misdirected rhetoric tonight. Because that sign there "how much is enough?" has no relevance whatsoever to any of the issues that we are talking about because we all agree now that \$645 billion is the cap.

#### PRESIDENT HAS DEMANDED BLANKET AMNESTY FOR ILLEGAL ALIENS

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

Mr. ROHRBACHER. Mr. Speaker, the gentleman may or may not be correct in terms of what the issue is. The President always is pushing us to spend a little more on health care, a little more on education. But the fact is what is the real issue that is keeping us here?

The real issue is the President has demanded a blanket amnesty for millions of illegal aliens in our society. So all this money that he is talking about, a little more for education, a little more for health care, will be totally negated even if we give in to the President because we will be then adding millions of more people into eligibility for these same government programs.

The President is keeping us here in order to pressure Congress to issue a blanket amnesty for millions of illegal aliens and then thus making them eligible for every government benefit that supposedly should be going to the American people.

This is a noble cause for us to stand our ground here in Congress to protect the American people, not to let the President bring in millions of illegal aliens in order to consume the scarce resources available for them in health care, Social Security, and education.

#### ISSUE IS WHAT ARE WE SPENDING MONEY ON?

(Mr. TURNER asked and was given permission to address the House for 1 minute.)

Mr. TURNER. Mr. Speaker, I think it is apparent to all of us that the question is not how much is enough. We are already spending more than we ought to be. The majority voted to spend \$645 billion when you raise the caps. The President did not ask us but for \$637 billion.

The issue is what are we spending the money on? That is why we are here. That is what we are arguing about.

The truth of the matter is most of us on this side of the aisle want to spend more money on our rural hospitals and our health care providers and less money on the insurance company HMOs than the Republicans have put in the bill. And the truth of the matter, even Senator JOHN MCCAIN pointed out that there is \$21 billion in this legislation that is just pure pork.

Every newspaper in the country has been editorializing on the fact that the majority has stuffed this bill with pork for partisan purposes to help folks that are in tough races.

So let us get the pork out, and let us save our rural hospitals that are about to close in my district. Let us increase the reimbursements to our health care providers. And let us not give the lion's share to the big insurance companies.

#### REIMBURSEMENTS TO HMO'S AND MANAGED CARE

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

Mr. HILL of Montana. Mr. Speaker, I want to bring some clarity to the issue that we just debated and voted on, and that is this issue of reimbursements to HMOs and managed care.

I no longer have a managed care institution in Montana. The one that was there was forced to close down a year ago. I sat down with HCFA, the Clinton administration, and that HMO to try to keep it alive a year ago. And one of the things that I discovered is that when the Clinton administration forced the closure of that HMO, it knew that it was going to cost more to provide health care to those seniors under the fee-for-service Medicare than it would under the HMO. And this was a provider-based HMO.

I thought to myself, why in the world would they do that, would they force people into poor coverage, no prescription drug coverage, and higher deductibles when they knew it was going to cost more? Then it dawned on me. The Clinton administration wants to destroy managed care, Medicare+Choice.

What we have here is Democrats coming to this floor pretending that they want to keep those seniors who have that program covered, when the

reality is they want to destroy that program because they do not want seniors to have a choice, but they want to blame Republicans for doing it. And it is wrong, and they are wrong for doing it. We did the right thing by voting that resolution down.

#### CONGRESS HAS MORE TIME THAN MONEY

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

Mr. THUNE. Mr. Speaker, we are still here this evening because we have more time than we have money. And when it comes right down do it, the question of the day is "how much is enough?" We have passed appropriations bills through this House. We have passed appropriation bills that met our budget. As we went into the conference negotiations with the Senate, the numbers got bid up.

The President now has gotten almost everything I think he had asked for originally as far as the dollars included in his original budget. But he is demanding more. And that is why we are still here, because we have more time than we have money and more time than the American people have in their tax dollars to continue shoveling into Washington, D.C.

We have an opportunity, Mr. Speaker, to pass a Medicare package, to pass a tax relief package. And all those things are going down to the President, and he is insisting on a veto. I think that is a wrong thing to do. It is the wrong thing to do for the people of this country, for the people of South Dakota, to the rural hospitals, the home health care agencies, the nursing homes, those who need this assistance. We do the right thing.

Let us pass this legislation, and let us get the President to sign it, and then we can go home.

#### PERSONAL EXPLANATION

Mr. KILDEE. Mr. Speaker, yesterday morning I was detained at a meeting on class size reduction and got here too late to cast my vote on rollcall No. 570, approval of the Journal. I ask unanimous consent that my statement be put in the RECORD.

The SPEAKER pro tempore (Mr. PEASE). Is there objection to the request of the gentleman from Michigan? There was no objection.

#### REPUBLICANS ARE PROTECTING SOCIAL SECURITY AND SURPLUS

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

Mr. TIAHRT. Mr. Speaker, the Republicans in the House have passed domestic discretionary spending that has kept within our budget. In fact, as a

percent of gross domestic product, it is the lowest since 1974.

Now, some of our opponents on the other side of the aisle would like to say that we have passed these larger and larger budgets, but the truth is we have been in negotiation with the White House and we have tried to reach an agreement with him.

As other speakers have said earlier, we have matched him on most of the bills that have been passed. There are just a few outstanding that are still being negotiated. But the President wants to continue to add more and more money in and start more and more new programs.

We are protecting Social Security. We are protecting the surplus on Social Security. We are protecting the surplus for Medicare. We have even passed a bill that gives some tax relief and also strengthens Medicare by adding more than \$12 billion and to strengthen hospitals, including more than \$1 billion for rural hospitals. In Kansas, rural hospitals are in desperate need of this legislation and this bill. But the President is holding it hostage and is refusing to do it.

So, Mr. Speaker, I just hope that he will sign these bills into law and we can finish this session.

#### PRESIDENT THREATENS TO VETO FEDERAL EXCISE TAX ON TELEPHONES

(Mr. PORTMAN asked and was given permission to address the House for 1 minute.)

Mr. PORTMAN. Mr. Speaker, we are still here tonight for one very simple reason. We are here with another battling with the President of the United States. He would like us to spend more money, and he would like us not to cut taxes for the American people. It is unbelievable.

As we are working here tonight, the President is threatening to veto very reasonable, even targeted tax relief that helps people save more for retirement, helps people obtain health care, helps people be able to improve our schools and construct more schools around this country.

He has even threatened to veto tonight the repeal of the Federal excise tax on telephones. This is the 1898 temporary luxury tax put in place on telephones that lives on today. This tax hits particularly people that have fixed incomes very hard.

Think about it, everyone in America needs a telephone. It is very important to those of us who are worried about our economy and worried about what is going to keep our economy going that telecommunications not be taxed. Yet the President believes this tax, this 3 percent tax that is on every one of our phone bills that goes into general revenues that was put in place in 1898 as a temporary luxury tax ought to continue in existence.

We have a surplus all created by the American people. Let us hope this

President begins to give a little meaningful, serious, reasonable tax relief.

#### LET CONGRESS STAND UP FOR PARENTS AND TEACHERS AT LOCAL LEVEL

(Mr. HOEKSTRA asked and was given permission to address the House for 1 minute.)

Mr. HOEKSTRA. Mr. Speaker, we are in Washington today talking about some very important issues. Over the last 3 years, my subcommittee has had the opportunity to travel around the country and take a look at education to see what is working in America and what is not working in America.

It is exciting to go down to the State and local level and see what parents, teachers, and local administrators are doing to bring about excellence in education. We need to reinforce those efforts and let people at the local level continue to innovate and move forward.

We contrast that with what is going on here in Washington. We have a Department of Education that has failed its audit for the last 2 years, has numerous cases of waste, fraud, and abuse. And now the President wants to put additional programs under the jurisdiction of the Department of Education so that there are more Washington programs and bureaucrats telling our local parents and administrators what to do in education.

This is a discussion and a debate about who controls our local schools. Let us stand up for parents and teachers at the local level.

#### WHY CONGRESS IS IN SESSION ON SUNDAY NIGHT

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

Mr. KINGSTON. Mr. Speaker, we are here on a Sunday night. I want to tell my colleagues, I am kind of sad. I would rather be with my family. But I will tell you one thing, it is my duty to be here and fight for the things that I believe in.

One of the things that I am fighting for is little old Brantley County, Georgia. Because, see, the President has a scheme to federalize school construction. He wants to have school construction run out of Washington, D.C., for every county school board in the United States of America. We want local control.

I want to tell the folks back in Brantley County, Georgia, that you are going to continue to be in charge. We are here to fight for classroom size. I am with the President on that. We need to reduce the size of the classroom. But I am away from the President on Medicare reimbursement. He has threatened to veto a bill that has been endorsed by the American Hospital Association. I am here because the President has threatened to veto a

bill that would take away 100 percent health care deductibility, which would make health care affordable for small businesses and farmers. That is worth fighting for. And I am here for the Social Security lockbox, which the President has yet to commit himself to.

That is why we are here on a Sunday night, and I am not going to leave until we get this thing done.

2115

#### LET US SET THE RECORD STRAIGHT

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

Mr. SHERMAN. Mr. Speaker, we have heard discussion of the school construction provisions of the tax bill. Let me set the record straight. We Democrats want provisions where school boards are given a chance to issue bonds, where the Federal Government pays the interest costs and the bond money is used immediately to build schools. Unfortunately, this tax bill, while it provides some of those bonds, provides not enough and then provides over a \$2 billion cost to the Federal Government to liberalize the arbitrage rules in which school boards will be told by the Federal Government to delay building schools, take the money, put it on Wall Street and try to make money by arbitrage provisions. That is how Orange County, California, went bankrupt. That is not a way to help our local schools. The way to help our local schools is to reject the tax bill that passed through this House and instead provide a full \$25 billion worth of bonds where the Federal Government will pick up the interest cost. We need to build schools on Elm Street, not skyscrapers on Wall Street.

#### HOW MUCH IS ENOUGH?

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

Mr. SCHAFFER. Mr. Speaker, how much is enough? Three and a half weeks ago we were supposed to have been adjourned, but we are here because of the politics down at the White House, the politics of putting partisanship ahead of people.

Mr. Speaker, I wonder how many of our colleagues ever saw the movie "The Jerk." It is a rags to riches to rags story wherein the main character is evicted, and he is kind of hanging on to the last bits of furniture and items in his home as he is walking out the door, as he says, I don't need anything else. I have everything I need except for this lamp.

We are seeing that go on over at the White House today: We do not need anything else except for amnesty for illegal aliens. We do not need anything else, I got everything I need except

needles for heroin addict. I do not need anything else except for more Government employees, and that is all I need, except for this, I need more Government construction. That is what we are seeing going on at the White House, *The Jerk*. It is a great movie. Everyone ought to see. How much is enough, Mr. Speaker?

#### SPECIAL ORDERS

The SPEAKER pro tempore (Mr. PEASE). Under the Speaker's announced policy of January 6, 1999, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

#### THANKS FOR THE SUPPORT AND ENCOURAGEMENT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Montana (Mr. HILL) is recognized for 5 minutes.

Mr. HILL of Montana. Mr. Speaker, tonight is a difficult moment for me because this probably will be my last opportunity to address this House because when this session ends my service in this institution will end. I would just like to take a moment, if I could, and reflect upon these last few years. I think back to my father, who left school when he was 13 years old, the end of eighth grade. He had to do that in order to get a job, in order to support his brothers and his sisters and his mother. He served in World War II and after the end of the war, a friend offered to lend him \$100 to get started in a tire repair shop. He jumped at the chance to take that loan and start that business because he saw that as his only opportunity to realize what we referred to, I guess, as the "American Dream."

What I remember about my parents is how hard they worked because they worked hard all of their lives. My father is no longer living. I can remember my mother even taking care of boarders in our house in order to help our family make ends meet. So if we measure success by how much money people accumulate or how many things they have, then we would not put my parents in the success category. They measured success another way. They believed in certain values. Those values were hard work and family and faith and individual responsibility, and they believed that in this country and in our society that if one works hard then anybody can have their chance to pursue their dream and their idea of success. They believed also that it was every generation's obligation to make sure that they passed that opportunity on to the next generation of Americans.

My sisters and I inherited more opportunities than my parents had. I got to go to college. I raised a family. I had a successful business. I have a terrific wife, three wonderful children, three delightful grandchildren. When I asked

the people of Montana to elect me to represent them here, I told them that for me this was about our children and about our grandchildren.

The people in this country, the people of Montana, were frightened just a few years ago. They thought perhaps this idea, this American dream, was lost for generations to come, and the reason for that was their government. If we remember, we had deficits, \$250 billion or \$300 billion a year going forward as far as the eye could see. The national debt was approaching the size of our national economy.

Social Security and Medicare, two important programs, were in serious jeopardy. Medicare was scheduled to go to bankrupt.

It was not just a budget deficit that the people of Montana were expressing to me. They said there was another deficit, too, and that was the deficit in individual responsibility and personal responsibility that they saw in our society; a runaway welfare system; illegitimacy; broken families. The list goes on and on. We have made a lot of progress in the last few years on these important subjects. The fiscal house of the nation is in better shape than it has been in a long time. We cut over 50 Government programs to help get us there. The budget is balanced, and it looks like it will stay balanced long into the future. Medicare at least is solvent for another 20 years. Social Security, we have ended 40 years of raiding the surplus in the Social Security trust fund, and that money hopefully will be set aside for generations in the future as well.

We lowered taxes for our families so that those families can make more decisions over how their money gets spent, empowering them to make better decisions as well.

This country is a unique place and it is based upon an idea, an idea, I guess we refer to it as the American dream, but it is also important for us to realize it is based upon principles of freedom and the principles of liberty, because that is how we pursue our dreams. That is why we are a creative nation, why we are entrepreneurial, why we are competitive and why this is such a dynamic place to live, is because of these freedoms and this liberty.

I have endeavored throughout my service here to promote those values, the values of competition, of freedom and liberty, to empower people and give people the power to make their own choices.

There are some people that I want to thank tonight, my wife, Betio; my mom, who watches C-SPAN religiously and thinks that the gentleman from Arizona (Mr. HAYWORTH) is the best Congressman, and I am second best; my children, Todd, Corey, and Mike; my grandchildren, Kadrian, Parker, Levy, and one on the way who is not named yet; my loyal staff who has worked so hard.

I especially want to thank the Members that I have served with here. What

makes this such a special place, and sometimes I think people watching or listening misunderstand, is that the people carry such passionate views and so much caring about their constituents and the things they believe in to this floor and debate them on behalf of their constituents. I want to thank you all for your advice and your counsel, your help and your support and your encouragement; and finally I want to thank the people of Montana who temporarily entrusted me with this job, caretaker over this office. I want to thank them for the honor and the privilege they have bestowed upon me to represent them in this special place.

#### GOVERNOR BUSH'S TAX PROPOSAL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. SHERMAN) is recognized for 5 minutes.

Mr. SHERMAN. Mr. Speaker, our economic prosperity is fragile and the political reasons, the political rhetoric out there in the country threatens to put that prosperity at risk. The Governor of Texas has mocked the importance of fiscal responsibility. It is in his political interest to tell the country that decisions made in Washington over the last 8 years have nothing to do with the economic prosperity that we have enjoyed over the last 8 years. Not only is he wrong but his statements lay the foundation for some very, very dangerous economic policies.

The Governor of Texas is correct that the lion's share of credit for our economic prosperity goes to American workers whose ingenuity, whose hard work, whose inventiveness are unparalleled; but for political gain, he denies that there is another essential element and that is fiscal responsibility here in Washington. When he denies that the Federal Government has anything to do with how our economy performs, he grants us here in Washington a license to be fiscally irresponsible, because if Government really has nothing to do with the prosperity over the last 8 years, then the Government is free to do whatever we want it to do without putting that prosperity at risk.

The facts are otherwise. During the mid-1980s, during the late 1980s, during the early 1990s, Americans were hard working. They showed ingenuity, did everything possible to give us prosperity and yet the country was not prosperous, and this is because we did not have fiscal responsibility here in Washington. Now for 8 years, the Clinton-Gore administration has insisted that we have fiscally responsible budgets; and prosperity has returned to this country. If we are told that those budgets have nothing to do with our prosperity, that lays the foundation for the kinds of huge \$2.6 trillion tax cuts that this country cannot afford, with the result that Government borrowing will swallow up private savings, returning us to high interest rates and recession.

The second aspect of the Governor's remarks that are clearly false is when

he says that under his plan every American who pays taxes will get tax relief. He forgets that 15 million Americans pay FICA tax and do not pay any income tax and for these people, the people who clean up for us in restaurants, the people who take care of our old people in senior citizens' homes and nursing homes, people struggling to get by an \$15,000 and \$18,000 a year, he gives not one penny of tax relief because he is providing over 43 percent of the tax relief to the richest 1 percent of Americans; nothing for the janitors, everything for the billionaires. He ought to at least be honest enough to tell the country that that is what his tax policy provides.

Finally, Mr. Speaker, when the Governor of Texas tells us that his plan will provide only \$223 billion of tax relief to the richest 1 percent over the next 10 years, he ignores everything he is doing with the estate tax. He tells the country he is going to repeal the estate tax but never includes the fiscal effect of that repeal in his description of his overall tax and budget policies.

I can only refer to this as fuzzy fiscal figures and false fiscal facts. The fact is that the estate tax will be generating \$50 billion a year. That is \$500 billion over 10 years, which means under the Governor's proposal, the richest 1 percent of Americans will save over \$700 billion a year under the Governor's proposal. He admits to only \$223 billion. He ignores the other \$500 billion.

That is why it is true when it is stated that the proposals of the Governor of Texas would provide more relief to the richest 1 percent of Americans than he proposes to spend to improve our health care system, strengthen Medicare, strengthen the military, and improve education combined.

Mr. Speaker, our choice is clear. On the one hand, we can have fiscal responsibility, economic expansion, reduction and eventual elimination of our national debt and moderate tax cuts for working families, all combined with investments in education, Medicare, military preparedness and health care, or we can provide \$700 billion to the wealthiest 1 percent of Americans.

#### THE PROBLEM WITH THE POLITICS OF DIVISION INSTEAD OF THE POLITICS OF UNITY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. KINGSTON) is recognized for 5 minutes.

Mr. KINGSTON. Mr. Speaker, let me just say this, that under the plan proposed by Governor Bush, the janitor, the worker in the restaurant, would, in fact, get great sums of tax relief. But more importantly, rather than this class division, rather than the politics of envy, the Bush promise is to make that restaurant worker the restaurant owner. That is the biggest difference between the Bush vision and the Gore vision, which keeps the poor, poor. And that is the problem when we have the

politics of division instead of the politics of unity. I think that is what this is all about.

Now, Mr. Speaker, we want to talk a little bit about what we are doing here on a Sunday night, and joining me are my colleagues from Arizona, Michigan, Minnesota and Colorado; and we are going to ask the question, we are here because how much is enough, Mr. President? Last year the Labor and Education bill, Health and Human Resources, had a sum of \$96 billion.

2130

This year, negotiating with the President, we are up to \$106 billion. But it is not enough for the President and Mr. GORE. They want more money.

So I will ask my colleague from Arizona, how much is enough? How much does the President want to spend?

Mr. HAYWORTH. Well, if my friend from Georgia will yield, that remains the question, because, the fact is, we are not getting a clear and compelling signal from the White House or from our friends on the left.

You see, we worked together to achieve a consensus in many areas, especially on the bill we passed just last week, which offered not only tax relief, but Medicare refinement and improvement to strengthen Medicare payments to hospitals and home health care facilities and nursing homes, but also something the President embraced when he came to Phoenix, Arizona, the so-called "new markets initiative." Community empowerment. So we had a very broad bipartisan piece of legislation there, and yet we hear now that the President says he intends to veto the legislation.

So, sadly, the answer to the question that my friend from Georgia poses tonight has no quantifiable answer.

Mr. DREIER. Mr. Speaker, will the gentleman yield?

Mr. KINGSTON. I yield to the gentleman from California.

Mr. DREIER. Mr. Speaker, I would like to first of all say that as I was stepping out of the Committee on Rules upstairs, I could hear without the electronic means my friend from Georgia talk about the fact that the Vice President is pursuing policies that will help to keep poor people poor, which I think is right on target. That is the one thing I heard, so I compliment the gentleman on offering the truth.

Mr. Speaker, I would like to thank the gentleman for yielding to me, and to congratulate my colleagues for the time that they are taking this evening to enlighten the American people on these very important issues.

Mr. KINGSTON. Mr. Speaker, I would ask the gentleman from Michigan (Mr. HOEKSTRA), does he know how much is enough? I want to refer to our chart again. How much is enough, Mr. President? How much do you want to spend?

Mr. HOEKSTRA. Mr. Speaker, if the gentleman would yield, I think what we are finding, especially in the area of

education, where I have spent a lot of time and our subcommittee has spent a lot of time, it is no longer an issue about money, but, for the President, how much is enough? How much more authority does he want to move from a local and State level to Washington?

We know that he would love to start getting Washington involved in school construction, get Washington involved in hiring teachers. So for the President, it is not an issue of money anymore. Republicans have said we will match him on money.

"Enough is enough" now for the President is only when we move the decision-making for how we spend those dollars from the local level to the Department of Education here in Washington. That is now where the President is saying, "I need more and I want more."

Mr. KINGSTON. Mr. Speaker, reclaiming my time, I thank the gentleman from Michigan for that, because one of our major issues that is outstanding right now with the President is the fact that he wants school construction to be federally controlled; and we want to leave it locally controlled, where less dollars will be spent and local people will decide what needs to be built. It should not be in the hands of Washington bureaucrats.

I yield to the gentleman from South Dakota (Mr. THUNE).

Mr. THUNE. Mr. Speaker, how much is enough? That is the question of the evening. Well, I would suggest to the gentleman from Georgia that is really a moving target. We do not know, because the President insists upon every bill that comes down there, this much more, this much more. I think whatever the number was yesterday, it just increased by about 20 percent today.

But if one looks at why we are still here, and the gentleman from Michigan is absolutely right, this really is about whether or not you want to consolidate more power in Washington or whether you want to distribute power back to the people who live in our States and our communities, our families. That is the issue of the day.

#### PREPARING THE BUDGET

The SPEAKER pro tempore (Mr. PEASE). Under a previous order of the House, the gentleman from Texas (Mr. STENHOLM) is recognized for 5 minutes.

Mr. STENHOLM. Mr. Speaker, I did not intend to get into this tonight, but I know my friends on the other side of the aisle are not intentionally attempting to mislead the people tonight, because I know them too well. I have worked with them on too many issues, and I think it is awfully important. Anything I say that any of them wish to challenge me on, I will be glad to yield some time, because I do not want to do that which I accuse you of doing.

When we start talking about how much is enough, I believe when we passed the foreign operations appropriation bill, those of you who voted

for that voted to increase the caps for spending for this coming year to \$645 billion. Now, that is more than the President has requested to spend.

Therefore, when you start talking about the budget, the President originally this year called for \$637 billion in spending. My friends on the other side said you wanted to hold it to \$625 billion. The Blue Dogs suggested a good compromise in between at \$633 billion.

Our \$633 billion got 170 votes. In fact, we had 37 of you voting with us on that. Forty-one more of you and we would not be here tonight arguing about the numbers, because we would have held spending at \$633 billion, not at \$645 billion.

Now, for about 16 years I was in the majority, and many times I voted with you, and I got criticized quite a bit for being the big-spending Congress. Well, I was voting with you. This year I did not vote with you, because \$645 billion was \$12 billion more than I thought we ought to spend this year. You are the ones that increased it.

Now, you can put up your chart. I have got a chart over here that will show absolutely, unequivocally, no matter what you are saying on this, that you will spend more than the President has asked. We can point the blame all we want to.

Mr. COBURN. Mr. Speaker, will the gentleman yield?

Mr. STENHOLM. I yield to the gentleman from Oklahoma.

Mr. COBURN. Mr. Speaker, I have a question, not so much for the gentleman, because I have a great deal of respect for the fact he is indeed a fiscal conservative. Many of us are very upset that we are spending as much as we are. But if what the gentleman is saying is true, then perhaps what we ought to do is just go back and take the President's original request and pass them and send them down to the White House. Is the gentleman telling us that he believes the President would sign those bills in those amounts?

That is a simple question, because, if that were true, that is what we ought to do, and we could all go home. But I know the gentleman from Texas (Mr. STENHOLM) knows this as well as I do, every day the bar gets moved. We are not even talking about what the President asked for. Most of the stuff that has been put in the bill right now is at the President's or White House's request.

We are upset we are going over the spending caps. We are now at over \$1.9 trillion. We think that is enough. But every day the bar moves. When I have told some of our leaders, maybe we ought to go back to what the President asked for and give him exactly what he asked for, you know what they all say? He would veto it.

Mr. STENHOLM. Mr. Speaker, reclaiming my time, my point was this: if we had agreed on a budget with \$633 billion in spending, you would have had a very large number of Democrats standing up with you on that. It is too

late for that tonight. It is too late for that.

What I am saying is, your leadership seems to not be able to learn one constitutional fact: if you are going to beat the President, any President, now or any time in the future, you have got to have 290 votes. In order to get veto override numbers, you have got to work with somebody on this side of the aisle, which you have absolutely refused to even consider walking across the aisle to ask any one of us. And the Blue Dogs have given you not once, not twice, not three times, four opportunities to say, we want to work on holding spending down.

Mr. COBURN. Mr. Speaker, if the gentleman would yield further, I would say to the gentleman from Texas (Mr. STENHOLM), I voted with you every time you put your budget up; and I want to tell you, your claim we would not be here I believe is in error, because this institution has a flaw in its design, and the design is it is easy to spend money and it is not easy not to spend it. If there is anything that needs changing in this Congress, it is the appropriations process, whereby staff members, not committee members, know what is in the bill, and backroom deals are done and the spending rises. That is the first thing.

The second thing is the House is gamed against the Senate, the Senate is gamed against the House, and then the President games them both, and the American people are getting a raw deal.

#### A CONTINUATION OF HOW MUCH IS ENOUGH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arizona (Mr. HAYWORTH) is recognized for 5 minutes.

Mr. HAYWORTH. Mr. Speaker, I welcome the opportunity to continue this discussion as we can with the time allocated. Let me yield more time to my friend from Oklahoma.

Mr. COBURN. Mr. Speaker, the fact is we passed a budget out of this House, and we passed the appropriation bills out of this House within \$1 billion of that \$601 billion. That is a fact. All 13 bills went out and went out on time.

Now, the question is, the question is the American public ought to be asking is, what happened after it left the House? And I hope some day they will know how this process works and put people up here who will not allow it to continue.

Mr. HAYWORTH. Mr. Speaker, reclaiming my time, I thank my colleague from Oklahoma. I thank my friend from Texas for his perspective. I think it is important to understand that there is far more that may unite us than divide us; and rather than pointing the finger of blame, I think it is important, after we await the verdict of the voters on the first Tuesday following the first Monday in November, if we should be fortunate enough

to return to this institution, we certainly welcome our friend from Texas and other like-minded friends on that side of the aisle to join us in a governing coalition to work with the next President of the United States, who could very well be the Governor of my friend's home State, to work to unify and put people before politics and to deal with these real questions.

I do appreciate the fact that he offers a voice of fiscal conservatism. We may not see eye to eye always on tax relief or a variety of other issues; but by the by, I think there is a great deal of agreement, and I do look forward to that opportunity.

I yield to my friend from Georgia.

Mr. KINGSTON. Mr. Speaker, I also want to say to my friend from Texas, I do appreciate, number one, your yielding time for a real dialogue tonight; and, number two, your consistency on trying to hold down the budget numbers, because I think amongst those here tonight, we are all in agreement with you.

Of the other issues that are on the table, though, one of the ones that concerns me and everybody else here, the gentleman from Michigan (Mr. HOEKSTRA), who is a chairman on the Committee on Education and the Workforce, is the President's scheme to federalize school construction. As you know, he wants to put in a big union pay-off and have Davis-Bacon in there and that will drive school construction costs up 25 percent on an average. We in rural south Georgia just cannot afford that. That is one reason why I think that we are here tonight, to put schools above politics.

Mr. HAYWORTH. Mr. Speaker, reclaiming my time, I thank my friend. I think this is important, because knowing my friend from Texas and his fiscal conservatism, it simply makes more sense to make the money work harder. You do not do that when you artificially inflate prices for the cost of construction, or, worse still, when you take the authority for school construction away from local school boards and transfer that authority here to Washington.

In fact, I yield to my friend from Michigan, who has great oversight of this in his role in the Committee on Education and the Workforce.

Mr. HOEKSTRA. Mr. Speaker, I thank my colleague for yielding.

Mr. Speaker, one of the things that we found as we went and talked to local school districts, but also as we talked to the different State education boards, is that they typically get about 7 to 10 percent of their money from Washington, but they get 50 percent of their bureaucratic paperwork from Washington. So, for all of these 760 programs that come out of 39 different agencies that are targeted at our local classrooms, with each one of those there come costs, burden, and red tape and strings attached, telling local officials, this is what you need to do in your schools.

So what we wind up doing is focusing on process, rather than on what is good for our kids. The people who know our kids' names no longer have full control over what goes on in that classroom. It is time we put our kids before process, that we put learning before bureaucracy; and those are the kinds of issues that we are wrestling with with the president at this time.

Mr. HAYWORTH. Following the tradition of our friend from Texas, I gladly yield him some time to visit on these issues.

Mr. STENHOLM. I thank the gentleman for agreeing. Let me say I happen to agree with you on the Davis-Bacon provisions. I have agreed in the 22 years I have now been fortunate to serve here.

2145

I think it is a terrible mistake to include, especially the new provisions that will allow local board decisions to have Davis-Bacon applied. It has nothing to do with prevailing wage. I have always agreed that Federal contracts ought to receive the prevailing wage. But I have spent a good part of my career attempting to first repeal and then reform the Davis-Bacon act, to no avail. But I happen to agree with my colleagues on that.

I do not agree on creating a new revenue-sharing program for schools. I think we ought to concentrate the money for school construction. So I disagree with my Republican colleagues on that, but here reasonable people ought to be able to work that out, have the legislative process be allowed to work.

Mr. HAYWORTH. Mr. Speaker, I thank my colleague for that. I think again it typifies much of what we have heard about, in the midst of this so-called political season where there are honest disagreements.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF HOUSE JOINT RESOLUTIONS 121, 122, 123, and 124, EACH MAKING FURTHER CONTINUING APPROPRIATIONS FOR FISCAL YEAR 2001

Mr. DREIER (during the special order of Mr. KINGSTON), from the Committee on Rules, submitted a privileged report (Rept. No. 106-1015) on the resolution (H. Res. 662) providing for consideration of certain joint resolutions making further continuing appropriations for the fiscal year 2001, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF S. 2485, SAINT CROIX ISLAND HERITAGE ACT

Mr. DREIER (during the special order of Mr. KINGSTON), from the Committee on Rules, submitted a privi-

leged report (Rept. No. 106-016) on the resolution (H. Res. 663) providing for consideration of the Senate bill (S. 2485) to direct the Secretary of the Interior to provide assistance in planning and constructing a regional heritage center in Calais, Maine, and providing for the adoption of a concurrent resolution directing the Clerk of the House of Representatives to make certain corrections in the enrollment of the bill (H.R. 2614) to amend the Small Business Investment Act to make improvements to the certified development company program, and for other purposes, which was referred to the House Calendar and ordered to be printed.

A CONTINUATION OF HOW MUCH IS ENOUGH

The SPEAKER pro tempore (Mr. PEASE). Under a previous order of the House, the gentleman from Minnesota (Mr. GUTKNECHT) is recognized for 5 minutes.

Mr. GUTKNECHT. Mr. Speaker, I want to come back to this question. I will be happy to yield time to any of my colleagues who are here on the floor, but I really do think this is the question: how much is enough? I say that because I was a member of the State legislature in Minnesota; and I must say, since I came to Washington 6 years ago, and we have always had a situation where the President was of the Democratic Party and the Congress, since I came, has been in control by the Republicans, and that has caused more friction perhaps than it really should. But I was in the State legislature when we had a Republican Governor and a democratically controlled legislature, and we were somehow able to get things done. I mean I do not understand why it is that we have to have this grid lock. I do think this is part of the question, and I also agree that there are other questions that need to be resolved. But it seems to me, and I agree with my colleague from Texas, reasonable people ought to be able to work this out.

We said originally in our budget resolution, we thought we could legitimately meet the needs of the Federal Government and all the people who depend upon it for about \$1.86 trillion. My colleague has pointed out that we have already exceeded those spending caps. That bothers me. But we are all now saying, at least most of us are saying, that what we at least ought to do as we see more and more surpluses piling up, this year, at least, that 90 percent of that surplus ought to go to pay down debt. I think just about everybody agrees with that.

When we look at basic things, there is not that much to argue about. It comes down to some simple things, as we saw on the chart. The numbers we have in terms of education are almost identical to what the President asked for. This is not a debate about how much we are going to spend on children. It is a debate about who gets to

do the spending. We simply believe more of those decisions ought to be made by people who know the children's names. I do not think that is an unreasonable thing.

Then we are having this debate about whether or not we ought to grant blanket immunity to illegal aliens. I do not think many people in this room right now think that is a very good idea. In fact, I think if we polled the people back in southeastern Minnesota, they would say that is a crazy idea. But now the President is threatening to veto the Commerce, State, Justice appropriation over that issue.

Mr. HAYWORTH. Mr. Speaker, if the gentleman will yield, just to reiterate what has been agreed to, and I think it is important for those of us who hail from Arizona, Texas, other border States, what we have agreed to is a family unification process, because we do not want to see families separated, but by the same token, when it comes to this notion of blanket amnesty, we have a problem when we are dealing with ignoring what is already illegal. And that is where the sticking point comes, and while we have had a reasonable approach, bipartisan, to deal with family unification, I would just make that key distinction as we are dealing with the amnesty question.

Mr. STENHOLM. Mr. Speaker, if the gentleman will yield, I want to go back again to the gentleman's "How much is enough?," and remind everyone again, that question has been decided.

The House spoke by majority will that \$645 billion is enough; therefore, it is not a relevant argument. The immigration question is a relevant argument. Davis-Bacon applications to school is a relevant argument. There are other relevant arguments, but there is no argument now, at least on the majority side, and I will say not with me either, because once the House has spoken and it is October 29, we cannot go back and redo the budget. Mr. Speaker, \$645 billion is the number, and that is more than the President requested.

My only point, had we had this kind of conversation early on and more had joined, as the gentleman from Oklahoma joined with us earlier, we would not be arguing about \$645 billion would be enough, we would be arguing that \$633, and perhaps we would still be arguing about the other questions, but reasonable people can work those out, and surely our leaders, negotiating as we speak, are finding a compromise on those issues that will be acceptable.

Mr. GUTKNECHT. Mr. Speaker, reclaiming my time, my colleague from Texas says that we are agreed, but I do not know if the President is agreed, because he has never told us exactly how much he wants to spend in some of these areas that are still being negotiated.

Let me just come back to my point about the State legislature.

Mr. STENHOLM. Mr. Speaker, if the gentleman would yield again on that

point, briefly, it makes no difference what the President says on additional spending, because on the budget Rules of the House, if we spend more than \$645 billion, we will have to sequester next year in order to bring the spending back. That is the discipline that we used to have in this body, but we have thrown it out the window for the last 3 years.

Mr. GUTKNECHT. Mr. Speaker, I want to come back to close on my story about the State legislature and about how virtually every governor works with their State legislature. At the end of the session, the legislative leaders and the Governor sit down and they decide how much the pie is going to be, how much the State is going to spend. And once that decision is made and there is an agreement made, it takes a matter of about 48 hours for the various committees to work out how much goes to transportation, how much to education. That is what we need to do here at the Federal level; and hopefully, we can have better bipartisanship next year.

#### A CONTINUATION OF HOW MUCH IS ENOUGH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. HOEKSTRA) is recognized for 5 minutes.

Mr. HOEKSTRA. Mr. Speaker, how much is enough?

When we talk about education, it is about where the decisions are going to be made. There are those in Washington who would like to take primary responsibility for building our local schools, wiring our local schools, buying the technology for our schools, hiring our local teachers, developing our curriculum, testing our kids, feed them breakfast, feed them lunch and develop after-school programs. When they get done with taking that decision-making to Washington, they are very willing to step back and say, the rest is now under your control. But in fact, what they have done is they have moved the focal point from our local teachers and our local administrators from taking a look at the needs of our children to taking a look at the bureaucratic requirements coming out of Washington.

How much is enough? We have enough. Local schools get 7 percent of their money from Washington, 50 percent of their paperwork. That paperwork goes to an agency here in Washington that cannot even get a clean set of books, that every time we give them \$1 for education spending at a local level, they consume 35 cents of it before it ever gets back to a local classroom.

I yield to the gentleman from Georgia.

Mr. KINGSTON. Mr. Speaker, I want to point out two things. One of the reasons I think we cannot get an answer to the question of how much is enough is because the President is no longer in town. We know that part of the strat-

egy seems to be keep Washington tied up, keep Congress in Washington, and then I will hit the campaign trail. The President is on his way to Kentucky to campaign against the gentlewoman from Kentucky (Mrs. NORTHUP). Now, that must feel great if one is the President of the United States, but we are talking about children here. We are talking about real business here, and we are talking about, it is time to put people in front of politics.

The gentleman knows, since he has worked real hard on the dollars to the classroom bill by the gentleman from Pennsylvania (Mr. PITTS) that said our efforts on education would go to the teacher closest to the student in the classroom and not Washington bureaucrats. Right now, when we spend \$1 on education, 50 cents never gets out of town. That is not acceptable.

Mr. HOEKSTRA. Mr. Speaker, reclaiming my time, I yield to the gentleman from South Dakota (Mr. THUNE).

Mr. THUNE. Mr. Speaker, I thank the gentleman for yielding.

I would just say to the gentleman from Texas, as a past supporter of the Blue Dog budget as well, and someone who did not vote to raise the caps to the \$645 billion level, that I think if the Blue Dog budget had been the one adopted by the House, it would have met probably the same fate that the budget today has met.

We did our work in the House. We passed bills at a \$602 billion level; and the President, as is customarily the case at this point in the legislative process, is extorting us or using I think his leverage at the end game to try and get more money out of the Congress. So that is why this thing keeps getting bid up and bid up and bid up.

We have, in fact, in the past, done some good things here. We balanced the budget. This will be the 4th year in a row. We have stopped the raid on Social Security. We have been paying down systematically the Federal debt over the past 3 years. But all that good work could be for naught if we give the President everything that he wants and everything that he asks for, which, as the gentleman noted, also includes a number of things that we just fundamentally disagree with, like putting more power in the educational bureaucracy here in Washington instead of getting it back in the classroom.

So I appreciate the issues that have been raised by our colleagues on the other side here about the budget; but the reality is, we are still going to be in the same positions that we are in today when it comes to negotiating with the President who wants to spend more and who cannot answer the very simple, fundamental question, and that is, how much is enough?

Mr. SCHAFFER. Mr. Speaker, will the gentleman yield?

Mr. HOEKSTRA. I yield to the gentleman from Colorado.

Mr. SCHAFFER. Mr. Speaker, it is an interesting question, and it is a sad

commentary, I think, on the legislative process in Washington to just see what is taking place here. We have Democrats and Republicans essentially agreeing that we are spending too much money. Why is that?

At this point in the game, it would seem that if we agree we are spending too much money, it seems logical that maybe a few months ago, a few weeks ago, we might have been able to agree on spending less. But we do have to compromise not only with Republicans and Democrats, but we have to compromise with the White House as well, and we have compromised and compromised and compromised, trying to, in good faith, reach agreement with the White House, the President's liberal spending habits, and yet as a result of our efforts, there is a point in time when it is a legitimate question to ask, how much can we spend? How much is enough? That is the point we are at now. We have conceded on issue after issue after issue with the White House.

#### A CONTINUATION OF HOW MUCH IS ENOUGH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Colorado (Mr. SCHAFFER) is recognized for 5 minutes.

Mr. SCHAFFER. Mr. Speaker, we have to wonder, when is it going to end? That is the question that is on the minds of all of us here. We are here in Washington on a Sunday night, which is completely out of character, first and foremost, but 3½ weeks beyond the beginning of the new fiscal year. We have debated with the White House so long now that the fiscal year has already started, we are passing these 1-day continuing resolutions, and I am afraid, I would say to my colleagues, that what really seems to be driving the agenda down there at the White House is not a real sincere effort to try to come to some resolution on this budget, I think it is motivated by a political ambition to try to scare the American people to believe that we are not paying enough, that we are not spending enough. I hope that we can send the message down to the White House that we have spent enough, that we have already reached enough.

Before I yield to some of my colleagues, I want to reflect on the comment of a 16-year-old girl that I just met back here in the back of the Chamber. She is from Albert Lea, Minnesota in the gentleman from Minnesota's district, and her name is Sara Schleck, she is a page back here and working for the House. I said, you are here on a Sunday night; what do you think about being here on a Sunday. She said to me, she said, Congressman, is not our Government big enough already?

Mr. Speaker, that is the question most Americans should be asking, and a 16-year-old girl certainly is perceptive enough to realize that we are here because there are people who just want

to spend more and for Sara's sake and the sake of my five kids we are willing to stay here as long as it takes to come to the right agreements with the House to make sure we do not spend the country into oblivion. But my goodness, we have answered this question. We have spent more than enough already. The White House wants more, and I just hope that we can come to an agreement that still leaves Sara's future in tact and her debt certainly no greater than it is today.

I yield to the gentleman from Michigan (Mr. HOEKSTRA).

Mr. HOEKSTRA. Mr. Speaker, I think we need to build on the progress that we have made. I think we would all agree that getting to a surplus for 3 years now and on our way to a 4th year of a surplus is great progress and great work. Having worked on the Committee on the Budget, if we had said that a few years ago, we would have said, by the year 2000, if we would have gotten that kind of track record, people would have said, no way. But we have done that. So we need to build on that record. We have stopped the raid on Social Security and Medicare, so let us focus on the good things that we have done here as well. Let us build on those things.

The same thing for education. Let us build on the positive progress that we have seen at the local level and then at the same time on a parallel track, let us fix the broken bureaucracy here in Washington.

Mr. SCHAFFER. Mr. Speaker, I yield to the gentleman from South Dakota.

Mr. THUNE. Mr. Speaker, I would say one of the good things we have done, we passed a Medicare package here last week; and it included some tax relief for people around this country too, a lot of things that I think many of us agree on, and I hope the administration agrees on as well. But the veto is threatened, and that is unfortunate, because we have a lot of rural hospitals and home health care agencies and nursing facilities that are really struggling out there. I think the President needs to explain to the American people and to all of those organizations who are supporting this legislation why he is going to veto it.

2200

This is something that in rural areas like South Dakota is very, very important to the people of my State to make sure that we provide quality health care.

In a bipartisan way we have come up with a package that addresses a lot of those issues for rural hospitals, for skilled nursing facilities, for home health agencies and where we have addressed also some other things that I am very interested and allowing technology to better serve rural health care needs through telehealth. Those issues are included in this package.

The President is going to veto it. That is the wrongheaded thing to do, and that is putting politics in front of

people, and that is unfortunate. It is the reason that we are here. But when the gentleman from Michigan (Mr. HOEKSTRA) talked about some of the good things that we have done here in the Congress, that certainly is an example of it.

I think that it is something most of us here this evening would argue are going to benefit, to a very big extent, the folks, the people in our respective congressional districts and States.

Mr. SCHAFFER. Mr. Speaker, I yield to the gentleman from Texas (Mr. STENHOLM).

Mr. STENHOLM. Mr. Speaker, I thank the gentleman for yielding, and I would say this one Member is glad the President is going to veto the tax Medicare bill, because it does not deal adequately with the health problems in my district, in my opinion.

In requesting additional spending, I am well aware that we have to find that money someplace else, because no matter how many times we say how much is enough, we have agreed \$645 billion is enough. When I say I am glad the President will veto the bill, I hope we will work out a better package for rural hospitals, teaching hospitals, all of the things that need a little better shake in that.

I say that realizing we have to take the money from someplace else, and I think the HMOs are getting a little bit too much. I think we can perhaps trim some other places. A very respected Member of the other body has said in this spending \$21 billion is very questionable.

I do not think that it is wrong for us to suggest a little more on hospitals at home would be a better use of some of that money.

#### A CONTINUATION OF HOW MUCH IS ENOUGH?

The SPEAKER pro tempore (Mr. SIMPSON). Under a previous order of the House, the gentleman from Texas (Mr. TURNER) is recognized for 5 minutes.

Mr. TURNER. Mr. Speaker, I want to speak to an issue raised by the gentleman from South Dakota (Mr. THUNE), my friend, regarding the concern that I think we all have regarding our rural hospitals.

The main reason that I object to the bill that was passed on this floor that the President has said he will veto is just the issue the gentleman raised, and that is, it is inadequate in terms of its funding for our rural hospitals and dedicates too much of the money set aside to increase funding for Medicare to the insurance company HMOs.

Mr. Speaker, I have a letter here from a hospital administrator in my district, George Miller. He is the administrator of the Christus Jasper Memorial Hospital. He writes to me and he says we are extremely concerned because as the present language reads in the bill, the one we passed, one-third to one-half of BBA relief over 10 years would go to HMOs, leaving less for pro-

viders and beneficiaries in east Texas, such as the Christus Jasper Memorial Hospital. Further, the bill does not prohibit HMOs from dropping benefits or leaving the community as they have done here in Texas and left many of our patients without HMO coverage. We need your help, Administrator George Miller, Jasper, Texas.

That is the concern that I have about the bill that was passed, and that is why I support the President's threatened veto of the bill. The truth of the matter is, HMOs are abandoning our seniors. I only have four counties out of the 19 that I represent that even have an HMO plan offered to them after December 31 of this year.

I clearly, in representing my constituents, want to see more of that increase that we have provided in this bill applied to the rural hospitals, the health care providers, rather than giving 40 percent of that new money to those HMOs.

Mr. Speaker, I yield to the gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. Mr. Speaker, me say, number one, that I appreciate the gentleman's sincerity on this issue. However, in terms of the President, I have not seen any alternatives. And as the gentleman knows, this bill was endorsed by the American Hospital Association, the American Cancer Society, the American Federation of Home Health Care Providers, the National Association of Children's Hospitals, the National Association of Rural Health Clinics, Juvenile Diabetes Foundation, the National Association of Community Health Clinics.

I hope that the President, rather than to veto it, putting politics in front of people, I hope he will say, okay, here is how we can constructively make changes and fine tune this thing. I think if it was up to the handful of us tonight, we could work out the differences real quick. And I, too, represent a rural area; and we can have genuine disagreements on it, but I do question some of the motives down on 1600 Pennsylvania Avenue.

Mr. TURNER. Mr. Speaker, it is always easy to question motives, and I really think that what we have to do is try to form our own views on these issues. I am sharing with my colleagues mine, and that is too much of the increase in Medicare money in this bill goes to the insurance company HMOs, and there are only four counties in my district that even offer an HMO Medicare choice plan.

I am not sure how long they are going to be there. I would invite my colleagues to take a look at the report just issued by the General Accounting Office, which tells us a whole lot about the status of these Medicare HMO choice plans. Basically, the message is pretty clear. HMOs are not working in Medicare for either our seniors or for the taxpayers, because what we have seen, last year we had several hundred thousand seniors receive notices of cancellation of their HMO+Choice

plans. I believe it was 328,000. And here this year, we have had almost a million receive a notice of cancellation.

The bottom line is, our seniors know that these HMOs cannot be depended upon, and I think what we see in the GAO report is that not only are they dropping out and canceling our seniors, but on average, it is costing the taxpayer more for a senior to sign up for these Medicare HMOs than regular fee-for-service Medicare costs.

Mr. Speaker, I yield to the gentleman from Oklahoma (Mr. COBURN).

Mr. COBURN. Mr. Speaker, let me just give my colleagues some facts. One of my friends that I went to high school with managed the health care for Wal-Mart. Wal-Mart discovered 7 years ago that HMOs are a terrible way to provide health care; it costs more. It costs them 19 percent more. They no longer have any HMOs.

The other thing, and I am sure that the gentleman is not aware of this, is that both sides of the aisle, when these bills were both in the Committee on Ways and Means and in the Committee on Commerce, had near unanimous votes on all of these issues, specifically the HMO funding, much to my chagrin.

#### A CONTINUATION OF HOW MUCH IS ENOUGH?

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Connecticut (Mrs. JOHNSON) is recognized for 5 minutes.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I want to respond to my colleagues in their discussion on rural health care.

Mr. Speaker, I am very proud to say that in this Medicare bill that the House voted on recently, we had put more money into rural health care than at any time in the existence of Medicare. For the first time, we dramatically increased the floor for rural health payments to a degree that the President never proposed, never anticipated, and, frankly, this house has never proposed in the past either.

My colleague from New Mexico (Mrs. WILSON) did propose in the Committee on Commerce to raise those thresholds to very high levels so the rural areas will be able to provide the quality health care that those people deserve, and that should be the standard of care throughout the Nation.

I am proud of what this bill did, and I am disappointed that my colleagues on the other side of the aisle are not recognizing that this is a unique bill in its generosity to rural areas. That is why the rural providers all support it.

Mr. Speaker, I yield to the gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. Mr. Speaker, I wanted to quote the American Hospitals Association on this, and the reason why I keep getting back to the American Hospitals Association on this bill is that these are the folks whose members have to pay the bills and have to make ends meet on Medicare.

One of the things I heard over and over again from our hospitals on behalf of our seniors and directly from seniors is we need Medicare relief, and this is what this bill does. The American Hospitals Association says we are urging Members to vote in favor of this legislation and have recommended that the President not veto this legislation. I am just so concerned that the President is putting politics over people. This is legislation that does seek a solution to solve a problem, and it is not perfect.

I do not think we can have a perfect piece of legislation in a legislative body consisting of 435 people and 100 Senators, but it is a step in the right direction.

Mr. Speaker, I thank the gentleman for yielding to me.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I would point out under current laws these plans would get a 2 percent increase. All we are doing in this bill is a 3 percent increase. This is not big stuff as it goes down here. This is not worth vetoing.

Mr. Speaker, I yield to the gentleman from South Dakota (Mr. THUNE).

Mr. THUNE. Mr. Speaker, I want to thank the gentlewoman for yielding to me, because I appreciate the responsiveness of the committee to a lot of the requests that we made with respect to rural areas, because this is a very difficult, very complex issue. It is a quality-of-life issue for people in rural America. We have long distances.

I appreciate very much the inclusion of the telehealth provisions in this, because allowing technology to help us better meet the health care needs in rural areas is really, I think, the wave of the future. One of the reasons we have had such difficulty with Medicare+Choice is for the reasons that the gentlewoman mentioned and, that is, that making sure that we more fully fund this blend, that we allow some sort of floor there that enables programs, Medicare+Choice programs, to better succeed in rural areas has been a real challenge.

I agree. I mean, everybody would probably write a more perfect version of it; but I do believe, as I look at this bill and the efforts that were made on behalf of the Committee on Ways and Means and the Committee on Commerce on trying to fashion something, it is responsive to it. It is sensitive to the needs of rural areas, and that is why I think, as the gentlewoman mentioned, a lot of these groups, including rural health care providers, have endorsed and supported this legislation.

Granted, not everyone is probably going to come on board. The gentleman from Texas (Mr. TURNER) obviously is not in support of this, but I think when we look at the organizations, the positions they have taken, the groups they represent, this is an effort, a very strong effort to try and address a lot of the shortcomings in providing health care to rural areas to our senior populations. I thank my colleagues for their work on that.

Again, I would be very disappointed if the President were to veto this, because I think it would be a real loss for rural areas in this country, who under this bill would benefit in some significant way.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield to the gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. I understood all the Democrats on the Committee on Commerce voted for this; am I correct?

Mrs. JOHNSON of Connecticut. The Committee on Commerce was a unanimous vote, but I believe it was a voice vote. On the Ways and Means subcommittee, which was the committee that has governed Medicare year after year after year after year, gets into all the complicated reimbursement issues. Improving managed care choice reimbursements by 4 percent was voted for unanimously by Republicans and Democrats.

In addition, we accepted an amendment by a Democrat member of the subcommittee to even improve the reimbursements above that to bring plans into the market, again, when they had not been there before; and again that would help the rural areas.

#### EXPLANATIONS FOR WHY THE HOUSE OF REPRESENTATIVES IS BEING KEPT IN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. ROHRABACHER) is recognized for 5 minutes.

Mr. ROHRABACHER. Mr. Speaker, we have heard many explanations of why we are being kept in. It is important again to reiterate the President is asking us to spend more money in several different areas. Whatever his initial request was, it is irrelevant.

The gentleman from Texas (Mr. STENHOLM) has come up and very eloquently explained to us his point of view on why that is no longer relevant. But the fact is, the President's demands at this time are what is relevant. What is relevant to us and what is keeping us is the President of the United States is threatening to veto pieces of legislation unless we include more money, more money in different areas like health care, education, and different things that he has in mind for his priorities.

However, amongst that list of demands, it is not just more money for these things, but amnesty, a general blanket amnesty for millions of illegal immigrants into our society.

I think the American people who are paying attention to what is going on in Congress right now, when we say that the President is putting politics before people, he is putting politics before the American people. For some reason, he must believe that granting blanket amnesty to millions of illegal immigrants, making them eligible for these education and health benefits that should be going to our own people, that that in some way is going to get him votes for somebody. Give me a break.

The American people should be outraged that their President is holding the Congress hostage, trying to force us in order to get home to campaign, for us to grant a blanket amnesty to millions of illegal aliens which then in the long run will drain money from education benefits, drain Federal dollars from health care benefits, will make our Social Security and Medicare systems less stable.

2215

Why, because we put millions of new people into the system who have come here illegally from other countries. When they were in the other countries of course, they never paid into those systems. So granting an amnesty, blanket amnesty for millions of illegal immigrants is demonstrably against the well-being of our people; and Congress should stay here and fight to the last ounce of our strength to prevent this travesty from happening.

We have also compromised somewhat. We have said we will go along with the President and agree to a family reunion for those immigrants who are here legally now and have families and have been separated and overseas for a number of years waiting to get in and we will let them come into the country. There is a responsible number of people that we would then permit to come in for humanitarian reasons.

But to grant a blanket amnesty for millions, the last time we did this was 1986 and what happened after 1986? It was like a welcome sign had been lit over the United States, "come on in" to everybody in the world who would want to participate in our free society and receive government benefits, I might add.

What we had was a flood of illegal immigration that in my State of California has come close to destroying the viability of our health care system, of our education system. If we take a look at the education scores in California, much of it has to do with the fact that we have had a massive flood of illegal immigrants into our society and we have to pay for their education, even though they just arrived and never paid into our system. That is unfair to our people.

Mr. Speaker, we care about the people of the United States of America. Yes, we care for other people as well. And most immigrants, illegal and legal, are wonderful people. But this bill that the President is demanding insults those people who are legal immigrants, who have stood in line and proven to be our very best citizens because they have come here legally. They respect our laws and they love the United States of America. We cherish their citizenship. But we have made fools out of them if we grant amnesty to people who have just jumped the line and come into our country illegally, thumbing their noses at our laws.

We must resist the President's efforts to force this Congress to ignore the

well-being of our own people and bring in millions upon millions of illegal immigrants and give them blanket amnesty. It is unfair. It is not right. We have agreed to a compromise here. We have agreed that we will have some family reunification and that is a responsible position, because it helps those people who are here legally and already in our country to unite with their loved ones. But a blanket amnesty is outrageous, and I ask the American people to pay close attention.

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 4577, DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2001

Mr. HOEKSTRA. Mr. Speaker, pursuant to clause 7(c) of rule XXII, I hereby notify the House of my intention to offer the following motion to instruct House conferees on H.R. 4577, a bill making appropriations for fiscal year 2001 for the Department of Labor, Health and Human Services and Education.

The form of the motion is as follows:

Mr. HOEKSTRA moves that the managers on the part of the House at the conference on the disagreeing votes of two Houses on the Senate amendment to the bill H.R. 4577 be instructed to choose a level of funding for the Inspector General of the Department of Education that reflects a requirement on the Inspector General of the Department of Education, as authorized by section 211 of the Department of Education Organization Act, to use all funds appropriated to the Office of Inspector General of such Department to comply with the Inspector General Act of 1978, with priority given to section 4 of such Act.

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 4577, DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2001

Mr. SCHAFFER. Mr. Speaker, pursuant to clause 7(c) of rule XXII, I hereby notify the House of my intentions to offer the following motion to instruct House conferees on H.R. 4577, a bill making appropriations for fiscal year 2001 for the Departments of Labor, Health and Human Services, and Education.

The form of the motion is as follows:

Mr. SCHAFFER moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 4577 be instructed to insist on those provisions that—

(1) maintain the utmost flexibility possible for the grant program under title VI of the Elementary and Secondary Education Act of 1965; and

(2) provide local educational agencies the maximum discretion within the scope of con-

ference to spend Federal education funds to improve the education of their students.

HEALTH CARE IN AMERICA

The SPEAKER pro tempore (Mr. SIMPSON). Under the Speaker's announced policy of January 6, 1999, the gentleman from Oklahoma (Mr. COBURN) is recognized for one half of the time remaining before midnight as the designee of the majority leader.

Mr. COBURN. Mr. Speaker, I rise tonight with the gentleman from Arizona (Mr. SHADEGG) to talk about health care in America. It is Sunday night. We are in Washington. The politics, rather than people, are front and center stage within the House and the White House and the Senate.

A lot has happened in the last 6 years since I have been in Congress, but nothing has happened to fix the real problems. I want to spend just a little bit of time creating a set of circumstances that the American public might hear tonight about where we find ourselves.

If Americans are in an HMO today or in an insurance plan that is a PPO, a Medicaid HMO or if they happen to be fortunate enough to have pure fee-for-service medicine, the one thing that they know is that over the last 10 or 15 years they have lost a tremendous amount of their freedom. They have no ability to choose the physician or the health care provider that is going to care for them. That very personal aspect of their life, they no longer have a choice.

If Americans are in Medicare, they cannot go outside of Medicare to a physician who would not take Medicare. They have no right to do that under the laws of Medicare. A doctor in this country today, if, in fact, they do not take Medicare and then treat a patient who is in Medicare, will be fined for treating that patient because they are not a contractor to Medicare, even though the patient might want to pay that money themselves.

The point I am making is that all of us, the vast majority of us, have lost a significant amount of freedom when it comes to making decisions about our own health care. That has been displaced by one or two or three other organizations. The first place it has been displaced is by the Federal Government. The second it has been displaced by the payer, it is actually a part of wages, that benefit, that health care, who is making that decision for the employee. They decide what group of doctors they can go to.

If Americans have Medicaid and are in a Medicaid HMO, they do not have the choice of going to the doctor that they want to. They will go to the doctors they are told to go to.

Mr. Speaker, we have lost a tremendous amount of freedom. We have heard a lot of discussion in the campaign rhetoric about a patients' bill of rights. I want to say that if we really had our freedom back, a patients' bill

of rights would not be necessary. And the way to get our freedom back is to allow each of us to have that benefit, and we decide personally what we do about our own health care. That is a huge step in the opposite direction the country is going.

The second thing I want to talk about is what we have been hearing in the political rhetoric of the campaign about prescription drugs. Every politician in the country has an answer on prescription drugs, except the right answer. The problem with prescription drugs in this country is they are too expensive. And the reason they are too expensive is because there is no longer competition within the pharmaceutical industry. There is no longer a true competitive industry in the pharmaceutical industry.

How do I know that? Because we have seen the studies. We have seen the collusion. We have seen the fines, hundreds of millions of dollars of fines being charged to pharmaceutical companies. A letter was sent over a month ago to the Attorney General of the United States asking her to look aggressively at competition in the pharmaceutical industry. She has yet to answer that letter that was sent by myself early this summer.

The fact is we know in America, in our competitive society, that the best way to allocate resources, to keep prices the lowest they can be, is to make sure we have competition. What is the politician's answer? Let us create a Government program. Let us create more Government control, rather than less.

Mr. Speaker, what we need to do in the pharmaceutical industry is to enhance and enforce the laws that we have today; and we will see pharmaceutical prices go down. The American public is subsidizing prescription drugs for the rest of the world. It is time that stopped. A Government program will not stop that. A Government Medicare program for prescription drugs will not stop that. All that will do is lower somewhat the prices for seniors and raise them for everyone else.

So if we continue to fix the wrong problems in our country, what we are going to have is a worse health care system, not a better one. Some people would like to see that because they believe the Government ought to be in control of all of it. I do not happen to be one that feels that way.

This House passed a bill this past year called the patients' bill of rights. It is extremely flawed in its ability to help patients and to put doctors back in charge, with their patients, of the care. It is a step in the wrong direction. We should not be doing a patients' bill of rights. What we should be doing is a patients' bill of fairness so that we own our health care, we make decisions about our own health care, and we are responsible for our own health care.

Those benefits that now come to us through an employer should come to us

directly, allowing us to choose. As a Medicare patient, allowing them to choose. As a Medicaid patient, allowing them to choose. The only people who really have freedom of their health care, and they do not have much health care because they do not have insurance, but nobody is telling them who they can and cannot go to.

Mr. Speaker, our country was founded on liberty. We have lost tremendous liberty when it comes to health care in our country. A Government fix is not the answer. The answer is to re-institute what we know works: Rigorous competition to allocate scarce resources.

Mr. Speaker, I yield to the gentleman from Arizona (Mr. SHADEGG).

Mr. SHADEGG. Mr. Speaker, I will start here and then come down there and use some of those charts. I would like to pick up on some of the remarks that the gentleman has made. Most importantly, the key factor here is choice.

In the gentleman's remarks, he pointed out that most of us, at least most of us in the workforce, those who have a job, if we are lucky enough to have health care at this point in time, if we have health care coverage, we likely get that health care coverage through our employer. That is good, because it means we have health care coverage; and that is an advantage.

But there are some tragedies involved in that structure. First of all it means that thousands of Americans, tens of thousands of Americans, indeed 44 million Americans who are uninsured, they do not get the chance to get their insurance through their employer, so many of them do not have any insurance at all. That is not right, and we need to deal with the problem of the uninsured.

I think the right way to deal with it is to give them a refundable tax credit and let them go buy an insurance policy that is theirs, that is a portable insurance policy that belongs to them and lets them go buy the health care plan they want.

But the other problem with the other half of this structure is those people that get their insurance from their employer. The problem with that structure is we lose all choice. If we work for any employer in America large enough to buy health care insurance, we are offered either one choice or a fairly small list of choices, unless we work for a very, very large employer.

I like to talk about Joe Jordan's Mexican food restaurant, which is where my wife, Shirley, and I went on our second date. Joe Jordan and his family did not go into the Mexican food business because they thought they were good at buying health insurance. They went into the Mexican food business because they were good at making and cooking Mexican food. And yet under our structure today, Joe Jordan has to select the health insurance for his employees and they get no choice.

Mr. Speaker, we can change that. We could go back to a system where we

gave individual people choice in health insurance and let them buy the health insurance that meets their needs. And the key to that would be if the plan they bought did not satisfy their needs, if they went out and bought an HMO because they thought it was the most cost-effective type of care they wanted and that HMO did not service their needs or do a good job by them or their family, they could fire that HMO and go hire another one.

The gentleman from Oklahoma said we would not need a patients' bill of rights if health care were a matter of choice, but it is not. We get it through our employers.

Earlier this year, I introduced legislation to give people choice, to let them buy a health care plan of their own, or to let their employer give them essentially the right to go buy with his funds their own health care plan. With that kind of choice, we would, as the gentleman said, we would not need a patients' bill of rights. Because if their HMO did not treat them right, they would fire that HMO and they would go buy an HMO that serviced them well and did a good job by them. Just like they do with their auto insurance company or homeowners insurance company or any of the decisions they make in there lives.

2230

But we are at the point where we are debating on the floor of this House, we have all year and indeed last year as well, the issue of a so-called Patients' Bill of Rights. I think it is important to talk about the differences and the choices in that legislation and why the bill that passed this floor is so bad and indeed would do damage to health care in America. I would like to do that with the charts down there, so the gentleman and I will trade places.

This chart right here kind of shows the fundamental question that faces America on the issues of health care for the working people of America who get a health care plan from their employer. It is a simple, straightforward question, "Health care in America, who should make the decision?" You get three choices: HMOs, lawyers, or doctors and patients.

I think the answer to that question is very obvious. I think doctors, together with their patients, ought to make medical decisions in America. But it is important to understand how the system works today. The system works today to say doctors and patients do not get to make the choice. No. The system today provides that HMOs make medical decisions; indeed, HMO bureaucrats often make medical decisions.

But somebody out there watching might say, well, why are lawyers on this chart? That does not make any sense. I thought it was a battle between HMOs on the one hand and doctors and patients on the other hand. Well, that is what one thinks it should be, but that is not what it is.

Because some of the legislation that has gone through this House and the legislation that the President talks about, the legislation that is discussed by our Democrat colleagues, would not leave power in the hands of HMOs. Indeed, it would take power away from HMOs. But, sadly, it would not move that power over to patients and doctors. It would instead move that power to trial lawyers. And that will set health care back rather tragically.

Since the gentleman is a doctor, perhaps he would like to comment on that.

Mr. COBURN. Mr. Speaker, there is no question today that oftentimes, and even as I have been in Congress as I have continued to practice medicine, proper care has been denied patients in my practice by HMOs and insurance companies.

It is not just HMOs, it is insurance companies, as well, that are making those decisions. And it is not necessarily medical personnel within those companies, but clerks, trained individuals who know how to read a check-off chart that decide who gets care and who does not.

I want to go back to what I talked about first. The greatest freedom we have in this country is the right to choose, the right to choose what kind of practitioner we are going to go to, whether or not we are agreeable to and satisfied with the individual that we have chosen to do very, very personal things with us as we manage our health care and do preventive health care. And in fact too many in this country have lost that right.

I do not believe the answer to it is to create another government bill. Although that may be a short-term solution, it fixes the wrong problem. The problem is not allowing people the tax credits, the deductibility and the options of making those choices themselves and, most importantly, also having a small financial responsibility associated with that.

One of the things that we know in medicine today is there is tremendous over-utilization. And one of the reasons it is over-utilized is because there is no personal cost to utilize it. And when we see that, what we know is we do not allocate the resource properly. So as individuals become empowered and they also take on a small portion of that responsibility, their decisions about how they utilize that asset and that service will change. But, most importantly, bureaucrats should not be making the decision and certainly not lawyers.

Mr. SHADEGG. Mr. Speaker, I certainly agree with the gentleman. It seems to me, if we can someday get to a system of choice where people can pick their own health care and fire it when it does not serve them well, whether it is an HMO or an insurance company, we will have advanced health care in America greatly.

But the gentleman in his remarks made clear that he thought the legislation which had passed this House ear-

lier and the legislation which is being talked about, indeed our Democrat colleagues held a press conference just the day before yesterday where they talked about the tragic death of a Patients' Bill of Rights and how that legislation was vitally important, and they are talking about it in all their press conferences; and the President is saying, well, this Congress failed the American people by not passing a Patients' Bill of Rights.

The gentleman pointed out in his remarks, and I agree with him completely, that the Patients' Bill of Rights, which our colleagues on the other side of the aisle would like us to pass, is indeed fatally flawed. And there was a good reason not to pass that legislation and it is a reason that has never been discussed on the floor of this House, and I think it deserves to be discussed; and I think the American people need to know about it, and I think our colleagues need to know about it.

I put up another chart here, and it raises the same question, who should decide how doctors care for patients? Right now, as this chart illustrates, the standard of care in America is currently set by HMOs and HMO bureaucrats when they tell doctors how to care for patients.

How does that happen? Well, your doctor decides to recommend a certain level of care or treatment for you. He applies to the HMO for that and the HMO says no, largely and often through a bureaucrat. The HMO says, we do not think that is the proper care. We think something else is the proper care. Well, that is a structure under which the HMO tells doctors how to care for patients.

But let us talk about the bill that passed the floor here, the so-called Norwood-Dingell bill. What does that bill do? Does that bill empower doctors to set the standard of care and to decide how patients should be cared for, or does it not? The sad truth is it does not do that.

The Norwood-Dingell bill would, instead of allowing doctors to decide the level of care, the standard of care, what treatment a patient should be given, it says that lawyers should make that decision. That is a tragic decision. And it does that by saying that anytime a lawyer wants to, that lawyer can simply go out and file a lawsuit. He or she does not have to wait until the case has been reviewed by an independent panel of doctors to decide if the care should have been given by the HMO or, perhaps, if the HMO made the right decision. Instead, we skip that process and let the lawyer go straight to court, which means that the standard of care in America will not be decided by doctors, it will not be decided by doctors consulting with their patients, it will not even be decided by doctors consulting with an HMO. It will be decided by doctors filing lawsuits and going straight to court.

We believe, I believe strongly, where we ought to be is that the standard of

care should be decided as a result of a review of a request for care by an independent external panel of doctors.

I am sure the gentleman has personal experiences with HMOs denying care that he requested for his patients.

Mr. COBURN. I do. I think, in fairness of the debate, I want to make sure that people are aware that, when that bill passed the House, I did indeed cast a vote for it. And there was a very good reason that I cast a vote for it. I thought we ought to move the process along to try to solve some of the problems. And it is very apparent to me that what I would like to see and I believe the gentleman from Arizona (Mr. SHADEGG) would like to see in terms of deductibility and people truly having choices across this country is not going to happen this year.

So then the question becomes should we do something in the meantime until we can put power of choice back into the hands of every American who needs health care.

I can relate an experience that to me that I think just shows the problems associated with managed care in this country, and it is denial of care that is recommended by a doctor when in fact, and this is a real incident and I will not go into the details of the case or the individual's name out of medical confidentiality, but needless to say, I had a patient who needed a diagnosis that was turned down. As it ended up, I ignored them and went on and did it anyway. And it was a cancer and it was identified. And then they were all too happy to pay for the procedures that they had been denied prior to that.

So how do we solve that? If you do not have an aggressive doctor that is going to buck the HMO and you have no external appeals panel, then the only way to solve that is to go to court. Well, that is not a good way to solve it because what happens is patients do not get treated. That is why the standard of care ought to be the professionally accepted standard of care across this country. That can best be decided not by an HMO bureaucrat and not by a doctor working for an HMO or managed care plan, because they quite frankly have a bias and that is for their employer, as it should be, but by three independent doctors. And every denial that is felt qualified by a doctor ought to have that chance to be reviewed by their peers to see if in fact that is the standard of care.

There is a couple things that come out of that. Number one, where we know this is working, which is in Texas now, is that 45 percent of the time the doctors on the panel say the doctor is wrong. What happens then? It improves the quality of care because it raises the level of knowledge of the doctor that was asking for something.

The 55 percent of the time when the plan is reversed, the patient gets the care that they need and the plan learns. So any system that is designed ought to be designed so that it advances care and lowers cost, not increases them. Delay in diagnosis, delay

in treatment is the number one cause of medical malpractice suits in this country today. And I would tell you that the managed care industry is tantamount to being a large portion of that because of the restrictions.

As my colleague has said, and I agree, we must have an exhaustion before we go to lawsuits before we are going to care for patients.

Mr. SHADEGG. We have put up a graph here that we developed to try to graphically illustrate this point. All of the legislation that has been here on the floor of the Congress and over in the Senate talks about a process, and the process is what should we do when a patient and his or her doctor make a request of the managed care organization or the HMO for care? How do we deal with that request? How does he process that request so that you get that request processed and get the right result?

I think the right result is the best possible care at the earliest possible moment. And it is true, doctors sometimes seek care that is not necessary. They seek care that the patient does not really need because they are being pressured by the patient. Indeed, some argue some doctors seek care just to make the money from delivering that care. And I think we talked about that kind of abuse of the system. And managed care has done a good job of putting that in check.

I think another abuse that occurs is that doctors sometimes are not on top of the current standard of care. They do not know what is the best treatment for a particular condition because they have not read the literature and managed care again has stepped in and said, no, we are going to require you to do what is best.

But the real problem in this area is that the current structure where an HMO gets to decline a doctor who is asking for care and say, well, no, that care is not medically necessary and appropriate, the real demand for a Patients' Bill of Rights arises out of the potential for abuse, so that the managed care plan turns down the patient and his or her doctor requesting care on the basis that it is really not medically necessary and appropriate.

That vague term creates a loophole through which managed care companies can deny needed medical care for reasons that are not really medical but, rather, are financial, that is, to make the HMO's profit line or bottom line better.

How do we solve that? How do you correct that? Well, all of the legislation that has gone through here, the so-called Patients' Bill of Rights legislation, looking at this potential for abuse, an HMO declining care and saying it is not medically necessary and appropriate, when they are really not doing that for a good medical reason, they are doing that to save money, they are doing that to improve the HMO's bottom line.

All of this legislation has talked about is structure. There should be a

doctor and their patient. They make an initial claim. Having made an initial claim and assuming it is turned down, they then go to internal review. The internal review is the HMO itself taking a look at that claim, hopefully this time through medical personnel, doctors, and saying, yes, the care is needed, go ahead and deliver it, or, no, it is not.

Now, everything is good up to that point. But the question is what happens if at that internal review by the HMO's own in-house doctors they say the care is not needed? Well, how do you determine if that was the right decision and the care really was not needed for medical reasons and some other care would be appropriate, or the care is not needed at all, or did they make that decision for the wrong reason? Did they decline the care just because they want to make a profit and they do not want to deliver the expensive care that is being asked for?

The legislation that I believe, and the gentleman just talked about this, the legislation that we feel is the important model here, and the flaw in the Norwood-Dingell bill occurs right here, what we believe has to happen at that point is that, when the HMO and its own doctors turn you down for the care and tell your doctor, no, you cannot have the care, we believe it is vitally important that the next step that you as a patient have a right to go to and you and your doctor have the right to go to is an external review panel, right here, an external review panel made up of three doctors who are completely independent of the plan and completely independent of you and your doctor. They are totally independent, and they have the ability and the expertise to review the claim.

They are essentially three independent medical arbiters who review your case, review what your treating physician said was needed, and review what the plan said and the plan's reasons for denying the care. Our goal is that that panel of three independent experts would say, you know what, this care is medically necessary and appropriate. Plan, you should deliver it. And it should be binding on the plan that they must deliver it at that point in time. That lets three independent doctors not controlled by the plan, not controlled by you and your doctor, get you the right decision at the earliest possible moment.

2245

That is a timely decision. That is a fast decision by that external review panel. If, in fact, they say the care is needed, then the HMO is bound by the panel's decision; and if you have been injured, you recover monetary damages. But the flaw in this system, the flaw that is in the other idea, is they do not want to require cases to go through this external review and that is illustrated right here on this chart of the Dingell-Norwood bill. This is a schematic, just like the other one, of

the Dingell-Norwood bill. There is an initial claim just like is the case under the legislation we have advanced. Then there is internal review, and that is the next step and the plan's doctors get to review your case. Remember those are the plan's doctors. They are the ones with the incentive to deny care. That is the place where the abuse can occur.

Here is the key difference and here is why that patients' bill of rights, that our colleagues on the other side of the aisle want, what the President wants, is a tragically flawed proposal that will not help patients and will not help doctors. Right here at internal review instead of requiring that case to go quickly to external review, to a panel of three doctors who would say you get the care or you do not get the care, and you can recover damages if you have been injured, they create a loophole and it is the lawyer's loophole, and that loophole is all you have to do is to decide to talk to a lawyer and that lawyer gets to say, you know what, I do not want an external review because that external review by three independent doctors might turn my client down and if in an external review my client is turned down, my lawsuit is gone; my monetary damages are gone; that will destroy everything I want. So what have they done? They have written into the Norwood-Dingell bill that a lawyer simply steps in right here, the lawyer simply alleges injury, hey, my client has been injured, I think he has been injured and I am ready to go to court.

And at that point, the external review by doctors, the three independent doctors who are going to review that case, the three independent doctors who were going to set the standard of care and tell the HMO how they should be treating patients, that external review of doctors is gone. Instead, you know where that case is? That case is not quickly decided by an independent panel of three doctors. That case is moved into our courts, and everybody knows that courts and lawsuits take forever. It will take who knows how long to drive this case through that court and who knows how frivolous the case will be, but the lawyer now has a chance to extort monetary damages to try to make the case settle even if it is meritless.

What happens to the poor patient? The poor patient waits, but the trial lawyer does well. That is the fatal flaw in the Norwood-Dingell legislation that has been put here on the floor, that the gentleman from Oklahoma (Mr. COBURN) talked about. You just have to ask yourself if you want to empower patients and doctors, then should you not give that ability to an external review panel? On the other hand, why should you let lawyers decide which cases go to external appeals or which cases go straight to court? That is the flaw that the gentleman from Oklahoma (Mr. COBURN) was talking about in the Norwood-Dingell bill. It is a bill that is designed to get patients into courtrooms, not to get them care.

I think care has been a key component of what you have talked about in this important debate, and it is what the gentleman says, I think that the Norwood-Dingell bill is flawed because it will not get people care. It will get them a lawsuit.

Mr. COBURN. Mr. Speaker, I thank the gentleman for his comments. I want to go back to really what we opened with, because so much partisanship has gone on and so much of the politics that the American people are seeing today throughout have to do with the patients' bill of rights. As I understand the medical system industry profession and patients today, and by the way I just remind my colleague, as he knows, that I have continued my practice, since I have been in medicine, delivered over 400 children since I have been here in this past 6 years and have continued to engage the managed care industry when I have been at home, we should not be having this debate. If Americans truly had the freedom that they once had, we would not be having a debate. We would not be about fixing the wrong problem.

Mr. SHADEGG. Does the gentleman mean we will not be debating this complicated flow chart that they want to create as a matter of Federal law that is going to try to arbitrarily decide from Washington how to process these claims and kind of have a win or lose battle between doctors and insurance companies on the one hand and trial lawyers on the other hand? We would give that power to patients and let them choose?

Mr. COBURN. Well, if we think about it today, that if you are in a fee-for-service plan that you are paying for yourself, you have all of those rights. If you have no insurance, you have all of those rights today. The people that do not have those rights are in the programs that have been designed by the Federal Government and have been designed by the large corporations to try to control the costs. And there is no incentive for the individual consumer, who is a part of those systems, to help control the costs. So if in fact we move to a point where we had some personal responsibility and accountability and our health care was in our hands instead of some third party, whether it be the Federal Government or our corporation that we work for, which is a great benefit but, in fact, in today's time that is one of the things that is part of our remuneration is our health care.

The other thing I would say is that most Federal employees have those rights, too. They get fee-for-service. We give Federal employees a wonderful choice of options, and they can go fee-for-service and they have every right there that they have. How is it that Federal employees, except military and retired military, how come people who are in fee-for-service that are paying for their own have those rights but the rest of us who are dependent on a program no longer have that freedom?

That is a basic question that Americans ought to be asking themselves any time they hear any politician during this election cycle talking about a patients' bill of rights. They are talking about the wrong problem.

Mr. SHADEGG. They are talking about a bureaucratic Government program that tries to mandate something from Washington, D.C., and I could not agree more with the gentleman. As the gentleman knows, I have introduced legislation that would let people choose their own health care.

Indeed, the legislation we introduced would say to an employee, whether they worked for Joe Jordan's Mexican Food, the one I talked about, the Mexican food restaurant in Phoenix, Arizona, or whether they worked for a large employer, Caterpillar Tractor, General Motors, whoever it was, would let that individual employee exercise choice so that they could hire or fire their health insurance plan based on their own decision, not their employer's decision.

I think, in discussing this issue, it is important to note that the current Federal Tax Code allows employers to give employees health insurance, and they are not taxed on that benefit. That is the reason that most people get their health care from their employer. If their employer gives them an extra thousand dollars, they pay taxes on that thousand dollars and they give somewhere around a third of it to 50 percent of it to the Federal or the State or the local government in income taxes. On the other hand, if their employer simply hands them a health care benefit worth a thousand dollars, they get that full thousand dollars in value.

The plan we are talking about, giving people choice to go buy the plan they want, actually is allowed under the current Tax Code. Under the current Tax Code, your employer can say to you, I am going to give you the \$1,000 dollars or the \$500 or the \$1,500 or the \$2,000 that I spend on your health care and as long as you go spend that on health care and confirm that fact back to your employer, it is not income to you and it is still a deduction to your employer. So we can move to a choice system. We can give people freedom if American employers will simply do it.

Mr. COBURN. It is really interesting. The tax bill that the President is saying that he is going to veto also adds, for those people who work for an employer who does not provide it, above-the-line deduction for their health care benefit. So what we actually are doing with the tax bill that is going to the President is, if you work for an employer that does not provide health care, we are giving you the same benefit we are going to give that employer. You are going to be able to deduct that above the line of your adjusted gross income so that you do not pay taxes on that income, and it becomes a straight deduction. That is another way of giving you freedom.

Mr. SHADEGG. We have talked about the flaw in the Norwood-Dingell bill which would allow a trial lawyer to step in, circumvent external review, take the power to set the standard of care away from doctors and take that decision to a courtroom, and why we think that is a bad idea here. Maybe we ought to talk about some of the other trade-offs that are going on here.

It is absolutely true that there are about 13 individual patient protections in the legislation, and I support those patient protections. They include things like the right of a woman to have an OBGYN as her primary care physician; the right of patients like my wife, Shirley, and I to have a pediatrician as our child's primary care physician; the right of all of us to go to an emergency room even if it is not an emergency room signed up with our HMO and get care. And each of those are important rights, but only important rights as long as we are trapped in a system where we cannot fire our HMO and hire one we want.

The reality be known, we would not need, as the gentleman has said, a patients' bill of rights. We would not need this complicated flow chart. We would not need to bring trial lawyers into the whole discussion. We would not need to be talking about cutting out the ability of doctors to set the standard of care if, as a matter of right, we could go as individuals, as employees of a company, and say, you know what, I do not want the HMO you picked for me. I want to go buy a plan that I can hire, a plan that I can fire, a plan that has already in it, and I get to pick it and I get to sign up for it, the right of my wife to see an OBGYN of her own choice; the right of she and I to pick a pediatrician as a primary care physician for our children; our right to go to an emergency room of our choice. If we had that kind of freedom, then we clearly would not need not only the liability scheme in this flawed Dingell-Norwood legislation, we would not need the patient protections.

Sadly, that is not where we are. We are debating yet one more massive government scheme to try to regulate the marketplace.

Mr. COBURN. I want to thank the gentleman for sharing this time with me. I look at the American health care system today. Prior to being a physician, I managed a fairly large business and my first degree is in accounting. As I look at the health care system in our country today, it reminds me of a Soviet-style run health care system, and here are some facts that people should know. That HMOs actually cost more for care than fee-for-service; a recent study, 18 percent more. Also it is funny that that 18 percent, that is the amount of money that comes out of an HMO for paperwork and profit. So only 82 percent of the dollars that are paid in to managed care actually ever go for care. If we could somehow in America through competition and efficiency make that 5 percent or 6 percent, we

would have 12 percent. Well, we are going to spend about \$1.1 trillion dollars this year on health care, and if we take 12 percent of that, what you can see is that we would have about \$150 billion to \$160 billion that would go to care.

Well, nobody would be lacking in this country. We would be able to care for everybody that is not insured, everybody that does not have care today, if, in fact, we had a system that was not bound up in paperwork. I have almost 33 employees in my medical practice with three great partners that have covered for me since I have been here. Of that group, somewhere between 8 and 11 every day are doing nothing but chasing paper associated with health care. It has nothing to do with getting somebody well. It has nothing to do with anything except for us getting paid or sending something to lawyers or sending something to insurance companies. That is eight people that could be working to make somebody well. To me, I think that the fact that 18 percent of the dollars in the insurance managed care and HMO industry today are going for paperwork and profits rather than for care leaves a whole lot lacking. There is no wonder that we are having difficulty keeping up with the rising costs.

The last point that I would make is that the fastest growing segment in the cost of health care this year is prescription drugs. Our economy will not work unless we have competitive markets. There is no doubt, if you just get on the U.S. Government FTC's web site, you will find where they have four large pharmaceutical companies through the last year that have accounted for more than a billion dollars worth of price fixing, a billion dollars in excess prices. Well, that is 1 percent of the cost of pharmaceuticals this year are associated with price fixing that we know of, that there has already been consent decrees against. How much more is there?

The second thing that we know is that they are going to spend somewhere between \$4 billion and \$6 billion this year advertising on television. Who pays for the \$4 billion to \$6 billion? We do. What happens with that?

You see something, oh, I need that. So I go to the doctor so, number one, we are increasing utilization. What I have found in my practice is it takes me twice as long to take care of a patient that comes in because they want a drug from a prescription that they saw on TV because now I have to figure out is that the right drug for their symptoms? And if it is not, I have to convince them it is not the right drug. So I spend my time working against the advertising to get the patient what they really need.

The third thing is the pharmaceutical companies spend \$5 billion a year courting doctors, and it ought to stop. They spend \$5 billion buying lunches in doctor's office. They spend \$5 billion for golf outings for doctors.

They spend \$5 billion on dinners for doctors. It is time the American people said that is enough. We do not need to pay \$5 billion for benefits for doctors, \$6 billion for television advertising, and let us get rid of the \$1 billion to \$5 billion in collusion.

If you add that up, we would see a 15 percent reduction in pharmaceutical prices, not a 15 percent increase.

Mr. SHADEGG. I take it instead what we are proposing is yet another Government program to pay for prescription drugs and to subsidize the cost of those drugs.

2300

I wholeheartedly agree with the gentleman that the answer to the problem is choice. Let patients have choice. Unfortunately, as is often the case, that is not in the debate in Washington right now. The debate as we enter the last 10 days of this political campaign is a debate over the failure of the United States Congress to deliver patient rights legislation and to pass what has now, I guess, become famous, since it was referred to by the Vice President in one of the debates, as the Dingell-Norwood or Norwood-Dingell bill, and that is the debate here.

Often we debate issues, and we are way behind the marketplace. The American people are ahead of us. That has become a political issue. Why has the Congress not passed Norwood-Dingell? The answer that we hear is, well, you cannot get through the Senate; there is a terrible problem with it. It is a vitally important piece of legislation for the American people.

As we kind of close out this discussion tonight, I think it is important to be sure that people understand that it is not a lack of resolve to take care of patients and doctors. The gentleman and I wrote a bill over a year ago, a patients' rights bill, because of this debate that has occurred in America, because of the abuses caused by HMOs; but that bill empowered doctors and patients to make health care decisions.

That bill said, as this flowchart I just showed illustrated, that every single case, every single case, where an HMO turned down somebody's doctor and said, no, you are wrong, the patient does not need that care, 100 percent of those cases would go quickly through initial claim, internal review and straight to an external review panel of three doctors.

Those three doctors had to be practicing physicians, a provision the gentleman insisted on. We did not want physicians who had not practiced in 20 years telling physicians currently practicing what they should be doing. We wanted physicians practicing right then. They had to have expertise in the area.

Those three doctors would say, Plan, you are dead wrong. When you denied that care that the treating physician said was necessary and you said you would not pay for it, you were wrong. That care should occur and occur now.

Under our legislation, people would be able to not only get the care, but sue for the damages.

One of the things that made me angry in this debate is the current system in America says if an HMO governed by this Federal law called ERISA we are trying to amend, by their negligence, if they injure or kill someone, there is no recovery.

I have talked on the floor of this House about the tragic case of Florence Corcoran, whose baby was killed by a negligent decision by an HMO, and the Federal courts interpreting the current law said, we are terribly sorry, Mr. and Mrs. Corcoran, your baby was killed by the negligent decision of United Health Care; but under our law, you recover nothing.

The legislation we want to pass will address this problem. If we cannot get to choice and freedom, we will say 100 percent of those cases go to a panel of three doctors. Mr. and Mrs. Corcoran would have gotten in front of three doctors, had a speedy decision. We would have set the standard of care, the baby would probably not have died, and the lawsuit would not be necessary.

The Dingell-Norwood bill, the bill that Vice President AL GORE said that America deeply needs, does not do that. It does not take the case to a panel of doctors; it takes the case straight into a courtroom, so that a trial lawyer can get rich.

I am not against trial lawyers. I believe in the tort system. I think when there has been an injury, they ought to recover. I wish the lawyer representing the Corcorans had won. They deserved to win. They deserved to recover.

That is not the answer that gets people care. The answer that gets them care gets them first to a review by an independent panel of doctors to say what care should be delivered. Then, if there has been a bad decision, there has been injury, then let it go to court. But do not destroy the system by letting it go straight to court and letting trial lawyers decide what the standard of care is.

Mr. COBURN. The other thing is, had Mrs. Corcoran had the freedom to choose and had she had her own health insurance as part of her benefit and her control, her baby would be alive today as well, probably.

I just want to summarize a couple of things. Number one, there are two real false claims out there in the political arena today. One is the only way to solve the prescription drug for seniors is to create a Federal program. I believe that is wrong. I believe in the long run all that does is hurt seniors, and it will hurt everyone else, because it fails to fix the real problem, lack of market, lack of competition, to allocate those resources.

The second thing is that we are required under the political arena that we have today to defend passing a Patients' Bill of Rights, and what has happened is we are about to pass a very

bad law. It passed the House. It has not passed the Senate. What will happen if what comes is a tremendous increase in costs, tremendous loss of insurance, and exactly the opposite direction.

Now, I happen to be cynical enough to believe there are certain people that want that to happen, because they believe we ought to have a government-controlled health care system. Believe you me, when we get that, if you love the post office today, wait until you see totally government-run health care.

There is not one individual that I talked to that knows anything about health care, from the pharmacist to the physical therapist to the operating room nurse to other doctors to nurses or employees in my office. When I mention the word HCFA, Health Care Financing Administration, they go ballistic, because HCFA does not know what is going on, but they are running all the rules. For us to create another system in which we hand more to HCFA is asinine.

Mr. SHADEGG. Mr. Speaker, I simply want to reiterate what you said. The reality is that many people want this very complicated scheme. They want a Norwood-Dingell bill to pass, not because they think that will take care of patients. They understand turning this whole system over to the trial lawyers, taking it away from HMOs, but not giving it to doctors, but rather giving it to trial lawyers, they understand that that will drive costs dramatically through the roof.

But that is not against their goal, because their goal is to have the current HMO system, to have the current health care system fail, and then to force America to turn to a single payer, Hillary-Care, one-system-fits-all, the Federal Government runs the health care system-type program.

I believe that will be a tragic flaw for this Nation. If we go to a flawed system that lets trial lawyers circumvent independent doctors making the decision, if we do not give patients the right to choose their own doctor, the net result is that costs will go through the roof and we will get to a single-payer system.

I want to thank the gentleman for allowing me to participate in this Special Order. It is important that our colleagues saw the flaw in this current patients rights legislation. I hope they will join us in passing legislation that would give people choice. Let them hire and fire their health care plan, the way they hire and fire their auto insurance plan or their homeowner's insurance plan, or, for that matter, the way they decide where they live or what brand of shoes or coats to buy. Give people choice, and they will take care of themselves.

Mr. COBURN. I thank the gentleman from Arizona (Mr. SHADEGG). It a pleasure to work with the gentleman, as usual. I appreciate all of the work he has done in health care in this Congress.

I think the American people ought to ask themselves one question, do I get to choose my doctor, my health plan, and, if not, why not? When you hear all of the political rhetoric, it will all pencil down to choice, and what is happening today in America is we are losing freedom, we are losing liberty, when we cannot even have the basic right to choose our own doctor.

#### RUSSIA'S ROAD TO CORRUPTION

The SPEAKER pro tempore (Mr. SIMPSON). Under the Speaker's announced policy of January 6, 1999, the gentleman from California (Mr. ROYCE) is recognized for the remainder of the time.

Mr. ROYCE. Mr. Speaker, I rise to enter into the RECORD and share with my colleagues a report that was recently released by the gentleman from California (Chairman COX). It is entitled "Russia's Road to Corruption."

This is the Speaker's advisory group on Russia. In addition, I would like to share with Members that the New York Times reported this month that, without reporting to Members of the House or the Senate, Vice President GORE concluded a secret agreement in 1995 with then-Russian Prime Minister Viktor Chernomyrdin not to enforce U.S. laws requiring sanctions on any country that supplies advanced conventional weapons to Iran. Specifically, Vice President GORE, purportedly on behalf of the United States, secretly authorized Russia to continue the sale of advanced weaponry to Iran.

Now, this occurred while there was a U.S. law on the books, and let me quote from a comment made by the gentleman from California (Chairman COX) at the time. He said, "The 1992 act required the President to sanction any country that transfers goods or technology that contribute knowingly and materially to the efforts by Iran or Iraq to acquire destabilizing numbers and types of advanced conventional weapons."

At the very moment Vice President GORE was making this secret deal with Chernomyrdin, bipartisan majorities in Congress were deeply critical of the Clinton Administration's failure to sanction Russian arms sales to Iran.

It is now clear why the administration took no action. Vice President GORE actually signed off on the Russian sales to Iran. The secret Gore-Chernomyrdin agreement reportedly allowed Russia to sell weapons to Iran for 4 more years, including an advanced submarine. This is the ultra-quiet Kilo Class Russian submarine.

2310

Also, to sell torpedoes and antiship mines, and hundreds of tanks and armed personnel carriers. This submarine, as but one example, is exactly the type identified by Congress when it passed the law as posing a risk to U.S. forces operating in the Middle East.

The secret deal cut by Vice President GORE directly contradicts the 1992 law

he coauthored. As then Senator GORE said on April 8 of 1992, "We do feel that the sanctions package has got to lay out the choice for dealers in these technologies in very stark terms. It is abundantly clear that we need to raise the stakes high and we need to act without compunction if we catch violators." That is what was said then.

The report of the Speaker's advisory group noted a series of interlocking flaws in the Clinton-Gore policy towards Russia. Unjustified confidence in unreliable officials like Chernomyrdin was the first that they pointed out; refusal to acknowledge mistakes and revise policies accordingly, and excessive secrecy designed to screen controversial policies, to screen them from both the Congress and from the U.S. public. This secret agreement exemplifies every one of these flaws, stated the gentleman from California (Mr. COX). Tragically, as the Times report notes, the decision to flout U.S. law gained us nothing from the Russians.

The September 2000 advisory group reported concluded, in spite of evidence that both Russian government agencies and private entities were directly involved in proliferation to such States as Iran and Iraq, the Clinton administration continued to rely on personal assurances from its small cadre of contacts in the Russian government. Administration officials, including Vice President GORE and Deputy Secretary of State Talbot, accepted these assurances, despite clear evidence of continued proliferation rather than believe or admit that proliferation could continue despite the stated opposition of their partners.

To continue, I wanted to share with my colleagues a second issue, a second secret Gore-Chernomyrdin deal, that was described not by The New York Times this time, but this one by the Washington Times on October 17 of this year. In a classified "Dear AL" letter to the Vice President in late 1995, Chernomyrdin described Russian aid to Iran's nuclear program. The letter states that it is quote, "ot to be conveyed to third parties, including the U.S. Congress." Not to be conveyed to the U.S. Congress. It appears to memorialize a previous personal agreement between the two men that the U.S. would acquiesce in the nuclear technology transfer to Iran.

As with the first Gore-Chernomyrdin deal, this agreement too was kept from Congress. This letter from Chernomyrdin to GORE indicates that Vice President GORE acquiesced to the shipment of not only conventional weapons to Iran in violation of the Gore-McCain Act, but also nuclear technology to Iran. According to Vice President GORE, the purpose of this secret deal was to constrain Russian nuclear aid to Iran in the construction of two nuclear reactors. If that is so, Vice President GORE plainly did not succeed. In August of this year, the CIA reported that "Russia continues to provide Iran with nuclear technology that

could be applied to Iran's weapons program."

Now, our House Committee on International Relations chairman, the gentleman from New York (Mr. GILMAN), asked the administration on October 18 if it had pointed out to Vice President GORE's Russian partner in this that it is not the American way for the President to keep secrets from Congress when it comes to such serious national security concerns as proliferation of nuclear technology. The gentleman from New York (Mr. GILMAN) has yet to receive an answer.

The law requires that "The text of any international agreement to which the United States is a party be transmitted to Congress as soon as practical, but in no event later than 60 days" after it is reached. The law does not contemplate that Congress will discover such agreements 5 years after the fact by reading about them through leaks to a newspaper, commented the gentleman from California (Mr. COX), the chairman of this committee. The Senate Foreign Relations Committee requested the first secret Gore-Chernomyrdin agreement on arms to Iran on Friday, October 13, the day The New York Times revealed it. Weeks later, the administration has yet to produce either it or the second Gore-Chernomyrdin letter dealing with nuclear transfers to Iran.

Lastly, I wanted to cite from Russia's Road to Corruption, the Speaker's Advisory Group on Russia chaired by the gentleman from California (Mr. COX) comments about the ongoing Russian assistance to Iran's ballistic missile program. To quote from the report, "Throughout the 1990s, despite repeated pledges by the Yeltsin government given during summits, Gore-Chernomyrdin Commission meetings, administrative level meetings, Russian private and government entities continue to provide critical technological assistance to Iran's ballistic missile program."

In testimony before the House Committee on International Relations in October of 1999, proliferation expert Kenneth Timmerman testified that top Clinton administration officials were aware of Russian aid to Iran's missile programs and did little to counter it.

In March of 1997, a CIA intelligence report labeled "secret" reportedly disclosed the then Iranian President Rafsanjani was pleased with the growing ties between Iran and Russia and that he expected Iran to benefit from Russia's highly developed missile program. Iran's President stated that he considered obtaining Russian military technology one of Iran's primary foreign policy goals, yet the Clinton administration, anxious to present a positive image of Russian-American relations, continued to accept the commitments from Yeltsin and Chernomyrdin during this period at the Clinton-Yeltsin summit in Helsinki, at the June Clinton-Yeltsin summit in 1997, and at the Gore-Chernomyrdin meeting

in 1997 that Russia would hold its missile technology assistance to Iran, and all of this, while in November 1998, the Russian Duma passed a resolution calling for increased military cooperation with Iran.

Nevertheless, the Clinton administration still refused to adjust U.S. policy to the torrent of information from the U.S. Intelligence community that corroborated the evidence from U.S. allies. American policy was based on the assurances from the administration's small circle of official Russian counterparts. Objective intelligence, objective reporting was discounted. While information from Russian sources, who clearly stood to be injured by the imposition of sanctions, was accepted.

The bipartisan Iran Missile Proliferation Sanctions Act of 1997, which passed the House and Senate with veto-proof majorities, closed many of the loopholes invoked by the Clinton administration to justify its refusal to use sanctions. The act required suspension of U.S. Government assistance to foreign entities that assist Iran's ballistic missile program, but President Clinton vetoed that bill on June 23 of 1998. One month after that veto, Iran tested its Shahab 3 missile, 10 years ahead of the U.S. Government's original estimate of when it would be capable of doing so.

Under threat of a congressional override of the veto of the Iran Missile Proliferation Act, the President finally issued an Executive Order. However, the Executive Order did nothing to address Russia's export control system, which even National Security Adviser Sandy Berger said was necessary when he announced the sanctions.

2320

In testimony before the Senate Intelligence Committee in February of 2000, Director of the Central Intelligence Agency George Tenet testified that Iran probably will soon possess a ballistic missile capable of reaching the United States. The impact of Russian assistance was clear. Only a year earlier, Tenet had testified that it would take many, many years for Iran to develop a missile capable of reaching the United States.

The Clinton administration's willful blindness to Russian proliferation has already done immense damage. The extensive Russian assistance has allowed Iran to improve significantly its ballistic missile capability. As a matter of fact with Russian assistance, Iran is now building a 2,600 mile-range Kosar missile based on a Soviet era SS5 missile engine.

This missile could ultimately form the basis for an Iranian Intercontinental ballistic missile. Russia has also ignored the Clinton administration's ineffectual objections to its plans to build nuclear reactors in Iran.

Both the Clinton administration and outside experts fear that Iran will use the civilian reactor program as a cover for a secret nuclear weapons program,

but the Clinton administration has failed to move effectively to end this Russian assistance. Moreover, congressional attempts to influence Russian behavior by reducing U.S. bilateral aid to the Russian central government have been undercut by continued unconditional administration support for aid to Russia through the IMF and the World Bank and other multinational institutions.

Iran is seeking to acquire Russian assistance in building other weapons of mass destruction as well. In December of 1998, the New York Times reported that high-ranking Iranian officials were aggressively pursuing biological and chemical expertise in Russia.

In interviews conducted with numerous former biological weapons experts in Russian, more than a dozen stated that they had been approached by Iranian nationals and offered as much as \$5,000 a month for information relating to biological weapons. Two weapons experts claimed they had been asked specifically to assist Iran in building biological weapons.

The Russian scientists who had been approached noted that the Iranians showed particular interest in learning about or acquiring microbes that can be used militarily and genetic engineering techniques to create highly resistant germs.

Mr. Speaker, I yield time to the gentleman from Pennsylvania (Mr. WELDON), my colleague; and he has some points to make for the RECORD as well.

Mr. WELDON of Pennsylvania. Mr. Speaker, I thank the gentleman and good friend for yielding. I thank the gentleman for following up on this Special Order. I was not aware we would be up so soon, but I appreciate your interests.

The gentleman and I have traveled to Russia together. As the gentleman knows, we have tried to find a way to build a relationship with Russia, one that differs significantly from what we have seen over the past 8 years.

Let me start off by following up with the comments the gentleman has just made, which I think the most important issues confronting this election and that is the status of our relationship with Russia and the problems that Russia currently presents to us from a threat's standpoint.

The best way to characterize where we are today is look at where we were in 1992. As President Bush was finishing up his last year in office, Boris Yeltsin was leading the overthrow of the Communist system and the dissolution of the Soviet Union.

I am sure my colleague remembers the vivid pictures on CNN of Boris Yeltsin standing on a tank outside of the Russian White House waving an American flag and a Russian flag with tens of thousands of Russians around him as he proclaimed the end of Communism, the end of the Soviet Union; and he announced that there would be a new strategic partnership, Russia and America working together.

After 7 years of Clinton-GORE, last fall what did we see on CNN? We saw this picture: we saw tens of thousands of young Russians outside the American embassy in Moscow throwing paint at our embassy, firing weapons at our embassy, and burning the American flag. In fact, it got so bad that for a while our State Department had to issue warnings to Americans that wanted to travel to Moscow because the hatred for America had grown so great in such a short period of time that the Russian people were adamantly opposed to any Americans in their country.

How could this policy and how could this feeling between Russia and the people of Russia against America grow so rapidly? In fact, one of President Putin's first speeches this year, after he was sworn in in January, was to announce a new strategic partnership for Russia. That partnership was Russia and China against the West, against America.

It is because our policy for the past 7 years, 8 years under Clinton and GORE was based on a personal relationship between Bill Clinton and Boris Yeltsin and AL GORE and Viktor Chernomyrdin, and they felt as long as those two people were in power in Russia, nothing else mattered. Instead of doing institution building, building the institution of the parliament, the court system, the free market economy, if they just focused on those two people, those two personalities, then America would be okay. That worked in the beginning, when Yeltsin was strong and when he was honest.

As Yeltsin became an alcoholic and surrounded himself with thieves who were the oligarchs running the Russian banking system; as Chernomyrdin got involved in corruption and in the oil and gas industry, the Russian people became to lose confidence in their leaders, but there was Bill Clinton and AL GORE still supporting these two failed leaders.

We knew 5 years ago that the oligarchs were siphoning off billions of dollars of IMF money and because President Clinton and AL GORE did not want to embarrass their friends, they pretended they did not see it. They pretended it was not happening.

Just last year we saw the Bank of New York, several officials being indicted by the Justice Department for allegedly siphoning up to \$5 billion of money that should have been going to the Russian people. So the Russian people saw this IMF money and World Bank money coming in, but they saw it not going to help them improve their communities, but rather they saw that money be shifted to Swiss bank accounts and U.S. real estate investments.

What did we see? We saw Russia sending technologies to our enemies. We saw Russia, as my colleague just pointed out, sending technology to Iran, Iraq, Syria, Libya, North Korea, all covered by arms control agree-

ments, and this administration not wanting to call Russia on those, because again it was based on personal friendships.

One instance in particular that I can relate to was in January of 1996, I was in Moscow. It was a month after The Washington Post had run a front page story that highlighted the fact that we had evidence, America had evidence that Russia had sent guidance systems to Iraq to improve the accuracy of their missiles. Now, that is a violation of an arms control treaty called the Missile Technology Control Regime. So I asked the American ambassador to Russia, Tom Pickering, who is now number three at State, I said, Tom, what was the response of the Russians when you asked them about The Washington Post story? He said, Congressman WELDON, I have not asked them yet. I said, why would you ask them? It is a gross violation of a treaty. He said that has to come from the White House.

I came back to Washington, and I wrote to the President. I wrote him a letter. He wrote me back in April, and he said, Dear Congressman WELDON, you raise serious concerns; and, in fact, if Russia did send those items to Iraq, that is a flagrant violation and I assure you, we will take aggressive action. We will impose the required sanctions, but he said, Congressman WELDON, we have no evidence.

That is the story they used 37 times in violations of arms control agreements in 8 years. Well, I say to the gentleman from California (Mr. ROYCE) I brought the evidence tonight so the American people can see them. As I have shown around the country, this is a Soviet Union accelerometer and this is a Soviet gyroscope. These were taken off of Russia SSN19 missiles that used to be pointed at America's cities.

Under arms control negotiations, these devices are supposed to be destroyed. They are not supposed to be reused. We caught the Russians not once, not twice, but three times giving these devices to Saddam Hussein. What would Saddam use them for? He would use these devices to provide the guidance system to make those SCUD missiles more accurate, those same SCUD missiles that killed those 28 young Americans in Duran, Saudi Arabia, in 1991.

These devices would make those missiles have much more accuracy. Iraq cannot build these; neither can Iran. They are too sophisticated. The only way Iraq or Iran can get these devices, the only way Syria and Libya can get these devices is if Russia sells them to them or gives them to them, and that is why we have arms control regimes.

We caught Iraq getting these devices from Russia three times. We imposed no sanctions. Why would we not do that? People would say to me, well, Congressman WELDON, you mean to tell me the President would deliberately not hold Russia accountable? The answer is yes. Why? Because 1996 was the

year Yeltsin was running for reelection. In fact, the secret cable is now public that Bill Clinton sent to Boris Yeltsin in 1996. It was the Dear Boris memo, and it was a cable that the American people can get in the back of a book called "Betrayal," written by Bill Gertz.

2330

That cable to Boris Yeltsin from Bill Clinton says, "Don't worry, Boris, we will not do anything to weaken your chance for reelection this year." So the policy, whether it was the theft of IMF money or whether it was the transfer of technology, was to keep Boris Yeltsin in power.

My colleague mentioned another incident involving transfer of technology to Iran and the Iran Missile Sanctions Act. My colleague did not mention one part of that equation I would like to go into some elaboration on.

Before the vote on that bill in the House, even though it was supported overwhelmingly by Democrats and Republicans. In fact it was a huge bipartisan base of support. The week before the bill came up for a vote, I got a call from Vice President AL GORE and his staff said to my staff, Vice President AL GORE wants Congressman WELDON to come down to the Old Executive Office Building to talk about the Iran Missile Sanctions bill.

So I went down to the White House. I was joined in the Old Executive Office Building by CARL LEVIN, by JOHN MCCAIN, by JOHN KYL, by Jane Harman, the gentleman from New York (Mr. GILMAN) and Lee Hamilton. There were about 12 of us who sat in the room as the Vice President of the United States, the current candidate for the President, sat with Leon Fuerth, his top security advisor, and for 1 hour the Vice President lobbied us not to pass the Iran Missile Sanctions bill. Because he said if we did, it would upset the relationship between Bill Clinton and Boris Yeltsin and he and Viktor Chernomyrdin.

When he finished, all of us in the room, Democrats and Republicans, Senators and House Members, said to the Vice President: Mr. Vice President, it is too late. You do not get it. The technology is flowing like water down a waterfall, and you are not stopping it.

Two days later, in spite of that personal lobbying by the Vice President of the United States, the bill came up on the floor of the House for a vote and 396 of us voted in favor of that bill, slapping the Vice President and the President across the face, because we knew they were being ineffective and we knew that instead of doing what was right, they were standing up for their friends, Boris Yeltsin and Viktor Chernomyrdin.

We broke for the Christmas recess and we came back in February. In February, the Senate was going to take up the same bill. In February, the bill came up. A week before the vote, the

Vice President's office called my office again and said: The Vice President would like Congressman WELDON to come back down to the Old Executive Office Building. I went back down.

Again, there were 10 to 12 Members of the Senate and the House, Democrats and Republicans. The same group. This time the Vice President had two people with him, Leon Fuerth, and Jack Caravelli from the National Security Council. They met with us for 90 minutes to try to convince us not to let the Senate vote for the Iran Missile Sanctions bill.

When he finished, we again told the Vice President: Mr. Vice President, you do not know how serious this is. This technology is helping Iran and Iraq develop new capabilities. But there was the Vice President, currently running for the presidency, telling us do not worry, we are going to take care of all of this. We are getting Yeltsin and Chernomyrdin to go along with us.

The Senate voted 96 to 4 in favor of that bill. The Vice President also told us and ensured us that he would take care of everything. That he was the one negotiating with Chernomyrdin, as my colleague pointed out, and I think he mentioned this earlier about the memo that the CIA wrote to him. We have evidence that his partner, Viktor Chernomyrdin, was involved with oil and gas corruption and the CIA sent him a memo to warn him that his friend and partner in Russia was not a clean person.

The White House has now acknowledged, though they initially denied it, they have now acknowledged that people remember that memo. And there is a CIA analyst who has said he saw the memo with the words scribbled across the front. The Vice President wrote a word across the front that we are not supposed to use on the floor of the House, but it started with "bull" and we just cannot complete the rest of the word, because Vice President GORE did not want to hear from the CIA that they had information that his friend and partner was involved with corruption in Russia.

So the policy of this administration for 8 years was deny reality. Then we find out, as my colleague just pointed out, that Vice President GORE went beyond denying reality. He did his own diplomacy and actually negotiated with Chernomyrdin the allowance for Russia to transfer technology to Iran which was strictly prohibited by the law that was passed by this Congress. In fact, when he was in the Senate it was passed under the leadership of JOHN MCCAIN.

It is outrageous that a Vice President could secretly allow a country like Iran, when this Congress had gone on the record expressing our grave concern with what Iran was doing, that this Vice President could allow that technology to continue to flow to Iran. And we now find out that Russia did not pay attention to what the Vice President said. They went beyond the

original understanding. In my opinion, this requires a serious investigation by the Congress.

Now, we are not going to be able to do this before the election. But the American people deserve to know what this Vice President did in a secret negotiation with the prime minister of Russia, a man who eventually left office in disgrace, that the CIA said was involved in corrupt activities. This country deserves to know what this Vice President did in arranging for some kind of a secret allowance for Iran to get technology from Russia, even though the law of the land in this country prohibited Russia from sending that technology to Iran.

How many other guidance systems went to Iran? How many other weapons besides the submarine and the arms that went to Iran? And what is the impact going to be on our security?

In fact, I would say to my colleague that I think this Congress ought to consider taking some type of action even before we leave this week to show our absolute outrage that any elected official, President or Vice President, would unilaterally take action that would eventually harm America.

Let me say before returning back to my colleague, I do not rise as a rabid conservative Republican, and I know my friend feels the same way I do, wanting to trash the administration. I have been to Russia 21 times. Every time I have gone, I have taken my colleagues on the other side with me. In fact, I have enjoyed a great relationship with the Democrats in our bipartisan Duma-Congress initiative. Each year, when the administration sought votes on the Cooperative Threat Reduction Program, the Nunn-Lugar program, I would get calls from the White House and from people in the administration asking me to lobby my Republican colleagues to support the initiative, which I did.

So I supported this administration in some of their policy issues toward Russia, and I am absolutely outraged, however, that this new revelation has come out that the White House has still not provided documentation to us, even after the chairman of the Committee on International Relations, the gentleman from New York (Mr. GILMAN) has written to the White House requesting copies of the memo and the letters that were written from Viktor Chernomyrdin to AL GORE in which he says specifically: Do not tell any third parties about this agreement, including your Congress.

Mr. Speaker, Viktor Chernomyrdin has no right to be above our Constitution. He has no right to send a letter to Vice President AL GORE saying ignore the Constitution of America; we will have some secret arrangement where I will tell you that only certain types of things can be shipped to Iran. Even though Vice President GORE knew there was a law on the books that specifically prohibited the transfer of technology to Iran, even though Vice

President GORE knew that our vote on Iran proliferation was 396 votes in the House and 96 votes in the Senate.

As my colleague, I think, agrees with me, the biggest scandal of the past 8 years is what this administration has done to our defense and foreign policy. The past 8 years will go down in history in my opinion as the worst period of time in undermining America's security. Not just because of what we did in these secret relationships in supporting people in Russia as opposed to institutions in Russia, but because of what we have done to force Russia into a new coalition where Russia and China have gone together in what they both characterize as a strategic partnership against America and the West.

Mr. Speaker, we are going to be trying to rebuild the confidence and the trust between these countries and us for the next 25 years. That is the legacy of this administration. It is a legacy that I think is absolutely embarrassing.

2340

Now, my colleague I think was quoting from the Task Force, which I was a member of, where we looked in depth at these issues. And the American people need to look at these issues, as well. Because the rhetoric coming out of the Vice President's mouth, the rhetoric coming out of those who were supporting what they would say has been a strong foreign policy is just rhetoric.

In fact, if you look around the world today, the instability in the relationships that America has with Russia, with China, the situation in the Middle East, the problems with North Korea are all problems that are not going to go away and problems which we have to address up front.

I know my friend feels like I do, we want Russia to be our good friend, we want the Russian people to be our good friends, and we want the Russian people to know that we are on their side. We are embarrassed that our administration ignored the transfer of illegal money out of Russia to illegal bank accounts. We are embarrassed that some of the current problems of the Congress with Russia were caused because we did not hold Yeltsin accountable when there were institutions in Russia that were in violation of arms control agreements.

And as a result, when Yeltsin was about ready to leave office last year, all the polls in Moscow showed that only two percent of the Russian people supported Boris Yeltsin. But even though only two percent of the Russian people supported Boris Yeltsin, there was Bill Clinton and AL GORE still supporting Boris Yeltsin and Viktor Chernomyrdin and his successor. Because Viktor Chernomyrdin eventually left and a whole multitude of prime ministers came in behind him.

It was summed up best by a visiting Duma deputy who came over in the middle of the Kosovo conflict. We had a

press conflict and he said, you will, America for 70 years the Soviet Communist party spent billions and billions of dollars to convince the Soviet people that Americans were evil, and they failed. But your President and your administration in just a few short years has been able to convince the Russian people that Americans are evil.

What a terrible statement for an elected official of the Russian Duma to make that for 70 years the Soviet Communists tried to convince Russians that we were evil and they failed, and yet our policies from 1993 up until the Kosovo fiasco just a few short years ago turned the Russian people against us.

We have to correct all of that, and we also have to hold this Vice President accountable for the actions he took unilaterally.

Mr. ROYCE. Mr. Speaker, I have one question that I would like to ask the gentleman and that concerns the law as it pertains to these international agreements.

Now, according to the law, as I understand it, when there is an agreement with a foreign power, that information is supposed to be given to Congress as soon as practical or no later than within 60 days.

My question is this: Since we are now in a position where some 5 years after the agreement we are finding out about such agreements in the New York Times, what recourse does Congress have under the law at this time in order to assert our constitutional rights to be informed about what the administration is doing negotiating without sharing that information with either the Senate or with the House and in particular negotiating when there are laws on the books?

Mr. WELDON of Pennsylvania. Mr. Speaker, the 1995 law that was passed, which was championed by JOHN MCCAIN, basically prohibited Russia from sending technology to Iran.

There is now evidence in a secret agreement that Vice President GORE worked out with Viktor Chernomyrdin, the same Viktor Chernomyrdin that the CIA told Vice President GORE was involved in corruption with Russia. That agreement never came to the Congress. No member of the Senate Intelligence Committee, the House Committee on Intelligence, no member of the leadership in either party was aware that Vice President GORE on his own made an arrangement with Viktor Chernomyrdin to allow Russia to transfer certain technology to Iran.

Now, the State Department and the White House are not denying this. What they are claiming is the technology was not covered by this law. That is hogwash. This technology was covered. But what Vice President, what the President for that matter, has the power to overrule the Congress?

I mean, this gets back to shades of what the Democrats raled about during the Vietnam era and during the era of the Central American fiasco. No Presi-

dent has the right, no Vice President has the right especially, to enter into a secret agreement with a foreign leader that does not involve the express advice and consent of the Congress. And yet that is what Vice President GORE did.

Mr. ROYCE. Mr. Speaker, it is my understanding that during the debate on the original 1995 law itself, the very example given in the debate was the super secret kilo class type of submarine that could be transferred from Russia to Iran because of our concerns of what that would do to our strategic interests in the Middle East.

How would it be possible for the administration now to claim that in fact it did not intend or their interpretation is that it is not covered by the statute when in fact the debate on the original law mentioned that kilo class submarine?

Mr. WELDON of Pennsylvania. Mr. Speaker, the gentleman is absolutely correct. And for other colleagues who are listening in their offices, the kilo class submarine is a submarine that can do tremendous harm to America, our Navy, and our allies.

Iran now has that because of what Vice President GORE did secretly in this agreement with Viktor Chernomyrdin. And even Madeleine Albright now has acknowledged what he did. My colleague probably is aware that there is a classified letter that was written by Secretary of State Madeleine Albright in this year to Russian Foreign Minister Igor Ivanov. And that is what it says. This is quoting Madeleine Albright.

"Without the 1995 Gore-Chernomyrdin agreement, Russia's conventional arms sales to Iran would have been subject to sanctions based on various provisions of our laws."

So now we have the Secretary of State this year affirming that what was done by Vice President GORE secretly in 1995, if that had not been done, those transfers would have caused sanctions to be placed on Russia.

I mean, this is amazing. Russia is trying to become a democracy and it appears as though we are going to a totalitarian state where the Vice President thinks he could do whatever he wants. He does not have that authority.

Mr. ROYCE. Mr. Speaker, there is one other issue that is of concern to me.

When we were in Moscow, we had an opportunity to speak to various officials in the Russian Government; and, upon our return, there was a story in the media about the fact that support among the Russian people for the United States was down to single digits for our policies and their feelings about the intentions of the United States was down to single digits.

When we contrast that with the attitudes after the fall of the Berlin Wall and after the disillusion of the former Soviet Union, at that particular time

the support for U.S. policy and intentions was registered to be the majority of Russians. In one poll I recall it was 70 percent.

How does that go from 70 percent level of support down to a level of support that is around four or five percent? And at the same time, how do we go from a situation where we had a relationship with Russian parliamentarians to one where today a former KGB officer, now the President of Russia, states that his strategic alliance is going to be with China, not with the United States, but with China? How does that happen over the span of a few years?

Mr. WELDON of Pennsylvania. Mr. Speaker, I think it is just basically because the policy of this administration, two people, Bill Clinton and Boris Yeltsin, was as long as they got along with their counterparts in Russia, Boris Yeltsin and Viktor Chernomyrdin, to them nothing else mattered.

In fact the Duma felt totally left out of the process. The Duma members told me. In fact, one of my Duma deputy friends, a very respected member of the Duma, Vladimir Luhkin, used to be the Soviet ambassador here in the U.S. He was recently the chairman of the Committee on International Affairs, and he right now is the chairman of the pro-Western Yablako faction. I am going to tell you what he said to me. And I never said this publicly before.

I was in Moscow and arrived the day after President Clinton left Moscow right after the economic collapse.

2350

Luhkin called me into his office. He said, CURT, I have a very serious concern that I have to raise with you. I said what is it, Vladimir? We have been friends. He said, the word around the Duma is that your President had discussions with Boris Yeltsin over what the U.S. response would be if Yeltsin disbanded the parliament altogether. He said, the fact that your President even engaged in those discussions is terribly alarming for us, because that would mean that your President does not even support our constitution, which is the basis of our democracy.

So here we have the members of the Duma seeing our administration go to Moscow and openly discuss with Yeltsin, and I assume Chernomyrdin, the possibility of them disbanding their parliament and simply having what basically they used to have in Russia, one or two people running the system. That is why the Russian people have no confidence.

If I were a citizen in Russia, I would not trust America, either, after I saw the world community sending billions of dollars into Moscow to help the Russian people build roads and schools and communities and to see the bulk of that money siphoned off to Swiss bank accounts. I would not trust America either.

Mr. ROYCE. One of the comments that interested me was former Foreign

Minister Federov's comment, where he told American officials do not give us money through the IMF into the central bank without strings, because if you do that that money will end up, quote, in Swiss bank accounts. Why was it, why was it, that we continued, against the advice of their own foreign minister who was trying to make reforms, to continue to put money into the government there instead of as an alternative attempting through democracy building to put the funding into building up political parties in Russia, building up a Democratic culture in Russia, assisting those who were trying to reform the country, why did all of the support go directly through the heads of state that were controlling the system, including the privatization? The gentleman alluded to Viktor Chernomydin's role there and in the report the indication is from the Russia's Road to Corruption, the Speaker's Advisory Group on Russia, the indication is that one of the main beneficiaries out of the entire privatization scheme was Chernomydin who ended up holding a large percentage of the oil and gas interests in Russia through so-called privatization, how could the administration allow this to occur without instead removing the resources from the government and putting the resources towards the forces of reform?

Mr. WELDON of Pennsylvania. The gentleman knows full well that before Boris Yeltsin would leave office he made sure that his successor, who he hand picked, President Putin, would give him and his family amnesty. So that when Putin took over for Yeltsin, he immediately signed the first series of decrees, presidential decrees, that gave lifetime amnesty for Boris Yeltsin and his family because two of his daughters were involved in much of this corruption.

To answer the gentleman's question, the reason why that amnesty was given was because the Russian people know full well that Yeltsin was taking care of his friends. He was taking care of those around him. He was the one who hand picked the bankers, the oligarchs where he was shuffling the money through. So the people that got wealthy were those close friends of Boris who kept him in power. Now this administration should have had the integrity to say to Yeltsin, look, we want democracy and free markets to succeed. We are not here to take care of your friends. But because they were so enamored with this personal friendship and relationship, they ignored the reality of what was occurring. That is why the Russian people in the end said we have no respect for America because you do not care about Russia's people; you care about your friends. You care about Boris Yeltsin and his family. You care about Yeltsin's friends and cronies and you care about Chernomydin and his friends and his family.

What we said for the past 5 years in going over to Russia, to our govern-

ment, is why do we not put the money out into the regions where the regional governors are making reforms? Let us reward them. Let us help them build new institutions, new communities. This administration wanted everything to go through Yeltsin and central Moscow because they wanted Yeltsin to be the strong man. They did not want the regions doing good things on their own because they would not be as loyal to Yeltsin. So we in fact helped cause the problem in Russia that focused everything in Moscow, through Yeltsin and Chernomydin and their friends, and now we find out that AL GORE even had secret dealings and agreements with Viktor Chernomydin that jeopardized the security of the U.S. and most specifically, and this is the key point, the first threatened nation to what Russia gave Iran is not the U.S.; it is Israel. The people of Israel now tonight can thank AL GORE for a secret deal that he evidently worked out with Chernomydin that allowed technical supplies and equipment, components and military hardware and submarines to go to Iran, which will directly threaten Israel's security.

Now AL GORE can talk a good game but the facts are, that is where the allowance was to send this technology, and the number one enemy of Iran is Israel. That is an absolute travesty. That is an absolute disgrace because, as the gentleman pointed out, Iran now has the Shahab 3 and Shahab 4 missile; they are now building a Shahab 5. Iran now has the ability to hit Israel directly and with this agreement that Chernomydin and AL GORE work out privately, Vice President AL GORE in my opinion helped Iran develop that technology that now directly threatens the safety of the people of Israel.

Mr. ROYCE. There was one last question I wanted to ask, and that had to do with the issue of privatization. I think for us as confusing as the comments of Foreign Minister Federov, who says he warned the administration not to give this money to the central bank without strings attached, not to turn it over to the government in power without a method of auditing it and making certain that it went for the purposes to which it was intended, even more confusing are what we are hearing now about the privatization schemes in Russia and how the beneficiaries of that did not turn out to be the Russian people but instead certain oligarchs, how can it be that this administration that was involved in giving assistance in helping through the IMF and the World Bank and helping with financial assistance, how could it be the case that we could end up with so much in assets turned over instead to a very small group, cadre of people?

Mr. WELDON of Pennsylvania. That is amazing, I do not know how. In fact, my colleague was with me when we met with Skuratov, who was the prosecutor general in Russia who is the equivalent of Janet Reno who told us he evidence of hundreds of insider peo-

ple around Yeltsin who were involved in insider trading with GKO bonds, who made tons of money off of the economic problems of Russia. I do not know how this could occur. It is outrageous, but the fact is that we now have to live with this.

I am outraged at this most recent story that my colleague brought up tonight, and I would urge our colleagues to take some kind of aggressive bipartisan action to hold this Vice President accountable for what he did. We have to stand up for what is right, and in my opinion what the Vice President did is not just wrong, it is unconstitutional and this Congress has a responsibility to make a statement on that before we leave this year, and I would say that should happen sometime this week.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. SNYDER (at the request of Mr. Gephardt) for today and October 30 on account of a family medical emergency.

Mrs. FOWLER (at the request of Mr. ARMEY) for today and the balance of the week on account of medical reasons.

#### SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Member (at the request of Ms. ESHOO) to revise and extend his remarks and include extraneous material:)

Mr. SHERMAN, for 5 minutes, today.

(The following Members (at the request of Mr. COBURN) to revise and extend their remarks and include extraneous material:)

Mr. KINGSTON, for 5 minutes, today.

Mr. HAYWORTH, for 5 minutes, today.

Mr. GUTKNECHT, for 5 minutes, today.

Mr. HOEKSTRA, for 5 minutes, today.

Mr. SCHAFFER, for 5 minutes, today.

(The following Members (at their own request) to revise and extend their remarks and include extraneous material:)

Mr. STENHOLM, for 5 minutes, today.

Mr. TURNER, for 5 minutes, today.

Mr. HILL of Montana, for 5 minutes, today.

Mrs. JOHNSON of Connecticut, for 5 minutes, today.

Mr. ROHRBACHER, for 5 minutes, today.

#### ENROLLED JOINT RESOLUTION SIGNED

Mr. THOMAS, from the Committee on House Administration, reported that that committee had examined and found truly enrolled a joint resolution of the House of the following title, which was thereupon signed by the Speaker:

H.J. Res. 119. Joint resolution making further continuing appropriations for the fiscal year 2001, and for other purposes.

#### ADJOURNMENT

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

The motion was agreed to; accordingly (at 11 o'clock and 58 minutes p.m.), under its previous order, the House adjourned until tomorrow, Monday, October 30, 2000, at 9 a.m., for morning hour debates.

#### REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. LINDER: Committee on Rules. House Resolution 662. Resolution providing for consideration of certain joint resolutions making further continuing appropriations for the fiscal year 2001, and for other purposes (Rept. 106-1015). Referred to the House Calendar.

Mr. DIAZ-BALART: Committee on Rules. House Resolution 663. Resolution providing for consideration of the bill (S. 2485) to direct the Secretary of the Interior to provide assistance in planning and constructing a regional heritage center in Calais, Maine, and providing for the adoption of a concurrent resolution directing the Clerk of the House of Representatives to make certain corrections in the enrollment of the bill (H.R. 2614) to amend the Small Business Investment Act to make improvements to the certified development company program, and for other

purposes (Rept. 106-1016). Referred to the House Calendar.

#### TIME LIMITATION OF REFERRED BILL

Pursuant to clause 5 of rule X the following action was taken by the Speaker:

*[Omitted from the Record of October 28, 2000]*

H.R. 4144. Referral to the Committee on the Budget extended for a period ending not later than October 30, 2000.

*[Submitted October 29, 2000]*

H.R. 1689. Referral to the Committee on Transportation and Infrastructure extended for a period ending not later than October 30, 2000.

H.R. 1882. Referral to the Committee on Ways and Means extended for a period ending not later than October 30, 2000.

H.R. 2580. Referral to the Committee on Transportation and Infrastructure extended for a period ending not later than October 30, 2000.

H.R. 4548. Referral to the Committee on Education and the Workforce extended for a period ending not later than October 30, 2000.

H.R. 4585. Referral to the Committee on Commerce extended for a period ending not later than October 30, 2000.

H.R. 4725. Referral to the Committee on Education and the Workforce extended for a period ending not later than October 30, 2000.

H.R. 4857. Referral to the Committees on the Judiciary, Banking and Financial Services, and Commerce, for a period ending not later than October 30, 2000.

#### PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following

titles were introduced and severally referred, as follows:

By Mr. HORN (for himself, Mr. BURTON of Indiana, Mr. BALLENGER, and Mr. MICA):

H.R. 5600. A bill to establish an Office of Management in the Executive Office of the President, and to redesignate the Office of Management and Budget as the Office of the Federal Budget; to the Committee on Government Reform.

By Mr. YOUNG of Florida:

H.J. Res. 121. A joint resolution making further continuing appropriations for the fiscal year 2001, and for other purposes; to the Committee on Appropriations.

By Mr. YOUNG of Florida:

H.J. Res. 122. A joint resolution making further continuing appropriations for the fiscal year 2001, and for other purposes; to the Committee on Appropriations.

By Mr. YOUNG of Florida:

H.J. Res. 123. A joint resolution making further continuing appropriations for the fiscal year 2001, and for other purposes; to the Committee on Appropriations.

By Mr. YOUNG of Florida:

H.J. Res. 124. A joint resolution making further continuing appropriations for the fiscal year 2001, and for other purposes; to the Committee on Appropriations.

#### ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 4825: Mr. ALLEN.