

economy; there will be increases in Social Security and, of course, a big increase in Medicare because of the prescription drug benefit that the President is pushing. Yet at the same time, we do need to tighten our belts. That is the way to attack the deficit.

I am glad to see that the Democrats are interested in the deficit after all of these years. What I would hope is that we can come together on a bipartisan, wartime budget and put the interests of the troops first, of the economy, of homeland security, of our seniors, and yet, at the same time, tighten our belts here in Washington within the government bureaucracy. I look forward to that process.

THE BUDGET

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

Mr. HONDA. Mr. Speaker, my goodness, what a difference 2 years make.

Two years ago, Republicans argued that the projected \$5.6 trillion surplus was so huge and so certain that they could accommodate large tax cuts and increases in domestic spending, while still having enough to provide for unseen events. In fact, they even worried that the U.S. may pay off the public debt too quickly.

Today that \$5.6 trillion surplus is gone and has been replaced with deficits as far as the eyes can see. Our national public debt has risen to \$6.4 trillion, the highest amount in U.S. history.

In fiscal year 2002, American taxpayers spent \$333 billion paying interest charges on our national debt, which translates to nearly \$1 billion per day, every day.

That total is more than the government spends on education, transportation, child nutrition, homeland security, and the environment combined.

MEDICAL MALPRACTICE INSURANCE

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

Mr. BALLANCE. Mr. Speaker, the medical community is rightfully concerned about the rising cost of medical insurance, and I strongly agree that Congress needs to address this urgent issue. There are three key points to be made in responding to this important issue: First, reform the insurance industry; second, reduce frivolous lawsuits wherever they are to be found; and, third, reduce the number of medical errors made, I am advised by my research, by a small minority of 5 percent of the physicians.

The Republican bill's attempt to cap damage awards and blame the trial lawyers would achieve none of these goals.

The insurance companies victimize patients through denial of medical cov-

erage while doctors are severely gouged by staggering premiums. Caps only serve to further victimize patients without providing any relief to the medical profession. More importantly, in my opinion, caps take away our constitutional and time-honored right to trial by jury.

Mr. Speaker, I urge that we vote against this bill and let us pass a real medical malpractice reform bill.

SUPPORT CONYERS-DINGELL ALTERNATIVE

(Ms. LEE asked and was given permission to address the House for 1 minute.)

Ms. LEE. Mr. Speaker, I rise today in opposition to H.R. 5. This bill claims to protect patients' rights but, in fact, it strips away the rights of patients, especially women, seniors, children, and lower income families.

It does protect someone, however. It protects HMOs, the insurance industry, and the pharmaceutical companies.

Medical malpractice is a serious issue, but so is medical error. Thousands of Americans die every year due to medical mistakes and thousands more are injured and placed at risk. The wrong limbs have been amputated. Improper transplants have been performed. These are real people, real examples, and real injuries and deaths, not frivolous lawsuits.

Mr. Speaker, H.R. 5 would restrict the rights of such legitimately and seriously injured patients.

The Conyers-Dingell alternative offers meaningful reform without putting Americans at risk. Conyers-Dingell would eliminate frivolous lawsuits, increase competition, and reduce costs. It would address the crisis situation faced in some geographic areas, but not by sacrificing crucial protections.

I urge my colleagues to oppose H.R. 5 and to protect patients' rights by supporting Conyers-Dingell.

HEALTH CARE FOR THE UNINSURED AND THE HISPANIC HEALTH IMPROVEMENT ACT

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

Mr. RODRIGUEZ. Mr. Speaker, I rise today to talk about the uninsured in America.

The number of uninsured in this Nation is alarming. Too many people continue to go without insurance coverage. The numbers right now range close to 41 million Americans who are uninsured. The majority of these individuals are hard-working Americans that make \$20,000 to \$30,000 and find themselves unable to pay for their prescriptions.

Tomorrow we will be filing a piece of legislation, the Hispanic Health Improvement Act. Hispanics are among the largest disproportionate number of uninsured, close to 31 percent. One out

of three Hispanics are uninsured, yet 80 percent of those that are uninsured are working Americans, working hard but unable to provide it.

The bill will provide an expansion not only to Medicaid, but also to SCHIP. It also will provide an increase in resources for those areas that disproportionately hit Hispanics such as diabetes, cancer, asthma, HIV/AIDS, and others. It also will provide an opportunity to provide access and affordability in the areas that are confronted. In addition to that, it also will strengthen the Nation's health care by allowing more opportunities for doctors and nurses to be included.

AMERICA NEEDS TAX RELIEF

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

Mr. STEARNS. Mr. Speaker, America needs tax relief. The economy lost 308,000 jobs in February, one of the sharpest drops in recent memory. The unemployment rate now stands at 5.8 percent. While this is relatively low by historical standards, the unemployment rate was only 4 percent as recently as 2000.

Now, the President's economic growth package, I believe, is urgently needed to increase the number of jobs created in the United States. Private sector economists have drawn the same conclusion. The jobs growth package could create millions of new jobs. For example, the Macroeconomic Advisers estimate that the package would lead to the creation of nearly 2 million jobs by the end of 2004. The Business Roundtable puts the figure at more than 3 million.

So, Mr. Speaker, I believe that we should pass the Bush tax relief plan now.

THE BUDGET

(Ms. HOOLEY of Oregon asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. HOOLEY of Oregon. Mr. Speaker, as we are poised to go to war and as States like Oregon are drowning in deficits caused by the souring economy, we would think it would be more vital than ever to adopt a responsible budget, one at least that addresses reality.

Unfortunately, the budget produced by the majority this year has huge tax cuts that do not stimulate the economy and would enact across-the-board spending cuts, regardless of the value of the services: Schools, nursing homes, veterans health care, law enforcement, bridges, highways, ports, and that is just to name a few.

While here in Washington these may be just functions in a budget, at home they represent our local economy, national defense, and public good. We should have the courage to face these tough decisions on a case-by-case basis

and not shy away from our responsibility, a budget that addresses the needs of all Americans.

THE TRUTH ABOUT H.R. 5

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

Mr. CROWLEY. Mr. Speaker, people on the other side are trying to pass off caps on medical malpractice awards as good for patients and doctors. In reality, it is only good for insurance companies.

The truth is, capping medical malpractice awards does not mean insurance rates will fall. Compare average insurance premiums for States with damage caps versus premiums for States with no caps. For OB/GYN doctors, especially those hard hit by medical malpractice awards, we find that OB/GYNs in States without caps pay only 3.4 percent more than their counterparts in States with award caps.

General surgery doctors actually pay \$602 more, not less, in States that have caps in medical malpractice awards.

Governor Jeb Bush's own CFO was quoted 2 weeks ago saying that medical malpractice insurance is rising in Florida because insurance companies are trying to make up losses in a soft economy.

Capping medical malpractice awards will not cause insurance rates to go down. Capping medical malpractice awards is simply a handout to the insurance industry at the expense of innocent patients and victims.

ASSASSINATION OF SERBIAN PRIME MINISTER ZORAN DJINDJIC

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

Mr. CARDIN. Mr. Speaker, I rise today with a heavy heart to condemn in the strongest possible terms the assassination of Serbian Prime Minister Zoran Djindjic.

As a Member of Congress, I express my condolences to the government of Serbia and Montenegro and to the family of the late Prime Minister. Mr. Djindjic was one of the driving forces behind the extradition of Slobodan Milosevic to the Hague for war crimes, and also favored increased political and economic cooperation with the West.

Mr. Speaker, I think it is our responsibility to encourage the government of Serbia and Montenegro to hold all of those responsible for the assassination accountable and to continue their work for economic reform and full cooperation with the War Crimes Tribunal, including the turning over of those indictees who still remain at large and cooperation on the witnesses and the information that is needed.

Again, Mr. Speaker, we offer our condolences to the family.

APPOINTMENT OF MEMBERS TO JOINT ECONOMIC COMMITTEE

The SPEAKER pro tempore (Mr. LAHOOD). Pursuant to 15 U.S.C. 1024(a) and the order of the House of January 8, 2003, the Chair announces the Speaker's appointment of the following Members of the House to the Joint Economic Committee:

Mr. STARK of California,
Mrs. MALONEY of New York,
Mr. WATT of North Carolina,
Mr. HILL of Indiana.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Record votes on postponed questions may be taken in two groups, the first occurring before debate has concluded on motions to suspend the rules and the second after debate has concluded on remaining motions.

HOSPITAL MORTGAGE INSURANCE ACT OF 2003

Mr. GARY G. MILLER of California. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 659) to amend section 242 of the National Housing Act regarding the requirements for mortgage insurance under such Act for hospitals, as amended.

The Clerk read as follows:

H.R. 659

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Hospital Mortgage Insurance Act of 2003".

SEC. 2. STANDARDS FOR DETERMINING NEED AND FEASIBILITY FOR HOSPITALS.

(a) IN GENERAL.—Paragraph (4) of section 242(d) of the National Housing Act (12 U.S.C. 1715z-7) is amended to read as follows:

"(4)(A) The Secretary shall require satisfactory evidence that the hospital will be located in a State or political subdivision of a State with reasonable minimum standards of licensure and methods of operation for hospitals and satisfactory assurance that such standards will be applied and enforced with respect to the hospital.

"(B) The Secretary shall establish the means for determining need and feasibility for the hospital. If the State has an official procedure for determining need for hospitals, the Secretary shall also require that such procedure be followed before the application for insurance is submitted, and the application shall document that need has also been established under that procedure."

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendment made by this subsection (a) shall take effect and apply as of the date of the enactment of this Act.

(2) EFFECT OF REGULATORY AUTHORITY.—Any authority of the Secretary of Housing and Urban Development to issue regulations to carry out the amendment made by sub-

section (a) may not be construed to affect the effectiveness or applicability of such amendment under paragraph (1) of this subsection.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. GARY G. MILLER) and the gentlewoman from California (Ms. WATERS) each will control 20 minutes.

The Chair recognizes the gentleman from California (Mr. GARY G. MILLER).

GENERAL LEAVE

Mr. GARY G. MILLER of California. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this legislation and to include extraneous material thereon.

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

There was no objection.

Mr. GARY G. MILLER of California. Mr. Speaker, I yield myself such time as I may consume.

I rise in strong support of H.R. 659, the Hospital Mortgage Insurance Act of 2003, and I urge my colleagues to vote in favor of this important legislation.

This legislation would give the Department of Housing and Urban Development the authority to provide FHA mortgage insurance to hospitals across the country which are currently ineligible for the insurance due to the lack of a State Certificate of Need Program.

The reduced costs for these hospitals will allow the modernization and rehabilitation of medical facilities across the country.

We have all heard from hospitals in our districts about the significant challenge they are facing in providing care to patients who are covered by Medicare and Medicaid. Hospital budgets are further strained as improvements in technology and health care knowledge require capital improvements such as additions and renovations to existing buildings.

The need for capital improvements at hospitals will continue to grow as hospitals are increasingly under pressure to acquire state of the art equipment and expand services.

We all know that modern health care facilities can improve the quality of life and the health of the population, yet financing for these new improvements at hospital facilities is often not readily available.

To assist States in providing modern health care facilities, Congress created section 242 of the National Housing Act.

Section 242 permits FHA to insure mortgages used to finance the replacement, modernization, and rehabilitation of inefficient existing hospital facilities. Hospitals benefit from the low interest rate costs attributable to FHA-insured financing.

Under the 1968 law, to be eligible for section 242 financing a hospital must obtain a Certificate of Need from a designated State agency. The Certificate