affordability, we need to be sure that whatever we do as we look at reforming Medicare must be affordable by the government so that we are not going to place a burden on our children and on future generations and create a system that just a few decades down the road cannot even be afforded.

No less important to our seniors is that we preserve their ability to have a choice. What I hear from my constituents is that they want the power to choose their physician and their hospital. For our rural communities, being able to choose a doctor means having a physician in their town. It does not mean having access to a physician that is 50, 100 or 200 miles away in some urban area. Too many of our seniors are forced to make frequent trips hours away from their homes in order to get routine primary medical care. More importantly, allowing seniors to choose their doctors is the right thing to do, and it is what we would all want to do for our families.

Most seniors also agree that access must be a reform priority. Once a Medicare enrollee chooses his or her doctor, they should be able to see that doctor on a regular basis, not to be shifted from one physician or one plan to another. Quality health care becomes less and less assured when a patient has to go from doctor to doctor or from clinic to clinic with consistency. We want to be sure that that access is readily available. We also want to be sure that access includes having access to new medications and to new technologies as research and development brings those forward. What I am hearing from a lot of the constituents in my district is that they would reject a one-size-fits-all universal-type plan. In Tennessee, we are familiar with what bad policy can do to health care. A few years back, Tennessee decided that state-managed health care was the way to go, and today the State is in a very difficult situation because of a health care system that is not providing access to many of the individuals that are enrolled in that system.

Some are going to come down to this floor and try to convince Americans that one giant health care system is what we should all support. I can tell you that my mother's health care needs are much different from my health care needs. My health care needs in Lawrence are different from those of many of my neighbors in Tennessee. What we can all agree on, though, is that a plan must be affordable, it must provide choices, and must be accessible. A one-size-fits-all plan has proven time and again not to reduce our health care needs, but to increase those costs.

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

(Mr. EMANUEL addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

EXCHANGE OF SPECIAL ORDER

Mr. BROWN of Ohio. Mr. Speaker, I ask unanimous consent to replace the gentleman from Illinois (Mr. EMANUEL).

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

There was no objection.

MEDICARE REFORM

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

Mr. BROWN of Ohio. Mr. Speaker, my House Republican friends have managed to come up with a prescription drug bill that is even less generous and even more destructive to Medicare than last year's exercise. Under this year's bill, Medicare as we know it ends in 7 years. In 7 years, Medicare would be replaced by a voucher to cover part of the premium for health insurance. Let me repeat that. Under the Republican plan, Medicare would no longer provide guaranteed benefits in spite of their talk about more choice. It would instead give seniors a defined contribution voucher. So much for the Medicare entitlement. So much for guaranteed benefits for America's elderly. So much for the choices that matter. Choice of hospital, we have that today. Choice of physician, we have that today. Under the Republican plan, their voucher scheme would give seniors the choice, the choice, to enroll in whatever HMO happens to set up shop temporarily in their neighborhood. That is not the kind of choice seniors, who now can choose their doctor, who now can choose their hospital, it is not one-size-fits-all, it is seniors have full choice, it is not the kind of choice that seniors have today.

The Republican bill is a privatization bill. It is not a drug bill. It is an affront to seniors who depend on Medicare and to taxpayers whose money will be wasted paying off private insurance health plans, paying off HMOs in order to get them to participate in this Republican big insurance company, big drug company program.

Medicare vouchers are not a fiscally responsible alternative to Medicare. In fact, they will increase overall costs. The Republican plan reduces government spending by increasing out-of-pocket costs for seniors. Private premiums in this country are rising at about 15 percent compared to Medicare's about 4.1 percent increases. Administrative expenses for private insurance historically are 2½ times the administrative expenses of Medicare and Medicaid. So much for the argument that privatization is more efficient. Private insurance spending per enrollee has grown faster than Medicare in the last 30 years. If private drug plans can get better prices for drugs than Medicare, why is the drug industry lobbying for private plans? The only way privatizing Medicare can cut costs is by shifting those costs from the Federal Government onto the backs of seniors and their families.

Here are a couple of other hidden provisions in the House Republican drug bill. My colleagues increase Medicare costs for all seniors, not just those who enroll in drug coverage, by racheting up the Medicare part B premium. Seniors will continue to pay more and more and more under the Republican privatization give-it-to-the-insurance-companies health plan. They double-tax higher income seniors by income-relating Medicare coverage. They have dropped an even bigger doughnut hole in their coverage, cutting off benefits to seniors with higher drug costs. In other words, as their costs go up, the government no longer covers them. They cut reimbursement to hospitals which are already on shaky financial ground. I met with hospital administrators in Akron today and with physicians. They will tell you how it is going to be harder and harder for them to take care of their business providing the kind of health care to their patients at that hospital in Akron and other hospitals all over northeastern Ohio and all over this country.

The Republican plan leaves 40 percent of low-income seniors out of the bill's low-income assistance program. In summary, Mr. Speaker, the Republican prescription drug bill, the Republican plan is good for the drug companies. The Republican plan is good for the insurance companies; but the Republican plan is bad for seniors, it is bad for disabled Americans, it is bad for their families, it is bad for hospitals and other providers, and it is bad for the Nation as a whole.

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TRIBUTE TO COLONEL TAD DAVIS

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

Mr. HAYES. Mr. Speaker, today I rise to recognize the accomplishments of Colonel Addison D. ''Tad'' Davis, IV. Colonel Davis is currently the garrison commander at Fort Bragg in my district of North Carolina. After 4 years of exemplary service at Fort Bragg, he is coming up here to the Pentagon. I and the entire Fort Bragg community will surely miss his presence at the epicenter of the universe.

Colonel Davis's military accomplishments speak for themselves. He is a 1978 graduate of the United States Military Academy and earned an MPA from Harvard University. He was a 1989–1999 U.S. Army War College fellow at the Hoover Institution, Stanford University. Colonel Davis most recently served as the executive officer to the assistant chief of staff for Installation Management. His military schooling includes the infantry officer basic and