

Statement of FY2005 advance appropriations under section 501 of H. Con. Res. 95 reflecting action completed as of June 13, 2003

[In millions of dollars]

	<i>Budget authority</i>	
Appropriate Level	23,158	
Current Level:		
Interior Subcommittee:		
Elk Hills	0	
Labor, Health and Human Services, Education Subcommittee		
Employment and Training Administration	0	
Education for the Disadvantaged	0	
School Improvement	0	
Children and Family Services (head start)	0	
Special Education	0	
Vocational and Adult Education	0	
Treasury, General Government Subcommittee: Payment to Postal Service		
	0	

	<i>Budget authority</i>
Veterans, Housing and Urban Development Subcommittee: Section 8 Renewals	0
Total	0

Current Level over (+)/under (-) Appropriate Level -23,158

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, June 16, 2003.

Hon. JIM NUSSLE,
Chairman, Committee on the Budget, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The enclosed report shows the effects of Congressional action on the fiscal year 2004 budget and is current through June 13, 2003. This report is submitted under section 308(b) and in aid of section 311 of the Congressional Budget Act, as amended.

The estimates of budget authority, outlays, and revenues are consistent with the

technical and economic assumptions of H. Con. Res. 95, the Concurrent Resolution on the Budget for Fiscal Year 2004. The budget resolution figures incorporate revisions submitted by the Committee on the Budget to the House to reflect funding for the fiscal year 2003 supplemental appropriations act and the tax relief act of 2003. These revisions are authorized by sections 421 and 507 of H. Con. Res. 95, respectively.

Since my last letter, dated May 20, 2003, the Congress has cleared and the President has signed the following acts that changed budget authority, outlays, or revenues for 2004: the Unemployment Compensation Amendments of 2003 (Public Law 108-26), and the Jobs and Growth Tax Relief Reconciliation Act of 2003 (Public Law 108-27). The effects of these new laws are identified in the enclosed table.

Sincerely,
DOUGLAS HOLTZ-EAKIN,
Director.

Enclosure.

FISCAL YEAR 2004 HOUSE CURRENT LEVEL REPORT AS OF JUNE 13, 2003
[In millions of dollars]

	Budget authority	Outlays	Revenues
Enacted in previous sessions:			
Revenues	0	0	1,466,370
Permanents and other spending legislation	1,088,932	1,061,259	0
Appropriation legislation	0	345,754	0
Offsetting receipts	-366,436	-366,436	0
Total, previously enacted	722,496	1,040,577	1,466,370
Enacted this session:			
Emergency Wartime Supplemental Appropriations Act of 2003 (P.L. 108-11)	251	27,349	0
American 5-Cent Coin Design Continuity Act of 2003 (P.L. 108-15)	-1	-1	0
Unemployment Compensation Amendments of 2003 (P.L. 108-26)	4,730	4,730	145
Jobs and Growth Tax Relief Reconciliation Act of 2003 (P.L. 108-27)	13,312	13,312	-135,370
Total, enacted this session	18,256	45,390	-135,225
Entitlements and Mandatories: Budget resolution baseline estimates of appropriated entitlements and other mandatory programs not yet enacted	359,270	338,760	0
Total Current Level ¹	1,100,022	1,424,727	1,331,145
Total Budget Resolution	1,880,555	1,903,502	1,325,452
Current Level Over Budget Resolution	0	0	5,693
Current Level Under Budget Resolution	-780,533	-478,775	0
Memorandum:			
Revenues, 2004-2008:			
House Current Level	0	0	8,377,502
House Budget Resolution	0	0	8,168,933
Current Level Over Budget Resolution	0	0	208,569

¹ For purposes of enforcing section 311 of the Congressional Budget Act in the House, the budget resolution does not include prior-year outlays of \$508 million for Social Security administrative expenses. As a result, current level excludes these items.

Note.—P.L. = Public Law.
Source: Congressional Budget Office.

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

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

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

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

PROVIDING FOR AMERICA'S VETERANS

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

Mr. STRICKLAND. Mr. Speaker, as we are in the safety and security of this Chamber tonight, we should not forget that at this very moment there are young Americans who are in harm's way in Iraq. Many have been killed and others, seem like, are placed in danger and are being killed certainly on a weekly basis; and we should

never forget that. This war is not over. Danger continues to exist. Some of these young people will be wounded, and they will come back to this country, and they will join the ranks of the others who have served this country. They will be America's newest veterans, many of them with terrible injuries.

□ 2000

That is why I rise tonight to talk about the veterans, and especially about veterans health care in this country.

I am increasingly concerned as I talk to veterans in my own district, and I am from the State of Ohio, where we have about 11 million citizens in the State, but well over 1 million of those are veterans. About 10 percent of all of the citizens in the State of Ohio are veterans who have served their country in the military.

The facts are that this administration and this government is not doing what it should do to keep its word to our veterans and to provide them with the kind of high quality health care that they have been promised and that they are entitled to receive.

I would like to once again remind this Chamber of a proposal that has

come from the President to greatly increase the financial burden that our veterans must carry in order to get health care through the VA system. The President has asked that a new \$250 annual enrollment fee be imposed upon many of our veterans, those who are within the Priority Group 7 and Priority Group 8 veterans; a \$250 annual enrollment fee, just to be able to participate in the VA system.

The President has asked that the cost that a veteran must pay for a prescription drug be increased from \$7 a prescription to \$15 a prescription, after we increased it from \$2 to \$7 just about a year-and-a-half ago. So that is an additional financial burden that many of our veterans will be expected to pay.

Then the President has asked that the cost of a clinic visit be increased from \$15 a visit to \$20 a visit.

This represents a rather substantial financial burden, and these burdens are going to be placed on veterans, many of them who make as little as \$22,000 a year.

In addition to these financial burdens, a decision was made recently by the Secretary of Veterans Affairs to create a new priority group of veterans which is called Priority Group 8. These are veterans who have need for medical care but their conditions are not directly related to their military service, and they can make as little as \$22,000 a year in certain regions of the country because the standard for the income levels changes regarding where the person lives. If they live in one part of the country, the standard may be a little different than it is in a different part of the country. But in my part of the country, where there is high unemployment and poverty, a veteran can make as little as \$22,000 a year and be considered higher income and be told, "You cannot participate in the VA health care service. You served our country and were discharged with an honorable discharge, but you make too much money, and you are in Priority Group 8, so you can no longer sign up for VA health care services."

I just think that is wrong. We spend a lot of money around here, and it is just wrong that we would charge our veterans more for drugs, charge them more for the health care they need and the health care that many of them cannot get anywhere else. Many veterans have lost their jobs, they have been downsized, their plants have closed, and they simply have nowhere else to go.

So I call this to the attention of this Chamber, Mr. Speaker. I think we should take action to make sure that our veterans are properly cared for.

REFORMING MEDICARE AND PROVIDING PRESCRIPTION DRUG COVERAGE

The SPEAKER pro tempore (Mr. FRANKS of Arizona). Under the Speaker's announced policy of January 7, 2003, the gentleman from Georgia (Mr. BURNS) is recognized for 60 minutes as the designee of the majority leader.

Mr. BURNS. Mr. Speaker, I rise tonight to begin the discussion of probably one of the most critical things we will consider during the 108th Congress. Tonight we are going to begin to talk about a need that America has had for a long time, and that is a prescription drug benefit for our seniors and the reform of Medicare.

I am delighted that the Speaker has allowed me to represent the leadership tonight, along with other members of the freshman class, as we begin to talk about the things that are important to America, and to begin the discussion, to begin the debate and to work toward a solution to all of our seniors.

Mr. Speaker, to begin that discussion, I would like to yield to the distinguished gentlewoman from Michigan (Mrs. MILLER).

(Mrs. MILLER of Michigan asked and was given permission to revise and extend her remarks.)

Mrs. MILLER of Michigan. Mr. Speaker, Medicare was enacted in the

1960s to address a serious problem, and that problem, of course, was the lack of quality health care for our Nation's elderly.

In the past 40 years, Medicare has become actually one of the most popular Federal programs ever. But so much has changed in the days since Medicare was first enacted. In the 1960s, quality health care usually meant going to the doctor's office and receiving treatment for a particular ailment, and, in many cases, it meant hospitalization. But today, things are very much different. Advancement in the development and effectiveness of prescription drugs has made the trip to the doctor, and, more importantly, a trip to the hospital, unnecessary in many, many cases.

Prescription drugs are helping America's seniors to live longer lives, and healthier and happier lives as well. And yet, Medicare has not changed to cover those life-extending drugs, and too many seniors are being forced to make the impossible choice between their prescriptions and their other basic needs like food or rent. That, of course, is simply wrong. No senior should ever have to make the choice between bills and pills.

The high cost of prescription drugs are forcing seniors to find less expensive ways to get the drugs that they need. I represent a district that shares an international border with Canada. I was meeting actually just this morning with my counterpart in the Canadian Parliament. We spoke about a number of issues, and we spoke about health care generally. But, more specifically, we spoke about a cottage industry that is springing up, prescription drug outlets on the Canadian side of the border.

For many reasons, prescription drugs are less expensive in Canada, and many American seniors are driving across the Blue Water Bridge, in my district, between the cities of Port Huron and Sarnia, to have their prescriptions filled in Canada.

What happens is they receive a script from an American doctor. Then they have it transmitted to a Canadian doctor, and it is rewritten in Canada and filled at one of its Canadian pharmacies that literally dot the border area there now. Again, it is just simply wrong for America's seniors, that they have to go to such lengths just to get the drugs that they need.

So it is time for Congress to act. We must address the requirements of our senior population, and we need to bring Medicare in line with the medical system of the 21st Century.

When I was campaigning for this office, I met with literally thousands of senior citizens and I asked them what they thought they needed in a prescription drug benefit. Through those conversations, I came up with what I consider to be four main goals, four fundamental caveats that need to be met with any new benefit:

Number one, the benefit absolutely needs to be voluntary, so that many seniors who already have an existing

drug benefit are not forced into a government plan that might not provide equal assistance that they have currently.

Number two, there needs to be immediate assistance so that seniors are no longer forced to make the decision between their prescription drugs and other needs.

Number three, it needs to be permanent so that it cannot be taken away or used as a political weapon against them in some future Congress.

Number four, it must substantially reduce out-of-pocket costs so that seniors can enjoy their retirement years and health and without draining their life savings to pay for drugs.

I am very hopeful that the plans that are now being debated by the other body, in the Committee on Energy and Commerce and the Committee on Ways and Means, will meet each of these tests. One of the big concerns about the prescription drug benefit being debated is, of course, the cost of such a program. In these very tight budgetary times, or at any time, for that matter, we must keep a very close eye on the bottom line.

But I truly believe that this benefit in the long run could actually save taxpayers money. How is that so? Because if we work together to keep seniors healthy through therapeutic drugs, we will actually lower the instances of hospitalization, which costs much more than giving seniors prescription drugs. Of course, that is the old adage that an ounce of prevention is worth a pound of cure. I think it is very appropriate in this instance.

I also truly believe that you can judge a society by the way that society treats its seniors. Our seniors have given so much to our Nation. Their hard work, their sacrifice is what has made America into the greatest country the world has ever known. These are the people that have fought wars, to defeat fascism, to defeat communism, to spread freedom across the globe. They have worked to build industry, to build strong communities, to raise their families that continue the American dream.

Our senior citizens deserve no less than our very best efforts to finally solve the problem of a prescription drug benefit within Medicare, because that is exactly what they have given us throughout their lives. I look forward to working with my colleagues to, once and for all, get the job done.

Mr. BURNS. Mr. Speaker, we have heard from the distinguished colleague from Michigan as she shares with us the challenges that her constituents face.

I would like to now yield to the distinguished gentlewoman from Florida (Ms. HARRIS), to gain a perspective from that area.

(Ms. HARRIS asked and was given permission to revise and extend her remarks.)

Ms. HARRIS. Mr. Speaker, despite the large amount of attention that