

insurance company plan, Medicare-Plus, Medicare-Choice, whatever it is going to be.

We will make sure that any prescription drug plan, at least from our side of the aisle, will not have a gap in it, so those who have from \$2,000 to \$3,700 out-of-pocket cost will not be paying a premium and get nothing in return for it.

We know that the plan we will be seeing tomorrow, whether it is Ways and Means or Energy and Commerce, is not the bipartisan plan being put forth by the Senate. In fact, in Energy and Commerce we will probably put that plan forth in a bipartisan manner to try to get a plan that will truly work.

We Democrats will continue to fight to make sure and ensure that every senior, regardless of where they live, will be able to obtain prescription drugs that they require to live a healthy life, and this coverage will be provided through a Medicare program that cannot be taken away or you are priced out of it.

Mr. PALLONE. I wanted to say when the gentleman was talking about rural areas before, I want to thank the gentleman for joining us, when the gentleman from Michigan was talking about rural areas, because I know your district in the northern part of Michigan, I have actually been there, is very rural. But the bottom line is you take my State, because you even mentioned HMOs may exist in densely populated areas. Of course, New Jersey is the most densely populated State in the country.

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But what the gentleman mentioned about HMOs dropping seniors has happened in my State, in my district dramatically over the last few years. We have had, I think, something like 80,000 seniors in New Jersey who were in HMOs and who joined in order to get a prescription drug benefit who have been dropped. So I understand what the gentleman is saying, that rural areas in particular have a problem because they may not even have an HMO or PPO; but even in as densely a populated State like New Jersey where we have them, they have dropped the seniors at will. It is almost a joke to suggest that somehow, no matter where one is in the country, that these HMOs are going to provide a meaningful drug benefit. We do not know that they will.

Mr. STUPAK. Well, we have sat through the budget battles, the gentleman and I, and through the committee now for about 10 years; and we have seen first to start out was Medicare Choice, Medicare+Choice, Medicare Access; they always have these nice names. They said, okay, so many seniors can go into it. Every year we have never hit the target yet for what we have provided as an experiment. Because what happens is that they come in, start to insure in an area, see the costs are going up a little too much, and then they pull out, and then the

seniors have to scramble to try and get coverage, and it just has not worked at all.

Mr. Speaker, it is not going to work for prescription drugs; and let us face it, they are going to get a prescription drug plan and if they take their plan, they are going to give up traditional Medicare, get a privatization of it, a voucher with a gap for prescription drug coverage. It is not going to work. It is not the Senate plan. They are not even guaranteed a price, and no one is there to help them out. They are on their own. This choice sounds great; but what seniors want is the security that Medicare provides, not some choice that they cannot understand or be able to predict what is going to happen 3 or 4 years from now.

Mr. PALLONE. Mr. Speaker, I really want to thank the gentleman, because I think that what the gentleman pointed out is that we are not ideologically driven in the way that the Republicans are on the other side. We just want to do what is practical.

The bottom line is we know that this privatization does not work. Medicare started back in the 1960s because most seniors were not insured and they could not get coverage, so the notion that you are going to get a voucher and go out and buy health insurance privately, it did not work 30 years ago, and it is not going to work today any more than it did then.

The same is true with the HMOs. We have had the experience with the HMOs, and they have dropped the seniors. I think in here they even make permanent the medical savings accounts, another thing that they talked about a few years ago which has not worked out. I think there are only a few thousand of them around the country, yet they are talking about them again.

The bottom line is that we as Democrats want to keep traditional Medicare. We just want to add a prescription drug benefit, and we want to make it one that is affordable and that everybody can take advantage of. And to the extent that the Republican proposals here in the House do not measure up to that, we simply have to speak out and say that it does not measure up and we should not allow them to destroy traditional Medicare.

Mr. Speaker, I want to thank the gentleman again.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. CARSON of Indiana (at the request of Ms. PELOSI) for today on account of official business.

Mr. KIND (at the request of Ms. PELOSI) for today on account of a previous family commitment.

Ms. LOFGREN (at the request of Ms. PELOSI) for today and June 17 and until 5:00 p.m. June 18 on account of son's graduation.

Mr. MENENDEZ (at the request of Ms. PELOSI) for today on account of personal matters.

Mr. ORTIZ (at the request of Ms. PELOSI) for today on account of a weather delay.

Ms. WATERS (at the request of Ms. PELOSI) for today on account of a death in the family.

Mr. SMITH of Washington (at the request of Ms. PELOSI) for today and the balance of the week on account of personal reasons.

Mr. NADLER (at the request of Ms. PELOSI) for today on account of personal reasons.

Ms. GINNY BROWN-WAITE of Florida (at the request of Mr. DELAY) for today on account of testifying before the Florida State Senate.

Mr. TOOMEY (at the request of Mr. DELAY) for today on account of official business.

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 Members (at the request of Mr. PALLONE) to revise and extend their remarks and include extraneous material:

Ms. KAPTUR, for 5 minutes, today.

Mr. EMANUEL, for 5 minutes, today.

Mr. BLUMENAUER, for 5 minutes, today.

Mr. BROWN of Ohio, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. SOLIS, for 5 minutes, today.

Mr. STRICKLAND, for 5 minutes, today.

The following Members (at the request of Mr. BURNS) to revise and extend their remarks and include extraneous material:

Mrs. BLACKBURN, for 5 minutes, today.

Mr. BURTON of Indiana, for 5 minutes, June 23.

Mr. KENNEDY of Minnesota, for 5 minutes, today.

Mr. NUSSLE, for 5 minutes, today.

Mr. PENCE, for 5 minutes, today.

Mr. JONES of North Carolina, for 5 minutes, June 18.

The following Member (at his own request) to revise and extend his remarks and include extraneous material:

Mr. HAYES, for 5 minutes, today.

SENATE BILLS REFERRED

A bill and concurrent resolution of the Senate of the following titles were taken from the Speaker's table and, under the rule, referred as follows:

S. 1247. An act to increase the amount to be reserved during fiscal year 2003 for sustainability grants under section 29(l) of the Small Business Act; to the Committee on Small Business.

S. Con. Res. 48. Concurrent resolution supporting the goals and ideals of "National Epilepsy Awareness Month" and urging support for epilepsy research and service programs; to the Committee on Energy and Commerce.

ADJOURNMENT

Mr. PALLONE. Mr. Speaker, I move that the House do now adjourn.