

by the government with pharmaceutical companies to bring down the cost of the drugs.

Now, let me address the first question. Privatization of this proposed drug benefit is a very bad thing. It would, instead of establishing a drug benefit in Medicare, a guaranteed benefit set by the government, responsible to the Congress as all of the rest of Medicare has been situated and constituted for the past 40 some years, the Republican plan would set up a prescription drug plan through private insurance companies and HMOs.

Now, those companies have a pretty bad track record in terms of delivering the same product year after year at the same price. In fact, they do not. And in the Medicare+Choice program, at least in the Philadelphia area that I represent, the private HMOs have been increasing the costs of Medicare+Choice, taking away the benefit, making a program that they offered a very elaborate benefit at a relatively low cost and taking away those benefits and increasing the costs.

The same thing would happen if we set up a prescription drug program through a privatized insurance based system.

The second thing wrong with this privatization is after 10 years they will privatize Medicare itself through this voucher concept that would have vouchers made available in a particular area based upon all of the bidding done by private companies and HMOs as well as Medicare. And that balanced figure, that blended figure would be the voucher provided for an individual to purchase Medicare. And what would happen is the companies would undercut Medicare, they would attract younger seniors and healthier seniors, they would be allowed, therefore, to save money because they would not be paying as many bills, and each year in each cycle of bidding those private companies would be able to drop their premiums lower than what Medicare would have to charge. Medicare would be stuck with older seniors and sicker seniors and it would be the end of Medicare as we know it. That is what this is going to be achieved if we allow the privatization of Medicare in this bill.

The second major problem is the prohibition on negotiating with the drug companies for lower prices. I do not get it. I do not understand it. What is the point of setting up a Medicare based prescription drug plan if we do not use the Federal Government's bargaining power to negotiate with the large pharmaceutical companies for a lower price? That is the whole point. That is why other countries that have large bargaining units negotiating with the pharmaceutical companies have much lower prices than we do.

The Committee on Government Reform under the ranking member, the gentleman from California (Mr. WAXMAN), just did a study in my district. The seniors in the 13th Congressional

District of Pennsylvania benefit paid twice as much for their drugs as seniors pay for the very same drugs on average in Canada, England, France, Germany and Italy, twice as much because those countries have a combination of bargaining power that they use to negotiate with the drug companies for lower prices.

This Republican bill prohibits such negotiation by the Secretary of HHS with the drug companies. That is nonsensical and that alone is a good reason to vote no. Those are two reasons. There are many more. We should defeat this bill. Pass the substitute proposed by the gentleman from New York (Mr. RANGEL) and the gentleman from Michigan (Mr. DINGELL) and give seniors a real prescription drug program.

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

(Mr. SIMMONS 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 Minnesota (Mr. GUTKNECHT) is recognized for 5 minutes.

(Mr. GUTKNECHT 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 Michigan (Mr. SMITH) is recognized for 5 minutes.

(Mr. SMITH of Michigan 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.)

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

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

REVISIONS TO THE 302(A) ALLOCATIONS AND BUDGETARY AGGREGATES ESTABLISHED BY THE CONCURRENT RESOLUTIONS ON THE BUDGET FOR FISCAL YEAR 2004

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

Mr. NUSSLE. Mr. Speaker, I submit for printing in the CONGRESSIONAL RECORD revisions to the 302(a) allocations and budgetary

aggregates established by H. Con. Res. 95, the Concurrent Resolution on the Budget for Fiscal Year 2004. The authority to make these adjustments is derived from Section 404 of H. Con. Res. 95 (H. Rept. 108-71).

As reported, H.R. 2555, the Homeland Security appropriations bill for fiscal year 2004, provides new budget authority of \$890,000,000 for medical countermeasures against biological terror attacks. That appropriation would be authorized under a bill (H.R. 2122) that has been reported to the House by the Committees on Energy and Commerce and Government Reform. Section 404 of the budget resolution permits the Chairman of the Budget Committee to increase the allocation to the House committee that provides such budget authority pursuant to a reported authorization bill in an amount not to exceed \$890,000,000 in budget authority for fiscal year 2004 and outlays flowing therefrom.

While I am concerned that the reported bill provides an advance appropriation for fiscal year 2005 of \$2.528 billion that, if enacted, could be limited next year to achieve budgetary savings for the fiscal year 2005 appropriations bill, I will exercise my discretion under the budget resolution and increase the fiscal year 2004 allocation to the House Committee on Appropriations since the requirements of Section 404 of the budget resolution have been met. I therefore increase the fiscal year 2004 302(a) allocation to the House Committee on Appropriations by \$890,000,000 in new budget authority and \$258,000,000 in outlays, making the allocation to that Committee \$785,565,000,000 in budget authority and \$861,342,000,000 in outlays.

Questions may be directed to Dan Kowalski at 67270.

MEDICARE BILL WILL HARM CANCER PATIENTS

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

Mrs. CAPPS. Mr. Speaker, the Medicare bill that we will vote on this week is a bad bill. It undercuts this critical program that has been provided health care to millions of seniors. It provides spotty coverage that will not help these seniors with their expensive medications. And it reneges on a promise that we have made to America's seniors by ending Medicare as we have known it. But I want to talk about a particularly objectionable provision in this bill that has not gotten much attention. The part that cuts funding for cancer care.

The Medicare bill is supposed to make it easier for patients to get health care, but it will actually make it harder for cancer patients to get the care they need. Cancer is a scourge that has touched nearly every person and family in this country. Cancer patients and their loved ones have a very strong loyalty to the medical professionals, this whole team of oncology care givers who deliver what is so often brutal treatment. This is especially true of the often unsung heroes of quality cancer care, oncology nurses.