

declares the House in recess subject to the call of the Chair.

Accordingly (at 11 o'clock and 48 minutes a.m.), the House stood in recess subject to the call of the Chair.

□ 1253

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. LATOURETTE) at 12 o'clock and 53 minutes p.m.

#### PROVIDING FOR CONSIDERATION OF H.R. 1, MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003, AND H.R. 2596, HEALTH SAVINGS AND AFFORDABILITY ACT OF 2003

Ms. PRYCE of Ohio. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 299 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

#### H. RES. 299

*Resolved*, That upon the adoption of this resolution it shall be in order without intervention of any point of order to consider in the House the bill (H.R. 1) to amend title XVIII of the Social Security Act to provide for a voluntary program for prescription drug coverage under the Medicare Program, to modernize the Medicare Program, and for other purposes. The bill shall be considered as a read for amendment. The previous question shall be considered as ordered on the bill and on any amendment thereto to final passage without intervening motion except: (1) three hours of debate on the bill equally divided among and controlled by the chairmen and ranking minority members of the Committee on Energy and Commerce and the Committee on Ways and Means; (2) the amendment printed in the report of the Committee on Rules accompanying this resolution, if offered by Representative Rangel of New York or his designee, which shall be in order without intervention of any point of order, shall be considered as read, and shall be considered as read, and shall be separately debatable for one hour equally divided and controlled by the proponent and an opponent; and (3) one motion to recommit with or without instructions.

SEC. 2. Upon the adoption of this resolution it shall be in order on the legislative day of June 26 or June 27, 2003, without intervention of any point of order to consider in the House the bill (H.R. 2596) to amend the Internal Revenue Code of 1986 to allow a deduction to individuals for amounts contributed to health savings security accounts and health savings accounts, to provide for the disposition of unused health benefits in cafeteria plans and flexible spending arrangements, and for other purposes. The bill shall be considered as read for amendment. The previous question shall be considered as ordered on the bill to final passage without intervening motion except: (1) one hour of debate on the bill equally divided and controlled by the chairman and ranking minority member of the Committee on Ways and Means; and (2) one motion to recommit.

SEC. 3. (a) In the engrossment of H.R. 1, the Clerk shall await the disposition of H.R. 2596 under section 2.

(b) If H.R. 2596 is passed by the House, the Clerk shall—

(1) add the text of H.R. 2596 as new matter at the end of H.R. 1;

(2) conform the title of H.R. 1 to reflect the addition of the text of H.R. 2596 to the engrossment;

(3) assign appropriate designations to provisions within the engrossment; and

(4) conform provisions for short titles within the engrossment.

(c) Upon the addition of the text of H.R. 2596 to the engrossment of H.R. 1, H.R. 2596 shall be laid on the table.

SEC. 4. During consideration of H.R. 1 and H.R. 2596 pursuant to this resolution, notwithstanding the operation of the previous question, the Chair may postpone further consideration of either bill to a time designated by the Speaker.

SEC. 5. Upon the adoption of this resolution it shall be in order, any rule of the House to the contrary notwithstanding, to consider concurrent resolutions providing for adjournment of the House and Senate during the month of July.

SEC. 6. The Committee on Appropriations may have until midnight on Thursday, July 3, 2003, to file a report to accompany a bill making appropriations for the Department of defense for the fiscal year ending September 30, 2004, and for other purposes.

The SPEAKER pro tempore. The gentlewoman from Ohio is recognized for 1 hour.

Ms. PRYCE of Ohio. Mr. Speaker, for purposes of debate only, I yield the customary 30 minutes to the gentlewoman from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purposes of debate only.

Mr. Speaker, House Resolution 299 is a multi-part rule providing for the consideration of H.R. 1, the Medicare Prescription Drug and Modernization Act of 2003, and H.R. 2596, the Health Savings and Affordability Act of 2003.

This rule provides for consideration of H.R. 1 under a modified closed rule, an appropriate rule for such a delicate, complex, and historic piece of legislation. The rule provides for 3 hours of general debate equally divided between the chairmen and ranking minority members of the Committee on Energy and Commerce and the Committee on Ways and Means. The rule waives all points of order against consideration of H.R. 1.

After general debate it will be in order to consider an amendment printed in the report accompanying this resolution, if offered, by the gentleman from New York (Mr. RANGEL) or his designee and debatable for 1 hour. All points of order are waived against the amendment. Finally, the rule permits the minority to offer a motion to recommit to H.R. 1 with or without instructions.

Section 2 of this rule provides for the consideration of H.R. 2596, the Health Savings and Affordability Act of 2003, either today, the legislative day of June 26, or tomorrow, June 27, under a closed rule. The rule provides 1 hour of general debate in the House equally divided and controlled by the chairman and ranking minority member of the Committee on Ways and Means. All points of order against the consideration of H.R. 2596 are waived. Finally, the rule provides for one motion to recommit with or without instructions.

□ 1300

I would like to take a moment to clarify for my colleagues that upon passage of both pieces of legislation, the text of H.R. 2596 shall be added as a new matter at the end of H.R. 1. In simple terms, these two bills will become one. However, this bill does not preclude either bill from moving forward independently.

Finally, the remaining sections of this rule provide for some housekeeping provisions and provisions which will allow this body to move forward in the appropriations process.

Mr. Speaker, today is a historic day. For years now, seniors across this country have consistently voiced to Congress the same major concerns: the skyrocketing costs of prescription drugs. Their concerns are not perceived; they are very, very real. Each year, a typical senior pays approximately \$1,300 on prescription drugs, filling about 22 prescriptions on average. Today, the House will consider a plan to give all seniors a prescription drug benefit through Medicare.

In passing this bill, as I believe we will do before this day is over, we will renew America's promise to our seniors, reduce the cost of prescription drugs, and revolutionize medicine in the 21st century.

I would like to thank the gentleman from California (Chairman THOMAS) and the gentleman from Louisiana (Chairman TAUZIN) for their exemplary cooperation, their remarkable leadership, and inspiring vision they have provided on this complex, yet very much-needed legislation. I would like to take a moment just to give special thanks to them for working so closely with me on a couple of provisions that will greatly benefit cancer patients and hospitals across the country. Included in this legislation is immediate Medicare coverage for oral anticancer drugs through a demonstration project that will offer extraordinary support to seniors who are fighting cancer. It will enable them to afford the newest life-saving medicines in the comfort of their own homes, rather than be hooked up to chemotherapies by infusions in a hospital or clinical setting.

I also commend the chairmen's interest and support in assisting hospitals who serve a disproportionate number of uninsured and indigent populations. Hospitals across this country, including many of our Nation's children's hospitals, will be better able to serve their patients with over \$3 billion in additional funding. Finally, rural hospitals are finally getting their fair share: \$27.2 billion.

Since 1965, Medicare has provided a guarantee of health care coverage for more than 40 million seniors. Today, our seniors are counting on the stability, longevity, and integrity of this program for their secure retirement. But if we do not act and pass this bill before us today, the future of Medicare will be certain: certain bankruptcy. Our inaction will have sealed the fate