

So our hope is to continue to push with regard to all of the conferences. We named a number of them earlier. We hope to have them come to the floor over the next several weeks as we complete our work.

Mr. SANDLIN. Certainly we hope since we are working a little bit later, we can consider Medicare prescription drug legislation and the child tax credit. That is, of course, very important.

Does the gentleman expect that we could move forward and go to conference on the Labor-HHS-Education bill sometime next week? Since we do have additional time, would that be a priority?

Mr. PORTMAN. It certainly would be a priority. It is my understanding that the Senate formally requested a conference just last night on what is the second largest now of our 13 appropriations bills. It is certainly a very important bill for us to be able to complete on an independent basis and that is our goal. We cannot commit to a day next week when we would consider a motion to go to conference, but I think it is very likely it could happen next week.

Mr. SANDLIN. The House earlier today was supposed to consider a rule to send the FAA conference report back to conference. When the conferees reconvene, would the gentleman expect them to work in a truly cooperative manner and accept the will of both Houses of Congress with regard to halting the privatization of air traffic control towers as has been debated here on the floor?

Mr. PORTMAN. It is our understanding that Members of that conference from both sides of the aisle and both sides of the Capitol have indicated that a couple of relatively small changes are necessary to get that bill into position where both the House and the Senate can pass the conference report. That is what we are working toward. Those grant programs administered by FAA expire, as the gentleman knows, at the end of the month. I know that the chairman of the Committee on Transportation and Infrastructure and so many other Members in this Chamber would like to get this bill to the President for signature as soon as possible.

Mr. SANDLIN. Mr. Speaker, I thank the gentleman from Ohio for his information and cooperation today and would ask that the gentleman and/or the leadership of the majority let us know just as quickly as possible tomorrow about the scheduling, so that our Members can make their scheduling for their transportation, and also let us know if there is any possibility of the Medicare prescription drug bill or tax credit bill or FAA bill or any of that coming up next week.

ADJOURNMENT TO MONDAY, SEPTEMBER 29, 2003; AND ADJOURNMENT FROM MONDAY, SEPTEMBER 29, 2003 TO TUESDAY, SEPTEMBER 30, 2003

Mr. PORTMAN. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at noon on Monday next; and further, that when the House adjourns on that day, it adjourn to meet at 12:30 p.m. on Tuesday, September 30, for morning hour debates.

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

There was no objection.

DISPENSING WITH CALENDAR WEDNESDAY BUSINESS ON WEDNESDAY NEXT

Mr. PORTMAN. Mr. Speaker, I ask unanimous consent that the business in order under the Calendar Wednesday rule be dispensed with on Wednesday next.

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

There was no objection.

MOTION TO INSTRUCT CONFEREES ON H.R. 1, MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

Mr. SANDLIN. Mr. Speaker, I offer a motion to instruct.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. SANDLIN moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 1 be instructed as follows:

(1) The House recede to the Senate on the provisions to guarantee access to prescription drug coverage under section 1860D-13(e) of the Social Security Act, as added by section 101(a) of the Senate amendment.

(2) To reject the provisions of section 501 of the House bill.

(3) The House recede to the Senate on the following provisions of the Senate amendment to improve rural health care:

(A) Section 403 (relating to inpatient hospital adjustment for low volume hospitals).

(B) Section 404 (relating to medicare disproportionate share adjustment for rural areas), but with the effective date applicable under section 401(b) of the House bill.

(C) Section 404A (relating to MedPAC report on medicare disproportionate share hospital adjustment payments).

(D) The following provisions of section 405 (relating to critical access hospital improvements):

(i) Subsection (a), but with the effective date applicable under section 405(f)(4) of the House bill.

(ii) Subsection (b), but with the effective date applicable under section 405(c)(2) of the House bill.

(iii) Subsections (e), (f), and (g).

(E) Section 414 (relating to rural community hospital demonstration program).

(F) Section 415 (relating to critical access hospital improvement demonstration program).

(G) Section 417 (relating to treatment of certain entities for purposes of payment under the medicare program).

(H) Section 420 (relating to conforming changes relating to Federally qualified health centers).

(I) Section 420A (relating to increase for hospitals with disproportionate indigent care revenues).

(J) Section 421 (relating to establishment of floor on geographic adjustments of payments for physicians' services).

(K) Section 425 (relating to temporary increase for ground ambulance services), but with the effective date applicable under the amendment made by section 410(2) of the House bill.

(L) Section 426 (relating to appropriate coverage of air ambulance services under ambulance fee schedule).

(M) Section 427 (relating to treatment of certain clinical diagnostic laboratory tests furnished by a sole community hospital).

(N) Section 428 (relating to improvement in rural health clinic reimbursement).

(O) Section 444 (relating to GAO study of geographic differences in payments for physicians' services).

(P) Section 450C (relating to authorization of reimbursement for all medicare part B services furnished by Indian hospitals and clinics).

(Q) Section 452 (relating to limitation on reduction in area wage adjustment factors under the prospective payment system for home health services).

(R) Section 455 (relating to MedPAC study on medicare payments and efficiencies in the health care system).

(S) Section 459 (relating to increase in medicare payment for certain home health services).

(T) Section 601 (Increase in medicaid DSH allotments for fiscal years 2004 and 2005).

(4) The House insist upon the following provisions of the House bill:

(A) Section 402 (relating to immediate establishment of uniform standardized amount in rural and small urban areas).

(B) Section 403 (relating to establishment of essential rural hospital classification).

(C) Subsections (a), (b), (d), and (e) of section 405 (relating to improvements to critical access hospital program).

(D) Section 416 (relating to revision of labor-related share of hospital inpatient pps wage index).

(E) Section 417 (relating to medicare incentive payment program improvements).

(F) Section 504 (relating to wage index classification reform).

(G) Section 601 (relating to revision of updates for physician services).

(H) Section 1001 (relating to medicaid disproportionate share hospital (DSH) payments).

Mr. SANDLIN (during the reading). Mr. Speaker, I ask unanimous consent that the motion be considered as read and printed in the RECORD.

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

There was no objection.

The SPEAKER pro tempore. Under clause 7 of rule XXII, the gentleman from Texas (Mr. SANDLIN) and the gentleman from Michigan (Mr. CAMP) each will control 30 minutes.

The Chair recognizes the gentleman from Texas (Mr. SANDLIN).

Mr. SANDLIN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the way this bill currently stands is nothing more than a