

Mrs. JOHNSON of Connecticut. Madam Speaker, I rise tonight to talk about the Medicare Prescription Drug and Modernization Act. The goal of this legislation is to create a Medicare program that can provide for our seniors the quality health care in the future that Medicare has been able to provide in the past.

Without the Medicare Prescription Drug and Modernization Act we passed and the President signed, the quality of the health care Medicare could provide would not keep pace with modern medical science, period. This bill was not and is not primarily about prescription drugs, though I believe we were morally and medically obliged to make prescription drugs a part of Medicare for all seniors.

The modernization of Medicare was more significantly about two facts. With seniors living longer, chronic illness has become a major fact of life for our seniors; and Medicare, through its old-fashioned structure, literally cannot pay for the preventive programs that can help seniors with chronic illnesses maximize their health and well-being and minimize their visits to the emergency room and the hospital.

Preventive health integrated into Medicare for seniors with chronic illness can both reduce costs and improve the quality of care available to our seniors. This must be done for the quality of life of our seniors but also for the sheer survival of Medicare.

One-third of our seniors have five or more chronic illnesses, and this third uses 80 percent of the resources. In every other sector of the population, we are seeing disease management programs increase the quality of care, increase the well-being of patients and reduce the costs of health care. We must do no less for our seniors.

We are morally, medically and fiscally bound to integrate disease management into Medicare, both into the plans that Medicare offers to our seniors and into the fee-for-service system that has long been historically the primary means for Medicare to deliver health care services to our seniors.

Only the House bill offered disease management as a new program under Medicare; and through the conference committee we strengthened this program, we broadened it, and we actually gave to those who manage Medicare the right to demonstrate various disease management programs and then simply roll them out to benefit all seniors and all Medicare programs without coming back to Congress. We delay things. We make them difficult. This is a matter of life for our seniors. It is a matter of quality health care for our seniors.

The Medicare Prescription Drug and Modernization Act is just that. It is about prescription drugs and modernizing Medicare so that it will be prepared and capable of delivering cutting-edge, state-of-the-art health care to our seniors and particularly to those seniors with chronic illness.

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

(Mr. BROWN of Ohio addressed the House. His remarks will appear hereafter in the Extensions of remarks.)

---

#### EXCHANGE OF SPECIAL ORDER TIME

Mr. MCDERMOTT. Madam Speaker, I ask unanimous consent that I may take the gentleman from Ohio's (Mr. BROWN) time.

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

There was no objection.

---

#### THE ADMINISTRATION GIVETH AND THE REPUBLICAN CONGRESS TAKETH AWAY

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

Mr. MCDERMOTT. Madam Speaker, we have now passed the budget in the House, one in the Senate, and they are starting a conference committee. We are going to have a product out here one of these days soon, but this budget will be perfect proof that the administration giveth and the Republican Congress taketh away. The administration gives massive cuts to the rich; the Republican Congress takes Federal unemployment benefits away from average Americans. That is the way it has been in this administration.

Millionaires get an average cut on their taxes of \$112,925. The average American, on the other hand, gets \$676. Why should a millionaire get \$112,000 and the average working person in this country gets only \$676? They have no answer for that.

They have an answer that is sort of strange. They say, well, these tax cuts are going to allow jobs to occur. If you give a lot of money to rich people, suddenly, miraculously, jobs will kind of sprout up out in the fields or in the factories. No proof of that whatsoever.

We have been following the President's ideas for three-and-a-half years, and this will be the first administration since the Hoover administration, since the Hoover administration, 1928 to 1932, that the administration has not produced one single job. They have lost jobs.

February was a particularly good month. You read the newspaper and they say, oh, the economy is recovering. We do not have to give unemployment benefits to anybody because the economy is recovering. How do we know the economy is recovering? We know it because the stock market is going up. What does that mean to somebody that does not have a job, the stock market is going up? They spent all their savings and their 401(k) and everything else to keep afloat, and this

administration says because the stock market is going up we have a recovery and we do not need to extend unemployment benefits, in spite of the fact that we have \$20 billion sitting in the trust.

All it requires is the President to say to the Congress, move it. Republicans will never do it. They do not care.

□ 1930

But the fact is that in February, in this recovery, 21,000 jobs were created. That is 400 jobs for every State. Now, maybe in North Dakota 400 jobs is quite a lot, but in California it is nothing.

Not one single one of those jobs was a private sector job. Remember, we gave all that money to those rich people and they were going to create these jobs? They did not create one single job in February. That is a jobless recovery, and the President ought to be able to see that. We could see it in December when we started talking about this.

In my State, 80,000 people have gone off unemployment since December; and the government says, well, we have this \$20 billion but we are saving it. For what? To give another tax break, perhaps. You have to ask yourself what kind of an administration is this. They talk about compassionate conservatism, but I do not know what that means anymore.

We went to a workers' bus ride today, people who come to this city to tell us their problems. This guy who had been working in a paper mill up in Maine said, my grandfather worked in that mill, my father worked in that mill, I thought I would retire in that mill; but I lost my job, and now I have to go to the food bank to make it.

Think about it. Think about the loss of dignity. Think about the inability to feed your kids. But the President sits down in the White House and says, well, they do not need it; they just need to try a little harder, or maybe they can take their tax cut. They do not get a tax cut; they do not have a job.

For every person unemployed in this country there are three of them looking for every job that is created. The only reason the numbers have come down at all is because the President decided that he would not count them if they were not looking anymore.

This budget is a fraud and the American people should know it.

---

The SPEAKER pro tempore (Ms. GINNY BROWN-WAITE of Florida). Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

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

THE BUDGET AND PRESCRIPTION  
DRUG COVERAGE

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

Mr. PORTMAN. Madam Speaker, being a member of the Committee on the Budget, I have to say that the budget that we passed in the House I do not believe is a fraud at all. It does two things that are very important. One, it restrains spending, which we need to do in order to get the deficit under control; and it also helps the economy to keep the government's spending down. For the first time really since 1995, when Republicans took control of the House, we are actually going to be freezing spending in many accounts. In fact, other than the security accounts and domestic discretionary spending, we will be getting spending under control and restraining spending, which I think is exactly what we should be doing. Second is that it puts in place measures to ensure that the economic growth that has begun continues. The gentleman may not have seen that in his district in Washington State, but we have certainly seen it around the country.

In fact, during the last 6 months, our economy grew faster than it has grown in the last 20 years, and jobs are coming back. Every month, over the last 6 months, we have seen job increases. Not as much as we would like to see, and all of us would like to see more, but the way to do that, obviously, is not to raise taxes on the American people, particularly some of those people the gentleman talked about, who he described as the wealthy. These are people who are businesses. Because a lot of small businesses in this country, in fact most small businesses are not incorporated, they are subchapter S, or partnerships, or sole proprietors; and they pay taxes at the individual level. Those are the people who are creating most of the jobs, our small businesses; and so we do not want to tax them at this point just as the economy is getting back on its feet.

So I think it is a good budget. I wish we could reduce the deficit even more, but it reduces the deficit in half by 4 years; the Senate version reduces it in half by 3 years.

Madam Speaker, I am actually here tonight to talk about another part of the budget, and that is the part that leaves room to provide for a new benefit under the Medicare program for prescription drug coverage.

After years and years of talking about this in this House, over in the other House, around the country, politicians have had a good time telling seniors we are going to give you prescription drug coverage, it is going to be great; but we have not delivered. Finally, late last year, this House voted on a bipartisan basis to provide prescription drug coverage, and I am very proud of that.

Is it perfect? No, it is not what anybody would think would be the perfect

bill based on their situation. Is it a good benefit? Absolutely, yes. And it is a substantial commitment by this Congress to be sure we modernize Medicare. As the gentlewoman from Connecticut (Mrs. JOHNSON) said earlier, we need to modernize the program. She talked about in addition to prescription drug coverage all the wonderful new preventive benefits, all the new help for people with chronic disease.

It was time to take a 1960s program and be sure it added this important element of prescription drug coverage, which was not a big part of anybody's care back in the 1960s. Now it is a huge part of seniors' care. And seniors back home in Ohio, where I am from, are delighted they are going to get some help with their prescription drug coverage, because they rely more and more on prescription drugs, and people rely on prescription drugs to stay out of hospitals and not to have to have procedures. Instead of having a very expensive heart operation, now you can take Lipitor and keep your cholesterol down, and that should be covered by Medicare. And it will be now.

The Medicare bill does involve some trade-offs. We had limited resources. We spent \$400 billion over a 10-year period, which is a lot of money, given the deficit that we have. But we thought it was so important to do it. But it does not provide 100 percent coverage. What it does provide is a real benefit, though; and let me talk about what it does and does not do.

A lot of what I have seen in the national media and what opponents of the law have said just is not accurate. Some have said that seniors will be forced into this new prescription drug plan and forced to pay premiums they may not want to pay. That is not true. It is entirely voluntary. If seniors do not want to sign up for it, they do not have to.

It will be roughly \$35 a month for most Americans. But for about 35 percent of Americans, those who are under 150 percent or 135 percent of poverty, there will be no premium at all. But for those Americans who will pay a premium, it is about \$35 a month.

The Department of Health and Human Services, the nonpartisan experts there, the Congressional Budget Office, again nonpartisan group, think the vast majority of Americans will sign up. But they do not have to. It is a voluntary program.

Opponents are also saying that this new voluntary benefit will cause employers to drop retiree coverage for those fortunate enough to have it. Well, there are seniors, maybe a third of seniors, who have coverage from their spouse or from themselves working for an employer. We want to be sure those people continue to get coverage, and this legislation absolute has just the opposite effect. It will not drive people away from it. In fact, it will give people the ability to keep that coverage because it provides an incentive for employers to keep people

covered. We have never done that before, including the other Medicare bills that just about everybody in this Chamber has voted for in one way or another.

That is extremely important, because we want to encourage people to continue to have coverage. Over 20 percent of the cost of the bill, \$85 billion, is set aside just for that purpose. AARP supports this bill. And one reason they support it is this provision was important to them, and it is in the bill.

Some opponents are also saying that the legislation would have been less costly if it had focused on those who really need it. That is exactly what it does. Most of the benefit goes to low-income seniors and those who have high drug costs. As I said earlier, those who are low-income seniors, under 135 percent of poverty, do not pay a premium, do not pay any copays, and are able to get prescription drugs with only \$1 or \$5 at the prescription drug counter.

This is a good bill focusing on those who need the coverage the most.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

9/11 COMMISSION

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

Ms. WOOLSEY. Madam Speaker, yesterday, the Bush White House finally succumbed to intense and well-deserved pressure and agreed to allow National Security Adviser Condoleezza Rice to testify under oath before the independent commission investigating the 9/11 terror attacks.

I am glad that Dr. Rice will publicly testify before the commission. This is an important step towards learning about the events surrounding the terrible attacks that occurred in New York and Washington, D.C. on September 11. Now we can prevent such events from ever happening again if we get the information that has been withheld.

But why is it that the Bush administration agreed to do the right thing only after receiving intense pressure from the public and from Republican appointees on the 9/11 Commission? Why does the White House time and again fail to quickly and transparently disclose what transpires behind its closed doors? After all, who could possibly provide better information in the fight against terrorism than those top White House officials, those who served the administration during that fateful day on September 11?

Remember, and we cannot forget, that the Bush administration initially