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 gentlewoman 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 gentlewoman 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

tried to prevent Congress from creating the independent commission in the first place. Since then it has failed to hand over critical documents and fully cooperate with the commission's stated goal of providing a full and complete account of the circumstances surrounding the September 11, 2001, terrorist attacks, including preparedness for and the immediate response to the attacks. Even more recently, the White House refused to support the commission's request for more time to complete its work.

To me, it seems like the White House is less than enthusiastic about getting to the bottom of these catastrophic events. As part of the deal struck for allowing Dr. Rice to testify, the 9/11 Commission had to agree in writing not to require additional public testimony from any White House officials, including Dr. Rice. The 9/11 Commission agreed to these terms, but this deal means that regardless of what the commission may learn in future months, no other White House official will be allowed to publicly testify under oath.

That is like an attorney asking a judge if half of the witnesses to a crime can skip the trial. It is a ridiculous concept.

President Bush and Vice President CHENEY will meet with the commission, although privately, and from what I understand, will read their remarks without taking questions. This is very disappointing. I think the American people, and especially the families of the victims of September 11, deserve to know what their leaders knew and when they knew it.

I remember when the country rallied together in September and October of 2001. These episodes of unity begin and end with the President. Tough times call for strong leadership. It is once again time for President Bush to lead this country forward, towards truth and reconciliation. He should help us grow as a people by being the very first person to volunteer himself for public testimony. He should avail himself and his staff to the 9/11 Commission so that we might learn something about our past and protect ourselves for the future.

The American people, Madam Speaker, deserve no less from their Commander in Chief.

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

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

SOCIAL SECURITY

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. Madam Speaker, this is a good budget we passed out of this House and sent to conference. I am hoping that the kind of frugal budget that we sent to conference is going to come back to this House for a final budget of the House and the Senate.

One thing that the budget did not deal with is unfunded liabilities. Unfunded liabilities are the promises that politicians make when they do not know where the money is coming from in later years. Last week, the actuaries of the Social Security Administration and the Medicare trust fund came up with their estimates of unfunded liabilities, and that is what this chart shows. It should scare the heck out of us.

The Social Security and Medicare trustees have calculated that these programs have $73.5 trillion in unfunded liabilities. Now, if you divide the population of the United States, which is roughly 290 million, into that $73.5 trillion, you end up with over a quarter of a million dollars for every man, woman and child that somehow is going to be responsible for paying for these benefits over and above what we have promised because the money coming in from the FICA tax, and that FICA tax supports Social Security and Medicare, over and above the money coming in in revenues from that tax, we are still short $73.5 trillion.

□ 1945

Medicare part A is short $21.8 trillion; Medicare part B, $23.2 trillion; Medicare part D, the drug program that we passed 4 months ago, $16.6 trillion.

It is interesting on the prescription drug bill that Tom Savings, one of the actuaries, estimated at the time it was passed that the unfunded liability would be $7 trillion. His estimate now is $16.6 trillion.

The danger, of course, is that what we are doing in effect is acting like our problems are so important today that it justifies taking the money of our kids and our grandkids that they have not even earned yet. The unfunded liabilities, in addition to the debt that we are accumulating, now over $7 trillion, is a huge liability to leave to our kids.

I am a farmer from Michigan. What we have traditionally tried to do is pay off the farm so that our kids had a little better chance than we did. Instead, we are now faced with a situation, and here is my political take on it. Right now roughly 50 percent of the working population pays less than 1 percent of the total income tax in this country. What we have done is become more and more progressive with the easy flow of language and justification to tax the rich, but here is 50 percent of the population that has little stake but to ask candidates that are running for Congress for more government services rather than less, and politically it has seemed to be to the advantage of politicians to make more and more promises. This represents how many promises we have made over and above our ability to pay for it.

I did this chart, this was also with Tom Savings' help, just to show that in 16 years it is going to take 28 percent of our general fund budget to pay for the makeup difference in Medicare and Social Security. By 2030, it is going to take almost 53 percent of the total budget.

So what do we do? How do we deal with this? Here is what this Congress, the House and the Senate and the White House has done in the past. This is when we run short of funds in Social Security.

It started out with 2 percent in 1940, 2 percent of the first $3,000. It ran short of money, so in 1960 we raised it to 6 percent of the first $4,800. In 1980, we ran short again, so we raised it to 10.16 percent of the first $26,000; and then in 2000, 12.4 percent of the first $76,000. In 2004, now, today, 12.4 percent of the first $89,000. So what we have done is either reduced benefits, increased taxes or a combination of both. That is what we did in 1983.

I just call on my colleagues and I call on the American people, Madam Speaker, to ask their Members of Congress what bill have you written, what bill have you signed on to to make sure that we keep Social Security and Medicare solvent and not leave the total bill up to our kids?

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

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

EXCHANGE OF SPECIAL ORDER

Mr. PRICE of North Carolina. Madam Speaker, I ask unanimous consent to replace the gentleman from Oregon (Mr. DEFAZIO) on the list.

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

There was no objection.

THE BUDGET

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

Mr. PRICE of North Carolina. Madam Speaker, what would your nightmare budget look like? Can you a imagine a budget that would cut support for homeland security and small business development, that would do virtually nothing to improve one of the most sluggish economic recoveries in American history, that would break the Contract with America by raising the debt ceiling under cover of a budget resolution, that would balloon the debt and the deficit to previously unimagined dimensions, and that would do all of