

entitlement growth, and to extend a program like this where we could have an offset to pay for it, in my opinion, is inexcusable.

It has been said that nobody notices a deficit until its weight finally collapses the government. I do not intend to ever let that happen, and we could be taking a small step to lessen that load today. Regrettably we are not.

Let me state what we have done in the last 2 weeks. Again, the underlying bill that we are passing is a good piece of legislation, and I support that. The Speaker of the House supports it. The majority leader supports it. The ranking member on the Committee on Energy and Commerce, the ranking member on the subcommittee, the subcommittee chairman, the full committee chairman, we all support it; but we found a way to pay for this bill. We found out that under existing law people that receive prescription drug benefits that are paid for by Medicare, the person that actually provides a prescription can file paperwork to get an automatic rebate from the drug manufacturer. It is in the law. We do not force the person who is providing the prescription to actually apply for the rebate. So we have some providers of prescriptions who for whatever reason do not fill out the necessary paperwork to get the automatic rebate that has already been negotiated.

The offset that we came out with in the House was to simply say that if there was a drug rebate that had already been negotiated, you had to file for it and receive it so you could give that rebate to the State and the Federal Government. That would save approximately \$140 million over the life of the extension. The White House supported it. CNS supported it. The House supported it, but the other body did not support it. They wanted to extend the program but not provide an offset to help pay for the extension.

Now, I offered this afternoon to pull this bill back and try to work out something that when we first got back in the next Congress we could do the offset. The Speaker and the majority leader felt like we needed to go ahead and pass this bill this evening, and I am going to go ahead and do that. It is a good bill. It needs to be passed. We need to provide this additional supplemental assistance for low-income seniors to pay for their part B prescription drug benefit. But this is the last time as chairman of the Committee on Energy and Commerce that I am going to extend an entitlement program without some sort of an offset.

So for tonight we can say that this is the beginning of the Barton doctrine. I hope in the next year or so it becomes the Bush-Hastert-Frist, even the Pelosi, redoctrine, that we can work on a bipartisan basis, bicameral with the administration, that as we extend the existing entitlement programs and create new ones, we come up with a way to pay for them. But for this evening I rise to support the passage of this bill.

It will provide much needed assistance for 160,000 low-income seniors for the next year. In the next year, I am going to work with interested parties in the administration, the other body and this body to come up with reforms that continue these necessary benefits but also come up with a way to pay for them.

Mr. Speaker, I reserve the balance of my time.

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

Mr. Speaker, I wish to confirm what the gentleman from Texas (Mr. BARTON) has already indicated, that the ranking member of the Committee on Commerce is in full support of this bill.

The chairman has also indicated that the ranking member of the subcommittee, the gentleman from Ohio (Mr. BROWN), is in full support of the legislation, and I think that indicates that the Committee on Commerce members on our side of the aisle are in support of the legislation, and I think our whole caucus would be very supportive of that legislation.

Mr. DINGELL. Mr. Speaker, I rise in support of this legislation to reauthorize the Qualified Individual program, or QI. This program helps low-income Medicare beneficiaries, who earn just a little too much to qualify for Medicaid assistance, but are still struggling with living and health care costs. The QI program pays the cost of the Medicare Part B premium for seniors with incomes of approximately \$11,000 to \$12,500 a year. This is a good program that helps thousands of low-income seniors each year.

The initial program was a block grant enacted in 1997. Because it expired in 2002, Congress has had to reauthorize this program a number of times since then. However, the uncertainty surrounding funding for this program has had a dampening effect on enrollment. States are hesitant to reach out to eligible individuals, resulting in artificially low enrollment figures. I hope that my colleagues across the aisle will join me in fixing this problem in the future—but, I am pleased that we are at least extending this program an additional year, through September 2005.

I thank Senators GRASSLEY, BAUCUS, BINGAMAN, LAUTENBERG, and SMITH for their work in the Senate, and thank Chairman BARTON, Chairman BILIRAKIS, and Ranking Member BROWN for their work in the House.

Mr. ISRAEL. Mr. Speaker, this past September I was contacted by officials in the two counties that I represent urging me to do everything I could to extend the Qualifying Individual-1, QI-1, program. This important program gives Federal money to State Medicaid programs to pay for the Part B premium for low-income seniors. They stressed extending the program is particularly important this year as the Medicare Part B premiums are increasing over 17 percent from \$66.60 to \$78.20.

Medicare Part B is theoretically voluntary, but in reality is necessary for any senior who does not have some form supplemental insurance. Medicare Part B covers outpatient services, doctor visits, and other health care services not covered by the Hospital Insurance component of Medicare Part A.

Unfortunately, seniors must pay a premium for Medicare Part B. Low-income seniors live

on very tight budgets. If Congress allowed this program to expire, there would be a number of low-income seniors who would have to decide if the monthly \$78.20 would be better spent on food rather than on their health care premium.

I responded to local officials by introducing legislation that would extend this program for another year. My legislation is identical to the Senate bill that we are voting on today. It extends this vital program for another year, and I am proud to have sponsored it in the House.

I was not the only Member to respond to this call. Representative JIM SAXTON and I both introduced this bill. Two Members of Congress in different parties introducing the same bill shows the universal support for this bill.

The QI-1 program has been to the brink of expiring before. It was enacted as part of the Balanced Budget Agreement of 1997 and was originally scheduled to expire in December of 2002. Since the program has proved to be vital for low-income seniors, it has been extended a number of times through continuing resolutions, TANF reauthorization, and it was last extended in the Medicare Modernization Act. The last extension expired on September 30, 2004; however, it was extended through a continuing resolution through November 20, 2004.

I am very happy and relieved that QI-1 program will be extended for another year. It is my hope that next year, Congress will enact legislation that permanently extends this program. Our low-income seniors and their advocates should not be made to deal with the emotional roller coaster each year, while this program comes so close to ending.

I urge my colleagues to pass this legislation and I look forward to working with them to enact legislation that makes this program permanent.

Mr. OLVER. Mr. Speaker, I yield back the balance of my time.

Mr. BARTON of Texas. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. SIMPSON). The question is on the motion offered by the gentleman from Texas (Mr. BARTON) that the House suspend the rules and pass the Senate bill, S. 2618.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate bill was passed.

A motion to reconsider was laid on the table.

PETRIFIED FOREST NATIONAL PARK EXPANSION ACT OF 2004

Mr. RENZI. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 1630) to revise the boundary of the Petrified Forest National Park in the State of Arizona, and for other purposes, with a Senate amendment thereto, and concur in the Senate amendment.

The Clerk read the title of the bill.

The Clerk read the Senate amendment, as follows:

Senate amendment:

On page 2, line 9, strike "June" and insert "July".

Mr. RENZI (during the reading). Mr. Speaker, I ask unanimous consent that

the Senate amendment be considered as read and printed in the RECORD.

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

There was no objection.

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

There was no objection.

A motion to reconsider was laid on the table.

NATIONAL VISITING NURSE ASSOCIATION WEEK

Mr. MURPHY. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the Senate concurrent resolution (S. Con. Res. 8) expressing the sense of Congress that there should be established a National Visiting Nurse Association Week, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate concurrent resolution.

The SPEAKER pro tempore. Is there objection to the consideration of the concurrent resolution?

There was no objection.

The Clerk read the Senate concurrent resolution, as follows:

S. CON. RES. 8

Whereas visiting nurse associations ("VNAs") are nonprofit home health agencies that, for more than 120 years, have been united in their mission to provide cost-effective and compassionate home and community-based health care to individuals, regardless of the individuals' condition or ability to pay for services;

Whereas there are approximately 500 visiting nurse associations, which employ more than 90,000 clinicians, provide health care to more than 4,000,000 people each year, and provide a critical safety net in communities by developing a network of community support services that enable individuals to live independently at home;

Whereas visiting nurse associations have historically served as primary public health care providers in their communities, and are today one of the largest providers of mass immunizations in the medicare program (delivering more than 2,500,000 influenza immunizations annually);

Whereas visiting nurse associations are often the home health providers of last resort, serving the most chronic of conditions (such as congestive heart failure, chronic obstructive pulmonary disease, AIDS, and quadriplegia) and individuals with the least ability to pay for services (more than 50 percent of all medicaid home health admissions are by visiting nurse associations);

Whereas any visiting nurse association budget surplus is reinvested in supporting the association's mission through services, including charity care, adult day care centers, wellness clinics, Meals-on-Wheels, and immunization programs;

Whereas visiting nurse associations and other nonprofit home health agencies care for the highest percentage of terminally ill and bedridden patients;

Whereas thousands of visiting nurse association volunteers across the Nation devote time serving as individual agency board members, raising funds, visiting patients in their homes, assisting in wellness clinics, and delivering meals to patients;

Whereas the establishment of a National Visiting Nurse Association Week would in-

crease public awareness of the charity-based missions of visiting nurse associations and of their ability to meet the needs of chronically ill and disabled individuals who prefer to live at home rather than in a nursing home, and would spotlight preventive health clinics, adult day care programs, and other customized wellness programs that meet local community needs; and

Whereas the second week of May 2005 is an appropriate week to establish as National Visiting Nurse Association Week: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That it is the sense of Congress that there should be established a National Visiting Nurse Association Week.

Mr. MURPHY. Mr. Speaker, I rise in support of S. Con. Res. 8, a resolution to establish an annual National Visiting Nurse Associations Week in honor of these health care heroes who are dedicated to service in the ultimate caring profession.

The Visiting Nurse Associations, VNAs, of today are founded on the principle that people who are sick, disabled and elderly benefit most from health care when it is offered in their own homes.

Home care is an increasingly important part of our health care system today.

The kinds of highly skilled—and often technically complex—services that the VNAs provide have enabled millions of our most frail and vulnerable patients to avoid hospitals and nursing homes and stay just where they want to be—in the comfort and security of their own homes.

They made a critical difference when they started in the late 19th century, and are making a critical difference now as we embark upon the 21st.

There currently are approximately 500 VNAs nationwide.

Through these exceptional organizations, 90,000 clinicians dedicate their lives to bringing health care into the homes of an estimated 3 million Americans every year.

VNAs are truly the heart of home care in this country today, and it is time for Congress to recognize the vital services that visiting nurses provide to their patients and their families.

I urge my colleagues to support this resolution establishing an annual National Visiting Nurse Associations' Week.

The Senate concurrent resolution was concurred in.

A motion to reconsider was laid on the table.

DONALD G. BROTZMAN POST OFFICE BUILDING

Mr. MURPHY. Mr. Speaker, I ask unanimous consent that the Committee on Government Reform be discharged from further consideration of the bill (H.R. 5370) to designate the facility of the United States Postal Service located at 4985 Moorhead Avenue in Boulder, Colorado, as the "Donald G. Brotzman Post Office Building," and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

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

There was no objection.

The Clerk read the bill, as follows:

H.R. 5370

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DONALD G. BROTZMAN POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 4985 Moorhead Avenue in Boulder, Colorado, shall be known and designated as the "Donald G. Brotzman Post Office Building".

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the Donald G. Brotzman Post Office Building.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. MURPHY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on S. Con. Res. 8 and H.R. 5370.

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

There was no objection.

HONORING THE LIFE OF ASTRO-NAUT LEROY GORDON COOPER, JR.

Mr. BALLENGER. Mr. Speaker, I ask unanimous consent that the Committee on Science be discharged from further consideration of the resolution (H. Res. 847) honoring the life of astronaut Leroy Gordon Cooper, Jr., and ask for its immediate consideration in the House.

The Clerk read the title of the resolution.

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

There was no objection.

The Clerk read the resolution, as follows:

H. RES. 847

Whereas Leroy Gordon Cooper, Jr., was born on March 6, 1927, in Shawnee, Oklahoma;

Whereas Gordon Cooper served as a colonel in the United States Air Force and was selected as one of the original Project Mercury astronauts in April of 1959;

Whereas, when Gordon Cooper piloted the Faith 7 spacecraft on the final operational mission of Project Mercury from May 15 to May 16, 1963, he traveled a total of 546,167 statute miles and became the first astronaut from the United States to spend more than a day in space;

Whereas, when Gordon Cooper served as command pilot on the 8-day 120-orbit Gemini 5 mission that began on August 21, 1965, he and pilot Charles Conrad established a new space endurance record by traveling a distance of 3,312,993 miles in an elapsed time of 190 hours and 56 minutes;

Whereas Gordon Cooper was the first man to go into space for a second time;

Whereas Gordon Cooper served as backup command pilot for the Gemini 12 mission and