

down in my chair after I gave her permission.

The part that bothers me, the earlier, a week ago, last Monday, we started this so-called markup, the National Council for Senior Citizens came in with mail bags, invited in by the Republicans, dumped 100,000 mailgrams in front of all of us. This gentleman in the group was allowed to make a speech. There were not supposed to be witnesses, but he was allowed to make a speech as they were dumping the mail. Then they grabbed a handful of mailgrams. As what has happened so often in the past, they were false, fictitious, 75 of them my staff and I went through, and again, being a police officer, I was rather curious. I started to go through them. Two were from people who were deceased. Their family members wrote back and said "deceased," and gave the day they were deceased. One died in September 1994, but they counted them as supporting the Republican Medicare plan. Another five were unsigned. One was addressed to "contributor." Apparently, this individual contributed to some campaign or something through this organization. So it was addressed to "contributor."

Three of them had written comments on the back, just destroying the Republican Medicare plan. One of them wrote on there, "I do not want to be forced into managed care." Another one said, "I want the Federal employees' health benefit like you have." Another one said, "Why do you take these pay raises? Give us what you have." They were anything but ringing endorsements of the Republican plan.

I think what is going on here is groups who speak up are subject to silence, either through not allowing the groups to have their voices heard or, when they try to be heard, maybe even face arrest. They bring forth mailgrams which people do not exist, they are unsigned, they are in complete opposition.

I am very concerned about the image that is being put forth that all of these people support it. The only ones we hear from are people who are supportive of the plan, or allegedly supportive of the plan, and the other thing that bothers me is when we did tort reform, started out being medical security reform earlier in the committee, there were actually highly paid lobbyists sitting in the top row of the dais while the hearings were going on. They approved the amendments being offered by both sides. These people came in to have their voices heard are not allowed to sit in the committee room, even in my chair. How could lobbyists be allowed to sit at the top of the dais and review the amendments and give their "yes" or "no"?

We need fairness. We need openness, much like the Speaker said. I would invite him or anyone to have that fairness and openness in all committees. Let us no longer do any legislation without hearings.

I thank you for allowing me to say a few words this evening.

Ms. DELAURO. Our time is just about concluded. I want to thank all my colleagues who came out tonight to engage in this discussion.

The long and the short of it is that this is a serious debate. It is one that all Americans ought to be able to have their voices heard. What we have found out is that only some of the voices have been heard. The voices of seniors, the voices of working families have not been heard in this process, but the voices of special interests have been heard.

We need to have a safe and secure Medicare system.

The Democrats have an alternative. They presented that alternative in committee. It was voted down, and open hearings and open debate on this issue have been curtailed to only those who support the majority position or who have a financial interest in what does finally happen.

□ 2100

THE REST OF THE STORY ON MEDICARE

The SPEAKER pro tempore (Mr. FOX of Pennsylvania). Under the Speaker's announced policy of May 12, 1995, the gentleman from Kansas [Mr. TIAHRT] is recognized for 60 minutes as the designee of the majority leader.

Mr. TIAHRT. Mr. Speaker, it is a pleasure to be here tonight. I would like to start by saying that as you would hear on some radio stations by Paul Harvey or his son, now you will hear the rest of the story.

Very soon we will have a tripod over here, so we will be able to show you some of the charts we have brought along. But, basically, I wanted to say that, in plain English terms, the Republican Party has come up with a plan, a specific plan, that will preserve and protect Medicare for our parents and our grandparents.

What is wonderful about this plan is that it will still balance the budget, which will secure a future for our children. No seniors will be forced from Medicare. Seniors will have the right to alternative choices. They will have the right to stay with their current doctor or hospital.

Over the course of the next hour, we hope to talk about some of the specifics of this plan. We also want to address some of the real needs that have been created by this plan running down the wrong path for some time.

I want to start out with a chart that shows what the President's Social Security Medicare Board of Trustees report has said. There are three members of this Board of Trustees that are from President Clinton's Cabinet, and as you can see in this chart here, it says "The fund is projected to be exhausted in 2001."

That means by the year 2002, Medicare is going to have a very serious

problem. What is very good about finding this out at this point in time is that we have time to correct the problem. We do not want to let the train get down the path too far, because it could result in a train wreck. Instead, we are able to change the system, and preserve and protect Medicare for our seniors.

This chart shows part A trust fund, and it shows graphically what is going to happen to the trust fund. It starts over on the left side at approximately 1993 and goes over to 2004. Right in the center here is zero, which indicates the balance of the trust fund. Up here is \$150 billion, and the bottom is negative \$150 billion. As you see, as the path progresses over time, this red line indicates that we will cross the zero line or, in other words, go bankrupt, by approximately the year 2002, again, conforming what was told to us by the President's Board of Trustees.

Now, part of the plan that we have in the Republican Party, many people have said that there are going to be cuts that are going to be put in place, and that these cuts are going to fund tax breaks given by Republicans to their rich friends.

Nothing could be further from the truth, for several reasons. First of all, I want to tell people there are not cuts to Medicare. There are no cuts in the Republican plan. There is limited growth.

But if you look at this next chart, it shows that we start, today, 1995, seniors receive \$4,816. Now, that is what the average recipient gets per year under the current plan. Over the next 7 years, in the Republican plan, that grows 43 percent from \$4,800 to \$6,734. As the title across the bottom says, where is the cut?

Now, this is going to result in a reduction in growth of about \$270 billion. That number is very specific. It was chosen for a reason. It was targeted for a reason. The reason is that is what it is going to take to preserve and protect the program.

Now, there have been some other plans that were put forward by the President and by Members of the Democrat Party that were to save less an amount of money, which just prolonged the agony. It did not reform the system or preserve and protect the choices that elderly people will have, and it did not give them the opportunity for options, for alternative plans.

We will talk a little bit more about this later, but it is a very comprehensive plan. It is one that has been long in the making.

I want to give you some of the sponsors of this plan. We heard a lot about the American Medical Association. They are at the top of the list. They do support the Republican plan to preserve and protect Medicare. I have an ad, a copy of an ad that was run by the American Medical Association, and it has a quote from Lonnie Barstow, president of the American Medical Association. I just want to read four brief quotes from this.

One of the things that he says is "This is a defining moment in Medicare history. No one can act without you. Your voice will be like a petal in a pond." He is talking about people, asking them to respond and support the Republican plan. "It empowers patients so they can make their own health care choices." "It recognizes the extraordinary value of physicians in managing and delivering health care." "It removes the redtape and liability barriers that disrupts the patient-physician relationship."

Some of the problems we have had in Medicare is we have people sit right here within the beltway, in the District of Columbia, not seeing the patients, making medical decisions. We think it is better that decisions remain with the patient and the physician. That is what the Republican plan does.

You can see, we also have some other people that endorse preserving and protecting Medicare. We have the U.S. Chamber of Commerce, the Council for Affordable Health Insurance, the National Federation of Independent Business. We have the National Restaurant Association, we have the Citizens Against Government Waste, and we have the American Small Business Association.

Many groups are concerned about their parents and their grandparents. Really any of us who are going to live longer than seven years need to be concerned about what is happening with Medicare, because it is going to be coming up very soon if we do not do something about it. So that is why we think it is very important that we get this plan in place.

I have some quotes that came out of the Washington Post. Some people do not think the Washington Post is the right newspaper to quote, but on September 15th, this was a lead editorial. It is what the Washington Post has to say about the Republican Medicare plan. These are direct quotes.

"Congressional Republicans have confounded the skeptics," the first one says, meaning we have come up with a plan when they did not think the Republicans could come up with a plan.

"It is credible." You have heard a whole hour before where there is a lack of credibility for this plan. The Washington Post thinks this plan is credible.

"Its gutsy." We are willing to go out and change the problem, preserve and protect the plan.

"It addresses a genuine problem that is only going to get worse." Well, the time to address it is now. I have several others with me here today that are going to be talking with us about the Medicare program, preserving and protecting the Medicare program, and I would like to start with the gentleman from Georgia, Mr. SAXBY CHAMBLISS.

Mr. CHAMBLISS. Mr. Speaker, why are we here doing this today? Why are we talking about Medicare? Why are we talking about reforming Medicare? The reason we are talking about re-

forming Medicare is because we as a Republican Conference are absolutely, totally and firmly committed to balancing the budget of this country by the year 2002.

It no longer is a question of should we do that; it is simply a question of how we are going to do it, because it is absolutely necessary. It is necessary for our children and our grandchildren, and I say that with particular pride tonight. I talked during my campaign about my daughter and son-in-law, who are trying to live the American dream. They are part of what I came to Washington for, to balance the budget. Tonight I just found out, or late this afternoon, I am going to be a grandfather for the first time. That is exciting to me, to know that I have a more vested interest than ever before in seeing the budget of this country balanced.

One way we have got to do that is to have Medicare reform. As the gentleman from Kansas [Mr. TIAHRT] showed you on this chart up here, and I want to stick this back up for just a second, this is exactly what is going to happen to Medicare. That is not a Republican diagram. That is a diagram that was put forth by the Medicare trustees, the trustees that are in part appointed by President Clinton.

We have a document signed by three Cabinet members of President Clinton's Cabinet that tells us if we do not reform Medicare, that next year, in 1996, the Federal Government will spend more money in Medicare expenses than we take into the Medicare Trust Fund, that in the year 2002, the Medicare Trust Fund will be broke and the only way we are going to be able to pay for current Medicare benefits is out of the general funds of the Treasury.

You can see what it does by the year 2004. If you want your taxes raised by \$150 billion in the year 2004, then you ought to be opposed to this plan to reform Medicare. But if you want to protect and preserve Medicare and save it for the senior citizens of this country, then you need to be very aware of the changes that are being proposed and the fact we are going to protect and preserve it.

Now, we have got two choices when it comes to Medicare. Number one, we can put our head in the sand. We can let things go on like they are. We can let this happen to the citizens of this country, or we can reform Medicare. We can make the necessary changes that will protect that system, not only for the folks who currently receive Medicare benefits, but for the senior citizens and junior citizens who will be receiving those benefits down the road.

Now, I was very interested in the comments that our colleagues on the other side have been making for the last hour. They have alluded time after time to the fact that Republicans are not listening. Well, let me tell you, I am not listening in Washington, D.C. I will be honest with you. I am straight-

forward about that. I am not listening in Washington, DC. I am not holding hearings on the lawn of the Capitol in Washington, DC. I go home every single weekend. I was home all week last week. I was in places like Moultrie, Georgia, like Dolan, Georgia, like Sylvester, like Irwinville, like Willacoochee, like Douglas, talking to senior citizens about their concerns on Medicare and about what we are proposing to do to reform Medicare, to ensure that it is maintained.

I have been sending out questionnaires, not to folks in Maryland and Virginia, but folks in my district, in middle and south Georgia. This is just a sample of the returns that I have gotten from folks in my district that I am talking to on a daily basis, not in Washington, DC, but in places like Macon, Georgia and Tifton, Georgia. And I want to just tell you some of the comments I have heard from those folks.

I picked out just a sampling of the questionnaires. This first one is from Mr. and Mrs. R. J. Otten in Tifton, Georgia. We asked a question about do you understand the Republican plan to reform Medicare and what it does. This is what the Ottens had to say. "This plan would lower the rate of increase for the Medicare budget from 10 percent to 6 percent a year. When the liberal media says Republicans want to cut the Medicare budget, they are lying, plain and simple."

This next response is from Phil and Jo Martin in Lake Park, Georgia, down in Lowndes County. "We will have more options to choose from to provide medical care and save money doing it. It needs to be done and soon," with an explanation point.

This next one is from Dave and Judy Dresner in Macon, Georgia. "It is an honest, credible effort to save a program that is helping folks."

This next one is from Mr. A. K. Garman in Warner Robbins, Georgia. "I believe this problem has been put off for years, and each year of delay only adds to the problem. Get it under control now, or it will never come," exclamation point.

That is the people that I have been listening to. I have been listening to the people in my district who receive Medicare, who are paying funds into the Medicare Trust Fund and who expect to receive those benefits down the road. We have got to do what we are doing, and we are moving in a positive direction.

Now, as these responses indicate, the Republican plan offers several options. Let us make one thing perfectly clear. Anybody, any senior citizen who now is covered by Medicare, will have the right to receive exactly the same benefits they are receiving now under our plan. Pure and simple, if you like what you have got, you can keep it.

If you would rather have something different for those folks who will be moving into the Medicare age over the next several years, you will have an option to choose from several different

plans. Those options are going to be there, and without alluding to them, I am going to let my fellow Georgian, Mr. CHARLIE NORWOOD, from the Tenth District of Georgia talk about specifics of the plan, and also I hope he will allude to these arrests that were referred to earlier by our friends on the other side.

Mr. NORWOOD. Well, Mr. Speaker, I indeed thank my friend from Georgia, and I congratulate him on a new grandchild coming, the first I have heard of that tonight. That will be the most important thing in your life over the next few years. I know that for a fact. I know the gentleman is probably already thinking about the fact that that child arrives in this great country owing \$187,000 just for his or her part of the interest on the debt. So, yes, do we need to deal with these problems? Of course we do.

I am pleased to join the gentleman. I know that this is really what would be called a discussion rather than a debate. I hate to use any of my time talking about anything but the details of this new Medicare plan, but I feel forced or I am compelled to say a little bit about myself.

□ 2115

I am new to this. I have been in this town 9 months. I have been in this body 9 months. I have never been in politics in my life. I come from what I think is one of the professions that may be one of the most respected professions in the country, and I am saddened to say that I have moved into one of the professions that is least respected in the country, but then I understand more why today than I did a year ago.

Mr. Speaker, I think probably our first vote in this great body should not be for Speaker of the House. We should take an oath here to tell the truth. Having been on the Committee on Commerce, having been on the Subcommittee for Health and the Environment, I have heard more distortion, more mistruths in the last 2 days than I have heard, I believe, in my entire lifetime.

It is unfortunate that the America people will find it so difficult to find the truth when we have one group, the liberal Democrats, who really do not want to solve the problem of Medicare. They want to make darn sure we do not solve it. That is not what we should be about. We should be working together to solve one of the great problems at the end of this century.

Mr. Speaker, I was sitting in the Committee on Commerce meeting room yesterday morning, and we were informed that there were a group of citizens in the lobby that wanted to come in and be heard, wanted to come in and disrupt our committee meeting, the people's business, and would in no way consider leaving unless they were handcuffed.

They did come into the committee, and they were very disruptive, there is no question about it. The lady came

right up to the podium. I was standing right there, and she was yelling and screaming. Not interested in what she was saying, only interested in being disruptive as we tried to do the people's business.

Our chairman was very kind, Mr. Speaker, and was very gentle with this lady. He tried every way he knew how to ask them to leave, because that was not the point in time of the government to be disrupted, because we were going through this bill line by line. Finally, they would not leave and the Capitol Police were brought in and very, very, very gently escorted away.

Mr. Speaker, what is so absolutely distressful about this is there was only one point in that, and that was to be disruptive, to get on television, and show blown-up pictures like we saw in this body tonight in order to misrepresent actually what happened.

This was a senior citizens coalition. This was led by a paid lobbyist. This lobbyist is being paid by American citizens tax dollars. The liberal Democrats have funded them for years. Ninety-six percent of their income comes from tax dollars. Their purpose for being there was to be disruptive, to get on television, and allow people to bring in big pictures here tonight to mislead the public about the facts.

Mr. Speaker, in addition to that, I heard tonight, I do not know how many times, that we have had no hearings; that all we have talked about is to special interest groups. Well, this bill is being marked up by the Committee on Commerce and by the Committee on Ways and Means. We have had over 10 hearings in the Committee on Commerce, of the subcommittee. I was there. I know we had those hearings.

It is true, not many of our liberal Democrat friends bothered to come, but we had the hearings and that was their opportunity to be heard. Ways and Means has had over 30. I think 36 hearings. A lot.

And, by the way, Mr. Speaker, I will be delighted to be corrected tonight if I misspeak or have anything wrong, because I am trying to tell the American people the truth as best I know it. So if I misspeak on anything, I hope my colleagues will jump right in and correct me, because we need the truth to come out.

Mr. CHAMBLISS. Mr. Speaker, if the gentleman would yield for a second. The gentleman is talking about these number of hearings, 10 in the Committee on Commerce, 36 in the Ways and Means. Is the gentleman talking about 30 minute hearings, or hour-long hearings?

Mr. NORWOOD. No, Mr. Speaker, and I thank the gentleman for asking, many of those hearings lasted all day. What I noticed most of all was that the loyal opposition failed to come. We have had all summer to discuss this bill, and we have done that.

I know what my other colleague from Georgia has been doing. I am from Georgia, too. We have been going home

and talking to our senior citizens, having time after time town hall meetings.

Mr. TIAHRT. Mr. Speaker, reclaiming my time, I would ask the gentleman, Mr. NORWOOD, who were some of the groups that came to the committee and testified in respect to the Medicare preservation plan?

Mr. NORWOOD. We have tried very hard, Mr. TIAHRT, to hear from all people involved in health care. That means the patient, that means groups represented by AARP, that means the hospital and the hospital administrators. They are involved in health care. They should be involved. They should have some input into this great bill. It certainly means the providers of health care, meaning the physicians. They are involved. This bill affects their lives tremendously.

We brought in people and experts to hear what they felt about it. In addition, we also had senior citizens, who are on Medicare, come into the hearings and speak to us.

The other side talks about special interest groups. A special interest group is when President Clinton puts 500 people in a room who will do exactly what he wants to try to determine the health care of this Nation.

Mr. Speaker, I think we have done this right. We have talked to as many people as we possibly could to have their input. The AMA? Sure. They have had input into this. Of course, they should have had input into this, just as AARP should have had input.

We have been very fair with this. We have met with many, many people, and I think that we have come up with a solution to one of the most difficult problems we have to face in the 104th Congress.

Mr. TIAHRT. Mr. Speaker, I hope my colleagues will stick around for a while. I want to involve the gentleman from Pennsylvania [Mr. GREENWOOD] in the discussion.

Mr. GREENWOOD. Mr. Speaker, I want to thank the gentleman from Kansas, and each of the gentlemen for participating in this and organizing this special order on Medicare.

I, with Mr. NORWOOD, sit on the Committee on Commerce, and together, before the hour is out, we will get into a lot of details, hopefully, about Medicare, but I really want to comment about the previous hour and about yesterday's activities, because I have been sitting in my office just boiling over what we have heard from some of the Democrats.

Mr. Speaker, for the past hour, from I guess about eight o'clock to nine o'clock, we had some very entertaining theater on the part of the Democrats. If there were not so much at stake, I guess the American people might shrug this off as bad theater. But the fact is there is a great deal at stake, and what is at stake is something no less precious than the health of our country's elderly.

Members of Congress are not elected to be entertainers. They are not elected to be actors. But it looks like when

some Members of Congress cannot accept reality, they figure out how to escape reality and create their own reality by creating their own theater. That is what happened yesterday and today in Washington.

Mr. Speaker, Mr. NORWOOD and I went to our Committee on Commerce meeting scheduled to begin at 10 o'clock. The meeting finally did come to order, and it went until way after midnight, while we took amendment after amendment on the Medicare bill from the Democrats. But when we got there, the lawyers for the committee informed us that they had been informed that a group of protestors was planning to disrupt the meeting and that they would not leave unless they were handcuffed and arrested.

They did that precisely because they wanted to create for the television cameras a visual image of senior citizens being arrested so that somehow that would reflect on the Medicaid bill.

Mr. NORWOOD. Mr. Speaker, would the gentleman yield?

Mr. GREENWOOD. I sure will.

Mr. NORWOOD. Mr. Speaker, I would ask the gentleman, the lobbyists that organized this, did the gentleman tell me earlier that this lobbyist is the public relations person for the seniors coalition?

Mr. GREENWOOD. Mr. Speaker, it is even worse than that. I will get to that in 1 minute, however, Mr. NORWOOD.

What happened was, we then consulted with the lawyers and with the Capitol Police and said, well, what do we do if when this meeting comes to order a group comes forward and just is disruptive and refuses to abide by the rules of the House? We were told there is a procedure. The procedure is the chairman should ask the parties if they would please have a seat in one of the seats where the rest of the public sits, because this was a markup where we amend the bill.

Then the next procedure, if they refuse to do that, is to recess the committee and everyone is to leave the room, including Members of Congress, and then the Capitol Police come in and clear the room.

So we said, we hope this does not happen, but if it does, we will do that. We sat down, the chairman banged the gavel, and immediately, if you remember, immediately, on cue, a woman who was formerly the full-time paid political relations director for this seniors citizens group, the senior citizens group, by the way, which last year received in excess of \$70 million in Federal funds, something like 99 percent of all its funds were Federal funds, she got up with her script, went around to the front of the room, and reading her script began to scream at the chairman.

Mr. Speaker, she did not want to be heard. She did not have a message. She did not want to listen or have a dialogue or have a conversation. She just wanted to scream and scream and scream.

Mr. TIAHRT. Mr. Speaker, I have a couple of questions to ask the gentleman about that, because we heard earlier that these were seniors that came to the hearing asking to be heard in a very polite manner and were mistreated by the chairman of that committee. The gentleman is telling us that was not exactly how it happened. The gentleman was there?

Mr. GREENWOOD. Unfortunately, it was anything but that. It was political theater. It was scripted. It was planned. It is sort of the latest in political guerilla warfare. You create a media event that works for you on television.

Mr. TIAHRT. Excuse me for interrupting, but this is a group, the gentleman said, that received more than \$70 million in tax dollars, which is in excess of 95 percent of their budget?

Mr. GREENWOOD. That is correct.

Mr. TIAHRT. So they are, in fact, using the tax dollars from people, in my case, the fourth district of Kansas, and they are trying to disrupt the plans to preserve and protect Medicare. So that is kind of like trying to push the system into bankruptcy. I am having a hard time understanding what motivation one would have to push Medicare into bankruptcy.

Mr. GREENWOOD. The motivation is a political agenda, of course. And that is, as we all know, after 40 years of the Democrats controlling the House. Republicans were elected in the last election, and I think we were elected, frankly, because the country finally said a \$5 trillion deficit is serious. A Medicare program spending at inflation rates that are unsustainable is serious. We have to elect a team that is ready to go in and deal with that.

We are dealing with it. It is a big change for the country. The party that is out now wants to come back in, and if it takes cheap political theater to do it, they will.

Mr. Speaker, the worst of what was done was they used political props. The political props were people. They were little old ladies, many in wheelchairs, whom the young professional staff wheeled up to the front of the room for the TV cameras and turned them just right for the TV. I do not think these little old ladies knew where they were, some of them were that frail, and then the paid professionals left the room so they would not get in the camera's view.

We all left the room, the public left the room, and six times the Capitol Police said to the ladies and gentlemen, "Please, you really need to leave. You cannot interrupt a committee of Congress in session." They refused, because they wanted to be arrested, and, ultimately, they were.

Then, act two of this very bad political theater was acted out on the floor of the House tonight, where Member after Member stood up and pretended that this was somehow a spontaneous event in which just average citizens came forward and wanted to be heard and could not.

Mr. Speaker, it was political guerilla warfare, and I hope for the sake of the country, and I hope for the sake of the Medicare program that the vast majority of Americans watching tonight and watching this play out can see through it, and see it for the desperate, cheap political theater that it is.

Mr. TIAHRT. Mr. Speaker, let me introduce the gentleman from Florida [Mr. WELDON], a physician who is joining us to enter the discussion on Medicare.

Mr. WELDON of Florida. Mr. Speaker, I thank my distinguished colleague for yielding. I did want to inquire of the gentleman from Pennsylvania, and he basically alluded to the reason at the tail-end of his comments, but I think it is something worth stressing, why would the Democrats do this? Why would they stage an event? Why would they stoop so low as to get frail, elderly senior citizens, who may not have even known where they were, and wheeled them into an event like this? Why are they doing this? And the gentleman answered that, really. They are really desperate.

This is really a desperate team, Mr. Speaker. They know they are on the losing end here. The gentleman from Georgia [Mr. NORWOOD], I think clearly made the case, and the gentleman from Georgia [Mr. CHAMBLISS], as well, that the people in our districts, the people in those hometowns, realize the system is broke. They realize something needs to be done, and they are really looking to us to make the changes, to make sure that Medicare is there for their parents, to make sure that Medicare is there for themselves. And we have a plan that makes sense and that is a rational plan.

The gentleman from Kansas [Mr. TIAHRT] was correct when he alluded to the fact that I am a physician. I made a commitment to the voters of my district when I agreed to run and serve and come here, and that is that I would serve for 8 years, and respect Florida's 8 year limit on service, and then I would go back to my hometown. And my plan is to go back to practicing medicine.

□ 2130

Fully 50 percent of my patients were senior citizens. I had a substantial Medicare practice and, indeed, I have to say, this issue of the importance of Medicare hit home for me in a very personal way about 4 weeks ago, when my father, 75-year-old combat war veteran from World War II, a retired postal worker, had a stroke. Now, fortunately, thank God, it was a small stroke, and he is looking at making a good recovery. But I am very happy that he has a good health insurance plan in the Medicare system and that will be there for him to provide him the coverage that he needs for physicians and for hospital care to see him through this event so that he can get

back to home and return to independent living, as he had before.

And this reform plan, this proposal that we have, I think is an outstanding proposal. I am very happy that both of you gentlemen from the Committee on Commerce that have worked so hard on this program are here to talk about it because it is a good plan.

It allows senior citizens the option to stay in standard Medicare. It allows senior citizens who are already in HMOs that they are happy with to stay in that HMO. It allows physicians and communities to set up provider-sponsored networks so that they can form managed care networks if they want. It also has an option in there for medical savings accounts so that seniors who want to set up a medical savings account time option will be able to do that. There is also an option in there for those people who are approaching retirement and they have much like the insurance plan that they currently have with their employer, if that insurance company offers a product for senior citizens, that they can select that option and stay with that plan and stay with those providers in that plan.

So we have a host of options in this. It has been scored by the Congressional Budget Office as realizing the savings necessary to keep the program solvent and it has been declared by the Clinton administration that the program is going to go insolvent. I think this is an excellent plan.

My hat is off to those members of Ways and Means and Commerce, such as the distinguished gentlemen from Georgia and from Pennsylvania, who have worked very hard, very diligently, I believe, on this. And I think when all is said and done and the American public sees the plan, they are going to like the plan. And they are also going to realize how desperate our opposition really was to resort to the kind of cheap tricks like they did yesterday in the Committee on Commerce.

I think it was a sorry day in the annals of Democrat political history that they had to stoop that low, and I think we have got a good plan. I think the plan is going to pass. I think we are going to have Democrats voting for our plan in the end because they know it is a good plan. I think the public is going to support it.

I very much want to compliment you, Mr. TIAHRT, for putting together this discussion to talk about this very important thing, because this is a very important issue. We need to take the time to make sure that this is properly spelled out to the public and they understand it.

Mr. CHAMBLISS. Very briefly, you make an excellent point. The point being that the folks on the other side that are opposing this plan have stooped to an all time low level.

I happened to be in the chair a little bit earlier in the evening when JIM GREENWOOD came down, after sitting in the office and, as you said, boiling for a while, you came down to the floor.

You could have sat up there and just turned your TV off, but you did not do that. You wanted the American people to know the truth.

You came to the floor of the House to engage the folks on the other side of the aisle who were not telling the truth about what happened and how it happened. I would like for you to comment on what reaction you got from the folks when you offered to come down here and engage in debate tonight.

Mr. GREENWOOD. I appreciate the gentleman for commenting about that. I was sitting in my office listening to this absurd, sort of UFO show about what happened yesterday. And I said, I have got to go down to the House and straighten this out. They are telling the Americans things that are just not so.

So I took the microphone. I said, we are going to have an hour between 9 and 10. And how about if instead of Democrats doing an hour and have things their way and then the Republicans do an hour and have things our way, why do we not share time and we can have a dialogue back and forth and maybe the American people who are paying for this might actually learn something instead of getting the propaganda approach. I asked for some time and they refused. They yielded me 15 seconds, which was enough to make the request, and then they said they would not do it.

The issue is, why are they so desperate. And the fact, if you look back just a few weeks, after we had 38 hearings in the Committee on Ways and Means on Medicare, another 10 hearings in the Committee on Commerce, 48 hearings on Medicare, countless hours of hearings, we then said, now it is time. We heard from all the senior citizens groups, all the professionals, all the experts, it is time to do the hard work of drafting the bill.

While we were doing that, day after day, sometimes until 2 o'clock in the morning, crafting the bill, the same folks we just heard from were coming down here and telling you, I will tell you what the Republican bill is going to do. It is going to raise the cost of Medicare thousands of dollars for senior citizens. And then they are going to raise their co-pays. Then they are going to raise the deductibles. Then they are going to push them into managed care. Then they are going to lower the quality of care and take benefits away from them. And we would have press conference after press conference. And the Democrats would say, wait until you see this horrendous plan.

We quietly, carefully went to work putting together a plan that, as has been said, does not raise the cost of Medicare for anyone. Co-payments are the same; deductibles are the same, still pay 31 percent of the premium in part D. Taxpayers pick up the rest. Benefits package is exactly the same. If you want to stay where you are, you can stay where you are. New opportuni-

ties in managed care and Medisave accounts.

So we got the bill all put together very carefully and introduced it, and the Democratic staff took it and looked at it. And I could just see the Democrats huddling around and saying, OK, all that bad stuff is in here, right? All those horrible things we said they are going to do to seniors, tell us what to say. And the analysts must have said, well, they did not do that. They did not do those terrible things. So now what are we going to do?

The Democrats say, what are we going to do? We have to destroy their plan because if we do not destroy their plan, they will succeed and they will save Medicare and they might get re-elected or something and we will not take the House back. So what do they have left? Cheap political desperate theatrics. If Americans fall for that, if Americans cannot see through that kind of ridiculous, childish, adolescent behavior, this country is in trouble. But I do not think it is.

Mr. NORWOOD. Mr. Speaker, we need to talk a little bit about the specifics. I think that, if there is anything good that has come out of the Committee on Commerce markup over the last 2 days, at least we have the Democrats admitting that part A of the trust fund is in fact going bankrupt in 7 years. That is the best we can get out of them.

They will admit that the hospital part of the fund, that paid for by payroll taxes, is doing broke in the year 2002. They say to us, however: Well, you do not need to save \$270 billion because part B, which is the part paid basically for physician services, is just great. It is fine. It is doing super.

Well, patients today pay 31.5 percent of their part of the premium in part B. Guess who pays the 68.5 percent? The Treasury, the American people. That is subsidized. We are glad to do that as long as we can. We want to help people as much as the other side does. But, my colleagues, I will have to tell you, the part that comes out of the Federal Treasury, that 68.5 percent, is growing unbelievably out of control.

And think of this: That Treasury that they never considered that this country can ever run out of money, that is the Treasury that owes \$5 trillion. This is the Treasury that borrows a trillion dollars every 4 years, if we do not change what they are doing.

We are going to be borrowing a trillion dollars every 3 years when we hit the 21st century. The price of medicine is going to continue to go up as long as we do not go into this program and we rework it, as we have.

So it is not fair to say that the part B part of the trust fund does not have just as serious a problem as the part A part of the trust fund.

Now, I think if I could only have one message go out of here tonight, it would be this: We are going to offer senior citizens many choices and we want to hit all those choices. But the think I would like for my mother-in-

law to hear and remember more than anything else is that, if you like Medicare as it is today, part A, part B, Medigap, messing with HCFA, if you like all of that, you can stay with it. You do not have to do one thing to change that. Is the co-payment going up? No. Is the deductible going up? No. It is going to be exactly next year like it was last year, if you make that choice.

Now, I believe many seniors will look at the different great options that we are going to give them, and some are going to take different choices. But any senior citizen who wants to stay on Medicare precisely as it is today can do so without any increase in cost.

Let me conclude one thought about that. I think that it is wrong for us to stand here and not say to senior citizens, that 31 percent that you pay for your premium in part B, it is going up. It is going to increase.

It has doubled over the last 7 years under the present Medicare plan. It has gone from around 20 bucks up to 46 bucks a month. I will stay here right now and tell anybody who wants to know, it is probably going to go up in the neighborhood of about \$90 a month by the year 2002. But that has nothing to do with our reforms. That increase in the part B premium is going to occur whether we reform Medicare or whether we leave it exactly as it is today.

So in general, and I know it is someone else's time, but in general, anybody who wants to keep Medicare as they have it today with no increased cost in part A and an increase in your premium cost in part B because of inflation, then you can stay right there.

Mr. WELDON of Florida. Mr. Speaker, I just want to clarify a couple of the points that the gentleman made. The deductible right now, that stands at \$100 per year per beneficiary.

Mr. NORWOOD. Yes.

Mr. WELDON of Florida. That is going to stay the same.

Mr. NORWOOD. That is correct. It is not going to increase.

Mr. WELDON of Florida. Now, the co-pay, that is the 20 percent that Medicare does not cover. So Medicare is going to continue to cover the 80 percent, and it is not going to decrease at all; correct?

Mr. NORWOOD. Exactly as we do it today.

Mr. WELDON of Florida. Now, the premium that we are talking about for the average senior right now I think that is at \$46.

Mr. NORWOOD. Per month.

Mr. WELDON of Florida. Okay. The Clinton administration was talking about letting that increase to about \$75 per month over the next 5, 6 years, as I understand it, and his attempt to balance Medicare. And what will the Republican proposal be doing?

Mr. NORWOOD. Our proposal increases that \$7 a month.

Mr. WELDON of Florida. Only \$7 more a month.

Mr. NORWOOD. Seven dollars per month.

Mr. WELDON of Florida. That is as I understand it. I think that is an important point worth stressing here, that we are not going to be raising co-pays, and we are not going to be raising deductibles. Actually what we are planning on doing with the Medicare premium basically is the same thing that our Democrat President over in the White House is proposing doing. That is to let it increase gradually with the cost of inflation.

This is one of the reasons why I think this reform proposal is really an excellent proposal because for those seniors on a limited budget who are very dependent on making sure that they have good quality medical care because they have heart disease, they have arthritis, they have diabetes and they have to make sure they get in to see the doctor every month or every 2 months or every 3 months, they are trying to get by on the Social Security check.

We are not going to be putting increased burdens on those seniors. We are going to be making sure that the resources are available for them so that they can continue to see their physician. We are also going to be giving them that continued freedom of choice so that if they are happy with their practitioner that they will be able to continue to go see the doctor that they have been comfortable with for many years. I think that is extremely important.

I know that in my practice, when I took care of seniors, I knew that it was important to them to be able to know that, if they got sick and they were in the emergency room, that their doctor was going to be there for them and that they were going to have their Medicare to pick up the tab. They were not going to be bankrupted by an excessively large medical bill that they could not afford to pay. Our proposal, the Republican proposal that we are putting forward, preserves that for senior citizens.

□ 2145

I think it is a good plan. I think it is a well-balanced plan. I think it was a real sorry state of affairs to see how desperate our opponents were in trying to score political points to do what they have done with this cheap political shot.

I think the gentleman from Pennsylvania [Mr. GREENWOOD] really revealed something when he came down here to the floor and said, "Let us have an open debate and let us really debate the issues," and I would put forward to members of the minority party who may be watching these proceedings that I would be delighted to appear on the floor of this House with the Members gathered here today and debate those people openly and fairly. Let us have an open hour where we can really exchange issues and really talk about this plan because this is a good plan. This is a plan that I think meets the

needs of our seniors. It is a well-balanced plan.

We did take input, as the gentleman from Georgia [Mr. NORWOOD] said. We did take input from the seniors' groups. I know I went back to my district and I met with AARP people three times, and I showed them our product. They were afraid of change. I have to say there was some concern in the room. But they understand that something has to be done to preserve this program, that it is going to be insolvent and that it is starting to go insolvent next year.

So they know some changes need to be made, and they believe that this is a good proposal and it is something they can live with and that will help to make sure Medicare is there for all seniors in the future.

Mr. GREENWOOD. That is the thing that has been so astonishing is the comment that somehow we have not been listening to the seniors on this. I know I have had meeting after meeting after meeting with seniors in all the senior centers. I have had big town meetings for the whole county to come. I have had a senior citizen advisory committee, and despite the fact there is this constant barrage of scare tactics coming out of Washington, we call it "Mediscare," the Democratic Party had a great leader who said, "We have nothing to fear but fear itself." Now we are seeing that they have nothing to offer but fear itself. That is a pretty sad state of affairs.

Despite all the fear-mongering that is going on, everytime I have been able to take our bill and sit down with senior citizens one at a time, five at a time, 200 at a time and walk through what we are offering, they all go, "Oh, that sounds great. You mean I can stay where I am, and you guys are not going to cut Medicare?" They keep saying, "You are going to cut Medicare." The chart shows we are not going to cut Medicare. We are going to increase the expenditures for the average citizen from over \$4,800 a year where it is now over the 7 years to \$6,700 a year plus for a senior citizen. That is a lot of money. That will buy a lot of health care. That is a 40-percent increase.

What we are not going to do is we are not going to continue to waste money in the program, so the inflation rate is 10 percent a year. If we can hold the inflation rate to 5 percent a year, every senior citizen in the country knows what 5 percent a year, they would like to get that on the CD's back home after all these years. Five percent is a pretty good inflation rate. That is plenty of money.

The theory the other folks keep putting out, you know, if I find a television for sale for \$500 and it is in one store, I go to another store, it is \$400, I guess I ought to spend \$500 for the same TV; otherwise, I am getting cheated out of \$100. I think seniors are better shoppers than that.

Mr. TIAHRT. I would like to explore some of the details, and I yield to the

gentleman from Georgia to cover some of the details in the Medicare plan that we have to preserve and protect cover Medicare.

Mr. CHAMBLISS. You have been one of the leaders in devising this plan. I sort of know the highlights of it. I would appreciate it if you and the gentleman from Georgia [Mr. NORWOOD] who serve on the committee, would pitch in. As I understand it, what we are going to do, No. 1, we are going to offer every senior citizen the same Medicare program they have got right now. We have mentioned that a couple of times. That is an absolute.

Secondly, we are going to provide what is called a provider service network, where hospitals and physicians will be able to get together and form a group, and they will be able to offer certain services to individuals. They will be able to sell those services to any group out there.

Mr. GREENWOOD. If I may, what will happen, the Medicare program would pay a figure, let us say \$5,000, for each senior citizen in that community right to the hospital and doctor network. That would be, we would basically be paying the insurance premium for that. In exchange for that, the hospitals and doctors and surgeons and specialist say, "We will meet all the health care needs of the seniors who sign up in our program." It is a great idea. It is innovative.

You know, the hospitals and doctors like it because they leave the insurance companies out of the deal and save some money that way for them. The insurance companies are not wild about it, but it makes it competitive.

Mr. NORWOOD. The networks may be just a group of physicians who are offering part B. It may be a group just of hospitals that are offering part A. Or it may be a combination of physicians and hospitals who get together and achieve the efficiencies that medicine could have done for years had it not been for the Justice Department up here. It is going to be a great move in the right direction, cut the middle man, lower the costs, and let people be involved in their health care with their doctor, not with HCFA.

Mr. CHAMBLISS. Is that going to cost senior citizens any more money than what they are paying today?

Mr. GREENWOOD. No, it is probably going to save them money. My mom and dad have chosen in our area, where we have managed care programs already, they have chosen to obtain their Medicare benefits through the managed care program. You know what happened to them, they are saving a thousand dollars each a year because they do not have to buy the Medigap policy anymore. They have got a prescription drug program now which seniors know in regular Medicare you do not get, and they have no copays and no deductibles; it is a great deal for them. They like it. They are happy there, and there is going to be an opportunity for seniors, and the other

great thing is that we are setting this thing up so the seniors can get into the kind of plan, try it out, if they are happy and love it and their doctors are the best doctors in the community, great. If they decide they do not like it, in any given month—

Mr. NORWOOD. Every 30 days.

Mr. GREENWOOD. They can just walk out and go back to Medicare.

Mr. NORWOOD. Go back to what they have got right now.

Mr. CHAMBLISS. If they like it or try it and do not like it, they can go back. You alluded to HMO's, health maintenance organizations as being in effect right now in your area. Is that another option that we are going to broaden under our plan?

Mr. GREENWOOD. Yes. What we are doing, we are increasing between 5 and 10 percent the financial incentives for the managed care companies to go and aggressively market their product. So what they will be doing is going to the senior centers, advertising on television, saying, "If you come to our plan, get your Medicare through us, we will get you a prescription drug program with maybe a \$2 copay. If you come to ours, we will give a membership in the gym." It will be very competitive.

Mr. NORWOOD. The marketplace comes into this. The marketplace is going to bring these costs down.

Mr. WELDON of Florida. What about the issue of fraud and abuse? I know that is a very, very important one for the seniors in my district, many of whom have complained very bitterly about seeing tremendous amounts of that going on, people being billed for hospital stay when they were not in the hospital, people going in for lab tests and being charged twice for that lab test. Do we have some provisions in our bill that will deal with that problem once and for all and get some real, or get a real handle on the fraud and abuse issue?

Mr. NORWOOD. I do not know if once and for all is correct. A crook is a crook and is going to continue to be a crook. But in general, we are tightening that up tremendously.

It was very interesting to me in the markup yesterday that we were talking about that in the Medicare program, 10 percent of that goes to waste, fraud and abuse, and the number is debatable about how much money is lost every year, but is between \$18 billion and \$20 billion a year, and to me it appears that the operators of HCFA are incompetent. It just set the other side on fire for us to say how dare we call them incompetent.

They have for years let waste, fraud and abuse go ahead at about a 10 percent level. And when asking the director of HCFA, "Well, when are you going to solve this problem," he said, "Well, maybe in another year to two we will come up with a plan." Well, we have come up with a pretty darn good plan now. The gentleman and I will do this together, but we have got a task

force being set up that is basically funded by those who abuse the system, and the penalties go back into the system to fund this task force.

I think probably most of all, we are going to involve the patient with their bill. We do not even do that very well. A lot of times they may be charged for that second lab test, but the poor patient does not know it. They do not receive the bill. We are going to insist that HCFA and that crowd send patients a copy of their bill as they pay them.

Can you imagine? I cannot understand why in the world we would never have done that before.

Mr. CHAMBLISS. You do not mean the Federal Government is going to have to respond to the patient?

Mr. NORWOOD. I think they are going to have to tell people what they are spending money for so the patient can have some input into areas that are wrong. Maybe they are honest errors. It does not matter. It is still part of that \$20 billion. We have got to root that right out of this system.

Mr. GREENWOOD. The bill raises significantly the penalties for any health care producer that is guilty of fraud. We are going to involve the patients, as the gentleman from Georgia [Mr. NORWOOD] said, because what the Medicare beneficiary gets to do is look at the bill and the Secretary of Health and Human Services is directed to set up a system whereby if the senior finds out that there has been fraud or abuse in the bill, gets to share in it and proves it, and there is a rebate, gets to share in the profits or in the differences.

But what is more important really here is you cannot depend on the Federal bureaucracy to weed out, to look at every single doctor bill for 37 million Americans. As Americans seniors move into these managed care companies, then all of a sudden the managed care companies have a real financial incentive to find the waste, fraud and abuse. If they do not, it is out of their pocket, not Uncle Sam's pocket.

Mr. TIAHRT. One question I would like to approach the group with, I heard the charge earlier in the previous hour the savings we are going to get from the provisions we have to preserve and protect Medicare are going to go toward tax cuts for the wealthy. Have we put provisions in there to prevent the savings from Medicare to go to pay for tax cuts for the wealthy? I do not think that it is true. Could we respond to that?

Mr. NORWOOD. I would very much like to respond to that. Earlier this spring, we had a tax reform tax bill.

In my view, what that was, it was a tax rebate. The 103d Congress raised the largest amount of taxes ever raised in the history of the United States, \$260 billion.

What we have said, as the 104th Congress, because the people at home said it to us, "We do not like that tax increase. We think you should cut spending to manage your affairs up there,

not keeping taxing us." Our tax reform bill puts \$245 billion back into the hands of families for them to keep. None of this discussion yet has anything to do with Medicare. What we are basically saying is that young families who have an income of \$25,000 and they have a couple of children at home, their tax liability goes to zero.

□ 2200

We are saying to families that have an income of \$30,000 a year, a couple of children at home their tax liability is cut by 50 percent. Now I am not sure when I am going to get to the rich, you stop me when I get to the rich, but I do not believe I have gotten to the rich yet.

The whole tax reform thing is giving people back their money from the tax increase from the 103rd Congress. This money that we are saving, particularly from Part B, is going back into a lockbox. It is going back into the Federal Treasury. That is where the money came from to start with. We are putting it back into the Treasury.

Mr. GREENWOOD. Mr. Speaker, a very important point has to be made here. If we recall in the first 100 days of this Congress, the first three months-plus, we paid for those tax reductions. The way we did it is we reduced by \$180 billion over the next seven years the discretionary spending for all of the Federal bureaucracies. That was hard. We made the tough choices, and that is how we funded the tax reduction for the families and so forth.

Then, on top of that, we reduced the cost to the Federal Government of the welfare program in our welfare reform bill. Putting people back to work and making them less dependent, we saved another \$80 billion. We saved every penny which we planned to offer back to the American people in tax reductions.

Mr. WELDON of Florida. Let us suppose we did not have our tax cut for families with children. Would the Medicare plan be solvent then?

Mr. GREENWOOD. Absolutely not. The Medicare Part A, the hospitalization, the bigger piece of the pie, is already paid for by wages, a tax paid by employers and employees. Well, today we are in okay shape, because we are going to spend less money today, in October of 1995, than we are going to take in. But beginning next year, we start to spend more than that tax takes in. In seven years, we are out of money. So if we do nothing, even if we do not have the tax break, that does not solve the problem.

Mr. WELDON of Florida. You are saying if we did not give families with children, the most heavily taxed group over the past 40 years in this country, an issue that is contributing to the breakdown in the family in the United States, the heavy tax burden on those young families with kids, if we took that tax break away from them, the Medicare plan would still be insolvent and we would still have to have this

bill to try to protect and preserve Medicare?

Mr. GREENWOOD. That is absolutely correct. I think most of those young families want that tax reduction and need it.

This will be the final thing I will say tonight. There are some Americans out there who say "I am not taxed enough. You ought to tax me more, Congress." My answer to them is write a check, put it in an envelope, make it out to the United States Treasury, and send it in. If you do not feel you are paying enough, send some more in. A lot of families are struggling and need help.

Mr. CHAMBLISS. The tax you are referring to, the Medicare tax that currently is in existence, goes into a trust fund. It is a fund that is set aside to solely pay for Medicare benefits and nothing else. That is why there is no relationship between tax reform and Medicare, there is simply no relationship. That is trust money.

Mr. TIAHRT. If we can wrap this up this evening, I would like to say in plain English, we finally have a specific plan that will preserve and protect Medicare for our parents and our grandparents. It is a realistic plan, it is up front, there is no fine print. It allows the right to select alternative options, the right to stay with your current doctor, your current hospital. It attacks waste, fraud and abuse. There is real accountability for physicians. It is a long-term solution, and Medicare is guaranteed to survive. This is not just politics as usual. This is a real plan that is going to work.

I want to thank those who participated tonight, the gentleman from Florida, Mr. WELDON, the two gentlemen from Georgia, Mr. NORWOOD and Mr. CHAMBLISS, and also the gentleman from Pennsylvania, Mr. GREENWOOD.

I think this has been very enlightening for the American public as we have come to a conclusion here, refuting all the arguments that you heard in the first hour. We have a good plan, and we are going forward with it. I thank the American public for the time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. EMERSON (at the request of Mr. ARMEY) for today after 12:30 p.m., on account of medical reasons.

Mr. BILIRAKIS (at the request of Mr. ARMEY) for today after 1:30 p.m. and the balance of the week, on account of attending his son's wedding.

Mr. BALDACCI (at the request of Mr. GEPHARDT) for today before 4 p.m., on account of personal business.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. SKAGGS) to revise and ex-

tend their remarks and include extraneous material:)

Mr. SKAGGS, for 5 minutes, today.

Mr. WISE, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. OWENS, for 5 minutes, today.

Mr. SANDERS, for 5 minutes, today.

The following Members (at the request of Mr. MCINNIS) to revise and extend their remarks and include extraneous material:

Mr. RIGGS, for 5 minutes, today.

Mr. MCINNIS, for 5 minutes, today.

Mr. WELDON of Pennsylvania, for 5 minutes, today.

EXTENSION OF REMARKS

By unanimous consent, permission to revise and extend remarks was granted to:

(The following Members (at the request of Mr. SKAGGS) and to include extraneous matter:)

Mr. MARKEY.

Mr. REED.

Mr. OLVER.

Mr. CLEMENT.

Mr. HAMILTON.

Mr. BONIOR.

Mr. BARCIA.

Mr. JOHNSON of South Dakota.

Mr. CONYERS.

Mr. LIPINSKI in two instances.

Mr. MFUME.

Mr. KENNEDY of Rhode Island.

Mr. NEAL.

Mr. POSHARD.

Ms. WOOLSEY.

Mr. DURBIN.

Mr. PALLONE.

Mr. LAFALCE.

(The following Members (at the request of Mr. MCINNIS) and to include extraneous matter:)

Mr. ROTH.

Mr. DUNCAN.

Mr. GILMAN in two instances.

Mr. WELDON of Pennsylvania.

Mr. HYDE.

Mr. RAMSTAD.

Mr. EHRlich.

Mr. MCKEON.

Mr. FIELDS of Texas.

Mr. GUNDERSON.

Mr. MYERS of Indiana.

(The following Members (at the request of Mr. GREENWOOD) and to include extraneous matter:)

Miss COLLINS of Michigan.

Mr. BENTSEN.

Mr. WARD.

Mr. SAXTON.

Mr. RIGGS.

Mr. BARCIA.

ADJOURNMENT

Mr. GREENWOOD. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 2 minutes p.m.), the House adjourned until Friday, October 13, 1995, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from