Mr. Speaker, that is the plan. It is innovative, responsible, and cost effective, and we are going to pass it on Thursday.

SAVING MEDICARE

The SPEAKER pro tempore (Mr. CLINGER). Under the Speaker's announced policy of May 12, 1995, the gentleman from New Jersey [Mr. PALLONE] is recognized during morning business for 5 minutes.

Mr. PALLONE. Mr. Speaker, I would also like to use my time to talk about Medicare. As we know, the Republican leadership plans to bring up their cuts in Medicare and their program that in my opinion will destroy the Medicare system in the bill this Thursday, without really any significant debate that has occurred so far.

I think there are many aspects of this Republican Medicare plan that disturb me greatly, but the one thing I think that has not been stressed enough is how this is going to have such a negative impact on the quality of health care in the United States.

There was an article last Friday in the New York Times, an op-ed by Mr. Melvin Connor out of Atlanta. He says essentially what these changes in Medicare as well as Medicaid are going to do is to create a third-world atmosphere, essentially, for health care in the United States. He calls it "Medicare and the Third Worldization of America"

The reason he says this essentially is because when you take so much money out of the health care system, out of Medicare and out of Medicaid—and we are talking about \$450 billion—the inevitable result is that the system is squeezed so much that the quality of health care suffers.

Few people I think realize this. Many of us realize that our country has the best health care system in the world. It is not always evenly distributed. A lot of the poor people or the poor elderly oftentimes do not have the best quality care or access to that best quality care. But the bottom line is that the system as a whole works fairly well right now, and we do have the best quality care in the world.

But what this proposal does, what the Republican proposal does, is to basically cap the Medicare Program and limit Medicare spending to specific dollar amounts in the law. These caps—and not the choice that the Republicans talk about, which is not going to be there—these caps on Medicare spending essentially yield the enormous Medicare budget savings that the Republicans keep talking about.

But the problem is that the caps on spending bear no relationship whatsoever to the costs of health care. Instead, they were set up to produce the budget savings Republicans need to pay for their tax cut for the wealthy. When inflation and enrollment growth push Medicare costs beyond these arbitrary budget caps, Medicare and the elderly and disabled citizens that are part of the program will be at serious risk.

Now, one of the previous speakers this morning talked about the trustees and said well, we have to do something to Medicare; otherwise it is going to go broke.

That simply is not true. If you look at the trustees report that comes out this year that estimates that the program has another 7 years, every year over the last 25 or 30 years the trustees have come out with a report. Sometimes they have predicted insolvency in 2 years, sometimes in 7, sometimes in 10

The bottom line is that the trustees are not saying that this kind of a cut, that this magnitude of a cut in the Medicare Program, is what is necessary in order to keep Medicare solvent. In fact, in a letter that I previously quoted from Robert Rubin, the Secretary of the Treasury, dated September 21, to the Speaker, to Speaker GINGRICH, he simply said:

No Member of Congress should vote for \$270 billion in Medicare cuts believing that reductions of this size have been recommended by the Medicare trustees or that such reductions are needed now to prevent an imminent funding crisis. That would be factually incorrect.

In fact, the trustees have not said that. The trustees have said that something like \$90 billion in savings would do fine in order to keep the Medicare Program solvent well beyond the next 7 years.

What we are talking about here is an effort to basically squeeze all this money out of the Medicare Program and provide us essentially with a third world health care system just in order to achieve a tax cut for the wealthy. If anybody doubts that, I would suggest to them that they look at what came out of the House Committee on Commerce, which is the committee that I serve on in Congress. We tried in the Committee on Commerce when we were marking up the Medicare bill last week to make the point that if you really felt that these cuts were not being achieved in order to give a tax break for the wealthy, then why not take the Medicare Program out of this budget reconciliation bill that we are considering in Congress right now?

In other words, if the Republicans really believe that they are trying to save Medicare, rather than take this money that they are cutting and using it for a tax cut for the wealthy, then why do they need to deal with Medicare in the context of the budget? Why do they not give us some time, a couple weeks, a couple months, to look at the Medicare Program, to look at all its different aspects, and try to deal with it in a way that tries to come up with a better quality health care system, not a worse one?

The answer is very simple. They were not willing to do that. We actually submitted an amendment in the Committee on Commerce to take the bill out of the reconciliation, and it failed along a

partisan vote line because the Republicans are not serious. They want to use the money for the tax cut.

THE RAPID GROWTH IN TRAVEL AND TOURISM

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Wisconsin [Mr. ROTH] is recognized during morning business for 5 minutes.

Mr. ROTH. Mr. Speaker, America needs a bold agenda for change, change not only in the way we do business, but in a new way at looking at the world. Consider for a moment that the single largest global revenue producer for individuals and governments, travel and tourism, has been almost totally ignored. Yet, like a sleeping giant, travel and tourism is awakening from its slumber, and everyone, particularly the politicians, will have to stand and take notice.

This year, travel and tourism is finally getting a little of the recognition it deserves, and justly so. Travel and tourism employs some 204 million worldwide, almost as many people as we have living in the United States minus California. That equals 10 percent of the global work force.

Tourism produces \$655 billion in tax revenue. More than 10 percent of all capital investment worldwide goes into travel and tourism. Maybe that is why travel and tourism is growing 23 percent faster than the world economy.

But the most revealing statistic, the one that should make all of us collectively hang a welcome sign on every port of entry into the United States, is that there is an increase of some 50 million travelers, an increase of some 50 million travelers worldwide in the next 5 years. This could mean tens of thousands of new jobs for American workers, but only if we in Congress have the foresight to take advantage of this remarkable opportunity.

Yet when it comes to travel and tourism, we in Congress have been more than willing to take a back seat to any other country in the world, any country, that is willing to put priority in job creation. We in Congress have been oblivious to the dynamics of travel and tourism, the tremendous force in this industry, the tremendous force it has on our economy. We are all too often engrossed in issues of the day and fail to take a look at the big picture.

That is why as chairman of the 297-member Travel and Tourism Caucus, the largest caucus in Congress, I ask all Members to focus on the juggernaut of this global economy.

Also, on a personal note for each Member, let me repeat a fact that you are all acquainted with. Travel and tourism is either the first, second, or third largest employer in your congressional district. These are the businesses, the working men and women in your district. Think of them when you

nesses, the working men and women in your district. Think of them when you think of travel and tourism. Virtually all over the world, and particularly in the United States, travel and tourism is the predominant industry for jobs that our people need. But note well, the United States is losing its market share in travel and tourism, and this means that we are losing jobs and tax revenue.

Effectively ignored all too often by Congress for its economic benefits, travel and tourism has had a rough row to hoe, a road full of tax pitfalls, disincentives and economic roadblocks, and American workers, small businesses and local economies, especially in our small towns. have suffered.

What should we do? I will start by telling you what I am not willing to do. I am not willing to see thousands of new jobs created in other countries and sit back wondering why it did not happen here in the United States. I am not willing to see Main Street, America fade away and then wonder was there something I could have done or other Members of Congress could have done.

On October 30 and 31 of this year, in a few days, we will hold the first ever White House Conference on Travel and Tourism. We are going to strategize on a national tourism plan that will create jobs here in America, keep Main Street alive, and pump new tourism dollars into our local economies.

As a member of the Travel and Tourism Caucus, this is your conference, too. Come, take part, and get in step with the American working people. One out of every nine workers is employed by travel and tourism. Just think of the tremendous impact this industry has on your congressional district.

For us the travel and tourism industry is the No. 1 source of foreign revenue. Fifty-six billion dollars came into the United States last year because of foreign tourists, \$56 billion that we did not have to get from our taxpayers here in this country. Travel and tourism has moved to the forefront of our national economy. It cannot be ignored, and justly so.

Mr. Speaker, if the Members have not already done so, I invite them as Members of Congress to join the 297 members of the Travel and Tourism Caucus. Join us on October 30 and 31 at the White House conference and get involved in this blockbuster industry of the 1990's and the 21st century.

Let me predict that as we move into the new century, travel and tourism will be No. 1 in jobs, No. 1 in revenue, No. 1 in economic activity, and I invite you all to join the Travel and Tourism Caucus today.

MORE COMPREHENSIVE DEBATE NEEDED ON MEDICARE PLAN

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Illinois [Mr. DURBIN] is recognized during morning business for 5 minutes.

Mr. DURBIN. Mr. Speaker, if the Gingrich Republican plan to cut \$270 billion out of Medicare is such a good idea, why were there no committee

hearings to speak of? Why was this bill not brought to the floor so Members could have an opportunity to amend it and debate it at length?

In fact, this week on the floor of the House of Representatives in Washington, DC, we will consider this \$270 billion cut in Medicare, the biggest cut in the history of this program, with only a handful of days of hearings in various committees, and a very limited opportunity for debate. It is no surprise that over the weekend, if you read the New York Times, you find that more things are starting to trickle out in terms of what is included in this Medicare change.

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Some of the changes that are being proposed are absolutely horrible. One of the worst relates to the fraud and abuse of the Medicare system. Most of the people that we talk to, who are on Medicare, believe the system needs to be changed and improved. I certainly

One of the first places they suggest that we turn to is to stop overbilling, stop the overcharging of the Government for medical services. We know that the vast majority of health care providers under Medicare are honest, ethical people. The doctors, the hospital administrators, those who provide various medical equipment and medical supplies are by and large very honest people, but 1 or 2 percent of them are not and they cost us as taxpayers dearly.

The General Accounting Office estimates that about 10 percent of all the billing to Medicare each year is fraudulent, to the tune of about \$18 billion a year, more than enough to make Medicare a sound system for years to come. Unfortunately, if we look closely at what Mr. GINGRICH has proposed under his Medicare reform, we find instead of tightening it up to eliminate the fraud and to eliminate the abuse, the gentleman takes a step in the opposite direction. He lifts the burden now put on Medicare providers so that they cannot be guilty of self-referral.

What is self-referral? OK. A senior goes to the doctor, the doctors takes a look at the person and says, "I think you need a test." Now, how many of us would argue with a doctor at that point? "If I need a test, Doctor, and you think it is right, let us do it." But we found out something curious. If the doctor owns the laboratory that performs the test, the inspector general's office finds out that 45 percent more tests are ordered

The doctor is not only making money out of the examination, the doctor is making money out of the test. In fact, they are overtesting the patients, beyond what they need for good health care. We put in some regulations and said let us put an end to it. If a patient needs it, if a patient needs a test, let us do it, but this sort of self-referral so that some doctors who own the labs can make more money is a rip-off.

Well, guess what? Along comes the Gingrich Medicare proposal and the whole question of self-referral is pushed to the back.

Then there is a question of kickbacks. We honestly found in the last 2 years dramatic instances of kickbacks, where one group of physicians was referring to another group of physicians, when it was totally unnecessary, and the second group of physicians would kick back some money to the first group for the referral. In one instance, one group paid over \$300 million in fines for these kickbacks under Medicare. In the second instance, over \$150 million in fines.

So what does the Gingrich Medicare bill do about this? Sad to say, it makes it easier for this kind of kickback to take place. It reduces the likelihood that any medical provider is going to be found of any kind of criminal penalty as a result of this kind of waste and abuse.

Mr. Speaker, there should be things Democrats and Republicans agree on in this town when it comes to Medicare. The first and foremost of these should be that the seniors should not be ripped off, they should not pay more out-of-pocket for medical care than they ought to, but, more importantly is, taxpayers should not be ripped off.

Why in the world at a time when we are facing these deficits should we allow this Medicare system to become so lax and so flabby that, in fact, it is overcharging taxpayers to the tune of more than \$18 billion a year? So along come my Republican friends, having sat down and struck a deal with the doctors of America, the AMA, and they are going to relax the standards when it comes to waste and fraud. That is not fair. I do not think anybody in this country believes that is fair. It may be a sweetheart deal, but it is one that should see the light of day.

Mr. Speaker, it should trouble every-body listening to this that the fact is we are going to consider the most significant change in Medicare this week by the Gingrich Republicans without the light of day, without an opportunity to bring these proposals before the public. We will hear about them, but I hope we hear about them before it is too late.

SUPPORT THE MEDICARE PRESERVATION ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Maryland [Mr. BARTLETT] is recognized during morning business for 5 minutes.

Mr. BARTLETT of Maryland. Mr. Speaker, this week, this Thursday, the House of Representatives will vote on a plan that will save and preserve the Medicare program for the current generation of senior citizens by introducing choice and competition into this 30-year-old health insurance program for the elderly and disabled.