

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 do.

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 doctor 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 everybody 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.

Let me start by reviewing why these changes are necessary. Then I want to talk about some of these changes.

The trustees of Medicare, four of them appointed by President Clinton, three of them Cabinet Secretaries, warned America in their April annual report that the Medicare part A trust fund that pays hospital bills will go bankrupt by 2002.

Beginning next year, in 1996, for the first time in the history of Medicare, more money will be spent on senior's hospital bills then will come into the trust fund from the payroll taxes that are paid out of the wages of current workers.

If we do nothing, seniors' out-of-pocket costs would continue to climb and Medicare would be bankrupt in 7 years.

If we do nothing and Medicare goes bankrupt, the Government does not have the authority to pay for the hospital bills of any one senior, let alone the 37 million who now depend on it, and the millions more who will need it in the future.

Clearly doing nothing was not a responsible or acceptable option. The problem will not go away—it will only get worse.

Republicans stepped up to the challenge of saving Medicare because Medicare is a vital program that is too important for politics as usual. That is why we began in the spring and have continued throughout year to hold hearings here in Washington. In fact, between the House and the Senate there have been 50 hearings.

More importantly, we have held meetings back at home with seniors, doctors, nurses, hospital administrators, insurance companies, advocacy groups such as the American Association of Retired Persons—AARP.

Based on what the people in western Maryland told me and what other members learned from their constituents, we developed the Medicare Preservation Act.

The Medicare Preservation Act is based on two simple, but effective principles: First, choice for seniors, and second, competition among health care providers.

Choice and competition always do two things in our free enterprise system: Lower costs, and improve quality. That is what the Medicare Preservation Act is about. That is what the Medicare Preservation Act will do. It will give seniors the right to choose the health care and health care insurance plan that best meets their needs, not the Government's. It will give seniors the choice between traditional Medicare or new options.

If seniors do nothing, they will keep traditional Medicare. It will preserve seniors' right to keep their current doctor and hospital. I have two special concerns that the Medicare Preservation Act solves.

Rural areas of America, such as western Maryland, will greatly benefit from the new option of provider service net-

works—or PSN's. Provider service networks are collaborative partnerships between hospitals and doctors that will compete against insurance companies. Provider service networks already exist in western Maryland, but they are hampered by unbelievable amounts of redtape.

The unnecessary redtape is eliminated under the Medicare Preservation Act so that doctors and hospitals can concentrate on what they want to do and should do—take care of patients. That is why the Maryland State Medical Society supports the Medicare Preservation Act.

Seniors know that fraud is a big problem in Medicare. The GAO estimates 10 percent or so. The Heritage Foundation estimates up to 20 percent of Medicare costs—that is up to \$32 billion is estimated to be lost to waste, fraud or abuse each year.

For instance, Mr. Charles Hardy of Cumberland, MD, found that Medicare was billed for services for his mother—after she died. The Medicare Preservation Act attacks waste, fraud, and abuse in two ways.

First, it sets up a rebate program that will award people like Mr. Hardy with 10 percent of savings over \$1,000. Mr. Hardy got no reward for being diligent. People like Mr. Hardy deserve a reward for taking the time and trouble to look for and report mistakes they find in Medicare bills. Health care providers need to be aware that people like Mr. Hardy are paying attention.

Second, the new options for seniors that will be created by the Medicare Preservation Act means that doctors and hospitals, health management organizations, insurance companies, and provider service networks will have to compete for senior's business based on quality and price.

The Medicare Preservation Act is a real, honest, practical, long term, solution that will save Medicare because it is based upon the two key advantages that we seniors have.

We are smart because of the accumulated wisdom of our experience.

We have the time to pick the plan that is right for us.

I urge all of my colleagues to join me in supporting the Medicare Preservation Act.

SUPPRESSION OF POLITICAL ADVOCACY AND FREE SPEECH

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

Mr. SKAGGS. Mr. Speaker, I would like to address for just a few minutes a proposal that is pending in the House that is generally referred to as the Istook amendment or the Istook-McIntosh proposal. What, one may ask, is that about? Well, this is an effort to set up a very, very complicated system for regulating, if one can believe this, regulating and really suppressing politi-

cal speech and political advocacy in this democracy, which is based, of course, on freedom of political speech and association.

There are many, many aspects to this proposal, but it is often masqueraded, anyway, under the guise of ending welfare for lobbyists. And that may sound like a catchy and compelling concept until we realize who it is that we are talking about. This proposal is intended to get at such organizations as the American Red Cross, the United Church of Christ, the YMCA, the Girl Scouts, a whole range of mainstream American charitable and philanthropic organizations that happen, in addition to their regular activities in our communities, to be involved in some fashion or other in the debate and consideration in America of good public policy.

Many of these organizations, as are well known, are involved in a whole range of philanthropic and charitable activities in their communities in their States. They learn about the problems in our society from those activities, and, understandably, they exercise their first amendment rights to communicate those concerns to State and local and Federal policymakers and legislators. This proposal would put limits on what they can do to help us in the Congress or in the State capitals do a better job.

Why? Well, I cannot really answer that question. The proponents of this proposal seem to think that we should go back to a kind of 19th century view of charity, in which the only thing that is legitimate is to feed the poor, house the homeless, do the fundamental good works, which are clearly very, very important. But if they learn something from that, that might help inform Government to do its job better, well, that is out of line.

Mr. Speaker, this reminds me of our colleague from Georgia, Mr. GINGRICH's, comments about wanting to go back to a kind of 19th century orphanage way of dealing with children who do not have the advantages of having both parents at home.

Now, this is being called, this effort to get at the political activities of nonprofits and, for that matter, individuals and businesses that happen to be involved in the political life of this country, going after one of Washington's dirty little secrets; that is that somehow the idea that the YMCA or the Girl Scouts or the American Red Cross might be involved in political advocacy is an anathema.

Mr. Speaker, I think it may also have something to do with wanting to divert attention from one of the real dirty little secrets in town right now, which is the avoidance of dealing with real lobbying reform and real gift reform around this place. We are preoccupied in this proposal, again with, I think, a real diversionary tactic.

When I am home, I at least do not have a lot of people coming up to me saying, "Congressman, I wish you