

The Republicans offered concessions to doctors, at the expense of the seniors, by allowing the creation of provider service networks. The Republicans have encouraged doctors to form their own managed care plans.

Knowing the benefits the doctors will get from these networks, how can anyone believe that there will be providers left for seniors in the fee-for-service plan?

The Republicans say there will be no cut in services, but if you cap spending for services at below the growth in private sector health plans, seniors will have to pay more. To me, that is a cut.

Make no mistake, seniors will pay more. The so-called failsafe provision looks back at the program to make sure spending targets are met. If not, payments to providers in the fee-for-service sector would be automatically reduced—but not in the Medicareplus plans.

If the Medicareplus plans don't produce the savings the Republicans promise—and we all know they will not—then the fee-for-service sector will suffer.

The promise to maintain the current Medicare option for seniors who want it is just a sham.

My constituent on a limited income is now forced into a HMO, if an HMO thinks it is profitable to come into her region. Republicans have left it up to the HMO's to decide where they choose to offer services.

There is no requirement that they serve us all. But, let us say an HMO comes to our region. My constituent is forced to leave her doctor for the plan's doctor—now that's some choice. But what if she doesn't like the plan's doctor or the coverage the plan offers?

The Republicans promise her she can come back to Medicare. Even if we pretend that Medicare would still look like she remembered it, there is no guarantee—none at all—that her Medigap insurance has to take her back.

This is a crucial issue that every senior in the country needs to understand. There is no choice. Once you enter an HMO you have absolutely no guarantee that you can return to the same level of coverage you currently enjoy in Medicare. Absolutely none.

I have painted a picture of a woman with little choice—this is a portrait of Medicare under the Republicans. But, sadly, it gets worse.

Let's talk about her husband. She finds security in knowing that he is well-cared for in a nursing home. But under the Republican plan, the Federal standards for nursing home protection will be erased. And, if he were dependent on Medicaid, as nearly two-thirds of nursing home residents are, his wife might be forced to sell their home to keep him there.

The Republicans remove the restrictions on spousal impoverishment. They allow States to decide whether the spouse's income and home can be assumed for payment of nursing home care.

Let us suppose our State does the right thing and protects the spouse from having her home and wages attached.

Now our State becomes a safe haven for seniors in need of long-term care. By opposing 24 Governors who don't want Federal rules preventing spousal impoverishment, our State would stand tall.

But in the Republicans' plan, there is always a cost for doing the right thing. If we do the right thing, and seniors come to our State in even greater numbers to benefit from our protections, we will have more people to serve.

However, our block grant numbers under the new Medicaid formula will not increase. States who go after spouses and families and scare seniors away get to reap the benefits of their block grant. Floridians suffer.

The picture for my constituents is not pretty. And I am saddened to have to deliver this message to Florida's seniors. But I won't have to if we work to expose the closed-door dealings of the Republican leadership and we bring out into the open the severity of these cuts. We must defeat these cuts for the health and security for our seniors.

MEDICARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida [Mr. WELDON] is recognized for 5 minutes.

Mr. WELDON of Florida. Mr. Speaker, unlike the gentlewoman who just spoke from Florida, I support our Medicare reform proposal.

Mr. Speaker, we have heard a lot of use of the cut word. I recently had a very interesting conversation with a hospital administrator from my district who said, you are going to be cutting Medicare. We got to talking a little bit, and it seemed that his budget was about \$100 million, and \$65 million of that came out of Medicare. I asked him, were we going to reduce your amount coming from Medicare? No.

Mr. Speaker, the truth is, under the administration's proposal, the growth to that particular hospital in Medicare over 7 years was going to be 100 percent, that that hospital would end up getting about \$130 million, and we are talking about reducing the increase to that hospital from \$65 million to about \$100 million over the next 7 years.

I ran on one of my platform issues being that we will never, ever be able to rein in out-of-control growth in so many of these Federal programs if we continue to call reductions in the rate of growth of a program a cut. If we are going to say a 10 percent per year increase is our base line and if you are going to lower that to 6 percent per year, that is a cut. We will never restore solvency to the Medicare Program, we will never restore solvency to Washington, DC, and we will end up in bankruptcy.

Prior to coming to this House, I was a practicing physician. Indeed, 50 per-

cent, a half, of the people that I took care of as a doctor were Medicare patients. Indeed, I continue to see patients when time allows when I go back to my district, many of whom are senior citizens. Though 50 percent of my patients were Medicare patients, only about 45 percent of my revenue came from those. Because, you see, Medicare reimburses lower than the private sector.

But even though Medicare reimburses lower than the private sector, the rate of growth in the private sector is substantially less. Indeed, I was part of the committees that got together and drew up this Medicare plan, and one of the most amazing things we found out was that in some of these programs in the private sector they are actually reducing their premium.

You have a situation where you have health care plans in southern California where they are lowering by 1.5 percent the charges to the companies in those areas, and we have here a government-run plan that is steaming along at 10.5 percent, and we have a Medicare plan that the Medicare trustees are telling us is going to be bankrupt. So we have come up with a proposal.

There have been a number of outrageous, outlandish, inaccurate claims made by the opposition tonight. One of them is that we are doing this is Medicare to pay for tax cuts for the rich.

Well, let me tell you about our tax program. It is a \$500 per child tax reduction for families with kids. I do not know how that translates into a tax cut for the rich. We paid this spring for every single penny in those tax reductions to those working families by reducing discretionary spending.

All of the money in this plan goes to maintain the solvency of the Medicare plan. It is going to be insolvent. The administration, the Democrat administration itself has told us it is going to be insolvent.

Now, I am getting a lot of phone calls from seniors in my district, and I think they are great phone calls. A lot of them have been drummed up by AARP, and I have to say I think this is wonderful that we are having this debate, it is wonderful we are having this dialog.

One of the questions I get asked is, are you going to increase my copay? It is currently at 20 percent. Medicare pays 80 percent. I hear that you are going to increase the copay. The answer to that is in this House bill we are going to vote on tomorrow, no, we are not going to do that.

Another thing that I have seniors calling me about, they are asking me, are you going to increase the deductible? And the answer to that is, again, no. The deductible is going to stay the same. It is going to be \$100.

I have seniors calling me and saying, are you going to force me into an HMO? Are you going to restrict my access to physicians' care? And the answer to that, again, is no.

If you want to choose one of these Medicare Plus plans, you can. We are

not going to force any seniors into anything they do not want to be in. This is a good plan. It waves Medicare. I recommend that all of my colleagues support it.

FACTS ARE FACTS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kentucky [Mr. WARD] is recognized for 5 minutes.

Mr. WARD. Mr. Speaker, tomorrow Congress will vote on the Republican plan to cut \$270 billion from Medicare to pay for a \$245 billion tax cut, and I would hope that the gentleman from Florida would listen to this, because the gentleman from Florida was just saying that that tax cut is just going to the families with children. Well, if that were true, it would not be \$245 billion, gentlemen. It is \$245 billion because there is a whole range of tax cuts in that proposal.

Fifty-two percent of it is going to the top 12 percent of income earners in this country. One out of eight taxpayers will get the benefit of that.

Mr. Speaker, facts are facts. It is not all the child, the \$500 per child. Even in that case, that has not been limited to families who are working to get ahead. It has been given to families way above what it should be.

More importantly, included in that is a reduction in the very programs that help keep people off of welfare, and the \$500 is not even going to go to people who are paying that much when all taxes are taken into account, not just income taxes. So it is very disappointing to hear those kinds of words spoken on this floor tonight.

I would like to yield a couple of moments to the gentleman from New Jersey [Mr. ANDREWS].

Mr. ANDREWS. Mr. Speaker, we are meeting tonight at a time when the esteem of Congress and the esteem of American politics is at an all-time low. The spectacle that is about to unfold in this room in the next 24 hours will do everything to increase that cynicism and skepticism.

Mr. Speaker, at about 25 minutes to 11 tonight those watching us probably saw a brief interruption in the proceedings when there was an announcement made that the bill was actually brought forward for the first time. This is a piece of legislation that will affect the health care of over 30 million people. The bill was finished at 25 of 11 tonight.

When most people vote on this tomorrow, I doubt that very many will not have read it. All day long today there were meetings between the Republican leadership and the Republican Members to talk about what they could do to get the 218 votes, and we are going to find out tomorrow what they did, because we have not seen the bill until 25 minutes of 11 tonight.

Mr. Speaker, I would be happy to yield back to the gentleman from Kentucky [Mr. WARD].

Mr. WARD. Mr. Speaker, that brings up a point that I think is worth mentioning. I spoke today at the Committee on Rules seeking an open rule so that we could try to fix some of the things in the bill that need fixing, but we were not given that opportunity. We will not have that open rule.

But it reminds me of how I first saw this bill. Friday night a week ago, a week and a half ago when we were getting ready to go home for a week of time in our districts, that Friday night when it was expected that everybody was gone, that bill was slid under my door, or slid under my door, or as the famous sports announcer would say, slid under my door.

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I called the Democratic leader just to make sure I was talking about the right bill. Do you know what? The Democratic leader had not gotten that bill. That was done purposefully, again, after dark, under the door, so that we could not make constructive proposals to fix this bill.

Mr. ANDREWS. We do not know what deals or arrangements were made behind closed doors today, but we do know this. This plan, as it has been presented to us, will result in higher taxes on senior citizens, the choices of many seniors being taken away because they could not afford those higher taxes, layoffs at hospitals around America, and I think eventually higher premiums for those not on Medicare and Medicaid.

This is not the way to do the people's business. There should be more time to look at this. It is ridiculous for us to be voting on a bill that was literally produced at 10:35 p.m. tonight, that will affect the health care of 30 million Americans, will take the vote before 4:00 tomorrow afternoon. That is not the way to do the public's business. That is one of the reasons why the majority changed in the last Congress, and I think it is one of the reasons the majority may change in the next one.

Mr. WARD. I want to share with the Members of this body a letter that I have received just this evening that came in this week from a gentleman in Kentucky in my district. I do not want to share his name because I have not asked his permission, but what he says is he is a senior, he is a Republican and has been all his life. He is willing to pay for it, for Medicare, in order to save it. However, he thinks the Republicans are going too far.

I agree. I urge my colleagues to vote no on the bill tomorrow.

REPUBLICAN GOALS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Connecticut [Mr. SHAYS] is recognized for 5 minutes.

Mr. SHAYS. Mr. Speaker, we all feel very strongly about this issue, whether you are Republicans or Democrats, and we have our disagreements.

We, as Republicans, have 3 general goals that we intend to pursue during the course of this year and next. One is, we want to get our financial house in order and balance our Federal budget. Our second is, we want to save our trust funds, particularly Medicare. And our third is that we want to transform and change our social, corporate and farming welfare state into an opportunity society. That is what we want to do.

Addressing primarily the need to save our trust funds, our trust fund is going bankrupt in 7 years. It starts to become insolvent next year.

I know this has happened in the past. When it has happened in the past, we have sought to do it by increasing taxes, primarily in Medicare part A. It is the payroll tax. The last time around, we increased the Social Security tax from 50 percent to 80 percent of income, and that money, \$29 billion over the next 7 years, is going into the Medicare part A trust fund.

We have four ways to save the trust fund. We can increase taxes. That is simply not going to happen. We can affect beneficiaries, we can affect providers or we can change this system. We are primarily saving this trust fund by affecting the providers and changing the system.

My colleagues on the other side of the aisle have made up a plan that does not exist which we then have to defend ourselves against and clarify to our constituents.

Our colleagues on the other side say there are increased co-payments, in fact new co-payments. That is simply not true.

Our colleagues on the other side of the aisle say we have invented new deductibles and increased the existing deductibles. That is simply not true.

Our colleagues on the other side of the aisle say that we have increased premiums. We are going to keep premiums at 31.5 percent. The taxpayers will continue to pay 68.5 percent.

We have made one change to the premium. It is surprising that my colleagues on the other side of the aisle do not agree this makes sense. We think the wealthiest should pay more, so we have an affluence test.

If you are single, you start to pay more for Medicare part B. From \$75,000 to \$100,000 you pay all of Medicare part B premium.

If you are married, from \$125,000 to \$150,000, you start to pay more. At \$150,000, you and your spouse will pay the full Medicare part B premium. That is an increase in the premium only to those who are most wealthy.

I have to tell you, I represent one of the wealthiest parts of the entire country. I have gone to my constituents and said, if you have this kind of income I think you should be paying an increase in the premium.

But it is only the wealthy. So when I hear my colleagues on the other side of the aisle talk about how we want to have tax cuts for the wealthy, somehow they do not want to have the