

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.

□ 2345

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

wealthy paying more for Medicare part B. I think they should.

We are not affecting beneficiaries. We are changing the system. How are we changing the system? We are allowing Medicare Plus, we are allowing people to stay in Medicare as they want it now, that typical program, or they can go into any other host of other new programs. They can go into the private sector.

And they can choose to if they want to, but if they do not want to, if they are silent, they do not ask to go into the private sector. They simply remain on Medicare as it exists today, a 1960's system, inefficient, you can choose your own doctor, you can stay there, or you can be attracted over into the private sector and possibly have your premiums reduced, your co-payments reduced, your deductibles reduced and possibly eye care, dental care or prescription drugs. All of those may attract you to leave what you have now. But you can stay. But if you want to pay less, you can get into the private system.

I have heard the reference of saving \$270 billion. On Medicare in the next 7 years, we are going to spend \$1.6 trillion, as opposed to the last 7 years where we spent \$900 billion. We are going to spend over \$600 billion more in the next 7 years than we spent in the last 7 years. That is going to doctors. It is going to hospitals. It is going to, candidly, those who run the systems. It will go to a whole host of different people.

We are going to put 54 percent more into the system. We are going to have the individual payment per beneficiary go from \$4,800 to \$6,700. Only when you spend more and only in Washington when you spend more do people call it a cut. It is not a cut. It is a significant increase.

I just make this last point. As it relates to Medicaid, our colleagues on the other side of the aisle have pointed we need to deal with spousal impoverishment, and we are in our bill. The gentleman from New Mexico [Mr. SCHIFF] has put forward an amendment with me that deals with the criminal statutes. We are going to make it a Federal offense. It is in the rule, a self-enacting rule, and the bill of the gentleman from New Mexico [Mr. SCHIFF] and my amendment will pass, if the rule passes, that will make health care fraud a criminal Federal offense.

A VOTE AGAINST REPUBLICAN MEDICARE PLAN

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

Mr. WISE. Mr. Speaker, reflecting the many calls and letters that our office has been getting over the past few months, I am going to be voting no tomorrow against the proposal to cut \$270 billion out of the Medicare plan, much of that money to go to a \$245 bil-

lion tax break essentially for the wealthiest individuals in the country. While I do support the means-testing provisions of part B, I also acknowledge to those who are in the upper income areas, they are going to get far more back in the tax cut than what they ever pay out in part B and they will be the only group so protected under this Medicare plan.

Mr. Speaker, I oppose this for a number of reasons. During my two-day Medicare-A-Van in West Virginia, I learned a lot of things. I learned, for instance, that the first cut by the hospital shows that they will lose roughly \$600 million out of this, and this is just the hospital provision alone, and this does not even include the upcoming \$4.4 billion Medicaid cut that they are going to get. I learned about the hospitals that derive 60 to 65 percent of their revenues from Medicare and Medicaid. I learned about the 300,000 West Virginia seniors that are going to be affected, that could be paying as much as \$1,000 more out of pocket by the end of this 7-year program, by those who will see part B premiums go up and they may lose their low income protection and help in paying for them, those who could be forced into managed care. And, yes, younger families paying more for their loved elder relatives. All of that, Mr. Speaker. On top of that, a last-minute deal with the American Medical Association means that seniors no longer will be protected from doctors who want to charge more than what Medicare permits them to charge presently.

I learned, too, Mr. Speaker, that you have got to look beyond what is being said. When some people say that the trustees make them do it, the trustees said do something about Medicare in 7 years but the trustees also said you can do it with \$90 billion, not \$270 billion of cuts which are being proposed.

I learned, for instance, Mr. Speaker that when those people say that well, Democrats have not done anything about it, nine times since 1980 have Democrats and Republicans taken bipartisan action to save Medicare. We did it again only 2 years ago with \$60 billion of reductions.

Mr. Speaker, the Speaker himself talks about the tax cut being a crown jewel of the Contract With America. Well, Mr. Speaker, this crown jewel is being bought on the installment plan. It is being paid for over 7 years and 100 percent of all senior citizens are paying for a tax cut that basically 1.5 percent of those individuals, those earning over 100,000 will get the benefit of.

This ain't home shopping, it's not cubic zirconium, it's expensive stuff and every senior citizen is going to pay for it. That is why I am voting against a Medicare cut of \$270 billion to pay for a tax break of \$245 billion.

Mr. Speaker, I yield the balance of my time to the distinguished gentleman from Texas [Ms. JACKSON-LEE].

Ms. JACKSON-LEE. I thank the gentleman from West Virginia. I applaud

his willingness to listen to his constituents. I clearly believe that we have a situation where a picture is worth a thousand words. I would simply say that we are now facing tomorrow, October 19, a day of infamy.

What we faced on October 11, 1995, maybe the Republicans do not understand it but Americans do. You simply look at the face of this woman, a senior citizen being locked up in the People's House, the United States Congress, locked up and taken away. Because she simply wanted to protest \$270 billion going for tax cuts to people making up to \$500,000. This is worth a thousand words.

Then we ask the question about whether there have been hearings. I have heard 38 hearings and 40 hearings and on and on and on. Let me tell you that tonight 900 some pages came out at 11:25 tonight, 900 some pages of a bill that is supposed to be voted on tomorrow. We have got a number of hearings for Ruby Ridge, for Waco, for White Water. But for putting senior citizens out on the street for their health care, we have got 1 day of hearing. No democracy exists in this Congress. It is a day of infamy. This is the concern we have. It is time to turn the tide.

POINT OF ORDER

Mr. HOKE. Mr. Speaker, I have a point of order.

The SPEAKER pro tempore. The gentleman will suspend. The point of order will not come out of your time. The gentleman will state his point of order.

Mr. WISE. Mr. Speaker, the clock is ticking.

Mr. HOKE. Mr. Speaker, the point of order is that when there is less than 10 minutes left at the end of the hour, before the suspension of the hearings for the day, then that time is supposed to be split evenly between the minority and the majority.

The SPEAKER pro tempore. The Chair has been very diligent in going back and forth between the majority and the minority throughout the time allotted for special orders.

Mr. HOKE. Mr. Speaker, that is not the point. The point of order is that when there is less than 10 minutes remaining—

Mr. WISE. Mr. Speaker, the point is that the time is going until midnight and it is coming out of our time.

The SPEAKER pro tempore. The gentleman's time will be protected.

Mr. HOKE. But when there is less than full time, to be equally divided for 5 minutes on each side, the time must be equally divided on each side.

The SPEAKER pro tempore. The Chair has ruled. We have gone back and forth evenly between the majority and the minority.

Mr. HOKE. Then the time should have expired on that side.

The SPEAKER pro tempore. The time has been shared evenly all evening.

Mr. HOKE. Does that mean you are going to extend beyond the midnight hour?