

just passed the House has a September reporting date for the committees of jurisdiction to act on Medicare; and third, the budget resolution must be conferenced with the Senate budget resolution, which has not yet been passed.

It seems that the real purpose of this motion to instruct is to once again try to steer us away from the seriousness of the task ahead of us: To ensure that the Medicare Program is preserved for current and future beneficiaries. I should not have to remind Members that the trustees for the Medicare hospital insurance and supplementary medical insurance trust funds are facing significant financial problems in both the short term and the long term.

Under the best estimates of the trustees, the hospital insurance trust fund will be exhausted by 2002. In short, the hospital insurance side of the program will not be able to pay its bills because of exploding part A expenditures. Part A is described by the trustees as a program "severely out of financial balance."

Not only is the HI trust fund financially out of balance, but spending growth by the supplementary medical insurance [SMI] trust fund is also a concern because the SMI rate of growth is unsustainable. SMI cost growth directly affects Medicare beneficiary part B premiums as well as general revenues from which the largest share of SMI costs are financed.

In 1995, premiums paid by enrollees will finance only about 28 percent of annual costs, according to the 1995 trustees' report. Over the next decade, the contribution from general revenues to the SMI trust fund will increase from \$46 billion in 1995 to \$151 billion in 2004, for an average annual growth rate of over 14 percent.

We are deeply concerned about the future of the Medicare Program. We strongly believe any solution to this crisis must be addressed in a bipartisan manner and we are disappointed by the administration's repeated refusal to join this effort. We are particularly alarmed that the President is ignoring the strongest possible warnings from the very individuals he appointed to safeguard the Medicare Program since 4 of 6 trustees are administration officials.

The end result of this instruction will be to put in jeopardy the MediGap policies of the 450,000 Medicare beneficiaries currently enrolled in Medicare Select plans. This program is very popular among senior citizens with good reason. In August 1994, Consumer Reports rated the top MediGap insurers nationwide. Eight out of ten of the top rated 15 MediGap plans were Medicare Select plans. During our Health Subcommittee hearing on Medicare Select, the National Association of Insurance Commissioners testified in favor of the program and stated that out of the 10 Medicare Select States that report into the NAIC's complaint data system,

there were only 9 Medicare Select complaints last year.

This instruction is simply a dilatory tactic and should be rejected. Members should think seriously before they cast a vote eliminating the Medicare Select Program.

Mr. DOGGETT. Mr. Speaker, I yield 2 minutes to the gentleman from California [Mr. STARK], the ranking member of the Subcommittee on Health and Environment of the Committee on Ways and Means, a Member of this house who has worked long and hard to try to protect our Medicare beneficiaries.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mr. Edwin Thomas, one of his secretaries.

APPOINTMENT OF CONFEREES ON H.R. 483, MEDICARE SELECT EXPANSION

Mr. STARK. Mr. Speaker, we have heard today about ideas and proposals being proposed. But these same proponents of these ideas have put forth a budget that destroys children in this country, destroys clean air, destroys safe water, reduces law enforcement, all in the name of providing tax cuts to the rich. All I can say is, please leave our seniors alone.

The gentleman who preceded me a few speakers ago in the well, who chairs the Subcommittee on Health and the Environment of the Committee on Commerce, has already cut \$84 billion out of the trust fund for Medicare just to give tax cuts to the very rich. Do not help us anymore, Mr. Chairman. You have done enough harm already.

Medicare Select is nothing but a political payoff to big insurance companies. Prudential Life Insurance Co. has already been convicted of stealing billions of dollars from seniors. Golden Rule Insurance Co. is under more litigation with State insurance commissioners than any other insurance company in the country. The staff who drafted this silly bill was paid hundreds of thousands of dollars by the insurance industry last year, and they are telling you they are here to help seniors?

Mr. Speaker, do not believe that. They have already cut \$3,000 out of seniors' pockets by changing the taxes that they will pay, to pay for their silly budget which is designed only to give tax cuts to the rich.

So, yes, let us balance the budget, let us help kids become healthy, let us have education and a clean environment, but do not louse up Medicare with silly ideas that are untried, that are just a payoff to the major insurance companies in this country, that will do nothing but deny medical benefits to the seniors who are already happy with their health care. This is

free enterprise to pay off Republican campaign contributions run amok.

Mr. BLILEY. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Connecticut [Mrs. JOHNSON], the prime author of this legislation.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I rise in opposition to this motion to instruct conferees. We have 35 days left before this program expires. We have 20 legislative days left before this program expires.

The preceding speaker talked about this being a payoff to big insurance companies. It is absolutely true that insurance companies are in the business of providing insurance, and that people buy insurance voluntarily and because they value it, because it gives them some security in their lives.

My interests and my concern is not the insurance companies. My interests and my concern are the seniors of America, the people. And people who buy Medicare Select policies are getting more health care at a lower cost. That is why they buy Medicare Select policies rather than some other MediGap policy.

In some instances the premiums are 40 percent less. If you are living on a fixed income, Mr. Speaker, that matters. Not only are the premiums less, but they get coverage for annual medicals, sometimes for pharmaceuticals, prescription medications, for some vision, some dental.

People are buying these policies voluntarily, and because they offer them more at a cheaper price. Our job is not to steer seniors in this market. Our job is only to assure that there is a market that offers choice.

The Medicare Select policies are regulated exactly like every other MediGap policy. These policies are not out there in the market with any less government oversight than any other MediGap policy.

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So let us get on with this conference, let us make sure that this option for seniors in America that offers more health care for less dollars does not expire, let us try this time to meet our responsibilities, to renew the law without a gap.

Let me just add one other comment. My colleagues on the other side have said that we are cutting Medicare, and somehow we should not renew this program because we are cutting Medicare.

Now remember, it is the trustees, that is the Secretary of HHS, the Secretary of Labor, other members of the President's Cabinet who are saying Medicare is going bankrupt, it goes broke next year. That means it takes in less than it is going to pay out and it goes bankrupt, that means it eats all of its assets in 6 more years. So it is not the Republicans who are saying this. It is the Republicans who are saying we are going to do something about it, we are going to protect seniors in America, preserve Medicare. Under no,

no scenario are we cutting spending. In fact, Medicare in the last 7 years for seniors in America spent out \$844 million. In the next 7 years if we reform Medicare to serve seniors it will pay out \$1.6 billion, almost twice as much.

So, the figures are simply there. We are going to increase spending on Medicare and we are going to increase the amount we spend per beneficiary, not only more beneficiaries but per beneficiary, and we are going to do it in a way that will provide seniors better quality health care.

Let us not mix debates here. Let us focus this debate on simply preserving a right, a choice for seniors in America, preserving their access to a plan that offers in the 15 States it is available more health care benefits at a lower cost.

This is only about preserving existing choice for seniors, existing access to cost-effective care, and I urge the body, remember, almost everyone in this body voted for this bill when it went through, so vote against the motion to recommit, to support timely action on behalf of America's seniors.

Mr. DOGGETT. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Connecticut [Mrs. KENNELLY].

Mrs. KENNELLY. Mr. Speaker, I support providing Medicare beneficiaries with more choices, and that is why I worked with the previous speaker to back this legislation, the Medicare Select Program. It does provide more choice for seniors.

However, it is absolutely impossible to have this debate this morning and talk about choice and not talk about the budget that was recently passed on this floor.

The cold facts are that \$283 billion in Medicare reductions were contained in that budget and will increase premiums, copayments, and deductions, and that will leave seniors with a choice of what they spend their money on, their fixed-income money for many of them. That budget we passed drastically reduces Medicare reimbursement for doctors and hospitals because that is a fact. When you are reducing an increase by \$283 billion and as more and more doctors become unwilling to accept a Medicare assignment, we will reduce choice for seniors. Even though Select Medicare that we are talking about today increases the choice, the fact of the matter of the budget we recently passed decreases the choice.

Along with this, the budget would also address nursing care coverage. Once more, again, seniors will be faced with diminishing choices on how to cope with enormous costs.

I support Medicare Select because it provides more choice. Everybody in this body wanted to do this for the seniors. Unfortunately this legislation follows on the heels of a budget that could do more to limit choices for Medicare beneficiaries than any piece of legislation ever passed on this floor.

So yes, we are talking about two things, but the fact of the matter is

you cannot be in a vacuum when you talk about Medicare; it is too big and too important. And of course we are all going to differ, but the fact of the matter is, with the budget, choices will be limited.

Mr. BLILEY. Mr. Speaker, I yield 4 minutes to the gentleman from Texas, Mr. SAM JOHNSON.

Mr. SAM JOHNSON of Texas. Mr. Speaker, I rise in opposition to this motion to instruct. It frankly puts the cart before the horse. This is an amendment to the current Medicare Program and wholly inappropriate to require the conferees to resolve differences in the context of contemplated changes to Medicare.

We all know the House-passed budget calls for reduction in the rate of growth of the Medicare Program. What we do not know, however, is how it will be achieved.

It is interesting to me that the gentleman from Texas [Mr. DOGGETT] showed us a blank chart. You know what? The blank is in the White House, not in the House of Representatives.

The blank chart has been filled up with Republican ideas and I will tell you what, before we are through, we are going to have Medicare fixed, it is going to be a super program for all our seniors, and we are not trying to take away from the seniors. We are trying to help the seniors protect the program and make it something that will be viable in the future.

It is interesting also to note that the gentleman from California [Mr. WAXMAN] and the gentleman from Texas [Mr. DOGGETT] both voted for this Medicare Select when it was passed on the floor by overwhelming vote. It is interesting to note that the gentleman from Texas [Mr. DOGGETT] has now changed his mind. It makes one wonder how can you have convictions on anything and vote on the floor in a different manner.

Medicare is going broke. I think the gentleman from Florida [Mr. BILIRAKIS] has said that, all our speakers have said it, it is going broke in the year 2002, and there is no way that this Government can pay anyone over 65 once that trust fund is to zero. The bills will not be paid. That is why Medicare needs to be fixed and fixed in a hurry and that is our goal, our aim, and it has been transferred to a scare tactic for the seniors of this Nation. We are not trying to scare anybody, we are just telling you the facts. The President's own people reported that Medicare is broke, going broke, and we are going to fix it and we are going to make it a system that is viable for all Americans, forever I hope.

I would just like to add that as of October 1994, approximately 450,000 beneficiaries were enrolled in Medicare Select. While a majority are covered through Blue Cross/Blue Shield plans, approximately 50 companies offer Medicare Select products. Medicare beneficiaries are old and these policies save 10 to 37 percent in premiums over traditional fee-for-service MediGap poli-

cies. And in August 1994, Consumer Reports rated the top MediGap insurance nationwide; 8 out of the top rated 15 MediGap plans were Medicare Select.

Failure to pass this legislation will lead to higher premiums for enrollees and the potential withdrawal of insurers from the market, meaning our seniors in that case would not have a choice of plans.

Mr. DOGGETT. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Michigan [Mr. STUPAK].

Mr. STUPAK. Mr. Speaker, we are here talking about Medicare Select at the same time the Republican leadership has passed a bill making unprecedented cuts to the Medicare and Medicaid Programs which will result in limited access to or complete elimination of rural health care. The cuts of \$250 billion by the Republicans are the deepest spending reductions in the 30-year history of the health industry for our senior citizens. In fact, Medicare cuts hurt not just seniors but everybody, including our small hospitals.

Nearly 10 million Medicare beneficiaries live in rural America where there is often only a single hospital in the county. These rural hospitals tend to be small and serve primarily Medicare patients. Significant cuts to the Medicare Program will force many rural hospitals to cut back on the services they offer, or they will have to turn to the taxpayers for assistance in order to survive.

Most significantly, these devastating cuts would force many rural hospitals to close their doors completely. This would mean that many of us will have no hospitals to turn to in a time of medical crisis. Medicare Select, coupled with the cuts, will require increasing the cost of not just Medicare, but also the Medicare Select policy, or the MediGap policy, no matter what we have.

It is projected that each of the 25 hospitals in my district in northern Michigan will lose an average of \$746 per Medicare patient in the year 2000. Medicare Select will not replace this lost revenue. Seniors will be forced to replace the lost revenue.

Meanwhile, Republicans have already voted to give a \$20,000 per year tax cut to the wealthiest 1.1 million Americans in this country. That is Medicare Select: A select few will benefit while the seniors will suffer.

It is imperative the people of northern Michigan have access to quality medical care. That is why I will continue to fight against the Medicare Select proposal. I will continue to fight against the Republican proposal to cut Medicare and Medicaid which is so devastating to Michigan hospitals.

Mr. DOGGETT. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Massachusetts [Mr. MARKEY].

Mr. MARKEY. Mr. Speaker, I am very glad that the gentleman from Michigan has brought this resolution out on the floor, because it is absolutely timely for us to discuss this very

central issue. The Republicans are proposing 300 billion dollars' worth of tax cuts, mostly for the wealthy. And they are proposing 300 billion dollars' worth of reductions in Medicare, largely for the 83 percent of the elderly who have \$25,000 or less income per year.

Three hundred billion dollars' worth of tax cuts for the wealthy, 300 billion dollars' worth of cuts in Medicare over the next 7 years. Now you do not have to be Dick Tracy to figure out that the elderly are going to be paying for the tax cuts of the rich.

The only request that is made by this resolution is that the conferees look at this issue, and try to make a determination as they are looking at Medicare Select as to what other recommendations they should be making to this body in that context. I do not think that that is an unreasonable request at all at this time, and in fact for us not to discuss it is to avoid, ignore the single most pressing issue on us, which is whether or not we should give this \$300 billion to the wealthy as we are taking it away from the poorest and the most elderly in our country. That is what this whole debate is all about.

Back in 1981 David Stockman on this floor tried to harness voluminous amounts of information to defend a knowingly erroneous premise. That erroneous premise was you could cut taxes for the wealthy, increase defense spending, and balance the budget simultaneously.

Fool me once, shame on you. Fool me twice, shame on me.

Mr. DOGGETT. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from New Jersey [Mr. PALLONE].

Mr. PALLONE. Mr. Speaker, what I wanted to point out in this debate today is that the Republicans who put together this proposal on the Committee on the Budget sent a letter to the chairman of our Subcommittee on Health, the gentleman from Florida [Mr. BILIRAKIS], and in it they outlined various proposals that could be implemented in order to achieve the cuts in Medicare that many of the speakers have talked about today.

The options that exist in this document, I think there are 35 proposals, in my opinion limit choice rather than expand choice, and some of the speakers on the other side of the aisle today talked about how Medicare Select is going to provide more choices. The bottom line is if this budget resolution that the Republicans have passed is implemented, the choices, and by their own admission, the choices that are proposed in order to achieve these Medicare cuts are going to be less.

Let me give you an idea. One of the things that is discussed is increasing premiums for new beneficiaries who choose Medicare fee-for-service. One of the problems that my senior citizens are concerned about is that they do not want to be forced into managed-care systems when they prefer fee-for-service

where they can choose their own doctor or their own hospital. Although I think Medicare Select is good as an option, we do not want the situation to arise where the cost differential, if you will, between having a fee-for-service system where you can choose your own doctor or having to go into a managed-care system, where the cost differential is so great that in effect you are forced into a managed-care system. In effect, by increasing the premiums for new beneficiaries and saying it is going to cost more for a fee-for-service system, you are forcing a lot of people who have no choice into managed care, into HMO's, into not being able to choose their own doctor or their own hospital.

Another one of the proposals that is put forward by the House Republican budget is essentially to simply give people a voucher, \$5,100 a year, they give you a voucher and you can go out as a senior citizen and find whatever policy you can to pay for your health insurance. Think about how many senior citizens because of their disability, because of the problems that they have, how difficult is it for them to go out and shop around and get a health care policy.

The choices are being limited by these Republican proposals, and Medicare Select is not going to solve the problem.

The SPEAKER pro tempore. The gentleman from Texas [Mr. DOGGETT] has 7 minutes remaining, and the gentleman from Florida [Mr. BILIRAKIS] has 9 minutes remaining.

Mr. BILIRAKIS. Mr. Speaker, I continue to reserve the balance of my time.

Mr. DOGGETT. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania [Mr. KLINK].

Mr. KLINK. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, you know some of the speakers who were up here today talked about how overwhelmingly the House passed this Medicare Select extension. At the time that we passed that, we did not realize that the Republican budget that was going to come out was going to cut Medicare so deeply, cut Medicaid so deeply, and that the cuts in Medicare were going to be exactly reflective of the tax breaks that were going to be given to the wealthiest citizens of this country. That is the message that many of us are carrying here to the floor today. We did not know all of this back then, and when you take a look at the impact on your district and on your State, you begin to see that Medigap is truly the gap, the credibility gap, the Republican Party now has on the issue of Medicare, and that is why we have these concerns.

There will be some people on the other side who say we have not made cuts. Well, the fact of the matter is if you do not believe you have made cuts, talk to the CFO's at the hospitals, talk to the CEO's at the hospitals. In Pennsylvania we now know, and we met

with some of our CEO's and CFO's last week, many of them are Republicans, many of them are Democrats, but they share one message, 54 hospitals across the State of Pennsylvania, because of the cuts that the Republicans are planning, 54 hospitals across our State are on the critical list. Forty thousand health care workers across the State of Pennsylvania could lose their jobs; 348,000 citizens in the State of Pennsylvania alone will be risking not having direct access to hospitals, when and if many of these hospitals are forced to close.

You see many of these hospitals get as much as 60 percent or more of the funds that they take in from Medicare. That money will not be there in those amounts right now, and so when you start talking about Medicare Select, when you start talking about making up the difference, there is going to be a lot more of a difference to make up.

One in five citizens across the State of Pennsylvania happens to be on Medicare; one in six of them happen to be senior citizens. Many of our senior citizens in a State that has the largest rural population in this entire Nation, many of our citizens are on both Medicare and Medicaid because they are elderly and they are poor.

Mr. DOGGETT. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Ohio [Mr. BROWN], representing Oberlin and environs.

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Mr. BROWN of Ohio. Mr. Speaker, there is an old country and western song that goes, "She got the gold mine, and I got the shaft." Republicans want to give the gold mine to wealthy special interests and give the shaft to America's elderly, \$300 billion in tax breaks, \$300 billion in cuts in Medicare.

The Republicans indignantly cry that these are not really cuts, they are only slowing the growth in Medicare. Tell that to the literally millions of Medicare people in Ohio and Pennsylvania and California and all over this country who will have \$3,500 more taken out of their pocket over the next 7 years in higher premiums, in deductibles, in copayments. Tell those people these are not really cuts.

These are cuts in services. These cuts in services are to pay for tax breaks for the wealthiest Americans, tax breaks for special interests, tax breaks for people that really do not read those kinds of tax breaks, the highest income people in this country.

Mr. Speaker, I support Medicare Select because it provides choice, but as Republicans move to make these cuts in Medicare, what they are talking about is rationing health care, and what they are talking about is taking away physician choice.

We should reject that, Mr. Speaker. We should reject that kind of thinking. It is not good for America's elderly. It is not good for the American people overall.

Mr. BLILEY. Mr. Speaker, I yield such time as he may consume to the

gentleman from California [Mr. THOMAS].

(Mr. THOMAS asked and was given permission to revise and extend his remarks.)

Mr. THOMAS. Mr. Speaker, well, I guess we are not going to talk about the motion to instruct. Obviously, that was not the reason you offered what purportedly is a motion to instruct conferees.

The factual information in the motion to instruct is simply wrong. There is no instruction in the motion to instruct. It simply says that you want to talk about what is going on in this year's budget process. That is what the motion to instruct says.

So, if you do not want to talk about your motion to instruct, and I am quite sure you do not expect it to pass because it would be rather bizarre to pass a motion to instruct that has no instructions to the conferees, so what you really want to do is talk about the issue of Medicare, and you want to talk about the issue of Medicare in terms of what Republicans are trying to do to make sure that the Medicare trust fund does not go bankrupt.

I think you need to remember that in April the trustees of the health insurance trust fund, the Secretary of Health and Human Services, Donna Shalala, the Secretary of the Treasury, Mr. Rubin, Secretary of Labor, all President Clinton's appointees to the Board of Trustees, said if we do nothing, if we do nothing, Medicare goes bankrupt in 2002.

What Republicans are proposing to do is take the \$4,700 that is spent on each senior today and grow that to \$6,400 in 2002. If we can do that, if we can accomplish an increase in the program at that rate, we save Medicare from bankruptcy.

The Democrats have had some difficulty in understanding that concept. I want to commend the gentlewoman from Connecticut [Mrs. KENNELLY] because the gentlewoman from Connecticut said it right. What we are talking about is reducing the increase. The job for all of us is to create a Medicare which has more choice for seniors, which grows in the amount that is available, but that fundamentally makes sure the program does not go bankrupt.

You have heard the word "cut" over here from virtually every speaker. It is a word that is somewhat pejorative, that is loaded, that is a political term that they want to use. They cannot deny themselves the use of the term "cut." The gentlewoman from Connecticut [Mrs. KENNELLY], to her commendable credit, did not say "cut," because she knows it is not a cut. It is a reduction in the increase, and, frankly, when you have increases going up at 10.5 and 11 percent a year in an old 1960's bill-paying structure, when today's marketplace is half that, taxpayers should want us to make sure that we get the savings from the marketplace in the Medicare Program. That is what we propose to do.

And we are looking for people to join us in the effort to save Medicare. I did not hear one person on this floor today talk about joining in the effort to save Medicare.

But I want this voice to be heard on the floor. I want my Democrat colleagues and friends to listen carefully to the words of this individual. This is what he said: "Today, Medicaid and Medicare are going up at 3 times the rate of inflation. We propose to let it go up at 2 times the rate of inflation. That is not a Medicare or Medicaid cut." Repeat, "That is not a Medicare or Medicaid cut."

So when you hear all of this business about cuts, let me caution you that is not what is going on. Who said that? William Jefferson Clinton, President of the United States and a Democrat. He believes we have to reduce the rate of increase, just as the gentlewoman from Connecticut [Mrs. KENNELLY] said. We have to reduce the rate of increase.

What we are proposing is to reduce the rate of increase. What President Clinton has said must be done, what he believes should be done is to reduce the rate of increase. How we do that is going to be a very, very positive exercise as we open up a 1960's fee-for-service bill-paying bureaucracy to all of the exciting changes that are going on out there in the health care world, one very small, modest change that has been a pilot program for 3 years, called Medicare Select, that has almost a half million folks in that program, with only nine complaints to date.

It is a program that we want to continue for a 5-year period. We have told the Secretary of Health and Human Services, "Keep an eye on that program. If it does not do what it is supposed to do, that is, increase choice and save money, we will sunset the program. We will come up with another idea." Right now what we need are new ideas, not the same old arguments, new ideas.

Medicare Select is a promising new idea. We want to send the program to the 50 States who want to join it. The States voluntarily take up the program. It is not imposed upon them. People voluntarily buy their insurance. It is not imposed upon them. It is a slightly different way of doing business in the insurance and health care area. We want to see if it has some promise.

We are going to try some other ideas. We are going to bring the sunshine from the outside, the positive reduction in expenses from the outside, into this archaic system, by choice. Republicans are going to do that. We would really love to have our Democratic colleagues join their President in reducing the increase in positive ways.

Instead, what you hear is pure political propaganda. They do not want to talk about Medicare Select.

I will tell you, you just heard a number of Democrats come to the microphone, the gentlewoman from Connecticut [Mrs. KENNELLY], the gentleman from Texas [Mr. DOGGETT], the

gentleman from California [Mr. WAXMAN], the gentleman from Massachusetts [Mr. MOAKLEY], the gentleman from New Jersey [Mr. PALLONE], the gentleman from Pennsylvania [Mr. KLINK], they all voted for the Medicare Select measure when it left here, 408 to 14.

This is a good idea. What you have here today on the part of the Democrats is an exercise largely in futility. They are now the minority party. They do not get to ram proposals down people's throats by pure quantitative measures because they have more votes than someone else. We are asking them to come to the table with your ideas. Let us hear them.

Over the next several months there is going to be a feeding frenzy of ideas in the Health Subcommittee of Ways and Means and Health Subcommittee of Commerce. We are going to put together a proposal that will make sure the Medicare trust fund will not go broke, that seniors will have a better choice, we will grow the Medicare Program from today's \$4,700 to \$6,400 for every American. We will save the program.

This is a modest beginning. Vote down the motion to instruct, which instructs nothing, and let us get on with change.

REPORT ON RESOLUTION PROVIDING FOR FURTHER CONSIDERATION OF H.R. 1561, AMERICAN OVERSEAS INTERESTS ACT OF 1995

Mr. GOSS, from the Committee on Rules, submitted a privileged report (Rept. No. 104-130) on the resolution (H. Res. 156) providing for further consideration of the bill (H.R. 1561), to consolidate the foreign affairs agencies of the United States; to authorize appropriations for the Department of State and related agencies for fiscal years 1996 and 1997; to responsibly reduce the authorizations of appropriations for U.S. foreign assistance programs for fiscal years 1996 and 1997, and for other purposes, which was referred to the House Calendar and ordered to be printed.

APPOINTMENT OF CONFEREES ON H.R. 483, MEDICARE SELECT EXPANSION

Mr. BLILEY. Mr. Speaker, I yield back the balance of my time.

Mr. DOGGETT. Mr. Speaker, I yield 1 minute to the gentleman from Michigan [Mr. DINGELL], the distinguished ranking member of the Committee on Commerce.

Mr. DINGELL. Mr. Speaker, the facts from this debate are clear. The Democrats want to see that the discussions in the conference will address the proposed cuts in Medicare benefits. That is all we want.

The hard fact is that senior citizens of this country are going to take a \$300 billion hit on their Medicare costs and