

Environmental groups oppose this bill. The National Parks and Conservation Association, the Wilderness Society, the American Hiking Society, Defenders of Wildlife, Environmental Action Foundation, Sierra Club, Friends of the Earth and the Izaak Walton League of America. Editorials against H.R. 260 have appeared in newspapers around the country, the New York Times, the Salt Lake Tribune, the Miami Herald, the Philadelphia Enquirer, the St. Louis Post Dispatch, the Las Vegas Sun, and the Wichita Eagle.

The administration has issued a strongly worded condemnation of this bill. National Park Service Director Roger Kennedy has been direct and straightforward with Congress in enumerating the reasons to oppose this bill.

Mr. Speaker, all I am asking is that this bill be returned to the Rules Committee. Let it come up next week under a closed rule where amendments offering alternatives, which I would offer with several other colleagues on a bipartisan basis that would deal with financing the parks through a changed fee system, a trust fund, and a change in the concessions policy is a far more Democratic way to deal with this issue.

I urge my colleagues to vote "no" on H.R. 260 today.

PRESERVING AND PROTECTING MEDICARE

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

Mr. TIAHRT. Mr. Speaker, I wanted to spend a few minutes this morning talking about a very important issue of preserving and protecting Medicare. I want to quote from the Los Angeles Times who printed just a week ago, "the House GOP plan to save Medicare is a sensible start toward fixing a program whose costs are out of control." The Democrats are wrong to balk at the restraining of soaring costs of the popular Medicare Program. The current path doubles the program's budget every 7 years. It is not sustainable and they know it.

Mr. Speaker, I am not an expert on Medicare, and so I went back into my district during the August district work period and I got together 33 members of the health care industry, of people who were concerned about preserving and protecting Medicare, of people who were involved in taxpayer groups, the AARP, United Seniors Associates, and we got together and we met all morning at Wichita State University about what problems we were facing with Medicare and how we could best preserve and protect it, and today I have with me a copy of the draft report that we submitted and that I also used to testify before members of the Committee on Commerce; it is the subcommittee for the Committee on Ways

and Means, in coming up with some solutions for preserving and protecting Medicare.

Some of the ideas that we had that came out of the Fourth District of Kansas are now being implemented into the legislation. These members of this task force came to this meeting with three methods of preserving and protecting Medicare. We went around the room and we discussed each one of these solutions in depth.

Mr. Speaker, I was expecting them to come scared because a lot of the rhetoric that has been said right here on the floor of the House, a lot that has been printed across through the elite media, and so I was somewhat anxious about the meeting, but when I got there, the people of America were not scared about losing Medicare. They were concerned, but they came with excellent ideas. They wanted to give the best ideas of Kansas to have them brought here, and some of the ideas came right out of the work force.

A gentleman named Zim Zimmerman, who works for Evcon industries in Wichita, KS, one of the leading air-conditioner suppliers across the Nation. He was just 90 days away from retirement and he said, if I could just take my health care insurance as provided at Evcon and carry it on into retirement, I would be completely satisfied. Other seniors wanted to have the same system that is available to them now, Medicare. Some wanted a type of system that is a managed care system because it provided more alternatives to them, and some wanted medical savings accounts.

Mr. Speaker, the legislation that is currently being drafted does keep our Nation's commitment to Medicare and it remains as an option to seniors, with no increase to copayments or deductibles. We also, in the legislation that we are right now pushing forward, allowing seniors the same health care choices that are available to others like Zim Zimmerman and other seniors in the Fourth District, and we came up with some good ideas on how to root out waste and fraud and abuse so that we can maximize the health care dollars that we are spending.

We also have in this legislation ways of placing financial responsibility on those who can best afford it and try to provide the benefits to those who are truly in need without great demands on their financial responsibility. We also want to set up a guaranteed solvency through a budgetary fail-safe provision.

As the task force discussed some of these problems, particularly in waste, fraud, and abuse, it was very apparent that fear has been used all across the Nation. In our report that was given to us by a gentleman who is administering a hospital in Halstead, KS, his name is Jeffrey Feeney, he used to work in a Florida hospital, and a physician came to him and said, I would like to use a room to talk with some of the seniors. And he says, well, what were

you going to use the room for? He explained that the doctor was talking to the seniors about an autologous blood process by which he was parlaying the fear of seniors, the fear of contracting AIDS or other social STD or HIV infected blood through the process when they had surgery. They have to use others' bloods, so this autologous blood process, they would take their own blood, he would store it for them at no cost to them, and then in the future, in the event they needed blood, it would be available to them.

Many of them would never need this blood. They would never have surgery, but yet he was being paid by Medicare on a daily basis for storing this blood. So he parlayed this fear into bilking the system out of hundreds of thousands of dollars.

Mr. Speaker, when I think about what has happened here recently, even for my own parents, when people try to come in and try to use scare tactics, in Kansas we call that scams, and this is not Mediscam. We are talking about preserving and protecting Medicare.

So, Mr. Speaker, as we submit this report and as we proceed with Medicare legislation, I hope that the American public will see that the loss of credibility for using scare tactics is more and more apparent and that the plans that we have forwarded as represented by the Los Angeles Times are going to be effective in preserving and protecting Medicare.

MEDICARE SAVINGS DOUBTED

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

Mr. DOGGETT. Mr. Speaker, as this House was concluding its business last night, I was discussing the concerns that every senior across this country should have about what is about to occur on Medicare, and indeed, listening to the remarks of my colleague from Kansas just now, I would say that if seniors are not scared, they ought to at least be very concerned about what is happening on Medicare, and I would think that any senior who has been observing closely what is occurring with reference to Medicare would be very near scared at the consequences that are about to befall them.

You know, we have awaited a Republican plan and now another day has passed. It is September 19, and we have yet to have any member of the Republican Party come to the floor of this House and spell out the details of their plan. All that American seniors know about this Republican plan is that it boils down to: Pay more, get less. That is what the Republican plan is, the pay more, get less plan.

Mr. Speaker, it was curious that the gentleman from Kansas just now would refer to the Washington Times because yesterday's Washington Times, the banner first page story was: Republican

Medicare Savings Doubtful. And it refers to the gaping budgetary hole in the Republican plan. It talks about the fact that it is gimmickry, that over a third of the so-called savings the Republicans have in their pay more, get less plan has not yet been spelled out.

Of course, instead of being candid with the American people and telling them how far they are going to reach into the pockets of seniors in reforming, as they call it, Medicare, instead of explaining the details of the hit on America's seniors, on America's disabled population, our Republican colleagues come back and say, "Well, where is your plan? If you don't like our pay more, get less plan, why don't the Democrats come forward with a plan?"

I would say that if what they are waiting for is a plan from the Democratic Party to take \$270 billion in cuts from Medicare, they are going to wait forever because we are not going to have that kind of plan. If what they are waiting for is a plan from the Democrats to take money out of Medicare in order to fund tax cuts, tax breaks for the most privileged people in our society, they can wait a long time because we are not going to have that kind of plan.

Mr. Speaker, they have talked so much about a trustees' report and how they have to secure Medicare from bankruptcy, and yet the premium increases that they are proposing, what they have never told the American people, they are going to raise the cost of health care in their pay more, get less plan in part B, but not one penny of the premium increases that they propose is going to be contributed to the Medicare trust fund that they seem so concerned about. Not one penny of those premium increases that they ask America's seniors, that they ask America's disabled population to contribute in escalating health care costs, not one penny is going to secure or prevent any troubles with the Medicare trust fund.

The Democrats are ready to come together to secure the trust fund. We were ready last year in that regard, certainly my colleagues. I was not here at that time, but they worked to secure the trust fund. What did the Republicans do? What has been their contribution to secure and prevent the bankruptcy of the trust fund?

In their so-called Contract With America, they made the trust fund less secure. They took revenues that would go into the trust fund, that were contributed by the most wealthy of our seniors, and they took those revenues in the contract bill out of the trust fund so that it will be less secure if their proposals are adopted than if we keep on the existing law.

I believe that we need bipartisan support to have genuine reform with Medicare. The gentleman from Kansas referred to waste and fraud in the system, and there are seniors all over this country that can point to examples of mismanagement in the program. We

need to ferret that out. We need to find ways to improve the efficiency of the system. But you do not begin that process by setting some imaginary \$270 billion figure that you need in order to fulfill campaign promises. You do not begin there. You begin in a bipartisan, respectful manner consulting with our Nation's seniors, consulting with the experts and trying to reach a balanced proposal designed to improve Medicare, not to destroy it.

It is a lot like a fellow that got lost over in east Texas and he was looking around and trying to get directions and he said, "How do you get from here to Oklahoma?" And the farmer that he came onto said, "Well, I don't know the precise path to get there but I sure wouldn't start from here."

The Democrats are saying, do not start from the premise that you need to take \$270 billion out of the pockets of American seniors. Do not start from the premise that you need to take money from Medicare in order to fund a tax break for America's privileged few. Start from the premise that we need to improve and strengthen Medicare so that we will be there for generations to come, so that it can serve the next generation of Americans in just the way it has protected America's seniors for the last 30 years since Lyndon Johnson signed it into law, a system that is one of the grandest accomplishments of this Congress that is out there delivering health care to 99 percent of Americans today. Let us preserve and protect that plan. As America's seniors find out about it, it is upside down, but so is their plan. The pay more, get less Republican plan must be rejected.

SLOWING THE GROWTH OF MEDICARE

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

Mr. STEARNS. Mr. Speaker, I would say to the gentleman from Texas, if he wishes a copy of the plan, he certainly can read about it in the Wall Street Journal, he can read about it in the Washington Post or the Washington Times. Furthermore, the slowing of the growth in Medicare is what has been proposed by Republicans, it is pretty much what President Clinton proposed last year in his health care bill. So what we are all trying to do here is to slow the growth down and save the program.

Mr. Speaker, this morning I am here to talk about Medicare and Medicaid together, the program for our elderly, disabled, and low-income women and children, but I am here to talk again about waste, fraud, and abuse in this program.

The spending on these programs, as my colleagues know, has gone up at 10.5 percent in the private sector, it has gone up at 4.5 percent. We need to

bring the spending down, but part of the reason the spending has gone up so high is because of the waste, fraud, and abuse in these programs. Some people estimate this waste, fraud, and abuse at 12 percent of these two programs, or \$30 billion, as high as \$44 billion for the two programs combined.

An indication of how pervasive this program is was summed up recently by a Clinton high official. This person was the Human Services Inspector General, June Gibbs Brown, and this is what she said, Mr. Speaker: "The basic structure of the current health care system is almost as if it had been designed for the very purpose of promoting waste, fraud, and abuse." Now, that is a startling admission.

The truth is that such behavior is not restricted to just one segment. Providers and beneficiaries alike seem guilty of bilking the system for personal gain. Examples of these have been recounted in numerous hearings on the Committee on Commerce on which I serve and the Health Care Subcommittee. However, today I will share with you several examples that have been reported in the Reader's Digest.

I was heartened by the fact that this wonderful publication has presented this because so many readers subscribe and purchase the Reader's Digest, and so they too will be able to identify the waste, fraud, and abuse from these articles.

The first step is to identify the sources of abuse and then to put the mechanism into place that will correct the situation and prevent such abuse in the future. We, in our plan, do that.

One such scheme that was reported in the Reader's Digest dealt with a doctor. His wife and his 14-year-old daughter were working together. The doctor assigned his 14-year-old daughter the task of taking and reading the x rays. On a good day, the office submitted 180 claims. The take was \$4.5 million over the year for this particular doctor, his wife, and his daughter. They submitted these fraudulent claims to some 40 insurance companies. What finally finished this lucrative and costly scam was that the Customs officials became suspicious when, during the course of investigating drug money laundering, they noticed that the doctor's check cashing patterns were strange. It makes one wonder why this was not detected by the Health Care Financing Administration. Are they not the body that is supposed to detect this?

Mr. Speaker, earlier this year, one of HCFA's contractors suspended five computer-alert programs that had saved taxpayers \$4 million in just 3 months. Why was this done? The volume of suspicious claims had become impossible for the staff to review. In fact, the General Accounting Office found that half of Medicare fraud and abuse complaints are not even investigated. The GAO told Congress, "HCFA needs to guard a thousand doors, but has the resources for only a couple doors."