

that day, and he handled the questions in a way that showed a genuine respect for each person who asked the question, whether it was an officer, a pilot of an airplane, or an enlisted personnel. He left that place that day with everyone really endeared to him and totally impressed with him as a person and proud to be in the U.S. Navy with his being the highest ranking officer in that Navy.

So it is with deep regret and sadness that we heard today the tragic news of his death. Our condolences go out to his family and to all of those who worked closely with him, because they have to be deeply, deeply saddened by this terrible event. But his legacy will be long remembered and appreciated as an enduring gift of unselfish public service by a person who was a true patriot.

Mr. President, I yield the floor.

CONCURRENT RESOLUTION ON THE BUDGET

The Senate continued with the consideration of the concurrent resolution.

Mr. EXON. Mr. President, I suggest the absence of a quorum and ask that the time be charged equally to both sides.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. EXON. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. EXON. Mr. President, Senator ROCKEFELLER is here. We are trying to move things along. He is ready to offer an amendment. We had a discussion here a few moments ago. As I understood it, the arrangement would be that there would be no more votes before 8 o'clock, and that, in the meantime, we had agreed to set aside, temporarily, the Exon amendment, which is before the body, to allow other amendments to be offered. I am pleased to see my friend from New Mexico here. Senator ROCKEFELLER is here.

I ask unanimous consent that the Exon amendment be temporarily set aside for the purpose of other people offering amendments. I simply say that, under the rules that are still in effect, it would be the Republican's turn to offer an amendment. If there is no Republican here and ready to offer an amendment, with the approval of the chairman of the committee, we could recognize Senator ROCKEFELLER for his amendment.

Mr. DOMENICI. Reserving the right to object. We have not seen Senator ROCKEFELLER's amendment. We do not know what it applies to, the underlying bill, or what.

Mr. President, I have no objection. I will just ask, since we did this for you last time, you can proceed with the Rockefeller amendment, and then we

will have an amendment. Since we are entitled to go next—

Mr. EXON. I guess I was wrong on that, Mr. President. I was ready to offer an amendment. I would have gone next. Out of deference to the agreement we made, I am not offering that. So I guess the slot really would be on our side. I see nothing wrong if the Senator agrees that Senator ROCKEFELLER will take the place of the Democratic slot I was prepared to take, and then the next amendment will be on your side. Eventually, sometime tonight, we will get back to the Exon amendment that is being temporarily set aside.

Mr. DOMENICI. I have no objection.

Mr. EXON. I yield as much time as is necessary to the Senator from West Virginia for the purpose of offering and explaining the amendment.

The PRESIDING OFFICER. The Senator from West Virginia is recognized.

Mr. ROCKEFELLER. I thank the Chair and the distinguished Senator from Nebraska, and also the chairman of the Budget Committee, for their courtesy.

AMENDMENT NO. 3979

(Purpose: To restore \$50 billion in excessive Medicare cuts designed to pay for new tax breaks for the wealthiest Americans, offset by the extension of expired tax provisions or corporate and business tax reforms; to protect seniors against unjustified increases in premiums and other out-of-pocket costs; to prevent the closing of rural hospitals and other excessive provider cuts that erode access to needed medical services; to prevent the implementation of policies designed to force seniors to give up their own doctors to join private health plans; and to protect Medicare against policies that will cause it to wither on the vine)

Mr. ROCKEFELLER. Mr. President, I send an amendment to the desk on behalf of myself, Mr. DORGAN, Mr. KENNEDY, Mr. DODD, Mrs. BOXER, Mr. LAUTENBERG, Mr. DASCHLE, Mr. WELLSTONE, Mr. FORD, and Mr. EXON.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from West Virginia (Mr. ROCKEFELLER), for himself, Mr. DORGAN, Mr. KENNEDY, Mr. DODD, Mrs. BOXER, Mr. LAUTENBERG, Mr. DASCHLE, Mr. WELLSTONE, Mr. FORD, and Mr. EXON, proposes an amendment numbered 3979.

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

On page 3, line 5, increase the amount by \$100,000,000.

On page 3, line 6, increase the amount by \$3,400,000,000.

On page 3, line 7, increase the amount by \$5,900,000,000.

On page 3, line 8, increase the amount by \$9,200,000,000.

On page 3, line 9, increase the amount by \$13,200,000,000.

On page 3, line 10, increase the amount by \$18,700,000,000.

On page 3, line 14, increase the amount by \$100,000,000.

On page 3, line 15, increase the amount by \$3,400,000,000.

On page 3, line 16, increase the amount by \$5,900,000,000.

On page 3, line 17, increase the amount by \$9,200,000,000.

On page 3, line 18, increase the amount by \$13,200,000,000.

On page 3, line 19, increase the amount by \$18,700,000,000.

On page 4, line 8, increase the amount by \$100,000,000.

On page 4, line 9, increase the amount by \$3,400,000,000.

On page 4, line 10, increase the amount by \$5,900,000,000.

On page 4, line 11, increase the amount by \$9,200,000,000.

On page 4, line 12, increase the amount by \$13,200,000,000.

On page 4, line 13, increase the amount by \$18,700,000,000.

On page 4, line 17, increase the amount by \$100,000,000.

On page 4, line 18, increase the amount by \$3,400,000,000.

On page 4, line 19, increase the amount by \$5,900,000,000.

On page 4, line 20, increase the amount by \$9,200,000,000.

On page 4, line 21, increase the amount by \$13,200,000,000.

On page 4, line 22, increase the amount by \$18,700,000,000.

On page 29, line 10, increase the amount by \$100,000,000.

On page 29, line 11, increase the amount by \$100,000,000.

On page 29, line 17, increase the amount by \$3,400,000,000.

On page 29, line 18, increase the amount by \$3,400,000,000.

On page 29, line 24, increase the amount by \$5,900,000,000.

On page 29, line 25, increase the amount by \$5,900,000,000.

On page 30, line 6, increase the amount by \$9,200,000,000.

On page 30, line 7, increase the amount by \$9,200,000,000.

On page 30, line 13, increase the amount by \$13,200,000,000.

On page 30, line 14, increase the amount by \$13,200,000,000.

On page 30, line 20, increase the amount by \$18,700,000,000.

On page 30, line 21, increase the amount by \$18,700,000,000.

On page 49, line 17, decrease the amount by \$100,000,000.

On page 49, line 18, decrease the amount by \$50,500,000,000.

Mr. ROCKEFELLER. Mr. President, I rise today in order to offer an amendment to restore \$50 billion to the Medicare Program. This amendment restores \$50 billion by closing corporate loopholes and by extending expired tax provisions already included in the Republican budget.

Mr. President, we are back again trying to make sure that the Medicare Program is not gutted to pay for tax cuts for the wealthy. This is where we were a year ago. This is where we are again now. My colleagues on the other side of the aisle have tried to dress up their budget. They are proposing all kinds of fancy maneuvers and 3 separate budget packages. They are pretending their latest budget is somehow kinder and gentler. But there is really not much new here compared to what we had last year. They lost the budget battle last year with the American

public when the public realized that the drastic cuts in the Medicare and Medicaid programs were going to be used to pay for tax breaks for the wealthy.

Instead of going back, as I would have thought they would have done, to the drawing board and come up with some new ideas and better health policies, they have merely changed the rhetoric. Instead of proposing ways to strengthen the Medicare Program, they have come up with some complicated three-tiered reconciliation process so that they can send three different bills to the President in a desperate attempt to score some political points. Instead of working with Democrats and with President Clinton to actually enact a bipartisan balanced budget, the Republicans continue to work behind closed doors.

The budget resolution before us has been preconferenced. I want my colleagues to understand this. It has already been preconferenced between the House and Senate Budget Committees. I have only been here 11½ years. I have never heard of that—a preconferenced bill involving something so massive as Medicare, for example. The deals have already been worked out and they have shut the door on any serious attempt to reach an agreement on a balanced budget. It is either their way, with massive Medicare cuts to finance tax cuts for the wealthy, or it is no way at all.

Mr. President, last year the Finance Committee did not hold a single hearing on the so-called "chairman's mark" to cut Medicare by \$270 billion; totally different approach than the one that Senator KENNEDY and Senator KASSEBAUM in their respective minority-majority positions took in their committee. The Labor and Human Resources Committee has done their legislation in a bipartisan, open-to-all, way. We did not do that in Finance. We held hearings on the problems of the Medicare Program earlier in the year. But not a single hearing was held on the Republican's actual plan to cut \$270 billion out of the Medicare Program. Not a single hearing was held to figure out what the impact of these really very radical cuts would be on the average Medicare beneficiary who already spends, let my colleagues understand this, 21 percent of their budget on health care.

I wrote Dr. O'Neill, head of the Congressional Budget Office, last year asking for estimates of what she thought this \$270 billion might have in the way of an impact on the average senior's pocketbook. Needless to say, I never got a response.

It is no different this year, Mr. President. This year the Finance Committee has failed to hold a single hearing on any aspect whatsoever of the Medicare Program—not one hearing. This budget resolution assumes enactment of the same type of radical policy changes without even preserving current law financial protection for seniors.

Mr. President, this debate is not about whether we should balance the budget but how we should balance the budget. This Republican budget still seeks the unprecedented cuts in the Medicare Program, just as it did last year. Just as that was rejected by the American people, here we are back again.

The President's budget achieves balance with \$50 billion, or 44 percent, less in Medicare cuts.

If they both achieve balance, then it seems to me quite reasonable to take the President's approach and simply restore \$50 billion knowing that the budget would then be in balance.

Mr. President, even the Congressional Quarterly wrote, "This year's Republican Medicare budget proposal looks a lot like last year's proposal." The same thing—a huge public outcry last year, and with a new year out it comes once again.

On the surface, the Medicare cuts appear somewhat reduced. But a lot of the reduction can be attributed to CBO's revised Medicare baseline estimates and because this year's budget only includes 6 years worth of cuts rather than 7 years.

For hospitals, though, this year's budget resolution is much, much worse than last year's. The American Hospital Association estimates that the projected hospital cuts in the budget are 20 percent greater than the cuts in last year's proposed hospital budget cuts.

I have here a letter which I ask unanimous consent to have printed in the RECORD.

There being no objection, the letter was ordered to be printed in the RECORD, as follows:

MAY 16, 1996.

DEAR SENATOR: On behalf of the undersigned organizations representing hospitals and health systems, we strongly urge your support of any amendment to S. Con. Res. 57 (the FY 1997 Budget Resolution) which lowers reductions to Medicare. We cite in particular an amendment to be offered by Sen. Jay Rockefeller (D-WV) to restore \$50 billion to the Medicare program.

While it appears that the overall Medicare budget reductions of \$165 billion included in S. Con. Res. 57 are roughly the same as those in the last Republican offer in January, the budget drastically changes how the reductions would be allocated within the program. The FY 1997 budget proposal achieves the total reduction by saving \$124 billion from Part A Medicare (the Hospital Insurance Trust Fund) and \$44 billion from Part B.

The net result is that in S. Con. Res. 57, the reductions in Part A have increased by approximately \$25 billion. Not only are these unprecedented reductions, but they would have a disproportionate adverse impact on hospitals. To achieve reductions of this magnitude, Congress may need to adopt policies that would freeze or actually reduce payment rates per beneficiary.

Hospitals and health systems support a reasonable deficit reduction package, and believe that changes in Medicare are sorely needed to keep the Part A trust fund solvent. Many of us have supported various proposals that achieve a balanced budget with reductions in Medicare. However, we are gravely concerned about the level of Medicare Part A reductions proposed in S. Con. Res. 57.

Again, we ask you to support any amendments that temper the level of reductions to Medicare Part A, including Sen. Rockefeller's amendment to restore \$50 billion to the Medicare program, and seek a more balanced approach to achieving savings.

Sincerely,

American Hospital Association, American Association of Eye and Ear Hospitals, Association of American Medical Colleges, Catholic Health Association, Federation of American Health Systems, InterHealth, National Association of Public Hospitals and Health Systems, Premier, Inc., VHA Inc.

Mr. ROCKEFELLER. Mr. President, this letter is signed by the American Hospital Association, the Catholic Health Association, the Federation of American Health Systems, and seven or eight others, in which they say the budget drastically changes how the reductions would be allocated within the programs.

They refer to: "Not only are these unprecedented reductions, but they would have a disproportionate adverse impact on hospitals," and so on. It is a much more drastic cut for hospitals. That is something that we all need to worry about.

The Prospective Payment Review Commission, ProPAC, a highly respected, nonpartisan commission that advises Congress on hospital payment issues, has warned us in their March report that severe reductions in hospital payments could have a severe impact on hospitals. They go on to say, "The required restraint on cost growth may not be feasible, or desirable. Low updates over an extended period could affect a hospital's financial health and compromise access and compromise quality of care. They could also impede the diffusion of quality-enhancing technological advances."

Mr. President, this is not a partisan conclusion reached by this Senator or the Clinton administration about the hospital cuts proposed in the Republican budget. This is a conclusion that has been reached by a group of health care experts who have been advising Congress on the financial health of hospitals since 1983.

This budget truly ignores the heavy reliance of rural hospitals on the Medicare Program. Small rural hospitals may have to shut their doors. We have heard that before. But with this 20 percent greater impact, it is far more dangerous.

Mr. President, in West Virginia one-half of all seniors live in rural areas. Well over half of our hospitals are rural and are, therefore, clearly and logically disproportionately dependent on the Medicare Program for their payments.

Mr. President, my colleagues on the other side of the aisle will yet again claim that they are proposing these massive reductions in Medicare to save the trust fund from insolvency.

Once again, I say this is nonsense. While the most recent Medicare trustees' report showed the trust fund in somewhat worse shape than last year,

the variation falls within the typical margin of error. There is over \$120 billion in that trust fund, and there is no imminent danger that claims cannot or will not be paid.

During my almost 10 years' tenure on the Finance Committee, Mr. President, we have been faced with many of these situations, to be quite honest, with many scenarios of impending trust fund short-term insolvency crises. You have not heard very much about them. The reason you have not heard very much about them is that each time, except for the last time, Finance Committee members worked together to enact Medicare payment reforms to extend short-term solvency to that one and same trust fund. We have done it time and time again, maybe seven or eight times over a period of 15 years.

We enacted major reforms in hospital payments in 1983 and followed up with physician payment reform, something that Senator Durenberger and I were closely involved in in 1989, as well, of course, as Senator KENNEDY. We made countless payment and policy adjustments to rein in Medicare spending and extend trust fund solvency, but we did it together. It was bipartisan. You heard very little, if anything, about it.

In fact, until very recently, the Medicare Program outperformed the private sector in containing its health care costs. The private sector is doing slightly better right now, but realize that the private sector is ensuring fewer and fewer people while Medicare's enrollment is increasing. Medicare pays for home care services and skilled nursing home care, types of services that are not normally covered by private insurance policies, and Medicare pays for an older and sicker population.

So in spite of this, except for this year, they have held their costs below the rate of increase of the private sector. They have done very well. As everybody knows, or hopefully knows by now, their administrative costs are about 2 percent, which is virtually impossible to imagine but true.

At the beginning of the Clinton administration, the trust fund was projected to be exhausted by 1999—not 2002 but 1999. The Democrats on the Finance Committee were forced to work single-handedly in 1993 to extend the solvency of the trust fund by 3 more years, and I am aware of that because I negotiated the Medicare part of that.

I can tell you, Mr. President, that we did not have a single Republican vote. We did it, nevertheless. I did not hear one single concern expressed by the current congressional majority about the solvency of the trust fund back in 1993, which was not very long ago.

The Congressional Budget Office has certified that the balanced budget proposed by the President would extend the solvency of the trust fund for 10 more years. That is about the same level of solvency achieved by the Republican budget. But the President's budget does so without damaging pro-

grammatic changes and drastic cuts that would eventually cause the Medicare Program to, as one noted public servant said, "wither on the vine." We can address the short-term solvency needs of the trust fund without slashing and burning the Medicare Program. We can extend short-term solvency without shifting huge new costs to senior citizens. The President's budget proves that it can be done.

The tougher issue, of course, is the long-term solvency of the trust fund, and about that we are all concerned. When the baby boomers begin to age into the Medicare Program, there will be a huge strain on the trust fund. None of the balanced budget proposals deal with the issue of long-term solvency. The Democratic proposal does not. The President's proposal does not. The Republican proposal does not do that.

Last year, I introduced legislation—which I believe is strongly supported by Senator DOLE; he said he strongly supports it—that would establish a bipartisan Medicare commission. When people hear the word "commission," they say, "Oh, yeah, one of those." Well, yes, one of those was what solved the Social Security problem for a great many years under President Reagan and Alan Greenspan back in 1981. The House and the Senate and the President, Republicans and Democrats, all went along with that. Tough decisions were made. Bullets were bitten. The bill was passed, and Social Security is not the concern that it was at that time.

None of the balanced budget proposals, as I indicated, deal with this, and I think a Medicare commission to make recommendations to Congress on ways to deal with the long-term solvency of the Medicare Program is the intelligent, rational way to go. If we adopted the President's proposal on Medicare, we would have plenty of time, plenty of time, to adopt a bipartisan solution that addresses this long-term solvency.

It has always been a matter of some amusement to me; if it is solvent until the year 2002—the Medicare HI trust fund—and this is 1996, that is called 6 years.

The President could call this commission into being next year, if he is reelected, or, if Senator DOLE is elected, then he could do it. He says he is for it. It would meet for a period of 6 months or a year or whatever it would be, and the problem, therefore, would be resolved and we could vote on it in 1998, 4 years before the crisis even hit us. Six years is ample time. Medicare is not in danger. Congress will not walk away from our responsibilities on Medicare. We simply will not do it.

So from my point of view, in concluding, the Republican budget is designed to raid, not save, the Medicare Program. Medicare's money is going to be used to finance tax cuts for the wealthy. It is that simple. It has nothing to do with assuring long-term sol-

veny of the Medicare trust fund. I find that abhorrent. It has nothing to do with making sure that Medicare programs continue to provide high-quality health care for our senior citizens and the disabled. It has everything to do with the Republican promises to balance the budget in 7 years and hand out tax cuts to the rich.

Mr. President, I hope my colleagues will adopt my amendment.

Mr. President, I send a modification of my amendment to the desk in that there was a small error.

THE PRESIDING OFFICER. The Senator has the right to modify his amendment.

The amendment, as modified, is as follows:

On page 3, line 5, increase the amount by \$100,000,000.

On page 3, line 6, increase the amount by \$3,400,000,000.

On page 3, line 7, increase the amount by \$5,900,000,000.

On page 3, line 8, increase the amount by \$9,200,000,000.

On page 3, line 9, increase the amount by \$13,200,000,000.

On page 3, line 10, increase the amount by \$18,700,000,000.

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On page 29, line 18, increase the amount by \$3,400,000,000.

On page 29, line 24, increase the amount by \$5,900,000,000.

On page 29, line 25, increase the amount by \$5,900,000,000.

On page 30, line 6, increase the amount by \$9,200,000,000.

On page 30, line 7, increase the amount by \$9,200,000,000.

On page 30, line 13, increase the amount by \$13,200,000,000.

On page 30, line 14, increase the amount by \$13,200,000,000.

On page 30, line 20, increase the amount by \$18,700,000,000.

On page 30, line 21, increase the amount by \$18,700,000,000.

Mr. ROCKEFELLER. I thank the Presiding Officer, and I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Mr. ABRAHAM. I thank you, Mr. President. I yield myself 10 minutes to speak to the amendment.

Mr. President, the Senator from West Virginia and I from time to time agree on things in the Chamber, and on this occasion we disagree on the approaches being taken to Medicare. Let me just begin by trying to put in context the magnitude of the problem which we confront. While it may be true in the past there have been projections that Medicare, the part A trust fund was headed toward insolvency at some point in the future, we have never come this close before in the following sense. We have never before faced a situation where we actually were paying more dollars out of the trust fund than taxpayers were paying into the trust fund, but that, indeed, is where we are today.

Last April, the Clinton administration estimated that the trust fund balance would increase by \$4.7 billion in fiscal year 1995 and 1997 would be the first fiscal year in which it would run a deficit. However, Department of Treasury figures indicate now that the Medicare Program ran a deficit of \$37 billion in fiscal year 1995, 2 years earlier than expected. CBO has projected that based on this change in circumstance, Medicare is now likely to become insolvent as early as the year 2000. I ask unanimous consent to enter into the RECORD at this point a letter from the head of the CBO, June O'Neill, which indicates their projected timetable.

Mr. President, the concerns I think all of us have about the solvency of the part A trust fund are ones that need to be addressed. They need to be addressed decisively. I agree with the Senator from West Virginia that we must confront the long-term population projections, the aging of the baby boom generation and the impact that will have on Medicare, but I do not think we should postpone dealing with that problem until down the road in some commission. I think we have to begin laying the foundation for dealing with that problem now. That is what we are trying to do with the Republican budget before the Senate here tonight.

New estimates, as I said, by the Congressional Budget Office post the year 2001 as the likely point at which the trust fund part A will be insolvent.

Matters seem to be getting worse. Last year, Republicans offered a systematic change, an effort to try to create a competitive choice system for Medicare recipients. We were able to get that through the Congress, but, unfortunately,

it was vetoed ultimately. But the direction we are moving in is one that will try to address this problem both short term and long term. Contrary to some of the comments that have been made, the Finance Committee has had, it is my understanding, 13 hearings already on Medicare in this Congress.

But the fact remains that there are two basic choices for us to make here in the U.S. Senate. The President has offered a proposal which essentially maintains the solvency of the part A trust fund by shifting, from the part A trust fund, vital programs, home health care, to the tune of approximately \$50 billion, maybe a little bit more than \$50 billion, and through that mechanism produces a greater solvency for the trust fund.

We, on our side of the aisle, do not think that is the appropriate way to address the problem. Countless Americans depend on the part A trust fund to provide those home health care services. Moving them out of the trust fund, moving them into the general account, making them, instead, subject to congressional deliberation and imposing their costs on the taxpayers, or to force those programs to be competitive with others, is not the way to go.

If that is the solution we are going to take every time the trust fund approaches insolvency, if we say the answer is to move parts of the programs under the trust fund out of the trust fund, I do not think that is providing seniors with much security at all. In fact, I think for any senior who is listening to this debate, I would warn them if we set the precedent saying the way we are going to address the pending insolvency of the Medicare part A trust fund is by taking away services and putting them up for negotiation and debate in part B, or in some other way to be dealt with by the Congress, we are undermining the confidence that seniors will have in Medicare, and it will continue in my judgment.

So, instead of approaching it that way, what we have attempted to do on the majority side is to provide what we think is a comprehensive approach to guaranteeing the solvency for 10 years of the part A trust fund. In addition, what we have done is to take the President's own number, which is \$44 billion of savings in the part B Medicare portion of the budget. So what that means is that we are taking action that will guarantee the solvency of part A for 10 years, through the year 2006. That is, I think, a goal worthy of us and one that we should, I think, accomplish for purposes of protecting the American people who are dependent on Medicare. And we are using the President's own projected savings in part B of \$44 billion to arrive at our Medicare objective.

Now that may not be the approach that others support. They seem to feel we need to try to increase the funding. But if we increase the funding in Medicare we are only creating, I think, a

more serious insolvency problem. If we do not begin now to reform the programs to create the options and the choices for Americans so we can begin to reduce the rate of growth of the Medicare Program, we are inviting even greater problems at a sooner point, in my judgment.

We strongly oppose the amendment that is being offered. We think that the President's approach is not the proper way to go. We think that the approach of just spending more money without trying to reform the system is not the approach to take. Certainly we do not think the way to go is to have the usual solution around here of more taxes to fund programs. We need to reform the programs themselves.

So, for those reasons, I strongly urge my colleagues to oppose the amendment. I yield the floor at this time.

The PRESIDING OFFICER. The Senator from West Virginia.

(Mr. ABRAHAM assumed the chair.)

Mr. ROCKEFELLER. Mr. President, I would like to respond to the distinguished Senator from Michigan in his reference to treatment of home health care financing. I am addressing, in fact, the distinguished Senator from Michigan as the Presiding Officer.

It is complicated, but it is very important. I would like to take just a couple of minutes, if that is all right, outlining why this change in home care financing does, in fact, make sense. And then also why, therefore, it is a legitimate way to improve the solvency of the part A trust fund.

A little history: Before 1980, financing of the home health care benefit was divided between part A and part B, pre-1980. At that time only the first 100 days of home visits after a 3-day hospital stay were financed from the part A fund. All other visits were financed by part B. The policy behind this was that Medicare part A was designed to pay for short-term recuperative home care services. In 1980, Congress enacted legislation that improved Medicare's overall home health care benefit by removing the 100-day visit limit and the prior hospitalization requirement, the so-called 3-day requirement. As a result, financing of all home care services was shifted at that point to part A, even though part A was never intended to pay for long-term home health care services. That is the rationale, and it makes sense.

The President's proposal restores financing of the home health care benefit back to the original intent of Medicare, and that is what happens in his proposal. It brings Medicare financing in line with use patterns that show home health care has evolved into two distinct benefits: Care to persons recovering from an acute care hospitalization and care where there is no hospitalization but long-term care services are required. This proposal extends the solvency of the part A trust fund by capping part A financing of Medicare's home health benefit and saves the trust fund almost \$60 billion over 7 years.

I just wanted to make that point. The Senator from Michigan, the Presiding Officer, had raised this point and I think it does bear explanation on a policy basis.

I thank the Presiding Officer and yield the floor.

Mr. BENNETT addressed the Chair.

The PRESIDING OFFICER. The Senator from Utah.

Mr. BENNETT. Mr. President, I was listening to the presentation of the Senator from West Virginia and felt I had to respond in some particulars. I appreciate the Presiding Officer giving me relief from the chair so that I might do this.

I hear the Senator from West Virginia use the statement that we have heard many times on the floor, that the purpose of the Republican number for Medicare is to pay for tax cuts for the wealthy. I say once again, if these tax cuts are going to benefit the wealthy, the wealthy have to have awfully big families because the tax cut is limited to \$500 per child and I do not know anybody who is really wealthy who is going to make any money off of this at \$500 per child. The people who need this are the people who have low incomes and big families. Those are the people in my State who are getting a little tired of the rhetoric that this is a tax cut for the wealthy. I have heard the statement made on the floor that this is going to mean \$10,000 in tax cuts to some people. They have to have an awful lot of kids to get \$10,000 at \$500 per child.

Second, "slash and burn" is a phrase that was used, on the amount of money to be spent on Medicare; the incredible cuts. I was a Member of this body when the Senator from West Virginia cosponsored the Clinton health care plan. In the Clinton health care plan, as explained in hearings before the Congress by Mrs. Clinton, the growth of Medicare spending was to be slowed. Mrs. Clinton made the very specific point, and some of us have seen that on videotape as it has been replayed, that we are not cutting Medicare, she said, we are simply slowing its growth so that we can pay for all the things we need to do in health care.

The bill that is before us slows the growth of Medicare less than the amount proposed by Mrs. Clinton in the bill that she proposed, and which the Senator from West Virginia cosponsored.

I do not consider that it was slashing and burning Medicare when Mrs. Clinton proposed it, and I do not think it is slashing and burning Medicare now. I hope we will stay with the numbers as they really are. We are proposing increasing spending on Medicare, and the Republicans are proposing increasing spending on Medicare at a higher rate than Mrs. Clinton proposed, and that was in the bill that the Senator from West Virginia cosponsored.

Mr. President, the Senator from West Virginia has talked about the repeated actions of the Finance Committee in

dealing with short-term solvency problems. An analogy sprang to my mind. We have watched the Government of the District of Columbia give us repeated short-term solutions to their short-term solvency problems, and the long-term solvency problem has gotten continually worse until finally the District of Columbia is facing the crisis that it is.

I am not proud—I did not participate, so I was not involved—but I am not proud of the actions of the Finance Committee over the years in the way they have solved the short-term solvency problem. I am not proud of administrations that I would call my administration—that is the Bush administration—in the way it has addressed the short-term solvency problem, because all they have done repeatedly is postpone the day of reckoning, and to say, "Well, we've been able to do it on a bipartisan basis."

All right, shame on both parties. But what happens again and again when you are faced with the short-term solvency problem in Medicare is, say we are going to reduce the amount we will reimburse to the doctors and we will make those greedy doctors and hospitals pay by putting a lid on the amount they can charge. There is another word for that, Mr. President. It is called wage and price controls. We have been trying to solve our inflation problems in this country with wage and price controls perhaps from the beginning of time. They have never worked in any other arena, and they have not worked in Medicare. Every time the Finance Committee or the administration puts wage and price controls on Medicare payments, the people who are faced with those wage and price controls find ways around them. Then the costs start going up again, so we have to have another short-term fix with wage and price controls.

The only solution is to forget the pattern of the past and make systemic changes in Medicare, and my party has had the courage to attempt that. The party of the Senator from West Virginia has said, "No, we will not attempt systemic changes in Medicare. Let's have a commission."

I would be happy to serve on such a commission and endorse such a commission if the charge of that commission was to say that we are not going to do what we have historically done because it is what we have historically done that has brought us to the point we are today. We have to face the fact that Medicare is a wonderful 1960's program frozen in time by virtue of its having been made a Government monopoly. We have to break the monopoly, open this thing up to free market forces, recognize that wage and price controls do not work, and start with a clean sheet of paper. If we had that kind of circumstance, I would be happy to do whatever is necessary to cooperate with the Senator from West Virginia in a bipartisan fashion. But more of the same, a repeat of what we have

done in the years that have gotten us to this, is not the kind of call we need to deal with Medicare.

Mr. President, I recognize that I have opened a can of worms or a hornet's nest here, and I should return to the chair, but if the President will grant me the indulgence, I recognize that the Senator from West Virginia is now on his feet and wants to defend himself, and I congratulate him for that. If I may be allowed to stay here and defend myself and we have this debate, I think it will be a worthwhile circumstance.

With that, Mr. President, I yield the floor, in anticipation of hearing a rebuttal from my friend from West Virginia.

Mr. ROCKEFELLER. General reminders, perhaps, would be more appropriate in terms of the phrasing. I certainly listened to what my distinguished friend said, and respect him. In fact, in all that he says, because he has a particularly articulate, modified way of saying things which I have long respected, which the Senator knows from our previous conversations.

The Senator has brought up a number of points, such as wage and price controls, and this is something which is not necessarily totally accurate, but which I ask the Senator to contemplate. He talked about the evils of wage and price controls. Let us leave wages out for the moment—no, let us not leave wages out for the moment.

I submit to the Senator what we are now seeing increasingly in private sector managed care—you made reference to the Clinton health care program which is long gone. It seems to me like the debate on health care reform was 10 years ago. Since it failed, there was this convulsion in the marketplace, an extraordinary explosion of activity, and managed care took off. We have health maintenance organizations, HMO's, which are wonderful in their concept of paying a doctor so much to keep a patient healthy. Therefore, the incentive was to keep the patient healthy, and the incentive was always on the relationship between the doctor and the patient. Then we see the introduction of for-profit HMO's, which are now sweeping the Nation. That introduces quite another concept, and that is the interest of the shareholder of the company as opposed to, perhaps, in contrast to, in contradiction with, perhaps, the relationship between the doctor and the patient.

I just wonder out loud if what we have seen, therefore, and the resulting kind of caps and limits, and "this will be allowed and that will not be allowed," is, in fact, a form of wage and price controls, but under the guise of the private sector, therefore, we do not think of calling it as such. I just raise that as something for the Senator to think about.

Second, on the short-term basis aspect, the Senator expressed great concern about having to do this all the time. I am in total agreement. I am in total agreement, and I think the reason that we have had all of these short-

term fixes is because we have not had to consider Medicare in a longer term context.

The Senator made some correct observations. But that is why I think that a commission, never before entered into, on Medicare, which has grown enormously because Congress has added enormous new burdens on it, services to be paid for, as well as the cost of health care and everything else, that it is, in fact, a long-term commission approach which is the answer to solidifying patterns, making adjustments, and biting the bullet on some very difficult issues.

I think that the deal, so to speak, would be that the commission would be so well balanced as to who was on it—experts, seniors, consumers, et cetera, it would be fairly done and expertly done—that it would be voted through by the House, voted through by the Senate and signed by the President almost without debate, like the Social Security Commission's recommendations were. It was an enormously controversial problem. Senator DOLE and Senator MOYNIHAN were on that commission.

With respect to when the Senator talked about the old bromide, or whatever it was, of Democrats talking about tax cuts for the rich, I have to go by what people in the majority say, because we in the minority have to respond to that.

The Senate budget resolution would, and I quote, "accommodate further tax reform or tax reductions, to be offset by the extension of expired tax provisions or corporate and business tax reforms. Such tax reductions could include proposals such as economic growth, a capital gains tax reduction package, State tax reform, economic growth, fuel excise taxes * * *."

And on to the end of the quote.

So I have to believe that tax cuts for the wealthy are still very much in the mind of the Republicans. I cannot prove it, but I can point to the Republican budget resolution before us.

What am I to think as I see this?

Mr. BENNETT. Would the Senator yield on that point?

Mr. ROCKEFELLER. Of course.

Mr. BENNETT. I do not have the figures in front of me, but I would be happy to supply them to the Senator. If you take the total amount set aside for tax cuts, you would find that the vast bulk, I think in the neighborhood of something like 80 percent of the value of the tax cut, goes for the \$500 tax credit for children. The taxes that the Senator is pointing out, in terms of the total impact, are relatively small and can honestly be described as minor in their financial impact.

By far, the greatest bulk of the tax money is going for the \$500 rebate for children. That is the expensive item in the tax cut bill. I am sure the Budget Committee would be happy to give the Senator those details.

Mr. ROCKEFELLER. We will see on all of this, because there is a very

strong predilection on the part of the majority party to make—when you are talking about inheritance taxes, you know, that is pretty heavy stuff. That would raise questions. The Senator who is speaking knows something about that.

The other thing I guess I want to say, if the Senator would further yield—

Mr. BENNETT. I am happy to yield.

Mr. ROCKEFELLER. This amendment is about restoring \$50 billion that was cut by the Republicans from Medicare. That is what my amendment is about. That is kind of what I would like our discussion to be about.

Mr. BENNETT. Mr. President, I thank the Senator for his reasoned response. I remain unconvinced by it, but I appreciate the manner and the tenor in which it is offered. May I make several comments, and then I will return to the chair, and perhaps this will pass on for those who want to read about it in the RECORD.

The reference to wage and price controls and HMO's. Wage and price controls, by definition, are imposed by Government. Market conditions may set prices elsewhere. One of the main things wrong with our whole health care system—and the Senator and I can have this discussion at length at some other time—is the very fact that market forces do not operate here and cannot because of the Government's attempt to enforce wage and price controls.

We have a circumstance, I say to the Senator, where the user of the service is not the purchaser of the service, and market conditions therefore cannot operate.

If I, for example, am enrolled in an HMO I do not like, there is nothing I can do about it because the person who chooses that HMO is my employer. It is the employer who purchases the service, pays for it and makes the deal. It is I, the employee, who uses the service.

Mr. ROCKEFELLER. Would the Senator yield?

Mr. BENNETT. I will yield in a moment.

I have been the chief executive officer of a company and, therefore, in a position to choose what kind of health care the employees will get. It will come as no surprise to say that I chose a program that I liked.

During the debate over the Clinton health care plan, people would say to me, "Why don't you give us as good a health care plan as you have as a Member of Congress?" My response was, "I wish I had as good a health care plan as I had before I came to Congress," because the only health care plan I have now, as a Member of Congress, is that which the Government has decided to make available to Government employees. If you want the same kind of health care plan I have, go get yourself a Government job. But if you want a different kind of health care plan, go petition your employer.

That does not make sense. In any other circumstance, you make the

choices if you buy the service. But we have created a circumstance here in our country—frankly, we can debate the historical roots of it—where the employer makes the decision but the employee receives the service. So whom does the HMO have to please? It has to please the health and human resources person at the employer's desk. If the employee does not get what he wants, too bad. The employer has made the choice.

Mr. ROCKEFELLER. If the Senator will yield?

Mr. BENNETT. I am happy to.

Mr. ROCKEFELLER. The Senator—and I apologize to my colleagues because we are no longer debating this amendment, which is about restoring \$50 billion in Republican cuts to Medicare. That is what will be, hopefully, voted up later.

But when the Senator said, "I ran a company, and I decided what my employees were going to get. I made the decision"—

Mr. BENNETT. That is correct.

Mr. ROCKEFELLER. That is a very powerful statement. What that basically says is that the employees were denied any choice as to whether or not, for example, their doctor happened to be included in that program or not.

Mr. BENNETT. That is correct.

Mr. ROCKEFELLER. Whether certain services were offered in that program or not.

Mr. BENNETT. That is correct. The Senator is exactly right. He is describing the way health care works in this country.

Mr. ROCKEFELLER. If I might then just go back for a moment to the thoroughly savaged Clinton health care plan on the floor this evening, which, as I indicated is now a part of history. One of the things that the Senator is now able to do, if he in fact takes the trouble to do this, under the so-called Government health insurance program, which I would submit is hardly Government, because, for example, I have a Blue Cross-Blue Shield card, and the last I heard Blue Cross-Blue Shield was a private insurance company—

Mr. BENNETT. I say to the Senator, the Government—

Mr. ROCKEFELLER. If I could continue my point, I say to the Senator.

Mr. BENNETT. By all means.

Mr. ROCKEFELLER. That the Senator and this Senator and all those who work for the Federal Government have, in fact, between 25 and 29 different plans that they can choose from every single year. I have watched my daughter go through this process of spreading out the different programs, sitting on the floor cross-legged, and just looking at all of these 29 different programs spread out before her, 29 different options of health care which she gets to choose from. With Blue Cross-Blue Shield, through that arrangement, she pays them, she can pick her doctor, she can pick her service. She can reject one thing from one year to another. But the choice is hers.

The point I would like to loudly insert in this debate is that the Senator in mandating for his employees what they will have. And, indeed, it occurs to me that that is a mandate. That is an entirely different situation from Federal employees, or those in the alliances that were contemplated in the Clinton health care plan. Through their joint purchasing power, they could have in fact a great variety of programs that would be spread before them. In fact, the Federal intervention that came in was from something called a Federal Quality Board which was made up of medical experts who would certify that any health plans that were being offered to the public through alliances or otherwise would have to be certified as being qualified and of high quality.

One of the great complaints one hears across the land today in America from physicians, hospitals and persons conversant in health care public policy is that the word "quality" is rapidly disappearing from the discussion, if not the practice of medicine.

Mr. BENNETT. Mr. President, we perhaps should end this. I hope it is instructive. I am sure the Senator from West Virginia and I will continue this at another venue.

We clearly are not communicating here. He has outlined what I consider to be a prime example of what I was talking about. The Government has decided that his daughter's choices will be limited to Blue Cross-Blue Shield. The Government has decided that the plan I was under before coming to the Senate will not be available to me now that I am in the Senate. The Government has picked, yes, 29 different plans, and that is a lot, but that is not all that is available. I cannot take my money that is being spent for health care, deducted from my pay, go out in the open market and buy something else with it. I can only use it within the framework that this commission that he has described has made available to me.

Now, I will concede to him, absolutely, the commission he described did a good job and most employees will find that in the choices the Government offers they will find something that covers their needs. The point is that 29 choices is not the universe. If I want to make choice number 30, my employer—in this case the Government—has decreed that I cannot make choice number 30 with the money they are spending on my behalf for health care.

That is another debate for another time. We can have it. But I wanted to introduce it into this circumstance because I think it addresses the basic issue and goes back to the amendment that the Senator has offered.

Mr. ROCKEFELLER. Will the Senator yield for a closing thought?

Mr. BENNETT. Yes.

Mr. ROCKEFELLER. There were many more insurance plans than Blue Cross-Blue Shield involved at that time.

I just ask the Senator to contemplate the difference between the 25 to 29—and yes, there might be 30 on the one hand—as compared to the one that the Senator as president and chairman of the corporation which he ran picked out on behalf of his employees.

Mr. BENNETT. This is not the place to get into these details. I say the plan I chose had a number of choices within it so that the employees could make, frankly, almost as many choices as Government employees could make. Ultimately I had to make the decision as to what the framework would be for our employees. I made a decision to a plan that, in my opinion, was better than the one that is currently available to me.

My employees, I think, were better served with that decision that I was making than the Government employers and the decision you are talking about. Those are not appropriate questions here. We can have this discussion elsewhere. I think they go to the core of what has to be addressed when we talk about fixing the health care system in this country.

To summarize, and then I will return to my duties in the chair, I have always congratulated President Clinton on his leadership in addressing America's health care problems. I am one Republican who has been critical of my party's inability to exercise the proper leadership here. President Clinton did a courageous thing in taking this issue on. I had congratulated him at the time. I congratulated him all the way through, even while disagreeing with him on the details of his plan. I have congratulated him for his courage in being willing to face the fact that our health care system in this country is broken and badly needs fixing. I just do not think his solution fixed it. In my opinion, his solution made it worse.

I feel the same way about Medicare, that my party has had the courage to recognize that Medicare, to be handled as business as usual, is headed for disaster, and it is headed for disaster quickly. We have taken the political heat. We have taken the political rhetoric. We have been accused of slashing and burning. However, we have stood up to facing the problem.

As the Washington Post has said in its editorials, the Republicans deserve credit for telling the truth about Medicare and the Democrats have slipped into the posture of "Mediscare." That, in fact, does not add and contribute to the debate.

I thank my friend from West Virginia for the opportunity to have this exchange. I thank the Senator from Michigan for allowing me to escape the enforced silence of the chair long enough to vent my feelings on this issue, which I am sure will continue to provide opportunity for lots of dialog for lots of months and perhaps years to come.

I yield the floor.

Ms. MIKULSKI. Mr. President, I rise to express my strong support for the

Rockefeller amendment on Medicare. The amendment restores \$50 billion to the Medicare Program. It keeps Medicare solvent. It honors our national commitment to seniors.

Haven't we been this way before? It's the same old story—big cuts in Medicare to pay for tax cuts for the wealthy. Yes, we must balance the budget and keep Medicare solvent. But we can do that with the President's budget.

I will fight to protect health care for all seniors. Medicare pays for medical care for almost 38 million seniors. Over 500,000 of these seniors live in my State of Maryland. In my travels to senior centers throughout the State, I hear the same thing over and over. Seniors tell me they're afraid of losing their Medicare coverage. They fear they won't be able to keep their own doctors. They are worried they will be forced into managed care plans.

Our seniors count on Medicare for their health care. I want to keep the CARE in Medicare. This amendment will do that. It protects seniors from excessive premium increases and out-of-pocket costs. It lets seniors keep their own doctors. It attacks fraud and abuse. Doctors and hospitals won't be able to charge patients above the cost of Medicare. And seniors will have access to care because it prevents the closing of rural and urban hospitals.

There has been a lot in the news lately about Medicare going bankrupt. I am concerned about the solvency of the Medicare trust fund. We owe it to what I like to call the GI Joe generation and future generations to keep Medicare solvent. The GI Joe generation is the generation that fought for freedom and democracy for the world during World War II. They didn't hesitate to serve. When the war was over, they came home, raised their families, and contributed to the greatest prosperity this Nation has ever known. We would not be a nation much less a world power today if it weren't for the GI Joe generation. They have worked hard all their lives and played by the rules. Now they need Medicare to be there for them. Promises made must be promises kept.

We can balance the budget with far fewer Medicare cuts. At the same time, we can keep Medicare solvent and protect seniors from new costs. The President's budget accomplishes these goals. Under his plan, the solvency of the trust fund is extended for 10 years.

Medicare is one of the best health care systems in the world. Before Medicare was enacted 30 years ago, less than 50 percent of seniors had health insurance. Now 99 percent do. Let's not dismantle this successful program.

I oppose increasing seniors' out-of-pocket costs. That's why I oppose balance billing. This lets doctors and hospitals charge patients above the cost of Medicare. It increases seniors out-of-pocket costs. Ninety-seven percent of Medicare funds are spent on recipients with incomes less than \$50,000. Seniors

already spend 21 percent of their income on health care. They can't afford to spend more. Let's not hurt middle-income Americans. We need to renew our commitment to help those who help themselves.

The budget cuts Medicare part A by \$98 billion. This part pays for hospitals and providers. We can't overlook the effect these drastic cuts will have on hospitals. What will happen to institutions like Johns Hopkins School of Medicine and the University of Maryland Medical School under these cuts? Cuts this large will put some hospitals out of business. It will cut down on the training of new doctors. And in the end, our seniors will be the ones hurt the most.

I say to my fellow Senators, do the right thing today. Don't balance the budget on the backs of our seniors. Preserve the Medicare Program. Let's keep our commitment to senior citizens.

Mr. KERRY. Mr. President, I rise today in support of Senator ROCKEFELLER's amendment to reduce the size of the Medicare cuts to the level of the President's budget and to preserve the basic health care protections this nation now provides for senior citizens.

Without Medicare, many and perhaps most of the 38 million Americans who are Medicare beneficiaries would have inadequate health care and treatment—or no treatment at all. This year's Republican budget would cut Medicare by \$167 billion over 6 years, \$50 billion more than the President's budget. This cut would reduce Medicare spending growth far below projected private sector growth rates, resulting in reduced quality and access to health care for millions of Americans.

This year's Republican Medicare cuts are all too similar to last year's Medicare cuts. In their fiscal year 1996 budget, the Republicans would have cut Medicare by \$270 billion over a 7 year period to finance a \$245 billion tax cut primarily for America's wealthiest people. These cuts would have resulted in a \$9.5 billion loss to Massachusetts alone over the next 7 years. These cuts, if allocated evenly among all beneficiaries, would have cost each of the 900,000 seniors and disabled people who depend on Medicare an additional \$1,240 a year.

But this year's Republican cuts in Medicare are still too large and will risk turning Medicare into a second-class system for seniors who cannot afford to opt out of the traditional Medicare Program through Medical Savings accounts. It is also amazing that Republicans still have not disavowed their intention to increase premiums to pay for a tax cut. Our Nation's senior citizens, with an average annual income of \$17,000, spend more than 20 percent of their incomes on health care. Additional health care expenses would put an even greater burden on this population.

I believe that Medicare can be reformed without totally dismantling the

fundamental security that the system provides. The President's budget shows that premium increases, deep cuts, and damaging structural changes are not necessary to balance the budget and guarantee the solvency of the Medicare trust fund. By failing to identify and eliminate corporate subsidies, and adamantly insisting on tax cuts for the rich, the Republicans are forced to cut programs for middle-class Americans far deeper than the President's plan, and the Medicare Program is bearing the brunt of this attack.

Medicare is a part of Social Security, a contract between the Government and the people. People pay into the trust fund during their working years and then receive good health care in their retirement years. The Republicans would break this fundamental contract with the American people.

I urge my colleagues to support the amendment offered by Senator ROCKEFELLER which I am proud to cosponsor. We must stop the Republicans from using the Medicare trust fund as a slush fund to pay for tax cuts. We must carefully and responsibly reform Medicare for the sake of preserving and strengthening Medicare and those who depend on it. The Republican budget really fails this test once again. In colloquial terms, Mr. President, "They just don't get it."

The PRESIDING OFFICER (Mr. BENNETT). The Senator from West Virginia.

Mr. ROCKEFELLER. Mr. President, might I ask a question of the distinguished Senator from Michigan? If this amendment which is about trying to restore \$50 billion to Medicare, is it the intention of the majority that we will discuss but not vote or that we will vote tonight?

Mr. ABRAHAM. It is my understanding, I say to Senator from West Virginia, we at least will not vote on anything before 8 o'clock. There is an agreement to not have any votes prior to that. At whatever point debate on the amendment of the Senator from West Virginia ends, if there is no further debate, I plan to speak briefly about it.

I am prepared to offer another amendment which, I think, would be in order, which will address Medicare and probably open up further discussion about the topic we have been discussing for the last half hour or so. Whatever point we decide there is no further debate on this, I am prepared to bring another amendment for discussion. I do not believe there is an agreement on specifically when we would vote. My understanding is we would not vote on anything prior to 8 o'clock.

Mr. ROCKEFELLER. I say to my friend that is approximately 22 minutes from now. Medicare is a pretty important subject. There may be people who want to speak. On the other hand, part of the deal around here is that if you want to say something you have to be here.

Can I assume that maybe by 8:30 or 9 o'clock we could vote?

Mr. ABRAHAM. I say to the Senator, I do not know of any other people right now on our side who are prepared to speak. I have been told several Members were coming to the floor earlier, but I have not seen them. I am not certain we will not have speakers. I have a few brief comments to make on the amendment before us, and I am prepared to bring up another amendment discussing the topic of Medicare that I presume we will debate for some period of time. I have received no further word from anyone on our side with an interest in speaking. I do not know whether on your side there are others who plan to come down.

It is my understanding there are approximately 30 minutes left on each side.

The PRESIDING OFFICER. The Senator is correct.

Mr. ABRAHAM. And I can offer my amendment when we either exhaust the time or it has been yielded back.

Mr. President, I will speak to the amendment for such time as I may need at this point. I want to make a couple of points, following up on my earlier statement. As you know, Mr. President, I expressed the concern that we have on our side over the way the President has attempted to address the Medicare issue. Specifically, the provisions in his budgets which would transfer the home health care expenditures from the part A to the part B fund.

The Senator from West Virginia has indicated that the rationale from a policy standpoint for doing this is the fact that some 16 years ago, or just prior to the year 1980, there was a limit on the duration of part A's coverage for home health care and a prerequisite of a previous hospitalization was necessary to trigger that part A coverage.

I only say this. If we are going to use as a standard for changes in Medicare the fact that at one time we did it differently, there would certainly be plenty of other Medicare-related issues then that would fall under that policy justification. For example, last year, there was a pretty significant debate here before the Senate over the question of the percentage of part B premium that would be paid by the recipients, by the people in the Medicare Program, a debate on whether or not the percentage would be dropped from 31 to 25 percent. It was argued at that time that we should not maintain a 31 percent, we should reduce it. That is a debate that has passed, but the fact is, there was a time in the program where the percentage of co-pay of the part B recipients was much higher than 31 percent.

So I do not think it is at least a reasonable justification to say that, because 17 years ago, the Medicare Program was structured a certain way, that that alone, or in any sense, is a justification to return to that approach. The same, presumably, is true for a variety of other ratios, formulas, reimbursements, and so on, whether it is for direct medical, education, or

other components. Clearly, they have changed over the years. It just seems to me that to say we can move home health care out of part A because at one time it was structured differently does not reach the most important element here, which is, by doing this, we are changing dramatically the expectations of part A Medicare recipients.

Those people believe that home health care is, in fact, part of that trust program. It is, in fact, not subject to the availability of funds or the need to either increase taxes or find other spending cuts to justify payments for it. And that is why we feel the President's budget does not really meet the challenge for us.

I would like to say a couple of other things with respect to the specifics of the amendment before us. According to the Congressional Budget Office, the President's Medicare proposal would not maintain solvency of the part A Medicare trust fund for the full 10 years that we want. In fact, the projection is that it would be insolvent by the year 2005. Now, I would like to bring to the attention of the Senate the fact that, in the President's budget, the reductions in the growth—I will give the President the benefit of the doubt and not call it a cut. By reducing the growth by \$116 billion, the President's budget maintains solvency not for 10 years but for 9 years. If, in fact, the \$50 billion that is proposed in this amendment were used to increase the rate of growth of the Medicare Program, as proposed in our budget, then the actual total net change under our budget would only be \$108 billion over the period of time our budget covers, through 2002. In other words, it would be less savings than in the President's budget. So, in other words, if this amendment were to pass, Mr. President, then we would be, in fact, not ensuring the solvency of part A of the trust fund as long as the President even does, and we believe on this side that the President's proposal to maintain solvency through 2005 is not adequate.

So I think it is important for our colleagues to understand that, in supporting this, they are in fact supporting an amendment that would bring about the insolvency even earlier than that which would be the case under the President's budget, and certainly which would be the case under our budget.

I also wanted to clear up one other point, Mr. President. In the tax cut provisions in the budget we are offering, the total amount of \$122 billion, I believe, is targeted—it does not, in fact, even cover fully the \$500-per-child tax credit. So there, in fact, would not be enough money to fund the other tax cuts beyond the \$500 tax credit in the budget which we have.

To summarize, we have several facts that I think need to be revisited. First, the Medicare trust fund is going broke. At the current rate of growth in spending, at the current rate of projection

from the Congressional Budget Office, it will go broke in 2001. We cannot let that happen, Mr. President.

Second, I think we want to make sure that its solvency is not maintained for a short duration of time—3, 4, 5, 6 years—but we want it to be solvent for 10 years. The President's budget would not accomplish that. If this amendment passes, our budget would not accomplish that either.

Finally, we on the majority side do not want to eliminate the home health care protections under the part A trust fund. The President's budget would do that and, obviously, there is a sharp difference there.

So, in short, Mr. President, we are prepared and desire to fix and repair the trust fund and maintain solvency for a decade. We think that is the least we can do to address this problem at this time. In our judgment, at least, anything short of that does not meet the mark, does not provide our seniors with the protections they need, does not provide the trust fund with the protection it needs.

We want to give families a chance to keep more of what they earn. That is why we have the money in this budget for a tax cut. But it is not connected to the Medicare issue at all. Once again, to portray it that way is simply inaccurate. We have the Medicare part A trust fund headed toward bankruptcy. For the first time, in 1995, it was actually spending more than it was taking in. The time has come to repair it for a sufficient period of time, and to allow us to focus on a broader and even longer term fix, which is clearly needed.

I yield the floor.

Mr. EXON addressed the Chair.

The PRESIDING OFFICER (Mr. BENNETT). The Senator from Nebraska is recognized.

Mr. EXON. Mr. President, in keeping with what we have done several times today, I ask unanimous consent at this time that the Senator from Georgia be recognized for appropriate remarks on the tragedy that faced all of us today, especially the U.S. Navy.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Georgia [Mr. NUNN], is recognized.

TRIBUTE TO ADMIRAL BOORDA

Mr. NUNN. I thank my friend from Nebraska. I join my colleagues in being both shocked and deeply saddened by the sudden death of Adm. Mike Boorda, Chief of Naval Operations. Admiral Boorda had a truly remarkable career in the Navy. Many people do not recognize it and do not realize it, but Mike Boorda rose from the lowest enlisted rank to become the most senior officer in the Navy. He never forgot where he came from. The welfare of the men and women of the Navy were always foremost in his thoughts and in his actions. He never let us forget that when he testified before the committee. The men

and women of the Navy were first for him. He was always looking for additional ways to help the Navy families and, particularly, the people who served in the Navy and those who are directly affected by that service.

Admiral Boorda was well-known to Members of the Senate, and to the Armed Services Committee, for his devotion to the Navy and the ideals of military service. He was always available and helpful. Never have I asked a single question when he was not responsive immediately, if the information were available. I had the opportunity to work closely with Mike Boorda over the years on a wide variety of projects and programs, particularly during his service as Chief of Naval Personnel, as commander of Joint Task Force Provide Promise, which was responsible for the mission throughout the Balkans, and as Chief of Naval Operations. Many of us have been briefed by Admiral Boorda when he was head of that task force in a very tough period during the Balkans problems. I visited him overseas when he was planning the Bosnia operations, and I relied on his wise counsel many times.

Mr. President, I could go on and on about Mike Boorda. I will summarize it by saying that he was a superb military commander and a true friend. Admiral Boorda was an inspiring leader and a man of vision. I extend my deepest sympathies to his wife, Bettie, to his children, David, Edward, Anna and Robert, and to his many friends and admirers in the Navy and throughout this great country.

I thank the Chair and my colleagues.

CONCURRENT RESOLUTION ON THE BUDGET

The Senate continued with the consideration of the concurrent resolution.

Mr. EXON. Mr. President, we have had a good debate. I believe that both the Senator from Michigan and the Senator from West Virginia are prepared to yield back the remainder of the time, and that would allow us to continue to go back to the Republican side for the next amendment. I believe that amendment will be offered by the Senator from Michigan.

As I understand it, it is on the same subject that we have discussed quite thoroughly. Maybe we can cut back on the use of some of this time. I would simply like to emphasize that while it may generally not be understood in the Senate, it is not a disgrace to not use the whole hour on each side on all of these amendments. It is perfectly acceptable and it is certainly respectable to yield back time so that we can move ahead on amendments.

Depending on what happens, as you know, we temporarily set aside, in agreement with the chairman of the committee, so that we could move ahead. We are not going to have any votes before 8 o'clock. I would simply suggest that if the two managers of the