been introduced which I am supporting, which in fact will go a long way to help those in the domestic violence network who are trying to prevent such occurrences from continuing, to the Molinari legislation, which will be calling for a prohibition of insurance companies in denying coverage for those who have been victims of domestic violence. This was very important legislation, and legislation that is so self-evident that it should already be passed. But I am hopeful as a result of the conferences we recently held in Montgomery County, as well as across the country, we will support this kind of legislation which is very important.

There is legislation as well that deals with and calls for training for domestic violence prevention for health care workers and health care professionals across the country. This is a very good area of influence and of assistance that we think can go a long way as well to reduce domestic violence.

Finally, legislation that I will be introducing shortly is going to call for coordinated community response for domestic violence. While we have worked together on the antidrug programs and in other important community endeavors, Mr. Speaker, this is one area where we need to make sure we bring all the forces together that can make a difference, whether it be the families, whether it be the clergy, whether it be the courts, whether it be police or those people who work in the victim services center, who work in the shelters for abused women and children, wherever it may be. We need to bring those coordinated efforts together so we are reducing the incidence of such crime, we are prosecuting those who commit such crimes, and make sure that America is safer because of our intervention and our coordinated assistance.

I will be pleased to report back to the Speaker and my fellow colleagues about legislation and coordinated community response as we in the 104th Congress unfold our proreform agenda, to make sure we take into account these anticrime efforts which will help support families.

MEDICARE CUTS

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Texas [Mr. DOGGETT] is recognized for 60 minutes as the designee of the minority leader.

Mr. DOGGETT. Mr. Speaker, I am here again tonight, as I was last night and this morning, to talk about the future of Medicare and specifically to discuss the new Republican Medicare plan, which is the pay-more-get-less plan. In the event that anyone has not gotten all the details, that is really what it boils down to. But we will spend the next hour discussing the details of the impact of this plan.

Why is it that having discussed this plan to some extent already, that I am back again talking about it some more? Well, I can tell you that the reason is because on Thursday of this week, the day after tomorrow, just a few hours away, the Committee on Ways and Means will have 1 day of hearings, 1 day for all of the people in America, all of the experts on this subject, and let me assure you that some of the best experts on Medicare are the 37 million Americans who depend on Medicare for their health care, but 1 day in the entire year in which that committee will take time to hear what should the future of Medicare be, what should the specifics of legislation be. And in that 1 day and that 1 day only, will they focus on what ultimately could be the beginning of the total destruction of Medicare as we have known it for the last three decades. So it is critical to take every opportunity to focus attention and to advise the people of America on what is about to happen with reference to this critical Medicare system.

Now, I have to say to those who may have concern as to whether this message is getting out and whether people are hearing about it and really realize the impact of these drastic changes on them, that I believe the answer is a strong yes; that indeed the attention that we as Democrats have focused on the plan that the Republicans have to grab $270 billion out of the Medicare system in order to fund their tax breaks for the privileged few in this country, has already had a big impact.

It was a little over a month ago that the Washington Post stated, ''Medicare premiums would soar under new options in Republican plan.'' They point out that under all three versions of the Republican working documents that have been leaked to the press, Medicare premiums would go up, Medicare deductibles would go up, and Medicare copayments will go up.

I can recall seeing some of those leaked documents and knowing that there were Republican Members actually advocating that we needed to discourage the seniors from having what is called Medigap insurance. That is to pick up the cost of what Medicare does not pay through private insurance. And it was part of this Republican theory that our seniors are simply not paying enough for their health care. Even though they have to pick up the costs for their prescriptions, even though we have no effective long-term health care plan for those seniors who might face the possibility of a nursing home, even with all of the things not covered by the Medicare system, as good as it is today, the Republicans say they are not having to pay enough and we need to find a way to actually discourage them from having this private Medigap insurance.

Well, when the plan was unveiled, to the extent the veil has been pulled back, and it is only a partial lifting of the veil that we have had in the last few days, when the plan was partially unveiled, the Republicans began to back off from this theory and began to say well, we really do not want to increase deductibles, and we are not sure we want to increase copayments, and yes, it is OK to have Medigap insurance.

So as they have heard from Americans across this country, as members of the Democratic Party have had the courage to stand here on the floor and speak out about this plan, they have begun to back off. I cannot help but think if we continue to speak out, even though they accord us only 1 day of hearings, if we continue to speak out at every possible opportunity, they will yet rethink the pay-more-get-less plan and recognize that it is not in the best interests of the American people.

Of course, with reference to the plan that they have unveiled in seeking 1 day of hearings, there have been a number of people, and not just Democrats, who have been critical of that. As I think about Republican-oriented newspapers in this country, I can think of few that are more Republican-oriented than the lead paper in the city of Dallas, in my home State of Texas, the Dallas Morning News. I want to quote briefly from an editorial that they had on this subject of limiting the right of the American people to know the details of this. I say almost the most Republican paper in this country, because undoubtedly the most Republican paper is the American Civilization Newspaper. It is the newspaper of the Progress and Freedom Foundation, which was founded by our Speaker, NEWT GINGRICH.

As you will recall in February of this year, the lead editorial from that foundation was entitled ''For freedom's sake, eliminate Social Security.'' In that lead editorial in February, the editorial derided Social Security, in addition to Medicare, and it said that ''It is time to slay,'' and I am quoting, ''the largest government entitlement program of all, Social Security.'' It said, ''Social Security must be abolished.''

It is that kind of extreme ideological thinking that I think is behind the effort to first subvert and weaken the Medicare system with the pay-more-get-less system, and then to go after the weakening and the eventual destruction of the Social Security System, as the Speaker's own newspaper advocated back in February of this year.

But returning to Texas and returning to the very Republican-oriented Dallas Morning News, on September 10, under a title ''Changing Medicare, public will need time to grasp reforms,'' the Dallas Morning News says,

> Remember last year when the Democrats tried to rush final health plan through Congress just before the August recess? At that time the Republican congressional leaders said look, these reforms are too complicated. The American people need time to absorb them. Let's break for August and let the American people digest and debate them.

They say, ''The Republican response was appropriate.'' Of course, you would

expect that from a Republican-oriented newspaper. But then they go on to point out this. They say, ''but now their memory,'' referring to the Republicans, ''seems short, if not selective. One year later, Republican congressional leaders are trying to rush their own health care reforms. Here comes the hypocrisy,'' they say. Republicans want Congress to vote on the reforms within 10 days to 3 weeks. That is misguided. Congress soon must finish its plan to achieve a balanced Federal budget. Medicare, after all, is a lifeline for many senior citizens.'' They say, ''changes should not be rammed down their throats.''

That is what this discussion tonight is about. I was quoting the Dallas Morning News that changes should not be rammed down the throats of our Nation's seniors.

Then they go on to point out, ''Let's not revisit the mess of last year. Republicans must listen to their own counsel.''

That is what we are calling for. Do not just devote 1 day to wrecking a program that it has taken 30 years to get in place, a program that over 9 out of 10 of every Republican Member of the Congress, back when President Johnson signed Medicare into law, opposed. Let us focus attention and provide for detailed analysis.

After all, the Republicans in this House thought that the Whitewater affair was deserving of 28 days of public hearings, and yet when the issue is a whitewash for an attempt to undermine the Medicare system, they seem unwilling to devote more than a day.

Now, I see that my colleague from Texas, the gentlewoman from Houston, TX [Ms. JACKSON-LEE], is here. I know she had the occasion to sit through some of those hearings and to know about these matters, and perhaps she has some observation about the impact of this kind of pay-more-get-less plan and rushing it through in a single day.

Ms. JACKSON-LEE. Mr. Speaker, I appreciate the gentleman from Texas, my colleague, and also appreciate the persistence that he has offered in this effort, and all of us have come to this issue with a certain bit of perplexity. I am a little bit confused, not so much because I am confused about what I hear from my constituents in the 18th District of Texas, particularly the senior citizens, about the need for Medicare and the need for a balanced response to some of the concerns that are expressed, but the gentleman from Texas is correct. We are at a posture where we have the answer from the GOP plan, pay more and get less, and yet we are finding that few of our Republican colleagues want to lay this out for a full-blown hearing in order to hear from our constituents across the Nation.

My fourth grader is learning about the States in the United States, all 50 of them, and he takes great pride in pointing out the different States and the different distinctions. But when we look at this road map of the United States of America, the truth about the Republican Medicare cuts, we can see not one single State misses the bat, misses the heat, misses getting cut to the bone.

In particular, if we look at Texas, we will find that seniors will be paying $3,785 more over the next 7 years of out-of-pocket increases. We look at Connecticut, we look at Camden, CT, and we look at up in the New England States, we look at New York, we look at Washington, DC, down in Florida, where there is a huge senior citizen population, $5,082.

So the real question becomes, why the coverup? Why not a full force hearing on what we are doing with Medicare?

I might raise a point with the gentleman that gives me great pause for concern going home to my district. There is a discussion and an editorial, if you will, about this concept of managed care. Might I just inject that we have the healthiest population of Americans, elderly Americans, in the 30-year history, since 1965? We can point today that some 99.1 percent of Americans, but particularly seniors, are insured because of Medicare, with health coverage. We can point to a healthier senior citizen population and one that has experienced this whole trend toward preventive health care.

But the question becomes with this managed health care philosophy that is being promoted by Republicans, they will choose a managed care system. When you go into rural communities and some of our urban centers, it is already determined that what will happen is the healthiest of our seniors may have the opportunity to choose a managed care system. But what you will have remaining are the sickest of our seniors.

□ 1830

That then becomes an unfunded mandate of sorts on our local government and county government and State government. But beyond the dollars, what we will have will be a population that needs health care the most, that needs hospitalization the most, that needs the constant care the most, the long-term care, and they will not have it.

And so I think that, if we are going to fix Medicare, what we need to do is to have hearings where hospitals and administrators and long-term care givers and those elderly who are most sick can explain their medical needs. Not that we are looking to ensure a system for fraud and abuse; I do not hear you talking about that.

I think Democrats have come to the table and come to the table repeatedly, making the system work. But my concern is already about the increased cost with the recommendation by the Republicans, yet in cover of night, with no hearings.

Then secondarily, what do I answer, what do I tell my seniors who are now sick and who may be sicker, that the only thing that they have to do is wait to see if managed care or an HMO will pick them up. I do not think that will be the answer.

Mr. DOGGETT. As you have pointed out, when our fellow Texan signed Medicare into law in 1965, about half of the seniors in this country had no type of health insurance at all. Now we have covered about 99 percent of those seniors, and it seems to be a plan that works for them.

I do not find many of those seniors saying that they need somebody to manage them. The folks that I know down in Texas are a pretty independent lot. Managed care has its place; I am all for people being able to choose that alternative. But folks there do not seem to be too interested in being managed. They seem to be interested in having the kind of Medicare System that they can depend on.

There is some concern that under the plan that is being proposed that we will actually end up with a two-tier system, as you point out, leaving the sickest people within the Medicare System and then having some new kind of system that takes some for those who are in a little healthier condition.

I know also that in the city of Houston, as with many other parts of the country, as I am sure this is true in New Haven as well, that you have a huge medical complex there, a teaching hospital there. And there will be even more burden, I am confident, on the teaching hospitals, on the public hospitals for this kind of approach; is that your feeling?

Ms. JACKSON-LEE. Clearly, you have made a very accurate assessment. I took some time in the district during the August recess to visit several of the facilities, including the public hospital system. They offered to say that there would be an enormous burden, particularly as it relates to the teaching aspect. Our public hospital system has been a very strong component of our medical education training. Those leaders for that community indicated this would have a dastardly, devastating effect on them.

Let me leave you with one point before we yield to the gentlewoman from Connecticut. There is some discussion that the GOP claims that senior citizens will not mind paying more to save the trust fund. But not one penny from the increased part B beneficiary cost would help the Medicare trust fund. That is why we need the hearings.

I think we need to come from underneath the cover of night that I have been saying. One day seems to be extremely difficult to understand, where you would get any facts. The facts need to be on the table. What are we trying to save? Where is the money coming from, and what will it go into? Those answers are not yet on the table. I think the point is well taken.

Mr. DOGGETT. I yield to the gentleman from Pennsylvania for a question.

Mr. GREENWOOD. I certainly had not intended to participate in your discussion tonight. I was at my desk in my office listening to the discussion on Medicare. It is an issue I am greatly interested in because, as you may know, I am one of eight Republican Members of the task force that has been spending the last several months writing this reform package.

I came over to ask if you were interested in participating in a little bit more of a bipartisan discussion which I think might be more informative to the American people, particularly our seniors, than kind of a one-sided, partisan review of things?

I offer myself here as somewhat of an expert on the package since I helped to draft it and would like nothing more than to help have a real debate and a real discussion rather than kind of a one-sided affair.

Mr. DOGGETT. Certainly. In fact, just in response to that, I appreciate your presence. I have been one who had been hoping that Members of the Republican Party would come. Our Republican colleagues could use time like their special order time and use the opportunities we have here to speak and outline the details of the plan that you are advancing. More importantly, I think it is important for us to come together and reach a bipartisan resolution to this problem.

There are some areas that we have common agreement on: fighting fraud and abuse within the Medicare System, working to improve the Medicare System. But I think the problem has been, and I do not say this is necessarily an individual problem between you and me, but the problem has been one of from where we start in this debate.

This debate began back in the fall on the Committee on the Budget. People came and said, after a series of secret task force meetings, we need $270 billion out of the Medicare System. It began not with how can we improve and strengthen that system but where can we get the money from the Medicare System to do some other things that do not have anything else to do with Medicare?

Mr. GREENWOOD. I will be happy, in the spirit of bipartisanship, I will pose it in the form of a question. Would the gentleman not agree that the discussion on Medicare began when the trustees report consisting of three members of President Clinton's Cabinet, the trustees issued a report, and in that report they indicated that part A of the Medicare program, the hospitalization fund, goes broke in 7 years?

This year we are taking in more money than we are spending for Medicare. That is good. But next year we begin to spend more money than we take in. There is no dispute that it goes bankrupt in 7 years unless we do something.

Mr. DOGGETT. I would like to respond to that because I am so very pleased that you raised it. The impression that has been created over the last few months and certainly in the last few days is that, if we do not rush through what I think is fairly referred to as the pay-more-get-less plan, that suddenly this system will go broke and no one will have anything. I do not think that could be any further from the truth.

If this Congress did not act, I am not advocating that, I would like to see action, there is going to continue to be a strong Medicare System next year and for a number of years to come. There is no reason that this has to be rushed through with 1 day for hearings. But I do want to respond fully to your observation, because it is one of the most important.

With reference to the Medicare trustees report, you will recall in the Committee on the Budget, in the early part of this year, I pointed out that the report we got in the spring for this year was verbatim, the report that we got, I think with one or two words difference, last year.

Our party was concerned long before I got to Congress in addressing this problem. This trustees report is not anything new, nor does it provide a justification for raising premiums on part B. There are, as the gentleman well knows, an A part and a B part. And raising premiums in part B, as apparently is being proposed, is not going to do anything to strengthen this fund.

In fact, I think one of the real problems with the approach that many Republicans have advocated at least quietly in the halls and the back rooms of this Chamber is that they want to increase premiums, deductibles, and the like with reference to part B. We could raise them 1000 percent instead of just 100 percent, as has been advocated, and it would not make the Medicare trust fund one penny more secure than it is tonight.

So this use for the Medicare trust fund report is really very deceptive in terms of giving and misleading the American people into thinking that we have a crisis that demands rushing through a bill that is not being done to secure the Medicare trust fund.

Indeed, the other point that has to be made, and I think it is a very important one, is if there was real concern about the security of the Medicare trust fund, surely our Republican colleagues would not have come through with one of the provisions in their so-called Contract With America to actually take money out of the trust fund, with the changes that were made last year, to provide tax revenues to help protect and advance and secure that fund. Yet that is exactly what has happened.

All that our Republican colleagues have done so far, other than this generally veiled plan, in the legislation this House has approved over my objection, is to weaken it and have less money available.

I yield to the gentlewoman from Connecticut.

Ms. DELAURO. I think that this is such an important issue that it deserves a bipartisan discussion and debate.

I will say, first of all, that we have tried to engage in that effort, and we are seeing 1 day for hearings on changing probably the most important piece for legislation that we have, a major, major change, really a reconstituting of the Medicare System in a way that we have not seen in the past. It is an absolute fundamental change in the system.

Looking at this system, potentially turning it into a voluntary system, potentially privatizing, which is what the direction is going, and we have 1 day for hearings. So let me just say this to the gentleman. The fact of the matter is that you have been engaged in writing a plan that no one knows about. I want to go back to the last session of this Congress, where the whole issue of health care reform was not only on the table for debate in the public sector, of debate for almost 18 months in this body. Before the Committee on Ways and Means there were 14 days of debate on the health care reform bill.

The Republican leadership has determined that we will see 24 hours and, quite frankly, for a plan in which in yesterday's Washington Times the chairman of the Committee on the Budget has expressed uneasiness, fear that the plan falls about a third short for what your goal is, which is to cut $270 billion from Medicare, and does not want to engage in smoke and mirrors but is fearful, if you read the same news that I am reading, that in fact that is what is going to occur.

Mr. GREENWOOD. Mr. Speaker, the Committee on Ways and Means alone held 38 hearings on Medicare reform, and the Committee on Commerce on which I serve also held a number for hearings. I cannot enumerate them for you.

But if I may finish, one of the things I think the American people will be interested in, that is to what extent my two colleagues from the other side of the aisle are truly interested in an open dialog in which the truth comes out. The extent to which you are willing to engage me this evening in discussion, if you want to have, use 99 percent of the time to make unchallenged statements, then I think the American people will say: Gee, I do not think they are really interested in an open discussion in which both sides are presented. So, show the American people that you really are interested in bipartisanship and debate, and let us have a discussion.

Ms. DELAURO. I would like to also go back to say that there has been, first of all, we have heard about the plan. There are very few details about the plan.

Mr. GREENWOOD. I have them all. I am an open book.

Ms. DELAURO. You may be an open book, but let me tell you about the Congressional Budget Office, which says the following, and this is quoted yesterday:

The details, until the details fully emerge, the Congressional Budget Office, the bipartisan Congressional Budget Office, Congress's economic analyst, will not be able to certify the savings, and the GOP plan will have a gaping budgetary hole.

I am not saying this. But the Congressional Budget Office is saying it, and more importantly, until there are details, if you are going to hearings this Thursday for 24 hours to debate the most significant change in one of the most significant pieces of legislation in this country, if the Congressional Budget Office cannot act on it, if no one else has the details of this effort, if the American public does not see the debate because what you want to try to do is to cover it up in 24 hours and get this done, I do not—why are we doing this? The American public has a right to know. There are several questions that are critical.

You asked about questions that ought to be asked. If the Republicans are truly interested in the solvency for Medicare, why is the solution to raise premiums on beneficiaries, premiums which in fact, as my colleague from Texas pointed out, do not go into the trust fund? That is the cruel hoax, because seniors are confused.

□ 1845

The cruel hoax here is that we are talking about trying to deal with the Medicare trust fund and making sure it is safe and secure, and there is $270 billion that is not going into the trust fund.

Mr. BONIOR. Mr. Speaker, will the gentleman yield?

Mr. DOGGETT. I yield to the gentleman from Michigan.

Mr. BONIOR. Not only is this money not going into the Medicare trust fund, our Republican colleagues about 4 months ago, and we had the tax bill before us on the floor, took $89 billion out of the trust fund to pay for the tax bill. So not only are they not dealing with this in a fair, rational, sacrosanct way in terms of the commitment that was made and the contract that was made between seniors and its government with regard to Medicare, but they raided the fund of $89 billion 4 months ago in order to pay for a tax cut for the wealthiest people in our society.

Mr. DOGGETT. Mr. Speaker, I want to respond to the gentleman's comment about the number of hearings that have been held, because we went through the same problem with the budget resolution, where one ''think tank'' person after another was brought in to talk in theory about the budget, but no hearing was held on the specific proposal. To date, we have not even had the gentleman or one of his colleagues come down here and outline the proposal and say how much higher the premiums will be, how much higher the deductibles and copayments will be, and the other changes.

It is hard to have a really meaningful hearing, or for that matter, a really meaningful bipartisan debate, in which the gentleman has said he wishes to engage tonight, without having the details of that plan laid out before us.

Mr. GREENWOOD. Mr. Speaker, will the gentleman yield?

Mr. DOGGETT. I yield to the gentleman from Pennsylvania.

Mr. GREENWOOD. Mr. Speaker, I thank the gentleman for yielding to me for a question.

My question is this: If in fact what the gentleman would like to do this evening with his time on the floor is to inform the American people, particularly our seniors, so they can make an evaluation about how they feel about this plan, will he not engage me? There are five of you, there is one of me. I am one of the drafters of this. I am happy to stand here all evening and answer questions and debate fine points as to what we should do, but I am going to repeat myself. The American people look at you and say, ''Those five Democrats are not going to let the Republican who is one of the drafters of the bill have very much time at the microphone. I guess they do not want to hear what he has to say. I guess they do not want to know what is in this plan.''

Mr. DOGGETT. I would be glad to have not only one of you, but 100 or 200 more here to debate fully and thoroughly. But I am concerned that what is going to happen, given the example of limiting these hearings to 1 day and 1 day only, that the idea will be to compress the real debate that occurs, once we have all the details of the plan, into the same limited time so people learn as much about it or as little about it as possible.

Perhaps the gentleman could tell us why there is 1 day and only 1 day of hearings once the plan is outlined, if he is indeed interested in a bipartisan presentation.

Mr. GREENWOOD. If the gentleman will continue to yield, as I said earlier, the committees of jurisdiction held dozens of hearings covering hundreds of hours on this issue.

Mr. DOGGETT. But not on this plan.

Mr. GREENWOOD. Number two, there will be hearings. Number three, we approach the end of the fiscal year, as my colleagues know. We are trying to deal with this issue in this fiscal year. The President of the United States has said that we need to reduce the growth in the Medicare program in the coming fiscal year by $124 billion, if we use the OMB budget line. If we use the CBO budget line, the budget line we are using and that the President encourages us to use, that is closer to $194 billion, so the gentleman said earlier that he wants to think about where we can agree.

Where there is not disagreement among honest brokers in this issue is that the President of the United States and the Republican Party believes that at least $190 billion needs to be reduced from the growth of spending in this program. So if you want to start from there, we can have an honest discussion.

Mr. DOGGETT. Reclaiming my time, Mr. Speaker, my question to the gentleman is, why is it that you are having only one day of hearings? And his response is, we are having hearings and it is near the end of the fiscal year. The hearings he is having are taking less than 1 day. The reason we are near the end of the fiscal year is that he has drug out throughout the course of this year this proposal. He still has not come to the floor of this House and outlined the details of the proposal, and proposes to rush it through on the eve of the close of the fiscal year, not because we have a crisis, but because I genuinely believe our Republican colleagues want the American people to know as little as possible over as short a time period as possible what this plan really does.

Mr. HEFNER. Mr. Speaker, will the gentleman yield?

Mr. DOGGETT. I yield to the gentleman from North Carolina.

Mr. HEFNER. I would just like to make a couple of observations. The gentleman said we are not sincere about doing something about Medicare, looking after senior citizens. I would just urge the gentleman to look at the track record.

Mr. GREENWOOD. I did not make those comments.

Mr. HEFNER. That was the inference I drew. Let me make one thing perfectly clear. If it is your purpose to cut $270 billion over 5 years, and then the Committee on the Budget chairman said today in a seminar that he came and spoke at, our seminar, that we have paid for the tax cut, it is bad enough that you frighten senior citizens, and the Speaker of this House, that says that Democrats have demagogued and terrified senior citizens, I am a senior citizen, and the last thing in the world we need, senior citizens, to be frightened about is health care.

If you spend very much time in your district office, you have these precious souls that come into your office, and their biggest concern is to make a decision whether they are going to be able to pay their rent, their water, or their lights, or have their prescriptions filled. Then when you talk about the changes in Medicare, even minimum, just a few dollars a month, to us a few dollars a month is not much, but for that senior citizen that is living on a fixed income that increase in premium is tremendous, $7 or $8 or $10 a month.

Then you are going to have a look-back provision that says, ''Hey, if these things are not coming up, we are going to have to look back,'' and you are going to look back to the same people that you are going to come to again. The last thing in the world that the senior citizens need in this country is another hassle as they get into their declining and sunset years.

If you want to look at the track record, there is not a living Member of this House or the Senate that was here when Medicare passed that supported it. The tax cut is going to be $240 billion. It is not paid for. It is bad enough

that you do this to Medicare and to senior citizens. At least you could have the decency to apply it to the budget deficit. It goes directly from Medicare, and it goes directly to a tax cut for Members of Congress, for some of the wealthiest people in this country. I am a senior citizen. I would a lot rather have the comfort of having my Medicare than to have a few dollars tax cut.

Let us just look at the track record of the Republicans on Social Security and Medicare. The first budget that Ronald Reagan's budget director brought to this House, David Stockman brought a budget to this House, and it called for a $125 a month cut in the minimum Social Security for our oldest, sickest senior citizens, $125. It was going to completely erase that from the Social Security payment. It caused such a ruckus and uproar that it was quickly withdrawn.

The record is not good. You have not supported Medicare. You were not here, and I will give you the credit for that, but no Republican supported Medicare. This is not something that has paid for a tax cut. You are using Medicare cuts, and why not be honest about it and say, ''This is our philosophy. We want to make these cuts and we want to use these cuts to pay for tax cuts for our agenda.'' At least have the decency to say that. In road shows all over this country, the Speaker has gone all over this country in road shows talking about ''We have paid for the tax cut, and we are going to give the senior citizens more choice. We are going to allow you to be sick up to $4,800 a year. After that we have to make some adjustments.''

Mr. GREENWOOD. The gentleman is misinforming the House. I would be happy to correct him.

The SPEAKER pro tempore (Mr. GUTKNECHT). If the gentleman would suspend, I would remind the participants that the gentleman from Texas [Mr. DOGGETT] controls the time.

Mr. DOGGETT. I have yielded for a comment to the gentleman from North Carolina [Mr. HEFNER], and I will continue to yield to all of those here for questions and observations, but I would ask that you have the opportunity to finish, and that the rules of the House be enforced, and that we have regular order, if the gentleman would proceed.

Mr. HEFNER. The matter of fact is, and it is so evident if you listen to the arguments and listen to the numbers, $270 billion in Medicare cuts, $240 billion in tax cuts that go basically to the most privileged people in this country. if that is your philosophy, be proud of it. But it is not paid for. If it was paid for, it was paid for out of student lunch programs and from Medicare, and it came from the most vulnerable people in this country.

If that is your philosophy, be proud of it, but do not disguise it and say we have paid for the tax cut and senior citizens are going to get more choice. I can imagine me going to a carrier and saying, ''I want to buy some insurance.'' You are going to give me a voucher. I go to an insurance carrier and say, ''I have had heart disease. I have had open heart surgery.'' They are going to laugh me out of the office. The voucher is going to be no good for me.

We are not frightening senior citizens across this country, as the Speaker and everybody has said, we are telling the truth. It scares the devil out of them, and it should. We should tell the seniors the truth and let them know what they are in for, at least tell them the truth, because at least maybe they can prepare for the worst to come, and it is going to be some bad times for senior citizens in this country if this Medicare package passes.

Mr. DOGGETT. Mr. Speaker, we use tonight as an opportunity to share with colleagues across this House, because we are being denied an opportunity to have a full and fair debate in committee this week, so I yield to my colleague the gentleman from Michigan [Mr. BONIOR] for any questions or observations.

Mr. BONIOR. I thank the gentleman for yielding. I just want to follow up on what my colleague, the gentleman from North Carolina [Mr. HEFNER], said when he talked about the question of scaring our senior citizens today.

What is going on here is just an outrage with respect to the scare that has been put into these people by these proposals that have been offered by my friends on the other side of the aisle. I will tell the Members what is scary, Mr. Speaker. Scary is a 76-year-old woman who lives basically off of Social Security. Maybe she has a few pennies more than that. She has to pay for her heat, she has to pay for her rent, she is going to have a few pennies left over for her other odds and ends. Then she gets up, reads in the paper, hears on the radio or watches on TV, that her premium is going to be doubled from $46 a month to $90 a month.

Then she hears from the Senate Republicans that her deductible is going to be increased from $100 a month to maybe $150 to $250 a month. Then she hears and reads and sees on her TV that the House Democrats want to cut Medicaid by $82 billion. Sixty percent of Medicaid goes to older people in this country in the way of nursing home care.

Mr. DOGGETT. That the House Republicans want to pass.

Mr. BONIOR. The House Republicans. No wonder she is frightened. No wonder they are frightened and scared out there. They ought to be, because we are talking about huge amounts of money out of their pocket for basic health care, out of their Social Security check that is going to shrink every month. They ought to be scared and outraged because of the formula that is being devised here to shift that money to the wealthiest people in our society in the way of a tax cut.

Mr. Speaker, one might say that this is not a trend, it is something that the Republicans are just bent on doing. But today in the Committee on Ways and Means the Republican majority is talking about doing the same thing to middle-income people. They want to put a $1,000 tax increase on middle-income people, people making up to $27,000 a year, just today, the so-called earned income tax credit for middle-income folks. So it is not just happening to seniors, it is happening to middle-income people. They are after your pensions, they are after your health care.

What we are finding is this gap that is growing in this country between the wealthy in our society and the rest. The chasm is growing deeper and it is growing wider. It is time that people stood up and said, ''Enough of this extremism, enough of this move to the far end of the political spectrum with respect to the economics of people.'' Medicare is too important of a sacred trust, a sacred trust that was made between the government and its people back in 1965, when we had tremendous percentages of poverty among our seniors. We have reduced that poverty tremendously as a result of Medicare. Now we are going to find ourselves in a situation in which our seniors and their children, who will be required or are obligated or duty-bound to pick up this tab for their parents or grandparents, are going to be pressed as well economically. I thank my colleague for his comments.

Mr. DOGGETT. I have just one response to the gentleman's observation, because I think it is an important one. That is that there may be some younger people that are watching and observing the debate going on across our Nation over Medicare, feeling that they do not have a stake in this. As you pointed out, many of those young people at the beginning of their earning power, working people in this country, the folks out there working for an hourly wage, are about to get hit with a tax increase by the Committee on Ways and Means under the Republican leadership.

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But they also stand in the course of this Medicare debate to suffer as well. One recent study that was done by Lewin VHI has pointed to the danger of cost shifting as a result of this Medicare plan and has suggested, and I quote, that lost wages in increased premium contributions would equal about $1,000 per covered worker over the 1996–2002 period.

So those same workers that we are talking about, that are about to get a Republican tax increase with the changes being made in the Committee on Ways and Means, are also people that stand to lose about $1,000 from cost shifting under one study because of a Medicare plan that is being done in isolation from the rest of the health care problems of this country. That may simply cause hard-pressed hospitals and health care providers to shift more cost to those who are under

65 to try to recoup some of the losses that will occur to them if this plan goes into effect.

I know my colleague from New Jersey has arrived and that he has a number of questions and has spoken out eloquently on this subject. I yield to him.

Mr. PALLONE. Mr. Speaker, I just wanted to thank the gentleman from Texas again for doing this special order tonight. I really will say once again that that chart that he has up there that says ''the GOP Medicare plan, pay more and get less,'' really says it all.

This is what the seniors are increasingly telling me in my district and throughout the State of New Jersey. They understand that this is nothing more than a tax increase and a reduction in services.

You cannot take the amount of money that we are talking about here, a $270 billion cut in Medicare—and I also notice that the rest of my colleagues talked about the cuts which are, I think, $180 billion in Medicaid as well—you cannot take that level of cuts in these programs without either reducing the quality of service or charging senior citizens more for what they are getting for health care.

The reality is that what the Republicans are talking about essentially are doing both, because they have already told us. I know my friend, the gentleman from Michigan [Mr. BONIOR], mentioned some of these things before. We have already heard about at least three possible implementations of this Medicare cut that would increase costs to seniors and in effect amount to a tax increase.

One is on the Senate side, the increased co-payment, I believe, for Part A for hospital care from $100 to $150. We have heard about the Gingrich proposal with regard to Part B that pays for physician services, that in essence doubles you premium for Part B over the next 5 to 7 years; and we have also talked about means testing.

I know that there has not been a lot of discussion in general about means testing, but this idea that we are going to charge wealthier people more for their Medicare premiums, for their Part B premiums, to the point where at some point they would not have any subsidy, would have to pay the whole cost of their Medicare premiums, well, right now the Republican leadership is talking about a $75,000 threshold for that. In other words, you would have to be making at least $75,000 before they start charging you that tax.

But the bottom line is, I know from my own experience and I have seen it in the State legislature and here in Congress, those thresholds start to go down very quickly when the Republican leadership of the Congress is looking for extra money. So do not be surprised, New Jersey residents or Americans, if next year it is 65 and the following year it is 50 and then it drifts down to 40. I have heard some of my colleagues already talking about a $35,000 threshold.

We know that there is a huge gaping hole here. On the one hand they have these various tax increases which I just mentioned. On the other hand they have cuts in providers' fees, cuts in the amount of reimbursement that is going to go to hospitals or other health care facilities.

Those things are going to result in less quality care. The hospitals in New Jersey, we have already identified through the New Jersey Hospital Association 76 hospitals that are on the critical list, that if they have any significant, and I am not talking about the level of cuts that we are talking about here but any significant cuts in Medicare or Medicaid, some of them are going to close and a lot them are going to significantly reduce their services.

But beyond that, beyond paying more for those taxes, as the gentleman from Texas said, beyond getting less because of the quality of care and because hospitals and other providers are going to reduce the services that are available, we still have this gaping hole which we know that the Republicans are saying, ''Well, if all this doesn't squeeze enough money out of this system, then in a few years if we find out that we haven't saved enough, then we're just going to have to go back to the drawing board and come up with either more tax increases or more cuts in services.''

What is that going to mean? Again, it is going to be more tax increases. You will see those premiums for part B going up even more. You will see that means-test threshold going down. You will see those co-payments or deductibles increasing, and at the same time you will see less and less money going to the hospitals and going to those who are providing the services.

There is no way to provide this level of cuts, to make this level of cuts in Medicare and also Medicaid, without having to pay more and get less, just as the gentleman says. I think that the Republicans and the leadership should fess up and say, look, this is a major tax increase, this is a tax increase on seniors that is going to pay for a tax cut for a lot of well-to-do Americans.

They might as well admit it because every day we see, as this unfolds, and it has not unfolded completely, there are still a lot of details that we have not gotten, but as it unfolds we see more and more that that is the bottom line and that is what we are getting.

I just wanted to congratulate again the gentleman from Texas and the gentlewoman from Connecticut for putting this together, because we have got to bring that point home.

Mr. DOGGETT. Mr. Speaker, I yield for a question to the gentleman from Pennsylvania.

Mr. GREENWOOD. That is very kind of the gentleman, and I appreciate it.

Mr. Speaker, with all due respect the amount of disinformation that has been brought forth this evening by my colleagues on the other side is breathtaking. Let me just correct a series of them very quickly.

There will be no increase in deductibles. There will be zero increase in deductibles. There will be zero increase in copays. The part B premium, which is at 31.5 percent for senior citizens today, will remain at 31.5 percent for senior citizens into the foreseeable future. That slight increase which seniors have received each year will be more than overcome by the COLA in their Social Security. They will be paying what they are paying today.

Second, with regard to the part of your poster there that says get less under our plan, every single senior citizen in America will be able to, next year and the year after that and for the next 7 years, be able to retain precisely the fee-for-service Medicare plan that they have today with every single benefit that they have today. There will be no change whatsoever. They will continue to pay 31.5 percent of the part B premium, and their friends and neighbors and children will pay the balance for them. In addition to that, they will have more choices.

Mr. DOGGETT. Reclaiming my time, I am so pleased to hear those comments from the gentleman tonight, because everything you have assured us that this plan will not do is what as you know one newspaper after another has reported was the plan of the Republican task force before last week. Thank heavens we are having some impact in educating the American people about the dangers of this Republican plan. Apparently there are at least some members of the Republican Party that are backing away from raising deductibles, not in the U.S. Senate where they propose to double them under the Republican Senate plan. There are some who may be backing off copayments.

The problem is, as the gentlewoman from Connecticut has pointed out with yesterday's Washington Times, hardly a mouthpiece of the Democratic Party, that you have a giant gap in your plan. That giant gap is proposed to be filled by what you call a look-back provision.

That means that at the end of the year, if you do not get the savings necessary to get the tax break for the privileged few, you are going to have some bureaucrat in Washington reach back and cut in the program. When that cut occurs, it is going to be even more difficult for people to find a health care provider that will provide them Medicare.

I know from my own community that there are many citizens right now that have difficulty finding a provider that will take Medicare. Fortunately you did provide some detail last week, and I am referring to the House Republican leadership packet, the so-called information packet, which is a bit of a contradiction because there is not much information in it, but in that packet you said that it was a myth that you would chase doctors out of Medicare.

Your answer, though, was that doctors today are turning away Medicare patients, which is true, and that doctors under your plan could choose to participate in what you call Medicare Plus. But Medicare Plus is not the Medicare system that people have relied on for the last 30 years, and which you say you would continue to give them the right to participate in. I do not think the Republican Party, tonight or in their so-called information packet or at any other time, has provided any genuine assurance to the American people that they are not going to be forced out of a Medicare system, and whether they are going to have providers who will provide them Medicare in the traditional way.

I yield to the gentleman from North Carolina.

Mr. HEFNER. I would just like to make a point. I know the gentleman's intentions are good. You can give us these numbers, but you do not know where the money is coming from. You do not even have the total numbers on all where this money is coming from or how you are going to pay for it, as late as today. You can give these assurances, but delivering them is another thing.

Where is the money going to come from? All these assurances that you have given to us here tonight, if you can give us these assurances and put our mind at ease, why do we not have an extensive debate, something at least as long as the Waco hearings or the Oklahoma hearings or what have you, and let the American people, the senior citizens, sit before the television and assure them? We will see who they believe and see whose record speaks for itself over the years. Let our backgrounds, let the history speak for itself. But the assurances that you give us, you cannot guarantee that. And your party cannot guarantee that.

Mr. GREENWOOD. If the gentleman will yield to me, I can.

Mr. DOGGETT. I yield to the gentlewoman from Connecticut.

Ms. DELAURO. I have a lot of respect for my colleague. We have worked together on a number of issues. I would like to believe and I think the American public would like to believe what you say.

Again, just yesterday in the Washington Times, it says that—

The Congressional Budget Office will not be able to certify the necessary savings and the GOP plan will have a gaping budgetary hole. Senior GOP aides said an even larger problem is that a preliminary CBO analysis has revealed Republicans will glean little more than $30 billion from one of their most highly touted reforms, allowing seniors to enroll in health maintenance organizations instead of staying in Medicare's traditional fee-for-service program. Republican aides also said they foresee little savings from the malpractice reforms. The CBO also questions savings from reforms aimed at curbing waste, fraud and abuse. That leaves Republicans in a difficult position. They had been counting on saving as much as $80 billion from such reforms. A shortfall of that magnitude would reduce payments to doctors and hospitals each year by about $18 billion.

The look-back provision is buying a pig in a poke. You do not know if you take a look and your savings are not realized, you are going to go back after people again. We had this debate and discussion last night.

Mr. GREENWOOD. I would love for you to yield because I could give you wonderful answers to your questions if you are really interested in the truth.

Ms. DELAURO. Let me just say to you that when you cut back in the same way that you did in the Medicare Program, and we know that there are lower fees on reimbursements to doctors and hospitals, that you are doing the same thing in the Medicare system where it is not going to be just cuts to the providers.

We all agree that there can be cuts to the providers. I could not stand here and say that we could not do that. On the other hand, what you will see, you will see a cut in services. You will see a cut in the quality of care that is being delivered to our seniors.

Let me make one other point. There are some members of the other party that are trying to move away from their leadership. They are being quoted all over this country.

In Fresno, CA, one of my colleagues was heard saying, and this is a quote, one of my Republican colleagues: ''We are concerned about saving Medicare at least for the next 15 years.'' Beyond that, he says he cannot commit to continued support from the Congress. Make no mistake about it. The plan is to end Medicare as we know it.

One of our colleagues in Maryland, when he went out in terms of his road show this weekend, one of his constituents asked, ''Why are you offering tax cuts, while you're increasing the cost of Medicare?'' The Congressman's response was, ''Wouldn't you rather sing My Wild Irish Rose?'' I am not making this up. This is his quote. When you cannot defend your position, you change the subject.

There are a lot of questions that are unanswered. I would ask the Republican leadership the following questions: If you are willing to have hearings, will you support the Dingell resolution that calls for 4 weeks of hearings in this body? If you are so interested in saving Medicare, are you willing to take the tax package off the table? Those are the questions that have to be answered.

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Mr. DOGGETT. I appreciate your questions, and I have only about a minute left, but I would yield for observation briefly to my colleague from Texas.

Ms. JACKSON-LEE. First of all, I am gratified that we attempted to have a bipartisan discussion, and I think it is important that we evidenced by this discussion that we need 4 weeks.

Lastly, the sickest of our seniors will be left without any coverage or at least without a sense of being able to have the best coverage. The system is not bankrupt. There is a life of 7 years, and there has always been a life on the Medicare system. That is the reality that we should teach the American public to get to national health reform.

I thank the gentleman from Texas.

Mr. DOGGETT. Mr. Speaker, I thank all of my colleagues for participating tonight, and particularly my Republican colleague from Pennsylvania, Mr. GREENWOOD. Under the procedures of this House, he and his party now have a full hour in which to present their plan, and I hope they lay it out line by line so that the American people can see what is in this plan.

They have yet to lay it out, perhaps, to some of their own Members who do not understand the details, and as the morning's papers seem to indicate, do not know, themselves, how they are going to fill the great void that is there in their plan, and how it is they are going to provide a $270 billion cut in Medicare, without demanding that America's seniors pay more and get less.

We need a full and thorough debate; not just in their forum tonight, but with a series of hearings and a full open rule when this matter comes before the House. I hope the presence of my Republican colleague here tonight is an indication that the Republican leadership is going to change its ways, just as he says they have changed their ways on some of the increases that they were originally contemplating in taking out of the pockets of our senior citizens, that they will change their ways and that they will not fade the heat any further from the American people, but will instead give us a full, fair and open debate in committee and on the floor of this Congress.

If we do that, if we have the kind of bipartisan exchange, then the American people will know what is about to happen to them. They can understand the full consequences of having to take from seniors in order to afford a tax break to the most privileged few in our society.

Mr. Speaker, I hope that we will see that happen and hope that our Republican colleagues in the hour that they now have, will indicate to the American people that we will have that kind of full, fair and open debate, unrestricted in terms of time, unrestricted in terms of amendments, so we can really get about the job of improving and strengthening the Medicare system instead of taking away from it.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 1883

Mr. WELDON of Pennsylvania. Mr. Speaker, I ask unanimous consent that my name be withdrawn as a cosponsor of H.R. 1883.

The SPEAKER pro tempore (Mr. GUTKNECHT). Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.