years and we will institute reforms that are already working in the private sector.

In my home district of Worcester County, MA, 60 percent of my constituents are already in managed care. It works, it provides quality care for seniors under Medicare right now, and it can be used to reform our health care system and reduce the devastating rate of increase we are now seeing.

Mr. Speaker, pass this bill. It is the right thing to do for America.

A LITTLE EARLY CHRISTMAS SHOPPING

(Mr. SCHUMER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SCHUMER. Mr. Speaker, it was like a carnival yesterday here in the House. Step right up, step right up, called Barker NEWT GINGRICH as he called in the special interests for their cut of the pie in an effort to save this devastating Medicare program.

In fact, the Speaker said it was ''a little like Christmas shopping'', as the GOP started selling off parts of the Medicare package to special interests.

For everyone else Christmas shopping starts the day after Thanksgiving, but for the AMA, the pharmaceutical companies, the nursing home operators, Christmas shopping started this week. They got their goodies while the average senior paid: No reimbursement for nausea medicine after chemotherapy. Increases in copayments for loved ones in nursing homes.

How is that going to devastate families throughout America?

Well, the GOP should know something. Yes, they can make a lot of deals and do a lot of trading to save a bad package. They will win the vote, but they will lose the war.

SENIORS WILL HAVE CHOICES

(Mr. HOKE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HOKE. Mr. Speaker, the demagoguery that has developed over this issue is truly shameless. Let us get a couple of facts straight first.

No. 1, one of the things that each and every Medicare beneficiary has the right to choose is to stay in the program exactly as it is today, precisely as it is today, with no increases in copayments, my friend, the gentleman from New York [Mr. SCHUMER], with no increases in deductibles, with the same program, 31½ percent, no increase in the percentage of the part B premium. They will have the right to choose that.

They will also have the right to other choices, the same kind of choices that we have in this U.S. Congress, that every Federal employee has, and that people in the private sector have got. But if we want to see the depths, the shameless depths to which the demagoguery and the rhetoric has gone to in this debate, last night I was on the floor and the bill was compared by the gentleman from New York to the attack by the Japanese on Pearl Harbor. Our bringing forward this bill was compared to the Japanese attack on Pearl Harbor. How does the gentleman from Florida feel about that?

WOLVES IN SHEEP'S CLOTHING

(Mrs. SCHROEDER asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. SCHROEDER. Mr. Speaker, we have heard of wolves in sheep's clothing, and today that is what we see. Today we see all sorts of people from the other side of the aisle parade down here and say trust the party that fought tooth and nail not to have Medicare 30 years ago, but trust them now. Trust the party who had seniors arrested last week in this body when they tried to ask questions. Trust the party who has this 961 harmless page bill that none of them could pass a test on and they have had no hearings on, but trust them.

There is nothing harmful in here. Trust the party whose leader, Speaker GINGRICH says the main thing coming out of the session will be the tax cut for the rich. That is the crown jewel of this whole session and the seniors are going to get the gruel that is what we are doing today. The rich get the jewel, they get the gruel, but they keep saying trust their party and listen to the trustees. That is wrong.

MEDICARE NEEDS INTELLIGENT CHANGE

(Mr. LINDER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LINDER. Mr. Speaker, I believe it was G.K. Chesterton who said, ''I still believe in liberalism, but, oh, there was a time when I believed in liberals.''

The liberals today are losing their mind over losing control over the people's health care. It is not so much how much we spend, it is who decides. The Republicans want to give that decision to the people who use the health care. Let them have the same choices that we have in health care. Do you want to opt out of the 1965 style Blue Cross program? Even Blue Cross does not provide that kind of health care delivery system anymore, but we have locked our seniors into a 30-year-old system from which they cannot escape.

Do we want seniors to have the choices that we have? High deductible medical savings accounts, a managed care system, to stay with their current health care system? The old 30-year-old program does not allow any choices and it gives us a health care system that is increasing in cost at three times the rate of inflation. We cannot sustain that, our seniors do not want to try to sustain that, we need to fix it.

PROPOSED CUTS IN MEDICARE WILL HURT SENIORS

(Mr. SANDERS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SANDERS. Mr. Speaker, there is no excuse for a $270-billion cut in Medicare when the Republican leadership is simultaneously providing huge tax breaks for the rich, is building more B–2 bombers, and is maintaining $125 billion in corporate welfare.

In my State, these cuts will result in over 80,000 elderly and disabled Vermonters paying higher premiums for a weakened Medicare system. As a result of the Republican plan, Medicare part B premiums will rise by $312 in the year 2002.

Mr. Speaker, not only will seniors be paying more for a weakened system, but throughout our country and in rural States like Vermont our rural hospitals will be endangered. Fifty-five percent of the revenue that comes into our hospitals come from Medicare and Medicaid, and many of them will not be able to sustain these cuts.

PERMISSION FOR SUNDRY COMMITTEES AND THEIR SUBCOMMITTEES TO SIT TODAY DURING THE 5-MINUTE RULE

Mr. LINDER. Mr. Speaker, I ask unanimous consent that the following committees and their subcommittees be permitted to sit today while the House is meeting in the Committee of the Whole House under the 5-minute rule:

Committee on Agriculture, Committee on Commerce, Committee on Government Reform and Oversight, Committee on International Relations, Committee on the Judiciary, Committee on Resources, Committee on Science, Committee on Small Business, and Committee on Transportation and Infrastructure.

It is my understanding that the minority has been consulted and that there is no objection to these requests.

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

There was no objection.

PROVIDING FOR CONSIDERATION OF H.R. 2425, MEDICARE PRESERVATION ACT OF 1995

Mr. LINDER. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 238 and ask for its immediate consideration.

The Clerk read the resolution as follows:

H. RES. 238

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 1(b) of rule XXIII, declare the

House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 2425) to amend title XVIII of the Social Security Act to preserve and reform the Medicare Program. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and amendments specified in this resolution and shall not exceed three hours equally divided among and controlled by the chairmen and ranking minority members of the Committee on Ways and Means and the Committee on Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. An amendment in the nature of a substitute consisting of the text of H.R. 2485, modified by the amendment printed in the report of the Committee on Rules accompanying this resolution, shall be considered as adopted in the House and in the Committee of the Whole. The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the five-minute rule. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. No further amendment shall be in order except the amendment in the nature of a substitute printed in the Congressional Record and number 2 pursuant to clause 6 of rule XXIII, which may be offered only by the minority leader or his designee, shall be considered as read, shall be debatable for one hour equally divided and controlled by the proponent and an opponent, and shall not be subject to amendment. All points of order against that amendment in the nature of a substitute are waived. After a motion that the Committee rise has been rejected on a day, the Chair may entertain another such motion on that day only if offered by the chairman of the Committee on Ways and Means, the chairman of the Committee on Commerce, or the majority leader, or a designee of any of them. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill, as amended, to the House with such further amendment as may have been adopted. The previous question shall be considered as ordered on the bill, as amended, and any amendment thereto to final passage without intervening motion except one motion to recommit with or without instructions. The motion to recommit may include instructions only if offered by the minority leader or his designee. The yeas and nays shall be considered as ordered on the question of passage of the bill and on any conference report thereon. Clause 5(c) of rule XXI shall not apply to the bill, amendments thereto, or conference reports thereon.

The SPEAKER pro tempore. The gentleman from Georgia [Mr. LINDER] is recognized for 1 hour.

Mr. LINDER. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts [Mr. MOAKLEY], pending which I yield myself such time as I may consume.

During consideration of this resolution, all time yielded is for the purpose of debate only.

(Mr. LINDER asked and was given permission to revise and extend his remarks and include extraneous material.)

Mr. LINDER. Mr. Speaker, House Resolution 238 is a modified closed rule that waives all points of order against H.R. 2425, the Medicare Preservation Act of 1995 and provides for consideration of this historic legislation. The rule allows for 3 hours of general debate to be equally divided between the chairmen and ranking minority members of the Committees on Ways and Means and Commerce. Following the 3 hours of general debate, the rule makes in order as an original bill for the purpose of amendment, the amendment in the nature of a substitute consisting of the text of H.R. 2485, as modified by the amendment printed in the Rules Committee report.

The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the 5-minute rule, and the bill shall be considered as read. All points of order against the provisions of the bill, as amended, are waived.

The rule provides for consideration of an amendment in the nature of a substitute numbered 2 printed in the CONGRESSIONAL RECORD, if offered by the minority leader or his designee. All points of order are waived against this amendment. The amendment is considered as read, is not subject to amendment, and is debatable for 1 hour divided between a proponent and an opponent of the amendment.

The rule provides that after a motion to rise has been rejected on any day, another motion to rise may only be offered by the chairman of the Committees on Ways and Means or Commerce, or by the majority leader, or a designee of either one of them. It also provides that the provisions of clause 5(c) of rule XXI shall not apply to votes on this bill, amendments, or the conference report for this bill. I expect that we will witness many eloquent speeches—pro and con—during today's debate, and these two provisions are simply designed to limit some common dilatory motions that may unnecessarily delay the consideration of this bill.

Finally, this resolution provides one motion to recommit, with or without instructions, as is the right of the minority. If the motion to recommit does contain instructions, the rule provides that the motion may only be offered by the minority leader or his designee.

Mr. Speaker, in about an hour, we will all participate in a historic event that will lead us to consider a bill that will almost immediately benefit millions of seniors, and eventually, millions of Americans who will one day look to Medicare for health care service. I am honored to carry to the House floor a rule that presents our monumental proposal to save Medicare.

The fight to save Medicare began in earnest on April 3 of this year when the Medicare Board of Trustees that oversees the Medicare trust fund reported to Congress that the Medicare trust fund would begin to decline next year and would be completely bankrupt by the year 2002. The alarm to take drastic and immediate action to save the program has created an atmosphere that is both exciting and anxious for Medicare beneficiaries.

While many have stood on the sidelines of the debate and pointed fingers of blame, we have accepted the trustee's challenge to rescue Medicare. The resolution crafted by the Rules Committees will bring to the House floor the Medicare Preservation Act—a bill that I believe is bold enough to preserve Medicare for another generation.

As I previously stated, House Resolution 238 is a narrow rule allowing both sides of the aisle an opportunity to present the case that their proposal will protect Medicare for a generation of Americans. Ours is a carefully balanced bill that is the result of thousands of hours of work by Members of this House. This rule will preserve that delicate balance, and it is common practice for most bills coming out of the Ways and Means Committee to be considered under closed or modified closed rules. It is important to note that the original legislation creating the Medicare program for millions of Americans was considered under a closed rule in 1965.

Before I lay out some of the general provisions of the act, I want to discuss two specific provisions included in this rule. First, the rule provides language to ensure that all areas of the country receive equitable funding through amendments to the capitation rate formula. While funding will be distributed based upon historical costs and changing populations, the rule provides that certain minimum funding levels will be maintained. The formula guarantees that historically low-cost areas will not be penalized because of their cost effectiveness.

Second, the rule adds additional language to attack fraud and abuse in Medicare. The current Medicare system is so infected with fraud, abuse, and misuse that it wastes billions of dollars each year. I doubt that any Member of Congress has not had at least one constituent at a town hall meeting or other event to show the Member an example of a fraudulent or erroneous Medicare billing. My own mother has received three such billings in the last couple of years, and I am convinced that she is not the only one who has encountered this problem. Therefore, in addition to the antifraud provisions in the base text of this bill, this rule defines several new Federal health care crimes and defines penalties of up to 20 years in prison for violations of these laws, laws focusing on fraud, bribery, theft, embezzlement, and kickbacks. This provision covering doctors and hospitals engaging in this deceit deserves to be part of the bill, and this rule provides for its inclusion in the reform package.

In addition to fighting fraud, this bill will reduce reimbursement rates for doctors and hospitals and provide seniors with more choices for health care delivery. To achieve these goals, the Medicare Preservation Act adds two new programs to the current Medicare program—MedicarePlus and Medisave. Through MedicarePlus, some citizens

will decide to choose a plan that offers fixed rates, and covers prescription drugs, and even eyeglasses. Increasingly, Americans have stated that they appreciate their managed care program, and would stay in it. This bill affords them the opportunity to choose managed care. Those who opt for medical savings accounts through Medisave would be completely in control of their own health spending. All of these changes will assure that we secure the Medicare promise we made to our seniors.

We have to be clear: No benefit will be cut. You can keep your doctor and you have the option to choose any other doctor. There will be no coercion into any specific program. In fact, if a senior chooses a MedicarePlus program or chooses Medisave and then becomes dissatisfied, the bill states that the senior can always move back to the current Medicare system. We expect a very high degree of satisfaction, however, as the Congressional Budget Office has concluded that about 25 percent of seniors will take advantage of these new programs in the first few years. Over and over again, Americans have shown that they make wise choices, and this plan gives our seniors that opportunity.

Medicare is a 1965 Blue Cross/Blue Shield program in which costs have simply grown out of control. For example, when the program began, the Government subsidized 50 percent of the part B premium. Yet today, the subsidy that our children and grandchildren must pay has grown to 68.5 percent. Only the greediest of the elderly, none of whom I know, would ask their grandchildren to shoulder more of this burden. Therefore, we freeze the subsidy at this level. Despite cries from the other side that we are doubling premiums, the fact is that this proposal will simply raise the part B premium about $7 a month by year 7 of this plan. The $7 is a small price to pay to preserve both the future of Medicare and the future of our grandchildren.

As I have stated before, the most extraordinary development has come in those nations that have put their trust in the power and potential of the marketplace. Market forces have modernized every other segment of our society, and I am certain that they will have the effect of improving quality and decreasing costs when applied to government health care. Without a doubt, H.R. 2425 will provide seniors with more choices and result in tremendous benefits to future generations of American seniors. We fulfill our promise to our citizens with this bill.

The resolution that was favorably reported out of the Rules Committee is a fair rule that will allow for careful consideration of the Republican proposal to save Medicare and a minority substitute bill. I urge my colleagues to support the rule so that we may proceed with consideration of the merits of this extraordinarily important legislation.

☐ 0945

Mr. Speaker, I submit the following for inclusion in the CONGRESSIONAL RECORD.

THE AMENDMENT PROCESS UNDER SPECIAL RULES REPORTED BY THE RULES COMMITTEE,[1] 103D CONGRESS V. 104TH CONGRESS

[As of October 18, 1995]

Rule type	103d Congress		104th Congress	
	Number of rules	Percent of total	Number of rules	Percent of total
Open/Modified-open[2]	46	44	51	72
Modified Closed[3]	49	47	17	24
Closed[4]	9	9	3	4
Total	104	100	71	100

[1] This table applies only to rules which provide for the original consideration of bills, joint resolutions or budget resolutions and which provide for an amendment process. It does not apply to special rules which only waive points of order against appropriations bills which are already privileged and are considered under an open amendment process under House rules.

[2] An open rule is one under which any Member may offer a germane amendment under the five-minute rule. A modified open rule is one under which any Member may offer a germane amendment under the five-minute rule subject only to an overall time limit on the amendment process and/or a requirement that the amendment be preprinted in the Congressional Record.

[3] A modified closed rule is one under which the Rules Committee limits the amendments that may be offered only to those amendments designated in the special rule or the Rules Committee report to accompany it, or which preclude amendments to a particular portion of a bill, even though the rest of the bill may be completely open to amendment.

[4] A closed rule is one under which no amendments may be offered (other than amendments recommended by the committee in reporting the bill).

SPECIAL RULES REPORTED BY THE RULES COMMITTEE, 104TH CONGRESS

[As of October 18, 1995]

H. Res. No. (Date rept.)	Rule type	Bill No.	Subject	Disposition of rule
H. Res. 38 (1/18/95)	O	H.R. 5	Unfunded Mandate Reform	A: 350–71 (1/19/95).
H. Res. 44 (1/24/95)	MC	H. Con. Res. 17	Social Security	A: 255–172 (1/25/95).
		H.J. Res. 1	Balanced Budget Amdt	
H. Res. 51 (1/31/95)	O	H.R. 101	Land Transfer, Taos Pueblo Indians	A: voice vote (2/1/95).
H. Res. 52 (1/31/95)	O	H.R. 400	Land Exchange, Arctic Nat'l. Park and Preserve	A: voice vote (2/1/95).
H. Res. 53 (1/31/95)	O	H.R. 440	Land Conveyance, Butte County, Calif	A: voice vote (2/1/95).
H. Res. 55 (2/1/95)	O	H.R. 2	Line Item Veto	A: voice vote (2/2/95).
H. Res. 60 (2/6/95)	O	H.R. 665	Victim Restitution	A: voice vote (2/7/95).
H. Res. 61 (2/6/95)	O	H.R. 666	Exclusionary Rule Reform	A: voice vote (2/7/95).
H. Res. 63 (2/8/95)	MO	H.R. 667	Violent Criminal Incarceration	A: voice vote (2/9/95).
H. Res. 69 (2/9/95)	O	H.R. 668	Criminal Alien Deportation	A: voice vote (2/10/95).
H. Res. 79 (2/10/95)	MO	H.R. 728	Law Enforcement Block Grants	A: voice vote (2/13/95).
H. Res. 83 (2/13/95)	MO	H.R. 7	National Security Revitalization	PQ: 229–100; A: 227–127 (2/15/95).
H. Res. 88 (2/16/95)	MC	H.R. 831	Health Insurance Deductibility	PQ: 230–191; A: 229–188 (2/21/95).
H. Res. 91 (2/21/95)	O	H.R. 830	Paperwork Reduction Act	A: voice vote (2/22/95).
H. Res. 92 (2/21/95)	MC	H.R. 889	Defense Supplemental	A: 282–144 (2/22/95).
H. Res. 93 (2/22/95)	MO	H.R. 450	Regulatory Transition Act	A: 252–175 (2/23/95).
H. Res. 96 (2/24/95)	MO	H.R. 1022	Risk Assessment	A: 253–165 (2/27/95).
H. Res. 100 (2/27/95)	O	H.R. 926	Regulatory Reform and Relief Act	A: voice vote (2/28/95).
H. Res. 101 (2/28/95)	MO	H.R. 925	Private Property Protection Act	A: 271–151 (3/2/95).
H. Res. 103 (3/3/95)	MO	H.R. 1058	Securities Litigation Reform	
H. Res. 104 (3/3/95)	MO	H.R. 988	Attorney Accountability Act	A: voice vote (3/6/95).
H. Res. 105 (3/6/95)	MO			A: 257–155 (3/7/95).
H. Res. 108 (3/7/95)	Debate	H.R. 956	Product Liability Reform	A: voice vote (3/8/95).
H. Res. 109 (3/8/95)	MC			PQ: 234–191 A: 247–181 (3/9/95).
H. Res. 115 (3/14/95)	MO	H.R. 1159	Making Emergency Supp. Approps	A: 242–190 (3/15/95).
H. Res. 116 (3/15/95)	MC	H.J. Res. 73	Term Limits Const. Amdt	A: voice vote (3/28/95).
H. Res. 117 (3/16/95)	Debate	H.R. 4	Personal Responsibility Act of 1995	A: voice vote (3/21/95).
H. Res. 119 (3/21/95)	MC			A: 217–211 (3/22/95).
H. Res. 125 (4/3/95)	O	H.R. 1271	Family Privacy Protection Act	A: 423–1 (4/4/95).
H. Res. 126 (4/3/95)	O	H.R. 660	Older Persons Housing Act	A: voice vote (4/6/95).
H. Res. 128 (4/4/95)	MC	H.R. 1215	Contract With America Tax Relief Act of 1995	A: 228–204 (4/5/95).
H. Res. 130 (4/5/95)	MC	H.R. 483	Medicare Select Expansion	A: 253–172 (4/6/95).
H. Res. 136 (5/1/95)	O	H.R. 655	Hydrogen Future Act of 1995	A: voice vote (5/2/95).
H. Res. 139 (5/3/95)	O	H.R. 1361	Coast Guard Auth. FY 1996	A: voice vote (5/9/95).
H. Res. 140 (5/9/95)	O	H.R. 961	Clean Water Amendments	A: 414–4 (5/10/95).
H. Res. 144 (5/11/95)	O	H.R. 535	Fish Hatchery—Arkansas	A: voice vote (5/15/95).
H. Res. 145 (5/11/95)	O	H.R. 584	Fish Hatchery—Iowa	A: voice vote (5/15/95).
H. Res. 146 (5/11/95)	O	H.R. 614	Fish Hatchery—Minnesota	A: voice vote (5/15/95).
H. Res. 149 (5/16/95)	MC	H. Con. Res. 67	Budget Resolution FY 1996	PQ: 252–170 A: 255–168 (5/17/95).
H. Res. 155 (5/22/95)	MO	H.R. 1561	American Overseas Interests Act	A: 233–176 (5/23/95).
H. Res. 164 (6/8/95)	MC	H.R. 1530	Nat. Defense Auth. FY 1996	PQ: 225–191 A: 233–183 (6/13/95).
H. Res. 167 (6/15/95)	O	H.R. 1817	MilCon Appropriations FY 1996	PQ: 223–180 A: 245–155 (6/16/95).
H. Res. 169 (6/19/95)	MC	H.R. 1854	Leg. Branch Approps. FY 1996	PQ: 232–196 A: 236–191 (6/20/95).
H. Res. 170 (6/20/95)	O	H.R. 1868	For. Ops. Approps. FY 1996	PQ: 221–178 A: 217–175 (6/22/95).

SPECIAL RULES REPORTED BY THE RULES COMMITTEE, 104TH CONGRESS—Continued

[As of October 18, 1995]

H. Res. No. (Date rept.)	Rule type	Bill No.	Subject	Disposition of rule
H. Res. 171 (6/22/95)	O	H.R. 1905	Energy & Water Approps. FY 1996	A: voice vote (7/12/95).
H. Res. 173 (6/27/95)	C	H.J. Res. 79	Flag Constitutional Amendment	PQ: 258–170 A: 271–152 (6/28/95).
H. Res. 176 (6/28/95)	MC	H.R. 1944	Emer. Supp. Approps	PQ: 236–194 A: 234–192 (6/29/95).
H. Res. 185 (7/11/95)	O	H.R. 1977	Interior Approps. FY 1996	PQ: 235–193 D: 192–238 (7/12/95).
H. Res. 187 (7/12/95)	O	H.R. 1977	Interior Approps. FY 1996 #2	PQ: 230–194 A: 229–195 (7/13/95).
H. Res. 188 (7/12/95)	O	H.R. 1976	Agriculture Approps. FY 1996	PQ: 242–185 A: voice vote (7/18/95).
H. Res. 190 (7/17/95)	O	H.R. 2020	Treasury/Postal Approps. FY 1996	PQ: 232–192 A: voice vote (7/18/95).
H. Res. 193 (7/19/95)	C	H.J. Res. 96	Disapproval of MFN to China	A: voice vote (7/20/95).
H. Res. 194 (7/19/95)	O	H.R. 2002	Transportation Approps. FY 1996	PQ: 217–202 (7/21/95).
H. Res. 197 (7/21/95)	O	H.R. 70	Exports of Alaskan Crude Oil	A: voice vote (7/24/95).
H. Res. 198 (7/21/95)	O	H.R. 2076	Commerce, State Approps. FY 1996	A: voice vote (7/25/95).
H. Res. 201 (7/25/95)	O	H.R. 2099	VA/HUD Approps. FY 1996	A: 230–189 (7/25/95).
H. Res. 204 (7/28/95)	MC	S. 21	Terminating U.S. Arms Embargo on Bosnia	A: voice vote (8/1/95).
H. Res. 205 (7/28/95)	O	H.R. 2126	Defense Approps. FY 1996	A: 409–1 (7/31/95).
H. Res. 207 (8/1/95)	MC	H.R. 1555	Communications Act of 1995	A: 255–156 (8/2/95).
H. Res. 208 (8/1/95)	O	H.R. 2127	Labor, HHS Approps. FY 1996	A: 323–104 (8/2/95).
H. Res. 215 (9/7/95)	O	H.R. 1594	Economically Targeted Investments	A: voice vote (9/12/95).
H. Res. 216 (9/7/95)	MO	H.R. 1655	Intelligence Authorization FY 1996	A: voice vote (9/12/95).
H. Res. 218 (9/12/95)	O	H.R. 1162	Deficit Reduction Lockbox	A: voice vote (9/13/95).
H. Res. 219 (9/12/95)	O	H.R. 1670	Federal Acquisition Reform Act	A: 414–0 (9/13/95).
H. Res. 222 (9/18/95)	O	H.R. 1617	CAREERS Act	A: 388–2 (9/19/95).
H. Res. 224 (9/19/95)	O	H.R. 2274	Natl. Highway System	PQ: 241–173 A: 375–39–1 (9/20/95).
H. Res. 225 (9/19/95)	MC	H.R. 927	Cuban Liberty & Dem. Solidarity	A: 304–118 (9/20/95).
H. Res. 226 (9/21/95)	O	H.R. 743	Team Act	A: 344–66–1 (9/27/95).
H. Res. 227 (9/21/95)	O	H.R. 1170	3-Judge Court	A: voice vote (9/28/95).
H. Res. 228 (9/21/95)	O	H.R. 1601	Internatl. Space Station	A: voice vote (9/27/95).
H. Res. 230 (9/27/95)	C	H.J. Res. 108	Continuing Resolution FY 1996	A: voice vote (9/28/95).
H. Res. 234 (9/29/95)	O	H.R. 2405	Omnibus Science Auth	A: voice vote (10/11/95).
H. Res. 237 (10/17/95)	MC	H.R. 2259	Disapprove Sentencing Guidelines	A: voice vote (10/18/95).
H. Res. 238 (10/18/95)	MC	H.R. 2425	Medicare Preservation Act	

Codes: O-open rule; MO-modified open rule; MC-modified closed rule; C-closed rule; A-adoption vote; D-defeated; PQ-previous question vote. Source: Notices of Action Taken, Committee on Rules, 104th Congress.

CORRECTION OF VOTES IN COMMITTEE REPORT—OCTOBER 19, 1995

The Rules Committee's report, House Report 104–282 on House Resolution 238, the rule for the consideration of H.R. 2425, the Medicare Preservation Act of 1995, contains four erroneous rollcall votes.

Below is a correct version of those votes. The corrected votes for Rollcall Nos. 178, 189, 202, and 203 are as follows:

COMMITTEE VOTES

Pursuant to clause 2(l)(2)(B) of House rule XI the results of each rollcall vote on an amendment or motion to report, together with the names of those voting for and against, are printed below. For a summary of the amendments moved to be made in order, see section following the rollcall votes.

RULES COMMITTEE ROLLCALL NO. 178

Date: October 18, 1995.

Measure: H.R. 2425, the Medicare Preservation Act of 1995.

Motion By: Mr. Moakley.

Summary of Motion: Make in order amendment by Representative Rangel.

Results: Rejected, 4 to 9.

Vote by Member	Yea	Nay	Present
QUILLEN		X	
DREIER		X	
GOSS		X	
LINDER		X	
PRYCE		X	
DIAZ-BALART		X	
McINNIS		X	
WALDHOLTZ		X	
MOAKLEY	X		
BEILENSON	X		
FROST	X		
HALL	X		
SOLOMON		X	

RULES COMMITTEE ROLLCALL NO. 189

Date: October 18, 1995.

Measure: H.R. 2425, the Medicare Preservation Act of 1995.

Motion By: Mr. Beilenson.

Summary of Motion: Make in order amendment by Representative Ganske.

Results: Rejected, 4 to 9.

Vote by Member	Yea	Nay	Present
QUILLEN		X	
DREIER		X	
GOSS		X	
LINDER		X	
PRYCE		X	
DIAZ-BALART		X	
McINNIS		X	
WALDHOLTZ		X	
MOAKLEY	X		
BEILENSON	X		
FROST	X		
HALL	X		
SOLOMON		X	

RULES COMMITTEE ROLLCALL NO. 202

Date: October 18, 1995.

Measure: H.R. 2425, the Medicare Preservation Act of 1995.

Motion By: Mr. Solomon.

Summary of Motion: Add provision to rule ordering yeas and nays on passage of bill and suspending application of clause 5(c) of rule XXI to votes on passage of bill, amendments thereto, and conference reports thereon.

Results: Adopted, 9 to 3.

Vote by Member	Yea	Nay	Present
QUILLEN	X		
DREIER	X		
GOSS	X		
LINDER	X		
PRYCE	X		
DIAZ-BALART	X		
McINNIS	X		
WALDHOLTZ	X		
MOAKLEY		X	
BEILENSON		X	
FROST			
HALL		X	
SOLOMON	X		

RULES COMMITTEE ROLLCALL NO. 203

Date: October 18, 1995.

Measure: H.R. 2425, the Medicare Preservation Act of 1995.

Motion By: Mr. Quillen.

Summary of Motion: Order rule reported.

Results: Adopted, 9 to 3.

Vote by Member	Yea	Nay	Present
QUILLEN	X		
DREIER	X		
GOSS	X		
LINDER	X		
PRYCE	X		
DIAZ-BALART	X		
McINNIS	X		
WALDHOLTZ	X		
MOAKLEY		X	
BEILENSON		X	
FROST			
HALL		X	
SOLOMON	X		

Mr. LINDER. Mr. Speaker, I reserve the balance of my time.

The SPEAKER pro tempore (Mr. LAHOOD). It is the prerogative of the Chair to welcome back the gentleman from Massachusetts [Mr. MOAKLEY], the distinguished ranking member of the Committee on Rules. The gentleman from Massachusetts is recognized for 30 minutes.

Mr. MOAKLEY. Mr. Speaker, I thank the gentleman from Georgia [Mr. LINDER], my dear friend, for yielding me the customary half-hour, and I yield myself such time as I may consume.

Mr. Speaker, I am very honored to be back at the leadership table today doing my part on behalf of every American who does not want their Medicare benefits cut to pay for the tax cuts for the very, very rich.

Mr. Speaker, I heard 7 hours of testimony in the Committee on Rules yesterday and I still cannot understand why anyone on Earth would propose such a horrible, horrible idea.

Mr. Speaker, 40 million elderly Americans rely on Medicare, but my Republican colleagues still insist on using Medicare as a slush fund for tax breaks. I can tell my colleagues that I was not sent to Congress to do that.

Mr. Speaker, I want to make something very clear. This bill will hurt. This bill will hurt and it means that senior citizens' premiums increase about $400, but they will have to give up their own private doctors.

Where I come from, if you pay more, you should get more. But not today, Mr. Speaker. This bill takes health benefits from Grandma, from Grandpa, and hands them over to the richest Americans in the forms of a nice, big, juicy, fat tax break.

Republicans are not cutting Medicare to save it. Republicans are not cutting Medicare to protect senior citizens. Republicans are cutting Medicare to fill that big, big hole left in our Nation's wallet after their tax break for the very rich.

Mr. Speaker, at a time when we should be immunizing more of our children, at a time when we should be

training more of our health workers, at a time when we should be working together to make this country as competitive and caring as it can be, this bill leaves thousands and thousands of senior citizens out in the cold.

Mr. Speaker, this will cripple our fine medical schools, our outstanding teaching hospitals, our research facilities, and the health of the entire country will ultimately suffer.

Mr. Speaker, senior citizens need their health care a lot more than the very, very rich need another tax break. Take it from me, Mr. Speaker, senior citizens need their health care a lot more than the very, very rich need other things.

Mr. Speaker, this bill is wrong. It is wrong. It is wrong. So, I ask my colleague to defeat the previous question and oppose this rule.

Mr. Speaker, I reserve the balance of my time.

Mr. LINDER. Mr. Speaker, for the purpose of debate only, I yield 4 minutes to the gentleman from New York [Mr. SOLOMON], chairman of the Committee on Rules.

Mr. SOLOMON. Mr. Speaker, let me take a moment to welcome back my colleague, the gentleman from Massachusetts [Mr. MOAKLEY]. Mr. Speaker, I would say to the gentleman that he has not changed a bit, and it is a pleasure to have him back here.

Mr. Speaker, let me also take a moment to thank the gentleman from Georgia [Mr. LINDER], who is managing this rule, and the other members of the Committee on Rules, for supporting this rule. Because, by voting for this rule, my colleagues are voting to give greater equity to the rural hospitals in America. That means more money to rural hospitals because they are so pressed right now for financial assistance: This rule will go a long way toward helping them. So, I thank the Committee on Rules for supporting it.

Mr. Speaker, last month I turned 65 years of age and am now a contributing member of the Medicare system. On behalf of myself and my constituents, I want to thank the gentleman from Texas [Mr. ARCHER], the gentleman from Virginia [Mr. BLILEY], and other members of their committees for this bill, which not only saves the existing system from bankruptcy, but guarantees there will be Medicare protection for the elderly for many years to come with no ''Band-Aid fix'' as is usually the case, here in Congress.

Mr. Speaker, I have been hearing from several different groups of people who are legitimately concerned about how this reform affects them. First, there is a group already retired on Medicare. They can stay in the system exactly as they are or they can buy another private health policy and Medicare will give them up to $4,800 to help pay for it. That is important for those people on Medicare today to know.

Second, there is a group ready to retire that has no current insurance. They can retire, join the existing Medicare Program, or they can choose a private health plan and Medicare will give them $4,800 to pay for it.

Then there is a group, and I think this is a group that I represent back home because they are working Americans. They work for firms like GE and IBM, International Paper Co. or the State of New York or local government. They have health coverage through their employer.

Under this new plan, they can retire tomorrow, either join the current Medicare Program or they can continue the policy they have now with their current employer and Medicare will contribute up to $4,800 to help pay for it. That gives great relief to those people.

Last, there is a group of small businessmen, like farmers, and I represent maybe the 20th largest dairy producing district in America, who currently buy a Blue Cross-Blue Shield plan or a private plan, but when they retire tomorrow their income goes down and they no longer can afford the same policy. Mr. Speaker, under this plan they can either:

One, join the existing Medicare Program as it is today or, two, continue to buy the health policy they have today and Medicare will contribute up to $4,800 toward the cost of that policy.

Mr. Speaker, last weekend I sat home and I randomly called over 100 constituents from all of these categories I mentioned above and you know what? After I explained this new program, without using terms like Medisave, Medigap, or MedicarePlus, when I explained it to them in layman's language, almost every one of them said they were relieved and they thanked me for what we are doing to save Medicare today.

So, on behalf of my constituents, I want to thank the two committees for the great job that they have done. They really are saving this system for the elderly for years to come.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentleman from Texas [Mr. FROST], an outstanding member of the Committee on Rules.

Mr. FROST. Mr. Speaker, at 10 o'clock last night the Committee on Rules was called back into session to rewrite this rule. Now, what was going on? The Republicans are desperate to find votes to promote their $245 billion tax cut for the wealthy.

Look in today's New York Times. ''For Republicans in the House, a Frantic Vote Trading Bazaar,'' and I want to quote from this.

> Today the office of Speaker Newt Gingrich became a kind of bazaar as lawmakers trouped in seeking concessions and Mr. Gingrich tried to please them. The bargaining was a little like Christmas shopping, as Republican lawmakers searched for gifts. To help pay for the sweeteners for the rural lawmakers, this is what they did. They decided not to expand Medicare coverage of chiropractor services and not to pay for drugs needed to combat nausea caused by certain anticancer drugs.

□ 1000

A bazaar, a trading session, simply to be able to find enough votes to put through this plan, to cut Medicare by $270 billion.

PARLIAMENTARY INQUIRY

Mr. MCDERMOTT. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore (Mr. LAHOOD). The gentleman will state his parliamentary inquiry.

Mr. MCDERMOTT. Since we had no hearings in the Committee on Ways and Means, I want to clarify what document we are dealing with.

Mr. LINDER. Mr. Speaker, that is not that parliamentary inquiry.

Mr. MCDERMOTT. Wait and listen to my parliamentary inquiry.

We had a bill introduced, H.R. 2425, in the committee. Then we had a substitute of 435 pages that was dropped on us the day of the first meeting.

Mr. LINDER. Point of order.

Mr. MCDERMOTT. Then we have a bill identified as Union Calendar 145, H.R. 2425, which is 900 pages——

Mr. LINDER. Point of order.

Mr. MCDERMOTT. Which is 900 pages, which has never had a hearing, and now we have H.R. 2485. Are there any other——

The SPEAKER pro tempore. The gentleman from Washington will suspend.

Mr. MCDERMOTT. Are there any other changes before us——

The SPEAKER pro tempore. The gentleman from Washington will suspend.

The gentleman from Georgia will state his point of order.

POINT OF ORDER

Mr. LINDER. Point of order. Is that a parliamentary inquiry or a speech?

Mr. MCDERMOTT. I think asking the Chair what we are considering is basically a parliamentary inquiry. We are out here as a parliament to deal with law. The question is, What we are dealing with?

The SPEAKER pro tempore. The Chair will read from the rule:

> An amendment in the nature of a substitute consisting of the text of H.R. 2485, modified by the amendment printed in the report of the committee on Rules accompanying this resolution, shall be considered as adopted in the House and in the committee of the whole. The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the 5-minute rule.

Mr. MCDERMOTT. Can the Chair tell us, are there any changes between the H.R. 2425, which came out of the committees, and H.R. 2485, which was used in the Committee on Rules last night?

The SPEAKER pro tempore. The Chair cannot further respond.

PARLIAMENTARY INQUIRY

Mr. DINGELL. Mr. Speaker, I have a further parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. DINGELL. Could the Chair tell us which of the documents that have been coming forth so profusely is to be used today for consideration of the legislation?

The SPEAKER pro tempore. The response from the Chair is that the Chair has just ruled on that.

The gentleman from Georgia is recognized.

Mr. LINDER. Mr. Speaker, for purposes of debate only, I yield 3 minutes to the gentlewoman from Ohio [Ms. PRYCE], our colleague on the Committee on Rules.

Ms. PRYCE. Mr. Speaker, this is a historic day in the House of Representatives, and I am pleased to rise in strong support of this rule for the Medicare Preservation Act.

Throughout the past year, we have made every effort to alert the American people, and seniors in particular, that we are facing a serious crisis.

Medicare is growing at an unsustainable rate, and retirement of the baby boomers is just around the corner. Unless decisive action is taken now, the Medicare system will collapse. With the health of 34 million senior citizens at stake, we can't delay any longer. The time has come for Congress to act responsibly and courageously, in the face of all the rhetoric and politics as usual.

After months of congressional hearings and meetings with senior citizens, doctors, hospitals, and health care experts, Congress has crafted a plan that will prevent Medicare's bankruptcy and give seniors the peace of mind they deserve as they look forward to their retirement years.

Our committees have developed a serious response to the Medicare crisis, one which not only promises solvency of the program, but offers seniors the right to choose their health care plan, including the right to stay in the traditional Medicare system.

What this plan is about is change, and change long overdue. The current Medicare program is a 1965 Blue Cross/Blue Shield health care plan codified into law. But just like stereos, computers, or cars, health care plans have seen a lot of innovation in the last 30 years.

Here and now in 1995, you can still drive a 1965 Chevy, but there are a lot of new models out there with cruise control, air bags, and automatic locks. For the first time in 30 years, this proposal gives seniors the opportunity to choose a newer model, but we're also saying, if you want to keep your 1965 plan, if you want to keep on driving your favorite 1965 Chevy, that's all right—it's now your decision, not the Government's.

This plan is honest and sincere. There is no hidden agenda. It's all there, up front, in black and white for the American people to see—no fine print, nothing between the lines.

Our plan will simplify and strengthen Medicare, while finally giving seniors the same choices we all have.

Saving Medicare is not just a slogan or a political strategy. Rather, it is a moral obligation to our seniors and to future generations. We are committed to this challenge, and with this rule and the bill it makes in order, we are keeping our promise to the American people to put Medicare on a sound financial footing.

Mr. Speaker, let us save Medicare. I urge my colleagues to support this fair rule and to bring this country Medicare that is guaranteed to survive.

POINT OF ORDER

Mr. GIBBONS. Mr. Speaker, I make a point of order that a quorum is not present.

The SPEAKER pro tempore. The Chair does not need to entertain that at this point.

Mr. GIBBONS. When will the Chair entertain such a motion? There is obviously not a quorum present, Mr. Speaker.

Mr. Speaker, you know, you are the Speaker pro tempore. The Speaker is off selling books somewhere today. There is obviously a quorum not present. Any camera can see a quorum is not present. Why can I not make a point of order if a quorum is not present?

The SPEAKER pro tempore. Under rule XV, clause 6(e) the Chair cannot entertain such a point of order during debate.

The gentleman from Massachusetts [Mr. MOAKLEY] has 26 minutes remaining and is recognized.

Mr. MOAKLEY. Mr. Speaker, I yield 3 minutes to the gentleman from Florida [Mr. GIBBONS], the ranking minority member of the Committee on Ways and Means, who has done an outstanding job trying to keep the priorities of the Congress going in the right direction.

Mr. GIBBONS. Mr. Speaker, I have seen a lot of outrages in my 33 years, but this tops it all. I will not compare it to the attack on Pearl Harbor. I was in the Army in the attack on Pearl Harbor. It was not a joke. I lost a lot of friends and a lot of colleagues. But this is a stealth attack of terrible proportions.

Mr. Speaker, there is only one reason that we are having this gag rule today. Yesterday, the Republicans spent 4 hours on shrimp, 4 hours on shrimp. Today we are spending 3 hours on 40 million people's benefits, $270 billion. Now, that is the Republican priority in this Congress: 4 hours on shrimp, 3 hours on Medicare.

There is obviously not a quorum present. I do not know where the Members are. I wish they were here because what we have to say is important.

I want to try to follow up what was just said here about the razzle dazzle that is going on about these bills. This is the bill that was finally reported by the Committee on Ways and Means after two or three substitutes by the chairman. It is not worth a hoot. It is 900-and-some pages long and had already been discarded. This is the bill that was adopted by the Committee on Rules last night. It was referred to the Committee on Ways and Means. It was referred to the Committee on Commerce. It never saw the light of day in either one of those committees, but yet it was reported by the Committee on Rules. It is 471 pages long. The other one is 900 pages long.

Then we are adopting a rule here today that makes two more changes. Now I am told by staff that there are 17 changes in this bill that have never been considered by any committee in this Congress. Nobody has ever seen them. This is Newt's bargaining package. This is what he bought his Republican votes on.

Then, to add insult to injury, there are two more amendments to this bill, that has never been read by anybody, in this rule that we are adopting today.

I have seen a lot of razzle dazzle, I say to the gentleman from New York [Mr. SOLOMON] in this Congress in 33 years, but you and your Committee on Rules and NEWT GINGRICH top it all.

For what purpose? For one purpose only: To get old people to take $270 billion out of their pockets and give it to your rich contributors.

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

Mr. GIBBONS. No. You cut us off. You did not give us any time. NEWT GINGRICH did not give us any time to debate here. Why should I yield to you?

Mr. SOLOMON. Well, you are still my friend.

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

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

Mr. DINGELL. Mr. Speaker, this is a bad rule and a bad bill. I urge my colleagues to defeat the previous question, to defeat the rule and defeat the bill.

The process here has been an abomination. It has been an insult to the American people. There have been no hearings on this bill. There have been constant changes in its language. There have been constant backroom deals cut to benefit special interests.

Committee amendments have been disappearing from the final text, and now a gag rule is before us permitting only one amendment.

Republicans say we need this bill to save Medicare. Do not believe it. There is only one reason that this bill is required, and that is to provide tax cuts for the rich, financed at the expense of senior citizens and Medicare recipients.

The committee never had a minute's hearings on this legislation. No committee did.

The bill has undergone constant changes. We have Democratic substitutes here which will not have an opportunity to be considered. There are proposals in this bill that have been sneaked in in the dark of night, and no Member knows what they might contain.

I urge rejection of this gag rule.

PARLIAMENTARY INQUIRY

Mr. DOGGETT. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. DOGGETT. Under this rule, as it is proposed, is the new rule of the House requiring a three-fifths' vote on tax increases before any tax increase can go into effect, is that rule being suspended under this rule so that this will be a tax increase that does not comply with the new rules of the House?

I realize it is to provide tax cuts, but does it not have a tax increase?

The SPEAKER pro tempore. The Chair would refer the gentleman from Texas to the last sentence of the rule.

Mr. DOGGETT. Does that permit a suspension of the three-fifths rule to allow a tax increase to go into effect without a three-fifths' vote?

The SPEAKER pro tempore. That is the rule being waived relating to income tax rate increases.

Mr. DOGGETT. I thank the Chair very much.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentleman from Michigan [Mr. CONYERS], who has worked very diligently on this matter.

(Mr. CONYERS asked and was given permission to revise and extent his remarks.)

Mr. CONYERS. Mr. Speaker, we come here on a rule that handles the issues that fall within the jurisdiction of the Committee on the Judiciary that are the most important economic matters in this Congress, massive antitrust exemptions that will allow doctors to fix and inhibit the prices of their competitors, radical medical malpractice and product liability changes for the first time that will intrude on the States' rights to protect their citizens against negligence, wholesale rewrites of the antifraud laws that will make it almost impossible to prosecute Medicare fraud committee by doctors, and yet we have had no debate on any of these matters.

The chairman of the Committee on Ways and Means, the gentleman from Texas [Mr. ARCHER], cut off debate in that committee, saying the Committee on the Judiciary would resolve them. The chairman of the Committee on the Judiciary has never held hearings on this, and Speaker GINGRICH discharged the Committee on the Judiciary from consideration.

Ten days on Waco in Committee on the Judiciary, 8 days on immigration, no days on Medicare fraud.

I rise in strong opposition to this outrageous rule.

Later today this House will be considering one of the most far-reaching and punitive pieces of legislation in the history of this Nation. The bill has been negotiated behind closed doors directly with special interests and only peeks its head above water occasionally, only to be changed and revised through massive and complex substitutes further tailored to suit the needs of powerful special interests.

And today our right to debate the merits of this legislation has been all but eliminated. Why should we expect to have any sort of meaningful public debate—we all know the only place this bill can be debated is behind closed doors with the AMA and other special interests. The Republicans are in such a rush to go home to explain this sellout to their constituents, they didn't have time to allow for a meaningful debate on the actual legislation.

The issues which fall within the jurisdiction of the Judiciary Committee rank among the most important economic matters we will see this Congress: Massive new antitrust exemptions that will allow doctors to fix prices inhibit their competitors; radical medical malpractice and product liability changes that will for the first time ever intrude on the States' rights to protect their citizens against negligence; and wholesale rewrites of our antifraud laws that will make it almost impossible to prosecute Medicare fraud committed by doctors.

Amazingly, we in the Congress will go through this process having had no debate whatsoever on the merits of these broad-ranging proposals. When the antitrust and malpractice issues were raised in the Ways and Means Committee, Chairman ARCHER cut off debate by saying that the Judiciary Committee would resolve them. Yet Chairman HYDE refused to hold a hearing or a markup, Speaker GINGRICH discharged the committee from consideration, and the Rules Committee ruled all of our amendments out of order. We've held 10 days of hearings on Waco, 8 days of markup on immigration, and no hearings or markup on the antitrust, medical malpractice, and antifraud provisions in the Medicare bill.

So we have the absurd situation where the only group which is permitted to write and debate important changes to the antitrust, medical malpractice, and antifraud laws are the special interests—not the Congress. Now I know why the majority keeps putting off gift and lobby reform. Obviously they needed to finish this bill—the largest legislative giveaway of all time—before they can even consider lobbying reform.

I urge the Members to defeat this rule and restore a level of sanity and reasonableness back into the legislative process.

□ 1015

Mr. MOAKLEY. Mr. Speaker, I yield 2 minutes to the gentleman from New York [Mr. RANGEL], a real fine Member who has lived firsthand with this very, very terrible situation that we see in some of the nursing homes in the State of New York.

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

Mr. RANGEL. Mr. Speaker, there comes a point where shame has to be an issue that has to be discussed. No one knows better than I how important a campaign promise is, and I recognize when you promise $245 billion to those who support the goals and aims of the Republican Party, that you must keep that promise.

The question is, have you no shame in how far you go to raise the money? Student loans, school lunches, housing for the poor. And now we are talking about the crown jewel. The crown jewel is not $245 billion in tax cuts. The crown jewel is aged Americans, those who raised their families and their grandchildren, those that believed in the American dream, those that thought if they took care of their's, that our country would take care of them.

I know, Republicans have fought Medicare from the inception. Every time it comes up, you have always been there, always been there, to vote it down. And here you come again, where hospitals that service the poorest of the poor, in the rural areas, in the inner-cities, where they have no support system, there you are reducing the benefits.

People get up here time and time again saying that is just not so. Well, why do you not go to the hospital people and ask them why they believe you are destroying them? Why do you not go to those in the nursing homes and ask why they are so frightened? And why are we not able to say that there is nothing wrong with that trust fund that $90 billion would not take care of?

If you are so concerned about the Medicare bill, and this will be new to my Republican majority friends, it would be brand new, it would be making history, that you were concerned about the Medicare bill, all you have to do is cut your tax bill by $90 billion, throw it over there and fix the trust fund, and set up a commission to do the rest.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentleman from Ohio [Mr. TRAFICANT] the friend of labor, the friend of the elderly.

Mr. TRAFICANT. Mr. Speaker, I oppose the rule; another choice should have been put in order. I will oppose the bill; it is simply not the best. But I do not agree with the politics being played here today, the spin to win, regardless of the consequences. Depicting NEWT GINGRICH as Darth Vader and Republicans as two-headed monsters may seem to be good democratic politics, but it is bad public policy for America.

Congress spends too much time on motive and not enough time on substance. The important issue today is not whether Republicans win or the Democrats win. Medicare should be fixed. Medicare is in trouble, and I believe that we should address that issue.

I oppose the bill. It is simply not the best we could fashion.

PARLIAMENTARY INQUIRY

Mr. SKAGGS. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore (Mr. LAHOOD). The gentleman will state it.

Mr. SKAGGS. Mr. Speaker, looking at the last sentence on page 3 of the rule, the waiver of clause 5 of rule XXI, am I correct that this is the provision that requires three-fifths of the Members to approve any tax increase on final passage?

The SPEAKER pro tempore. The gentleman is correct about an income tax rate increase.

Mr. SKAGGS. Mr. Speaker, what is the reason that this provision is in the resume, if the Chair could respond?

The SPEAKER pro tempore. The Chair cannot speculate on that.

Mr. SKAGGS. Mr. Speaker, presumably it must be because there is a tax rate increase in the bill. Otherwise, there would be no point in having this waiver.

The SPEAKER pro tempore. The Chair will point out again that the provision is in the rule, as has been read.

Mr. MOAKLEY. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia [Mr. PAYNE].

Mr. PAYNE of Virginia. Mr. Speaker, I rise in strong opposition to this rule, because all year long, every time that someone from this side of the aisle has come down to criticize or even talk about the Republican plan, we were met with the same response: ''Where is your Medicare plan,'' they said, ''and what will you do to save Medicare?''

Well, Mr. Speaker, those of us from the Democratic Conservative Coalition came up with a plan to protect Medicare and the 37 million people it serves. What was the response of the Republican majority? They gagged us. The Committee on Rules will not even permit our plan to be heard on this floor today.

Let me tell my colleagues what they are missing. We put together a Medicare reform plan that is not driven by a promise to cut taxes, but by the need to create efficiency, choice, and personal responsibility. The coalition's plan is a solid, middle-ground plan. It combines long-term structural reforms with reasonable cost savings to ensure Medicare's long-term solvency. Our Medicare reform plan provides $100 billion more for Medicare than does the Republican plan in the next 7 years.

There are four other good reasons why we should hear this plan today. The coalition's plan contains substantive Medicare reforms designed to promote efficiency and fairness. It contains provisions to protect beneficiaries. It does more to protect our rural hospitals than does the Republican plan. Finally, we meet our obligation to ensure the solvency of the Medicare Program.

For 30 years, Medicare has served the elderly and disabled of this country. Because of Medicare, many fewer older Americans live in poverty today than 30 years ago, and all have a better quality of life because of Medicare.

We need to be thoughtful and deliberative in our approach to Medicare reform, and that is what our coalition bill does. It is a travesty that this bill will not be heard on this floor today, and I urge a no vote on this rule.

Mr. LINDER. Mr. Speaker, I am pleased to yield for the purpose of debate only 3 minutes to the gentleman from Florida [Mr. GOSS], a member of the Committee on Rules.

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

Mr. GOSS. Mr. Speaker, I thank my friend from Georgia [Mr. LINDER], for yielding and congratulate him for a marvelous job in managing this rule.

Mr. Speaker, the quality and the quantity of debate we had all day yesterday in the Rules Committee underscores the importance of the Medicare Program and the high level of interest it holds for all Members. This rule is fair and reasonable. By way of comparison, when the Medicare Program was first created 30 years ago, there were no amendments allowed, other than technical changes proposed by the Ways and Means Committee. Today's rule allows the minority two opportunities to present alternative reform plans—so let's cut out this nonsense about process.

Mr. Speaker, the history of this moment should not be lost on us. We have a bedrock program that affects the most personal aspect of the lives of tens of millions of Americans—but we all know Medicare part A is a health care program that is headed over the cliff to oblivion of bankruptcy in a few short years. The Republican majority, well aware of the risks of losing the rhetorical war to the scaremongers, nonetheless has stepped up to our commitment to preserve, protect, and improve Medicare. We offer opportunity for more choice, more access, less cost. Repeatedly newspapers like the Washington Post and the New York Times have commended us for taking on this tough challenge. As yesterday's New York Times made clear, we are not ducking our responsibility of governance. We are not employing an oft-used technique of the Democrates in packaging this vote within a larger bill to shield Members from the so-called tough votes. We are going to pass this bill because our constituents want us to save the Medicare program, not just for today's seniors, but for their children and their grandchildren. That's the moral imperative we have before us. And I think, as Americans listen carefully to the details of what this legislation does they'll like what they hear. That's what polls show. They'll find that the scare tactics have been overblown and misleading—''medabobury'' as the Washington Post calls it. Choose our plan. Under our plan seniors who are happy with the current system can keep what they have now. Those who think they can get a better program from a health maintenance organization or a medical savings account, will have those options to choose from. Despite some claims to the contrary, we are tackling the major problems of fraud and abuse, which, by the way, are among the biggest complaints seniors have about the Medicare program. This bill provides incentives for seniors to report fraud and it doubles the penalties on those who cheat the system. And we have seen to it that this rule takes us even further, incorporating critical antifraud and abuse proposals drafted by our colleague, former prosecutor STEVE SCHIFF. The Schiff language beefs up enforcement, increases civil penalties and fines, and, most importantly, establishes health care fraud as a Federal felony. Mr. Speaker, I served as a member of the Kerrey Commission on Entitlement Reform. We grappled with the fact that doing nothing means disaster for Medicare and all entitlements. Today we step up to our responsibility and offer positive action to avert that crisis. I hope my colleagues will join me in doing the right thing for Medicare, for America.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentleman from Texas [Mr. DOGGETT] who has a presentation.

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

Mr. Speaker, you know, unless you are a special interest with a swarm of lobbyists, you have very little to smile about with reference to this Republican pay-more, get-less plan. But I think I have found something to give you a smile with. It is a painting that I think captures it all. It captures the raw truth of this Republican plan, a painting by a great American artist, William Harnett, known for the remarkable precision of his painting, who gave in this particular painting a meticulous examination of the physical reality of a lowly object. It is called ''Plucked Clean,'' and that is what is happening to American seniors. A chicken carcass against the wall, plucked clean.

I do not suggest that the Republicans were chicken about hiding this plan. If you has a plan this sorry, you would hide it too. What I am concerned about and why I think ''Plucked Clean'' summarizes this plan is that seniors are being plucked clean, a feather today, a feather here, really all about destroying the Medicare system.

Mr. LINDER. Mr. Speaker, for the purpose of debate only, I yield 1 minute to the gentleman from New Mexico [Mr. SCHIFF].

Mr. SCHIFF. Mr. Speaker, I rise in support of this rule. I want to thank and acknowledge the Committee on Rules for making as a part of this rule my proposed amendment to strengthen the prosecution of health care fraud as part of the rule that will be enacted with the adoption of the rule.

The language that I offered in my amendment is not new language. It can be found as part of H.R. 2326, a bill I developed with the gentleman from Connecticut [Mr. SHAYS], chairman of the Subcommittee on Human Resources of the Committee on Government Reform and Oversight.

This bill, which deals with health care fraud, has bipartisan cosponsorship. This provision builds on the provisions already included by the gentleman from California, Chairman THOMAS, in the first draft of the Medicare bill, which includes provisions such as a trust fund to help support additional investigations and prosecutions of health care providers.

My amendment in particular would first make health care fraud a crime, regardless of whether through fraud, embezzlement, false statements, or bribery and kickbacks.

Mr. MOAKLEY. Mr. Speaker, I yield 2 minutes to the gentlewoman from Arkansas [Mrs. LINCOLN].

(Mrs. LINCOLN asked and was given permission to revise and extend her remarks.)

Mrs. LINCOLN. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, my voice may be lost here in the roaring sea of petty, partisan politics, but I think the American people need to know that in this discussion and in this argument, they are the ones that are being forgotten.

It has been said, ''Be careful what you ask for, for you may get it.'' The Republicans asked us to give them an alternative to their plan to cut $270 billion from Medicare. The Conservative Democratic Coalition delivered. We gave them a plan that will guarantee Medicare solvency and balance the budget by 2002. Our plan will reduce Medicare by $100 billion less than the Republican plan.

Now that we have given them what they have asked for, they will not give House Members the chance to vote on our plan. The coalition's plan is more reasonable and fair to strengthen Medicare than the two plans that will be voted on here today.

I like the way my colleague from Minnesota, Mr. SABO, explained it. It bears repeating. If our plan was ruled in order, House members would have three choices. No. 1, vote for $90 billion in cuts to ensure solvency until 2006, but do nothing to balance the budget. No. 2, vote for the coalition's plan to ensure solvency of Medicare for future generations, while balancing the budget by 2002. That will reduce Medicare by $100 billion less than the Republican plan. Or, No. 3, vote for the Republican plan to cut $270 billion from Medicare, paying for a tax cut, while balancing the budget by 2002.

The first option does not cut enough to really take care of the problem. The third option cuts too much, digging into the pockets of senior citizens and rural health care providers and hospitals.

The second option, however, the coalition's plan, is the solution between the two extremes, what the American people are looking for. Republicans leaders asked us not to criticize unless we could offer a better plan, and we did.

□ 1030

Now they will not allow us to bring our plan to the floor for a vote, and I suspect that might be because ours is the most reasonable plan and it would probably get the most votes. But the senior citizens in the first district of Arkansas and the young people who will be on Medicare in the future have asked us to quit playing petty politics and do the right thing. I hope we can.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania [Mr. KLINK].

Mr. KLINK. Mr. Speaker, I urge my colleagues to vote no against this rule. First of all, in the Committee on Commerce we were given a bill that was 420 some pages, and then the next day we saw a bill that was 430 some pages, then we were given a bill that was 470 some pages, when we arrived here this week we got a bill that was over 900 pages, and now we have a bill that is, again, almost a thousand pages and on none of these bills did we have a chance to have a hearing. No hearings on this.

No Members know what it is they are going to be voting on today because they have not had a chance to read it. This rule and the strict limit of debate are designed simply to push through a hysterical bill, not historic but hysterical bill, that will not stand up to the light of day, that will not stand up to public debate, that will not stand up to scrutiny, that will not stand up to an open amendment process.

Mr. Speaker, this process is very simply designed to pass a horrendous piece of legislation in time to make the 6 o'clock news tonight.

I think the symbolism of this was not lost when last week as 15 senior citizens came into our committee and tried to inquire as to why there were no hearings they were led away. They were handcuffed and the lights were turned off. Indeed, this whole system has been done in the dark.

Mr. LINDER. Mr. Speaker, may I inquire as to how much time remains?

The SPEAKER pro tempore (Mr. LAHOOD). The gentleman from Georgia [Mr. LINDER] has 9½ minutes remaining, and the gentleman from Massachusetts [Mr. MOAKLEY] has 12 minutes remaining.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentlewoman from Connecticut [Ms. DELAURO].

Ms. DELAURO. Mr. Speaker, I rise in strong opposition to this rule and in strong opposition to this bill which will cut $270 billion from Medicare to pay for a tax cut to the wealthy. This bill is a bad deal for seniors. It means seniors will see their premiums increase and their benefits decrease. For seniors this plan should be called the pay-more-get-less plan.

It is a good deal for the special interests. Last week NEWT GINGRICH bought off the doctors' lobby with a $3 billion back-room deal. Under this plan, seniors, on fixed incomes, will pay more while doctors with a 6-figure incomes will make more.

Mr. Speaker, 30 years ago another Congress made a pact with our seniors, it said never again would they have to worry that one accident or one illness will wipe out their life's savings. This Congress has no right to break that sacred pact. Vote no on a $270 billion Medicare cut to pay for a $245 billion tax break.

Mr. MOAKLEY. Mr. Speaker, I yield 2 minutes to the gentleman from Minnesota [Mr. PETERSON].

(Mr. PETERSON of Minnesota asked and was given permission to revise and extend his remarks.)

Mr. PETERSON of Minnesota. Mr. Speaker, I hope that the American people are listening to what the Members of the coalition are saying today because the political parties in Washington are not listening. They are, once again, putting bills on the floor to achieve their partisan political ends. The coalition has a bill that is going to fix the Medicare System and do it in the right way, and we are not even going to be allowed to have a vote on that bill on the floor of the House today, and I think it is an outrage.

I give credit to my Democratic colleagues. They put a bill together that fixes the part A problem with Medicare. The problem is they have ignored the problem in the part B part of the system. Frankly, we think it needs to be fixed if we are to have a sustainable situation here that will not come back to haunt us within our hospital system and within the senior citizens.

On the other side, the Republicans have put together a bill that goes further than we think they can sustain. We do not think what they have in this bill is achievable, and, frankly, they have this hundred billion dollars extra in this bill so they can pay for the tax cut which Members of the coalition, by the way, support. We just think it should be put off until after we get the budget balanced, and we think this is where the American people are as well.

Mr. Speaker, our bill, as I said, picks up the fixes to part A, but we also do the fixes that need to be made in part B, and we also do the things that need to be done to make the rural health part of the system work. Yesterday the Republicans made an attempt to fix the rural health part of the bill and what they found out happened, as some of their Members are telling me, is they will have hospitals in their district that will have money taken away from them to pay for other hospitals in their district. One of those Members said 25 of his counties will lose, 22 are going to gain.

Mr. Speaker, that is no kind of fix. The reason they are in this problem is they have rates of growth in their bill that are too low, that is not realistic, and that is why they cannot make this work. We think it is really an outrage, one more time, that we have two extreme positions, that are not the right positions, and we will not have the opportunity to vote on the right position until next week. We urge the defeat of this rule.

Mr. LINDER. Mr. Speaker, for the purposes of debate only, I yield 2 minutes to the gentleman from Florida [Mr. MILLER].

Mr. MILLER of Florida. Mr. Speaker, today we are going to have a historic debate and vote on one of the most important issues facing senior citizens and that is Medicare. We have been debating the issue for 3 years and now we are finally going to have a chance to really make good reforms in the program.

We have a good program. I am proud of this program. It is a good program for our senior citizens. We agree with so many things that our colleagues on the other side are talking about. We

agree Medicare is going bankrupt and we need to save it. Where we disagree is we do not want to have just a Band-Aid to fix it for a year or so, we want to fix it before the baby bommers retire in the year 2010.

We want to give choices. And it is amazing why the people on the other side are opposed to choices. We have choice as a Member of Congress. Every year we get to have a choice of plans, just like all other Federal employees. We are in the same plan with the Department of Agriculture employees and Department of Commerce and such. We get to choose. What is wrong with choice? What is wrong with giving people the right to choose?

Mr. Speaker, we are going to give people the right to stay in the plan now. My 86-year-old mother will not change, and there is no reason to make her change. People can stay in the current plan. Those that want to choose a medical savings account, great, let them choose it. Those that want to go in managed care, great, let them choose it.

Why not let local doctors and local hospitals who deliver the care to their local communities offer their own program? What is wrong with that? Why deny choice? Why is this one-size-fits-all in Washington the rule that has to be kept? Why not give choice?

We are increasing spending every year. We talk about $270 billion in cuts. Let us look at how much we are increasing it. Whether the glass is half full or half empty, we are increasing spending on Medicare by $354 billion over 7 years compared to the last 7 years. That goes from $4,800 to $6,700. That is an increase.

Mr. Speaker, we have a good bill that is going to make Medicare a better program for our seniors.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentlewoman from North Carolina [Mrs. CLAYTON].

(Mrs. CLAYTON asked and was given permission to revise and extend her remarks.)

Mrs. CLAYTON. Mr. Speaker, America has reason to be concerned. They call it Mediscare, we call it Medicare.

They want to cut corners, we want to cut sickness.

They believe Government should not carry the disabled, we believe the disabled can carry themselves—if given a chance.

They want those with money to get more wealth, we want those without money to have an equal chance—at health.

They refuse to hear those who disagree with them, we want decisions to be made with all the facts. And, we want to know what's in that 1,000-page bill.

They want to tighten the belt and strangle our senior citizens and their families, we want enough room to include everyone, especially those in need.

For themselves, they want hospitals just moments away, for many in rural America, we simply want hospitals.

They say Medicare cuts are not funding the tax cut, we ask, What is?

Mr. Speaker, the voice of the American people was not heard before the committees of Congress when they briefly considered these radical changes in the Medicare Program.

The majority conducted a 1-day hearing on their proposal to cut the Medicare Program by $270 billion.

And, when those most directly affected by these cuts came to Congress to raise their voices of appeal—they were not heard—they were forced to raise their hands so that they could be handcuffed and arrested.

Perhaps that is because they want us to ignore the impact of this $270 billion cut upon the heart and soul of our Nation—rural America.

This bill makes the most sweeping changes in the Medicare Program since it was first created more than 30 years ago.

Citizens of rural America have incomes that are 33 percent—yes, one-third—lower than their urban counterparts.

The elderly who live in rural areas are 60 percent more likely to live in poverty—60 percent.

Through this Medicare Preservation Act, Medicare funds for rural Americans will be cut by at least $58 billion.

The $270 billion cut translates into at least $45 billion less for the health care for impoverished, disabled, or elderly Americans in rural areas—and translates into $70 billion less for hospitals.

For Pitt County Memorial Hospital, one of the finest university medical centers in rural areas, this cut translates into a $621 million loss—$621 million less for needed medical care.

For Nash General Hospital, $234 billion less in the same time period.

For the Craven Regional Medical Center, $211 billion less—and I could go on and on and on.

The bill cuts $54.5 billion from payments to health care providers.

Twenty-five percent of rural hospitals already operate at a loss, and that is because Medicare alone accounts for almost 40 percent of the average hospital's net patient revenue.

This bill, that is thicker than Webster's dictionary, cuts funding for teaching hospitals, reduces payments for nursing homes—and, fails to dedicate most of the cuts to the Medicare trust fund.

Can you imagine the devastation that these cuts will cause to rural areas?

Hospitals are certain to close—doctors will become scarce—rural Americans will go without health care.

We call it Medicare, they call it Mediscare. Mr. Speaker, America has reason to fear.

Mr. LINDER. Mr. Speaker, may I inquire as to the time remaining on each side?

The SPEAKER pro tempore. The gentleman from Georgia [Mr. LINDER] has 7½ minutes remaining, and the gentleman from Massachusetts [Mr. MOAKLEY] has 8 minutes remaining.

Mr. LINDER. Mr. Speaker, for the purpose of debate only, I yield 2 minutes to the gentleman from Connecticut [Mr. SHAYS].

Mr. SHAYS. Mr. Speaker, I thank the gentleman for yielding me time, and I just wanted to say that I oppose the Medicare bill described by the Democrats. It is an outrageous bill as described by the Democrats, but that is not our bill.

Democrats are saying, regretfully, we want copayments. We do not want copayments. There are no copayments. They say we want deductibles. There are no increases in deductibles. They say we increased the premium, and the premium stays at 31½ percent. The taxpayer will continue to pay 68½ percent.

Mr. Speaker, we have three main goals as this Republican majority. We want to get the financial house in order and balance our budget. We want to save our trust funds. We want to protect, preserve, and strengthen them. And we want to transform this social corporate farming welfare state into an opportunity society. We are going to do that, but we must save our trust fund, it is going bankrupt, and we will.

How do we do it? No new taxes. We do not affect beneficiaries. We affect providers and we change the system. We are transforming the system, allowing people to keep what they have or we are allowing them to get into private care. We are giving them choice. We are allowing them to have the same kind of health care that we as Federal employees have. We are giving them the choice they asked for.

Mr. Speaker, we are doing it without cutting the program. We are increasing it. We are going to spend $600 billion more of new money. Not $300 billion, $600 billion more. It will go from $4800 per beneficiary to $6700 per beneficiary. Only in Washington when we spend 50 percent more do people call it a cut.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentleman from Illinois [Mr. DURBIN], a distinguished member of the Committee on Appropriations.

Mr. DURBIN. Mr. Speaker, for those who cannot stay tuned to this expensive debate today, because of the Republican rule we have 3 hours to debate a $270 billion cut in Medicare. That is a billion and a half a minute. If people cannot stay tuned, I will tell them what will happen.

The Democrats who created Medicare will lose today. The Republicans, under the gentleman from Georgia [Mr. GINGRICH], will ram through a $270 billion cut that will increase premiums for seniors to the tune of $400 a year and it will end up giving the wealthiest 1 percent in America a $19,000 annual tax break.

But do not lose heart. Seniors may be glum tonight, the special interests will be dancing in Washington, but we are counting on the President of the United States to veto this monstrosity, to

bring us back to the table for a bipartisan, common sense approach to really save Medicare.

Mr. Speaker, the real winners not only have to be seniors and their families, we have to tell the special interests to get out of the business of wrecking Medicare, get out of the business of tax breaks for the wealthy. Let us make Medicare a solid system. Let us not make it a piggy bank for the wealthy.

Mr. LINDER. Mr. Speaker, for the purpose of debate only, I yield 2 minutes to the gentleman from Ohio [Mr. HOKE].

Mr. HOKE. Mr. Speaker, I thank the gentleman for yielding me time, and I rise in strong support of this rule and the Medicare Preservation Act to save Medicare from bankruptcy, preserve it for the current retirees and protect it for the future.

Now we have heard so much demagoguery medigoguery from the other side of the aisle on this bill for the past 6 months, and it would take weeks to answer every erroneous charge and accusation. I would like to focus on one particularly disingenuous argument we have heard constantly and it is that the Medicare trustees have said that saving Medicare will require only $89 billion in savings.

First, the Medicare trustees in their report did not recommend a specific savings level necessary to prevent Medicare from becoming insolvent. Their only conclusion was that the plan was going bankrupt and that swift and decisive action should be taken to save it.

Second, the $89 billion the Democrats talk about would amount to nothing more than another in a long line of band-aid solutions that would only get us through the next election, when we should be worried about getting us through well into the next century. Remember, the baby boomers begin retiring in about 2008–2010. If we don't take strong and decisive measures now, Medicare would be seriously jeopardized by then.

Third, the $89 billion figure was proposed by one Medicare trustee, Robert Rubin, the Secretary of the Treasury. My question is this. If $89 billion in savings is all that is needed to save Medicare, why didn't Rubin tell President Clinton, whose proposal called for $190 billion in savings? Clinton is Rubin's boss, isn't he? He's also one of Clinton's Medicare trustees. So why didn't he just walk across the street and tell the President?

The reason is politics. The $89 billion being bandied about by the medigogues on the other side of the aisle is a political calculation, not an actuarial one. It is rooted in Presidential politics, not economic reality.

□ 1045

I guess nobody expected anybody in this Congress to read the report that was prepared for the Congress. I guess the Democrats, while they controlled the Congress, never bothered to read the report.

Mr. Speaker, we are going to move forward to save Medicare on our own, if the other side refuses to be constructive.

Mr. BEILENSON. Mr. Speaker, I yield 1 minute to the gentlewoman from California [Ms. PELOSI].

Ms. PELOSI. Mr. Speaker, I rise in opposition to the rule because I object to the limitation it places on debate.

Mr. Speaker, in order to keep the American people in the dark, the Republican leadership has demanded a closed process which stifles debate and shuts out the voices of those affected by this legislation.

Mr. Speaker, I oppose the rule because of the process, but also because of the substance of the legislation. The Republican proposal assaults the quality, security, affordability, and accessibility of health care to our seniors.

This legislation is not legitimate, because it has not been subject to a period of public comment. It is not responsible, because it imposes higher cost and benefit cuts for America's seniors to give a $270 billion tax break to America's wealthiest. This is a sad day in America, because the Republican leadership is undermining the dignity of our seniors, undermining the quality of our health care, and undermining the greatness of our country.

Mr. Speaker, I urge our colleagues to vote ''no'' on the rule, to vote ''no'' on the bill. I urge our colleagues to support Medicare, yes; tax cuts no.

Mr. LINDER. Mr. Speaker, may I inquire as to the time?

The SPEAKER pro tempore (Mr. LAHOOD). The gentleman from Georgia [Mr. LINDER] has 4 minutes remaining and the gentleman from California [Mr. BEILENSON] has 6 minutes remaining.

Mr. BEILENSON. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky [Mr. WARD].

Mr. WARD. Mr. Speaker, I have a chart here that I think is very important for the American people to see as this debate begins. Remember, we all want to make sure that Medicare stays safe and sound, just as we have done almost every year since 1970.

Mr. Speaker, we are seeing a study that says Medicare going to need some help, but it does not need $270 billion of help. The reason they have to do $270 billion on this side of the aisle is to keep the promises they have made for tax cuts, half of which go to the top one-eighth of income earners in this country.

Mr. Speaker, this chart shows that people who are making more than $100,000 a year are going to get 52 percent. Over half of the tax breaks that they are instituting this year will go to people earning over $100,000. Today, the Wall Street Journal said, ''Tax analysis shows GOP package would mean increases for half of taxpayers.'' They are increasing taxes on the poor, and the working poor, and lowering them on the wealthy. It is not right.

Mr. BEILENSON. Mr. Speaker, I yield 30 seconds to the gentleman from Michigan [Mr. LEVIN].

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

Mr. LEVIN. Mr. Speaker, part of the October assault of the Republicans on Medicare is on Medicare fraud and abuse. Last night, they put into the bill, last night, five or six pages. I want my colleagues to know it is a smoke screen.

Mr. Speaker, the conduct that is covered in this bill is already covered under Federal law. They are weakening Federal law. The inspector general says, ''Crippling.'' Justice Department says, ''Seriously undercutting.'' They cannot cover up this assault on our battle against fraud and abuse in Medicare.

Mr. Speaker, to my colleagues on the other side of the aisle I say, Shame on you.

Mr. BEILENSON. Mr. Speaker, I yield myself such time as I may consume.

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

Mr. BEILENSON. Mr. Speaker, I oppose this rule and the bill representing the Medicare portion of the 1995 budget reconciliation legislation that it makes in order.

The modified closed rule we are considering today is totally inadequate for the consideration of one of the most important bills we will be asked to vote on this year. If enacted, the Medicare portion of the reconciliation legislation will have a profound impact on the lives of nearly 40 million elderly and disabled citizens—Americans who are among the most vulnerable members of our society.

This major and complicated piece of legislation deserves, if not an entirely open rule, certainly one that allows far more time for debate and that makes many more amendments in order than the rule before us permits.

We urged in the strongest possible terms that the majority on the Rules Committee approve a more open rule for H.R. 2425, so that the fullest possible debate could be held on its provisions and on their enormously serious consequences.

Unfortunately, we were unsuccessful, and we are faced now with a rule that severely limits debate and shuts a great many members out of the amendment process entirely.

Mr. Speaker, the Rules Committee heard yesterday from at least 40 members—Republican, Democratic, and independent—of the House, most of whom came before us to ask that their proposed amendments to H.R. 2425 be made in order.

At least some of those amendments deserve to be debated and voted on by the full House. They are reasonable proposals; they were offered by sensible and thoughtful Members of this body who obviously have given their suggestions a great deal of thought.

Instead, the rule we are considering denied 14 members of the Democratic caucus and 5 Republican members the right to offer their amendments today. At the very least, we felt that the majority on the Rules Committee would have made in order the very reasonable and thoughtful amendments proposed by several Republicans.

This is a list of the Republican amendments that we will be unable to vote on today, and which certainly deserve consideration:

The gentleman from Iowa [Mr. GANSKE] requested that three amendments be made in order. Two of them are aimed at curbing potential abuses by HMO's, an issue that was central to last year's debate on health care reform and should be of as much concern to our Republican colleagues this year.

The first amendment would require that physicians, rather than nonmedical personnel, review denials of care. The second would make it more difficult for HMO's to retroactively deny payment for care in emergency situations. These two were approved by the Commerce Committee but were not included in the Archer-Bliley compromise that is being made in order as the original text.

The third Ganske amendment would provide a minimum floor in the adjusted average per capita cost of 85 percent of the national average and then provide for differential updates to close the gap.

The gentleman from Connecticut [Mr. SHAYS] requested that his amendment dealing with Medicare fraud and abuse be made in order. That amendment would add important antifraud prevention measures to H.R. 2425 by improving coordination between Federal and State antifraud efforts; improving Federal criminal law to better address health care fraud; and improving administrative procedures, especially those to keep providers previously barred from participating in Medicare. There is obviously a good deal of support for strengthening the provisions in the bill to combat waste, fraud and abuse; this comprehensive amendment should have been made in order so that Members could decide if its provisions are necessary to protect and strengthen the Medicare Program.

The gentleman from Massachusetts [Mr. TORKILDSEN] asked that his amendment be in order allowing all States to see their Medicare funding increase at the national average, instead of the proposal in the bill that has different growth rates for different States. He argued that a uniform rate of increase is essential so that some States do not have to bear far more of the national burden in cuts than other States.

The gentleman from Michigan [Mr. CAMP] asked that the House be allowed to vote on his amendment exempting from the medical malpractice liability cap those instances in which medical treatment was intentionally withheld.

Mr. Speaker, the Democratic amendments should also have been in order.

They sought to allow Members to vote on cuts in Medicare that would have ensured its solvency, but would not have been so great as the Republican plan that uses cuts in Medicare to help pay for tax Increases for the wealthiest Americans.

They sought to strengthen fraud and abuse provisions that the bill weakens unacceptably.

They sought to add new preventative benefits such as mammography, colorectal screening, and diabetes screening.

They sought to reinstate the clinical laboratory regulations, the nursing home reform standards, the ban on physician self-referral, and to remove the serious exemptions from antitrust laws for physicians forming managed care groups.

These are only a few of the very serious issues that Members should have been allowed to vote on today.

Mr. Speaker, H.R. 2425 is the single largest part of the massive budget reconciliation plan; it cuts Medicare far beyond what is necessary to safeguard the Medicare trust fund.

It would not only impose new and heavy financial burdens on the elderly, but it would also irresponsibly relax Federal regulation of doctors and the operations of their practices. The concessions that loosen or repeal Federal regulations that are in the bill to win the support of the American Medical Association are far too extreme; no one argues that Federal regulation that is too complex and burdensome should not be rectified, but the legislation before us uses reported excesses as an excuse to do away with Federal oversight almost entirely.

The provisions that severely weaken Federal laws prohibiting kickbacks and fraud and abuse and that allow doctors to refer patients to companies in which they have a financial interest—a practice now forbidden—would undermine consumer protections and could harm public health, especially when combined with other provisions in the bill that end Federal standards for nursing homes and make it more difficult for victims of malpractice to collect large judgments.

Mr. Speaker, we should be concerned that this complex bill relaxes or repeals many laws that were originally adopted in response to abuses that prompted public outrage. And even though the bill is promoted as being written to control the costs of Medicare, many of its proposals—including those weakening fraud sanctions—would actually increase the costs.

There are many other worrisome provisions in this bill. For example, in a little noticed provision, the bill would reimburse private hospitals for some local taxes, a provision that in effect takes money from hospitals that serve disproportionate numbers of the poor and uninsured and gives it to hospitals whose main purpose is to make a profit.

Mr. Speaker, this bill makes the most profound changes in the Medicare Program since its inception. It is a shame that the majority is allowing this bill to be rushed through without adequate time or amendment and without a complete understanding by Members of the House or the public of the seriousness and complexity of the changes this bill is proposing.

This rule should be defeated so that we can consider a wider range of amendments to this major bill. If it is not, the bill itself should be defeated—in its present form it will severely damage a system on which 40 million elderly and disabled Americans rely. It does not deserve our support.

Mr. BEILENSON. Mr. Speaker, I yield 2 minutes to the gentleman from Mississippi [Mr. TAYLOR].

Mr. TAYLOR of Mississippi. Mr. Speaker, I come to the floor today to ask my colleagues to vote against this rule.

Mr. Speaker, I want to begin by saying shame on the Republican leadership who control the Committee on Rules for not allowing the coalition to offer their $170 billion plan to save Medicaid; and dollar-for-dollar plan that would save Medicaid, as their trustees asked us to do; would allow military retirees to take their Medicaid money to military hospitals and have the much needed care.

Mr. Speaker, I also want to say shame on the Democratic leadership for not allowing the coalition to offer their plan as the Democratic alternative in the motion to recommit. This body is about finding fairness for the American people. It is not about catering to the Republicans' special interests or the Democrats; special interests. It is doing what is right for the American people.

The Republicans promised open rules, and yet they are depriving us of the opportunity to offer a very good plan that was put together. They claim to be for fairness, and yet the fairest plan of all, one that would solve the problem, will not see the light of day because they do not want a better alternative to come to the floor, because both groups are afraid it would pass.

Mr. Speaker, I would like to point out that several members of the Committee on Rules that voted to deny the coalition the plan to bring Medicare subvention to the floor, the gentleman from New York [Mr. SOLOMON], the gentleman from Georgia [Mr. LINDER], the gentlewoman from Ohio [Ms. PRYCE], the gentleman from Florida [Mr. DIAZ-BALART], the gentleman from Colorado [Mr. MCINNIS], the gentleman from Texas [Mr. FROST], and the gentleman from Ohio [Mr. HALL], are all cosponsors of the bill to fix Medicare subvention. Yet those seven Members, a majority of the Committee on Rules, would not let this important measure as a part of the coalition budget, come to the floor.

Mr. Speaker, I say to these colleagues, ''Shame on all of you all.''

Mr. LINDER. Mr. Speaker, I yield 2 minutes to the gentleman from California [Mr. DREIER], a colleague on the Committee on Rules.

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

Mr. DREIER. Mr. Speaker, the world has changed since 1965. Back in 1965, we saw the automobile industry in a great deal of difficulty. It was world competition which played a role in bringing about the changes that we have seen. The companies that produced those automobiles back in 1965 have gone through tremendous managerial changes.

We need to recognize that it is a new day. And thank heavens, this new majority has stepped up to the plate and decided to bring this very important system into the 21st century.

We are doing it under a very unique process. Thirty years ago, April 7, 1965, when this measure came to the floor, it came under a completely closed rule. A completely closed rule which did not allow any amendments, any substitute, any motion to recommit.

Today, as we look and seek to protect, strengthen, and preserve Medicare, what are we doing? We are providing the opportunity for alternatives to

be met. We are doing it in a bipartisan way. In a bipartisan way we came to the conclusion that we should deal with this language that addresses the issue of fraud. We have done it very effectively. We did it last night up in the Committee on Rules.

I also believe that we need to recognize that the rhetoric that we have heard from so many of my very good friends on the other side of the aisle has been correctly described by the Washington Post as nothing more than Medigoguery.

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

Mr. DREIER. Mr. Speaker, I have only a limited amount of time.

Mr. GIBBONS. Mr. Speaker, the gentleman is the one who imposed the time limit by this rule.

Mr. LINDER. Regular order.

Mr. DREIER. Mr. Speaker, I yield to the gentleman from Florida.

Mr. GIBBONS. Mr. Speaker, I want to correct what the gentleman from California said. The Republicans got a motion to recommit in 1965. The motion to recommit gutted Social Security, and every Republican but 10 voted for it.

Mr. DREIER. Mr. Speaker, reclaiming my time, as my friend has made it very clear, I was not here. The gentleman from Florida was here then, but there was not a substitute that was offered.

Mr. Speaker, this rule is much more open than the rule that considered Medicare in 1965. I urge an aye vote on this very fair rule, and recognition that stepping up to the plate and dealing with a serious problem that President Clinton has acknowledged is something that the majority of this Congress is willing to do.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentleman from New Mexico [Mr. RICHARDSON], a Nobel Prize candidate.

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

Mr. RICHARDSON. Mr. Speaker, 30 years ago, the Congress covered itself with glory by passing the Medicare Program, which provided health coverage for millions of Americans.

Mr. Speaker, today in this Chamber we are presiding over the decimating of Medicare. If this monstrosity becomes law, Medicare will end as we know it today, America, is this what you voted for last November?

Maybe my colleagues on the other side will win the vote today, and maybe they will win the vote in the corridors of the AMA and other Gucci lobbyists on K Street, but they will lose the vote in the hearts and minds of ordinary Americans.

Mr. Speaker, we are ramming through this bill at 100 miles an hour with no hearings, 3 hours of debate, for a drastic overhaul of the system that affects 40 million Americans.

Does the Republican leadership think that nobody is going to notice? Mr. Speaker, this is a bad bill. It should go down.

Mr. Speaker, I have two words to describe this rule—bate and switch.

Three times I have received a copy of this bill only to walk into a committee meeting the next day and find a new bill.

In fact, yesterday afternoon at 4 p.m., we saw for the first time the bill we are now debating.

Cuts in Medicare will directly affect 37 million Americans.

For an issue so important to America—this rule allows only 4 hours of debate.

This rule is about a bill which cuts $270 billion to provide for a tax cut for the wealthy.

Yet, the latest polls show that 83 percent of Americans do not want to cut Medicare to provide for a tax break for the wealthy.

We are also told that this bill is about giving seniors a choice. But, as far as I can tell the only choice seniors will have is to pay more or give up their doctor.

Yesterday, I asked to offer two amendments that would have strengthened this bill and cost Medicare nothing.

The House will not even have the chance to consider my amendments under this rule.

It is not just unfair to run the peoples House this way—it is undemocratic.

I urge my colleagues to vote ''no'' on the previous question and vote ''no'' on this rule.

Mr. LINDER. Mr. Speaker, I reserve the right to close.

The SPEAKER pro tempore (Mr. LAHOOD). The gentleman from Massachusetts has 1½ minutes remaining, and the gentleman from Georgia reserves the balance of his time to close.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentleman from Oregon [Mr. DEFAZIO].

Mr. DEFAZIO. Mr. Speaker, what strange version of democracy is this? We have a program that affects the lives, directly, of 40 million Americans, affects the lives of their children or their parents or their grandparents, a tremendously important program, and without any hearings on the final version of this legislation, this House is going to be forced to move forward with 3 hours of debate.

Mr. Speaker, we spent about 10 times as much on the Waco hearings as we are going to spend on Medicare for every American.

Medicare has problems. Yes. Does this bill address those problems? No. Is it a thoughtful approach? No. Is it something that will stabilize Medicare into the next century and anticipate the retirement of the baby boom? Absolutely not.

Mr. Speaker, it is purely budget- and politics-driven. Medicare does have a problem. It has a $90 billion shortfall over a 7-year period. They are taking $273 billion to fix a $90 billion problem.

Mr. MOAKLEY. Mr. Speaker, I yield myself such time as I may consume.

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

Mr. Speaker, I think that Members have heard the debate. They say a person convinced against his will is of the same opinion still, but I hope that despite that old adage that some people will pay attention to the debate and have a change of mind.

Mr. Speaker, I urge a no on the previous question. If the previous question is defeated, I will offer an amendment to the rule.

Mr. Speaker, I will insert in the RECORD the text of my amendment. The amendment would do two things. First, it would strike the provision and waive the three-fifths vote requirement on any measure with a Federal income tax rate increase; and, second, Mr. Speaker, will make in order the Rangel amendment to make Medicare solvent by an across-the-board limit on tax cuts for the wealthy.

Mr. Speaker, I submit the following for inclusion in the RECORD.

AMENDMENT TO H. RES. 238

On page 3, lines 18–20, strike ''Clause 5(c) of rule XXI shall not apply to the bill, amendments thereto, or conference reports thereon.''

On page 2, line 25, strike ''.'' and add ''and the amendment in the nature of a substitute printed in the Congressional Record and numbered 3 pursuant to clause 6 of rule XXIII, which may be considered any rule of the House to the contrary notwithstanding, to be offered only by Representative Rangel of New York or his designee, which shall be considered as read, shall be debatable for one hour equally divided and controlled by the proponent and an opponent, and shall not be subject to amendment.''

On page 3, line 1, strike ''that amendment in the nature of a substitute'' and insert ''the amendments in the nature of a substitute made in order under this resolution''.

Mr. Speaker, I urge a ''no'' vote on the previous question.

□ 1100

Mr. LINDER. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, in closing, I would like to emphasize again the quote or the comment made on this floor by the gentleman from Illinois [Mr. DURBIN].

Mr. DURBIN said Democrats are going to lose today. They are indeed. They are going to lose control of a program that they began and have held control over and has grown entirely out of control. They are going to lose control over the lives and choices of seniors in health care, and they are going to lose control over money of future generations to pay for it.

We have heard a lot of florid prose today, not to say lurid prose. The gentleman from New Mexico said, we are decimating Medicare. To decimate means to reduce by one-tenth. We are actually increasing Medicare spending over the next 7 years to $1.6 trillion. It was $924 billion over the last 7 years. That is hardly to decimate to reduce by one-tenth.

Much reference has been made to the rule regarding a 60 percent vote for increases in tax rates. There is no increase in tax rates in this bill. There are no increases in taxes in this bill. But those of us in the majority wondered if some on the minority would call the part B premium a tax and call it an increase. It has been called a premium for 30 years. But it is no doubt

that somebody would begin to call it a tax in the debate today and take up another hour of time defending it.

We have heard that Republicans have never supported Medicare. Yet when it passed 30 years ago, it passed 313 to 115 with nearly half of the Republicans in this House voting yes.

We heard in the Committee on Rules yesterday by the gentleman from California [Mr. STARK], that in 8 of the last 9 years or 9 of the last 10 years, I forget which number he gave us, that bipartisan bills have been introduced, Republicans and Democrats, to change reimbursement rates to attempt to strengthen Medicare. It has not worked. It is growing out of control.

In closing, let me give Members one more quote that I support from a Democrat. Just 2 years ago it was said, ''Today Medicaid and Medicare are going up at three times the rate of inflation. We propose to let it go up another two times the rate of inflation. This is not a Medicare or Medicaid cut.''

That Democrat was Mr. Clinton on October 5, 1993.

Mr. Speaker, I move the previous question on the resolution.

The previous question was ordered.

The SPEAKER pro tempore (Mr. LAHOOD). The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. MOAKLEY. Mr. Speaker, I object to the vote on the ground a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

Pursuant to the provisions of clause 5 of rule XV, the Chair announces that he will reduce to a minimum of 5 minutes the period of time within which a vote by electronic device, if ordered, will be taken on the question of adoption of the resolution.

The vote was taken by electronic device, and there were—yeas 231, nays 194, not voting 7 as follows:

[Roll No. 726]

YEAS—231

Allard
Archer
Armey
Bachus
Baker (CA)
Baker (LA)
Ballenger
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Bereuter
Bilbray
Bilirakis
Bliley
Blute
Boehlert
Boehner
Bonilla
Bono
Brownback
Bryant (TN)
Bunn
Bunning
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Castle
Chabot
Chambliss
Chenoweth
Christensen
Chrysler
Clinger
Coble
Coburn
Collins (GA)
Combest
Cooley
Crapo
Cremeans
Cubin
Cunningham
Davis
Deal
DeLay
Diaz-Balart
Dickey
Doolittle
Dornan
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
English
Ensign
Everett
Ewing
Fawell
Fields (TX)
Flanagan
Foley
Forbes
Fowler
Fox
Franks (CT)
Franks (NJ)
Frelinghuysen
Frisa
Funderburk
Gallegly
Ganske
Gekas
Gilchrest
Gillmor
Gilman
Goodlatte
Goodling
Goss
Graham
Greenwood
Gunderson
Gutknecht
Hancock
Hansen
Hastert
Hastings (WA)
Hayworth
Hefley
Heineman
Herger
Hilleary
Hobson
Hoekstra
Hoke
Horn
Hostettler
Houghton
Hunter
Hutchinson
Hyde
Inglis
Istook
Johnson (CT)
Johnson, Sam
Jones
Kasich
Kelly
Kim
King
Kingston
Klug
Knollenberg
Kolbe
LaHood
Largent
Latham
LaTourette
Laughlin
Lazio
Leach
Lewis (CA)
Lewis (KY)
Lightfoot
Linder
Livingston
LoBiondo
Longley
Lucas
Manzullo
Martini
McCollum
McCrery
McDade
McHugh
McInnis
McIntosh
McKeon
Metcalf
Meyers
Mica
Miller (FL)
Molinari
Moorhead
Morella
Myers
Myrick
Nethercutt
Neumann
Ney
Norwood
Nussle
Oxley
Packard
Parker
Paxon
Petri
Pombo
Porter
Portman
Pryce
Quillen
Quinn
Radanovich
Ramstad
Regula
Riggs
Roberts
Rogers
Rohrabacher
Ros-Lehtinen
Roth
Roukema
Royce
Salmon
Sanford
Saxton
Scarborough
Schaefer
Schiff
Seastrand
Sensenbrenner
Shadegg
Shaw
Shays
Shuster
Skeen
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Solomon
Souder
Spence
Stearns
Stockman
Stump
Talent
Tate
Tauzin
Taylor (NC)
Thomas
Thornberry
Tiahrt
Torkildsen
Upton
Vucanovich
Waldholtz
Walker
Walsh
Wamp
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
White
Whitfield
Wicker
Wolf
Young (AK)
Young (FL)
Zeliff
Zimmer

NAYS—194

Abercrombie
Ackerman
Andrews
Baesler
Baldacci
Barcia
Barrett (WI)
Becerra
Beilenson
Bentsen
Berman
Bevill
Bishop
Bonior
Borski
Boucher
Brewster
Browder
Brown (CA)
Brown (FL)
Brown (OH)
Bryant (TX)
Cardin
Chapman
Clay
Clayton
Clement
Clyburn
Coleman
Collins (IL)
Collins (MI)
Condit
Conyers
Costello
Coyne
Cramer
Danner
de la Garza
DeFazio
DeLauro
Dellums
Deutsch
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Durbin
Edwards
Engel
Eshoo
Evans
Farr
Fattah
Fazio
Filner
Foglietta
Ford
Frank (MA)
Frost
Furse
Gejdenson
Gephardt
Geren
Gibbons
Gonzalez
Gordon
Green
Gutierrez
Hall (OH)
Hall (TX)
Hamilton
Harman
Hastings (FL)
Hayes
Hefner
Hilliard
Hinchey
Holden
Hoyer
Jackson-Lee
Jacobs
Jefferson
Johnson (SD)
Johnson, E. B.
Johnston
Kanjorski
Kaptur
Kennedy (MA)
Kennedy (RI)
Kennelly
Kildee
Kleczka
Klink
LaFalce
Lantos
Levin
Lewis (GA)
Lincoln
Lipinski
Lofgren
Lowey
Luther
Maloney
Manton
Markey
Mascara
Matsui
McCarthy
McDermott
McHale
McKinney
McNulty
Meehan
Meek
Menendez
Mfume
Miller (CA)
Minge
Mink
Moakley
Mollohan
Montgomery
Moran
Murtha
Nadler
Neal
Oberstar
Obey
Olver
Ortiz
Orton
Owens
Pallone
Pastor
Payne (NJ)
Payne (VA)
Pelosi
Peterson (FL)
Peterson (MN)
Pickett
Pomeroy
Poshard
Rahall
Rangel
Reed
Richardson
Rivers
Roemer
Rose
Roybal-Allard
Rush
Sabo
Sanders
Sawyer
Schroeder
Schumer
Scott
Serrano
Sisisky
Skaggs
Skelton
Slaughter
Spratt
Stark
Stenholm
Stokes
Studds
Stupak
Tanner
Taylor (MS)
Thompson
Thornton
Thurman
Torres
Torricelli
Towns
Traficant
Velazquez
Vento
Visclosky
Volkmer
Ward
Waters
Watt (NC)
Waxman
Williams
Wilson
Wise
Woolsey
Wyden
Wynn
Yates

NOT VOTING—7

Cox
Crane
Fields (LA)
Flake
Martinez
Tejeda
Tucker

☐ 1123

Mr. TOWNS changed his vote from ''yea'' to ''nay.''

Mr. SHUSTER and Mrs. MORELLA changed their vote from ''nay'' to ''yea.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore (Mr. LAHOOD). The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. MOAKLEY. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 227, noes 192, not voting 13, as follows:

[Roll No. 727]

AYES—227

Allard
Archer
Armey
Bachus
Baker (CA)
Baker (LA)
Ballenger
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Bereuter
Bilbray
Bilirakis
Bliley
Blute
Boehlert
Boehner
Bonilla
Bono
Brownback
Bryant (TN)
Bunn
Bunning
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Castle
Chabot
Chambliss
Chenoweth
Christensen
Chrysler
Clinger
Coble
Coburn
Collins (GA)
Combest
Cooley
Cox
Crapo
Cremeans
Cubin
Cunningham
Davis
Deal
DeLay
Diaz-Balart
Dickey
Doolittle
Dornan
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
English
Ensign
Everett
Ewing
Fawell
Fields (TX)
Flanagan
Foley
Forbes
Fowler
Fox
Franks (CT)
Franks (NJ)
Frelinghuysen
Frisa
Funderburk
Gallegly
Ganske
Gekas
Gilchrest
Gillmor
Gilman
Goodlatte
Goodling
Goss
Graham
Greenwood
Gunderson
Gutknecht
Hancock
Hansen
Hastert
Hastings (WA)
Hayworth
Hefley
Heineman
Herger
Hilleary
Hobson
Hoekstra
Hoke
Horn
Hostettler
Houghton
Hunter
Hutchinson
Hyde
Inglis
Istook
Johnson, Sam
Jones

Kasich
Kelly
Kim
King
Kingston
Klug
Knollenberg
Kolbe
LaHood
Largent
Latham
LaTourette
Laughlin
Leach
Lewis (CA)
Lewis (KY)
Lightfoot
Linder
Livingston
LoBiondo
Longley
Lucas
Manzullo
Martini
McCollum
McCrery
McDade
McHugh
McInnis
McIntosh
McKeon
Metcalf
Meyers
Mica
Miller (FL)
Molinari
Moorhead
Myers
Myrick
Nethercutt
Neumann
Ney
Norwood
Nussle
Oxley
Packard
Parker
Paxon
Petri
Pombo
Porter
Portman
Pryce
Quillen
Quinn
Radanovich
Ramstad
Regula
Riggs
Roberts
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Royce
Salmon
Sanford
Saxton
Scarborough
Schaefer
Schiff
Seastrand
Sensenbrenner
Shadegg
Shaw
Shays
Shuster
Skeen
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Solomon
Souder
Spence
Stearns
Stockman
Stump
Talent
Tate
Tauzin
Taylor (NC)
Thomas
Thornberry
Tiahrt
Upton
Vucanovich
Waldholtz
Walker
Walsh
Wamp
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
White
Whitfield
Wicker
Wolf
Young (AK)
Young (FL)
Zeliff
Zimmer

NOES—192

Abercrombie
Ackerman
Andrews
Baesler
Baldacci
Barcia
Barrett (WI)
Becerra
Beilenson
Bentsen
Berman
Bevill
Bishop
Bonior
Borski
Boucher
Brewster
Browder
Brown (CA)
Brown (FL)
Brown (OH)
Bryant (TX)
Cardin
Chapman
Clay
Clayton
Clement
Clyburn
Coleman
Collins (IL)
Collins (MI)
Condit
Conyers
Costello
Coyne
Cramer
Danner
de la Garza
DeFazio
DeLauro
Dellums
Deutsch
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Durbin
Edwards
Engel
Eshoo
Evans
Farr
Fattah
Fazio
Filner
Foglietta
Ford
Frank (MA)
Frost
Furse
Gejdenson
Gephardt
Geren
Gibbons
Gonzalez
Gordon
Green
Gutierrez
Hall (OH)
Hall (TX)
Hamilton
Harman
Hastings (FL)
Hayes
Hefner
Hilliard
Hinchey
Holden
Hoyer
Jackson-Lee
Jacobs
Jefferson
Johnson (SD)
Johnson, E. B.
Johnston
Kanjorski
Kaptur
Kennedy (MA)
Kennedy (RI)
Kennelly
Kildee
Kleczka
Klink
LaFalce
Lantos
Levin
Lewis (GA)
Lincoln
Lipinski
Lofgren
Lowey
Luther
Maloney
Manton
Markey
Mascara
Matsui
McCarthy
McDermott
McHale
McKinney
McNulty
Meehan
Meek
Menendez
Mfume
Miller (CA)
Minge
Mink
Moakley
Mollohan
Montgomery
Moran
Murtha
Nadler
Neal
Oberstar
Obey
Olver
Ortiz
Orton
Owens
Pallone
Pastor
Payne (NJ)
Pelosi
Peterson (FL)
Peterson (MN)
Pickett
Pomeroy
Poshard
Rahall
Rangel
Reed
Richardson
Rivers
Roemer
Rose
Roybal-Allard
Rush
Sabo
Sanders
Sawyer
Schroeder
Schumer
Scott
Serrano
Sisisky
Skaggs
Skelton
Slaughter
Spratt
Stark
Stenholm
Stokes
Studds
Stupak
Tanner
Taylor (MS)
Thompson
Thornton
Thurman
Torkildsen
Torres
Torricelli
Towns
Traficant
Velazquez
Vento
Visclosky
Volkmer
Ward
Watt (NC)
Waxman
Wilson
Wise
Woolsey
Wyden
Wynn
Yates

NOT VOTING—13

Crane
Fields (LA)
Flake
Johnson (CT)
Lazio
Martinez
Morella
Payne (VA)
Roth
Tejeda
Tucker
Waters
Williams

□ 1131

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. PAYNE of Virginia. Mr. Speaker, during rollcall vote No. 727 on House Resolution 238 I was unavoidably detained. Had I been present I would have voted "no."

PERSONAL EXPLANATION

Mr. ROTH. Mr. Speaker, on rollcall No. 727 I was in a meeting on the agriculture trade provisions, but had I been present, I would have voted ''yea.''

PERSONAL EXPLANATION

Mrs. JOHNSON of Connecticut. Mr. Speaker, on rollcall No. 727 I was inadvertently detained, but had I been present, I would have voted ''yes.''

GENERAL LEAVE

Mr. ARCHER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2425.

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

There was no objection.

MEDICARE PRESERVATION ACT OF 1995

The SPEAKER pro tempore. Pursuant to House Resolution 238 and rule XXIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 2425.

□ 1132

IN THE COMMITTEE OF THE WHOLE

Accordingly the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 2425) to amend title XVIII of the Social Security Act to preserve and reform the Medicare Program, with Mr. LINDER in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered as having been read the first time.

Under the rule, the gentleman from Texas [Mr. ARCHER] will be recognized for 45 minutes, the gentleman from Florida [Mr. GIBBONS] will be recognized for 45 minutes, the gentleman from Virginia [Mr. BLILEY] will be recognized for 45 minutes, and the gentleman from Michigan [Mr. DINGELL] will be recognized for 45 minutes.

The Chair recognizes the gentleman from Texas [Mr. ARCHER].

Mr. ARCHER. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, today marks a great and historic occasion. With the action we are about to take, we will perform lifesaving legislative surgery on our Nation's vital Medicare Program.

In just 74 days, for the first time in the 30-year history of Medicare, the Government will begin a year in which it spends more Medicare money than it takes in. I repeat, this has never happened before.

That is why the action we are taking today is so very important.

This bill saves Medicare for seniors. It preserves Medicare for 50-year-olds, and it tells young voters to have faith in their Government. We Republicans have long-term solutions, and we are determined to protect Medicare for them, too, without raising their taxes.

Our bill is innovative, bold, and visionary. It is long term. When it comes to a program as important as Medicare, nothing else is acceptable.

Under our bill, seniors will have the right to freely choose the Medicare plan that best suits their needs, including staying in the present fee for service system, and to keep their own doctor, keep their own hospital, and keep their own plan, if that is their preference. It is their choice to make, and no one in government will force that choice.

For the first time, Medicare will give seniors access to the same kind of health care plans that are available in the private sector, many of which include benefits that are not currently available under Medicare.

We also have to ask, why should not seniors have the same choices like Congressman do? Under Medicare-plus, they will. And to make certain our solution is long term, we protect the savings, thanks to a proposal of the gentleman from Pennsylvania [Mr. ENGLISH], language in this bill guarantees that the savings cannot be used for tax cuts.

The Democrats know that we paid for our tax cuts, more than paid for them, last spring, before we ever got into Medicare. This bill is about saving Medicare for Medicare's sake.

Our bill powerfully and effectively cracks down on fraud and abuse. It rewards seniors who discover fraudulent practices. It doubles civil penalties and creates new criminal penalties against those who commit fraud.

As I mentioned earlier, our solution is long term. It saves Medicare for the next generation. This contrasts with the Democrats' quick fix approach, a Band-Aid approach, designed to save themselves for the next election.