

not going to force any seniors into anything they do not want to be in. This is a good plan. It waves Medicare. I recommend that all of my colleagues support it.

FACTS ARE FACTS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kentucky [Mr. WARD] is recognized for 5 minutes.

Mr. WARD. Mr. Speaker, tomorrow Congress will vote on the Republican plan to cut \$270 billion from Medicare to pay for a \$245 billion tax cut, and I would hope that the gentleman from Florida would listen to this, because the gentleman from Florida was just saying that that tax cut is just going to the families with children. Well, if that were true, it would not be \$245 billion, gentlemen. It is \$245 billion because there is a whole range of tax cuts in that proposal.

Fifty-two percent of it is going to the top 12 percent of income earners in this country. One out of eight taxpayers will get the benefit of that.

Mr. Speaker, facts are facts. It is not all the child, the \$500 per child. Even in that case, that has not been limited to families who are working to get ahead. It has been given to families way above what it should be.

More importantly, included in that is a reduction in the very programs that help keep people off of welfare, and the \$500 is not even going to go to people who are paying that much when all taxes are taken into account, not just income taxes. So it is very disappointing to hear those kinds of words spoken on this floor tonight.

I would like to yield a couple of moments to the gentleman from New Jersey [Mr. ANDREWS].

Mr. ANDREWS. Mr. Speaker, we are meeting tonight at a time when the esteem of Congress and the esteem of American politics is at an all-time low. The spectacle that is about to unfold in this room in the next 24 hours will do everything to increase that cynicism and skepticism.

Mr. Speaker, at about 25 minutes to 11 tonight those watching us probably saw a brief interruption in the proceedings when there was an announcement made that the bill was actually brought forward for the first time. This is a piece of legislation that will affect the health care of over 30 million people. The bill was finished at 25 of 11 tonight.

When most people vote on this tomorrow, I doubt that very many will not have read it. All day long today there were meetings between the Republican leadership and the Republican Members to talk about what they could do to get the 218 votes, and we are going to find out tomorrow what they did, because we have not seen the bill until 25 minutes of 11 tonight.

Mr. Speaker, I would be happy to yield back to the gentleman from Kentucky [Mr. WARD].

Mr. WARD. Mr. Speaker, that brings up a point that I think is worth mentioning. I spoke today at the Committee on Rules seeking an open rule so that we could try to fix some of the things in the bill that need fixing, but we were not given that opportunity. We will not have that open rule.

But it reminds me of how I first saw this bill. Friday night a week ago, a week and a half ago when we were getting ready to go home for a week of time in our districts, that Friday night when it was expected that everybody was gone, that bill was slid under my door, or slid under my door, or as the famous sports announcer would say, slud under my door.

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I called the Democratic leader just to make sure I was talking about the right bill. Do you know what? The Democratic leader had not gotten that bill. That was done purposefully, again, after dark, under the door, so that we could not make constructive proposals to fix this bill.

Mr. ANDREWS. We do not know what deals or arrangements were made behind closed doors today, but we do know this. This plan, as it has been presented to us, will result in higher taxes on senior citizens, the choices of many seniors being taken away because they could not afford those higher taxes, layoffs at hospitals around America, and I think eventually higher premiums for those not on Medicare and Medicaid.

This is not the way to do the people's business. There should be more time to look at this. It is ridiculous for us to be voting on a bill that was literally produced at 10:35 p.m. tonight, that will affect the health care of 30 million Americans, will take the vote before 4:00 tomorrow afternoon. That is not the way to do the public's business. That is one of the reasons why the majority changed in the last Congress, and I think it is one of the reasons the majority may change in the next one.

Mr. WARD. I want to share with the Members of this body a letter that I have received just this evening that came in this week from a gentleman in Kentucky in my district. I do not want to share his name because I have not asked his permission, but what he says is he is a senior, he is a Republican and has been all his life. He is willing to pay for it, for Medicare, in order to save it. However, he thinks the Republicans are going too far.

I agree. I urge my colleagues to vote no on the bill tomorrow.

REPUBLICAN GOALS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Connecticut [Mr. SHAYS] is recognized for 5 minutes.

Mr. SHAYS. Mr. Speaker, we all feel very strongly about this issue, whether you are Republicans or Democrats, and we have our disagreements.

We, as Republicans, have 3 general goals that we intend to pursue during the course of this year and next. One is, we want to get our financial house in order and balance our Federal budget. Our second is, we want to save our trust funds, particularly Medicare. And our third is that we want to transform and change our social, corporate and farming welfare state into an opportunity society. That is what we want to do.

Addressing primarily the need to save our trust funds, our trust fund is going bankrupt in 7 years. It starts to become insolvent next year.

I know this has happened in the past. When it has happened in the past, we have sought to do it by increasing taxes, primarily in Medicare part A. It is the payroll tax. The last time around, we increased the Social Security tax from 50 percent to 80 percent of income, and that money, \$29 billion over the next 7 years, is going into the Medicare part A trust fund.

We have four ways to save the trust fund. We can increase taxes. That is simply not going to happen. We can affect beneficiaries, we can affect providers or we can change this system. We are primarily saving this trust fund by affecting the providers and changing the system.

My colleagues on the other side of the aisle have made up a plan that does not exist which we then have to defend ourselves against and clarify to our constituents.

Our colleagues on the other side say there are increased co-payments, in fact new co-payments. That is simply not true.

Our colleagues on the other side of the aisle say we have invented new deductibles and increased the existing deductibles. That is simply not true.

Our colleagues on the other side of the aisle say that we have increased premiums. We are going to keep premiums at 31.5 percent. The taxpayers will continue to pay 68.5 percent.

We have made one change to the premium. It is surprising that my colleagues on the other side of the aisle do not agree this makes sense. We think the wealthiest should pay more, so we have an affluence test.

If you are single, you start to pay more for Medicare part B. From \$75,000 to \$100,000 you pay all of Medicare part B premium.

If you are married, from \$125,000 to \$150,000, you start to pay more. At \$150,000, you and your spouse will pay the full Medicare part B premium. That is an increase in the premium only to those who are most wealthy.

I have to tell you, I represent one of the wealthiest parts of the entire country. I have gone to my constituents and said, if you have this kind of income I think you should be paying an increase in the premium.

But it is only the wealthy. So when I hear my colleagues on the other side of the aisle talk about how we want to have tax cuts for the wealthy, somehow they do not want to have the