

United States to allow its Government to shut down.

What can we do about it? The train wreck requires two trains. All we have to do is stop, look, and listen, and take steps to avert the train wreck. We have those in place, if only we would utilize them. What are they, Mr. Speaker? No. 1, for almost every term since I have been here this same train wreck has loomed in the vision and the future of each Congress since 1980, I believe. What happens? When September 30 comes and no budget has been enacted, then the Congress engages in all kinds of legalistic and legislative contortions to keep the Government going until the next impasse should occur, with still a deadline that has not produced a budget.

If the President of the United States should veto the appropriation bills that the House passes, he will be saying in no uncertain terms: "I want these bills to be revisited, and I want more money spent in them," because the budget appropriation bills that the House Republicans have fashioned to present to the President call for lower spending, so the President, I suppose, in sending them back and vetoing them, says "I want more spending."

Should we allow him to veto those bills with no plan for then enacting a full budget to his liking? That is why the train wreck may occur. What I have proposed in term after term since I have been here is the following: Instant replay. If the Congress and the President have failed to enact the budget by September 30 of any given year, then, according to my legislation, the next day, October 1, beginning the new fiscal year, automatically will go into place by way of instant replay the budget of last year.

What does that do? That frees the spending at the levels of the previous year. What else does it do? It prevents for all time, forever, the possibility of and the reality of shutting down the Government. Was it not awful to have in 1990 the spectacle of our youngsters, all of them, gathered in Desert Shield in Saudi Arabia waiting for Desert Storm to occur, and while they are waiting there, preparing for battle, the U.S. Government, their country's Government, shuts down? That actually happened.

If for no other reason than to have that never happen again, we should enact my instant replay legislation, not to mention the thousands of Federal workers who have to meet budgetary outlays, pay bills, feed their families, and do the necessary things to keep house and home and family together. Why should they be used as pawns in an unnecessary game being played by the White House and the Congress? I ask for support for my legislation.

□ 1845

FOUR SIGNIFICANT CHANGES IN MEDICINE

The SPEAKER pro tempore (Mr. CHAMBLISS). Under a previous order of the House, the gentleman from Georgia [Mr. KINGSTON] is recognized for 5 minutes.

Mr. KINGSTON. Mr. Speaker, there are four significant changes that are happening in our society that have to do with the field of medicine and the reason that medicine right now is going to be a hotly debated subject in the coming months, in the coming years, in our society.

I would say that those changes are philosophical changes, No. 1, in Washington, which I hate to use it but will, is a new paradigm, a new way of looking at things; No. 2, technological changes; No. 3, the possible bankruptcy of Medicare; No. 4, changes in the Medicaid delivery system.

Let me start with No. 1, though, philosophical changes in Washington. We have some 80 new freshmen this year, all of whom I would describe as very regular folks who want to cut the budget and go home. They are not trying to be the next President. They are not trying to run for other offices. They just want to do the right thing. They are very attuned to the problems of middle-class America and businesses and employers, and they are just not as political as I would say classes have been in the past.

I would say also that the reforms, the changes, are not attributable to the Republican Party alone. President Clinton, his election in 1992 did a lot to trigger the moves of reform and the debate for change in health care.

A couple of things that we have seen as evidence of a new philosophy in this House, tangible evidence, the tort reform bill that we for many years debated that never got out of committee, it actually passed the House this year; OSHA reforms, where we are trying to get OSHA to be more technological and employer-friendly and more concentrated on safety rather than concentrating strictly on fines. We are trying to get the FDA to put more money and manpower in faster approval of pills, of medical devices, rather than also being punitive and restrictive in their ways of doing business.

Then of course the biggest thing is, we are taking a serious stab at budget reduction. Interest is the third largest expenditure on our national budget right now. In 2 years it is projected to exceed the defense budget, so we have got to do things about it.

I would say, No. 1, that philosophical changes, we are looking at doing things differently; No. 2, technological changes. We passed this huge telecommunications bill recently. In that will be new avenues for such things as telemedicine. There is going to be the Internet. I believe the Internet will make medicine a lot more consumer-friendly, because a person back home

right now does not know how much a broken arm or broken leg is going to cost.

On an Internet system, they can figure it out, figure out what orthopedists are charging, which ones are the best at this, which hospitals will get them in and out the fastest, and so forth. That would be the case with every operation. You could go in there, plug in whatever your ailment is, and see how much it costs for certain treatments, and so forth, and see who is best at it. I think that is going to make medicine a lot more competitive.

Those are some of the technological things, but I would say that the Federal Government's way of looking at medicine is with a slide rule, but we are in the world of pocket calculators now and we have to move. We have to make that change.

Then, No. 3, Medicare. The April trustees' report said clearly that Medicare will go bankrupt in 6 years if we do not do anything about it. We have to fix it. We have to do it in a non-partisan way. We need to simplify it, to protect and preserve it. We need to slow down the rate of growth.

There are all kinds of options out there that people are looking at and this Congress is going to be addressing, things that will make Medicare more consumer-friendly and again, above all, simplify and protect it.

Then, finally, changes in the Medicaid system, most significantly, welfare reform and block granting this authority back to States so that States have the flexibility. For example, I represent Georgia. Our Medicaid problems, our welfare delivery problems may be different than those in New York City or San Francisco, downtown Cincinnati, and we are going to make those changes but it is going to give the States the flexibility that they need.

Mr. Speaker, this is a lengthy subject. I look forward to the months of debate ahead, but I would say that the four significant changes again in medicine are philosophical changes, new ways of looking at things; changes in Medicare; changes in Medicaid; and, above all, the new technologies.

I thank the Speaker for this time. I will not say it is good to be back completely, but I notice that I am back and it is good to be here and see you, Mr. Speaker.

TRIBUTE TO THE HONORABLE CARLOS J. MOORHEAD

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

Mr. DREIER. Mr. Speaker, there are many very pressing and important issues which we have been discussing. The previous speakers have been talking about some very pressing budget matters. But I have taken this time out this evening to talk about a personal item and that is the fact that