

Myth: The RSC Budget Does Not Provide Any Additional Funds for Education.

Fact: The Education Function, which also includes funding for training, employment services, and social services, it also includes programs like the NEA. Last year, spending for this Function increased by a whopping 38%. The RSC Budget simply freezes the function for one year and then allows for moderate, restrained growth.

Myth: The RSC Budget Does Not Provide Money for a Prescription Drug Benefit.

Fact: The RSC Budget includes a provision to create a prescription drug benefit for Medicare, however, unlike other proposals that simply increasing spending for a Medicare program that is already scheduled to begin running deficits within 15 years, the RSC Budget ensures that prescription drug coverage is added in the context of overall Medicare reform that doesn't hasten the bankruptcy of the program. The first obligation of a doctor is to do no harm, when we are talking about a system that provides health care for millions of seniors, we should do the same.

Myth: The RSC Budget Cuts Funding for (Insert Program Here).

Fact: The RSC Budget does not assume cuts to any particular program, but rather does propose reductions in broad areas of spending. Reductions in particular programs would be decided by the authorizing committees and the Appropriations Committee.

Myth: The RSC Budget Does Not Provide Enough For Debt Reduction.

Fact: The RSC budget achieves the maximum level of public debt reduction within ten years, the same as the Committee Budget.

Myth: During an Energy Crisis, the RSC Budget Cuts Energy Programs.

Response: The RSC Budget is the only budget that increases our supply of domestic energy by assuming the opening of ANWR. The RSC Budget does assume some reductions in wasteful and failed programs in this budget area. For example, this area includes funding for the Partnership for the Next Generation Vehicle a subsidy program for the Big-Three Automakers.