

QUALITY MAMMOGRAPHY FOR  
OUR VETERANS

**HON. JOHN D. DINGELL**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 22, 1995*

Mr. DINGELL. Mr. Speaker, I am pleased to add my name as a cosponsor of H.R. 882, which requires the Department of Veterans Affairs, consulting with the Secretary of Health and Human Services, to put in place standards that will ensure quality mammography for our veterans who receive their health care in Veterans Department facilities.

As a principal sponsor of the Mammography Quality Standards Act of 1992, I have been gratified to observe the impact of this legislation. The Department of Health and Human Services, through the Food and Drug Administration, moved quickly to establish and put in place a credible process for accrediting mammography facilities. As of today, more than 90 percent of the mammography facilities in the country have been certified as meeting the standards of the American College of Radiology. With its expert advisory committee, including input from mammography facilities themselves, the FDA continues to work toward development of additional standards as defined in the statute, which will be in place for future inspections and certification of facilities.

Breast cancer is the second leading cause of cancer deaths in American women. The potential success of treating this frightening and devastating illness is in large measure contingent on accurate early diagnosis. Since mammography is a critical and effective method for detecting breast cancer early, it is crucial that this service be available, safe, and accurate. The Mammography Quality Standards Act is intended to achieve this result, and early indications are that it is a whopping success.

The exemption of Veterans Affairs facilities from the requirements of the MQSA should not mean that women who seek mammograms in Veterans Department facilities must fear receiving lower quality service. H.R. 882 seeks to ensure that these facilities are in line with those of the rest of the country, so that our women veterans can be assured of the safest and highest quality mammography.

WALLACE GAILOR, SARATOGA  
COUNTY'S SANTA CLAUS

**HON. GERALD B.H. SOLOMAN**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 22, 1995*

Mr. SOLOMAN. Mr. Speaker, I rise today to pay tribute to a man who has brought joy to the lives of countless children and adults alike in Saratoga County, NY. Wallace Gailor has portrayed a real-life Santa Claus since 1940, over 50 years no. Clearly, he personifies the sense of giving and caring exemplified by the mythical Santa Claus we all adore.

What better way, Mr. Speaker, to spread the spirit of Christmas than to voluntarily entertain one's neighbors for such a prolonged period of time. Much has changed in this country since 1940. However, thanks to Wallace Gailor, the depiction of Santa Claus around the communities of Saratoga County has remained a con-

stant. His faithful service has bridged the gap by retaining those values which are critical for a healthy sense of community. By teaching such traditional American values as voluntarism, selflessness, and generosity, Wallace Gailor exemplifies the things that have made this country great. In the process, Wallace has become not only a great public servant, but a model for the young people of Saratoga County, a critical service in this day and age.

Mr. Speaker, I have always judged people based on how much they return to their community. By that measure, Wallace Gailor is a truly great American. I ask that you and all Members join me now in paying tribute to this real-life Santa Claus. We would all do well to emulate his spirit of community service and giving.

TRIBUTE TO SANFORD  
RUBENSTEIN

**HON. EDOLPHUS TOWNS**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 22, 1995*

Mr. TOWNS. Mr. Speaker, Sanford A. Rubenstein is the majority leader of the Rockland County legislature. He has served five terms as a country legislator representing the town of Ramapo.

As a practicing lawyer he has been described by Joana Molloy of the New York Post as one of New York's "High Powered Personal Injury Attorneys." Rubenstein, for over 20 years has represented and presently represents victims of the city's most terrible tragedies which have been the subject of headlines in all of New York's daily newspapers. He has appeared on numerous television news and talks shows including "The Phil Donahue Show," "CNN World News," "Sally Jesse Raphael," "Montel Williams," "Good Day New York," and "The McCorty Report". He hosts a weekly Manhattan cable television show called "Lawyers Corner". He also has been interviewed by foreign journalists from Melbourne, Australia and by the BBC in England.

He is a member of the board of directors of the New York State Trial Lawyers Association and the board of governors of the Association of Trial Lawyers of the City of New York. He is a trustee of the New York State Democratic Committee.

Rubenstein has been recognized by President Clinton for his work for democracy in Haiti and peace in the Middle East. He is presently working with President Aristide of Haiti on the economic revitalization of that country's badly battered economy.

A TRIBUTE TO JOE KENNEDY

**HON. NICK J. RAHALL II**

OF WEST VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 22, 1995*

Mr. RAHALL. Mr. Speaker, I rise today to pay tribute to Mr. Joe Kennedy, who on July 3, will retire from the National Park Service and his position over the last 8½ years as Superintendent of the New River Gorge National River in West Virginia.

It is sad, but true, that many in this body these days take price in denigrating Federal

employees, especially those in uniform. I will not be a party to those antics, and committed public servants like Joe Kennedy illustrate the degree of professionalism that swells the ranks of many agencies such as the National Park Service.

Since January 1987, Joe has served with distinction and dedication as the Superintendent of the New River Gorge National River. He arrived at a time when very little in the way of basic infrastructure was in place at the park unit. I am pleased to report that under Joe's leadership, a great deal has been accomplished including the construction of a state-of-the-art visitor center at Canyon Rim, a park headquarters complex at Glen Jean, a boardwalk at Sandstone Falls that is a naturalist's delight, modern river access facilities at Cunard and Fayette Station, the restoration of historic Thurmond, and the establishment of an extensive trail system. During Joe's tenure, he also supervised a very active land acquisition program, and park operations and services improved vastly. These are just a few of his accomplishments.

Throughout this period, Joe Kennedy never shirked from the call of duty, often going above and beyond what was required of him. After moving the park headquarters to Glen Jean, Joe received a phone call from an elderly lady in the community who wanted him to go over to her home and remove a snake that was in the basement. The Superintendent did not hesitate to do so. Moreover, Joe has had the distinction of serving as the Superintendent of not just one, but three, units of the National Park System at the same time. A little more than 1 year after arriving at West Virginia, through my efforts, Congress passed legislation to establish the Gauley River National Recreation Area and the Bluestone National Scenic River on tributaries of the New River. Joe has served as the Superintendent of all three park units, making him the "River King" of the National Park Service.

Joe Kennedy now retires after serving the public as an employee of the National Park Service for 34 years. Starting his career at Kings Mountain National Military Park in South Carolina during July 1961, he then served briefly at Fort Pulaski National Monument in Georgia before being transferred to the Nation's Capital in July 1964 where he worked at the Department of the Interior until October 1968. After that, he headed south again and served at the Everglades National Park until October 1971 when he heeded that age old call of "go West young man." Between October 1971 and August 1979, Joe worked at the Glen Canyon National Recreation Area, and then, as Superintendent of Dinosaur National Monument until moving to West Virginia in 1987.

I have been extremely proud to have had the honor to know and work with Joe Kennedy. We have gone through a lot of dedication ceremonies together, ran a goodly number of whitewater rapids on both the New and Gauley together—during which he never fell out of the raft, hiked a trail or two, and had some great discussions. To say the least, I am dismayed that he is retiring. His humor, patience, fortitude, and vision will be sorely missed.

In conclusion, it is my understanding that Joe and his wife Jayne will move back to their native State of North Carolina. He will bring with him a wealth of memories from his years

with the National Park Service, and he will bring with him our friendship and respect.

On behalf of myself and Jim Zoia of my staff, we wish Joe and Jayne Kennedy the very best.

# HEALTH CARE ANTIFRAUD AND ABUSE INITIATIVE OF 1995

## HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 22, 1995

Mr. STARK. Mr. Speaker, today I am introducing H.R. 1912, the Health Care Fraud Prevention and Paperwork Reduction Act. This bill establishes an effective national program to control fraud, waste, and abuse in our health care system.

When Willie Sutton was asked why he robbed banks, he responded: "Because that's where the money is." Today's criminals continue to be attracted to where the money is—in health care. State officials in Florida report that drug traffickers are changing professions because the money is bigger in health care fraud and the risk is less.

Fraudulent activities involve both Government programs and private payers. Federal outlays for Medicare along totaled \$162.5 billion in fiscal year 1994, and are expected to exceed \$177 billion in 1995 and \$198 billion in 1996. GAO estimates that fraud and abuse in the health care industry accounts for an estimated 10 percent of our yearly private and public expenditures. In 1994, this would have approached \$94 billion. That amounts to approximately \$258 million a day or \$11 million every single hour.

The bill would establish an all-payer health care fraud and abuse program, coordinated by the Office of the Inspector General [OIG] of the Department of Health and Human Services. In fiscal year 1994, the OIG generated savings, fines, restitutions, penalties, and receivables of over \$8 billion. This represents \$80 in savings for every Federal dollar invested in their office, or \$6.4 million in savings per OIG employee.

H.R. 1912 would extend Medicare and Medicaid's proven enforcement remedies of civil monetary penalties and criminal penalties to private payers. The policies are proven and represent 25 years of experience in fighting fraud and abuse under Medicare. The bill is an improved version of the antifraud measures included in last year's health reform legislation.

Equally important as preventing and detecting fraud and abuse in the health care system is the deletion of waste. Forms, other paperwork, and burdensome administrative requirements increase the patient costs and frustrate the provider.

The bill would improve the efficiency and effectiveness of the health care system by establishing standards and requirements for electronic transmission of certain health information. H.R. 1912 would reduce the administrative cost of the current system and make health insurance documents easier for patients and providers to understand. A uniform health claims card would be distributed to each beneficiary of a health plan, and all medical records and reporting would be transmitted using a uniform electronic format.

Hearing after hearing has outlined the heavy fraud, waste, and abuse in health care, yet little is done to remedy the problem. Ample evidence exists to show that this activity is costing us millions of wasted dollars each day. We must not wait to enact tougher penalties and enforcement procedures for health care fraud nor should we wait to simplify the administrative processes associated with our health care system. The wasted dollars are far too valuable. This bill should be passed this year.

The following is a summary of the bill:

ANTI-FRAUD AND ABUSE INITIATIVE OF 1995

TITLE: FRAUD AND ABUSE

*Subtitle A: Amendments to anti-fraud and abuse provisions applicable to Medicare, Medicaid, and State health care programs*

I. Amendments to anti-kickback statutory provisions

A. An intermediate civil monetary penalty of up to \$50,000 would be established for anti-kickback violations

B. The current criminal fine would be increased to no more than \$50,000

II. Amendments to exceptions to anti-kickback statutory provisions

A. Current exception for discounts would be modified to prevent providers from giving discounts in the form of a cash payment

B. Current exception for bona fide employment relationships would be modified to require that any remuneration be consistent with fair market value, and not be determined in a manner that takes into account the volume or value of any referral

C. Current exception for waiver of coinsurance would be modified to allow for such arrangements if—

(1) A waiver or reduction of coinsurance is made pursuant to a public schedule of discounts which the person is obligated as a matter of law to apply; or

(a) The person determines in good faith that the individual is indigent, or

(b) The person fails to collect coinsurance or deductible amounts after making reasonable efforts, and

D. An exception would be provided for certain arrangements where providers are paid wholly on a capitated basis

III. Amendments to civil monetary penalty statutory provisions

A. A civil monetary penalty would be established for the following improper conduct:

(1) Offering inducements to individuals to receive from a particular provider an item or service

(2) Engaging in a practice which has the effect of limiting or discouraging the utilization of health care services

(3) Substantially fails to cooperate with a quality assurance program or a utilization review activity

(4) Substantially fails to provide or authorize medically necessary items or services that are required to be provided under the health plan, if the failure has adversely affected (or had a substantial likelihood of adversely affecting) the individuals

B. Civil monetary penalties would be increased to no more than \$10,000 for each false or improper item or service

C. The assessment would be increased to three times the amount claimed and interest shall accrue on the penalties and assessments after a final decision

D. If within one year the Attorney General does not initiate a criminal or civil action the Secretary could initiate a civil monetary penalty proceeding

IV. Private Right of Action

A. Any person that suffers harm as a result of any activity of an individual or entity which makes the individual or entity subject

to a civil monetary penalty may bring a civil action

V. Amendments to exclusionary provisions in fraud and abuse program

A. The Secretary would have the additional authority to exclude individuals and entities based on felony convictions relating to fraud, theft, embezzlement, breach of fiduciary responsibility or other financial misconduct in connection with the delivery of a health care item or service

B. The Secretary's current discretionary exclusion authority would be extended to permit the Secretary to exclude individuals who retain an ownership or control interest in a sanctioned entity

C. Minimum period of exclusion for certain violations already specified in statute would be established

VI. Amendments to quality of care sanctions

A. Practitioners or persons who violate quality of care obligations as determined by the Peer Review Organization would be subject to a civil monetary penalty of not more than \$10,000

B. The additional requirement that the practitioner be shown to be "unwilling or unable" to meet PRO quality of care obligations before the Secretary may exclude the individual from participating in Medicare would be deleted.

VII. Revision of criminal penalties

A. For providers who violate specified fraud and abuse provisions, penalties would include fines, treble damages, and imprisonment

VIII. Amendments to criminal and civil laws

A. A criminal violation for health care fraud would be created for the following crimes

(1) Whoever knowingly executes a scheme to defraud any health plan or person, in connection with the delivery of or payment for health care items or services

(2) Penalties would include a fine and a prison term of not more than 5 years

B. Forfeitures for violations of fraud statutes

(1) If the court determines that a Federal health care offense is of a type that poses serious threat to a person's health, or has significant detrimental impact on the health care system, the court could order the person to forfeit property used in or derived from proceeds from the offense and is of value proportionate to the offense

*Subtitle B: Establishment of all-payer health care fraud and abuse control program*

I. The Secretary of Health and Human Services (acting through the Inspector General of HHS) and the Attorney General would establish and coordinate an all-payer national health care fraud and abuse control program

II. The Attorney General and Inspector General would be authorized to conduct investigations, audits, evaluations and inspections relating to the delivery of and payment for health care and to have access to all records available to health plans relating to the program

III. Coordination with law enforcement agencies and third party insurers

A. The Secretary and the Attorney General would be required to consult with, and arrange for the sharing of resource data with State law enforcement agencies, State Medicaid fraud control units, State agencies responsible for the licensing and certification of health care providers, health plans, and public and private third party insurers

IV. General provisions regarding all-payer fraud and abuse program

A. All health plans, providers, and others would be required to cooperate with the national fraud control program and to provide