

Mr. Speaker, I am sure my colleagues will want to join me as I extend my congratulations and best wishes to Rev. Henry Cade, his family, and his congregation.

TRIBUTE TO THE BROOKLYN
HOSPITAL CENTER

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 6, 1996

Mrs. MALONEY. Mr. Speaker, I rise to pay tribute to the Brooklyn Hospital Center's 1996 Founders Ball and the awardees being honored. The Brooklyn Hospital Center has provided a tremendous service to the residents of Brooklyn and the awardees are deserving of special recognition for their commitment and dedication to the residents of Brooklyn.

The Brooklyn Hospital Center has provided outstanding care for the residents of Brooklyn for 150 years. It is committed to maintaining its position as a leader in health care delivery and medical education. One of its more recent contributions has been to take a lead in the development of the Brooklyn Health Network, a borough-wide coalition of local health care and related service providers. The Hospital Center has also distinguished among this coalition as having the largest complement of primary care physicians of any hospital in Brooklyn. This enables them to work with medical staff and physician groups to develop structures which both allow incentives and create physician support. In this way, the Brooklyn Hospital Center can continue to provide excellent care to the residents of Brooklyn.

The Walter E. Reed Medal will be awarded to two physicians at the 1996 Founders Ball by the Brooklyn Hospital Center in recognition of clinical excellence and commitment to the community and the Hospital Center. I am proud to announce that one medal will be awarded to Paul Finkelstein, M.D., Chairman Emeritus of the Department of Urology and Hospital Center trustee. Dr. Finkelstein is a native of Brooklyn and has been a physician for 45 years. He was a practicing physician with the Brooklyn Hospital Center from 1956 until 3 years ago, but I am pleased to report that he remains actively involved in the Hospital Center as a member of the Board of Trustees.

I am also proud to announce that Eugenie Fribourg, M.D., is the second recipient of the Walter E. Reed Medal. Dr. Fribourg, also a native of Brooklyn was a family practitioner on the Hospital Center staff for 45 years. While she no longer practices medicine, I am happy to say she continues to be actively involved in several national medical associations.

Mr. Speaker, I am proud to rise today to pay tribute to both Dr. Finkelstein and Dr. Fribourg for their dedication and commitment in providing medical care to the residents of Brooklyn. They exemplify the goals of the Hospital Center itself. I ask my colleagues to join me in this tribute to the awardees and the Brooklyn Hospital Center for many, many years of outstanding service. Thank you.

NONPHYSICIAN PROVIDERS PRO-
VIDE INVALUABLE HEALTH
CARE SERVICES

HON. FRANK PALLONE, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, June 7, 1996

Mr. PALLONE. Mr. Speaker, last week, the Subcommittee on Health and Environment held a hearing on issues surrounding managed care that I hope will lead to passage of much-needed legislation.

The focus of the hearing came down to choice. Patients want to be able to choose their own doctor. They want to be able to know of all of the treatments that are available to them. They want to be able to rely on the expertise of a medical specialist for a very specific medical problem. And as we continue to consider proposals to restructure Medicare, I would like to add that many seniors do not want to give up their choice of providers.

Real problems do exist and I believe that there are many legislative vehicles before Congress that will work to ensure quality care, while preserving choice. I am a cosponsor of the Family Health Care Act, H.R. 2400, which would set a ground floor, a minimum set of standards that all health plans would have to follow, including important point-of-service options and quality assurance mechanisms. This legislation will enable patients to see the providers of their choice, including nonphysician providers, such as opticians who provide quality care services to their patients.

I would like to include in the RECORD the statement of Paul Houghland, Jr., CAE, executive director, Opticians Association of America that was presented before the subcommittee on May 30, to further shed light on issues surrounding choice in a managed care setting.

STATEMENT BY PAUL HOUGHLAND, JR., CAE,
EXECUTIVE DIRECTOR, OPTICIANS ASSOCIATION OF AMERICA

On behalf of the Opticians Association of America (OAA), which represents the interests of more than 35,000 dispensing opticians throughout the United States, I am pleased that the Subcommittee on Health and Environment has convened hearings on managed care issues. As the panel with jurisdiction over health insurance it is important that you hear the view of all participants in the health care delivery system including nonphysician providers.

OAA wishes that these hearings had provided more of an opportunity for nonphysician providers to participate. This group of health care providers is responsible for many of the most cost-effective approaches to health care delivery. Yet nonphysician providers have had many difficulties being included in many managed care organizations (MCOs). For this reason OAA and many other nonphysician providers have joined the Coalition for Health Care Choice and Accountability (CHCCA), a group dedicated to making MCOs more accountable for their actions and more patient and provider friendly.

OAA wishes to associate itself with the written statement provided to this subcommittee by CHCCA and also to associate itself with the testimony presented by the American Dental Association, a CHCCA member. The concerns raised by these organizations reflect legitimate issues that should be addressed legislatively by this subcommittee at its earliest convenience.

OAA believes that many of the managed care problems that nonphysician providers in

general and opticians in particular face are corrected by HR 2400, the "Family Health Care Fairness Act" introduced by Representative Charlie Norwood of Georgia, a member of this subcommittee. OAA commends Representative Norwood for his leadership in calling attention to aspects of the managed care industry which need modification. We thank Representative Bill Brewster of Oklahoma for being the prime cosponsor of this measure. As a pharmacist, Representative Brewster understands well the struggles which far too many nonphysician providers have had with MCOs. OAA also appreciates the bipartisan support expressed for HR 2400 by its Republican and Democratic cosponsors.

The health subcommittee could prove its commitment to innovative solutions to health care problems by favorably reporting the Norwood bill to the full committee within the next 60 days. While aware of the shortness of the 1996 legislative calendar and the numerous demands upon your time, managed care issues are too important for Congress to abandon this year without significant action. Market-based solutions are not adequate to correct abuses within the managed care industry. HR 2400 provides fair and equitable solutions to real problems.

Many of managed care's shortcomings are discussed in the ADA and CHCCA testimony. After reading the stories collected by the CHCCA I am certain this panel will agree that action on HR 2400 will benefit the public interest. What more positive message could you take back to your constituents this fall than news that you approved a bill to make managed care more accessible, more accountable, more patient friendly?

OAA's national legislative agenda can be summarized very concisely: maximize competition within the health care market place and maximize freedom of choice for consumers. We support HR 2400 because it promotes equity for both consumers and providers. It contains nondiscrimination language which would assure that both those using the health care system and those providing the services are treated fairly.

A second major component of HR 2400 would require all MCOs to offer a point-of-service (POS) option to all subscribers. The health care marketplace has confirmed that a POS option is very popular and cost effective. Approximately three-quarters of the managed care plans offer this option. OAA and the CHCCA believe that all plans should include this option with a reasonable cost-sharing formula so that it is a viable alternative.

The POS issue was debated last fall in the Commerce Committee during the Medicare reform debate. Two members of the Health and Environment Subcommittee offered POS amendments supported by OAA and the CHCCA members. OAA appreciates the efforts of Representatives Greg Ganske of Iowa and Tom Coburn of Oklahoma. Unfortunately, both the Ganske and Coburn amendments were defeated because most members of the majority party refuse to support maximizing freedom of choice for consumers.

In a discussion of managed care issues last week on WPMF-FM in Washington, DC, Cindy Elkin, a Northern Virginia optician, described her experiences with managed care programs. She pointed out that many managed care vision programs referred eyewear customers for dispensing purposes to personnel who are often unlicensed, or uncertified, in short to persons who are not well trained or in a position to provide quality service. And this lesson is not lost on customers. Frequently, persons with managed vision care programs have found the quality to be so low

compared to their previous service that customers frequently vote with their feet. However, by choosing to forego a benefit provided by their employer these persons wind up with a self-chosen POS option with a 100 percent copayment.

OAA and its members strongly support competition and free market solutions within the health care sector. Because OAA believes so strongly in the principle of competition within the marketplace it will unveil a managed vision care program for its members next month at its national convention in St. Louis. The OAA managed vision care program, unlike so many vision care

programs currently available, will be open to all vision care providers willing to meet the terms and conditions of the program. We welcome participation by our friends in the ophthalmological and optometric community. We not only support the concept of provider equity, but we practice it in our own managed care initiatives.

While opticians are willing to compete within the free market for managed vision care business, we are well aware that a start up vision care plan offered by opticians will not level the playing field overnight. Our members still face numerous instances of discriminatory practices by managed vision

care plans which simply exclude independent opticians. This deprives the consumer of freedom of choice and the opportunity to shop for eyewear at the provider of choice. It also frequently denies the consumer a least-cost alternative.

Congress can level the playing field for opticians and all nonphysician providers who wish to compete within the managed care system by passing HR 2400. OAA calls upon this panel to begin the legislative process by sending this bill to the full committee for consideration with a strong endorsement.