

1968, the first European office in Paris in 1972, and new offices continue to open in cities around the world. Today there are 1,300 locations in North America, Europe, Australia, and New Zealand. "Temps" are available to fill office, labor, technical, scientific, home health care, legal support, and temporary-to-full time vacancies. Kelly Services defined the standard of industry competition by pioneering programs for the training, testing, and classification of temporary employee skills, enabling them to better serve their clients, both managers and workers.

During more than 30 years of leadership, current president and CEO, Terrence E. Adlerly has guided the development of a proud history. Along the way, Kelly Services has garnered a whole host of awards, including 1988 Detroit Press Michigan Company of the Year, 1990 Forbes Best Business Services and Supplies Company for the 1990's, Blue Cross/Blue Shield Savings and Service Excellence Award, National Displaced Homemakers Network Partners in Change Award, U.S. Defense Investigative Service James S. Cogswell Award for Outstanding Industrial Security Achievement, and Michigan Minority Business Development Council Consumer and Commercial Services Corporation of the Year.

From "Kelly Girls," an icon of the post-World War II era, to the current impressive and diverse array of staffing employees and services, Kelly Services, Inc. has truly earned the respect and confidence of people throughout the world. I salute their accomplishments and join their employees and customers everywhere in this celebration.

INTRODUCTION OF THE BI-STATE AIRCRAFT NOISE CORRECTION ACT

HON. BOB FRANKS

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 17, 1996

Mr. FRANKS of New Jersey. Mr. Speaker, today I am introducing legislation, along with Representatives MOLINARI, FRELINGHUYSEN, and MARTINI, entitled the "Bi-State Aircraft Noise Correction Act". Our bill is directed at ending the Federal Aviation Administration's reign of tyranny over New Jersey's and Staten Island's skies.

For 9 long years, the FAA has cynically pitted the citizens of New Jersey against the citizens of Staten Island. The agency deliberately sought to convince the residents of Staten Island that the people of New Jersey were the ones blocking meaningful relief from aircraft noise. In turn, the FAA fostered the perception that any reduction in airplane noise over Staten Island would make the problem worse over the skies of New Jersey.

This cynical ploy was aimed at provoking a war between the States, thereby diverting attention from the real culprit. Today, for the first time, our States stand united behind a common solution. Instead of fighting each other, we will be focusing all our energies to compel action by the Government agency that started it all: The FAA.

Our bill takes a new approach to this issue by mandating aircraft noise reduction goals for the FAA, not specific new air routes.

For New Jersey, our bill directs the FAA to reduce aircraft noise by 6 decibels for at least

80 percent of the people residing between roughly 2 and 18 miles from Newark Airport. Let me put into context what a 6-decibel decrease means to the average person. By way of example, many of my constituents impacted by aircraft noise have to cease their outdoor conversations when a plane is overhead. A 6-decibel decrease will reduce noise enough that most conversations will not be interrupted when a plane flies over.

As a result of the FAA's long history of resistance to every effort aimed at addressing the airplane noise problem over the metropolitan region, this legislation includes a contingency plan in the event the FAA refuses to carry out the requirements of this legislation. Our bill provides legal standing for citizen groups in New Jersey and Staten Island to sue the FAA to ensure compliance with this act in Federal district court.

No longer will the FAA be able to hide behind a bureaucratic veil, as they have so effectively done in the past, to deny our constituents relief from aircraft noise. If the FAA does not comply with our legislation, they will have to answer to a Federal judge.

Since the inception of the Expanded East Coast Plan in 1987, I and other Members from New Jersey and New York have tried everything we can think of to get the FAA to face up to its responsibility to address the real concerns of citizens who have had their homes and neighborhoods disrupted by a level of aircraft noise that has diminished their quality of life.

Just last week, the House passed an amendment that calls for the establishment of an aircraft noise ombudsman in the FAA to represent the concerns of those living with airplane noise.

Last November, I presided over a House Aviation Subcommittee hearing where the FAA administrator admitted he had no plan to solve our aircraft noise problem.

I also introduced legislation moving the FAA eastern regional office from Queens, NY, to Union County so FAA bureaucrats could hear the problem they have created.

After nearly a decade of the FAA's acts of duplicity and evasion on this issue, it's become apparent that they never intend to voluntary take steps to remedy this problem.

That is why our bill is so significant. No longer will our constituents be solely at the tender mercies of the FAA. Our bill mandates a solution.

After years of acrimony and bitterness between the FAA and members of the New Jersey and New York delegations, I understand that it is unrealistic to expect the FAA to rush out and embrace our bill. The FAA's first reaction to our legislation will probably be to kill it by working behind the scenes with their allies, late at night, leaving no fingerprints.

Instead of playing that cynical, political game, I instead challenge the FAA to sit down with the sponsors of our legislation and hash out a solution to this problem. I refuse to accept the FAA's posture that nothing more can be done to reduce noise in New Jersey and Staten Island. I suspect more savvy FAA representatives know this issue can be worked out amicably and quickly—if the will exists on their part to do it.

Mr. Speaker, I will be working tirelessly, from now until adjournment sine die, to enact our bill. In the interim, I urge the FAA to accept my offer to negotiate an end to our differences.

THE HOSPITAL SELF-REFERRAL ACT OF 1996

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 17, 1996

Mr. STARK. Mr. Speaker, I am pleased to introduce the Hospital Self-Referral Act of 1996.

Previously, I have sponsored legislation that restricts physicians from self-referral because this practice leads to overutilization and increased health care expenses. This legislation is designed to rectify a similar problem.

Today, nonprofit hospitals, for-profit hospitals, and large health care conglomerates have acquired their own posthospital entities such as home health care agencies, durable medical equipment businesses and skilled nursing facilities so as to refer discharged patients exclusively to their own services. As a result, many nonhospital based entities have seen inflows of new patients completely halted once a hospital acquires an agency in their service area.

The effects of this self-referral trend are harmful. Hospitals that refer patients exclusively to their own entities eliminate competition in the market and thereby remove incentives to improve quality and decrease costs. Further, hospitals are able to selectively refer patients that require more profitable services to their own entity while sending the less profitable cases to the nonhospital based entities. The nonhospital entity is forced to either raise prices or leave the market. Worst of all, patients have no voice in deciding which entity provides the services.

This legislation remedies the problem by leveling the playing field. First, hospitals will be required to provide those patients being discharged for posthospital services with a list of all participating providers in the service area so that the patient may choose their provider.

Second, hospitals must disclose all financial interest in posthospital service entities to the Secretary of Health and Human Services. In addition, they must report to the Secretary the percentage of posthospital referrals that are made to their self-owned entities as well as to other eligible entities.

This legislation does not hinder a hospital's ability to offer its own services. It merely guarantees that all providers will have an opportunity to compete in the market. Most importantly, it guarantees that patients will have choice when selecting their provider.

Attached is a letter that typifies the current problem in the home health services market.

IDAHO HOME HEALTH INC.,

Pocatello, ID, July 24, 1996.

Re Medicare and Medicaid patient steering.

D. MCCARTY THORTON, Esq.,

*Chief Counsel, Office of the Inspector General,
Washington, DC.*

We understand you are interested in receiving information about Medicare and Medicaid patient steering. We own a Medicare and Medicaid state licensed home health agency that began twenty (20) years ago, and offer the following examples:

A. IDAHO FALLS, IDAHO

In 1993 we opened a branch office before the local hospital offered home health. We received Medicare and Medicaid hospital home health referrals on a regular basis. Once the hospital opened their home health agency in

1994 our Idaho Falls office has not received a single referral from the hospital in more than three (3) years. We also inquired of the other home health agencies in the area and they all indicated they too have not received a single home health referral from the hospital from the hospital for years.

In 1995 we were given minutes of a meeting wherein the DNS at the hospital instructed the nursing staff to refer only to the hospital's home health agency. We interviewed and have recorded conversations with post hospital home health patients who state they were never given a choice of providers. We ever had one of our own employee's family member request our agency upon hospital discharge and they were still admitted to the hospital's agency.

B. MONTPELIER, IDAHO

We opened our home health agency there in 1992. The only local hospital opened their home health agency in 1994. Between 1992 and 1994 we received hospital referrals on a regular basis. Since 1994 not another agency in Montpelier, including ours, has received a hospital home health referral.

C. AMERICAN FALLS, IDAHO

We opened our agency there in 1994. The hospital opened their home health agency in 1995. For nearly two (2) years we received hospital home health referrals on a regular basis. Since the hospital opened their agency not another home health agency in American Falls has received a hospital home health referral.

D. BLACKFOOT, IDAHO

We opened our agency there in 1992 and received regular referrals from the physician owned Blackfoot clinic. In 1995 the doctor owned clinic opened a home health agency. Since they opened their own agency, we have not received a single home health referral. Each doctor owns more than 5% and each doctor signs home health certifications. We advised HCFA and our intermediary of this fact years ago and to date neither has done anything to our knowledge.

E. SODA SPRINGS, IDAHO

We opened our office there in 1993. Between 1993 and 1995 we regularly received hospital referrals. Since Hospital X opened its own agency in 1995 we have not, nor has any other agency received a hospital home health referral.

Traditionally, hospitals account for about thirty to forty (30-40%) of home health referrals for free standing agencies. Our experience proves in service areas, where hospitals have opened their own agencies, that figure normally decreases to about 0 to 1%. We have repeatedly tried to correct this situation through meetings with hospital employees. We have written the Governor, the Attorney General, met with state and national congress people. We have written letters to HCFA, our intermediary, and the OIG. To date, no one has offered any assistance. Hospitals are reimbursed normally twice what we receive from Medicare for the identical service. Why the proper authorities fail or refuse to respond to these facts is unknown. Had our agency provided the care we would have saved millions of tax payor dollars.

Sincerely,

WILLIAM F. BACON,
Vice President and General Counsel.

TRIBUTE TO SISTER PATRICIA LYONS

HON. LYNN C. WOOLSEY

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 17, 1996

Ms. WOOLSEY. Mr. Speaker, I rise today to honor one of my district's most dedicated and caring individuals, Sister Patricia Lyons. Sister Patricia is being honored for a lifetime of exemplary service to her community. I wish that I could have joined with her colleagues, friends, former students, and family last Friday to celebrate her remarkable accomplishments.

Over 50 years ago, Sister Patricia founded and served as the first director of the Garden School at Dominican College in San Rafael. At Garden School, Sister Patricia has introduced generations of youngsters to the joys of math and reading, the challenges of computers, and the freedom of expression through art. Through her work for the Garden School, which was the first school for early childhood education in Marin County, Sister Patricia has touched the lives of over 3,000 children.

Through her work Sister Patricia has instilled in her students a sense of social responsibility and concern for other cultures, while providing a strong academic base that ensures their future success. Today her classroom is filled with the children and grandchildren of former students, and this multigenerational tradition testifies to the love and high esteem in which Sister Patricia is held by her community. In addition to numerous awards and honors, Sister Patricia has been named Marin County's Private Schoolmaster of 1996.

Mr. Speaker, it is my great pleasure to pay tribute to Sister Patricia Lyons during this special evening at Dominican College. Marin County owes a great deal of gratitude for the tireless efforts of Sister Patricia. She has long championed the importance of early childhood education in our community. I extend my hearty congratulations and best wishes to Sister Patricia for continued success in the years to come.

TRIBUTE TO ANTONIO B. ECLAVEA

HON. ROBERT A. UNDERWOOD

OF GUAM

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 17, 1996

Mr. UNDERWOOD. Mr. Speaker, the Department of the Army expects personal and professional ethics, integrity, confidence, and competence from its warrant officers. In addition, they are required to possess tactical knowledge, progressive levels of expertise, and leadership qualities to justify the existence of this tier in the Army rank structure.

Recent problems stemming from early separations resulted in the implementation of changes within the warrant officer tier. As part of the fiscal year 1992-93 National Defense Authorization Act, the Warrant Officer Management Act became law. As a result, the new grade CW5 was created in order to keep the most senior and most experienced warrant officers in service.

Although the first warrant officers promoted to the rank of CW5 were selected in 1992, it

was not until 1992 that the first active duty CW5's were appointed by the Army. One of the selectees, Antonio B. Eclavea, a native son of Guam, holds the distinction of being the first Army warrant officer to be promoted to CW5 in the Adjutant General Corps.

Born in Agaña, Guam on September 9, 1934, CW5 Eclavea first entered military service through the U.S. Air Force. After rising to the rank of master sergeant, he traded his Air Force stripes for warrant officer's bars when he joined the Army in 1969.

For over 34 years, CW5 Eclavea served on various posts including tours of duty in Vietnam, Taiwan, Germany, and the Republic of Korea. He was also stationed to a number of stateside locations prior to serving as special assistant to the Chief of Staff of the Army. In addition to completing the Army Adjutant General Course and the Master Warrant Officer Course, he also received a bachelor of science degree in economics and business administration from Marymount College in Salina, KS. Awards and decorations conferred to him include, among others, the Legion of Merit, the Meritorious Service Medal, the Joint Service Commendation Medal, the Army Commendation Medal, and the Army Achievement Medal.

On Guam, the personal accomplishments and success of native sons and daughters are always celebrated and adopted as triumphs for everyone in the community. By virtue of the great contributions his military career has made toward the strength and security of this Nation and by being one of the first to be promoted to the grade of CW5, Antonio B. Eclavea has brought great recognition to himself, the island of Guam, and its people. On behalf of the people of Guam, I congratulate CW5 Eclavea for his outstanding achievements. I also join his wife, Rose Marie, and his sons Johnny, Anthony, Michael, and Mark Henry in proudly celebrating his great accomplishments.

TRIBUTE TO HERBERT WEBB, M.D. OF EFFINGHAM, IL

HON. GLENN POSHARD

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 17, 1996

Mr. POSHARD. Mr. Speaker, it is my pleasure to congratulate a constituent of the 19th Congressional District, who for countless hours has demonstrated the real meaning of selflessness, Dr. Herbert Webb. On September 20, 1996, Dr. Herbert Webb will celebrate 50 years of service as a physician in the city of Effingham, IL. Not only is Dr. Webb an outstanding doctor, he has been an active member of the community since 1946. This commitment to the people of Effingham serves as an example to us all.

Dr. Webb began his medical career when he graduated from Sydney College in Virginia in 1938. Four years later he received his medical degree from the Medical College in Richmond. He entered the U.S. Army in 1942, serving his country during World War II, and was honorably discharged in 1946.

Dr. Webb's leadership has elevated him in his career to the point where he now serves as chief of the surgery department and president of the medical staff in St. Anthony's Memorial Hospital. For many years he has been