

they been properly before the Veterans' Affairs Committee, I strongly object to their presence in the appropriations bill conference report.

The conference report creates an unprecedented benefits entitlement for children with spina bifida, on the basis of what can at best only be called questionable scientific foundation.

Worse than that is the way it has been paid for.

The appropriations bill reverses the Supreme Court's Gardner decision.

This is not simply an offset.

It is legislative savings that should be controlled by the Veterans' Affairs Committee, and it is more than what is needed to pay for the new entitlement.

Thus the VA Committee loses control over \$500 million.

That's the difference between the costs of this brand-new entitlement and savings from repeal of Gardner.

It's the price for rushing these provisions through the appropriations process instead of the committee of jurisdiction.

The appropriations bill strips the House Veterans' Affairs Committee of our plan to achieve significant savings without hurting higher priority veterans' programs, and denies veterans the potential of using that \$500 million for other benefits improvements for service-connected veterans.

Frankly, we should be able to do better for these men and women who served us in uniform.

PERSONAL EXPLANATION

HON. DAVID FUNDERBURK

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 26, 1996

Mr. FUNDERBURK. Mr. Speaker, on Tuesday, September 24, 1996 I was unavoidably detained and missed several votes. Had I been present, I would have recorded my vote as follows:

Rollcall vote number 426 on agreeing to the VA/HUD conference report—I would have voted "aye."

Rollcall vote number 427 on agreeing to H.R. 3452, the Presidential and Executive Office Accountability Act—I would have voted "aye."

Rollcall vote number 425 on agreeing to House Resolution 525 providing expedited procedures for the remainder of the second session of the 104th Congress—I would have voted "aye."

AFRICAN GROWTH AND OPPORTUNITY: THE END OF DEPENDENCY ACT

HON. PHILIP M. CRANE

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 26, 1996

Mr. CRANE. Mr. Speaker, today I join my colleagues Congressman JIM McDERMOTT and Congressman CHARLIE RANGEL in introducing legislation that will fundamentally shift how the United States approaches our relations with the 48 countries in sub-Saharan Africa. For

many years, the United States has supported a variety of foreign assistance programs that have sought to aid the countries of sub-Saharan Africa. Unfortunately, traditional foreign aid has not led to the level of economic development that we would all like to see on the African continent. In the long run, private sector investment and development must serve as the catalyst for the countries of sub-Saharan Africa to compete in the global marketplace and to improve the standard of living for their people. Unfortunately, the region's immediate potential does not seem to be reflected either in the investment decisions of individual businesses or in the U.S. Government's export development priorities, including high-profile trade missions.

In this context, I believe that it is time for us to reexamine the nature of our relationship with sub-Saharan Africa and to focus our attention on ways to facilitate private sector trade and investment in the region. In 1994, Congress took an initial step in this direction by asking the President to develop "a comprehensive trade and development policy for the countries of sub-Saharan Africa" as part of the Uruguay Round Agreements Act. The first of the five annual reports required under this provision was submitted by President Clinton earlier this year. The President's report, in turn, has generated a broader discussion among many of my colleagues, the business community, and the public on the future direction of U.S. economic relations with sub-Saharan Africa.

Throughout this year, I have been pleased to work with Congressman JIM McDERMOTT and Congressman CHARLIE RANGEL toward developing a bipartisan proposal to facilitate the economic development of sub-Saharan Africa by expanding our trade relations with the region. On August 1, 1996, the Subcommittee on Trade of the Ways and Means Committee held a hearing on this issue to look more closely at how we might elevate the priorities of business and government toward sub-Saharan Africa and pursue mutually beneficial trade expansion efforts. The legislation that we are introducing today is the culmination of our work on this issue in the 104th Congress and will serve as the basis for further action on this issue by the Ways and Means Committee next year.

Among other things, the "African Growth and Opportunity: The End of Dependency Act" calls for the negotiation of a free-trade agreement with the countries of sub-Saharan Africa that take appropriate steps to reform their economies. Moreover, to put momentum behind these negotiations and to focus greater attention on the region in the private sector, the bill calls for the creation of a United States-sub-Saharan Africa Trade and Economic Cooperation Forum. This forum will provide regular opportunities for policy leader and heads of state to meet to discuss issues of mutual interest and to keep the trade negotiations on track. Finally, our proposal will create privately managed equity and infrastructure funds to encourage private institutional investors in developed countries to pool their resources to make investments in established businesses and infrastructure projects in sub-Saharan Africa.

With a combined population of nearly 600 million people, sub-Saharan Africa can and should become a major export market for United States goods and services. In my view, the

active participation of the global marketplace is essential to creating the economic and investment opportunities that will stimulate the conditions for developing countries to emerge as business partners, rather than aid recipients. By giving sub-Saharan African countries a trade and investment alternative to foreign aid, this important legislation will encourage the type of economic and political reforms in the region that will ultimately make traditional assistance unnecessary.

THE NEED FOR CONSUMER GRIEVANCE RIGHTS IN MANAGED CARE

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 26, 1996

Mr. STARK. Mr. Speaker, today I introduced a comprehensive bill to improve consumer and provider rights in managed care plans. I introduced the bill late in this Congress so that everyone has the opportunity to review the bill over the autumn and suggest changes and improvements, prior to its reintroduction in the 105th.

One major section of the bill requires the timely consideration by managed care plans of patient appeals. The Medicare agency is very concerned about this area of consumer rights and is proposing a rule to better protect patients. Depending on the strength of the HCFA rule, the need for the appeals and grievance section of my legislation may be fully or partially addressed.

The following news articles from the Bureau of National Affairs of September 18 and 19 describe why this is such an important issue. As Bruce Fried, head of the Office of Managed Care states so well: The appeal and grievance process is "fundamentally the most important protection our beneficiaries have."

VLADECK URGES MANAGED CARE GROUPS TO IMPROVE APPEALS PROCESS

Increasing numbers of health care consumers are feeling powerless in the face of decisions made by their managed care organizations, Health Care Financing Administration Administrator Bruce C. Vladeck said Sept. 17 in urging such groups to improve their beneficiary grievance and appeals process.

Speaking at the annual meeting of the American Association of Health Plans, the nation's largest managed care group, Vladeck said Medicare managed care organizations should ensure Medicare enrollees are aware of their health care coverage appeals rights; should establish systems that do not deter, and even solicit coverage questions; and should employ staff that are well-versed in Medicare regulations.

As managed care has grown, "there is an increasing perception among consumers that they are voiceless and powerless in the system," even though they had little or no appeal rights in the fee-for-service system, Vladeck told conference attendees.

He urged AAHP members to voluntarily upgrade their appeals and grievance process to parallel HCFA's on-going review of what is required managed care groups to provide enrollees in this area.

"If it doesn't happen spontaneously, we will make it happen," he warned.

HCFA OFFICIALS WARN HMOS TO PROVIDE GOOD GRIEVANCE PLANS; RULE IN DEVELOPMENT

Health maintenance organizations that do not provide adequate grievance and appeals

procedures to Medicare beneficiaries are violating beneficiaries' constitutional rights and will be closely scrutinized by the program, a Health Care Financing Administration official said Sept. 18.

HCFA Office of Managed Care Director Bruce M. Fried told managed care representatives that failure to provide an adequate grievance and appeals process to Medicare beneficiaries violates their 14th Amendment rights to due process and equal protection under the law. It also violates Medicare statutes, Fried said.

HCFA has made this issue one of its top priorities and the appeals processes in place at HMOs will come under "enormous scrutiny" in the coming months, Fried said at a conference on managed care sponsored by HCFA, in conjunction with meetings on Medicare and Medicaid being held this week by the American Association of Health Plans.

Some HMOs are failing to improve their grievance and appeals process—in which beneficiaries can contest a decision by an HMO to deny or alter health care coverage—to remain competitive in a rapidly growing industry, Fried said.

"Human nature being what it is, this simply leads some folks to cut corners," Fried said. "We will be very attentive to that."

As of July 1, HCFA had Medicare contracts with 313 HMOs enrolling nearly 4.4 million beneficiaries, according to documents provided by HCFA at the meeting. HMOs are now required to have appeals and grievance processes for Medicare patients, but the quality is mixed and appeals are slow.

In a speech to the AAHP conference Sept. 16, HCFA Administrator Bruce C. Vladeck also warned HMOs to improve their grievance and appeals process, saying the agency would force them to do so if they do not voluntarily comply.

Fried called the appeals and grievance process "fundamentally the most important protection our beneficiaries have," adding that it was "critical" that HMOs take steps to improve the process.

"I don't want to threaten the industry with steps that I am willing to take" if HMOs do not act, Fried warned.

HCFA RULE EXPECTED BY END OF YEAR

HCFA is "very far down the road" in developing a proposed rule that for the first time specifically will define the grievance and appeal process requirements for HMOs, Fried said. Among other items, it will include a requirement that grievances be acted upon "in a matter of days," rather than the maximum 60 days required under current law, he added.

The current grievance and appeals process gives plans 60 days to act on a beneficiary appeal and another 60 days for HCFA's contractor to review appeal denials.

The proposed rule, part of HCFA's Medicare Appeals and Grievance Initiative, is expected to be issued by the end of the year, Maureen Miller, senior policy analyst with the Office of Managed Care's program policy and improvement team, told conference participants.

HCFA in the rule also will clarify what services beneficiaries are able to appeal, Miller said. The rule will state that in addition to pre-service denials, reduction in care decisions and service terminations also can be appealed, as well as services provided under optional supplemental coverage, she added.

The rule also will establish new reporting requirements for plans for grievance and ap-

peals procedures and improve the way plans report such information to HCFA, Miller said.

Miller told plans, however, not to "sit and wait" until the rule is published to improve their grievance and appeals process. Plans on their own can shorten the time needed to decide an appeal, which already has been done by many commercial plans, Miller told those attending the conference.

Plans also can improve their internal information systems so they have more knowledge of who is filing grievances and why and launch an education effort to ensure beneficiaries in skilled nursing facilities and home health care know their appeal rights, Miller said.

They also can review their marketing materials to ensure they present information on appeals in a clear, understandable way, she added.

Plans also can better train their staff charged with handling grievances, Miller said. HCFA has learned of staff at some HMOs in these departments who are giving out incorrect information because they are working without relevant HCFA regulations at their disposal, she added.

A TRIBUTE TO HONOR THE PATCHOGUE, NY, SOCIAL SECURITY OFFICE IN RECOGNITION OF 50 YEARS OF SERVICE TO THE LONG ISLAND COMMUNITY

HON. MICHAEL P. FORBES

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 26, 1996

Mr. FORBES. Mr. Speaker, I rise today to honor and pay tribute to the Social Security Office in Patchogue, NY, for 50 years of dedicated service to the Long Island community. It is with great sincerity that I ask my colleagues in the House of Representatives to join me in congratulating the Patchogue Social Security Office on this historical occasion.

In 1946, the Social Security Administration [SSA] opened its first Long Island office at 75 Oak Street, Patchogue, Long Island, NY. Prior to this, Suffolk County residents had to visit the Queens, NY, office, located in Jamaica, to receive Social Security services. During the last 50 years, the Patchogue office has served hundreds of thousands of Social Security beneficiaries.

Originally, Social Security was formulated as an entitlement program for retired workers and their surviving dependents. In the 1950's, the disability provisions were implemented. The 1960's saw the beginning of Medicare health insurance for the elderly, and in the 1970's, Medicare coverage was extended to the disabled. These changes also included implementation of the Supplemental Security Income [SSI] Program in 1974. This program was established by Congress to federalize assistance to financially needy, elderly, blind, and disabled individuals and children.

The Patchogue Social Security office has performed an exceptional duty in administering its programs to Suffolk County residents. Today, the office administers Social Security

payments to 113,894 Suffolk residents each month for a total of \$79,381,000. SSI payments are paid to 12,817 individuals each month for a total of \$4,739,000.

Stuart Blau, the District Manager, has served the people in his Patchogue District for 20 years, the last 10 as Manager. His 35 years with the Social Security Administration have encompassed the introduction of disability benefits, Medicare, and the Supplemental Security Income Program.

He heads one of the largest field offices in the New York region and the Nation, servicing almost 1 million residents of Suffolk County. Along with a dedicated staff of Federal employees, he continues the tradition and dedication to public service begun in July 1946 when Patchogue was added to the growing roster of Social Security field offices across the country.

The staff in the Patchogue office looks forward to continuing their tradition of dedication and service to Suffolk County residents for many years to come. I wish them all the best for another 50 years in service to the Long Island community.

TRIBUTE TO MAJ. RICHARD M. "SLUG" MCGIVERN

HON. ROBERT K. DORNAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 26, 1996

Mr. DORNAN. Mr. Speaker, I rise today to recognize Maj. Richard M. "Slug" McGivern for his distinguished and exemplary service to the U.S. Air Force and the 104th Congress through his work in the Air Force House Liaison Office from May 2, 1995, to October 14, 1996. In this capacity, Rick has excelled in providing the House of Representatives with outstanding service and unselfish commitment above and beyond the call of duty. During his short stay in this office, he quickly established a solid reputation with both Members and staff, displaying his extensive knowledge of Air Force programs and issues, as well as national defense strategy. His strong operational fighter background gave him the credibility to provide guidance and advice on a wide array of aerospace and other national security issues. Slug's sound judgment and keen sense of priority are trusted attributes that have greatly benefited Congress and the U.S. Air Force. In the challenging arena of international travel, he was brilliant in planning, organizing, and executing congressional delegation trips to locations all over the world. It has been my extreme pleasure to have worked and traveled with Rick McGivern. He has served with great distinction and has earned our respect and gratitude for his many contributions to our Nation's defense. As he moves to the Pentagon to work on the Quadrennial Defense Review Board, we will continue to see Slug on the Hill. On behalf of my colleagues, I would like to bid Maj. Rick "Slug" McGivern and his wife Susan continued success in their new assignment.