

4. Plans could not deny any claim for an enrollee using the "911" system to summon emergency care.

D. DUE PROCESS PROTECTIONS FOR PROVIDERS

1. Descriptive information regarding the plan standards for contracting with participating providers would be required to be disclosed;

2. Notification of a participating provider of a decision to terminate or not to renew a contract would be required to include reasons for termination or non-renewal. Such notification would be required not later than 45 days before the decision would take effect, unless the failure to terminate the contract would adversely affect the health or safety of a patient;

3. Plans would have to provide a mechanism for appeals to review termination or non-renewal decisions.

E. GRIEVANCE PROCEDURES AND DEADLINES FOR RESPONDING TO REQUESTS FOR COVERAGE OF SERVICES

1. Plans would have to establish written procedures for responding to complaints and grievances in a timely manner;

2. Patients will have a right to a review by a grievance panel and a second review by an independent panel in cases where the plan decision negatively impacts their health services;

3. Plans must have expedited processes for review in emergency cases.

F. NON-DISCRIMINATION AND SERVICE AREA REQUIREMENTS

1. In general, the service area of a plan serving an urban area would be an entire Metropolitan Statistical Area (MSA). This requirement could be waived only if the plans' proposed service area boundaries do not result in favorable risk selection.

2. The Secretary could require some plans to contract with Federally-qualified health centers (FQHCs), rural health clinics, migrant health centers, or other essential community providers located in the service area if the Secretary determined that such contracts are needed in order to provide reasonable access to enrollees throughout the service area.

3. Plans could not discriminate in any activity (including enrollment) against an individual on the basis of race, national origin, gender, language, socioeconomic status, age, disability, health status, or anticipated need for health services.

G. DISCLOSURE OF PLAN INFORMATION

1. Plans would provide to both prospective and current enrollees information concerning:

Credentials of health service providers
Coverage provisions and benefits including premiums, deductibles, and copayments
Loss ratios explaining the percentage of premiums spent on health services
Prior authorization requirements and other service review procedures
Covered individual satisfaction statistics
Advance directives and organ donation information

Descriptions of financial arrangements and contractual provisions with hospitals, utilization review organizations, physicians, or any other health care service providers

Quality indicators including immunization rates and health outcomes statistics adjusted for case mix

An explanation of the appeals process
Salaries and other compensation of key executives in the organization

Physician ownership and investment structure of the plan

A description of lawsuits filed against the organization

2. Information would be disclosed in a standardized format specified by the Sec-

retary so that enrollees could compare the attributes of all plans within a coverage area.

H. PROTECTION OF PHYSICIAN—PATIENT COMMUNICATIONS

1. Plans could not use any contractual agreements, written statements, or oral communication to prohibit, restrict or interfere with any medical communication between physicians, patients, plans or state or federal authorities.

I. PATIENT ACCESS TO CLINICAL STUDIES

1. Plans may not deny or limit coverage of services furnished to an enrollee because the enrollee is participating in an approved clinical study if the services would otherwise have been covered outside of the study.

J. MINIMUM CHILDBIRTH BENEFITS

1. Insurers or plans that cover childbirth benefits must provide for a minimum inpatient stay of 48 hours following vaginal delivery and 96 hours following a cesarean section.

2. The mother and child could be discharged earlier than the proposed limits if the attending provider, in consultation with the mother, orders the discharge and arrangements are made for follow-up post delivery care.

II. AMENDMENTS TO THE MEDICARE PROGRAM, MEDICARE SELECT AND MEDICARE SUPPLEMENTAL INSURANCE REGULATIONS.

A. ORIENTATION AND MEDICAL PROFILE REQUIREMENTS

1. When a Medicare beneficiary enrolls in a Medicare HMO, the HMO must provide an orientation to their managed care system before Medicare payment to the HMO may begin;

2. Medicare HMOs must perform an introductory medical profile as defined by the Secretary on every new enrollee before payment to the HMO may begin.

B. REQUIREMENTS FOR MEDICARE SUPPLEMENTAL POLICIES (MEDIGAP)

1. All MediGap policies would be required to be community rated;

2. MediGap plans would be required to participate in coordinated open enrollment;

3. The loss ratio requirement for all plans would be increased to 85 percent.

C. STANDARDS FOR MEDICARE SELECT POLICIES

1. Secretary would establish standards for Medicare Select in regulations. To the extent practical, the standards would be the same as the standards developed by the NAIC for Medicare Select Plans. Any additional standards would be developed in consultation with the NAIC.

2. Medicare Select Plans would generally be required to meet the same requirements in effect for Medicare risk contractors under section 1876.

Community Rating
Prior approval of marketing materials
Intermediate sanctions and civil money penalties

3. If the Secretary has determined that a State has an effective program to enforce the standards for Medicare Select plans established by the Secretary, the State would certify Medicare Select plans.

4. Fee-for-service Medicare Select plans would offer either the MediGap "E" plan with payment for extra billing added or the MediGap "J" plan.

5. If an HMO or competitive medical plan (CMP) as defined under section 1876 offers Medicare Select, then the benefits would be required to be offered under the same rules as set forth in the MediGap provisions above. Such plans would therefore have different benefits than traditional MediGap plans.

D. ARRANGEMENTS WITH OUT OF AREA DIALYSIS SERVICES.

E. COORDINATED OPEN ENROLLMENT

1. The Secretary would conduct an annual open enrollment period during which Medicare beneficiaries could enroll in any MediGap plan, Medicare Select, or an HMO contracting with Medicare. Each plan would be required to participate.

III. AMENDMENTS TO THE MEDICAID PROGRAM

A. ORIENTATION AND IMMUNIZATION REQUIREMENTS

1. When a Medicaid beneficiary enrolls in a Medicaid HMO, the HMO must provide an orientation to their managed care system before Medicaid payment to the HMO may begin;

2. Medicaid HMOs must perform an introductory medical profile as defined by the Secretary on every new enrollee before payment to the HMO may begin.

3. When children under the age of 18 are enrolled in a Medicaid HMO, the immunization status of the child must be determined and the proper immunization schedule begun before payment to the HMO is made.

TRIBUTE TO FATHER JAMES SAUVE

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 26, 1996

Mr. GILMAN. Mr. Speaker, I am pleased to join with my colleagues in paying tribute to an outstanding American who passed away earlier this week.

Father James Sauve, the executive director of the Association of Jesuit Colleges and Universities, was a highly respected educator. As the director of the International Center for Jesuit Education in Rome, as the official representative of the 28 Jesuit colleges and universities, and as a highly respected pastor, Father Sauve threw himself into his work with gusto and zeal, and in so doing earned the respect of all of us.

Father Sauve was a graduate of Spring Hill College in Alabama, and received his Ph.D. from Johns Hopkins University. He was proficient in six languages, and traveled extensively throughout the world.

Father Sauve's sudden passing was a loss not only to the Jesuit world, but to all of us who appreciate learning and understanding of all cultures.

We join in the sorrow of Father Sauve's surviving family, which consists of his father, Wilard, and his brother, Dudley, and his family. We also join all of Father Sauve's many students whose sense of loss must be immense.

HUMAN RIGHTS ABUSES IN EAST TIMOR

HON. TONY P. HALL

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 26, 1996

Mr. HALL of Ohio. Mr. Speaker, for many years I have been deeply concerned over the tragedy in the former Portuguese colony of East Timor. I have had the privilege of meeting the Roman Catholic Bishop of East Timor, Carlos Ximenes Belo, on several occasions.

Bishop Belo is a most courageous figure who has ceaselessly tried to promote a peaceful solution and dialog as a way out of the 20-year-old conflict in East Timor, which Indonesia invaded in 1979 and where as many as a third of the population has perished.

During his 13 years as apostolic administrator of the Roman Catholic Church in the Indonesian-occupied former Portuguese colony of East Timor, Carlos Filipe Ximenes Belo has been a tireless advocate of peace, human rights, nonviolence and reconciliation in a situation marked by war, grim atrocities and an atmosphere of terror. It is worth recalling some of the details of Bishop Belo's effort. On November 12, 1991, Indonesian troops opened fire on a peaceful gathering of thousands of people at Santa Cruz cemetery in the East Timor capital of Dili. More than 250 were killed on that day, many more were badly wounded. The full extent of the tragedy surrounding the Santa Cruz events is still not widely known. Most of the victims were young people.

In the immediate aftermath of the Santa Cruz massacre, driving his own automobile, between the hours of 9 a.m. until 2 a.m. the next morning, Bishop Belo gathered, in groups of five and six, hundreds of young people who has been at Santa Cruz cemetery the morning of November 12 and returned them to their homes before they could meet further harm at the hands of the Indonesian military. Subsequent reports indicate that dozens of those who survived the massacre at Santa Cruz cemetery were taken away and executed by Indonesian security forces.

On numerous occasions before and since, Bishop Belo has acted to deter violence. But in the absence of greater international support his power over the situation is limited. The other day he told a friend from Washington that last week two villages—a civil servant on the way to picking up his pay envelope with a relative—were shot dead by Indonesian troops in the town of Viqueque, while others in the region of Ermera were beaten, arrested, and prevented from attending Mass and from tending their coffee fields.

The tension in East Timor is of great cause for concern, particularly now that the fifth anniversary of the November 12, 1991 Santa Cruz massacre approaches. I believe the Congress and the administration should be prepared to give the greatest possible support to Bishop Belo in his efforts to bring peace to East Timor and to help strengthen Bishop Belo's hand in the difficult weeks and months ahead.

For the benefit of my colleagues, I would like to submit for the RECORD a firsthand account by Arnold Kohen from the December 10, 1995, Boston Globe:

[From the Boston Sunday Globe, December 10, 1995]

BURIED ALIVE: EAST TIMOR'S TRAGIC OPPRESSION

(By Arnold S. Kohen)

With the world's attention focused on the Bosnian peace agreement, the 20th anniversary of an invasion that led to even greater carnage than the tragedy in the Balkans passed Thursday with little notice. But the consequences of Indonesia's December 1975 invasion of the former Portuguese colony of East Timor are still with us. The children of those who perished in the first wave of savage repression are at this moment being beaten and tortured.

Over most of the last two decades, East Timor has received only sporadic worldwide

attention: in 1991, when Indonesian troops massacred more than 250 people in a church cemetery, an event filmed by British television and broadcast around the world, and again last year, when East Timorese students occupied part of the U.S. Embassy compound in Indonesia during a visit by President Clinton. On Thursday, in recognition of the anniversary of the invasion, pro-independence Timorese occupied part of the Dutch and Russian embassies in Jakarta. But for the most part, the public knows little of what is happening in East Timor.

East Timor, an area located off the north coast of Australia, and about the size of Connecticut, deserves the special sympathy of Americans, because, the United States provided the arms and diplomatic support for that 1975 invasion. President Ford and Secretary of State Henry Kissinger were in Jakarta the day before, and they made no objection to the Indonesian action, though it was illegal under international law and has never been recognized by the United Nations. Longtime efforts in Congress finally have stimulated pressure to address the tragedy in East Timor.

If the public is troubled about Bosnia, it should also be concerned over East Timor. About 250,000 people of a population of 4 million have perished in Bosnia since 1991, while in East Timor, it is estimated that 200,000 of a population of less than 700,000 died from the combined effects of the Indonesian assault between 1975 and 1979, many in a war-induced famine compared with some of the worst catastrophes in recent history, including starvation in Cambodian under Pol Pot.

"It defies imagination that so many people have perished in such a small place as East Timor," said Mairead Corrigan Maguire, who won the 1976 Nobel Peace Prize for her work in Northern Ireland, where 3,000 people have died in the violence since 1969. East Timor has sparked public concern in Ireland, in part because of the Irish historical experience of occupation by a powerful neighbor.

Today, tension and oppression have a vise-like grip on East Timor. I visited there in September, during some of the most serious upheavals since the Santa Cruz massacre of 1991. "This place is like a concentration camp," said a priest who could not be identified.

At a Mass one day at the home of Roman Catholic Bishop Carlos Ximenes Belo, himself considered for the Nobel Peace Prize in 1995, there was a crippled boy, his face black-and-blue with caked-up blood from a beating by security forces. Traumatized and barely willing to speak, he said he had been in a police station with 30 other young people who had been stripped naked and similarly assaulted.

"We have been going from prison to prison—I don't know where he is—and the police won't tell us," said one desperate parent searching for his child. He took a considerable risk simply in talking to a foreigner. Nearby, dozens of young people taking refuge in a courtyard, several with head wounds inflicted by Indonesian police.

"They're taking everything from us," said one man. "All most Timorese have now is the skin on their bones." Indonesian settlers brought into East Timor are taking the scarce jobs and opportunities. As in Tibet, invaded by the Chinese in 1950, the settlers seem to be there to swamp the East Timorese in their own country.

"It's a slow annihilation," said another priest, who reported that as many as 80 percent of the native East Timorese in some areas suffer from tuberculosis, while Indonesian authorities make it difficult for many people to obtain medicines.

The disparity between the two sides could not be more clear. On the one hand, unarmed

young people who have little more than ideals to sustain them. The other consists of heavily armed elite units of Indonesian mobile brigade riot police. I saw countless trucks filled with machine-gun toting army troops, both uniformed and in plainclothes, some wearing ski masks in broad daylight in the oppressive tropical heat—an open reminder of those in East Timor who have "disappeared" without a trace. Spies working for Indonesian forces are everywhere.

In a telephone conversation this week, Bishop Belo, a courageous moderate who has worked hard to deter violence in the territory, said the situation remains the same.

During the past few months, dozens of young East Timorese have entered embassies in Jakarta seeking political asylum. The personal histories of almost all of these young people tell the story of East Timor today: Many, if not most, have lost parents in the war, and most have been beaten or tortured.

Involvement of the Clinton Administration in Bosnia and Northern Ireland has helped smooth the way for peace agreements. There are signs that over time, the same might work in East Timor. President Clinton, who has raised the issue with Indonesian President Suharto, can increase his support for United Nations peace talks and try to convince Indonesian government to take concrete steps in pursuit of a peaceful solution. Experts say there is growing recognition in Indonesia that changes must be made if Jakarta is to rid itself of what has come to be a debilitating injury to the country's international reputation.

In the meantime, international pressure could save lives. All official buildings in East Timor today are adorned by idealized portraits of Indonesia's vice president, Try Sutrisno, former commander of the army. I was reminded of his statement after the Santa Cruz massacre: The young victims "were delinquents who needed to be shot and we will shoot them." I was told by authoritative diplomatic sources that, in the absence of growing international pressure led by the United States, Indonesian forces would simply kill the young resisters of East Timor, as they have killed so many of their elders. All the more reason why distant East Timor should have more than a little meaning for us.

Arnold S. Kohen is writing a book on East Timor and international policy.

TRIBUTE TO THE HALFWAY SCHOOLHOUSE

HON. DAVID E. BONIOR

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 26, 1996

Mr. BONIOR. Mr. Speaker, this coming Saturday, September 28, 1996, in Eastpointe, MI, a historical marker honoring the Halfway Schoolhouse will be formally dedicated.

The Halfway Schoolhouse was built in 1872 and served the community until 1921. At that time it was located in the village of Halfway, midway between Mount Clemens and Detroit. When the school closed in 1921, it was moved and used as a warehouse. The East Detroit Historical Society acquired the school in 1984, returning it to within 100 feet of its original site and restoring its 19th century appearance. The contributions of the members of the historical society are numerous and they deserve our gratitude for their hard work and dedication to preserve this beautiful Victorian building for future generations.