

## CHILDREN'S INN GALA

HON. NEWT GINGRICH

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

*Friday, September 27, 1996*

Mr. GINGRICH. Mr. Speaker, the following remarks were made to at the Children's Inn Gala on September 26, 1996. I thought my colleagues would find this touching and inspiring.

Introduction by Mrs. Debbie Dingell: It is my pleasure to introduce Kathy Schwanfelder. Kathy has been a member of the Children's Inn Board of Directors since 1994. She brings something very special to the board, a parent's perspective of how the Inn can best help its guests. Kathy has experienced the Inn first hand. She and her family stayed at the Inn with her daughter Lizzie while Lizzie was being treated at NIH. Kathy can tell you better than I can what the Inn means to her. I just thank Kathy for her tremendous support on the board and her for being here this evening.

Remarks by Mrs. Kathy Schwanfelder: I've wanted to thank the supporters and friends of the children's Inn NIH since 1:00 in the morning of a cold February night 3 years ago. It was the moment my daughter Liz and I walked through the doors—to a cup of tea and a warm bed.

At the same time that I share my gratitude with you I share my grief and the grief of the other families who have passed through the doors of the Inn. A horror surrounds us—a horror that our children are facing life threatening illnesses, that their days and nights are filled with painful medical procedures at a time when they should be filled with birthday parties and that is how I know the Inn—as a home away from home—a place that celebrates life, a place that helped my daughter Lizzie celebrate her short life.

When children are ill, they are isolated—but not at the Inn. Here they are surrounded by others in the same boat. There need be no explanations for bald heads and feeble bodies.

At the Inn my 17 year old could "hang out" with others her age. She was buoyed up by fighters and survivors. She could ask questions about what she was to face next—of people who knew because they had been there.

Meanwhile, I could sit and have a cup of coffee with other parents who were also finding it hard to swallow—who knew my nightmares. No explanations were necessary. At the same time we could smile together at the Children's Inn as we watched our children take a step out of the misery that illness had inflicted on them and play in the playroom, watch a movie together in the family room, play a game in the library or just lounge on the couches and share stories about their friends back home in that other world where some of them would never really return.

I want to thank you for having the vision and the continuing desire to support the Inn. I want you to picture a feeble-faced bald kid saying from her hospital bed up in Building 10: I feel strong enough to go home to the Inn tonight, could we sleep there so I can take a bath in my own bathroom—very important to 17-year-olds—and talk to Victoria and Chris, anyway I promised Marilyn a story next time I see her. And maybe more you could cook me up some nachos. I want you to picture an otherwise so-

phisticated, reserved young lady painting her whole bald head and face orange so she could be a jack-o-lantern at the Inn Halloween party. Picture her folding herself into a cubby in the little kids playhouse because they wanted her to be the mother. Know that when a child is painting her face and playing with others she is taking a break from disease and pain—sunlight shines if only for a moment.

Picture being away from home for your 18th birthday when all your friends are back home shopping for senior prom dresses and instead of moaning and groaning because you've already learned that life can only be lived in the moment because that's all you have, you smile and plan your birthday in the Inn. Your guests include mostly 6-to-10-year-old boys because they happened to be there.

Picture Liz saying to me: I think I've learned everything I know about living in this place. How can we pay them back mom?

Well my precious child—this is the best I can do for you—and for all the children.

TRIBUTE TO YEOMAN FIRST CLASS PETTY OFFICER TIMOTHY JOHN POLLARD

HON. TILLIE K. FOWLER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Friday, September 27, 1996*

Mrs. FOWLER. Mr. Speaker, it is a pleasure for me to pay tribute today to a truly outstanding gentleman: Yeoman First Class Petty Officer Timothy John Pollard, who will soon be completing his assignment as the Office Manager for the Navy's Office of Legislative Affairs in the Rayburn House Office Building. Petty Officer Pollard's professionalism, kindness, and wonderful personality have endeared him to many of us on the Hill, and we shall miss him very much.

A native of Philadelphia, PA, Tim Pollard enlisted in the Navy in 1981. After basic training and Yeoman "A" School, he was assigned to Patrol Squadron 46. In 1985, he was assigned to the Office of the Chief of Naval Operations on the liaison staff for all Joint Chief of Staff matters. In 1989, he was assigned as Leading Petty Officer of the Plans and Exercise Department for the Commander 6th Fleet aboard the USS *Belknap* (CG-26) homeported in Gaeta, Italy.

Returning to Washington, DC, in 1992, Petty Officer Pollard served as Administrative Officer for the Communication Department for the Armed Forces Inaugural Committee. In 1993, he was assigned to the Chief of Naval Personnel, assisting in the initial assignments of women to combatant ships; the transfer of personnel from decommissioned ships; and the reassignment of personnel from numerous fleet ships executing homeport changes.

Petty Officer Pollard reported to the Navy Legislative Affairs Office in November 1994. Since that time, he has efficiently and effectively managed the Rayburn HOB Office, handling countless inquiries relating to naval personnel and assisting in the organization of many Navy orientation trips which have been beneficial to Members and staff alike.

During Tim Pollard's 15-year naval career, he and his family have made many sacrifices for this Nation. I would like to thank them all—Tim, his lovely wife, Veronica, and their three

children, Taviona, Nadia, and Tim, Jr.—for their contributions to the Navy and to our national security. We owe all of our Navy families a great debt of gratitude.

Mr. Speaker, Yeoman First Class Petty Officer Pollard is a great credit to the U.S. Navy and the country he so proudly serves. As he prepares to depart for yet another new challenge, I know that my colleagues on both sides of the aisle join me in wishing him every success, as well as fair winds and following seas always.

REFORM THE AAPCC PAYMENT FORMULA FOR GREATER MEDICARE EQUITY AND FAIRNESS

HON. JIM RAMSTAD

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

*Friday, September 27, 1996*

Mr. RAMSTAD. Mr. Speaker, throughout the 104th Congress, many Medicare concerns have been raised that have a significant impact on access to health care throughout Minnesota and ultimately to the health and well-being of our Nation's health care system.

Today, I rise to share some thoughts on an issue which knows no distinct, definable boundary. It is an issue of great importance to Medicare beneficiaries and health care providers in my district—reforming the payment for Medicare risk-based managed care plans.

But, before I delve into my statement, I want to take a moment to salute and thank my good friend and colleague from western Wisconsin, STEVE GUNDERSON. I commend him for his tireless commitment to improving access to and delivery of quality health care in rural communities. During this Congress, as cochair of the Rural Health Care Coalition, STEVE literally took the bull by the horns to respond to a variety of health care issues, especially the need to reform the payment formula for Medicare risk-based managed care plans.

Currently, Medicare payments to risk-based health care plans are calculated on the basis of Medicare spending in each county's fee-for-service section—medical care outside of managed care plans. The variation in the adjusted average per capita cost [AAPCC] formula reflects different utilization of health care services.

Dr. John E. Wennberg, director of the Center for the Evaluative Clinical Studies at the Dartmouth Medical School recently published "The Dartmouth Atlas of Health Care." The Atlas definitely documents that the rates of hospital beds and physicians per 1,000 residents determines how much care Medicare beneficiaries use. Revising the highly variable AAPCC payment formula will result in greater equity for Medicare beneficiaries regardless of where they live, allowing choices among plans and more equitable distribution of out of pocket costs and additional benefit packages.

Because of the need to correct the inequity in the AAPCC payment formula for millions of Medicare beneficiaries, I strongly supported changes to the formula during the Ways and Means Committee consideration of the Medicare Preservation Act. Regrettably, progress may be by this Congress to reform our Medicare Program, including the geographic disparity and inequities in the AAPCC formula, was vetoed by the President.

Since that time, I have continued to be concerned about this issue and am an original cosponsor of Mr. GUNDERSON's H.R. 3753, the Rural Health Improvement Act. This legislation incorporates a number of rural health care reforms including improvements to the AAPCC payment formula.

Title I of this legislation narrows the AAPCC payment gap between rural and urban areas by ending the practice of basing the formula on utilization rates, and it does so in a budget neutral fashion. At a minimum a county would receive 80 percent of the national input-price-adjusted capitation rate. This change helps reflect the true cost of doing business—uncontrollable factors, such as wage rates or supply costs. The language also implements a 3-year average for the baseline rather than 1 year, which was in the Balanced Budget Act of 1995. This change gives greater representation of historical health care costs for an area. This provision of H.R. 3753 is based on the

Physician Payment Review Commission's "1996 Annual Report to Congress."

Realizing reforms to the AAPCC formula are not doable in the remaining days of this Congress, it is helpful to know where the debate will begin in the 105th Congress.

About a week before this hearing, the Health Care Financing Administration [HCFA] released the 1997 payment rates for Medicare managed care plans. What HCFA told us was nationally Medicare risk payments will increase an average of 5.9 percent as of January 1, 1997—lower than the 1996 national average increase of 10.1 percent.

In terms of the solvency of the Medicare trust fund this is good news—slowing the growth of Medicare. The bad news is that this average increase reflects wide variation in percentage increases from county to county. Four counties: Valencia, NM; and three New York State counties, Bronx, Monroe, and New York, actually will receive negative percentage de-

creases. Because the actual dollar variations are also extreme, many low-payment areas get a double whammy—lower percentage increases off of a lower base.

This situation continues a trend which is inherent in the flawed payment formula. The table below illustrates the vast variation between counties across the country. I believe it is important to point out that even through the 1996 AAPCC payment increased an average of 10.1 percent, not all counties shared in the bounty of that increase. The same is also true for the 1997 AAPCC payments.

Counties that typically lost ground were those in efficient markets and rural counties with historically lower reimbursement rates. Because of these lower payment rates and lower annual increases these regions will continue to lack the ability to attract managed care options to their area or offer enhanced health care benefits often found in higher payment communities.

MONTHLY PAYMENTS RATES TO MEDICARE MANAGED CARE PLANS

Area/County	1995 payment	1995 increase (percent)	1996 payment	1996 increase (percent)	1997 payment	1997 increase (percent)
National Average .....	\$400.52	5.9	\$440.90	10.1	\$466.95	5.9
Richmond, NY .....	668.48	6.2	758.53	13.4	767.35	1.1
Kern, CA .....	439.15	5.8	478.33	8.9	512.08	7.0
Hennepin, MN .....	359.33	2.0	386.77	7.6	405.63	4.8
Tulare, CA .....	333.96	2.9	360.38	7.9	390.78	8.4
Vernon, WI .....	209.28	6.6	237.09	13.2	250.30	5.5

The payment rates also illustrate the overall instability and unpredictability of AAPCCs—factors that discourage health plans from entering new markets and remaining in other markets.

If there is a silver lining to HCFA's release of the 1997 risk-based managed care payment rates it was in Dr. Vladeck's remarks:

The formula used to set HMO payment rates is flawed. It shortchanges rural areas and markets where care is delivered more efficiently, and may limit beneficiary choice.

Dr. Vladeck's comments indicate HCFA's understanding of the inequity in the current AAPCC formula and the need for change if we are to offer all Medicare beneficiaries true choices in the type and form of health care they want to receive. I see this as a signal that in the future we can work in a bipartisan, pragmatic way to improve the AAPCC payment formula.

Mr. Speaker, correcting the AAPCC payment formula is vital. In this Congress, we have come a long way to improve our understanding the many dimensions of the AAPCC payment issue and the need to make the formula more equitable. I look forward to working with you and my colleagues on the Committee on Ways and Means in the future to make the needed changes to the AAPCC payment formula. The longer we continue to use our payment current formula, the longer efficient health care markets will be penalized and rural areas will lag behind leaving many Medicare beneficiaries with fewer choices.

#### JUSTICE ON TIME ACT OF 1996

HON. WILLIAM F. GOODLING

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, September 27, 1996

Mr. GOODLING. Mr. Speaker, today, I am pleased to introduce the Justice on Time Act

of 1996, legislation which would address the profound concern expressed by several of my constituents who have experienced long delays in the processing of their cases by the National Labor Relations Board [NLRB]. The Justice on Time Act of 1996 would require the NLRB to issue a final decision within 1 year on all unfair labor practice complaints where it is alleged that an employer has discharged an employee in an attempt to encourage or discourage union membership.

The Justice on Time Act recognizes that the lives of employees and their families, wondering whether and when they will get their jobs back, are hanging in the balance during the long delays associated with the National Labor Relations Board's processing of unfair labor practice charges. The act also recognizes that the discharge of an employee who engages in union activity has a particularly chilling effect on the willingness of fellow employees to support a labor organization or to participate in the types of concerted action protected by the National Labor Relations Act [NLRA].

Thus, the legislation requires the Board to resolve discharge cases in a timely manner to send a strong message to both employers and employees that the NLRA can provide effective and swift justice. The Justice on Time Act ensures that employees who are entitled to reinstatement will quickly get their jobs back and employers will not be saddled with liability for large backpay awards.

The median time for National Labor Relations Board processing of all unfair labor practice cases in fiscal year 1995 was 546 days and has generally been well over 500 days since 1982. This length of time is a disservice to the hardworking men and women who seek relief from the Board for unfair treatment in their workplaces. The Justice on Time Act tells the National Labor Relations Board that, at least when it comes to employees who may have wrongly lost their jobs, it must do better and must give employees a final answer on

whether they are entitled to their jobs back within 1 year.

#### NINTH ANNIVERSARY OF KHALISTAN'S DECLARATION OF INDEPENDENCE

HON. GERALD B.H. SOLOMON

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, September 27, 1996

Mr. SOLOMON. Mr. Speaker, on October 7, 1987, the Sikh Nation declared its independence from India, calling their new country Khalistan. Since we will be in recess on October 7, I would like to take this opportunity to salute the Sikhs of Khalistan on this important anniversary.

The Sikhs have every reason to want freedom from oppression. Since 1984, over 150,000 Sikhs have been murdered by the Indian regime. Another 70,000 or more languish in Indian prisons under the very repressive Terrorist and Disruptive Activities Act, which expired in March 1995. According to respected Justice Ajit Singh Bains, who has testified before the Congressional Human Rights Caucus before the regime prohibited him from leaving the country, more than 50,000 Sikhs disappeared or were killed from 1992 to 1995. If this happened in any other country, we would call it repression. In India, however, it is called democracy.

The Sikhs of Khalistan showed their clear demand for freedom in February 1992 when, according to India Abroad, only 4 percent of the Sikhs voted in the Punjab state elections held under the Indian Constitution, which no Sikh ever signed. The Sikhs have a history of freedom and independence. The Sikhs ruled Punjab from 1710 to 1716 and from 1765 to 1849. When India achieved independence, the Sikhs were one of three nations that were to