

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

be granted sovereign power. They stayed with India on the promise that they would enjoy freedom and autonomy in Punjab. As India's record of repression shows, that promise has never been kept. Yet when the Sikhs embarked on a peaceful struggle to free themselves from the chains of repression, the Indian regime responded by increasing the reign of terror in Punjab and enforcing it with over 500,000 troops. The British colonists never stationed 500,000 troops in the entire subcontinent.

Mr. Speaker, India is one of the most anti-American countries in the world. Although it is a major recipient of United States aid, India votes against the United States at the U.N. more than any other country except Cuba. I might add by the way, that this aid has been an economic debacle as well as having failed to buy any good faith from India. After 50 years on the international dole, India remains a highly impoverished land, shackled by a statist and corrupt government bureaucracy. Given India's anti-Americanism and its aggressive nuclear weapons drive, I must wonder out loud why we continue to drop our money into this black hole.

As to the Sikhs, Mr. Speaker, all they are asking for is just a chance to determine their future, free from this severe repression. Is this too much to ask?

#### TRIBUTE TO WILLIAM BROWER

HON. MARCY KAPTUR

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Friday, September 27, 1996*

Ms. KAPTUR. Mr. Speaker, I rise today to note the recent retirement from the Blade newspaper of Toledoan William Brower, a well-known veteran journalist of more than 50 years. He became one of the first African-Americans to work for a daily Ohio newspaper. He was officially recognized this year by the National Association of Black Journalists for its Lifetime Achievement Award.

A Wilberforce University graduate, Bill began his journalism career writing for African-American newspapers in Baltimore, Philadelphia, and Richmond, VA. Hired by Toledo's newspaper, the Blade, in 1947, Bill began as a general assignment reporter. Throughout his years with the paper, he held positions covering the police, courthouse, and education beats, and served as an assistant city editor, news editor, and associate editor. His thrice weekly editorial columns covering politics, sports, and topics of interest to African-Americans became a staple of Toledo area news.

In 1951 he was awarded a Pulitzer Prize nomination for a series of stories written after a tour of 20 States on the conditions experienced by black Americans. In 1971, he followed that story with a series, "Black America—20 Years Later," which won him a Robert F. Kennedy Foundation Award.

The National Association of Black Journalists paid tribute to Bill for his "pioneering spirit" and "outstanding leadership in the media industry." The same can be said of his role in our community. Bill Brower and his wife Edna have been groundbreakers, trailblazers, and voices of strength and wisdom, in Toledo. Their dedication to one another continues to be a source of inspiration to us all. His

writings have often required us to look at a reflection of ourselves, and in doing so, have moved us to become better people.

No commendation could sum up fully half a century of journalistic achievement. But in honoring his life, the Blade has endorsed independent thought and the advancement of our common heritage as a free people.

#### WORLD OSTOMY DAY

HON. BENJAMIN L. CARDIN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Friday, September 27, 1996*

Mr. CARDIN. Mr. Speaker, as many of my colleagues know, I am a strong proponent of updating Medicare to include coverage of important preventive benefits. One of the most important preventive benefits we can add to Medicare is colon cancer screening.

Today, I would like to bring to the attention of my colleagues the existence of an important upcoming date: October 5, 1996. This day has been set aside by the United Ostomy Association and the International Ostomy Association to celebrate World Ostomy Day. This day will provide an opportunity for us all to increase our awareness and understanding of ostomy and continent rehabilitation and the disease that can lead to this type of surgery.

An estimated 750,000 people in the United States have had ostomy surgery. Ostomy refers to a surgical procedure that replaces normal bodily function in providing a cure for colon and rectal cancers, inflammatory bowel diseases including colitis and Crohn's disease, birth defects, and severe internal injuries.

Approximately 60 percent of all ostomy surgeries are performed as a result of colon cancer. Colon cancer is the second most common cancer in America and, contrary to popular belief, it strikes men and women equally. There are more than 140,000 new cases diagnosed each year, and more than 55,000 men and women die of this cancer annually. Like most cancers, early detection of colorectal cancer is crucial to the survival of those diagnosed with this deadly disease.

The United Ostomy Association provides psychological and educational services and support for individuals, and their families, who face ostomy or continent surgery. Education and awareness help to remove the fear and misunderstanding associated with ostomy surgery and encourages the continuation of a full and productive life after surgery. The United Ostomy Association has over 35,000 members in chapters throughout the United States and Canada.

Through World Ostomy Day, the United Ostomy Association and the International Ostomy Association seek to inform persons with an ostomy or continent procedure of the support and assistance services that are available through their chapters and to encourage a better understanding and acceptance of people who have had ostomy or continent surgery. I commend these organizations for their important work with those who must undergo ostomy surgery and for helping to education us all.

During this session of Congress we have made a strong case that Medicare reform must be more than simply slashing reimbursement levels. If we want true Medicare reform,

we must update the program so that it can take advantage of medical technological advances. Preventive care such as colon cancer screening is a perfect example of such needed improvement. Not only will the inclusion of colon cancer screening save lives, it will also save money in the long-run. Including colon cancer screening in Medicare is a win-win situation. I will be reintroducing my legislation, the Colon Cancer Screening and Prevention Act, next Congress and look forward to working with my colleagues to gain passage of this important component of Medicare reform.

#### CHICAGO STREET RENAMED TO HONOR RAOUL WALLENBERG—TRIBUTE TO THE EFFORTS OF JAN MULLER

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Friday, September 27, 1996*

Mr. LANTOS. Mr. Speaker, on the 5th of October in 1981, President Ronald Reagan signed bipartisan legislation making Raoul Wallenberg an honorary citizen of the United States—the second individual after Sir Winston Churchill to be so honored. That legislation, Mr. Speaker, was the first bill that I introduced as a Member of Congress, and it was my first bill to become law.

Mr. Speaker, I am delighted to bring to the attention of my colleagues in the Congress the information that the City Council of Chicago—at the request of Jan Muller and the Raoul Wallenberg Committee of Chicago—has approved the creation of "a salient place where America can pay tribute to a magnificent Hero—Raoul Wallenberg." The area, to be named the Raoul Wallenberg Place, is located on State Street between Wacker Drive and Lake Street.

It is most appropriate that we in the United States honor Raoul Wallenberg. It was at the request of the Government of the United States that Wallenberg—a member of the leading banking family of Sweden—left the security and comfort of Stockholm in the summer of 1944 and traveled to the hell and chaos of Budapest under Nazi occupation. Through innovative and creative confrontations with Nazi officials, Wallenberg saved the lives of tens of thousands who otherwise would have been killed by the Nazi war machine.

Mr. Speaker, the dedication and the formal renaming of "The Raoul Wallenberg Place" will take place on Friday, October 4, at 10:30 a.m. at the intersection of Wacker Drive and State Street in Chicago. The timing of the dedication has been chosen to coincide with the 15th anniversary of the signing of the legislation naming Raoul Wallenberg an honorary U.S. citizen. The first announcement of the Chicago City Council's decision was made on August 4 this year, the 84th birthday of Wallenberg. Among those participating in the dedication ceremony next week will be Chicago Alderman Burton F. Natarus, Consul General of Israel Arthur Avnon, and distinguished representatives of the Jewish and Christian communities in the Chicago area.

Mr. Speaker, I want to pay particular tribute to Jan Muller. This tribute to Raoul Wallenberg is in response to a proposal he made to the Chicago City Council. Mr. Muller's steadfast