

REVITALIZING TOURISM AND ENSURING AIRPORT SECURITY

HON. BILL MCCOLLUM

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 28, 1996

Mr. MCCOLLUM. Mr. Speaker, today I am introducing a bill to revitalize the tourism industry and provide for increased airport security. Appropriately, it is titled the Tourism Revitalization and Airport Security Act of 1996.

This bill would ensure traveler safety by increasing airport security through enhanced bomb detection equipment and additional sniffing dogs. Furthermore, it would require additional background checks on employees in sensitive areas while beefing up performance standards and audits for those employees. This bill would mandate additional FBI involvement through periodic threat and vulnerability assessments at high risk airports. Mr. Speaker, there are additional provisions that are also noteworthy but I would like to specifically point out two innovative technologies included in this bill. One is known as IGRIS, which can determine the molecular structure of concealed objects. This could be handy when someone tries to pass plastic explosives or drugs through normal airport x rays. The second is bomb blast containment technology which would completely contain a blast inside the luggage compartment—or anywhere else for that matter—should an explosive actually make it onto a plane. Both of these merit further consideration.

The second thrust of my bill includes ways to revitalize the tourism industry which is so vital to the country and my district in Florida, the Eighth District and Orlando. Among the provisions in this bill is the creation of a National Tourism Board and Organization, a diversion of President Clinton's 4.3-cent gas tax hike from general revenue to the transportation trust funds where it belongs, a repeal of the unfair and crippling aviation fuel tax, the restoration of the business meal tax deduction, and a reauthorization of the airline ticket tax. Furthermore, this would improve visa programs through extending and reforming the visa waiver pilot program in section 217 of the Immigration and Nationality Act. It would improve visa issuance by increasing staff at busy consular posts in Caracas, Rio de Janeiro, Seoul, Brasilia, São Paulo, and Taipei.

Mr. Speaker, this bill is about jobs. This bill is about the economy. This bill is about airline safety. These are obviously critical for anyone, but especially to Florida and Orlando. I urge further consideration of these measures and lay them before you today.

THE NATIONAL SCHOOL INFRASTRUCTURE ACT

HON. NITA M. LOWEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 28, 1996

Mrs. LOWEY. Mr. Speaker, today, I am introducing the National School Infrastructure Act. I recently conducted a survey of more than 1,000 public school buildings in New York City. I found seriously overcrowded and deteriorating schools. Unfortunately, the poor

physical condition of schools is not New York's problem alone. A GAO report released in June showed that \$112 billion nationwide was needed to bring our Nation's schools into decent condition. The GAO found that one-third of all schools across the country required extensive repair or replacement. Rural, suburban, and urban districts all face serious problems.

The National School Infrastructure Act will provide interest subsidies over the next 4 years to help school districts pay for school repair and construction. It is modeled after the President's proposal. This is not an ongoing program but instead a one-time incentive to States and local communities to address the poor physical condition of our schools. The program is fully paid for by auctioning off a specific portion of the broadcast spectrum.

Under by bill, the cost of local borrowing for school construction and rehabilitation would be cut by up to 50 percent, depending upon need. School districts with severe infrastructure needs and/or high concentrations of poverty would be eligible for funds.

Large school districts would apply directly to the Department of Education for the interest rate subsidy. Smaller districts would apply through a designated State authority.

The interest reduction is equivalent to subsidizing \$1 out of every \$4 in construction and renovation spending. The \$5 billion made available by the legislation would result in an estimated \$20 billion in State and local construction across the country, over the next 4 years.

I look forward to working with local, State, and Federal officials in the months ahead to further refine the legislation so that it can be enacted in the 105th Congress.

We simply cannot ignore the poor physical condition of our schools any longer. Children cannot learn when their classroom walls are literally falling down. The Federal Government helps to build and maintain our Nation's roads. Now we must fulfill our obligation to our Nation's children and come to the aid of our schools.

INTRODUCTION OF THE PATIENT AND HEALTH CARE PROVIDER PROTECTION ACT

HON. MAJOR R. OWENS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 28, 1996

Mr. OWENS. Mr. Speaker, I rise to introduce a bill that would protect patients and health care providers in hospitals across the country. While Congress is debating the feasibility of universal service, and implementing incremental health-care reform bills to increase portability, the health-care industry is completely re-engineering itself. As a part of the transformation to remain competitive and save money, hospitals are replacing nurses with lesser-trained, lower-paid aides. Recent reports have noted that this de-skilling of America's hospitals has had an adverse and even fatal effect on unsuspecting patients. My proposal, the Patient and Health Care Provider Protection Act would ensure that patients, as well as nurses, aides, and doctors are armed with the adequate weaponry to fight the hazards associated with the restructuring of the health care industry.

When any of my constituents enter a hospital, care may be administered by someone who looks like a licensed nurse, but is called a patient care aide, clinical care partner, patient care assistant, medical technician, patient care technician, or monitor technician. These aides may be charged with checking vital signs, inserting intravenous tubes, drawing blood, inserting catheters, and performing electrocardiograms—procedures usually reserved for licensed nurses. Unfortunately, in too many instances such responsibilities dealing with the direct care of the patient are being undertaken without proper training, and the results are astonishing.

At Allegheny General Hospital, a patient care aide mistakenly hooked up a feeding tube to an opening in a patient's neck that helped him breathe. The liquid nourishment got into the lungs of the 81-year-old patient and he died a few days later. At Presbyterian University Hospital, a "monitor technician" failed to notice a patient's accelerated heart rate for 4 to 5 minutes. The patient later died of heart failure. At Rhode Island Hospital, an aide mistakenly filled a syringe with potassium chloride instead of saline to clean out an intravenous line. The potassium chloride killed the 11-month-old infant.

This bill would avoid these catastrophes in three ways: first, the Patient and Health Care Provider Protection Act would ensure that patients are well-informed about who is treating them. Currently hospitals are not required to make pertinent information available to the public. As a result of this bill, hospitals would have to maintain and disclose daily staffing levels to the public. Second, this legislation would ensure that the Department of Health and Human Services issue staffing guidelines that hospitals could use as benchmarks to decide which levels of staffing do not jeopardize patient care. Third, all staff in hospitals would be mandated to wear identification tags with the name and licensed or certified position of the individual. Obscure and deceitful titles such as technical care partner would be unlawful.

Moreover, the Patient and Health Care Provider Protection Act would ensure that the changes that are taking place in the health-care industry are studied on a national level. While massive hospital-restructuring efforts are taking place in such states as California, Massachusetts, Pennsylvania, Texas, Rhode Island, Washington, and in my State of New York, we cannot point to a single comprehensive study that shows whether or not the industry has taken a turn for the better or worse. My bill would assure that national and systematic compilation of pertinent medical data is being undertaken to evaluate reform efforts on a periodic, on-going basis. The public would be privy to all information that is reported.

The Patient and Health Care Provider Protection Act would further create a nongovernmental, independent, nonprofit body to advocate on behalf of health care consumers in each State—the Office of Consumer Advocacy for Health [OCAH]. OCAH would set up a step-by-step process that consumers could easily follow when they have any complaint about the health care services they are receiving. OCAH would assist people who had grievances with their health plans and needed information about available health care services. It would also serve as a screening center for

situations necessitating the emergency intervention of Federal officials. By calling a number such as 1-800-BAD-CARE, patients and health care workers could disclose any information about life-threatening situations in a hospital. If the situation warrants, such as the case in Tampa, FL, when the Health Care Financing Agency sent out an emergency team to a hospital that amputated the wrong limb of a patient, then OCAH could call upon HHS to investigate.

Moreover, each health plan would be required to form a consumer-dominated Independent Consumer Advisory Committee [ICAC]. This committee would provide outreach to its members—patients—by holding hearings, and forums to facilitate discussion between a health plan and the community. ICAC would help establish safe staffing levels, and quality-care criteria to which the health plan must adhere. Members of ICAC would be selected by a classified lottery procedure. Health plan members interested in serving would be placed not four categories: senior citizens, parents of children under 18, individuals with disabilities, and all other health plan members.

Finally, the Patient and Health Care Provider Protection Act would outlaw the gag order on nurses and doctors who must be free to communicate effectively with their patients. This bill contains strong whistle blower protections that prohibit the discharge, demotion, or harassment of any nurse, doctor, or other health care professionals who assist in an investigation of his or her employer.

There are many bills floating around that accomplish some of the goals outlined here, but in piecemeal fashion. Patient safety cannot be achieved in this way. A comprehensive approach is necessary to make sure patients are aware of who is treating them, are knowledgeable about the effects of a hospital's restructuring plan, are armed with a potent voice to affect the policies of the health plan, and possess some recourse if their safety is endangered. At the same time, the value of nurses' work must not be undermined. As individuals on the front lines of the health care delivery system, nurses and aides must be well-trained and free to act in ways that foster, rather than compromise, the quality of patient care.

Mr. Speaker, I strongly urge all of my colleagues to support this bill as a bold form of advocacy for the health care consumer—the patient. It is budget-neutral and would be financed by requiring health plans to contribute only 1 percent of their revenues to fund the Office of Consumer Advocacy for Health and the Independent Consumer Advisory Committees in each State. This is a small price to pay to protect patients, and to protect the integrity of such data on which the medical community should base its decisions. Congress has unequivocal role in assuring that cutting costs and increasing one's profit are not priorities of health care delivery at the expense of patient care quality and safety.

GLENS FALLS MARINE CORPS LEAGUE CELEBRATES 50TH ANNIVERSARY

HON. GERALD B.H. SOLOMON

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 28, 1996

Mr. SOLOMON. Mr. Speaker, today I rise to speak about two of the organizations in this country that I hold nearest and dearest to my heart: The United States Marine Corps, and Memorial Detachment Number 2 of the Marine Corps League, in Glens Falls, NY.

Anyone here who knows me at all, knows me as a Marine, probably because I've always been ready for a dog-fight over something I believe in. That's because, as a young Marine, I learned two things: accomplish your mission, and always take care of your buddies.

Well, Mr. Speaker, those basic principles have been carried by Marines everywhere, and the Marine Corps League, and Memorial Detachment No. 2 in Glens Falls is no different. They are veterans of World War Two, the Korean War, Vietnam and the Gulf War who have taken up arms in defense of this country. They are Marines who wore the uniform in times of so-called peace and placed themselves in harms way to keep that truce during the cold war and beyond.

And on top of that, for 50 years now, the Glens Falls detachment has been looking out not only for their fellow Marines in Glens Falls and the greater Adirondack area of New York, but for their communities and neighbors as well. Programs like Toys for Tots, which provide disadvantaged children with toys and gifts they might not otherwise receive during the Christmas season are a trademark of the Marine Corps League. And, the countless Christmas baskets they deliver to needy families over all their years serve as a continued reminder of the importance of community service and looking out for your buddies.

Mr. Speaker, the Glens Falls detachment has been celebrating their 50 year anniversary in the community throughout the year. And what better time for the ceremonies to culminate than on November 9 of this year, 1 day before the 221st birthday of the Marine Corps in this country.

On that note, I wanted to take the time to recognize all those fellow Marines who chartered Memorial Dispatch Number 2 back in 1946. Ten people were on the charter application: Joseph Fiore, Dante Orsini, Frank Orsini, Len Johnson, Raymond Charlebois, Jim Butterfield, Henry Knickerbocker, Guy D'Angelico, Dominick Fallacaro and Donald Weeks. Also on board in 1946 were: Francis Benware, Candelores Catalgamo, Mrs. Jane Lewis Crannell, Murray Crannell, George Deeb, Robert DeLoria, Joseph DeSare, Tullio DelSignore, Guy Fiore, Robert W. Gilligan, Arlus Fontaine, Gardner Goodro Jr., Edward Guy, Walt Hammer, Abraham Hoffis, Pete LaBarge, Dan Lawler, James Lawler, Herman Marino, Joseph McGuirk, Norman Miles, Fred Moody, John Murray, William Noonan, Dennis O'Leary, John Omiencinski, Adelon Potvi, William Ringrow, Kenneth Scribner, Robert Wilber, Joseph Gavita, Francis Smith, George Smith, Eugene Henneman, Leonard Rollo, Paul Abrey, George Shomaker, Robert Barrett, Ray Bortholomew, Earl Balcolm, George Austin and Irving Sexton.

Mr. Speaker, these are the members who set the course for Glens Falls Detachment on the heels of World War Two. Several of them were called back for the Korean War as well. And these are the Marines who I joined in my hometown of Glens Falls after my service in the Marine Corps. I owe my personal gratitude to them for starting this invaluable organization.

At this time, Mr. Speaker, I ask that you and all Members join me in paying tribute to them and all members, past and present, who have accomplished their mission and then some over the last 50 years.

REDUCE INCIDENCE OF HOUSEHOLD FIRES

HON. CURT WELDON

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 28, 1996

Mr. WELDON of Pennsylvania. Mr. Speaker, we are continually bombarded by news of disasters in our country. But unfortunately, the disaster that befalls more than 400,000 families each year is fire. While the number of household fires has been reduced, these fires continue to cause more than \$4 billion in damage. According to the National Fire Protection Association, the most frequent cause of household fires is something that seems so simple—careless cooking.

Recognizing this situation exists, the Association of Home Appliance Manufacturers, representing the producers of kitchen ranges and ovens, has stepped forward to create awareness of this issue and focus educational efforts toward reducing the incidence of these needless fires.

The home appliance manufacturers joined with the National Association of State Fire Marshals and conducted an intense survey of careless cooking fires in 10 major jurisdictions in the United States. The survey results tell us some interesting things about careless cooking fires.

First, in nearly ¾ of fires, the person responsible for the cooking was not in the area at the time the fire broke out. Unattended cooking has long been the single greatest cause of these fires.

Second, in nearly ⅔ of the fires, the person left the area rather than fight the fire. But in those cases where someone stayed to try and deal with it, nearly half used incorrect methods to do so, often increasing their risk of injury and damage to the home.

Third, half of the people responsible for careless cooking fires were between the ages of 30 and 49, not the very old or very young. This number is far larger than the population represented by this age group.

Fourth, consistent with other studies of inner city and disadvantaged populations, a disproportionately high number of careless cooking fires seem to have occurred in minority households. Minority populations appear to be at particular risk for fire and should receive special attention in any education effort.

Using this study, the Association of Home Appliance Manufacturers and several other public safety groups, fire departments, and the U.S. Fire Administration are working together to help change the basic behavior. Special projects made possible by the appliance manufacturers are underway. For example, nearly