

and loyalty to the Constitution of the United States of America.

The Puerto Rican culture is a distinctly unique culture. By pledging allegiance to the Constitution of the United States of America, the people of Puerto Rico celebrate shared beliefs and the co-existence of both cultures. By ratifying their own constitution, the people of Puerto Rico retain and honor their original heritage while expressing the desire to pursue democracy and happiness for themselves.

A TRIBUTE TO WILLIAM "B.J." HANNON

HON. TED STRICKLAND

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 23, 1997

Mr. STRICKLAND. Mr. Speaker, I rise today to pay tribute to William "B.J." Hannon. Born September 18, 1927, in Ironton, OH, B.J. has shown throughout his life that one man, by dedicating himself to his work and his community, can make a real and lasting difference in people's lives.

After his graduation from Ironton High School, B.J. proudly served his country in the U.S. Navy from June 1945 to August 1946. After this period of service, B.J. returned home to Ironton and began working at the Wilson Sporting Goods Co., where he was employed for 36 years.

Through his love of sports, B.J. gave every member of the Ironton community the opportunity to become a star athlete. Both children and adults alike have benefited from B.J.'s knowledge of sports and devotion to his hometown. A coach since 1960, B.J. has coached almost every sport conceivable including football, basketball, baseball, softball, and track.

He still coaches youth football, bringing countless hours of fun and hard work to the youth of Ironton.

The impact that a positive role model can have on children is immeasurable, and B.J. has not taken his responsibility lightly. One can only imagine how many little league kids might have been inspired to work a little harder after realizing that what they accomplish on the field can be duplicated in others aspects of their lives. Maybe some of the players on his high school girls' basketball team were inspired to take their game to the next level, college. And the hours of fun and relaxation that playing for his women's softball team or men's basketball team provides have let the adults in Ironton have as much fun as their children. For these reasons, in 1987 B.J. was an Ironton Sports Day honoree.

B.J. has also taken this responsibility to the civic level. He is a member of the Ironton City School Board, the city recreation board, and the Ironton Little League board of directors. These positions have allowed him the opportunity to provide his insight on issues affecting the entire community, and have established him as a greatly respected figure in the Ironton area. The best part is that B.J. doesn't think of these positions as jobs, but as a way to improve the quality of life in Ironton.

At the end of this month, B.J. will be retiring from Cabletron—a company he helped build over the past 10 years. He began with the company on day one when Cabletron first set

up operations in Ironton with just 25 employees. And he has left his mark. I recently attended the dedication of Cabletron's new state-of-the-art manufacturing facility in Ironton which now employs over 550 employees. There is no historical document stating when the last industrial facility was built in the city of Ironton. But we know it has been a long time. The construction of this new facility shows that Cabletron sees its future in southern Ohio. There is no doubt that Cabletron's presence and growth in Ohio are the result of the skills and commitment of our work force. There truly has been an outstanding group of men and women who have contributed to the growth of Cabletron. And B.J. has been at the center of it all. As human resources director, B.J. put together and led this world-class work force.

During the dedication of Cabletron's new facility, every time B.J.'s name was mentioned the workers erupted with applause. The feeling seems mutual. B.J. excels in his ability to work with people. He treats everyone as an individual, and respects them and their opinions.

One of my favorite stories about B.J. involves an incident on a hot summer day when the air conditioning went out at the plant. B.J. showed up with boxes of popsicles for the 120 employees who were working at the plant at that time, and invited them all to take a break and share a popsicle with him. No matter what the situation, you can always count on B.J. to look out for those he works with.

B.J.'s noteworthy professional and public life has paralleled an equally happy home life. Married since 1952, B.J. and his wife Lavena have a son, Jeffrey, and three grandchildren. In his leisure hours, B.J. enjoys getting in some rounds of golf, and not surprisingly, enjoys watching his grandchildren participate in sports.

Mr. Speaker, it is a privilege for me to honor a man who, simply by going about his work and being dedicated to his hometown, has given so much to the Ironton community. People of all ages, athletes, spectators, and fellow employees have had their lives touched by Mr. Hannon, whether they knew him or not. People like Mr. Hannon are what make smalltown America a great place to live. I hope my colleagues will join me in congratulating Mr. Hannon on his retirement and thanking him for his years of dedication to his community.

WHY MANAGED CARE PLANS NEED OUTSIDE AUDITS

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 23, 1997

Mr. STARK. Mr. Speaker, one of the issues under debate between the House and Senate in the Medicare budget reconciliation bill is the issue of whether managed care plans should have an external and on-going—outside—quality review, or whether we should just rely on them being periodically reviewed through the accrediting process.

The Peer Review Organization for parts of the Delaware, Maryland, D.C., and Virginia area has written me, showing how HMO's that obtain accreditation from private accrediting agencies can, upon review and check by an external quality reviewing organization, be found to have serious problems.

It is important that we have both accrediting and outside, external review. The excerpt from the letter from the Delmarva Foundation for Medical Care, Inc., speaks for itself. Second, I would like to include in the RECORD a memo from the National Health Law Program concerning the limits and dangers of relying on private accreditation.

[From the Delmarva Foundation for Medical Care, July 11, 1997]

Table 1 presents non-compliance rates from a Medical Record Review we did of five managed care organizations for FY 97. All but one is accredited by NCQA. Each of these clinical areas were reviewed against specific standards well known and accepted by the industry. For instance, for hypertension, specific processes of care were measured, such as whether the patient had a physical examination, specific laboratory tests, blood pressure monitoring, and diet/exercise education.

TABLE 1—ACCREDITATION AND NON-COMPLIANCE RATE WITH CLINICAL PERFORMANCE STANDARDS

	HMO1	HMO2	HMO3	HMO4	HMO5
NCQA Accreditation ¹	3	1	3	0	1
External Review: ²					
Hypertension	38	39	39	46	53
Immunizations	(3)	(3)	(3)	57	55
Mental health	(3)	(3)	35	(3)	(3)
Initial assessment	56	49	43	44	57
Problem corrections	47	67	55	44	67

¹ Accreditation figures given in years.

² External Review Non-compliance rates given in percent.

³ Met an acceptable threshold.

These final data reflect results from a review of the SYSTEMS in place at those HMO's. Using health education as an example, 58 percent of the performance standards were not met by one HMO, 33 percent for another. In another example, one HMO, which has a three year accreditation had an overall non-compliance rate of 23 percent; 33 percent of the enrollee rights standards were not met; 39 percent of the patient satisfaction standards were failed and 33 percent of the health education standards were not met.

PRIVATIZING GOVERNMENT REGULATION OF PUBLICLY FUNDED HEALTH PLANS: THE LIMITS OF PRIVATE ACCREDITATION

(Prepared by Claudia Schlosberg, Esq.)

Senate and House conferees begin deliberations this week to reconcile legislation designed to balance the federal budget in the next five years. Both the Senate and House versions contain a daunting number of changes to the nation's health safety net programs: Medicaid and Medicare. Some, such as eliminating the waiver requirement, have received a great deal of attention. Many other provisions, however, lie obscured within hundred of pages of text and have received little, if any public scrutiny. One such provision exempts Medicaid managed care plans from the requirement of an annual external, independent review if they have attained accreditation from a private, non-profit accrediting body such as the National Committee for Quality Assurance or the Joint Commission on the Accreditation of Health Organizations. The annual external review process is designed to look at quality outcomes and the extent to which he managed care entity is meeting the terms of its contract with the state. In similar fashion, the House Medicare provision waive requirements for external review if a plan is privately accredited.

Consumers should be deeply troubled and concerned by this extension of "deemed status" to publicly-funded health plans. Although private accreditation of health care facilities and services historically has played

an important role in the evolution of internal health care quality assurance systems, the role and function of a private accrediting organization is very different from that of a public regulatory authority. The extension of deemed status to publicly-funded health plans, as currently proposed, represents a swift and sure erosion of federal oversight and regulatory authority, the elimination of public access to meaningful information about health plan quality, and diminished public accountability. Consider the following:

(1) **Lack of Independence**—Private accrediting bodies such as the National Commission of Quality Assurance (NCQA) and the Joint Commission on Accreditation of Health Care Organizations (JCAHO) are closely tied to the industries they oversee and monitor. Industry representatives are heavily represented on their boards and they are financially dependent on the industries they oversee. Fees for accreditation services can run into tens of thousands of dollars. For example, the base rate for NCQA accreditation of a health plan with fewer than 50,000 members is \$42,350 just for the initial two to four day survey. Health care organizations such as managed care companies purchase not only accreditation services but also technical assistance and consulting services to improve survey performance. Although both JCAHO and NCQA assert they operate free of conflicts of interest, the close ties to and financial dependency on the managed care industry, as well as their dual roles as monitor and advisor, raise clear concerns about independence and objectivity.

(2) **Lack of Accountability**—When the Health Care Financing Administration or a state licensing authority conducts an on-site quality review, the findings of the actual survey reports are available to the public (Nursing homes in fact must post a copy of their latest survey report within the facility). In contrast, the private accreditation process is shrouded in secrecy. Although both NCQA and JCAHO release sanitized summaries of accreditation reports to the public, the underlying findings from the actual surveys themselves are held in strictest confidence. Absent specific legislation, public access to meaningful information, even when relied upon by government regulators, is virtually non-existent.

(3) **Flawed Survey Protocols**—As a general rule, regulatory authorities are required to conduct annual, unannounced, on-site surveys. The element of surprise is an important tool that helps ensure that surveyors observe the actual operations of a health plan or facility. In contrast, private accrediting bodies generally survey only every three years, and surveys are scheduled well in advance. NCQA for example, schedules surveys in conjunction with the health plan at a mutually agreeable date. NCQA also gives plans advance notice of the specific clinical records that they will review. Additionally, both NCQA and JCAHO supply the names of the survey team members in advance and strongly encourage health plans to undergo "practice" accreditation reviews as a way of preparing for the full accreditation survey. Health plans thus have ample opportunity to assess and spruce-up operations before the survey team's arrival. Often, the fixes are illusory. When the survey team leaves, the amenities and improvements disappear.

Private accrediting bodies also make no provision for interested third parties to speak confidentially with the survey team. JCAHO policy provides for disclosure to the health facility of the identity of any person seeking a public information interview with a surveyor—a process unlikely to encourage staff, patients or interested members of the

public to come forward with complaints or information about health plan policies and practices. Recently, hospital workers at Columbia Sunrise Hospital in Las Vegas, Nevada requested an opportunity to meet in confidence with a JCAHO survey team to share workers' concerns about quality issues in the facility being surveyed. JCAHO refused. Instead two hospital worker representatives met with the JCAHO survey team on hospital premises, at a place and time set by hospital management, with senior hospital officials present.

(4) **Discretion and Variability Among Surveyors**—Both NCQA and JCAHO use consultant surveyors—professionals from health plans and health practitioners who take time off from their regular jobs to conduct site visits over several days. Although surveyors receive training, individual surveyors have much discretion and use their own judgment when evaluating a health plan or facility. Consequently, there can be a great deal of variation in how standards are scored. Complex scoring methodologies also obscure results. For example, under guidelines established in the JCAHO scoring manual on accreditation of hospitals, perfect scores do not necessarily reflect 100 percent compliance with standards. This is because a score of one (on a five-point scale) requires a showing of only 91-percent compliance, while a score of two requires a showing of only 76-percent compliance. Thus, even facilities with significant problems affecting large number of patients can attain high scores.

(5) **Adequacy of Standards**—Although private accrediting bodies purport to utilize rigorous quality standards, the standards will largely focus on process or structure rather than on the outcomes of care. The standards themselves often provide only a minimum framework and give plans enormous discretion to define not only the standards themselves but the level of required compliance. For example:

NCQA Managed Behavioral Health Care Standards for Accreditation require plans to make timely utilization management decisions but the health plan, not NCQA, has discretion to define its own timeliness standard.

To meet NCQA's requirements for clinical quality improvement activities, a full service behavioral health plan that provides both in-patient and out-patient care need only assess and evaluate three issues relevant to its membership. A managed behavioral health plan not only can pick and choose what clinical issues to assess and evaluate, it also has complete discretion to define the clinical issue, to set its own benchmark, and to adopt or establish quantitative measures to assess performance and identify areas for improvement.

Private accreditation standards also fail to address key indicators. For example, NCQA Managed Behavioral Healthcare Standards do not require plans to monitor death or adverse drug interactions. Plans also are not required to monitor long and short-term community tenure. Despite the potential for abuse and misuse in the behavioral health field, absolutely nothing in the standards addresses the use of seclusion and physical restraint.

(5) **Public Participation in the Development of Standards**—When federal or state governments seek to develop or change standards used to regulate health facilities and services, they are required by law to notify the public and provide opportunity for public comment. In contrast, private accrediting bodies are under no obligation to elicit public comment. Although private accrediting bodies have solicited outside comments on drafts of some accreditation standards, the process is entirely voluntary and variable.

(6) **Access to Standards**—Unlike federal regulations, standards and surveyor guidelines, which are readily available to the public through libraries, the world wide web or low and no-cost publications, private accreditation standards are difficult and expensive to access. Private accrediting organizations copyright and market their standards and survey materials. The cost of NCQA's Standards for Managed Care Plans is \$75.00. Copies of the surveyors' guidelines and data collection tools cost an additional \$195.00 each or can be purchased together at the discounted price of \$365. Thus, the complete set of NCQA accreditation materials for managed care plans is over \$400—an amount which is prohibitive for most of the general public and the public sector advocacy community. Without ready access to the standards and guidelines, consumers and their advocates have little opportunity to effect policy debates, seek improvements or monitor implementation.

(7) **Lack of Meaningful Enforcement**—Once a survey is completed and scored, an accreditation decision is made. As a general rule, a health plan or facility can receive full accreditation, accreditation with recommendations, one-year accreditation, denial or deferral. Other than denying, deferring or granting less than full accreditation status, private accrediting bodies do not have the tools or the mandate to pursue intermediate sanctions or take other action to ensure compliance. The result is that poor performing facilities can continue to operate with impunity. To monitor private accrediting bodies' performance, federal Medicare law requires the Health Care Financing Administration to conduct validation surveys of health facilities that have been granted "deemed" status. However this important safeguard is not included within the provisions extending deemed status to health plans.

(8) **Complaint Investigations**—Unlike state and federal authorities, private accrediting bodies do not routinely respond to or investigate complaints, even when they relate to facilities and services which they have accredited. The extension of deemed status to health plans threatens to undermine public resources needed to sustain these critical regulatory activities.

CONCLUSION

While private accrediting bodies play an important role in the evolution of quality assurance systems, the private accreditation process is inherently limited. Private accrediting bodies operate as partners with health plans and are not accountable to the public. Standards measure process, not quality. Even NCQA admits that "NCQA accreditation does not constitute a warranty or any other representation by NCQA to any third parties (including, but not limited to, employers, consumers, or organizations members) regarding the quality or nature of the . . . services provided or arranged by the [health plan]." Accordingly, private accreditation of health plans should not be used to supplant a truly independent oversight process. At the very least, if private accreditation is to be more formally integrated into public oversight of health plans to minimize actual (not just perceived) duplication, public accountability must be preserved. Accordingly, private accrediting bodies must be required to fully disclose survey information, government must have authority to validate survey data; effective enforcement mechanisms must be clearly established in law; government must remain the final arbiter on compliance issues and retain authority to investigate complaints and enforce standards; and standards used to reach accreditation decisions must be developed in a

public process and once developed, placed in the public domain at low or no cost.

DEPARTMENT OF THE INTERIOR
AND RELATED AGENCIES APPROPRIATIONS ACT, 1998

SPEECH OF

HON. DAVE WELDON

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 15, 1997

The House in Committee of the Whole House on the State of the Union had under consideration the bill, H.R. 2107, making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 1998, and for other purposes:

Mr. WELDON. Mr. Chairman, during the debate on my amendment to the Interior appropriations bill that will ensure families are able to enjoy this national seashore, I was asked by my colleagues to submit examples of the type of behavior that park visitors were encountering. In response to these requests, I am submitting the following examples. When families go to a national park, they do not expect to see the type of behavior that is listed below. These examples are taken verbatim from National Park Service Criminal Incident Records. My amendment, which was adopted 396-25 ensures that Brevard County, FL is able to set its own public decency standard without fear of the Federal Government overruling their decision.

CRIMINAL INCIDENT RECORDS

Two visitors stopped at the visitor center and reported a man and woman having sex on the beach while numerous other nude people watched. Ranger [deleted] and I responded and walked to the area, observing the couple described earlier and approximately 10 others in the immediate area. Most were regulars on the beach, including [deleted].

On 02-[deleted]-96 at approximately [deleted] hours, Ms. [deleted] reported to me at the North District Ranger Station that she and her two sons ([deleted], age 9 and [deleted] age 2) had witnessed a sexual offense on the beach. Ms. [deleted] stated that she and the children were on the beach, 60 yards south of boardwalk #5, when they observed a W/M walking down the beach who then stopped 20 feet from them. He took his clothes off and sat down. Then he started masturbating in full view of them. She and the children then walked off the beach. The W/M put his clothes on fast and walked off the beach. He got in front of them and stopped on the boardwalk at the top. When Ms. [deleted] came up to him she called him a Creep and told him he shouldn't masturbate in front of her children. He told her that she was crazy. She walked to her vehicle and the W/M went into the bathroom. She had her back turned in his direction and told her son [deleted] they must have lost him. [deleted] told her the W/M was getting into a van. Ms. [deleted] then followed the van up A1A at a high rate of speed.

While visiting the Beach at Parking Lot Area 2 with my 3 sons, ages 12-15 and a female friend who is a local resident, and her two sons, ages 7 and 16; we found we needed to cut our visit short due to the arrival of a young man who, approximately 50 yards

from us, began sunbathing in the nude. Several times he would stand up, or would turn and lie in different positions facing whichever direction our children ran. He did not attempt to speak to anyone, but we felt this type of behavior was inappropriate at a national site.

I was contracted by the complainant who was very upset with the confrontation she and her family had with two nude white males. While walking south from boardwalk #3, two males who had been lying in wait for the group to get close, both got up and began walking toward [deleted] family. Shocked by the nudity of the men, the family quickly turned around and departed the beach. I attempted to explain to the group the situation the Park Service and its rangers at Canaveral National Seashore are faced with.

[Deleted] stated that while she was on the beach at grid marker 29, south of boardwalk #4, on an ATV she came upon a dead sea turtle. A white male who was jogging came up to her asking questions about the turtle, and as he was talking to her he began fondling himself. [Deleted] got on the ATV and headed north. When she looked back, the male appeared to be masturbating.

Mr. [deleted] came to the North District Ranger Station on [deleted]93 at approximately [deleted] p.m. He wrote the following complaint against nudity.

Currently, I have alternating weekend visitation with my son. Having selected Cape Canaveral National Seashore for time to spend with my son, I eagerly awaited an enjoyable day. "National," implies family oriented being these parks are visited by families; however, while walking south of parking lot 5 with my 9 year old son, an adult male walked out of the water, nude, without any consideration for the ill-effect this could have on a child. I now have to determine how to explain this to my son. I believe this activity is detrimental to a family unit and should not be tolerated at a vacation location.

At about [deleted], 03/[deleted]93, Mr. [deleted] approached me at the Miles Avenue 7-11 store. He said that he and his wife had just been walking on the beach about 1 mile south of parking lot 5. He said that when he got some distance away from his wife he looked back and saw a nude white male, with an obvious erection, "Bird-dogging" his wife. He said the man walked up close to his wife and clearly attempted to display his masculinity to her.

Mr. [deleted] described the subject as a white male, [deleted]. He said he saw the man drive away from parking area 5 in a 2-door Honda with Florida tag# [deleted] said he did not want to press charges. But wanted me to file a report.

[Deleted]

On 02-[deleted]93 at approximately [deleted] hours, I was contacted by [deleted]. She explained that she had been jogging on the beach, north of Lot #13, when a man jogged up to her and removed his shorts. He then started to jog next to her and was fondling himself and trying to "masterbate". [Deleted] repeatedly told the man to put his shorts on. She said she was going to report him and get him "busted". [Deleted] then went up a boardwalk to get away from the individual. A few minutes later the man drove up beside her and asked her if she wanted [deleted].

On 8/[deleted]96 at about [deleted] hrs, I received a complaint from a male visitor

who alleged that [deleted] had been fondling his genital area in front of the complainant's female companion. The complaining party did not wish to give his name. [deleted] denied this allegation. I checked for want's and warrants on [deleted] and did not find any.

[Deleted] that made a verbal threat about the complaining party but then calmed down and returned to the beach.

Mr. [deleted] called via cell phone to report two males and one female engaged in sex acts on the beach in front of numerous passersby. I responded, but was unable to locate the suspects or reporting party. The phone connection was poor and the message misunderstood as to location.

Later, Mr. [deleted] contacted me on the road and described in detail how the three performed sex acts without regard for others on the beach.

He described each individual and I recognized Mr. [deleted] as a regular visitor. Ms. [deleted] had just been issued a citation for unsafe operation, and the third individual was observed [deleted] leaving the park.

I was stopped by a [deleted] at the boardwalk #3. She was complaining about a [deleted] male who was walking around her family. The male was nude and purposely exposing himself to her family. Suspect left the area and parking lot when he observed me arriving on the ATV. [Deleted] wrote a complaint and I seized the suspect's abandoned property, (towel, shirt, cooler, sunscreen, and umbrella).

ANTI-GOVERNMENT, ANTI-SOCIAL
ATTITUDES

HON. DAVID R. OBEY

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 23, 1997

Mr. OBEY. Mr. Speaker, many of us are concerned about some of the anti-government and anti-social attitudes that are developing in some rural communities. It is important to understand that one of the contributing factors in this unhealthy development is the economic squeeze that is being placed on many hard-working farmers throughout the country. Recently an article appeared in one of my hometown newspapers, City Pages, which brings into sharp focus the psychological emotional pressures that are fed by the cruel way that farmers have been dealt with in national farm policy over the past decade or more. One does not have to agree with every point in the article to recognize that this analysis is attempting to bring to our attention some profound truths about the damage that is being done to rural America by those policies. I urge every American who cares about justice and cares about the future social stability of the country to heed the concerns brought to light so forcefully in the article.

HARVEST OF RAGE

HOW THE RURAL CRISIS FUELS
ANTIGOVERNMENT MOVEMENT

(By Joel Dyer)

It's two in the morning when the telephone rings waking Oklahoma City psychologist Glen Wallace. The farmer on the other end of the line has been drinking and is holding a loaded gun to his head. The distressed man tells Wallace that his farm is to be sold at auction within a few days. He goes on to explain that he can't bear the shame he has