valley their home, while the largest elk herd in the lower 48 States annually migrates through it to winter on the wildlife refuge at its southern end.

While much of the valley is protected for perpetuity in Federal ownership, some of the most valuable wildlife habitat, migration routes, and scenic vistas remain in private ownership as working ranch lands. Conservation groups in Jackson Hole and around the country have worked for years to help protect these ranches from development through the use of scenic easements and other means and are to be commended for their good work.

Unfortunately, we now face a situation where some of the most scenic and valuable ranch lands adjacent to the park could be forced to sell and subdivide. In 1950, the law establishing Grand Teton National Park allowed local grazing permittees whose livestock had historically used the new park lands for summer range to continue that grazing for the life of the permittees' designated heirs. As a result, 14,000 acres were set aside, irrigated, and fenced for the benefit of these permit holders who, in turn, paid grazing fees at the required rate.

Since that time, development pressures have grown enormously. One of these permit holders has already sold his ranch, which became a major subdivision of middle-class houses. Meanwhile real estate prices continue to skyrocket and intense development pressure has focused on the remaining permit holders.

In June of last year, a dear friend of mine, Mary Mead, died in a tragic accident doing what she loved best: working on her cherished ranch. Mary was the designated heir to her family's grazing permit on the Grand Teton National Park. Legally, with Mary's death, the grazing permit would be terminated. However, without this permit the Mead family, along with former U.S. Senator Cliff Hansen—father of Mary—would no longer be able to maintain their cattle operation and ranch. Without the park's summer range on which all of their cattle depend, the family would almost certainly be forced to sell their livestock and the ranch, which would in all likelihood be immediately subdivided and developed. This tragic loss would not only destroy open space and scenic vistas but could also adversely impact wildlife habitat and migration patterns as well as the integrity of the park's greater ecosystem.

For these reasons, the family has requested consideration of an extension of their grazing privilege. In return, they are committed to working with the National Park Service and others to actively explore options to preserve their ranch lands. I, too, am dedicated to maintaining the highly valuable open space and ranching culture in this vicinity of the park. An extension of grazing privileges would allow time to explore a network of relationships and avoid the indiscriminate development that could occur on these pastoral lands.

The legislation I am introducing today, written in cooperation with Superintendent Jack Neckles of Grand Teton National Park, authorizes a study which will determine the significance of ranching and the pastoral character of the land, including open vistas, wildlife habitat, and other public benefits. It calls for the Secretary of the Interior to work with the Secretary of Agriculture, the Governor of Wyoming, the Tenon County commissioners, affected land owners, and other interested members of the public, to submit a report to Congress that contains the findings of the study.

With the participation of the interested parties I am hopeful that the study will find open spaces to be an essential dynamic for wildlife in and around the greater Grand Teton National Park system and for all of us who live and desire the wide open spaces.

I commend this legislation to my colleagues and urge their support for its prompt enactment.

TV RATINGS

HON. LEE H. HAMILTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 12, 1997

Mr. HAMILTON. Mr. Speaker, I am inserting my Washington Report for Wednesday, January 22, 1997 into the CONGRESSIONAL RECORD.

THE NEW TV RATINGS

The television industry is now implementing a voluntary plan to rate TV programs. Concern about violent and vulgar programming is broad and well-founded: studies have indicated that over half of all television shows contain violence which can encourage children to behave violently.

But there is far less agreement on how to best limit children's exposure to violent programming. I think it is important to alert parents to sensitive material that they may not want their children to view. My hope is that a good rating system coupled with technological advances will help parents monitor their children's television viewing.

The rating system: With my support, Congress last year enacted a law which gave broadcasters until February 8, 1997 to establish a voluntary rating system. The law also requires all newly manufactured TVs with 13-inch or larger screens to include a ''v-chip.'' A TV program's rating could then be electronically transmitted to the v-chip, allowing parents to program their television sets to block certain shows. The Federal Communications Commission (FCC) must develop regulations to implement the v-chip requirement.

The TV rating system, developed by the broadcast and cable networks, is modeled on the motion picture rating system, and includes six different ratings: two for programs designed for children, and four for other programs:

TV–Y: Programs with this rating are considered suitable for children of all ages and specifically designed for a very young audience, like ''Barney and Friends.''

TV–Y7: Designed for children age 7 and above, whose developmental skills generally enable them to distinguish between make-believe and reality, these programs could include mild physical or comedic violence. An example could be ''Mighty Morphin' Power Rangers.''

TV–G: This rating is intended for programs not specifically designed for children, but which most parents would find suitable for all ages. Programs contain little or no violence, no strong language, and little or no sexual dialogue or situations. Example: ''Dr. Quinn, Medicine Woman.''

TV–PG: Parental guidance is suggested for programs with this rating. The programs could contain some suggestive sexual dialogue and situations. Many situation comedies might fit into this category.

TV–14: Parents are strongly cautioned against letting children under the age of 14 watch these programs unattended. These programs may contain sophisticated themes, sexual content, strong language and more intense violence, like ''ER'' or ''NYPD Blue.''

TV–M: These programs are suited for adult audiences only, due to mature themes, profane language, graphic violence and explicit sexual content. Unedited R-rated movies, which run on some cable premium channels, would likely get this rating.

The ratings apply to all programs except sports and news, shown on broadcast or cable channels. Each episode of a TV series is rated separately. Ratings appear in the upper-left hand corner of the television screen at the beginning of a program is more than an hour in length. The television industry has requested that newspapers and TV Guide include the ratings in their TV listings.

One of the greatest challenges in implementing the new ratings is the volume of programming. Motion pictures are rated by an independent board which reviews about two films per day. In contrast, TV ratings must be assigned to 2,000 hours of programming each day. For this reason, television networks, producers, and distributors are responsible for assigning ratings to their programs. An oversight board will review the application of the ratings for uniformity and consistency. The board will also solicit comments from the public.

Potential pitfalls: The new rating system has been criticized on several fronts. Some fear that advertisers will be leery of sponsoring programs that receive certain ratings, thereby driving some critically acclaimed programs off of the air. Others argue that the rating system will lead producers to show even less restraint than they do now.

Some critics favor a more detailed rating which would indicate the levels of sex, violence, or foul language contained in a program, using a scale of 0 through 5. Under this system, a program might receive a rating of S–2, V–1, L–3. Supporters of this system contend that it would give parents more useful information, and offer as examples Showtime and HBO, two premium pay cable channels which offer similar ratings. However, supporters of the current rating system counter that the S–V–L system is logistically impossible, given the volume of programming, and also more difficult to apply consistently. They also argue that paralleling the familiar movie-rating system assures that parents will understand the ratings, and note that Canada recently abandoned S–V–L ratings because they were too complex.

Commercials will not be covered by the new ratings system, though critics point out that even children watching ''family friendly'' shows can be inappropriately exposed to advertisements for violent movies or alcohol. Some critics also believe the TV industry is incapable of rating its own programs fairly.

Assessment: Given the pervasive influence of television, I think we should do what we can to make that influence positive for children. The proposed system is far from perfect. My guess is that parents are going to need more information; the age-based format of the ratings simply will not alert parents sufficiently to the specific violent or sexual content of TV programs. But I do think the new rating system represents at least a good first step, and it should be tested. It is far more desirable for the industry to devise the rating system than have government censorship.

Monitoring children's television viewing is no small task. After all, most parents want not only to steer their kids away from harmful programming—which ratings can help them do—but towards programming that is educational and meaningful. And television

represents only one piece of the puzzle—parents still have to contend with music, video games, Internet sites, and movies which may be inappropriate for kids.

I think our goal should be to make available whatever information and technology is helpful to parents. Neither a rating system nor government regulations can—or should—substitute for the good judgment of parents.

TRIBUTE TO HAROLD G. HALL

HON. WILLIAM J. COYNE

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 12, 1997

Mr. COYNE. Mr. Speaker, on Wednesday, February 19, 1997, Harold G. Hall will receive the prestigious Metcalf Award at the 113th Annual Banquet of the Engineers' Society of Western Pennsylvania. The award is named for William Metcalf, ESWP's first president (1880–81) and is presented each year to an individual who has made significant lifetime contributions in the field of engineering.

Harold G. Hall was born and raised in Pittsburgh, PA. He entered Penn State University to pursue a degree in ceramic engineering, but left college to enter the U.S. Army Air Force where he became a pilot in the Alaskan theater. After 3 years in the service, he returned to Pittsburgh and earned his degree as a mechanical engineer at Carnegie Tech (now Carnegie-Mellon University).

Mr. Hall founded Hall Industries in the 1960's. His interest in manufacturing led him to help other small manufacturers who were devastated by the crash of the steel industry in Pittsburgh, and Hall Industries became a collaboration of 11 small companies which had been struggling to stay in business.

Today, Hall Industries has three facilities in western Pennsylvania and one in Greenville, SC. Its 120 employees serve national markets in the aviation and rapid transit industries, and they also produce precision industrial parts. Hall Industries has also been coordinating engineering studies by Lockheed Martin, the Pennsylvania Maglev Corp., Sargent Electric, Union Switch and Signal, P.J. Dick Corp., and Mackin Engineering that are part of an initiative to develop a magnetic levitation transportation system in Pittsburgh.

Mr. Hall continues to contribute his expertise to Hall Industries and to other companies. His next project is the evaluation of a machine facility in Beijing, China.

Harold G. Hall joins a large, distinguished group of previous Metcalf Award winners. He is an individual of gifted insight, imagination, and special abilities. He is richly deserving of this award. I commend him on the occasion of this notable achievement.

ESSENTIAL HEALTH FACILITIES INVESTMENT ACT OF 1997

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 12, 1997

Mr. STARK. Mr. Speaker, today I am introducing the Essential Health Facilities Investment Act of 1997. This legislation will provide a financial helping hand to those hospitals and health centers that are in the front lines of dealing with our national health care crisis. This legislation allows for the expansion of community health services and the capital needs of safety-net health care facilities while at the same time attempting to limit the further duplication of unnecessary high technology services.

This bill is similar to legislation that was introduced in the 103rd and 104th Congresses and which was included in the national health reform legislation that was approved by the Ways and Means Committee. It is my hope that this new Congress will work toward passage of this bill.

At a time when we are faced with continually shrinking budgets and fiscal austerity, it is more important than ever to appropriate Federal moneys in the most cost-effective manner available while providing the most benefit to all our citizens. In terms of health care, this includes establishing and expanding community health programs designed to provide low-cost primary care to underserved populations to avoid subsequent high-cost emergency room visits. In addition, we must help to support those not-for-profit and public hospitals that deal with a disproportionate number of uninsured patients. In one comparative analysis, urban public hospitals averaged over 19,000 admissions, 242,000 outpatient visits, and nearly 4,000 live births per hospital. The urban private hospitals in the same areas registered just 7,000 admissions, 50,000 outpatient visits, and 760 live births. These safety-net facilities—the public and not-for-profit hospitals that serve a disproportionate share of uninsured and low-income patients—are in essence the family doctor for many in our country. Though it would be far better to incorporate the uninsured into our national insurance pools and give them access to any health care facility they choose to visit, the stark reality is that they are dependent upon these safety-net hospitals for any and all of their health care.

But the importance and benefits associated with public hospitals do not end there. In addition to caring for our Nation's most vulnerable populations, these hospitals provide a great deal of specialty care to their communities. Services such as trauma, burn units, and neonatal intensive care units are frequently found in these hospitals. Many of these services are too costly for other hospitals to provide.

These hospitals are expected to provide quality care under extraordinary circumstances. As an example, they are frequently confronted with tragedies associated with our Nation's obsession with guns. Roughly half of all urban safety-net hospitals are equipped with a trauma center and serve as the first-line treatment facilities for victims of gun violence. The Federal Centers for Disease Control and Prevention predict that, by the year 2003, gunfire will have surpassed auto accidents as the leading cause of injury and death in the United States. Unlike victims of auto accidents who are almost always privately insured, 4 out of 5 gunshot victims are on public assistance. More than 60 urban trauma centers have already closed in the past 10 years. This means that less than one-quarter of the Nation's population resides near a trauma center. Gunshot wounds account for fewer than 1 percent of injuries in hospitals nationwide, yet account for roughly 9 percent of injury treatment costs. It is estimated that for every 1 of the 40,000 patients who die from a gunshot wound annually, 3 others suffer injuries serious enough to require hospitalization.

Serving as a safety-net hospital and community provider places public hospitals at great financial risk. With threatened cutbacks and changes in the Medicare and Medicaid programs, coupled with tightened local budgets, public hospitals face an erosion of traditional sources of funding. Additionally, changes in the health care market, particularly the evolution of managed care and increased competition among providers, have further added to the financial pressures faced by these hospitals. Managed care's ability to attract tougher competition to the health care sector has decreased the urban safety-net hospital's ability to cost-shift some of the heavy losses incurred while providing uncompensated care. As a result, according to a June 1996, Prospective Payment Assessment Commission [ProPAC] report, hospitals in urban areas with high managed care penetration saw their payment-to-cost ratio decrease by 2 percent from 1992 to 1994. Declining margins have resulted in many urban hospitals cutting their level of charity care. In fact, ProPAC found that uncompensated care fell by 4.5 percent during the same time period. This represents clear evidence that more and more of the burden for providing charity care is being shifted to the public safety-net hospitals.

As safety-net providers, public hospitals have historically provided large amounts of uncompensated care. In 1995, for instance, 67 of the member hospitals of the National Association of Public Hospitals [NAPH] provided $5.7 billion in bad debt and charity care, averaging $85,060,641 per hospital. Additionally, bad debt and charity care charges represented 25 percent of gross charges at these hospitals in the same year. According to data from the American Hospital Association [AHA], $28.1 billion in bad debt and charity care was provided nationwide. The NAPH member hospitals represent less than 2 percent of hospitals in the U.S., yet provide over 20 percent of bad debt and charity care nationally.

During the last 15 years, public hospitals have been shouldering a greater portion of the uncompensated care burden. Additionally, private hospitals have begun competing for Medicaid patients which further erodes support for the public providers. Public hospitals rely heavily on payments from Medicare and Medicaid patients to cross-subsidize care for the indigent. As dollars from these programs move from the public to the private hospitals, the ability to function as a safety-net provider is severely tested.

OUTLINE OF THE ESSENTIAL HEALTH FACILITIES INVESTMENT ACT OF 1997

In title I of this legislation, Medicare's Essential Access Community Hospital Program [EACH] would be expanded to all States and a new urban Essential Community Provider Program [ECP] would be created. Funding would be provided for the creation of hospital and community health clinic networks that improve the organization, delivery, and access to preventive, primary, and acute care services for underserved populations.

In title II, financial assistance for capital needs would be provided by the Secretary of HHS to safety-net facilities which serve a disproportionate share of uninsured and low-income patients. Funds for this legislation would