

[From the Washington Post, January 4, 1997]

INS HALTS INTERVIEWS AT CALIFORNIA ORGANIZATION

(By William Branigin)

With allegations of vote fraud continuing in one of the most hotly contested congressional elections, the Immigration and Naturalization Service is distancing itself from an organization that reportedly registered immigrants to vote before they became citizens.

The INS this week suspended citizenship interviews at three Los Angeles area offices of Hermandad Mexicana Nacional, a Hispanic and immigrant rights group, pending the outcome of voting probe. To streamline the naturalization process, the INS had been conducting final citizenship interviews at the group's offices with applicants who had passed English and civics tests administered by Hermandad.

According to published reports, dozens of Hermandad clients illegally registered to vote after passing the tests and the INS interviews, but before they being sworn in as citizens. Some said they had registered to vote at Hermandad offices while INS officers were present.

Of more than 1,300 people registered by Hermandad last year, nearly 800 reportedly cast ballots Nov. 5. At least some of them voted in the California district in which Rep. Robert K. Dornan, 63, a Republican, lost by 979 votes to Democrat Loretta Sanchez, 36.

Dornan blamed his defeat on alleged irregularities, including voting by noncitizens and felons. He filed a complaint with the House seeking to overturn the election result. Sanchez, a member of the district's growing Hispanic population, said a recount had confirmed her victory. She is scheduled to be sworn in when Congress convenes Tuesday.

"I don't want to be the first person in history, man or woman, House or Senate, to be voted out of office by felons, by people voting who are not U.S. citizens, who are felons or children or people not allowed to vote," Dornan said in a television interview last month. He charged that up to 1,000 noncitizens and felons had cast ballots.

Republican members of a House subcommittee have accused the INS of improperly naturalizing criminals in a rush to produce new pro-Democratic voters in time for the Nov. 5 elections.

The Los Angeles Times reported last week that 19 noncitizens acknowledged voting in the Dornan-Sanchez race before completing the naturalization process. All said they had registered to vote at Hermandad, 18 of them after taking citizenship classes there and passing a test and INS interview, the paper reported. They did not say whom they voted for.

The Orange County Register reported that 30 Hermandad clients had registered to vote weeks before they were sworn in, although all but four became citizens before the election. It is nevertheless a felony under state law to register to vote before becoming a citizen. Under a new federal immigration law, noncitizens who vote are ineligible for naturalization and can be deported.

The Orange County District Attorney's Office began investigating "possible registration and voting" by ineligible persons, but has not collected enough evidence to prosecute anyone, Assistant District Attorney Wallace Wade said.

Richard Rogers, INS district director in Los Angeles, said that pending the investigation, the INS would no longer interview citizenship applicants at three Hermandad testing sites, requiring applicants to come to an INS office. He said INS officers would routinely ask applicants if they had voted.

A spokesman for Hermandad, Jay Lindsey, said the group takes the allegations "very seriously" and is conducting a review to determine if any regulations were violated. He denied that the group knowingly committed voter fraud and said "we do not engage in politics."

Some Hermandad sites are affiliates of Naturalization Assistance Services, Inc., one of five companies designated by INS to conduct citizenship classes and testing. The firm ran into trouble last year after evidence of fraud was found at some of its sites. Last week, the INS ordered it to shut down its citizenship testing program on Jan. 6.

Hermandad also has sites affiliated with another company, which will continue to administer citizenship tests and prepare applicants for INS interviews.

IN SUPPORT OF THE MEDICARE DIABETES, EDUCATION AND SUPPLIES ADMENDMENTS

HON. GEORGE R. NETHERCUTT, JR.

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 7, 1997

Mr. NETHERCUTT. Mr. Speaker, as Co-Chair of the Congressional Diabetes Caucus, it is with pleasure that I support the Medicare Diabetes Education and Supplies Amendments of 1997, introduced today by Representative ELIZABETH FURSE. Representative FURSE and I formed the Congressional Diabetes Caucus to promote awareness of diabetes and its consequences within Congress. This bill is an important step toward providing diabetics with the tools they need to control the negative repercussions and cost of diabetes.

When my daughter, Meredith, was diagnosed with the disease in 1987, I became actively involved with learning more about the disease, its causes, complications and the cost to American society. Before entering Congress, I also served as president of the Spokane chapter of the Juvenile Diabetes Foundation.

Over 16 million Americans suffer from diabetes. The resulting financial cost to society is staggering. An estimated \$138 billion or 14 percent of U.S. health care dollars, is spent on diabetes. The last several years have been encouraging for those working to find better treatments and a cure. Last year, doctors successfully transplanted insulin-producing cells into patients with type I diabetes. Researchers have also located genetic markers for diabetes, which should make it possible to identify patients at high risk. Additionally, the vaccine BCG has induced long-term remission of diabetes if given during the earliest stage of the disease.

I am confident that a cure for diabetes is within our reach. In the meantime, however, the Federal government must avail itself of advances in treatment knowledge. In the private sector, we have seen that comprehensive diabetes education reduces both diabetes specific complications and overall health care costs. For example, Merck-Medco Managed Care, Inc. has realized a total per diabetic patient health care cost reduction of \$441 since beginning an innovative diabetes education program.

The Medicare Diabetes Education and Supplies Amendments of 1997 will employ some of the knowledge learned in the private sector

by providing diabetes self-management training under Medicare. The bill will also expand coverage of blood testing strips to include all people with type II diabetes. Self-management training and access to blood testing strips are crucial to controlling the high health care costs associated with this disease. It is known that when diabetics keep their blood glucose level as close to normal as possible, the risk of complications can be reduced by as much as 65 percent.

I encourage my colleagues to support this legislation.

I am including for the RECORD the following statements from organizations in support of this legislation: The American Diabetes Association, the Juvenile Diabetes Foundation, the American Association of Diabetes Educators, the American Dietetic Association, the Endocrine Society, Eli Lilly and Co., and the Community Retail Pharmacy Coalition.

STATEMENT BY THE AMERICAN DIABETES ASSOCIATION IN SUPPORT OF LEGISLATION TO IMPROVE MEDICARE COVERAGE FOR PEOPLE WITH DIABETES

There are few, if any, issues facing the nation that have stronger bipartisan support than the diabetes Medicare reform legislation being introduced today by Representatives Elizabeth Furse and George Nethercutt. There are none, in our opinion, for which there is a greater need.

Diabetes is a prevalent, serious and costly disease and is increasing at a shocking rate. Since the '60s the number of cases has tripled to 16 million. Since 1992, the direct costs of caring for people with diabetes have doubled to its current sum of \$91.1 billion a year. This figure does not begin to account for the staggering losses in productivity for our economy and well-being to Americans. When indirect costs are included, diabetes costs our economy nearly \$138 billion a year, more than any other single disease.

Medicare alone spends one-quarter of its budget, nearly \$27 billion a year, treating people with diabetes. Approximately half of all diabetes cases occur in people older than 55 years of age. However, the complications and hospitalizations associated with the disease (blindness, amputation, kidney failure, heart disease and stroke) can be delayed or avoided altogether with proper care. Our nation is only now coming to this realization.

The improvement in diabetes care embodied in this legislation represents the only preventive care measure ever scored (analyzed for its economic implications) by the Congressional Budget Office (CBO) to save money. According to the CBO analysis, each day Congress waits to enact these Medicare reforms costs taxpayers an additional \$500,000.

This legislation, which incorporates two bills introduced in the 104th Congress, H.R. 1073 and H.R. 1074, has widespread support on both sides of the aisle. H.R. 1073 had 250 cosponsors in the last Congress. Of the more than 4,000 bills introduced in the 104th Congress, only 12 had more cosponsors.

During the fall election campaign, 180 members of the incoming 105th Congress demonstrated support for improving diabetes coverage by completing the American Diabetes Association's Diabetes '96 Candidate Survey. Two hundred and eighty-nine (289) Members of the 105th Congress either cosponsored legislation or signed the Candidate survey. Of the 289 supporters, 116 (40.1%) are Republicans and 173 (59.9%) are Democrats.

Leaders of both political parties have stated their strong support for this legislation. This legislation was included in President Clinton's FY '97 budget proposal and according to the White House, will be included in

FY '98. Minority Leader Gephardt has noted that the provisions of the bill, if enacted, "would help every individual and family coping with diabetes and save billions of dollars in future Medicare spending."

Speaker Gingrich cosponsored identical legislation (H.R. 4264) in the 104th Congress and has said that addressing diabetes is one of his top four legislative priorities. During the fall election campaign, Presidential candidate Robert Dole noted that "improved Medicare and private insurance coverage of necessary diabetes supplies and education would save lives and reduce the cost of diabetes-related illnesses to both the taxpayer and the private sector."

The growing awareness of the seriousness of diabetes, along with the strong support of President Clinton, Speaker Gingrich and Congress, is crystal-clear mandate for immediate action to improve Medicare coverage for diabetes. There is no reason to wait. Any delay necessarily risks the health of the 3 million seniors diagnosed with diabetes and will waste millions of taxpayers dollars.

JDF SUPPORTS LEGISLATION TO EXPAND MEDICARE COVERAGE FOR DIABETES-RELATED SERVICES

The Juvenile Diabetes Foundation International (JDF), which gives more money directly to diabetes research than any other non-profit health agency in the world, strongly supports expedited passage of legislation which would make available to millions of older Americans the diabetes self-management training and critical testing equipment needed to attain better control of blood glucose levels, thereby helping to delay debilitating and life-threatening complications. It is imperative that, while we pursue the longer-term objective of a cure for diabetes through research, all people battling this insidious and devastating disease have access to the most advanced, proven diabetes management regimens and technologies available. This additional Medicare coverage makes tremendous economic sense for the country as well, given the fact that treatment for diabetes-related complications accounts for more than 27 percent of the total Medicare budget.

Despite medical and technological advances, people with diabetes continue to die and suffer life-threatening complications as a result of the disease. JDF believes that ultimately, through research advances, a cure for diabetes and its devastating complications will be found, resulting in millions of lives and billions of dollars saved. The public and private sector support for diabetes research has led to substantial progress. The Congress' steadfast support for medical research funding through the National Institutes of Health has not only brought us closer to a cure for diabetes, it has also produced new and better management techniques which would have been unimaginable only two decades ago. Recent studies show that U.S. health expenditures for people with diabetes exceed \$130 billion per year, or one out of every seven health care dollars. Clearly, increased public and private support for medical research is critical to controlling health care costs.

The Juvenile Diabetes Foundation International (JDF) is dedicated to supporting research to find a cure for diabetes and its complications, and to improving the lives of people with diabetes through research progress. JDF is a not-for-profit, voluntary health agency with over 100 chapters in the U.S. alone.

STATEMENT BY THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS IN SUPPORT OF LEGISLATION TO IMPROVE MEDICARE COVERAGE FOR PEOPLE WITH DIABETES AND TO SUPPORT DIABETES SELF-MANAGEMENT TRAINING

The American Association of Diabetes Educators, which has more than 10,000 health care professionals who teach people with diabetes how to manage their disease, supports the diabetes reform legislation being introduced today by representatives Elizabeth Furse and George Nethercutt.

This legislation, which incorporates two bills introduced in the 104th Congress, H.R. 1073 and H.R. 1074, would provide diabetes outpatient self-management training services under Part B of the Medicare program and uniform coverage of blood-testing strips for individuals with diabetes.

We know the critical role diabetes education plays in the treatment of this disease. Each day we help people with diabetes lead healthy, productive lives. Each day we help to prove that diabetes education saves lives and potentially billions in Medicare expenditures each and every year.

While difficult for some, these modifications can dramatically reduce some of the more serious and expensive complications which result from untreated diabetes.

There are many case studies that prove the importance of diabetes education and self-management. Take for instance the case of Mr. H.L.

H.L. is a 72-year old Medicare subscriber who has had insulin-treated diabetes for the past 17 years. Six years ago, H.L. averaged two hospital admissions per year for uncontrolled diabetes. He was at high risk for cardiovascular disease because of cholesterol levels 1½ times normal. And, tragically, his right leg was amputated below the knee.

You see, H.L. had walked for a day in wet shoes. Because he had a lack of feeling in his feet, he didn't realize an ulcer had developed on his foot until it was many days later—much too late for treatment.

H.L. had never been taught to monitor his blood glucose levels—and he hadn't been told that he needed to regularly examine his feet and legs for any abnormalities.

Now, six years later, H.L. tests his own blood glucose levels each day. His cholesterol levels are within the normal range. And, despite having an increased risk of another amputation, H.L. has his left leg and has not been admitted to the hospital for uncontrolled diabetes since he began self-management training.

We cannot win the fight against diabetes without empowering individuals with the skills to manage this disease. Because no cure is currently available for diabetes, diabetes education is one of our only and most potent weapons.

Armed with this weapon, H.L. has prevented the amputation of his left leg—as well as the frequent and costly hospitalizations when this disease became uncontrollable.

Now is the time to make a dramatic impact on the Medicare system—and more importantly—on the lives of people with diabetes. Now is the time to recognize that diabetes education pays for itself over a relatively short period of time—and will save billions in Medicare expenditures each year.

How is this possible? Consider that for an average \$50 visit to a diabetes educator, people like H.L. can learn how to eliminate \$1,000 per day hospital stays.

For an average \$50 visit to a diabetes educator, people can save the hundreds of thousands of dollars spent each year treating cardiovascular disease and kidney disease associated with diabetes.

For an average \$50 visit to a diabetes educator, \$30,000 amputations, like H.L.'s, can be prevented not only saving the money spent on the procedure, but the costs of further treatment and rehabilitation.

Today, on behalf of the 10,000 diabetes educators from around the country, the American Association of Diabetes Educators strongly supports congressional action on this important diabetes legislation to benefit the more than 16 million Americans afflicted with this disease.

STATEMENT OF THE AMERICAN DIETETIC ASSOCIATION IN SUPPORT OF DIABETES SELF-MANAGEMENT TRAINING

The American Dietetic Association, the world's largest organization of nutrition professionals, strongly supports legislation which would provide coverage of diabetes outpatient self-management training services under Part B of the Medicare program. Dietitians recognize that self-management training—which includes medical nutrition therapy—is essential if individuals with diabetes are to successfully manage their disease.

Numerous studies, such as the Diabetes Control and Complications Trial, have shown that control of blood sugar levels can help patients prevent or delay diabetes-related complications. A study conducted in 1994 by the International Diabetes Center in Minneapolis, MN, for The American Dietetic Association showed that persons with non-insulin dependent diabetes mellitus—also known as type II diabetes—can better control their blood sugar levels, weight and cholesterol with medical nutrition therapy. Medical nutrition therapy is the use of specific nutrition services to treat a chronic condition, illness or injury. At all phases of the six-month study, medical nutrition therapy provided by a registered dietitian resulted in improvements in patients' fasting plasma glucose (FBG) and glycated hemoglobin levels (HBA1c) compared to levels at the onset of the study.

Medical nutrition therapy is a cornerstone of self-management training and has been proven to significantly save health care costs by reducing the incidence of complications—including lower extremity amputations, kidney failure, blindness, heart attacks and frequent hospitalization. An internal analysis of nearly 2,400 case studies submitted by American Dietetic Association members show that on average more than \$9000 per case can be saved in type I diabetes (insulin-dependent) cases with the intervention of medical nutrition therapy. Intervention in type II diabetes cases showed a savings of nearly \$2000 per case.

Enactment of legislation providing coverage for diabetes self-management training will correct a monumental oversight in Medicare coverage by providing the essential training and nutrition services that have been recognized as critical to the treatment of diabetes. The nearly 70,000 members of The American Dietetic Association strongly support action by the congressional leadership to enact this important legislation immediately.

STATEMENT OF P. MICHAEL CONN, PH.D., PRESIDENT, THE ENDOCRINE SOCIETY, ON BILL FOR DIABETES MANAGEMENT PROGRAMS

"The Endocrine Society applauds the efforts of Reps. Elizabeth Furse and George Nethercutt, whose goal is to improve the quality of life for patients with diabetes. And as a constituent of the Congresswoman from Oregon, I extend special recognition to her for her bill.

"The state of diabetes care in the U.S. calls for the kind of reform proposed in this

legislation. In too many instances, people with diabetes do not have access to the management programs and equipment necessary to properly care for their illness. Without these management tools, diabetic patients face higher risks of the long-term complications that rob them of their sight and mobility.

"Diabetes is a chronic illness, but one that can be controlled—even reversed—when patients have access to and follow appropriate management programs under the care of an endocrinologist. Medical science has shown that complications of diabetes do not have to happen. Costs associated with chronic illnesses have been identified as a significant health care crisis that we will face in the future, according to a study released in November 1996 by the Robert Wood Johnson Foundation. An earlier taxpayer-funded study has already proven that management programs reduce complications from diabetes.

"Fewer complications means a greater quality of life for the 16 million Americans with diabetes and a lower health care bill for all Americans. Our Medicare program needs the common-sense, cost-saving reform proposed in this bill. As soon as it is passed, we will begin to invest in economical diabetes prevention programs that improve patients' lives and save the country's health care dollars."

LILLY SUPPORTS MEDICARE COVERAGE IMPROVEMENT FOR DIABETES PATIENTS

Representatives Elizabeth Furse (D-1st-OR) and George Nethercutt (R-5th-WA) will introduce a bill requiring Medicare coverage of self-management training services and blood testing strips, important preventive measures for people with diabetes who want to stay healthy and avoid complications. Eli Lilly and Company vigorously supports the Furse-Nethercutt diabetes bill.

More than 16 million Americans have diabetes, a serious disease that affects the body's ability to produce or respond properly to insulin, a hormone that allows blood sugar to enter the cells of the body and be used for energy. Approximately half of all diabetes cases occur in people older than 55.

Studies show that providing coverage for diabetes supplies, and self-management training directly helps people with diabetes avoid devastating and costly complications like kidney failure, heart attack, stroke, blindness and amputations.

According to the American Diabetes Association, diabetes costs the U.S. \$138 billion a year in health costs. About one-fourth of the Medicare budget (nearly \$30 billion a year) is devoted to treating diabetes and its complications. People on Medicare are one-and-a-half times more likely to have diabetes and its complications than other persons. Yet Medicare does not cover the tools to properly manage their disease.

Two-thirds of diabetes expenditures are related to the complications of the disease. The American Diabetes Association estimates that up to 85 percent of the complications associated with diabetes can be prevented. Yet today, only 30 percent of all patients receive any type of diabetes self-management training.

Lilly is a leader in diabetes care, celebrating 75 years of lifesaving Lilly insulin in 1996. In addition to providing disease treatments, Lilly specializes in diabetes education, teaching patients about the roles of diet, exercise, medication and monitoring their blood glucose levels to best manage their disease. Through our PCS subsidiary's Information Warehouse of 1.2 billion pharmacy records, Lilly helps physicians and health care providers identify particularly

vulnerable points in the progression of diabetes.

Lilly believes the Furse-Nethercutt bill will prove to be extremely valuable as a prevention measure for people with diabetes, while helping reduce future Medicare costs.

COMMUNITY RETAIL PHARMACY COALITION,

Alexandria, VA, January 7, 1997.

Hon. ELIZABETH FURSE,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE FURSE: The Community Retail Pharmacy Coalition is writing to indicate its support for your bill to improve Medicare coverage of outpatient self management training and blood testing strips for diabetics. The Coalition consists of the National Community Pharmacists Association (NCPA), representing independent retail pharmacy, and the National Association of Chain Drug Stores (NACDS). Collectively, the 60,000 retail pharmacies represented by the Coalition provide 90 percent of the 2.3 billion outpatient prescriptions dispensed annually in the United States.

This program will help reduce the relatively high percentage of Medicare expenditures which result from caring for Medicare's significant diabetic population. We understand that this program will save Medicare \$1.6 billion over the next six years. Allowing Medicare beneficiaries to use their local retail pharmacy provider to obtain this education and training makes sense. The nation's community retail pharmacies already provide a convenient location for Medicare beneficiaries to obtain the supplies that they need to help manage their diabetes, such as insulin and test strips.

The Coalition supports this bill, but asks that you assure that pharmacists meeting the educational requirements to participate in the program are, in fact, eligible for payment for these services under Medicare. The bill defines a "provider" as an individual or entity that provides other items or services to Medicare beneficiaries for which payment may be made. Pharmacies already provide such items and would appear to qualify as a "provider" under this bill. However, pharmacies are not currently classified as "suppliers" under the Medicare program, and we urge that your bill do so to assure that pharmacies qualify under this important program.

We believe that similar programs to increase quality and reduce costs could be developed for other disease states that are common in the Medicare population, such as asthma and high blood pressure. We would be very willing to work with you on developing such programs. We acknowledge and applaud your leadership in increasing the quality of care for diabetics who are covered by Medicare.

Sincerely,

RONALD L. ZIEGLER,
President and Chief Executive Officer,
NACDS.

CALVIN N. ANTHONY,
Executive Vice President, NCPA.

INTRODUCING THE HEALTH CARE COMMITMENT ACT

HON. JAMES P. MORAN

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 7, 1997

Mr. MORAN of Virginia. Mr. Speaker, today, I rise to the "Health Care Commitment Act." This legislation allows Medicare eligible mili-

tary retirees and their dependents to voluntarily participate in the Federal Employee Health Benefits Program.

We recruit young men and women to serve in our nation's military with a promise that the government will provide them health care for life. While this is not a contract, many men and women enlist with the good faith belief that we will provide their medical needs for when they retire. After these men and women have served their country and turned 65, the Department of Defense reneges on its promises, turns them away from its insurance programs and effectively denies them access to its medical treatment facilities.

The Department of Defense is the only large employer in this nation that kicks its retirees out of its health insurance programs. But it does not need to be. Civilian employees in the same Department of Defense, and throughout the government, are given the opportunity to participate in one of the finest health insurance programs in the country. The Federal Employees Health Program is an established health insurance program that enables employees to choose from a range of health insurance packages. Federal retirees, unlike their counterparts who served in the military, are not dropped from their insurance plans when they turn 65 and are not placed at the bottom or priority lists. Instead they are treated with the respect and dignity that they deserve.

My legislation ensures that all federal retirees, whether they served their nation as a member of the armed forces or as a civilian employee, are treated with the same dignity and have an equal opportunity to participate in the Federal Employees Health Benefits Program.

THE ENTERPRISE RESOURCE BANK ACT OF 1996

HON. RICHARD H. BAKER

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 7, 1997

Mr. BAKER. Mr. Speaker, today I am introducing legislation, with my distinguished colleague, the Minority Leader of the Capital Markets Subcommittee, Rep. PAUL KANJORSKI (D-PA), to reform the Federal Home Loan Bank System (FHLB). Throughout the 104th Congress, Mr. KANJORSKI and I have worked diligently to craft a bi-partisan reform bill. This legislation reflects the product of our subcommittee from April of last year.

While this bill reflects general consensus among members of the subcommittee, we are committed to working with other members of the full committee as well as the Administration to craft a bill that reflects most concerns. Greater attention will be given to the regulation and governance of the Bank System, the proper capital structure, the membership profile, and the mission of the system.

The Federal Home Loan Bank System was established in 1932 primarily to provide a source of intermediate- and long-term credit for savings institutions to finance long-term residential mortgages and to provide a source for liquidity loans for such institutions, neither of which was readily available for savings institutions at that time the Federal Home Loan Bank system was created.

In recent years, the System's membership has expanded to include other depository institutions that are significant housing lenders.