

Mr. Speaker, I ask my colleagues to join me in wishing a happy retirement to Mrs. Lora Lucks and in recognizing her for her outstanding achievements in education and her enduring commitment to the community.

TRIBUTE TO MARATHON ASHLAND PETROLEUM

HON. DAVID D. PHELPS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 16, 1999

Mr. PHELPS. Mr. Speaker, it is my great honor to rise today to congratulate Marathon Ashland Petroleum on the recognition of their Illinois Refining Division as an OSHA Voluntary Protection Program Star participant. The Voluntary Protection Program promotes partnerships between the Occupational Safety and Health Administration, labor and management and recognizes those facilities that exemplify effective safety and health program management.

Having personally visited Marathon's Robinson, IL, refinery, located in my congressional district, I can attest to the superior quality of its operation and the dedication and talent of its employees. Although I am not surprised to learn that OSHA has recognized Marathon's efforts on behalf of health and safety, I could not be more pleased.

Under the Voluntary Protection Program, management commits to operate an effective program, and employees commit to participate in the program and work with management to ensure a safe and healthful workplace. OSHA regularly evaluates the site and the program's operation to ensure that safety and health objectives are being met, and participants receive the Star designation when they have complied with all program requirements.

Mr. Speaker, I believe the Voluntary Protection represents the best in voluntary partnerships formed to achieve an important mutual goal. I am proud to offer my heartfelt congratulations to Marathon Ashland Petroleum's Illinois Refining Division on reaching the milestone of an OSHA Star designation. Their efforts on behalf of health and safety are deserving of such recognition, and I wish them continued success in the future.

INTRODUCTION OF THE MEDICARE HOME HEALTH ACCESS RESTORATION ACT OF 1999

HON. WILLIAM J. COYNE

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 16, 1999

Mr. COYNE. Mr. Speaker, today I am introductory the Medicare Home Health Access Restoration Act of 1999. I am introducing this legislation because of the dramatic changes the Interim Payment System (IPS) has made in the way home health care is provided in my home state of Pennsylvania and elsewhere. I am concerned that those changes are making it more difficult for the sickest and most vulnerable Medicare recipients to get the home health services to which they are entitled.

Medicare provides home health services to homebound patients who need skilled nursing

care. Many of these patients are recovering from surgery or receiving therapy after a serious illness like a stroke. Home care recipients often suffer from chronic illnesses that require monitoring, like severe diabetes and some mental illnesses. Home health care recipients tend to be the oldest, sickest, and poorest of Medicare beneficiaries. They are disproportionately low-income and over 85. They report being in fair or poor health. Three-fourths of them cannot perform at least one basic activity of daily living, like bathing, cooking, or getting out of bed. Almost half of home care recipients cannot perform 3 or more activities of daily living.

In Pennsylvania, where home care costs and visit frequency have always been lower than the national average, home care visits have declined by over 25 percent since IPS became effective. That means the average home care recipient sees a nurse 11 times less under IPS than she did before, perhaps getting one visit a week instead of two. Over 90 percent of my state's home health agencies reported that they will lose money in the first year of IPS and 6,100 home care workers have been laid off. These changes are causing agencies to provide less care, spend less time caring for patients, and avoid the patients who most need help.

Like most other people who are concerned about the home care benefit, I support the shift to the prospective payment system, which will allow us to pay more accurately for the services beneficiaries receive. But it could be quite a while before PPS is implemented, particularly since the Health Care Financing Administration has temporarily suspended collection of the necessary data. The Interim Payment System is what we have now, and we could have it for a long time. It is affecting patient care now, and I do not believe we can just live with it" for the months or years until the PPS is ready.

The low IPS caps on payments for home health services mean that agencies often can't afford to provide Medicare beneficiaries with the services they need and to which they are entitled. Because the caps are based on individual agency 1994 spending, the problem is particularly serious for historically low-cost agencies. The low-cost agencies were given the lowest caps. Since they have already trimmed the fat from their operations, they are being forced to lay off nurses and cut services. The caps also create wide regional variation, and Medicare beneficiaries in historically efficient areas receiving much smaller benefits.

Because the caps are based on an "average" patient, it is particularly difficult for the sickest patients to access care. The IPS does not acknowledge that some agencies specialize in very sick patients and that some individual patients require so much care that few agencies can afford to serve them. The current system creates an incentive for agencies to avoid admitting the sickest patients or to discharge them early.

The legislation I am introducing today would make several important changes in the IPS. (1) It would gradually move toward a more equitable and reasonable payment level by increasing the payments for efficient agencies, increasing the number of times a home care nurse is allowed to visit a sick patient, and repealing the scheduled 15% cut in payments. (2) It would provide exceptions to the caps for

the costliest patients and agencies that specialize in treating them. (3) It would protect beneficiaries from being inappropriately discharged because of the caps.

Medicare's sickest and most vulnerable patients cannot wait much longer for Congress to act. Each day that the current system is in effect, home care agencies close or lay off workers, beneficiaries in states with low caps receive less service than they need, and high-needs patients struggle to find agencies that will serve them. These reductions in the quality and quantity of home care services put patients right back where no one wants them to be—in expensive hospital and nursing home beds.

SUMMARY OF MEDICARE HOME HEALTH ACCESS RESTORATION ACT

Purpose: To restore access to home health services for Medicare recipients whose necessary care has been curtailed or eliminated due to provisions in the 1997 Balanced Budget Act.

MAJOR PROVISIONS

Adjusts per-beneficiary limits to provide fair reimbursement to efficient agencies. The bill would increase the per beneficiary limit for agencies with limits under the national average to 90% of the national average in 1999, 95% in 2000, and 100% in 2001. The bill would also cap payments to providers at 250% of the national average in 1999, 225% in 2000, and 200% in 2001.

Provides exceptions to caps for agencies that specialize in a particular type of hard-to-serve patients AND for individual "outlier" patients. Agencies that can demonstrate to the Secretary that they specialize in treating a much more expensive population will be exempted from the 250% payment cap. All agencies could apply for quarterly "outlier" payments if they treated more costly than average patients. HCFA will also be required to report back to Congress regarding their implementation of the exceptions policy, to ensure that the provisions are implemented in a timely manner and that the relief is reaching agencies.

Increases the per-visit limit to 110% of the median.

Permanently repeals the 15% cut in IPS home health payments. The bill eliminates the 15% cut from the Interim Payment System.

Protects beneficiaries from inappropriate discharge. The bill provides Medicare beneficiaries with a notice of discharge similar to the one provided to Medicare+Choice hospital patients. It requires HCFA to provide information to physicians about how the IPS affects their patients.

Requires a GAO study on the value of home care to the Medicare program. The bill asks the Comptroller General to document the impact that providing home care (or not providing home care) has on other government spending, including Medicare inpatient services and Medicaid nursing home reimbursement.

50TH ANNIVERSARY OF AMERICAN LEGION POST 273, MADEIRA BEACH, FLORIDA

HON. C.W. BILL YOUNG

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 16, 1999

Mr. YOUNG of Florida. Mr. Speaker, I rise today to recognize the 50th anniversary of American Legion Post 273, in Madeira Beach,

Florida, which I have the privilege to represent.

Since 1949, American Legion Post 273 has been serving the community of Madeira Beach and Pinellas County. Post 273 has more than 3,100 members, making it the largest post in the Great State of Florida and the 5th largest post in the World. In its 50 years of service, Post 273 has a record of service that is second to none.

Post 273 has many volunteers who perform thousands of hours of volunteer service at the Veterans Affairs Hospital at Bay Pines. Among these activities are an annual Thanksgiving Day dinner for disabled veterans, and a New Years Day luncheon. The Honor Guard at Post 273 has performed at 108 funerals in the past 12 months, and has participated in several other functions including the biannual reading of Madeira Beach's deceased veterans. The Post also provides financial assistance to the families of needy veterans.

The service of Post 273 goes beyond veterans. Post 273 has sponsored 14 students for Boys State, where enterprising young boys are selected in their junior year of high school to go to Tallahassee and participate in a detailed study of Florida's State Government. In addition, Post 273 also sponsors an annual oratorical contest, where boys and girls compete nationwide for more than \$18,000 in scholarships. Post 273 also sponsors activities and events that inform the community's young people about child safety, drug and alcohol abuse, and suicide prevention.

In its service to the community, Post 273 has been active in the Special Olympics, giving mentally challenged youth a chance to succeed, assists the American Red Cross with an annual blood drive, has a strong record of environmental protection, as it sponsors a recycling program, and raised money to provide sea oats for the Madeira Beach beach nourishment program.

Finally, I would be remiss if I neglected to mention American Legion Baseball. Each year, the American Legion sponsors approximately 86,000 young men in legion ball. Madeira Beach Post 273 sponsors two teams, providing uniforms, equipment, umpires, and travel funds.

Mr. Speaker, the service that American Legion Post 273 has provided veterans and families in the community of Madeira Beach for the last 50 years is remarkable and I wish all the members much success as they begin their next 50 years of service.

THE FOGGY BOTTOM ASSOCIATION
CELEBRATES 40 YEARS OF SERVICE TO THE COMMUNITY, 1959-1999

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA
IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 16, 1999

Ms. NORTON. Mr. Speaker, I rise to salute the Foggy Bottom Association as it celebrates forty years of service in one of Washington's oldest neighborhoods. The Foggy Bottom Association is not only one of the oldest, it is one of our most active and valuable associations.

The Foggy Bottom Association's recorded history dates back to 1765 when Jacob Funk, a German immigrant, purchased and subdivided 130 lots between 24th and 19th

Streets, NW and H Street to the river. This area, known as Hamburg, was the site of docks, glass factories, breweries, a gas works, and later stately homes and what were known as "alley dwellings." Shortly after World War II, public and private developers moved in, building large residential complexes, highways, government and private office buildings, and cultural and educational centers. At the same time, run-down housing stock was being purchased and rebuilt by a mix of people who formed the core of what is now the Foggy Bottom Association. This organization was dedicated to protecting and promoting the neighborhood.

Today, Foggy Bottom is an unusual mixture of homes, apartment dwellings, churches, hotels, restaurants, small businesses, large institutions and government agencies. Many old, historic buildings have been restored and are open to the public.

Music, art, good fellowship, and lots of history are all part of the anniversary program which culminates on June 19, 1999—the day the Foggy Bottom Association was incorporated in 1959.

Mr. Speaker, I ask the members of this body to join me in celebrating the Foggy Bottom Association and congratulating the membership for their commitment to the preservation and protection of one of our treasured neighborhoods.

CONSEQUENCES OF GUN CONTROL

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 16, 1999

Mr. PAUL. Mr. Speaker, I recommend that my colleagues read today's Washington Times article entitled "Disarming Good People" before voting on unconstitutional and counter-effective gun legislation. Outlined within, are some of the disastrous consequences of enacting more gun control. While the lawmakers demand even more restrictions on the sale, ownership, and the use of firearms, we currently have the highest level of gun control in our Nation's history. Yet only 50 years ago, there were no violent incidents in schools like the recent tragedy. Instead of rushing to disarm the law-abiding, let us first examine the current 20,000 gun laws already on the books for their effectiveness.

DISARMING GOOD PEOPLE

Editor's note: The following is an open letter from 287 economists, law-school professors and other academics to Congress, regarding gun-control legislation before the House of Representatives. Some but not all of the names of the signatories appear here.

After the tragic attacks at public schools over the last two years, there is an understandable desire to "do something." Yet, none of the proposed legislation would have prevented the recent violence. The current debate focuses only on the potential benefits from new gun control laws and ignores the fact that these laws can have some very real adverse effects. Good intentions don't necessarily make good laws. What counts is whether the laws will ultimately save lives, prevent injury, and reduce crime. Passing laws based upon their supposed benefits while ignoring their costs poses a real threat to people's lives and safety.

These—gun control laws will primarily be obeyed by law-abiding citizens and risk mak-

ing it less likely that good people have guns compared to criminals. Deterrence is important and disarming good people relative to criminals will increase the risk of violent crime. If we really care about saving lives we must focus not only on the newsworthy events where bad things happen, but also on the bad things that never happen because people are able to defend themselves.

Few people would voluntarily put up a sign in front of their homes stating, "This home is a gun-free zone." The reason is very simple. Just as we can deter criminals with higher arrest or conviction rates, the fact that would-be victims might be able to defend themselves also deters attacks. Not only do guns allow individuals to defend themselves, they also provide some protection to citizens who choose not to own guns since criminals would not normally know who can defend themselves before they attack.

The laws currently being considered by Congress ignore the importance of deterrence. Police are extremely important at deterring crime, but they simply cannot be everywhere. Individuals also benefit from being able to defend themselves with a gun when they are confronted by a criminal.

Let us illustrate some of the problems with the current debate.

The Clinton administration wants to raise the age at which citizens can possess a handgun to 21, and they point to the fact that 18- and 19-year-olds commit gun crimes at the highest rate. Yet, Department of Justice numbers indicate that 18- and 19-year-olds are also the most likely victims of violent crimes including murder, rape, robbery with serious injury, and aggravated assault. The vast majority of those committing crimes in this age group are members of gangs and are already breaking the law by having a gun. This law will primarily apply to law-abiding 18- to 21-year-olds and make it difficult for them to defend themselves.

Waiting periods can produce a cooling-off period. But they also have real costs. Those threatened with harm may not be able to quickly obtain a gun for protection.

Gun locks may prevent some accidental gun deaths, but they will make it difficult for people to defend themselves from attackers. We believe that the risks of accidental gun deaths, particularly those involving young children, have been greatly exaggerated. In 1996, there were 44 accidental gun deaths for children under age 10. This exaggeration risks threatening people's safety if it incorrectly frightens some people from having a gun in their home even though that is actually the safest course of action.

Trade-offs exist with other proposals such as prison sentences for adults whose guns are misused by someone under 18 and rules limiting the number of guns people can purchase. No evidence has been presented to show that the likely benefits of such proposals will exceed their potential costs.

With the 20,000 gun laws already on the books, we advise Congress, before enacting yet more new laws, to investigate whether many of the existing laws may have contributed to the problems we currently face. The new legislation is ill-advised.

Sincerely,

Terry L. Anderson, Montana State University; Charles W. Baird, California State University Hayward; Randy E. Barnett, Boston University; Bruce L. Benson, Florida State University; Michael Block, University of Arizona; Walter Block, Thomas Borchering, Claremont Graduate School; Frank H. Buckley, George Mason University; Colin D. Campbell, Dartmouth College; Robert J. Cottrol, George Washington University; Preston K. Covey, Carnegie Mellon University; Mark Crain, George Mason University;