

we could work globally to solve problems. The EU has also chosen former Italian Prime Minister Prodi as the next president of the European Commission. We have worked well with him before, and we have great confidence in him as well.

CURRENT TRADE ISSUES

We often let the immediacy of our current trade disputes blind us to the very real benefits that we both enjoy from access to each other's markets. But obviously there is a tough road ahead. And yet we can't allow our relationship to be defined solely by these disputes.

All too often, nevertheless, the EU takes actions, such as its unilateral hush kits regulation where Ambassador Aaron did such a fabulous job of at least temporarily diverting a problem. Or it's counterproductive response to the previous WTO panels on bananas and beef from exacerbating trade tensions. It's for that reason that we have suggested an early warning system to identify such problems before they burst into full-scale disputes.

We are indeed facing a tough set of trade disagreements, and we continue to hammer home the principle of fair and transparent trade rules: of the need for the EU to respect international commitments and WTO rulings, of abiding by scientific principles and not politics in making health, safety, and environmental decisions.

The need for a clear and rational trading principle may be greatest in the need of biotechnology. Within a few years, virtually 100 percent of our agricultural commodity exports will either be genetically modified organisms (GMO) or mixed with GMO products. And our trade in these products must be based on a framework based on fair and transparent procedures, which address safety on a scientific and not a political basis.

We, since 1994 approve some 20 GMO agricultural products. Since 1998, Europe has not approved any. There is no scientifically based governmental system to approve GMO products, therefore the European public is susceptible to ill-informed scare tactics. The EU approval process for GMOs is not transparent, not predictable, not based on scientific principles, and all too often susceptible to political interference.

We've been working to break this pattern of confrontation and indeed there are leaders in Europe who recognize that an EU regulatory system drawn up in accordance with its own international trade obligations would be a boon to both business and consumers. We have a new biotech-working group to address GMO issues.

The same can be said for beef hormones; where the European public is subjected to daily scare tactics which try to portray the hormone issue as a health and safety issue, when indeed there is broad scientific evidence that beef hormones are completely safe. There is no reason why American beef producers should pay the price for internal political calculations in Europe inconsistent with WTO principles.

To conclude, as we look toward the future, our goal is to work together to promote our goals of security, prosperity and democracy. Together we can accomplish more than either the U.S. or the EU can by acting alone.

WE MUST WORK TOGETHER WITH EUROPE

We want to work more effectively to deal with past breaking crises, to find ways of managing our disagreements before they get out of hand, and to expand areas of joint action and cooperation.

We are working on just that and the hopes that we can articulate a new vision at the June 21 U.S.-EU summit in Bonn through a new Bonn declaration. This would fit in with our larger goal of using 1999 for a series of

summits, NATO, OSCE and the U.S.-EU summit to strengthen the abiding European-Atlantic partnership which has been so important to maintain stability in Europe for the 20th Century, and to make sure it does the same for the 21st.

INTRODUCTION OF LEGISLATION
TO IMPROVE MEDICARE'S SURETY BOND PROGRAM**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 23, 1999

Mr. STARK. Mr. Speaker, on behalf of Congresswoman THURMAN and myself, I am today introducing legislation based on recommendations of the U.S. General Accounting Office to improve the operation of the Medicare home health agency, durable medical equipment, and certain rehabilitation providers' surety bond program.

Enacted as part of the 1997 Balanced Budget Act, the surety bond program was one of a series of anti-fraud, waste, and abuse provisions designed to crack down on the outrageous proliferation and increased utilization of questionable Medicare providers.

The General Accounting Office issued a report in January, 1999 (GAO/HEHS-99-03) entitled, "Medicare Home Health Agencies: Role of Surety Bonds in Increasing Scrutiny and Reducing Overpayments." The report focuses on problems in the surety bond provisions and makes a number of recommendations. Our bill addresses most of those recommendations.

While the BBA has had a huge impact in controlling the growth of spending and weeding out questionable and fraudulent providers, the surety bond program has had severe administrative problems. It needs simplification and needs to be focused on the start-up providers who have no track record and who may be the source of program abuse. Once a provider has proven that they are a reliable and dependable provider, continuing to require a surety bond just increases program costs. Our bill, therefore requires one surety bond for Medicare and Medicaid (not a separate bond for each program) for the two years of a provider's operations, and limits the size of the bond to \$50,000 (not the larger of \$50,000 or 15% of an agency's Medicare revenues) and makes it clear that orthotic and prosthetic providers including angioplastologists, are not meant to be covered by the surety bond requirement.

Mr. Speaker, we hope that this legislation can be enacted. It will reduce hassle and paperwork, while still helping weed out questionable home health and DME providers from starting in the Medicare program.

THE SAFE MOTHERHOOD MONITORING AND PREVENTION RESEARCH ACT OF 1999

HON. JO ANN EMERSON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 23, 1999

Mrs. EMERSON. Mr. Speaker, let me tell you about my district. I represent 26 rural

counties in Southern Missouri. These counties are home to some of the most poverty stricken communities in the State. Most of them lack even basic health care services. And many lack decent roads and reliable phone service. Many people in these communities find themselves isolated from their extended family, their friends and their neighbors.

When I was starting my family more than 20 years ago, I was lucky to have my mother, my sister and my mother-in-law to help me through my pregnancies. I was lucky to be able to afford health insurance that covered prenatal care. I was lucky to have access to quality health care in Cape Girardeau. But many American women aren't so fortunate. And they fall through the cracks of our health system.

Many young mothers-to-be in my rural district are isolated from family and friends—and they live miles away from nurses and doctors. This isolation often prevents them from getting prenatal care and adds to the fears and uncertainties that come along with being a new or expectant mother.

Fortunately for some of the young women in rural Missouri, there are people like Sister Rita and Sister Ann looking out for them. Ten years ago, Sister Rita—a parish nurse and midwife serving in Missouri's poor "Lead Belt" and Ozark counties—quickly realized that many of the young women there weren't prepared for healthy pregnancies and births or for caring for their infants. So Sister Rita began to network and build relationships in her community. She branched out and worked with the St. Louis University Medical Center and with State and federal health programs. And she established the "Whole Kids Outreach" in Ellington, Missouri.

Sister Ann is now carrying on the incredible work started by Sister Rita. The Whole Kids Outreach program has grown to include a Resource Mothers Program—a program that educates women about healthy pregnancies and childbirth, promotes access to care, and provides home care visits. The most amazing thing about this program is that it is staffed by experienced moms from the community who are trained as childbirth educators. And these local moms help establish circles of support for expectant and new moms.

It's with great admiration that I mention the Whole Kids Outreach program, because despite its modest size, it has been of tremendous help to many mothers and infants in rural Missouri. The young women in rural Missouri are not alone. Women throughout our nation face great challenges in securing healthy pregnancies and healthy children.

Consider the following: At the turn of this century more American women died in childbirth than from any other cause except for tuberculosis. At the close of this century, after all of the medical advances made in this country, it's easy to assume that today pregnancy and childbirth are safer for American women and their babies.

But this is a false assumption.

The recently released CDC report makes it painfully clear that the promise of safe motherhood is eluding too many women. In fact, during the past 15 years alone, total maternal deaths have not declined one bit in our nation. Just think of it. Today, tuberculosis claims about one American life out of 1,000 a year. But 2-3 women out of 10,000 lose their lives each day due to pregnancy-related conditions.

And out of 1,000 live births in our country each year, 8 babies die. More infants die each year in the United States than in 24 other developed nations.

As a Member of Congress and as a mother of four daughters, this maternal and infant mortality rate is simply unacceptable. We've got to find out why safe motherhood is still out of reach for so many American women. I am very proud to join many of my esteemed colleagues—NITA LOWEY, SUE KELLEY, CYNTHIA MCKINNEY, ILEANA ROS-LEHTINEN, and CAROLYN MALONEY—in introducing legislation today that will have a significant impact on the progress of maternal and infant health in this country.

In addition to introducing the Safe Motherhood Monitoring and Prevention Research Act, we would like to call on the Commerce Subcommittee on Health and Environment to hold oversight hearings on maternal and infant health and urge Congress as a whole to make this issue a national priority.

Our bill achieves 3 key goals, all necessary components to true progress in the enhancement of maternal and infant care.

First, it expands CDC's Pregnancy Risk Assessment Monitoring System (PRAMS) so that all 50 states will benefit from a public health monitoring system of pregnancy-risk related factors. Although the PRAMS program has received a lot of recognition for positively affecting maternal and infant health outcomes, currently only 18 states are benefiting from the success of PRAMS. Our bill also supports local and state efforts to collect data on mothers who experience serious complications during their pregnancy.

Second, our bill authorizes an increase in federal funding for preventive research, so we can identify basic health prevention activities to improve maternal health. This aspect of the bill builds upon the Birth Defects Prevention Act, which my colleague, Senator KIT BOND and I sponsored in the 105th Congress and which was signed into law last April.

The third and final component of our bill directs CDC to help states and localities create public education and prevention programs to prevent poor maternal outcomes for American women.

In addition, our bill emphasizes the need to expand existing prevention programs and pregnancy risk assessment systems to include those areas of the country where underserved and at-risk populations reside.

By looking at the list of original cosponsors of this bill, one is amazed at the very diverse groups of women legislators committed to this important piece of legislation. We're conservative and liberal. We're rural and urban. We're pro-life and pro-choice. And we're from multi-cultural backgrounds. But as a unique coalition of women, we're able to put aside our differences and come together on this common ground—on this precious ground—of the health and well-being of all mothers and infants in our nation. I urge all my colleagues to review the merits of the Safe Motherhood Monitoring and Prevention Research Act of 1999 and cosponsor this important piece of legislation.

REAUTHORIZE THE OLDER AMERICANS ACT

HON. WILLIAM O. LIPINSKI

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 23, 1999

Mr. LIPINSKI. Mr. Speaker, recently in my home state of Illinois, the State Senate and the State House of Representatives adopted Senate Joint Resolution 39 urging the U.S. Congress to reauthorize the Older Americans Act for the upcoming fiscal year. I would like to commend the Illinois Legislature for their dedication to the elderly in their state and urge the 106th Congress to support the elderly of the country by reauthorizing the Older Americans Act. I enter into the RECORD Senate Joint Resolution No. 39.

Whereas, The Older Americans Act promotes the dignity and value of every older person age 60 and over (numbering 2,000,000 in Illinois) through an Aging Network led by the Illinois Department of Aging, 13 area agencies on aging, 233 community-based senior service agencies and 63 nutrition services agencies throughout Illinois; and

Whereas, The Older Americans Act is a successful federal program, with the U.S. Administration on Aging offering leadership in Washington D.C., the Illinois Department on Aging (the first state department on aging in the nation) at the State level, the area agencies on aging in 13 regions designated by the State covering all of Illinois, and community-based senior service agencies providing services in every community; and

Whereas, The Older Americans Act programs target resources and services to those in greatest economic and social need, promote the dignity and contributions of our senior citizens, support transportation services, provide home care, assist families and individuals with case management, guide those challenged by the legal system through legal assistance, provide for senior community service employment, offer information and assistance, establish multi-purpose senior centers as focal points on aging, serve congregate luncheon and home-delivered meals, provide health promotion and disease prevention activities, involve older persons in nutrition education, reach out to families with respite services for caregivers and small repair and home modifications, provide opportunities, education and services, connect people in shared housing, and advocate to public and private policy makers on the issues of importance to older persons; and

Whereas, The success of this aging network over the past 31 years is marked by the delivery of significant service to older persons in their own homes and community with the following services examples of that success:

(1) 374,538 recipients of access services, including 235,148 Information and Assistance Services clients and 68,493 recipients of Case Management Services;

(2) 53,450 recipients of in-home services, including 6,460,533 home-delivered meals to 41,305 elders;

(3) 185,520 recipients of community services, including 3,636,855 meals to 79,012 congregate meal participants at 647 nutrition sites and services delivered from 170 Senior Centers;

(4) 760 recipients of employment services, including 760 senior community service employment program participants; and

(5) 98,600 recipients of nursing home ombudsman services; and

Whereas, The organizations serving older persons employ professionals dedicated to of-

fering the highest level of service and caring workers who every day provide in-home care, rides, educational and social activities, shopping assistance, advice, and hope to those in greatest isolation and need; and

Whereas, The organizations serving older persons involve a multi-generational corps of volunteers who contribute the governance, planning, and delivery of services to older persons in their own communities through participation on boards and advisory councils and in the provision of clerical support, programming, and direct delivery of service to seniors; and

Whereas, The Older Americans Act programs in Illinois leverage local funding for aging services and encourage contributions from older persons; and

Whereas, The Older Americans Act programs are the foundation for the Illinois Community Care Program which reaches out to those with the lowest incomes and the greatest frailty to provide alternatives to long-term care, and the Illinois Elder Abuse and Neglect Interventions Program which assists families in the most difficult of domestic situations with investigation and practical interventions; and

Whereas, The Congress of the United States has not reauthorized the Older Americans Act since 1985 and only extends the program each year through level appropriations; and

Whereas, Expansion of the Older Americans Act is proposed in reauthorization legislation this year to offer family caregiver support, increased numbers of home-delivered meals, improved promotion of elder rights, consolidation of several programs and subtitles of the law; therefore be it

Resolved, by the Senate of the Ninety-First General Assembly of the State of Illinois, the House of Representatives concurring herein. That we urge the Congress of the United States of America to reauthorize the Older Americans Act this year; and be it further

Resolved, That suitable copies of this resolution be delivered to the President pro tempore of the U.S. Senate, the Speaker of the U.S. House of Representatives, and each member of the Illinois congressional delegation.

Adopted by the Senate, May 26, 1999.

Concurred in by the House of Representatives, May 27, 1999.

HONORING JOHN MEISE

HON. ELIJAH E. CUMMINGS

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 23, 1999

Mr. CUMMINGS. Mr. Speaker, each year the Veterans of Foreign Wars of the United States and its Ladies Auxiliary sponsor the Voice of Democracy audio-essay scholarship competition. The program is now in its 52nd year and requires high school student entrants to write and record a three-to-five minute essay on an announced patriotic theme. This year's theme is "My Service to America", and over 80,000 students participate in the program nationwide.

It gives me great pleasure to announce that John Meise, a senior at Mount St. Joseph High School in Maryland's 7th Congressional District, has been named a National winner in the 1999 Voice of Democracy Program and recipient of the \$1,000 Ervin and Lorraine