

Prevention, Bureau of HIV/AIDS Care and Prevention Services, in recognition of his dedication and service to the State of Missouri in advocating for people living with HIV/AIDS and the prevention of the spread of HIV. Mr. Gooden was also honored by Kansas City Mayor Emanuel Cleaver and the City Council with a resolution and proclamation recognizing his election as Chairman of the Board of NAPWA and for his dedicated service and efforts in the fight against AIDS.

NAPWA is an active and effective organization, providing many services to legislators and people with AIDS/HIV. For instance, NAPWA provides Community Education, Technical Assistance, and Regional Training Workshops around the country for people with HIV, to give them the skills they need to participate in HIV prevention community planning with Ryan White CARE Act Planning Bodies. NAPWA also coordinates a diverse national network of committed public speakers through the Leadership Development Initiative. This initiative, coupled with the Youth Initiative involves outreach services where peers talk to peers about AIDS and HIV, encouraging each other to modify risk behaviors and change attitudes toward people with AIDS/HIV.

NAPWA also participates in a wide array of prevention, health promotion, and educational efforts for those infected with and at risk for HIV. NAPWA publishes several fact sheets, alerts, and reports, as well as supporting an Information and Referral Service, to provide the nation with up-to-date and accurate information about the AIDS pandemic. NAPWA also sponsors National HIV Testing Day in June of each year, to encourage early and frequent testing for HIV/AIDS, especially for those who are at higher risk.

Mr. Speaker, NAPWA's highest priority is the development of effective new treatments and a cure for HIV disease. Please join me in commending NAPWA for its tireless efforts on behalf of people with AIDS.

#### ELECTRONIC DISCLOSURES DELIVERY ACT OF 1999

### HON. MARGE ROUKEMA

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 27, 1999*

Mrs. ROUKEMA. Mr. Speaker, millions of consumers today routinely conduct business over the Internet, buying and selling a myriad of products and services from companies large and small, near and far. Many of these consumers already conduct much of their banking business over the web, checking balances, transferring funds and paying bills without leaving their homes. This explosion of on-line banking offers great benefits on both sides of the transactions: even the tiniest small-town bank can have access to a national marketplace, while consumers can comparison shop for the best interest rates or services. Nonetheless, the delivery of many financial services over the Internet, such as loans and mortgages, are limited by antiquated laws requiring paper documents or face-to-face transactions.

That is why I am joining today with Congressmen RICK LAZIO and JAY INSLEE to introduce the Electronic Disclosures Delivery Act of 1999. This legislation is necessary if we are to

take full advantage of the current technology—and if we are to keep technology from leaping far ahead of the ability of our nation's laws to regulate it.

The Electronic Disclosures Delivery Act addresses the electronic delivery of disclosures, notices and other information over the Internet. It allows these actions to be provided electronically, but does not lessen the rights or responsibilities of any party or affect the content of any disclosure, including both the timing, format and information to be provided.

This legislation is a first step toward making on-line financial transactions practical. It would put Congress on record as committed to playing a leadership role in promoting electronic commerce while preserving and, indeed, enhancing consumer protections. Mr. LAZIO and I plan to hold hearings in our respective subcommittees to ensure that all interested parties' views are heard.

On-line disclosures will provide consumers with a number of benefits:

Convenience and time-saving—Consumers can conduct transactions virtually anywhere and at any time, 7-days-a-week, 24-hours-a-day.

User friendly information—Legalistic jargon in on-line disclosure forms can be linked to plain-English definitions, making them much more readable and understandable. Consumers can electronically search documents rather than reading through reams of paper.

Enhanced services for under-served communities—Rural and urban communities will have enhanced access to financial services, even where brick and mortar branches are not available. In areas where residents cannot afford computers, libraries and schools provide on-line access.

Reduced cost—Electronic delivery of disclosures will cost less than providing the same information on paper or paying employees to handle face-to-face disclosures. Competition should encourage business to pass on those savings to consumers.

Congressional guidance on electronic disclosures is needed immediately, given that most of the consumer protection laws now on the books were enacted before the Internet became popular. Congress should provide uniform standards so that disclosures will be delivered to consumers under the same set of rules by all financial service providers.

Some regulators, notably the Federal Reserve, have begun to address these issues. But others have not, as in the case of the Department of Housing and Urban Development with respect to the Real Estate Settlement Procedures Act. Congressional action would provide uniformity and clarity among the agencies and provide guidance from the only body with the authority to amend the laws in question.

In sponsoring this legislation, we want to make clear that we do not intend to discourage the Federal Reserve from moving ahead. Instead, we want to encourage other agencies to follow the Fed's example. If anything, we hope the pace of regulatory activity in this area will be stimulated by congressional interest and action.

Congress and the regulators must play a leadership role in updating many of the consumer protection laws to reflect new technologies and establish a coherent legislative framework for the delivery of financial services through electronic commerce. With the intro-

duction of this legislation, we can begin the debate that set us on the path to enacting responsible legislation that will enhance consumer access to financial services while maintaining appropriate consumer protections.

#### SUMMARY OF THE ELECTRONIC DISCLOSURES DELIVERY ACT OF 1999

The "Electronic Disclosures Delivery Act of 1999" (the Act) amends the Truth in Lending Act, the Equal Credit Opportunity Act, the Fair Credit Reporting Act, the Real Estate Settlement Procedures Act, the Truth in Savings Act and the Consumer Leasing Act to provide for the electronic delivery of disclosures, notices, and any other information that is required to be given to consumers under these acts. The legislation provides that acknowledgments given in connection with disclosures or notices may also be provided electronically.

Creditors may rely upon the use of electronic communications or acknowledgments to satisfy requirements for delivery of disclosures, notices and other information through electronic communications provided that the consumer:

Expressly consents to online disclosures and/or acknowledgments and does so electronically; receives a description of the type of information to be provided electronically; receives an explanation of how to access and retain the online disclosures, including consideration of the consumer's ability to print or download such disclosures; and receives a notice of the period of time that the information will be available to the consumer in electronic form.

The legislation provides the appropriate regulator with the authority to prescribe regulations from time to time to clarify the procedures applicable to the delivery of electronic communications. The legislation further provides the appropriate regulator with the authority to prescribe, without affecting or impairing the legal effectiveness of the delivery of any electronic communication provided for in the Act, procedures which provide consumers with the option to request paper copies of any such communications if it finds that such procedures are necessary and appropriate to supplement electronic communications. The legislation would be effective upon date of enactment.

The legislation addresses only electronic delivery of information to consumers. It does not affect the substantive rights and responsibilities of any party or the content of any disclosure, including both the timing and format of disclosures and the information to be provided.

#### RECOGNIZING THE PLIGHT OF HOME HEALTH CARE AGENCIES

### HON. J.C. WATTS, JR.

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 27, 1999*

Mr. WATTS of Oklahoma. Mr. Speaker, there is a growing concern over the devastating situation that is plaguing Home Health Care Agencies in this country.

Today I am introducing the Medicare Home Health Services Equity Act of 1999 to provide greater equity to Medicare-certified home health agencies, and to ensure access to Medicare beneficiaries to medically necessary home health services furnished in an efficient manner under the Medicare Program.

Quality, efficient home health care agencies are suffering under the punitive Interim Payment System and are going out of business.

The per beneficiary limits imposed on home health agencies do not, for a great number of agencies, accurately reflect the costs necessarily incurred in the efficient delivery of needed home health services to beneficiaries.

The amount of reductions in reimbursement for home health services furnished under the Medicare program significantly exceeds the amount of reduction in reimbursement for any other service furnished under the Medicare program. This comes at a time when the need for home health services by the Nation's elderly citizens is growing.

Although this is a nation-wide problem, the impact on my home state of Oklahoma has been disproportionately high. In Oklahoma alone, 198 of the 381 licensed home health care agencies have been forced to close their doors, of which 146 were Medicare certified.

Surviving home health agencies which have managed to stay in business have curtailed their medical services due to financial constraints. As a result of this terrible tragedy, the sickest, most frail Medicare beneficiaries are being deprived access to medically necessary home health services. Thousands of elderly and disabled Americans are not receiving the type of quality care at home that they so much need and deserve.

In our efforts to end fraud and abuse, we must make certain that the benefits and much needed services of home health agencies are not lost. Home health care is the least expensive, most cost efficient provider of medical services for Medicare beneficiaries and must be preserved.

For that reason, I am introducing the Medicare Home Health Services Equity Act of 1999. It is critically important that we address this crisis promptly and pass this vital legislation.

#### ASSESSING HMO CURBS

### HON. DOUG BEREUTER

OF NEBRASKA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 27, 1999*

Mr. BEREUTER. Mr. Speaker, this Member highly commends to his colleagues the following portions of an editorial "Assessing HMO Curbs," which appeared in the July 21, 1999, edition of the Omaha World-Herald.

[From the Omaha World-Herald, July 21, 1999]

#### ASSESSING HMO CURBS

A lot of hot air accompanies the debate over whether Congress ought to provide a "bill of rights" for people who obtain their health care from health maintenance organizations.

But one thing is reasonably clear. The debate so far has been less about health care than it has been about campaigning for election in 2000.

Democrats want to go into the election season with an excuse to portray Republican candidates as indifferent to the suffering of sick and injured people. The theme is part of a blue-print for restoring Democratic Party control of Congress.

Michael M. Weinstein, in The New York Times, took a calm look at the situation for his readers Sunday. "The debate consisted largely of name-calling," he said, with Vice President Al Gore and House Democratic Leader Richard Gephardt calling the GOP plan a charade and a fraud, respectively, and

GOP Sen. Phil Gramm of Texas accusing the Democrats of wanting to destroy HMOs by mandating expensive coverage that would drive costs into the stratosphere.

"But the partisanship obscures an important truth," Weinstein wrote. "The substantive differences are narrower than they seem. Removed from the context of election-year politics, combatants on both sides concede they could find ways to give Americans protection from health-care plans that wrongly skimp on coverage."

Republicans, said Weinstein, know that their bill would never get past President Clinton. They like the bill because it will help them wring campaign contributions out of HMOs and insurance companies.

Democrats, the Times writer said, privately concede that their bill overreaches. But it will make them even more popular with their generous long-time allies, the members of the Trial Attorneys Association. The Democratic bill would repeal a ban on lawsuits against HMOs, furthering the attorneys' goal of expanding the field for punitive damages.

Weinstein identifies four issues that he says should be relatively easy to compromise: A method by which patients and their physicians can appeal to medical authorities the denial of reimbursement by an HMO; a definition of medical necessity; a modified right to sue for denial of service; and the question of whether the legislation would cover 160 million patients in state-regulated health plans as well as the 50 million in employer-sponsored plans not covered by state regulations.

Political partisanship is not an evil thing. Americans have been well-served by the clash of ideas between two political parties with different philosophical approaches to government. It is part of the system of checks and balances.

However, there are some things that should be obvious to members of both parties.

Patients and their physicians tend to over-use health care, driving up the cost. Sometimes they have no other choice. The Wall Street Journal reported yesterday that visits to emergency rooms, one of the most expensive forms of treatment, are up in some places where HMO treatment is not available at nights and on weekends. Some HMOs want the right to decline reimbursement for emergency room treatment. Is that reasonable? In a case of medical necessity, of course it is not.

HMOs, in attempting to drive the cost back down, have sometimes gone too far in denying care. Although determining the extent of the problem is difficult, it has caused physicians to recoil in horror at the damage done to patients who were sent home from a hospital prematurely or in other ways denied treatment.

Mandated coverage, such as a patient bill of rights, drives up costs, which are typically passed on to the buyers of the health-care coverage—the same businesses and patient groups that turned to HMOs to keep costs down. Policy-makers must not avoid the question of what would happen if costs were raised so high that more people, because of unaffordability, became uninsured. What would be the logic behind that?

The question is how to preserve the benefits of cost-cutting while minimizing its potential to hurt people. Reasonable people, including a handful of moderate Republicans, seem to be saying that a rational way exists to make the system more humane without sacrificing cost-control.

#### INTRODUCTION OF PATIENT ABUSE PREVENTION ACT OF 1999

### HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 27, 1999*

Mr. STARK. Mr. Speaker, I am pleased to introduce the "Patient Abuse Prevention Act of 1999", which is being simultaneously introduced in the Senate by Senator HERBERT KOHL (D-Wis.). This bill is designed to ensure that all prospective employees in long-term care facilities undergo criminal background checks. The bill is similar to a proposal in the Administration's budget, also establishing a national registry of individuals with histories of patient abuse by utilizing data from existing state registries. The goal of the new national registry is to prevent workers with a history of abuse from being hired to provide care for the frail elderly.

Previous legislation enacted in 1998 permits—but does not require—nursing homes, skilled nursing facilities and home health agencies to conduct criminal background checks on applicants. This bill takes the next logical step by requiring that all long-term care facilities screen all applicants for employment. The bill is enthusiastically supported by the Secretary of Health and Human Services and the National Citizens' Coalition for Nursing Home Reform. Secretary Shalala believes that this is "the toughest set of requirements ever proposed for long-term care workers." Both letters of endorsement are attached at the conclusion of this statement.

In order to overcome industry resistance to this needed change, this bill allows long-term care facilities to include such costs on their reports submitted to the federal government for reimbursement purposes.

It is clear from several General Accounting Office analyses and hundreds of media reports that in order to improve the quality of care provided in long-term care facilities and decrease fraud and abuse, the federal government must take a more active role in making certain that those who are hired to care for seniors are fully qualified to do so. Thus, in addition to the background check requirements, the bill imposes significant civil monetary penalties upon providers who hire workers who do not pass background checks.

We have all heard the horror stories about convicted violent offenders obtaining jobs in long-term care facilities. Such occurrences are intolerable. This bill is an important step in guaranteeing the safety of our seniors who receive long-term care. I look forward to working with my colleagues in the House and Senate to pass this important quality improvement for Medicare and Medicaid patients.

THE SECRETARY OF HEALTH AND HUMAN SERVICES,

Washington, DC, July 21, 1999.

Hon. HERBERT H. KOHL,  
U.S. Senate,  
Washington, DC.

DEAR SENATOR KOHL: I want to commend you and Senator Reid for your leadership on the vitally important matter of assuring that our most vulnerable frail and sick elderly and disabled Medicare and Medicaid beneficiaries are protected from people with violent criminal backgrounds or a history of abuse. We in HHS appreciate working with you and your staffs to help ensure that seniors and persons with disabilities receive the safe, high quality care they deserve.