

TRIBUTE TO NUTRITION
PROFESSIONALS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. BILIRAKIS) is recognized for 5 minutes.

Mr. BILIRAKIS. Mr. Speaker, I rise today to pay tribute to the dedicated nutrition professionals who work in hospitals, WIC clinics, nursing homes, school lunch and breakfast programs, and many other settings where they are striving to improve the nutritional health of our Nation's citizens.

□ 1800

I would like to call special attention to one important segment of our population where nutrition services have proven to make a significant difference among our senior citizens.

In many ways, our Nation's health care system is the best in the world, partially because our free market system allows innovations to occur at a pace that is demanded by the health care consumer.

Unfortunately, too often the largest health program in the country, the Medicare program, is unresponsive and fails to keep pace with the advances that medical science demonstrates are effective.

In recent years, as science and society have uncovered more information about the critically important role of nutrition in the prevention, treatment and management of disease, more and more Americans have demanded that nutrition services be a standard part of their health care protection. In fact, by one estimate, 75 percent of all managed care health plans in America now offer some degree of coverage for nutrition therapy services.

Therefore, it is disheartening, Mr. Speaker, though perhaps not surprising, to realize that nutrition services are inadequately covered under the Medicare program. While the science of nutrition has advanced at a rapid pace over the last several decades, Medicare's coverage of nutrition services has remained largely static.

Under Medicare's conditions of participation, appropriate nutrition care is a standard part of the hospital program. However, the outpatient, or Part B, portion of the program fails to provide reliable nutrition coverage. It makes little sense to me that Medicare beneficiaries can receive comprehensive nutrition care only after they have become so sick that they are admitted to the hospital. For many years, health care treatment has been shifting away from inpatient facilities like hospitals and more toward outpatient settings. And yet, still we find Medicare adhering to an outdated system where nutrition therapy services are available only in the acute-care setting.

This clearly is a reflection of a system that is in need of change. Our modern health care program ought to ensure the adequacy and equitability of nutrition services in both inpatient and outpatient settings. A great num-

ber of diseases can be prevented and managed throughout patient nutrition therapy. Research proves that renal disease, diabetes, cancer, heart disease, and other illnesses respond well to nutrition interventions.

Nutrition professionals have documented the ability of well-nourished individuals to better resist disease and to tolerate other therapy than those who are under-nourished. These individuals are also better equipped to recover from acute illness, surgical interventions, and trauma. As a result, they experience fewer and shorter hospital stays, need less medication, and suffer fewer medical complications. All this can save money and lives.

A constituent of mine recently visited me and explained just how effective these services can be and what a difference they can make in people's lives. The constituent is a dietician from Florida who told me about a case involving her mother-in-law who lives in a different State.

During a routine medical visit, her mother-in-law was found to have a high blood sugar level. Her physician gave her medication and a blood glucose monitor to check her blood sugar level but gave her no directions about using the monitor or changing her diet. Within 2 weeks, she was hospitalized with severe low blood sugar and heart palpitations.

After working with a dietician, she is now off the medication and able to control other blood sugar level. However with nutrition counseling from the beginning, that hospitalization could have been avoided, saving the cost of the hospitalization as well as saving that mother-in-law from a life-threatening situation.

Now, I do not know if that physician lacked knowledge about the importance of nutrition in the treatment of diabetes or, knowing that the services were not likely to be reimbursed, did not want to put his patient to that expense. But the bottom line is that our health care system must provide patients with access to this important service.

According to my constituent, there are many other diseases that can be successfully managed with the medical nutrition therapy.

Mr. Speaker, I recently spoke with a constituent who is a dietetic intern working in the James A. Haley Veterans' Administration Hospital in Tampa, Florida. She described the rigorous educational and training requirements that she and others preparing for a career in dietetics must undergo.

With 5 years specifically devoted to the study of nutrition, registered dieticians learn to apply the principles of nutrition, biochemistry, and physiology toward the prevention and treatment of diseases. Most physicians understand that registered dieticians are the best qualified professionals to furnish nutrition therapy.

Clearly, registered dieticians are a valuable and indispensable part of the

health care team, and Medicare beneficiaries ought to have reliable outpatient access to the care they deliver.

This Congress, Mr. Speaker, should carefully examine coverage for medical nutrition therapy as one important way to help strengthen Medicare for our children and grandchildren.

Mrs. JOHNSON of Connecticut. Mr. Speaker, will the gentleman yield?

Mr. BILIRAKIS. I yield to the gentleman from Connecticut.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I just wanted to rise in support of the comments of the gentleman from Florida (Mr. BILIRAKIS) this evening in support of medical nutrition therapy.

It is truly a tragedy that we seem unable to reorganize Medicare in such a way that preventive health measures like nutrition therapy can be adopted. In the first few years, \$2.3 billion could be saved, which would offset the overall longer cost of \$2.7 billion. After the third year, the savings outweigh the cost. And savings for patients with diabetes alone would total \$1.6 billion over the 7 years.

Since diabetes and cardiovascular disease affect 60 percent of the Medicare population, this is just clearly a good way to both save money and improve the quality of care.

The Lewin Group recently completed a study for the Department of Defense that estimated that annual net savings could be developed of \$3.1 million if medical nutrition therapy was included in the Tricare benefit program for our military personnel.

The evidence is just growing out there. I believe it is overwhelming. I thank my colleague tonight for taking the floor in support of medical nutrition therapy as a covered benefit under Medicare, and I join him in supporting that.

Mr. BILIRAKIS. Mr. Speaker, reclaiming my time, I thank the gentleman for her comments. There are not many people, if any, in this House of Representatives that know more about health care than the gentleman from Connecticut (Mrs. JOHNSON) and I appreciate her comments.

It is typical, is it not, when we talk about preventive care that today's dollars are not taken into the consideration, the ultimate savings over the long haul?

WE MUST PREPARE TODAY'S
YOUTH FOR TOMORROW'S ECONOMY

The SPEAKER pro tempore (Mr. ISAKSON). Under a previous order of the House, the gentleman from New Jersey (Mr. HOLT) is recognized for 5 minutes.

Mr. HOLT. Mr. Speaker, last week, Microsoft's Bill Gates and other leaders of the high-tech industry came to Washington and they came to tell us, among other things, that we need to do a better job of preparing today's youth for tomorrow's jobs.

Bill Gates is not alone. I hear the same message everywhere I go in my

district from CEOs of pharmaceutical companies in Hunterdon County, New Jersey, to managers of local restaurants in West Long Branch.

We literally cannot afford to wait to help our schools recruit, retain, and train qualified teachers. We cannot postpone work any longer in making sure Federal aid provides more flexibility conditioned on more accountability for results. Now is the time to work in partnership with our communities to ensure that we have a school infrastructure that we need for the 21st century.

The number of school children is growing at a record-setting pace. More than 52 million students are in school today, an all-time high. In my home State of New Jersey, we are experiencing very rapid growth. That is why New Jersey communities need assistance to help pay for the bricks and mortar required to have the smaller class sizes so our kids can learn and compete with students throughout the world.

Last week, I joined with other freshmen Democrats in writing a letter to our Speaker asking that we bring willing school construction legislation to the floor of this House for a vote. We look forward to his answer. And even more, we look forward to legislative action.

We are investing billions in new prisons. We are investing billions of dollars into our military installations. But should we not also be voting on providing the resources to help our communities build schools, as well? I think so, and so do the families of Central New Jersey.

Together with my colleague, the gentleman from North Carolina (Mr. ETHERIDGE), I am working to help New Jersey towns afford modernized and new schools by providing tax credits to the holders of school construction bonds, in effect paying the interest on those bonds.

Under this bill, the local entity will still be responsible for paying the principal. The interest-free capital will leverage the amount of money available to meet the need to modernize our educational infrastructure in fast-growing communities, as we have in Central New Jersey. But "infrastructure" does not just mean classrooms, desks, and chalk boards. It means technology.

One of the areas I am most concerned about is technology education. It is changing our lives. Today, with the touch of a key, we can send billions of dollars of capital around the globe, where the cars we drive have more computing power than the Apollo spacecraft. There are no unskilled jobs. Even entry-level jobs demand basic computer knowledge.

Yet there is a move underway here in Congress designed to rob hundreds of thousands of Americans from developing the computer skills they need to compete in an increasingly competitive technological world. The e-rate, the popular program that provides dis-

count telecommunications and Internet technologies to elementary and secondary schools and libraries, may fall victim to politics. We simply cannot allow this to happen.

Telecommunications and computer technology are effective in helping students master complex skills that the business community sees as critical for the future workforce. According to a recent study, students who actively use the Internet for classroom projects submit more ambitious and more complete projects. Other studies are also showing that on-line resources boost student interest and student motivation. Students are learning more and in greater depth because they have access to resources beyond their classroom, resources that are more current than their textbooks and sometimes more knowledgeable than even their teachers. However, we need teachers who can teach these subjects.

A recent survey published by the Department of Education tells us that only 20 percent of teachers feel qualified to use the technology that is available to them now. That is why I have joined my colleagues the gentleman from New Jersey (Mr. ROTHMAN) and the gentlewoman from New Jersey (Mrs. ROUKEMA) in cosponsoring legislation to help teachers teach technology education.

Teachers deserve to be treated like the professionals that they are so they can continue to grow in their profession. We need to ensure that they are receiving the training they need to perform the miracles we ask of them. Of all the important jobs in our society, nothing makes more of an impact on our children than a well-trained, caring, and dedicated teacher and no job is ultimately more important to our society.

Across the Nation, recruiting and retraining high-quality teachers is becoming a major concern. Topping our list should be better targeted and more effective professional development programs. It is time we encourage partnerships with other school districts, universities, labor unions, and the business communities.

My colleagues, Mr. DAVIS and Mr. ROEMER, who will be speaking with us shortly, have introduced legislation to give grants to colleges and universities to help them train these professionals as a second career. This is patterned on the very successful "Troops to Teachers" programs, and I recommend strongly that we support this legislation.

TIME IS UP FOR MEXICO TO RETURN ACCUSED KILLER

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. MILLER) is recognized for 5 minutes.

Mr. MILLER of Florida. Mr. Speaker, I rise today to update the House on a situation of grave concern to me and to the constituents in my district.

It has been 19 months since 13-year-old Stevie Bellush came home from school to find her mother's body on the kitchen floor.

Sheila Bellush, a young, vibrant 35-year-old and mother of six, had been shot in the face and her throat had been slashed. Her 2-year-old quadruplets were crawling in her blood next to her body. At that moment, it would have seemed inconceivable that the drama had only begun as the case turned into a national nightmare for our Sarasota community.

An overwhelming trail of evidence immediately led to Jose Luis Del Toro, who allegedly killed Sheila in a murder-for-hire scheme. Del Toro fled to Mexico, where he was arrested on November 20, 1997, 19 months ago, and he remains in Mexican prison.

Del Toro is a U.S. citizen born and raised in Texas. His parents are U.S. citizens. Mr. Del Toro is accused of driving from San Antonio, Texas, to Sarasota, Florida, to commit a murder, driving back to San Antonio, and then crossing the Mexican border to escape justice in this country. He had entered Mexico illegally and he was scheduled for deportation 2 days after his arrest in November of 1997. At the last hour, as border patrol agents in Texas were awaiting Del Toro's arrival at the border to take him into custody, Sarasota State attorney, Earl Moreland, received a phone call from officials at the Department of Justice who informed him that Del Toro's deportation had been canceled and that the United States will have to file a formal extradition request.

□ 1815

No reason was given for this change. Then the Department of Justice delivered a startling and dismal message. The State Attorney's office would have to waive the death penalty in order to obtain Del Toro's return. It was a difficult decision, but Mexican demands were agreed to in the hope that Del Toro would at least return to Florida to serve a life sentence. Nineteen months later, he has still not returned.

Tomorrow morning, the gentleman from Florida (Mr. MICA) will hold a hearing on this case in the Subcommittee on Criminal Justice, Drug Policy and Human Resources of the Committee on Government Reform. This hearing is another important step in keeping the pressure on Mexico to return fugitives like Del Toro to the United States. Pressure needs to be applied not only to Mexico but to the administration as well to renegotiate our extradition treaty with Mexico to prevent other U.S. fugitives from escaping justice by merely walking across the border. Mexico should not be a haven for murderers. This is a case where a U.S. citizen was murdered, the accused is a U.S. citizen, Mexico has nothing to do with the case, and Del Toro should be promptly returned to this country so justice can be served. I greatly appreciate the gentleman from Florida having this hearing tomorrow.