

the wrong way to approach a short term economic stimulus bill. It is not temporary, and instead of addressing the needs of laid off workers, the Republican bill is a give away to the wealthiest Americans and corporations. Even Treasury Secretary O'Neill has said the bill is misguided. The country would be much better served by considering the comprehensive aviation security bill I introduced with other Democrats on the Transportation and Infrastructure Committee. This should have been one of our top priorities in the days after September 11, but six weeks later we have not seen floor action.

There are numerous problems with the Republican bill, but I am particularly troubled by a provision that will allow multi-national corporations to avoid paying U.S. taxes by taking profits out of this country. How does this stimulate our economy? Some of the business provisions in this bill are retroactive all the way back to 1986. In addition, the Republicans provide no immediate federal support for unemployment insurance or health care benefits for laid off workers, but instead make benefits dependent on later actions by the states. We need to get money directly to middle and low-income workers to get that money back into the economy.

Mr. Speaker, I urge my colleagues to reject this outrageous Republican bill, and then let us move quickly to consider aviation security legislation. We have already waited far too long.

**CONFERENCE REPORT ON H.R. 2217,
DEPARTMENT OF THE INTERIOR
AND RELATED AGENCIES APPROPRIATIONS ACT, 2001**

SPEECH OF

HON. JERROLD NADLER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 17, 2001

Mr. NADLER. Mr. Speaker, I rise in support of the Interior Appropriations bill. It is far from perfect, but it is thankfully free of the most objectionable provisions we have seen the last several years.

I want to take special note of the modest increase once again granted to the National Endowment for the Arts, Challenge America Grant. This is a very important program that helps bring the arts to areas of this country that have traditionally been under-served. I'm happy to see this vital program continuing to be supported.

At the same time, however, I can't help but be disappointed that the other activities of the NEA will continue to receive flat funding. After years of contentious debate, I suppose we could be thankful that at least it's not a cut. But in reality, it is a cut. Level funding means that the resources that the NEA needs to do its job get stretched thinner year after year.

I appreciate the hard work of the appropriators, but I hope that in the future we can work to increase the NEA's budget to a level that would enable it to fulfill its core mission of nurturing work that would not, on its own, receive popular support. At times, this may mean supporting forms of expression that we ourselves may not agree with. But that is one way we promote a free society.

A true National Endowment for the Arts would play a vital role in nursing back to

health the devastated arts community of New York in the wake of the September 11th attacks. Broadway may be rebounding, but the performance artists and the small art galleries, who have no marketing campaign behind them, are suffering. A fully funded NEA could be the key to restoring this once thriving arts community and drive the economic recovery of New York. But unless we make a commitment to dramatically increase its budget, it will not have the ability to lead these efforts.

However, the arts are not just an economic engine. They also provide the emotional and spiritual lift that we have all needed this past month. In the wake of the attacks, music halls around the country were packed. A crying nation flocked to the theater to laugh again. People went to dance concerts and museums for a sense of community and emotional release. In times of crisis, the arts can provide comfort in a frightening world.

I salute the appropriators for supporting Challenge America. But I caution, if we do not support the other vital elements of the NEA, the flourishing arts communities we have turned to in recent weeks will surely whither away.

**TRIBUTE TO DONNA LARGESS
O'CONNOR**

HON. JAMES P. McGOVERN

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 30, 2001

Mr. McGOVERN. Mr. Speaker, I rise today to honor Donna Largess O'Connor. Her political commitment to the ideals of the Democratic Party, as well as her contributions to civic and charitable causes deserves commendation and respect.

A life long resident of Shrewsbury, Mrs. O'Connor graduated from Shrewsbury High School, Memorial Hospital School of Nursing, and Worcester State College. She has been employed since 1973 at the Memorial Campus of UMass Memorial Medical Center, currently as Unit Manager of the Neonatal Intensive Care Unit.

While contributing to the care of newborns, Mrs. O'Connor also played a special role in the town. She was elected to the board of selectmen, serving as Chair, Vice Chair and Clerk during her twelve-year tenure. She was a Board member of the Massachusetts Municipal Association; the Massachusetts Selectman's Association, Women Elected to Municipal Office, and the Worcester County Selectman's Association. Additionally, she served as Chair of the Coolidge School Renovation Project, the Town of Shrewsbury Growth Study Committee, and the Worcester County Advisory Board. Currently, she is a member of the Town of Shrewsbury Finance Committee, Town Meeting Member, and a member of the National Association of Neonatal Nurses.

Somewhat, Mrs. O'Connor found time for political volunteering as well. She served as the Co-Chair with her cousin Linda Parmakian for the Committee to Elect Congressman Jim McGovern, member of the Shrewsbury Democratic Town Committee, and delegate to many Democratic State Conventions. A tireless campaigner, Mrs. O'Connor works hard to secure an election.

However, despite her involvement with her community, her priority has always been her

family. Mrs. O'Connor has been a familiar sight on the playing fields of Shrewsbury. She and her husband John have three sons, John, Kevin, and Brian.

It is a pleasure to present the 2001 Eleanor Roosevelt Humanitarian Award to a woman whose devotion to community and family exemplifies the values of Eleanor Roosevelt.

INTRODUCING MEDICARE CHRONIC CARE IMPROVEMENT ACT OF 2001

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 30, 2001

Mr. STARK. Mr. Speaker, today I join with several colleagues to introduce the Medicare Chronic Care Improvement Act of 2001. This comprehensive piece of legislation would update and improve the Medicare healthcare delivery system to better meet the needs of people with serious and disabling chronic health conditions.

Individuals with chronic illnesses represent the highest-cost, fastest-growing sector in healthcare, accounting for 90% of morbidity, 80% of deaths, and over 75% of national direct medical expenditures. For a person who is seriously disabled by their chronic condition, annual medical expenditures can be nearly 15 times that of a healthy person. Furthermore approximately 100 million Americans have chronic conditions and this number is expected to increase to 157 million—or half the population—by 2020.

Although chronic conditions are America's number one healthcare problem, we have a healthcare system that is designed around acute care needs. A recent IOM report, Crossing the Quality Chasm, appropriately concludes, "chronic conditions should serve as a starting point for the restructuring of health care delivery because chronic conditions are now the leading cause of illness, disability, and death in the United States, affecting almost half of the population and accounting for the majority of health care resources used."

This statement is particularly true with respect to Medicare beneficiaries—about 80% of those aged 65 and older have one chronic condition and two thirds have two or more. For women, the numbers are even higher—90% have one or more chronic diseases.

Chronic illnesses are physical and mental conditions that are persistent, recurring, and can range from mild to severely disabling. Some have acute periods that require hospitalization, while others can be successfully managed to prevent costly hospitalizations. Conditions like arthritis, depression, and hypertension are particularly common among older Americans. Others, such as schizophrenia and multiple sclerosis, can lead to profound impairment and disability in Americans under 65.

We cannot deliver 21st century healthcare with a system that was designed a half-century ago, before angioplasty or bypass surgery for heart disease and before L-dopa for Parkinson's disease. Medical discoveries like these have transformed many illnesses from rapidly disabling conditions to chronic conditions that people live with for a long time. But the healthcare system that works for devastating heart attack does not work for chronic

illnesses, which benefit from a completely different group of services.

For example, Medicare data show that people with chronic conditions see eight different physicians on average. Yet Medicare does not compensate physicians for time spent communicating with each other around complex patient needs, monitoring for harmful drug interactions, or teaching patients and caregivers how to better manage their conditions. As a result, these crucial care coordination services are rarely provided.

To effectively meet the needs of individuals with chronic conditions, our healthcare system must reward care coordination as well as prevention and health promotion. We must promote early diagnosis, interdisciplinary care, and counseling and education for patients and their caregivers. Furthermore, we must develop more effective national policies on chronic condition care by studying chronic condition trends, including utilization, quality, and costs of services for patients with chronic conditions.

The medical discoveries of the 20th century have dramatically prolonged the life expectancy of persons with all types of chronic conditions. In the 21st century, our challenge is to reduce the progression of disability and improve the functional status and quality of life of persons with chronic illness.

The Medicare Chronic Care Improvement Act of 2001 strives to achieve these goals by:

Improving access to preventive and wellness services for Medicare beneficiaries;

Covering assessment and care coordination services for Medicare beneficiaries with serious and disabling chronic conditions;

Refining fee-for-service payments for physician and post-acute services and M+C risk adjustment methodologies to more accurately account for the costs of chronic illnesses and disabilities;

Studying chronic condition trends and costs to serve as the basis for improved Medicare policies on chronic care; and

Commissioning an Institute of Medicine study to identify barriers and facilitators to effective chronic illness care, with a report and recommendations to Congress.

For more detail, I am also entering a section-by-section bill summary into the CONGRESSIONAL RECORD following this statement.

This legislation has been endorsed by a variety of health organizations representing consumers and providers:

Chronic Care Coalition: American Association of Homes and Services for the Aging; American Geriatrics Society, Catholic Health Association of the United States, Elderplan Social HMO, National Chronic Care Consortium, National Council on the Aging, National Family Caregivers Association.

National Depressive and Manic-Depressive Association.

Association for Ambulatory Behavioral Healthcare.

American Lung Association.

American Academy of Neurology.

United Seniors Health Cooperative.

American Neurological Association.

Let us not forget—Medicare is the major source of health coverage for seniors with chronic conditions. As Congress considers modernization strategies, we must take action to protect Medicare and ensure that its benefit, financing and oversight structures are able to better meet the needs of persons with chronic

conditions. I urge my colleagues to join me in taking a major step forward in improving the quality of care for Medicare beneficiaries with chronic health conditions.

MEDICARE CHRONIC CARE IMPROVEMENT ACT OF 2001

TITLE I—EXPANSION OF BENEFITS TO PREVENT, DELAY, AND MINIMIZE THE PROGRESSION OF CHRONIC CONDITIONS

Improve access to preventive services

Eliminate deductibles and co-insurance for Medicare covered preventive services.

Streamline process of approving preventive benefits by directing the Secretary of Health and Human Services to contract with the Institute of Medicine (IOM) to investigate and recommend new preventive benefits every 3 years. Grant the Secretary the authority to implement these recommendations, and fast-track the recommendations through Congress if the Secretary chooses not to act upon this authority.

Expand access to health promotion services

Establish demonstration projects to promote disease self-management.

Implement a Medicare health education and risk appraisal program no later than 18 months after a series of demonstration projects conclude.

Expand coverage for care coordination and assessment services

Create a new benefit that covers assessment, care coordination, counseling, and education assistance for individuals with serious and disabling chronic conditions. Services could be provided by health care professionals, including physicians, social workers, and nurses. Examples of items and services to be covered include: initial and periodic health screening and assessments; management and referral for medical and other health services; medication management; and patient and family caregiver education and counseling.

TITLE II—ESTABLISH PAYMENT INCENTIVES FOR FURNISHING QUALITY SERVICES TO INDIVIDUALS WITH SERIOUS AND DISABLING CHRONIC CONDITIONS

Improve Medicare financing methods

Direct the Secretary to refine Medicare prospective payment systems for skilled nursing facility (SNF), home health, therapy, partial hospitalization, end stage renal dialysis (ESRD), and outpatient hospital services and refine resource-based relative value scale (RBRVS) payment methods for physicians to ensure appropriate payment for serving individuals with serious and disabling chronic conditions.

Direct the Secretary to refine Medicare+Choice risk adjustment methodology to provide adequate payment for plans with specialized programs for frail elderly and at-risk beneficiaries.

Until the refined risk adjustment methodology is implemented, direct the Secretary to continue current payment methodologies for existing specialized programs for frail elderly and at-risk beneficiaries.

Create a demonstration program to provide additional payments to Medicare+Choice plans that provide a specialized program of care for beneficiaries with serious and disabling chronic conditions. These plans must exclusively serve such beneficiaries or serve a disproportionate share of such beneficiaries. The demonstration program would expire one year after the refined risk adjustment methodology is implemented.

TITLE III—STUDY AND REPORT ON EFFECTIVE CHRONIC CONDITION CARE

Evaluate Medicare policies regarding chronic condition care

Direct the Secretary to study chronic condition trends and associated service utilization, cumulative costs, and quality indicators in Medicare.

Direct the Secretary to report the study results to Congress every 3 years. The report must include recommendations on improving care for Medicare beneficiaries with chronic conditions, reducing chronic conditions, and reducing related medical expenses.

Identify improvements in Medicare to ensure effective chronic condition care

Direct the Secretary to contract with the IOM to investigate and identify barriers and facilitators to effective care for Medicare beneficiaries with chronic conditions, including inconsistent clinical, financial, or administrative requirements across care settings. The IOM's report must include recommendations to improve access to effective care.

Definitions

“Chronic condition” means one or more physical or mental conditions which are likely to last for an unspecified period of time, or for the duration of an individual's life, for which there is no known cure, and which may affect an individual's ability to carry out basic activities of daily living (ADLs), instrumental activities of daily living (IADLs), or both.

“Serious and disabling chronic condition(s)” means the individual has one or more physical or mental conditions and has been certified by a licensed health care practitioner within the preceding 12 months as having a level of disability such that the individual for at least 90 days, is unable to perform at least 2 ADLs or a number of IADLs or other measure indicating an equivalent level of disability or requiring substantial supervision due to severe cognitive impairment.

THE IMPORTANCE OF ROYALTIES—A SONGWRITER'S PERSPECTIVE

HON. JOHN CONYERS, JR.

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 30, 2001

Mr. CONYERS. Mr. Speaker, today I am inserting into the RECORD a letter to me from Mr. Lamont Dozier, a fellow Detroiter who rose to the top of his profession as an award-winning songwriter, artist, and producer. In fact, Mr. Dozier has been so successful that his career has lasted for more than four decades, including a stint as a songwriter for Motown Records with the team of Holland-Dozier-Holland.

That success, however, did not come easily. Most people usually think of the singer or group who performed the song, not the songwriter or composer who wrote it. We easily remember the Supremes and Phil Collins when we hear “Baby Love,” “Stop in the Name of Love,” or “Two Hearts.” But if we look closely at the liner notes on the albums for those songs, we see songwriting credits for none other than Lamont Dozier. The Supremes and Phil Collins could never have had those hits had it not been for Mr. Dozier and his creativity. In fact, through his artistic genius, we can understand the notion (to use the words of Frances W. Preston, President and CEO of Broadcast Music, Inc.) that “it all starts with a song.”

In his letter, Mr. Dozier explains the importance of copyrights, royalties, and performance rights organizations. The Copyright Act