

provided appropriate resources dedicated to specific goals. They show VA's ability to organize and develop programs and provide treatment for vexing health problems. In essence, these new National Medical Preparedness Centers would study those illnesses and injuries likely to come from terrorist attacks with weapons of mass destruction, or from another national environmental or biological emergency with similar risks.

As we have seen since the anthrax incidents occurred, in many instances we possess no real protection, few treatments and only rudimentary methods of detection or diagnosis—this situation is simply unacceptable, Mr. Speaker. We need to make a major effort, and provide funding to accomplish it, such as we have done in many other cases. Whether in putting a man on the moon 32 years ago, or in combating polio closer to home, it is incumbent upon this Congress to encourage and fund solutions—in this case, to prepare the Nation to prevent or respond to the new and very real threats from terrorist use of chemical, biological and radiological poisons.

Mr. Speaker, this is a time for all of us to think hard about what has happened to us, and what we need to do about it. The President has taken the right action by deploying our military forces in search of justice overseas. We need to help him with the right solutions here at home. These centers that our legislation would authorize are the right way to proceed in this important work. Please join with us in supporting our initiative to authorize four new National Medical Preparedness Centers, working within the Department of Veterans Affairs, but working for us all.

TRIBUTE TO RILEY'S

HON. IKE SKELTON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 8, 2001

Mr. SKELTON. Mr. Speaker, let me take this means to congratulate Riley's Irish Pub, of Lexington, Missouri, for being recognized in a recent issue of *American Profile*. Riley's has played an instrumental role in revitalizing the heritage of my hometown, keeping downtown alive with activity seven days a week.

Mr. Speaker, Riley's Irish Pub is a fine restaurant and an asset to Lexington. My friends, Shirley Childs and Katherine VanAmburg, the owners of Riley's, are doing a terrific job. I know that Members of the House will join me in wishing them all the best in the days ahead.

INTRODUCTION OF THE MEDICARE+CHOICE CONSUMER PROTECTION ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 8, 2001

Mr. STARK. Mr. Speaker, I rise with a group of colleagues to introduce the Medicare+Choice Consumer Protection Act of 2001. Congress should enact this bill immediately to ensure overdue protections for Medicare+Choice enrollees who are seeing increasing costs, decreasing benefits, and fewer

options to obtain affordable supplemental coverage for Medicare.

The Medicare+Choice program is an option that many seniors appreciate and it is an option that should remain viable in Medicare. Unfortunately, the problem of plan pullouts, benefit reductions, and cost increases, will never be solved by continuing to pour more money into HMOs. Even if their demands for ever higher payments are met, they will change yearly—just as our benefits do in the Federal Employee Health Benefits Program. This is because—unlike the rest of Medicare—these plans are private companies that make annual changes to their benefit offerings based on costs and other business decisions. The bottom line is that they are in business to make money. That's understandable, but it undermines program stability, and confuses beneficiaries.

The bill I am introducing today, along with a group of colleagues including Reps. GEPHARDT, RANGEL, DINGELL, WAXMAN, BROWN, KLECZKA, CARDIN, THURMAN and TIERNEY, will help senior citizens and other beneficiaries deal with the everchanging world of Medicare+Choice.

It doesn't heap any new money on the HMO industry.

Instead, it extends important consumer protection standards to Medicare beneficiaries who find themselves in a plan that no longer meets their needs. There are three major components to the bill:

(1) Eliminate the Medicare+Choice lock-in scheduled to begin going into effect in January 2002.

(2) Extend the existing Medigap protections that apply to people whose Medicare+Choice plan withdraws from the program to anyone whose Medicare+Choice plan changes benefits or whose doctor or hospital leaves the plan.

(3) Prohibit Medicare+Choice plans from charging higher cost-sharing for a service than Medicare charges in the fee-for-service program. This provision is crafted to continue to allow reasonable flat-dollar copayments.

The bill is endorsed by a host of senior and consumer advocacy organizations including: the National Committee to Preserve Social Security and Medicare, Alliance for Retired Americans, National Council on the Aging, Families USA, The Medicare Rights Center, California Congress of Seniors, and California Health Advocates. They've endorsed it because the three components are each important consumer protection improvements for beneficiaries in Medicare+Choice plans.

Eliminating the lock-in means that no one will be forced to stay in a health plan that doesn't meet their needs. When seniors get marketing material from an HMO and choose to join, they don't know what illnesses will befall them or what injuries may occur. If they picked a plan that suddenly doesn't meet their specific needs, they need to be able to get out. The lock-in prohibits that flexibility. Especially with the volatility of the Medicare+Choice marketplace over the past several years, it is important that seniors know that if they test an HMO and don't like it, they'll be able to leave and choose a Medicare option that better suits them. This is a provision that is agreed upon and strongly supported by both consumer advocates and the managed care industry.

Under current law, if your Medicare+Choice plan leaves your community or withdraws from

Medicare all together, you can move into a select category of Medigap plans (A, B, C and F) without any individual health underwriting. This protection is obviously important because it makes more affordable Medigap options available to people who through no fault of their own can no longer remain members of the Medicare+Choice plan in which they had been enrolled.

Unfortunately, these protections do not extend to seniors whose plans make drastic changes, but stop short of completely withdrawing from the program. Many Medicare beneficiaries are getting letters from their HMOs describing changes to their plan for next year that are so dramatic that the plan no longer meets their financial needs, health needs—or both.

In my district, PacifiCare is pulling out of some parts of the county, but remaining in others. In the areas where they remain, they have instituted a new \$400 hospital deductible for each covered admission (up from \$100 last year), a new \$50 copayment for dialysis where there had been none, and increased Medicare-covered inpatient injectable medication cost-sharing from \$30 to \$250 or the full cost of the drug, whichever is less. By any standard, these are dramatic increases. HealthNet, which also serves my district, will now have a hospital deductible of \$750, and they have dropped all coverage of prescription drugs, while more than doubling their premium from \$30 to \$85 a month.

These changes may well affect the ability of current enrollees to afford to continue in the plan—and certainly could impact their ability to get needed care. It is very likely that a Medigap supplemental policy might make better sense for these beneficiaries. Therefore, it is critical to extend the current Medigap protections for when a plan terminates Medicare participation to participants of plans that have made changes to their benefits like those described above.

Those same protections need to apply if a patient's doctor or hospital discontinues participation in the Medicare+Choice plan as well. There have never been any lock-in provisions for providers that require that they continue with a Medicare+Choice plan for the full contract year. Again, it is beyond a patient's control if their doctor or hospital withdraws from their HMO. They need to have the option to follow that doctor—and that likely means being able to join a Medigap supplemental plan and return to traditional fee-for-service Medicare.

The third provision of the bill may be the most important. I am truly shocked by the level of gamesmanship going on with the cost-sharing proposals being put forth by many HMOs in their Medicare+Choice plan outlines this year. I believe that the Secretary has the latitude in current law to prohibit many of these schemes from being put in place—and I encourage him to make ample use of that power. But, I think we need a change in law that makes it perfectly clear that Medicare+Choice plans cannot charge patients more for a service than the patient would face under the Medicare fee-for-service program.

Medicare+Choice guarantees beneficiaries the same benefits they get from Medicare—plus more. If a Medicare HMO is charging \$50 for dialysis services that a patient needs to stay alive and those same costs would be approximately \$23 in fee-for-service Medicare, that is not meeting Medicare's level of benefit

coverage. I can't understand why we would want to allow that. If Medicare covers home health care with no cost-sharing, why should we allow Medicare+Choice plans to diminish the value of that benefit by charging cost-sharing? The same is true with durable medical equipment, and the list goes on and on.

On top of being unfair, the ability to charge higher cost-sharing for services like DME, home health, and dialysis perpetuates the cherry picking and risk avoidance that is well-documented in the Medicare HMO program. It has the obvious unfair consequence of allowing Medicare+Choice plans to avoid patients that know they will need those services. Patients with specific health needs read the benefit package carefully to see what is covered before they enroll. They won't even apply for the plan if their needed services are too costly or not covered at all. That keeps the Medicare+Choice plans from enrolling costly patients. They've already won at delaying risk adjustment which would help solve that problem. We shouldn't let them begin to use cost-sharing as another mechanism to avoid risk.

These are common sense protections that would help beneficiaries feel more confident about their choices. Proponents of the Medicare+Choice program should support enactment of this legislation because it will reduce the uncertainty and fear factor that makes beneficiaries understandably skeptical about the Medicare+Choice program in the first place.

The bottom line is that the Medicare+Choice Consumer Protection Act is a simple, incremental bill that will help protect Medicare beneficiaries who choose to enroll in a Medicare+Choice option. We've made this option available to seniors, and I think it is our responsibility to assure that they don't lose other options in Medicare because they've taken us up on the offer. I urge all of my colleagues to join us in enacting this small, but important bill this year.

THE INJUSTICE THAT BEFELL THE UKRAINIAN PEOPLE

HON. MICHAEL R. McNULTY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 8, 2001

Mr. McNULTY. Mr. Speaker, I condemn the horrible injustice that befell the Ukrainian people 68 years ago. Approximately seven million Ukrainians fell victim to the famine inflicted by the Soviet government to extinguish the Ukrainian struggle for freedom. The 1932–1933 famine was a premeditated effort to exterminate the national consciousness of the Ukrainian peasantry in order to stop their continuous resistance to Leninist/Stalinist ideals.

The causes of the famine had nothing to do with the harvest. Production of grain during those years remained at the usual levels. The government confiscated the grain in order to export it to gain money for industrialization in the former Soviet Union. Such was Stalin's undeclared war against the Ukrainians' right to independence and freedom. Many Ukrainians died heroically to preserve their right to live in a free and independent state. But their deaths were not in vain—the fight for Ukrainian freedom continued on and on August 24, 1991 Ukraine finally declared its independence from the Soviet Union.

The Ukrainian people have been fighting for their independence since the 16th century. With the arrival of the Marxist/Leninist ideas at the end of World War 1, their struggle continued and intensified because of the farm collectivization efforts. Stalin's government could not frighten or punish Ukrainians enough to make them give up their land and desert their ideal of freedom and nation-statehood. Instead, his government made a decision to exterminate the sense of nation among the Ukrainian people and as a result, Stalin's government murdered a large portion of the population. Almost a quarter of all Ukrainians died in those dreadful years.

These abhorrent events were hidden from the public for the duration of the Soviet rule. Now it is our duty to bring them to the attention of the world in order to remind us all of the benefits of democracy and horrors that an oppressive government can perpetrate on its people. At this time of war, when the United States and the world battle terrorism, we once again were reminded that it is impossible for us to tolerate any oppressive regime. In the end, America came under fire because America is the beacon of democracy and freedom.

We, together with the Ukrainian American community, will commemorate the abhorrent acts of Stalin against the Ukrainian nation on November 17, 2001 in St. Patrick's Cathedral in New York. We will remember the victims of the cowardly terrorist attacks that took place in New York, Pennsylvania, and Washington on September 11, 2001. We will mourn together the losses of our two countries and come together to celebrate the spirit of freedom that will undoubtedly persevere.

68TH ANNIVERSARY OF THE UKRAINIAN FAMINE OF 1932 TO 1933

HON. SANDER M. LEVIN

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 8, 2001

Mr. LEVIN. Mr. Speaker, I rise today to commemorate the 68th anniversary of the Ukrainian Famine of 1932 to 1933, which took the lives of at least seven million Ukrainians.

It is too little known that 68 years ago leaders of the former Soviet Union deliberately employed the ruthless policies of forced collectivization and grain seizures to suppress and politically neutralize the Ukrainian people. The Soviets hoped to crush the nationalist spirit of Ukraine and replace it with a politically homogeneous Russian realm.

Historians have named this the "harvest of sorrow." Harvests in the early 1930s yielded solid crops but the Soviets imposed such harsh levies on the crops that villages were often left with nothing. The situation worsened when border checkpoints were established to prevent starving Ukrainians from entering Russia, and to prevent any food from being brought into Ukraine.

More than seven million people were cruelly starved to death because of these repressive measures. Survivors spoke of eating weeds and the bark of trees to survive and of Red Army soldiers confiscating food and livestock from the people. Eyewitnesses reported the depopulation of entire villages.

Even today the Ukrainian population has not yet fully recovered. For decades after these

events, the deaths were covered up and this man-made atrocity denied by the government of the former Soviet Union. Today we remember.

As Ukraine celebrates its 10th year of independence this year, public recognition of the famine is vitally important. A national commemorative service will be held on Saturday, November 17, 2001, at St. Patrick's Cathedral in New York.

We must remember and do everything we can to prevent similar tragedies from happening again.

RECOGNIZING THE SERVICE OF MARK BROXMEYER

HON. ERIC CANTOR

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 8, 2001

Mr. CANTOR. Mr. Speaker, I rise today to recognize the remarkable service of Mark Broxmeyer. On Monday, November 12, 2001, Mr. Broxmeyer will be honored at the Holocaust Memorial and the Educational Center of Nassau County's 9th Annual Tribute Dinner. He will receive the distinguished "Community Service Award."

I have had the pleasure of working with Mark through his role as Chairman of the Jewish Institute for National Security Affairs (JINSA). Mark has worked tirelessly to provide timely, critical information to the Administration, Congress and the media on the national security of the United States and the important role of Israel in bolstering democracy in the Middle East. Israel is unique in the Middle East because it shares our values of democracy and freedom. Mark has been a vocal advocate of standing with our allies against terrorists, remaining strong in our resolve to work together to defeat them.

However, Mark's service is not limited by his dedication to defense and security issues. He continues his global service on the Board of Directors of the United Nations Economic Development Corporation and works tirelessly for national causes including being named "Man of the Year" by the United Cerebral Palsy Association. Yet service begins at home and he serves the health and well-being of his community through his work as a trustee of the North Shore Long Island Jewish Health System Foundation. He is also a member of the Board of Hofstra University.

Mr. Speaker, Mark Broxmeyer understands the importance of community service. The Holocaust Memorial and Educational Center of Nassau County have chosen well in recognizing Mark. He has dedicated himself to reaching out to the global, national and local communities, truly making a difference. I hope you will join me in congratulating Mark on this remarkable achievement and in wishing him well as he continues his good work.

THE INTRODUCTION OF THE GIVE FANS A CHANCE ACT OF 2001

HON. EARL BLUMENAUER

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 8, 2001

Mr. BLUMENAUER. Mr. Speaker, This week, Major League Baseball owners voted to