

EXTENSIONS OF REMARKS

CONGRATULATING SAMMY SOSA OF CHICAGO CUBS FOR HITTING 500 MAJOR LEAGUE HOME RUNS

SPEECH OF

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, June 2, 2003

Mr. RANGEL. Mr. Speaker, I rise in support of H. Res. 195, a resolution to congratulate Sammy Sosa of the Chicago Cubs for hitting 500 major league home runs.

There is no doubt that Mr. Sosa's exploits on the baseball diamond will one day earn him a place in Major League Baseball's Hall of Fame in Cooperstown, NY. There is no doubt that his drive and talent make him a role model to scores of American children who one day hope to stare down a fastball in the batter's box of any ballpark.

However, it is his spirit, energy and commitment off the field that has earned him a place in the hearts of citizens all over the world, including those in his native Dominican Republic. Just a couple of weeks after he and Mark McGwire shattered baseball's single season homerun record in 1998, he traveled to the DR to help rebuild the country after it was devastated by Hurricane Gorges. He continues to offer his time and money to provide children with the opportunities that poverty denied him, allowing them to dream that they too can rise above their economic circumstances and reach their potential.

Those in my district, which includes the proud Dominican community of Washington Heights, know that Sammy Sosa isn't the first Dominican to achieve success in the Big Leagues. He follows in the footsteps of trailblazers like Felipe Alou, Joaquin Andujar, George Bell, Rico Carty, Tony Fernandez, Pedro Guerrero, Juan Marichal, and Jose Rijo. He, as well as contemporaries like Pedro Martinez, Manny Ramirez and Alex Rodriguez, remind others of how necessary it is to use fame and fortune to help others.

A CONGRESSIONAL TRIBUTE TO AUDREY FERGUSON, 2002-2003 TEACHER OF THE YEAR

HON. WM. LACY CLAY

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 4, 2003

Mr. CLAY. Mr. Speaker, I rise to pay tribute to Ms. Audrey Ferguson, a teacher at the Laclede Elementary School in the St. Louis Public School system and winner of the 2002-2003 Teacher of the Year Award.

Ms. Ferguson is the first teacher from the St. Louis Public Schools to win Missouri's Teacher of the Year Award since its inception 50 years ago. Ms. Ferguson has been teaching for 32 years and has held her current post at Laclede Elementary School for 26 years.

Also, it should be noted that this year Laclede Elementary School received the distinction of being named a Gold Star School, making it one of the top 15 elementary schools in the state of Missouri. So you see, success at the school is more than personal, it is systemic.

Ms. Ferguson's major subject area is mathematics, in grades 1-5. Also, she is certified to teach English and social studies and has certifications for teaching students with learning disabilities, students who are mentally handicapped and students with behavior disorders.

When Ms. Ferguson was 9 years old she was sent to a reading clinic to assist her with her difficulty in reading. In four years she transformed herself from a non-reading student into one who was well on her way to becoming an honor roll student. She chose to follow in the footsteps of the teachers in the reading clinic and became an educator in order to do for others what they had done for her.

In her own words, "Teachers have been given the awesome responsibility of preparing the Nation's leaders of tomorrow. Teachers must know that they are the gatekeepers of opportunity for millions of children. "We have the power to open doors that lead to great futures and we have the power to cut off access to the pathways that lead to the top," she said.

Ms. Ferguson has received numerous awards—the "Parent of the Year Award" from INROADS, St. Louis in 1994; she is listed in the Marquis' Who's Who of American Women, 21st Edition; and was also among the "100 Women Children's Advocate for 2001" produced by the Annie Malone Children's Home.

In December of 1981, she published a method of mathematical instruction in the NCTM Arithmetic Teacher's Journal called the "Stored Ten" method. Laclede teachers have used her method for many years since.

In addition to her work for the school, Ms. Ferguson has been an involved member of the community. She served as president for the INROADS PSG for one year as well as a membership chairperson for several years; volunteers annually for the United Negro College Fund Walk; and worked on community partnerships such as the "Laclede Book Buddy Program," the "Laclede Parent Partners Program," the "Laclede Parent Day Trip Program," and the "Laclede Community/School Garden Project."

Clearly, Ms. Ferguson has acted with great determination in uniting school and community.

Also, Ms. Ferguson has been involved in many workshops and conferences aimed at improving the quality of education, including but not limited to: The Successful Schools Information and Planning Meetings, the MAP Math Training Meetings and the NCTM Conference and the Title I Conference.

As evidence of her unrelenting pursuit of education, she recently received District Recognition for improving Math MAP Scores.

From her beginnings as a student in need of extra help to her current status as a devoted life-long educator, Ms. Ferguson has earned the Teacher of the Year Award through hard work and determination.

Mr. Speaker, please join me in congratulating Ms. Audrey Ferguson and thanking her for her devotion to the children of the St. Louis Public school system and the children of America.

TRIBUTE TO THE CERES, CALIFORNIA CHAPTER OF FUTURE FARMERS OF AMERICA

HON. DENNIS A. CARDOZA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 4, 2003

Mr. CARDOZA. Mr. Speaker, I rise to honor Ceres High School Future Farmers of America as they celebrate their 75th anniversary. The Ceres, California Chapter of Future Farmers of America was chartered into the California Future Farmers of America Association in the 1928. It was the 28th Chapter chartered in the State of California.

After the Chapter became chartered, they became very competitive at local, state and national levels in various competitions winning several and holding titles such as Master Champion throughout their 75 years.

Mr. Speaker, it is with great honor that I stand before my colleagues today to pay tribute to the Ceres High School Future Farmers of America and to their current as well as past members. They have served our community well and are a tremendous asset to Ceres High School. They are our future in agriculture and are very deserving of this recognition.

HONORING MARVIN DAVIES

HON. JIM DAVIS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 4, 2003

Mr. DAVIS of Florida. Mr. Speaker, I rise in honor of Marvin Davies, a longtime civil rights leader in Florida who recently lost his life to cancer.

Davies began his battle for equality at an early age. By the time he was a college student at Florida Agricultural and Mechanical University, Davies was participating in protests with Dr. Martin Luther King Jr. and boycotts in Tallahassee, St. Augustine and Montgomery, Alabama. Chosen as Student of the Year, he graduated from FAMU ranked second in his class.

At age 32, Davies was offered the position of Field Secretary for Florida's NAACP. He served Florida's 138 NAACP branches for seven years and became a leader in the fight for equal opportunities for all Americans in employment, schools, hospitals and all other public places.

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

Later, Davies served as a special assistant and advisor to Senator BOB GRAHAM during his terms as Florida Governor and U.S. Senator, and worked as the state coordinator of the Martin Luther King, Jr. Foundation. Throughout his entire career, Davies was a public voice for minorities and improving the lives of young people in minority communities.

However, the people of St. Petersburg will remember him best for his work in our community. In 1968, Davies returned to St. Petersburg in support of city sanitation workers who were on strike for better wages and benefits. He served on the Coalition of African-American Leadership, created following the St. Petersburg city riots in 1996, as well as the Citizens Advisory Commission, appointed by the Clinton Administration to oversee the federal assistance to the city after the civil unrest.

On behalf of the Tampa Bay area, I extend my deepest sympathies to Marvin Davies's family and friends. His life work will never be forgotten.

INTRODUCTION OF THE MEDICARE CHRONIC CARE IMPROVEMENT ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 4, 2003

Mr. STARK. Mr. Speaker, today I join with several colleagues to introduce the Medicare Chronic Care Improvement Act of 2003. This legislation would strengthen Medicare in the truest sense, by improving the quality of care delivered to Medicare beneficiaries. The bill would make these improvements without forcing beneficiaries to leave the traditional Medicare program and join private insurance plans, and without restricting beneficiaries' choice of doctor, hospital, or other health care provider.

Medicare beneficiaries have significant chronic care needs. Nearly 90 percent of those aged 65 and older have one chronic condition and two thirds have two or more chronic conditions. Beneficiaries with five or more chronic conditions comprise 20 percent of the Medicare population, but they account for an astonishing 66 percent of program spending. On average, Medicare beneficiaries with chronic conditions see eight different physicians regularly.

Unfortunately, Medicare—like the rest of our health care system—is designed around acute care needs. We generally do not adequately compensate providers for on-going care such as the 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.

President Bush and some of my Republican colleagues would have us believe that we can solve this problem by forcing seniors into private insurance plans. Simply put, that claim is ridiculous. The need for chronic care improvements is just as pervasive among private insurers and the rest of the health care system as it is in Medicare. That is why the National Academy of Social Insurance (NASI) Study Panel on Medicare and Chronic Care in the 21st Century concluded earlier this year that, "Medicare has the potential to refocus its

Medicare program—as well as the nation's health care system—and should take a leading role in improving chronic care."

The Medicare Chronic Care Improvement Act would follow through on that expert recommendation. This bill provides the Medicare improvements that seniors and people with disabilities need by: Improving access to preventive and wellness services; expanding coverage for care coordination and assessment services for Medicare beneficiaries with chronic conditions; implementing a chronic care Quality Improvement Program; providing federal matching grants for clinical information technology systems that improve the coordination and quality of chronic care; ensuring that Medicare beneficiaries are not inappropriately denied coverage for services that are necessary to maintain health or functional status; commissioning an Institute of Medicine study and report on additional ways to ensure effective chronic care.

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

The Medicare Chronic Care Improvement Act is supported by a variety of health organizations representing consumers and providers, including the Alzheimer's Association, the American Geriatrics Society, the Center for Medicare Advocacy, Families USA, the Medicare Rights Center, and the National Chronic Care Consortium.

The Medicare Chronic Care Improvement Act enjoys wide support because it strengthens Medicare for all beneficiaries, whether they are in traditional Medicare or private plans that contract with Medicare. Unlike the President's Medicare "reform" plan or plans being developing by Congressional Republicans, the Medicare Chronic Care Improve Act would never force elderly and disabled Americans to give up traditional Medicare in order to get crucial benefits. They will never be forced to choose between the doctors they know and trust and the coverage they need. Those are not real choices and will not improve the quality of care beneficiaries receive.

I urge my colleagues to support real Medicare reform by cosponsoring the Medicare Chronic Care Improvement Act.

MEDICARE CHRONIC CARE IMPROVEMENT ACT OF 2003

Representative Stark and Senator Rockefeller

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

Improve Access to Preventive Services: Eliminate all cost-sharing (deductibles and co-insurance) for preventive services that Medicare covers today; Direct the Secretary of Health and Human Services (HHS) to contract with the Institute of Medicine (IOM) to investigate and recommend new Medicare preventive benefits every three years; Streamline Medicare benefit improvements by granting the Secretary the authority to expand Medicare coverage of preventive benefits in accordance with IOM recommendations; Provide coverage for a "Welcome to Medicare" initial preventive exam, in which beneficiaries would receive initial preventive screening tests, a physical exam, and discuss prevention and health promotion with their doctors.

Expand Coverage for Care Coordination and Assessment Services: Create a new care coordination benefit for Medicare beneficiaries with chronic conditions; Examples

of items and services to be covered include: initial and periodic health assessments; management and referral for medical and other health services; medication management; patient and family caregiver education and counseling; 24-hour access to care coordinators; management of transitions across care settings; information and referral to community-based services and hospice care; other services and benefits specified by the Secretary; Beneficiaries eligible for these benefits include those with either a serious and disabling chronic condition or four or more chronic conditions; Care coordinators (including physicians, physician group practices, or other health care professionals or entities) must be periodically certified and must agree to participate in a quality improvement program.

Implement Chronic Care Quality Improvement Program: Direct the Secretary of HHS to establish a program to monitor and improve clinical outcomes for beneficiaries with chronic conditions. Under this program, the Secretary will establish performance measures, collect data, and provide performance reports to care coordinators and beneficiaries.

Improve Medicare+Choice for Beneficiaries with Chronic Conditions: Require Medicare+Choice plans to provide care coordination services and implement chronic care quality improvement programs.

Improve Chronic Care Coordination through Information Technology: Establish federal matching grants to support clinical information technology systems development, implementation, and training among Medicare-participating care coordinators.

Ensure Proper Medicare Coverage Standards: Direct the Secretary of HHS to review all Medicare coverage policies. The Secretary must ensure that Medicare contractors properly apply the Medicare statute and not demand a showing of improvement to find that items or services are reasonable and necessary.

TITLE II—INSTITUTE OF MEDICINE STUDY ON EFFECTIVE CHRONIC CONDITION CARE

Recommend Medicare Improvements to Ensure Effective Care for Beneficiaries with Chronic Conditions: 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 report must include recommendations to improve the provision of effective care, including seamless transitions across health care settings.

Definitions: "Chronic condition" means an illness, functional limitation, or cognitive impairment that is expected to last at least one year, limits what a person can do, and requires on-going medical care; "Serious and disabling chronic condition(s)" means the individual has at least one chronic condition 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.