

\$43 billion in Federal assistance. That's an average amount of over \$1900 per taxpayer. At \$4 a gallon, an average EITC check can now pay for 32 trips to the gas station to fill your tank.

In my district, over 38,000 taxpayers received \$64 million through the EITC. But because one-quarter of those eligible to receive EITC don't claim it, there are also nearly 13,000 of my constituents who should receive EITC but don't and they're losing out on \$25 million in benefits.

Nationally, there are 7 million Americans who are eligible to receive this benefit but don't. This amounts to a loss of \$14 billion to eligible working Americans.

American families are struggling to get by. The cost of gas, food, education, and health care are skyrocketing. How can we stand by and let the American people leave \$14 billion on the table?

A Republican Governor working with a Democratic legislature has given us a model for addressing this problem. Last year, Governor Arnold Schwarzenegger signed into law Assembly Bill 650, the Earned Income Tax Credit Information Act. The bill was simple and straightforward. The law requires that California employers notify employees of their potential eligibility for the EITC when they send employees their W-2 forms.

Employers are uniquely positioned to help because they are already providing their employees with their W-2 forms that tell them their earnings for this year. This law simply piggy-backs on that requirement to help employees understand that they may be eligible to receive the EITC.

Our legislation takes the California law and expands it to the rest of the country. Under our bill, employees throughout the country who earn enough to be eligible for the EITC will receive a notice from their employer with their W-2 form telling them about the program and how to learn more about it. Small businesses will not be affected by the bill and the proposal won't cost American taxpayers one single dime. It's a common sense way to ensure families who need it most get the benefits they deserve.

I am hopeful that this legislation will be unnecessary. Today, Sen. SCHUMER and I will send a letter asking the Administration to accomplish this goal by executive order. Secretary Paulson is a supporter of EITC and I'm hopeful that he will build on his role during the economic stimulus debate and embrace this common-sense, fiscally responsible approach to providing hardworking Americans with additional fiscal relief.

Finally, Wal-Mart, the Nation's largest employer, and the SEIU, one of the Nation's leading labor unions, are supporting the bill. They understand the importance of the EITC to their workers and members. In addition, the bill is supported by the Center on Budget and Policy Priorities, Citizens for Tax Justice, the Leadership Conference on Civil Rights, Corporate Voices for Working Families, the College and University Professional Association of Human Resources, TJ Maxx, Kindred Healthcare, and Cintas.

INTRODUCTION OF THE VETERANS REVENUE ENHANCEMENT ACT OF 2008, H.R. 6366

HON. STEVE BUYER

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 25, 2008

Mr. BUYER. Madam Speaker, I am introducing the Veterans Revenue Enhancement Act of 2008, which would direct the Secretary of Veterans Affairs to establish today not more than seven consolidated patient accounting centers.

The concept of the Consolidated Patient Accounting Center, also known as CPAC, was included as a demonstration project in the Conference Report, House Report 109-95 and Conference Report 109-305, in 2005 accompanying H.R. 2528, requiring the Department of Veterans Affairs, VA, to initiate a revenue improvement demonstration project within 60 days after enactment of the bill, Public Law 109-114. The VA followed the recommendations in the report, and created the Mid-Atlantic Consolidated Patient Accounting Center demonstration project located in Asheville, North Carolina.

A recent GAO report reiterates previous findings that third party billing and collection processes at the Department continue to be ineffective and limit the revenue received by VA from third party insurance companies. Hundreds of millions of dollars continue to go uncollected, dollars that could be used to further improve the quality and quantity of veterans' health care.

With the establishment by VA of the Mid-Atlantic Consolidated Patient Accounting Center in Asheville, North Carolina, the collection of third party revenues has improved significantly at the medical centers in VISN 6. By implementing best practices, a standardized revenue cycle for business processes and training of personnel, the majority of the GAO report recommendations on maximizing third party revenue collections have been met.

The demonstration project has proven to be very successful in enhancing the revenue of the department by more than \$12.5 million in increased collections in FY 2007 and \$6.5 million so far in FY 2008 to an overall \$19 million total. Building on this success, my legislation would permit the VA to continue this successful venture at the Mid-Atlantic project in Asheville, North Carolina, and direct the Secretary to establish an additional six centers throughout the country in the next five years.

I urge my colleagues to support the Veterans Revenue Enhancement Act of 2008.

INTRODUCING THE HEALTHY TRANSITION ACT OF 2008

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 25, 2008

Mr. STARK. Madam Speaker, I rise to introduce legislation aimed at addressing the unique needs of young people with serious mental illness as they transition from adolescence into adulthood. Senator GORDON SMITH and Senator CHRIS DODD are introducing identical legislation in the Senate. We have an ob-

ligation to provide appropriate and effective mental health treatment and supports to young adults so that they can transition to healthy and successful adults.

Young adults suffering from mental illness fall through the cracks far too often. Senator SMITH and I requested that the Government Accountability Office, GAO, examine this issue. The GAO recently issued their report and the findings should disturb us all. At least 2.4 million young adults age 18-26 suffer from serious mental illness. Another 9.3 million have mild or moderate mental illness. Currently, there is no specific federal program aimed at these youth. Instead, we are left with a fragmented and ad hoc system that does not meet their unique needs. Not surprisingly, many of these youth are adrift without services, support, or guidance. They have lower education and employment rates than their peers and they are more likely to end up in jail or homeless. For youth who are aging out of foster care with no family supports the situation is particularly dire. One recent study found that these youth suffer from post traumatic stress disorder at rates similar to Iraq War veterans.

The GAO has clearly laid out the problem. But it is not enough to simply describe the current situation and become angry. Our outrage must lead to action. This legislation aims to change the tragic and unnecessary status quo and bring real support to millions of young people.

Some States are making strides to connect young adults with mental illness to systems that can assist them. The GAO documented 4 states—Maryland, Connecticut, Massachusetts, and Mississippi—that are doing good work in this area. My home State of California is using dedicated mental health funding to specifically target adolescents and young adults with mental illness. I am pleased that states are undertaking this important work, but the Federal Government should and must play a role. There needs to be improved coordination among the many Federal agencies that provide services to these youth. Most critically, there needs to be Federal support and assistance to states committed to doing the right thing and creating innovative approaches to serve these youth. The Healthy Transition Act will do just that.

This bill builds on the successful Partnership for Youth in Transition Demonstration Program. It will provide grant funding to states to develop statewide coordination plans to assist adolescents and young adults with serious mental health disorders to acquire the skills and resources they need to make a healthy transition into adulthood. The state must specifically plan for youth who are in the juvenile justice system, the child welfare system, and those who have an education plan under the Individuals with Disabilities Education Act. The bill will also provide grant funding for states to successfully implement their plans and create sustainability and comprehensive systems of care. Finally, the legislation will create a Committee of Federal Partners. The Committee will include representatives from all agencies that serve young adults as well as representatives from consumer and family advocacy organizations. The Federal Partners will evaluate the programs, provide technical assistance, and report to Congress on the progress being made.

As a Nation, our children are our greatest and most precious resource. We should measure ourselves by how well we equip them to succeed and lead healthy and fulfilling lives. For young people with mental health disorders, we have an obligation to provide the supports and resources they need to make a healthy transition. This bill is a crucial step toward fulfilling that obligation.

MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT OF 2008

SPEECH OF

HON. MICHELE BACHMANN

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 24, 2008

Mrs. BACHMANN. Mr. Speaker, I must reluctantly rise in opposition to H.R. 6331, the Medicare Improvements for Patients and Providers Act. While I applaud the House for taking under consideration a bill to address the impending cut to Medicare physician reimbursement payments, H.R. 6331 contains provisions that would rob America's seniors of crucial health care access in the form of funding cuts to Medicare Advantage.

Indeed, H.R. 6331 contains a provision that would reverse the scheduled 10.6 percent payment cut set to take effect on July 1, 2008, a provision I have supported in the past. That being said, the bill also contains deep cuts to Medicare Advantage plans, which millions of seniors depend on to serve their broad health care needs. These cuts, totaling nearly \$50 billion, would place the burden of leadership's failed Medicare reform policies directly on the backs of America's seniors.

To be sure, Medicare Advantage is popular choice for seniors across the Nation. With nearly 10 million Medicare beneficiaries currently enrolled in Medicare Advantage plans, up nearly 60 percent since 2004, it is clear that America's seniors are seeing the benefits of the competition-driven plans. These plans offer greater choice, lower out-of-pocket costs, and expanded service to America's seniors who seek value and quality in their health care coverage.

Specifically, H.R. 6331 would target those beneficiaries who have chosen Private Fee-for-Service, PFFS, plans through Medicare Advantage by requiring PFFS plans to establish costly provider networks if they wish to continue to operate in areas that already have two or more networked plans. This requirement would apply to 96 percent of all counties in the United States, and, according to the nonpartisan Congressional Budget Office, CBO, disrupt PFFS plans for more than 2 million seniors by 2013. In my State of Minnesota, each of the nearly 73,000 individual Medicare Advantage PFFS plans would be in jeopardy.

Furthermore, it is unfortunate that rather than considering a bill that will remedy the problem at hand, Democrat leadership chose to bring a bill to the floor that has been given a veto threat from the President. Both providers and patients deserve a bill that can be seriously considered for signature into law. This is not a topic on which we should play political games.

Mr. Speaker, America's physicians need Congress to prevent a devastating cut to their

Medicare reimbursement payments. However, the burden of the solution should not be placed on the shoulders of America's seniors, gambling with access to the health coverage on which they rely.

A PROCLAMATION HONORING 190TH ANNIVERSARY OF THE SCROGGSFIELD UNITED PRESBYTERIAN CHURCH

HON. ZACHARY T. SPACE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 25, 2008

Mr. SPACE. Madam Speaker:

Whereas, the dedicated people of Scroggsfield United Presbyterian Church celebrate their 190th anniversary; and

Whereas, Scroggsfield United Presbyterian Church was founded in 1818 under the leadership of Rev. Elijah Newton Scroggs; and

Whereas, Scroggsfield United Presbyterian Church still opens its doors for weekly services today; now, therefore, be it

Resolved that along with the residents of the 18th Congressional District, I commend the congregation of Scroggsfield United Presbyterian Church for their unwavering commitment, dedication and contributions to their community.

MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT OF 2008

SPEECH OF

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 24, 2008

Mr. PAUL. Mr. Speaker, Congress is once again forsaking an opportunity to begin addressing Medicare's long-term fiscal problems. Instead, the legislation before us today, while not without its merits, exacerbates the problems facing Medicare by giving new authority to the Center for Medicare and Medicaid Services (CMS), even though CMS's excessive power is a major reason why so many physicians and patients are dissatisfied with the current Medicare system.

One clear indicator of the lack of seriousness with which this issue is being treated is the fact that this bill is coming before us on suspension, a procedure generally used for noncontroversial legislation, such as bills naming Post Offices. This significant Medicare legislation will receive only 40 minutes of debate, and members will have no opportunity to offer amendments.

I certainly recognize the need to make adjustments in physicians' payments. Many physicians are already losing money treating Medicare patients, thanks to CMS's low reimbursements and the cost of having to comply with CMS's numerous rules and regulations. Unless Congress acts, many physicians will simply refuse to see Medicare patients. I think we all agree that driving physicians out of the Medicare program is not the proper way to reform the system.

Therefore, if H.R. 6331 only contained the provisions dealing with the physicians' rate

cut, I would vote for it. However, H.R. 6331 further endangers Medicare's fiscal situation by giving almost \$20 billion in new funds to CMS, and giving CMS new regulatory authority.

Instead of simply pretending we can delay the day of reckoning by giving CMS more money and power, we should be looking for ways to shore up Medicare by making cuts in other, lower priority programs, using those savings to ensure the short-term fiscal stability of Federal entitlement programs while transitioning to a more stable means of providing health care for senior citizens. I have been outspoken on the areas I believe should be subject to deep cuts in order to finance serious entitlement reform that protects those relying on these programs. I will not go into detail on these cuts, although I will observe that today the House Committee on Financial Services is planning to authorize billions of new foreign aid spending, perhaps some of those billions might be better spent reforming the Medicare system.

Congress should also reform the Medicare system by providing Medicare patients more control over their health care than is available under either traditional Medicare or the Medicare Advantage program.

Mr. Speaker, H.R. 6331 may provide some short-term benefit to Medicare providers, however, it does so by further jeopardizing the long-term fiscal soundness of the Medicare program. Thus, passage of this bill will ultimately damage the very Medicare providers and patients the bill aims to help.

A TRIBUTE TO JAMES ARTHUR JOHNSON

HON. ROBERT A. BRADY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 25, 2008

Mr. BRADY of Pennsylvania. Madam Speaker, I rise to honor a man who exemplified the ideal husband, father, and human being to all whose lives he touched. James Arthur Johnson was born and raised in Philadelphia, where he lived his entire life. He graduated from Bok Vocational High School and went on to the Marine Corps, where he honorably served our country.

After serving in the Marine Corps, Officer Johnson continued his life's work in public service with the United States Post Office, followed by an appointment to the All Philadelphia Police Department in September 1957. As a police officer, his detail included the Highway Patrol, 19th Police District, and Narcotics Unit. During his career in the Philadelphia Police Department, Officer Johnson earned the respect of all who knew him. His strong moral fiber, wise counsel, fatherly ways made him a pleasure to encounter.

In 1971, Officer Johnson suffered an injury in the line of duty. Yet, he continued to serve our city from within the Mayor's Office of Information and Complaints. With 23 years of service on the Police Force under his belt, Officer Johnson retired in 1980. He then went on to become the housing site manager for the Philadelphia Housing Authority until he retired in 1990. Even though Officer Johnson entered his second round of retirement, he never gave up his cherished role as a public servant. He