

THE SAN DIEGO SUPERCOMPUTER  
CENTER

**HON. RANDY "DUKE" CUNNINGHAM**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 7, 1995*

Mr. CUNNINGHAM. Mr. Speaker, I would like to enter into the permanent RECORD of the Congress of the United States the following brief outlining the work of the San Diego Supercomputer Center. This summary, based largely on a "Site Report" article by Mr. Peter Taylor, printed in the fall 1994 issue of the periodical "Computational Science and Engineering," is intended to inform my colleagues and other interested citizens of the work of this center in my community.

The San Diego Supercomputer Center (SDSC), one of four supercomputer centers sponsored by the National Science Foundation (NSF), is both a national resource and a tribute to the scientific ingenuity of the people of San Diego County.

SDSC's mission is to advance scientific research through computation, serve as a national focal point of development in key enabling high-performance computational technologies, and enhance American economic competitiveness. With a staff of 100 scientists, software developers, and researcher support personnel, the center serves more than 4,850 researchers from 355 institutions and 52 industrial partners.

In operation since 1986, SDSC is administered by General Atomics and is closely affiliated with the University of California, San Diego. It receives policy guidance from a consortium of 27 leading universities and institutions. Major funding for the SDSC includes grants from the NSC, the State of California, and the University of California.

The center is involved in advanced scientific research, including the fields of macromolecular structure and biomedical computation. It participates in the development of new technologies, such as the simulation of global environmental change, applied computer network research, and operating systems development. Furthermore, it's close ties with the university and the community foster educational and outreach programs, including undergraduate and post-graduate research, curriculum development, and demonstrations for students in grades K-12.

The SDSC's new MetaCenter collaboration with other NSF centers also gives scientific researchers access, through a single portal, to the country's best available technologies and intellectual resources.

IN MEMORY OF REPRESENTATIVE  
ROY TAYLOR

**HON. CHARLES H. TAYLOR**

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 7, 1995*

Mr. TAYLOR of North Carolina. Mr. Speaker, last week, western North Carolina lost a great statesman and a friend. Former Congressman Roy Taylor who served the constituents of North Carolina's 11th District for 16 years died March 2, after years of declining health.

During his tenure on Capitol Hill, Congressman Taylor championed the conservation of natural resource and was known for his ex-

haustive work on behalf of the people of our district. Those who were here tell of his commitment to 12-hour days and 6-day work-weeks.

Roy Taylor was born, January 31, 1910, in Vader, WA, but his parents moved to western North Carolina not long after he was born. He attended the public schools in Buncombe County, spent 2 years at Asheville-Biltmore College, and then graduated from Maryville College in Tennessee in 1931.

Mr. Taylor began a career as a school-teacher in 1931 at Black Mountain High School and the next year married Evelyn Reeves of Leicaster. While teaching, Taylor began studying law and in 1936 graduated from Asheville University Law School. Upon passing the bar that same year, he quit his teaching job and began to practice law in Asheville.

In 1943, Taylor left his law practice to serve in combat with the U.S. Navy. Upon fulfilling his duty to the Nation, he was discharged as a lieutenant in 1946.

After returning to western North Carolina, Taylor began his political career as a member of the North Carolina General Assembly from 1947 to 1949. He then served as Buncombe County attorney from 1949 to 1960. During this time, he also served as a member of the board of trustees of Asheville-Biltmore College.

In 1960, Taylor was elected as a Democrat to the 86th Congress, during a special election to fill the vacancy created by the death of Representative David Hall. Taylor was re-elected to the eight succeeding Congresses and retired in 1976. Taylor served 10 of those years as chairman of the House Interior Committee's Subcommittee on National Parks and Recreation.

After public service, Congressman Taylor dedicated his time to the church and his community. He was district governor of Lions Clubs in western North Carolina. He also served as a deacon and Sunday school superintendent of Black Mountain First Baptist Church.

Taylor is survived by his wife, Evelyn; daughter, Toni Robinson of Plymouth; son, Alan Taylor of Bent Creek; granddaughter, Stacy Taylor; grandsons, Marshall and Gregg Robinson; sister, Alberta Greene of Enka; great-grandchildren, Katherine Taylor Robinson and Charlotte Whitfield Robinson.

PATIENTS BEWARE: SELF-SERV-  
ING PHYSICIANS URGE REPEAL  
OF PHYSICIAN SELF-REFERRAL  
LAWS

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 7, 1995*

Mr. STARK. Mr. Speaker, the following list of physician self-referral studies highlights the urgent need to uphold self-referral laws. Greedy physicians, interested more in personal gain than in their patient's welfare, have mounted an effort to repeal these laws.

Physician self-referral is one of the most significant cost drivers in American medicine. According to some experts, billions of dollars are wasted each year on referrals motivated by physicians' financial gains and not strictly

by their patients' medical needs. The following studies represent just some of the evidence that demonstrates when physicians are in a self-referring situation, they order more tests and charge more money for services than non-self-referring physicians. The evidence is convincing—patients need protection.

[From the Department of Health and Human Services]

SELF-REFERRAL STUDIES

A. Financial Arrangements Between Physicians and Health Care Businesses: Office of Inspector General—OAI-12-88-01410 (May 1989)

In 1989, the Office of Inspector General (OIG) issued a study on physician ownership and compensation from entities to which they make referrals. The study found that patients of referring physicians who own or invest in independent clinical laboratories received 45 percent more clinical laboratory services than all Medicare patients in general, regardless of place of service. OIG also concluded that patients of physicians known to be owners or investors in independent physiological laboratories use 13 percent more physiological testing services than all Medicare patients in general. Finally, while OIG found significant variation on a State by State basis, OIG concluded that patients of physicians known to be owners or investors in durable medical equipment (DME) suppliers use no more DME service than all Medicare patients in general.

B. Physicians Responses to Financial Incentives—Evidence from a For-Profit Ambulatory Care Center; Hemenway D, Killen A, Cashman SB, Parks CL, Bicknell WJ: New England Journal of Medicine, 1990:322:1059-1063

Health Stop, a chain of for-profit ambulatory care centers, changed its compensation system from a flat hourly wage to a system where doctors could earn bonuses that varied depending upon the gross income they generated individually. A comparison of the practice patterns of fifteen doctors before and after the change revealed that the physicians increased the number of laboratory tests performed per patient visit by 23 percent and the number of x-ray films per visit by 16 percent. The total charges per month, adjusted for inflation, grew 20 percent, largely due to an increase in the number of patient visits per month. The authors concluded that substantial monetary incentives based on individual performance may induce a group of physicians to increase the intensity of their practice, even though not all of them benefit from the incentives.

C. Frequency and Costs of Diagnostic Imaging in Office Practice—A Comparison of Self-Referring and Radiologist-Referring Physicians; Hillman BJ, Joseph CA, Mabry MR, Sunshine JH, Kennedy SD, Noehter M. New England Journal of Medicine, 1990:322:1604-1608

This study compared the frequency and costs of the use diagnostic imaging for four clinical presentations (acute upper respiratory symptoms, pregnancy, low back pain, or (in men) difficulty in urinating) as performed by physicians who used imaging equipment in their offices (self-referring) and as ordered by physicians who always referred patients to radiologists (radiologist-referring). The authors concluded that self-referring physicians use imaging examinations at least four times more often than radiologist-referring physicians and that charges are usually higher when the imaging is done by the self-referring physicians. Those differences could not be attributed to differences in the mix of patients, the specialties of the physicians or the complexity of