

choose between traditional fee-for-service Medicare and managed care Medicare programs without risk of penalty. It does so by guaranteeing access to Medigap supplemental insurance for seniors who choose to enroll in fee-for-service Medicare after participating in a Medicare managed care plan.

Congress is currently debating fundamental changes to the Medicare system. The Republican plan to reform Medicare would strongly encourage Medicare beneficiaries to enroll in managed care plans. Nationwide, approximately 13 percent of the Medicare population have enrolled in managed care options. I support providing freedom of choice for senior citizens, but the choice must be real and not coerced. As more senior citizens enroll in managed care plans, we need to ensure that they can reenroll in Medicare without losing benefits or paying a financial penalty.

Under current law, Medicare beneficiaries can enroll in either a managed care product or traditional Medicare Program. Many enrollees in traditional Medicare choose to purchase supplemental insurance policies, called medigap to cover the cost of copayments, deductibles, and other uncovered benefits such as prescription drugs. When Medicare beneficiaries make this initial choice, current law protects them by requiring all insurers to sell medigap insurance. Regrettably, this consumer protection is not provided after this initial enrollment period.

H.R. 3374 would require guaranteed issue of medigap policies for those senior citizens who choose to enroll in traditional Medicare after leaving a managed care Medicare Program. This bill would require any issuer of medigap insurance to provide an annual enrollment period of 30 days for those Medicare beneficiaries that reenroll in the traditional Medicare Program. The Secretary of Health and Human Services would issue regulations to enforce this act. The bill would become effective 90 days after enactment.

Without this protection, senior citizens do not have real choice. In addition, many senior citizens are not aware of this lack of protection and may enroll in managed care plans without knowledge of this problem. A constituent of mine, Ms. Nona Phillips of Pasadena, contacted me when she had difficulty obtaining medigap insurance after switching back to fee-for-service Medicare from an HMO. Consumers should be able to choose plans without financial coercion or penalties, such as lack of medigap insurance. For many senior citizens, medigap benefits are extremely important because traditional Medicare does not provide prescription drug coverage. I want to ensure that Medicare beneficiaries make a choice between equal options. It also provides greater freedom and choice for seniors without forcing them to cover the costs of higher copayments, deductibles, and prescription drugs.

This is another incremental health care reform we can pass immediately that should be supported on a bipartisan basis. President Clinton has endorsed this provision as part of his 1997 budget. We need to pass common sense, reasonable legislation, H.R. 3374, that will improve the Medicare Program so senior citizens are protected and have real choice. I urge my colleagues to join me in this effort to strengthen consumer protections for Medicare beneficiaries.

## IN CELEBRATION OF EMANUEL DAY

HON. GARY L. ACKERMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 1, 1996*

Mr. ACKERMAN. Mr. Speaker, I rise today to join with my colleagues and the members of Temple Emanuel of Great Neck, as they gather on May 5, 1996, in Temple Emanuel to celebrate Emanuel Day, the end of a 10-year effort that has served to beautify the synagogue, and enhance it as an ongoing source of inspiration to its congregants and the Great Neck community. Conceived by Rabbi Robert Widom, spiritual leader of Temple Israel, the project evolved into the design of six stained glass windows for the synagogue's sanctuary, a new ark and eternal light. The initial project, under the direction of Rabbi Widom, undertook a search that would last for 10 years until the appropriate artist was selected and the creative plans were developed.

An extensive search by the rabbi and the congregation's refurbishing committee yielded Paul Winthrop Wood, a Canadian born artist, who comes from a family of renowned architects and builders. Mr. Wood brought to Temple Emanuel an innate understanding of the Old Testament and the many creative and imaginative themes that flow from it. It was his early upbringing by his mother that endowed him with a rich blend of talent and insight that would be brought to fruition by the many religious building challenges he undertook.

A native of Port Washington, Mr. Wood continues the family tradition of building and design. He began his early studies in the Art Studies League and the National Academy of Design. Soon thereafter, he founded his own school, and began a career that would include the design and construction of more than 100 churches and synagogues throughout the United States and 30 houses of worship on Long Island.

In rising to the challenge of bringing to the synagogue and sense of love, understanding, and compassion, Mr. Wood succeeded grandly. It is with great pride and love that the trustees of Temple Emanuel of Great Neck have declared Sunday, May 5, as Emanuel Day. As the hundreds of congregants of Temple Emanuel gather on this day, it is most exciting and reaffirming that in the truest tradition of the American spirit, this beautiful congregation continues to so willingly give of itself, to its members and the community.

## CONGRATULATIONS TO MR. AND MRS. MATTHEWS

HON. EARL F. HILLIARD

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 1, 1996*

Mr. HILLIARD. Mr. Speaker. There has been a great deal of discussion about the importance of family values in America during this session of Congress, and I can offer no better example than of Mr. and Mrs. Matthews of Bessemer, AL.

This Wednesday, May 1, will mark the 50th wedding anniversary of William and Margaret Matthews. By celebrating 50 years of mar-

riage, they are serving as a shining example of what love, commitment, and dedication can do for a loving relationship and for society. I want to offer them my personal best wishes and congratulations on achieving this milestone in their relationship.

## HATS OFF TO THE WOODLAND WAL-MART DISTRIBUTION CENTER

HON. BUD SHUSTER

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 1, 1996*

Mr. SHUSTER. Mr. Speaker, I rise today to pay tribute to the men and women of the Woodland Wal-Mart Distribution Center which is located in my congressional district. The Woodland Center was recently singled out by the Wal-Mart Corp. for its President's Award for Excellence. The President's Award is no small honor as it is only bestowed upon one center per year and its winner is generally recognized across the Nation as the top distribution center of the entire Wal-Mart Corp.

As if this was not enough, the private fleet operation at the Woodland Center also received the President's Award for Excellence in the area of dispatch, centerpoint and shop operations for 1995. These two awards are a testament to the drive and professionalism of the Woodland Center's employees who day in and day out do a first-class job for both their company and their community.

I will close by once again congratulating all the folks at the Woodland Center for a job well done. Your commitment to excellence speaks very well for both Wal-Mart and the people of west central Pennsylvania and it is my honor to represent you. Hats off to the best of the best. Hats off to the Woodland Wal-Mart Distribution Center.

## TO AMEND THE INDIAN HEALTH CARE IMPROVEMENT ACT

HON. DON YOUNG

OF ALASKA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 1, 1996*

Mr. YOUNG of Alaska. Mr. Speaker, I am pleased to introduce a bill to amend the Indian Health Care Improvement Act to extend the demonstration program for direct billing for Medicare, Medicaid, and other third-party payors to September 30, 1998.

Section 405 of the Indian Health Care Improvement Act established a demonstration program to authorize up to four tribally-operated Indian Health Service [IHS] hospitals or clinics to test methods for direct billing for and receipt of payment for health services provided to Medicare- and Medicaid-eligible patients. This program was established to determine whether these collections could be increased through direct involvement of the tribal health provider as compared with the current practice which required such billings and collections to be channeled through the IHS.

Currently, there are four tribal health care providers participating in this demonstration project, the Bristol Bay Area Health Corp. of Dillingham, AK; the Southeast Alaska Regional Health Consortium of Sitka, AK; the