lay the groundwork and principles for legislation in the 105th Congress. Specifically, the legislation calls for health care plans to be written in plain language and to allow patients to consult with the physician of their choice. The bill also limits access to medical records to only those immediately involved in the case, and requires the patient to be fully briefed on their condition as well as the risks and benefits of treatment.

Too much energy is spent on trying to wade through medical plans, finding ways around the bureaucracy and getting medical bills paid. Americans want to receive direct and honest answers from their doctors and then spend their energy on securing treatment and getting well.

SUPPORT WOMEN-OWNED BUSINESSES

HON. NANCY L. JOHNSON

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 12, 1996

Mrs. JOHNSON of Connecticut. Mr. Speaker, small business owners are the backbone of the economic well-being of this country. The financial health of our Nation simply cannot survive without the ingenuity, imagination, and hard work of those who own and operate small businesses.

But did you know that it is the women small business owners who are leading the charge into the 21st century? There are over 7 million women-owned businesses in the United States which employ 15.5 million people nationwide. And these firms contribute over $1 trillion in sales to the economy in every industrial sector.

Women have been able to make such a remarkable contribution to society thanks in part to programs such as the Women's Business Training Centers within the Small Business Administration. This demonstration program has established 54 nonprofit business centers around the country since it first began in 1988. These business centers provide training, counseling, and technical assistance to women hoping to start their own businesses and 60,000 women have benefited from their services.

These business centers have a unique funding structure. Three years after a business center is established, it must become financially self-sufficient. Thirty-five of the business centers are now entirely independent, providing needed assistance without Federal funding.

Currently, the authorization for the Women's Business Training Centers ends in 1997, which is why I have introduced legislation to permanently authorize the program. This legislation will also increase the business centers' funding cycle from 3 to 5 years to ensure that they are well established, and authorizes a funding level of up to $8 million, so that the SBA can establish business centers in the 22 States that currently have no such sites.

I urge my colleagues to join me in support of the Women's Business Training Centers Act of 1996.

THE MEDICAL EDUCATION TRUST FUND ACT OF 1996

HON. KEN BENTSEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 12, 1996

Mr. BENTSEN. Mr. Speaker, I rise to introduce legislation, the Medical Education Trust Fund Act of 1996, to ensure that our Nation continues to invest in the training of medical professionals even as our health care system makes its transition to the increased use of managed care.

This legislation establishes a new trust fund for medical education that would be financed primarily by Medicare managed care plans. This trust fund would provide a guaranteed source of funding for graduate medical education and help ensure that our Nation continues to train enough physicians and other health care providers during this transition to managed care. Without such a guarantee, I am deeply concerned that the availability and quality of medical care in our country would be at risk.

Teaching hospitals have a different mission and caseload than other hospitals. These hospitals are teaching centers where reimbursements for treating patients must pay for the cost not only of patient care, but also for medical education. In the past, teaching hospitals were able to subsidize the cost of medical education through higher reimbursements from private and public health insurance programs. With the introduction of managed care, these subsidies are being reduced and eliminated.

As the representative for the Texas Medical Center, home of two medical schools, Baylor College of Medicine and University of Texas Health Science Center at Houston, I have seen firsthand the invaluable role of medical education in our health care system and the stresses being placed on it today. Baylor College of Medicine offers medical training in 21 medical specialities and currently teaches 668 medical students, 341 graduate students, and 1,325 residents. Baylor College of Medicine also employs 1,470 full-time faculty and 3,007 full-time staff. The University of Texas Medical School at Houston has 833 medical students, 799 accredited residents and fellows, and 1,532 faculty.

Under current law, the Medicare program provides payments to teaching hospitals for medical education. These reimbursements are paid through the Direct Medical Education [DME] and Indirect Medical Education [IME] Programs. DME and IME payments are based upon a formula set by Congress.

Last year, the Republican budget resolution proposed cutting DME and IME payments by $8.6 billion over 7 years. I strongly opposed these efforts and will continue to fight any cuts to these payments. Such cuts would be detrimental enough in a stable health care market. But they are especially harmful given the impact of our changing health care market on medical education.

As more Medicare beneficiaries enroll in managed care plans, payments for medical education are reduced in two ways. First, many managed care patients no longer seek services from teaching hospitals because their plans do not allow it. Second, direct DME and IME payments are cut because the formula for these payments is based on the number of traditional, fee-for-service Medicare patients served at these hospitals.

My legislation would provide new funding for graduate medical education by recapturing a portion of the adjusted average per capita cost [AAPCC] payment given to Medicare managed care plans. These funds would be deposited into a trust fund. I believe managed care plans should contribute toward the cost of medical education and my legislation would ensure this. This is a matter of fairness. All health care consumers, including those in managed care, benefit from this training and should contribute equally toward this goal.

These funds would be deposited into a trust fund at the U.S. Department of the Treasury. All funds would be eligible to earn interest and grow. The Secretary of Health and Human Services would be authorized to transfer funds from the trust fund to teaching hospitals throughout the Nation. The formula for distribution of funds would be determined by a new National Advisory Council on Post-Graduate Medical Education that would be established by this legislation. This legislation would also allow Congress to supplement the trust fund with appropriated funds which the Secretary of Health and Human Services [HHS] would distribute. All of this funding would be in addition to the current Federal programs of direct and indirect medical education. This supplemental funding is necessary to enable medical schools to maintain sufficient enrollment and keep tuition payments reasonable for students.

My legislation would also take an additional portion of the AAPCC payment given to managed care plans and return it to the Secretary of Health and Human Services to spend on the disproportionate share program. Disproportionate share payments are given to those hospitals which serve a large number of uncompensated or charity care patients. Many of our Nation's teaching hospitals are also disproportionate share hospitals. Thus, my legislation would create two new and necessary funding sources for teaching hospitals.

This legislation would also create a National Advisory Council on Post-Graduate Medical Education. This advisory council would advise Congress and the Secretary of Health and Human Service about the future of post-graduate medical education. The council would consist of a variety of health care professionals, including consumer health groups, physicians working at medical schools, and representatives from other advanced medical education programs. The council would also advise Congress on how to allocate these new dedicated funds for medical education. This council will provide Congress with needed information about the current state of medical education and any changes which should be made to improve our medical education system.

Our Nation's medical education programs are the best in the world. Maintaining this excellence requires continued investment by the Federal Government. Our teaching hospitals need and deserve the resources to meet the challenge of our aging population and our changing health care marketplace. This legislation would ensure that our Nation continues to have the health care professionals we need to provide quality health care services to them in the future.

I urge my colleagues to support this effort to provide guaranteed funding for medical education.