REVITALIZING TOURISM AND ENSURING AIRPORT SECURITY

HON. BILL McCOLLUM

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 28, 1996

Mr. McCOLLUM. Mr. Speaker, today I am introducing a bill to revitalize the tourism industry and provide for increased airport security. Appropriately, it is titled the Tourism Revitalization and Airport Security Act of 1996.

This bill would ensure traveler safety by increasing airport security through enhanced bomb detection equipment and additional sniffing dogs. Furthermore, it would require additional background checks on employees in sensitive areas while beefing up performance standards and audits for those employees. This bill would mandate additional FBI involvement through periodic threat and vulnerability assessments at high risk airports. Mr. Speaker, there are additional provisions that are also noteworthy but I would like to specifically point out two innovative technologies included in this bill. One is known as IGRIS, which can determine the molecular structure of concealed objects. This could be handy when someone tries to pass plastic explosives or drugs through normal airport x rays. The second is bomb blast containment technology which would completely contain a blast inside the luggage compartment—or anywhere else for that matter—should an explosive actually make it onto a plane. Both of these merit further consideration.

The second thrust of my bill includes ways to revitalize the tourism industry which is so vital to the country and my district in Florida, the Eighth District and Orlando. Among the provisions in this bill is the creation of a National Tourism Board and Organization, a diversion of President Clinton's 4.3-cent gas tax hike from general revenue to the transportation trust funds where it belongs, a repeal of the unfair and crippling aviation fuel tax, the restoration of the business meal tax deduction, and a reauthorization of the airline ticket tax. Furthermore, this would improve visa programs through extending and reforming the visa waiver pilot program in section 217 of the Immigration and Nationality Act. It would improve visa issuance by increasing staff at busy consular posts in Caracas, Rio de Janeiro, Seoul, Brasilia, São Paulo, and Taipei.

Mr. Speaker, this bill is about jobs. This bill is about the economy. This bill is about airline safety. These are obviously critical for anyone, but especially to Florida and Orlando. I urge further consideration of these measures and lay them before you today.

THE NATIONAL SCHOOL INFRASTRUCTURE ACT

HON. NITA M. LOWEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 28, 1996

Mrs. LOWEY. Mr. Speaker, today, I am introducing the National School Infrastructure Act. I recently conducted a survey of the more than 1,000 public school buildings in New York City. I found seriously overcrowded and deteriorating schools. Unfortunately, the poor physical condition of schools is not New York's problem alone. A GAO report released in June showed that $112 billion nationwide was needed to bring our Nation's schools into decent condition. The GAO found that one-third of all schools across the country required extensive repair or replacement, Rural, suburban, and urban districts all face serious problems.

The National School Infrastructure Act will provide interest subsidies over the next 4 years to help school districts pay for school repair and construction. It is modeled after the President's proposal. This is not an ongoing program but instead a one-time incentive to States and local communities to address the poor physical condition of our schools. The program is fully paid for by auctioning off a specific portion of the broadcast spectrum.

Under by bill, the cost of local borrowing for school construction and rehabilitation would be cut by up to 50 percent, depending upon need. School districts with severe infrastructure needs and/or high concentrations of poverty would be eligible for funds.

Large school districts would apply directly to the Department of Education for the interest rate subsidy. Smaller districts would apply through a designated State authority.

The interest reduction is equivalent to subsidizing $1 out of every $4 in construction and renovation spending. The $5 billion made available by the legislation would result in an estimated $20 billion in State and local construction across the country, over the next 4 years.

I look forward to working with local, State, and Federal officials in the months ahead to further refine the legislation so that it can be enacted in the 105th Congress.

We simply cannot ignore the poor physical condition of our schools any longer. Children cannot learn when their classroom walls are literally falling down. The Federal Government helps to build and maintain our Nation's roads. Now we must fulfill our obligation to our Nation's children and come to the aid of our schools.

INTRODUCTION OF THE PATIENT AND HEALTH CARE PROVIDER PROTECTION ACT

HON. MAJOR R. OWENS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 28, 1996

Mr. OWENS. Mr. Speaker, I rise to introduce a bill that would protect patients and health care providers in hospitals across the country. While Congress is debating the feasibility of universal service, and implementing incremental health-care reform bills to increase portability, the health-care industry is completely re-engineering itself. As a part of the transformation to remain competitive and save money, hospitals are replacing nurses with lesser-trained, lower-paid aides. Recent reports have noted that this de-skilling of America's hospitals has had an adverse and even fatal effect on unsuspecting patients. My proposal, the Patient and Health Care Provider Protection Act would ensure that patients, as well as nurses, aides, and doctors are armed with the adequate weaponry to fight the hazards associated with the restructuring of the health care industry.

When any of my constituents enter a hospital, care may be administered by someone who looks like a licensed nurse, but is called a patient care aide, clinical care partner, patient care assistant, medical technician, patient care technician, or monitor technician. These aides may be charged with checking vital signs, inserting intravenous tubes, drawing blood, inserting catheters, and performing electrocardiograms—procedures usually reserved for licensed nurses. Unfortunately, in too many instances such responsibilities dealing with the direct care of the patient are being undertaken without proper training, and the results are astonishing.

At Allegheny General Hospital, a patient care aide mistakenly hooked up a feeding tube to an opening in a patient's neck that helped him breathe. The liquid nourishment got into the lungs of the 81-year-old patient and he died a few days later. At Presbyterian University Hospital, a ''monitor technician'' failed to notice a patient's accelerated heart rate for 4 to 5 minutes. The patient later died of heart failure. At Rhode Island Hospital, an aide mistakenly filled a syringe with potassium chloride instead of saline to clean out an intravenous line. The potassium chloride killed the 11-month-old infant.

This bill would avoid these catastrophes in three ways: first, the Patient and Health Care Provider Protection Act would ensure that patients are well-informed about who is treating them. Currently hospitals are not required to make pertinent information available to the public. As a result of this bill, hospitals would have to maintain and disclose daily staffing levels to the public. Second, this legislation would ensure that the Department of Health and Human Services issue staffing guidelines that hospitals could use as benchmarks to decide which levels of staffing do not jeopardize patient care. Third, all staff in hospitals would be mandated to wear identification tags with the name and licensed or certified position of the individual. Obscure and deceitful titles such as technical care partner would be unlawful.

Moreover, the Patient and Health Care Provider Protection Act would ensure that the changes that are taking place in the health-care industry are studied on a national level. While massive hospital-restructuring efforts are taking place in such states as California, Massachusetts, Pennsylvania, Texas, Rhode Island, Washington, and in my State of New York, we cannot point to a single comprehensive study that shows whether or not the industry has taken a turn for the better or worse. My bill would assure that national and systematic compilation of pertinent medical data is being undertaken to evaluate reform efforts on a periodic, on-going basis. The public would be privy to all information that is reported.

The Patient and Health Care Provider Protection Act would further create a nongovernmental, independent, nonprofit body to advocate on behalf of health care consumers in each State—the Office of Consumer Advocacy for Health [OCAH]. OCAH would set up a step-by-step process that consumers could easily follow when they have any complaint about the health care services they are receiving. OCAH would assist people who had grievances with their health plans and needed information about available health care services. It would also serve as a screening center for