2912 will correct an injustice by Medicare to prevent coverage for the venipuncture service that is needed.

□ 1530

So, Mr. Speaker, let me again thank the veterans of the Vietnam War and thank the families who gave through their loved ones the ultimate sacrifice. Let us never forget.

And then as we proceed into this legislative agenda year, let us not forget those who need the patient bill of rights who now live with us today in America. Let us assure them of good health care and the rights of physicians and patients to make the decisions about life and death, not about good health care.

And, as well, I ask my colleagues to support H.R. 2912 to correct the injustice of eliminating the venipuncture visitation by home care agencies. Let us support the Venipuncture Fairness Act of 1997.

Mr. Speaker, I submit the following for the RECORD:

Mr. Speaker, I rise this afternoon to urge this Congress to remedy a wrong we perpetrated upon America's home-bound seniors and disabled people when we passed one of the Medicare provisions in the Balanced Budget Act of 1997. As of February 5, 1998—last Thursday—home venipuncture services for individuals who do not receive any other skilled home health services are no longer covered by Medicare. H.R. 2912, the Medicare Venipuncture Fairness Act of 1997, would reinstate Medicare coverage for this vital medical service.

Venipuncture is simply the drawing of blood. Thousands of home-bound individuals rely on this service to ensure that their doctors are able to monitor their medication levels, particularly with the most complicated drugs such as heart medications, blood thinners, and insulin. Section 4615 of the Balanced Budget Act removed venipuncture from the list of prescribed services that qualify a Medicare beneficiary for other home health services. Therefore, unless a patient has been prescribed another skilled service, he or she will no longer be reimbursed for the cost of having blood drawn at home.

There are several problems with this new approach. The reason most of these patients require their blood to be drawn at home is that they are unable to travel to their doctors' offices, either because they are located in a rural area, or because their health is such that leaving home is not feasible or safe. For those patients that are able to leave home, public transportation is often unavailable, and ambulance services to and from the doctor's office may cost up to $250 a trip. For those patients who cannot leave home, their only option may be placement in a nursing home. We are all acutely and unfortunately aware of the exorbitant cost of those facilities.

In addition, this policy change may in fact be unnecessarily increasing the amount spent on skilled home health services. Essentially, we are forcing doctors to prescribe additional, costly services in order to ensure that their patients' medication levels are appropriately adjusted and safe.

I voted for the Balanced Budget Act of 1997. I believe it is important to combat waste and fraud in the Medicare system. However, I have been presented with absolutely no evidence to support the contention that home venipuncture services were a source of either waste or fraud. There are no estimates as to either how much venipuncture services were costing the system before the Balanced Budget Act, or how much this dangerous change will save the Medicare system. In fact, the removal of coverage for home venipuncture may in fact end up increasing overall health costs by forcing seniors and disabled citizens into nursing homes when they otherwise could have stayed at home.

I have, therefore, not heard anything to convince me that there was abuse of home venipuncture services, such that the change made by section 4615 was warranted. I have, however, heard much to convince me that this change is endangering the health and well-being of senior citizens and disabled people throughout this country. I have heard from people in my district who do not know how they are going to provide their elderly relatives' doctors with blood samples now that this policy change has been instituted. I have heard from one family that, faced with the discontinuation of Medicare reimbursement for venipuncture, sought to have someone continue to come to their home to draw their elderly mother's blood. However, they were unable to find any agency or organization that could provide this vital service, even it they scraped together the funds to pay for the service privately.

What am I to tell these families, who are making personal sacrifices by caring for their loved ones at home? How can I tell them that we appreciate their devotion but that somebody had a suspicion, not apparently supported by any statistics, that this was a good service to discontinue so we did? I will not tell them that, without also telling them that we are trying to remedy this terrible error.

I urge this Congress to support those Americans who need our help the most, our home-bound senior and disabled citizens, by supporting H.R. 2912, the Medicare Venipuncture Fairness Act of 1997. We must, as representatives of the American people, be willing to admit when we have made a mistake and remedy it as soon as we possibly can.

SECOND ANNIVERSARY OF TELECOMMUNICATIONS ACT

The SPEAKER pro tempore (Mr. PITTS). Under a previous order of the House, the gentlewoman from North Carolina (Mrs. CLAYTON) is recognized for 5 minutes.

Mrs. CLAYTON. Mr. Speaker, it has been 2 years since we passed the Telecommunications Act of 1996. When we passed that act, we were all very encouraged that our communities would enjoy local telephone service that had not been available in the past at a competitive rate. Those of us from rural communities were particularly hopeful about the prospect of such service.

Unfortunately, I have yet to see one of those companies that lobbied us in any of the counties I represent in rural North Carolina. Instead, they have set up shops in Charlotte and in the Research Triangle serving big business and large corporations. That is not what Congress intended. So it may be time to encourage regulators to help bring down the barriers to competition and all markets, including rural communities. At the same time, I want to invite companies interested in offering local services at affordable rates to come on down to eastern North Carolina and offer my constituents a choice. We are waiting for them.

Mr. Speaker, another issue I just want to raise is the issue indeed of the Afro-American farmer. We are now talking about Afro-American History Month, and this is the time not only to cite progress and to cite renewed hope for the future, but also to cite some of the opportunities we have to make corrections.

The black farmers known in North Carolina and known throughout the South have been suffering for many reasons. But one of the reasons they have been suffering is not to have access to capital, not to have opportunities to the resources of USDA in an nondiscriminatory manner. This issue has been highlighted recently because a number of farmers had really had foreclosures on their homes and a number of them have been in a struggle with their government to make sure they treat them fairly for the last 20 or 25 years. And yet, our government has not found an opportunity not only to address the agreed and admitted discrimination but not to make them whole, not to make sure that they get their land back, which was taken indiscriminately and they should make sure that the remedy they fashion and offer to black farmers are not empty gestures where there is no opportunity to make them whole where they can farm again and have a quality of life, which indeed all Americans want.

So I want to urge my colleagues, as they reflect with me on Black History Month, they also reflect on the small black farmer, which has been an intimate part of our struggle and our development in feeding our country. They simply want to farm. They simply want to have the opportunity as any other farmer to have the resources, have the technical assistance, to have the programs offered to other farmers offered to them.

There may come a time when this Congress has to step in and make those corrections to make sure our country lives up to the code and make sure that all farmers, all Americans, have the same equal right access to capital, access to American programs, and to make sure that our country honors, honors, their commitment, when they make a commitment they will not discriminate, and if they are found to be discriminatory, there will be a remedy that will be a remedy fashioned according to the damage done to them.

Mr. Speaker, I urge my colleagues to consider that as they reflect.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.