towards independence. Together they are a model of what can be achieved in this nation through community support and individual effort.

INTRODUCTION OF THE QMB IMPROVEMENT ACT OF 1998

HON. JIM McDERMOTT

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 14, 1998

Mr. McDERMOTT. Mr. Speaker, today Mr. STARK and I introduced legislation that will dramatically improve the Medicare program for its low-income beneficiaries. If passed, our legislation will ensure that Medicare beneficiaries eligible for existing income protections actually receive the benefits they deserve.

The current Medicare program places many beneficiaries at risk due to the inadequacy of its benefit package. Specifically, Medicare's high out-of-pocket costs for ''covered services'' and its failure to cover the cost of prescription drugs and long-term care can seriously erode a beneficiary's total family income. Additionally, as Congress continues to push all beneficiaries into Medicare managed care, many more low- and moderate-income beneficiaries will face increased financial risks.

In 1995, 12.2% of Medicare's 35 million beneficiaries were at or below 100% of the Federal Poverty Level (FPL), 6.2% were between 100% and 120% FPL, and 4.9% had incomes between 120% and 135% FPL. Despite their dual eligibility for both Medicare and Medicaid, health care spending averaged roughly 30% of their total family income.

The programs that Congress designed to protect low-income beneficiaries from unreasonable out-of-pocket costs—the Qualified Medicare Beneficiary (QMB), Specified Low-Income Beneficiary (SLMB), and Qualified Individuals (QI–1 and QI–2) programs—are notorious for having poor enrollment of eligible Medicare beneficiaries.

A recent report by Families USA found that nationwide, roughly 3.5 million Medicare beneficiaries are eligible for QMB, SLMB & QI–1 benefits but are not receiving them. The report highlighted that Washington State was the 10th worst state at enrollment with roughly 100,000 eligible beneficiaries not covered—costing WA low-income beneficiaries $55 million alone in lost Social Security benefits.

The lost Social Security benefits are attributable to eligible seniors having their part B premiums automatically deducted by Medicare from their Social Security checks each month even though they are eligible for one of the existing income protection programs. The loss of $43.80 month/$525.60 year is tremendous to a Medicare beneficiary whose income hovers around $8,000 to $9,000 a year.

The reasons for poor enrollment vary, so rather than dwell on our collective failure, we propose action to fix the problem. Our legislative solution simply would presumptively enroll eligible Medicare beneficiaries in the appropriate QMB or SLMB protection program—enrolling as close to 100 percent of eligibles as possible.

As Congress and the National Commission on the Future of Medicare struggle to reform the Medicare program, we need to keep an open mind about how we can do more to improve, rather than harm, the program.

Presumptively enrolling current Medicare eligibles for existing low-income protections would be a good start. My hope is that in addition to making this necessary improvement, the next Congress and the Commission also will consider other options to enhance the low-income protections such as simplification through federalization and modernizing its eligibility, income, and asset test criteria.

MEDICAID PROTECTIONS FOR LOW-INCOME MEDICARE BENEFICIARIES

QMB: Qualified Medicare Beneficiaries eligible for financial assistance covering Medicare premiums, deductibles, and copayments for singles/couples at or below 100% of poverty—$8,292/$11,100 year.

SLMB: Specified Low-Income Medicare Beneficiaries eligible for Part B premium assistance for singles/couples between 100 & 120% of poverty—$9,900/$13,260 year.

QI–1: BBA '97 allows Qualified Individuals to apply for block grant assistance to pay for Part B premiums if the single/couple's income is between 120 and 135% of poverty—$11,112/$14,892 year.

QI–2: BBA '97 allows Qualified Individuals to apply for assistance to pay for the portion of the Part B premium increase caused by transfer of Home Health Services from Part A to Part B if the single/couple's income is between 135 and 175% of poverty. This benefit is estimated to be worth $1.07/month per beneficiary.

Part B premiums cost $43.80/month equaling $525.60/year.

WOMEN'S HEALTH RESEARCH AND PREVENTION AMENDMENTS OF 1998

SPEECH OF

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 13, 1998

Mr. TOWNS. Mr. Speaker, I rise today in strong support of S. 1722, The Women's Health Research and Prevention Amendments of 1998. This legislation is a positive step in the right direction towards prioritizing research and prevention in regards to women's health.

This timely legislation increases Congress support of research which will clearly benefit a segment of the population often relegated to a ''second place'' status in research. For too long, research on men has been extrapolated to women especially in the area of cardiovascular disease. It is time for Congress to acknowledge the lack of strong and complete research on women's health issues, and do something about it. The question should no longer be when, the question should be, shall we do it today? This legislation is our opportunity to tell the women of America that we recognize their unique health problems and want to advance plans to combat them.

The bill expands research and education in areas such as; breast, ovarian and related cancer, osteoporosis, Paget's and other bone diseases. These diseases have devastated many women, but this legislation allows us to continue to elucidate their pathogenesis, treat, and most importantly possibly prevent these diseases. The importance of the education and early detection programs this legislation extends should not go unnoticed. Education is one of the most powerful keys to empowering women with regards to their health. It also removes the social isolation so many of these ailments may create. In addition S. 1722 will help women to be aware of preventative health programs and support groups designed to assist them in their time of need.

Mr. Speaker, I strongly urge my colleagues on both sides of the aisle to join me in an aye vote for this legislation. As I stated earlier the question is not when will we do it, the question is will we do it today?

IN SUPPORT OF THE PASSENGER SERVICES ENHANCEMENT ACT

SPEECH OF

HON. JIM RAMSTAD

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Friday, October 9, 1998

Mr. RAMSTAD. Mr. Speaker, I rise in support of this bill before us today to provide for the continuation of preclearance activities for air transit passengers.

I want to thank Mr. CRANE and Mr. SHAW for working with me on this important legislation to help facilitate the services Customs provides to process the massive amounts of people and products entering and existing our country.

This bill, which is similar to legislation Mr. CRANE and I introduced last April, would allow the Customs Service to access funds in the User Fee Accounts and enhance inspector staffing and equipment at preclearance service locations in foreign countries.

This is significant because if U.S. Customs eliminates these positions, preclearance for passengers to the United States will slow, travel will be disrupted, and the tourism industry in many states will suffer. Allowing the preclearance services to continue means a great deal to many employers in my district, like Northwest Airlines and all those affiliated with the Mall of America—which attracts more visitors each year than Disneyworld, Graceland and the Grand Canyon combined.

The Customs Service has said there are insufficient resources in its salaries and expenses account to fund the enhanced preclearance positions. This bill gives access to excess funds in the User Fee Account, without any additional cost to taxpayers. Acting-Commissioner Banks testified before our Ways and Means Committee in support of our earlier version of the legislation, and the airline industry supports it as well.

I appreciate how quickly the House has recognized the merits of this legislation and allowed us to bring it to the floor today. I urge my colleagues to join me in support of this critical bill.

KATHLEEN LUKENS—A LIVING SAINT

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 14, 1998

Mr. GILMAN. Mr. Speaker, it is with deep regret that I inform our colleagues of the passing of Mrs. Kathleen Lukens, a resident of Rockland County, NY, late last night.

Kathleen Lukens is a lady for whom the title ''living saint'' was exceptionally appropriate.