child. Third, business and institutional property managers can call their local fire marshall for advice on how to arson- proof their buildings. This is especially important for church leaders who have in recent years seen their places of worship come under attack by arsonists.

In my home State of Delaware our State Fire Marshall's office provides the resources to investigate fires, as well as maintaining an excellent Juvenile Fire Setter Intervention Program that helps hundreds of Delaware families each year deal with this very troubling problem. In 1997, the last for which full data is available, those 20 years of age and under accounted for 50 percent of all arson fires in the United States. Of that total, 39.9 percent were committed by youths under the age of 15.

Mr. Speaker, it is with a great sense of urgency that I encourage all Americans to be aware and concerned with the burdensome cost that arson inflicts on our society. As Delaware's Congressman and a Member of the Congressional Fire Service Caucus, I strongly urge everyone to contact their local fire officials to learn more about what they can do to extinguish the arsonists' match.

TRIBUTE TO THE KEENE SENTINEL, NEW HAMPSHIRE'S OLDEST NEWSPAPER

HON. CHARLES F. BASS

OF NEW HAMPSHIRE

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 6, 1999

Mr. BASS. Mr. Speaker, I rise today to pay tribute to The Keene Sentinel. 1999 marks the bicentennial of The Sentinel, the oldest newspaper in New Hampshire, and the fifth oldest paper in the nation to be published continuously under the same name.

Under the guiding hand of publisher John Prentiss, the first edition of the New Hampshire Sentinel was issued in Keene on March 23, 1799. After 89 years as a weekly paper, The Sentinel began daily publication in 1890, and became a seven-day publication with the launch of a Sunday edition in 1996.

With the exception of 30 years in the 1800s, The Sentinel has been owned and operated by only two families: John Prentiss and his descendants, and then the Ewing family, which acquired the newspaper in 1954. The paper has enjoyed local and independent ownership throughout its 200 years.

Mr. Speaker, The Keene Sentinel, based in Cheshire County, serves the many communities of the Monadnock Region in southwestern New Hampshire. During the last two centuries, The Sentinel has chronicled the cultural, economic and social history of the region.

When John Prentiss first began publishing the paper in 1799, he had just one assistant. As Keene and the towns in the surrounding area have grown, the newspaper has expanded to meet the needs of the community. Today, with a circulation of 15,000, The Sentinel employs more than 100 people.

The Keene Sentinel has become a force in the community, advocating for open government, land use planning, and environmentally sensitive economic development in the Monadnock Region.

Mr. Speaker, I celebrate the institutional history of The Sentinel as well as the service the paper has provided to the community during the past 200 years.

KENTUCKY NURSES WEEK

HON. ANNE M. NORTHUP

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 6, 1999

Mrs. NORTHUP. Mr. Speaker, I rise today to honor a group of Kentuckians who have truly been called to serve others. Each day, thousands of children and adults walk into countless clinics, hospitals and care facilities to receive care and nurses comfort to those who are most in need. This week, I am pleased to join Kentuckians across the Commonwealth to celebrate ''Kentucky Nurses Week.''

Beginning today and lasting until May 12th, we will celebrate and honor the work that nurses do for each one of us. I am certain that each member of this body has had an experience with a nurse they can remember. From the school nurses who helped us clean off that scraped knee to the trauma room nurse ready during times of enormous distress, we can all appreciate the work the nurses do for our communities. With the hard work and compassion of nurses, we are able to receive the quality health care we deserve and expect for ourselves and our loved ones.

So today and for the next week, we in Kentucky will take an extra moment to offer a kind word or a special thank you to our nurses. The days are long, the work not always glamorous, but each day we are profoundly effected by the work of nurses, and I for one say thank you.

INTRODUCTION OF LEGISLATION TO REFORM THE $1500 REHAB CAP

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 6, 1999

Mr. STARK. Mr. Speaker, the Balanced Budget Act of 1997 made some long-overdue savings in Medicare and has resulted in extending the life of the Part A Trust Fund from about 2001 to 2015. As budget policy, it has been a success.

There are some health policy problems, however.

In the BBA, we capped most outpatient rehabilitation services at $1500 per patient per year for physical and speech-language therapy, and for occupational therapy. This was good budget policy, in that it provided an immediate limit to a sector that was growing at totally unacceptable rates that seemed to have little to do with the true need for rehabilitation services. It is terrible health policy, however, because in fact there are individuals who desperately need more than $1500 in therapy.

I am introducing The Medicare Rehabilitation Benefit Equity Act today to provide exceptions from the $1500 cap for those who clearly need extra services. It will also require that we move to a diagnostic payment system that makes good health policy sense. Under my proposal, the $1500 dollar limitations on services will be replaced by a patient classification system effective January 1, 2002.

While the BBA policy needs to be modified, some limitations on rehabilitation services were clearly necessary. Between 1990 and 1996 Medicare expenditures for outpatient rehabilitation therapy rose 18 percent annually, totaling $962 million in 1996. During that time, outpatient rehabilitation spending shifted substantially away from hospitals and toward rehabilitation agencies and comprehensive outpatient rehabilitation facilities (CORFs). Payments to agencies and CORFs rose at an average annual rate of 23 percent and 35 percent, respectively.

Clearly, Congress had to act—and using a meat-ax approach—we did. It is time to revisit this issue and substitute some decent health policy for blunt budget policy. The Medicare Payment Advisory Commission recently examined the potential impact of the coverage limits and found that some patients were more likely to exceed the dollar limits than others. The Commission found that hip fracture patients had the highest median payments and stroke patients incurred the next highest payments. While Medicare spent, on average, about $700 per outpatient rehabilitation patient in 1996, half of all stroke patients exceeded the $1500 physical and speech therapy limit. In contrast, less than 20 percent of patients with back disorders exceeded the physical and speech therapy limit. In 1996 about one-third of patients treated in non-hospital settings (rehabilitation agencies and CORFs) incurred payments in exceed of $1500 for outpatient physical and speech therapy or $1500 for occupational therapy. Half of the patients affected by the limits exceeded them by $1,000 or more.

My legislation will minimize the inequity and disruption of the BBA limits without substantially affecting the program savings. It allows for a system of exceptions identical to those proposed in legislation by Senator GRASSLEY. It then requires the Department of Health and Human Services to develop and implement a new coverage and payment policy of outpatient physical and speech-language therapy services and outpatient occupational therapy services. Instead of uniform, but arbitrary, dollar limitations, the new policy would be based on classification of individuals by diagnostic category and severity of diagnosis, in both inpatient and outpatient settings.

The Medicare Rehabilitation Benefit Equity Act also requires that the revised coverage policy of setting durational limits on outpatient physical and speech language therapy and occupational therapy services by diagnostic category be implemented in a budget-neutral manner. This change in payment is related to overall utilization, it will not change the use of fee schedules or affect the payment rates for providers of these services. The payment methodology will be designed to be budget neutral in relation to the exceptions policy created by this legislation. Current law provisions to adjust the annual coverage limits on outpatient rehabilitation therapy services by the medical economic index (MEI), beginning in 2002, are retained.

The Medicare Rehabilitation Benefit Equity Act recognizes that the Department of Health and Human Services' Health Care Financing Administration currently lacks the data necessary to implement a coverage policy based on a patient classification system on January 1, 2000. It further recognizes that assuring services for Medicare beneficiaries in the year