

A private system would allow individuals to freely choose the types of health care plans that meet their particular needs.

Individual funding would remove federal budgetary considerations and the accompanying extraneous budgetary issues from government policy toward the system.

Much of the funding of a private system would be invested in economic activity in the private sector, rather than in unfunded federal debt that must be repaid by subsequent tax revenue.

A higher rate of return is possible with investment of funds in private sector economic activity than in government debt instruments.

And, above all else, provider as well as Medicare+Choice HMO reimbursement would be appropriately set at free market competitive levels, as established by the consumer. (Rethinking Medicare: A Proposal from the American Medical Association—"Solutions for Medicare's Short-term and Long-term Problems", February, 1998).

CONCLUSION

It is somewhat paradoxical to think that providers of healthcare and their long-time adversary, the HMO (or in this case, the Medicare+Choice HMO), actually may have something in common. Providers of healthcare and managed care organizations agree that the Health Care Financing Administration, and its reimbursement methodologies, have eliminated some of the incentive for providing quality, cost effective access to care for beneficiaries. Nevertheless, because there is only a finite amount of dollars that HCFA can provide to the delivery of healthcare for beneficiaries, any short-lived alliance between providers and HMOs breaks down. Both parties will continue to fight over available healthcare dollars. Worse yet, as the population ages and the number of Medicare beneficiaries grows—leading to a subsequent decline in Medicare tax revenues per beneficiary—the battle for government healthcare funding will increase.

Most health care groups and analysts believe Congress will allocate some additional money to Medicare fixes this year. The large budget surpluses, the greater-than-expected savings from 1997 Medicare cuts, and the data supporting providers' and managed cares' claims of financial pain make it difficult for lawmakers to ignore the problems. "I think the surplus makes it easier to make corrections and to make a larger amount of corrections," said Rick Pollack, executive vice president for the American Hospital Association. Bob Blendon, a health policy and political analysis professor at Harvard University, however, states that members of Congress "... may be concerned about paying for tax cuts and a Medicare prescription drug benefit, as well as ensuring that Medicare cuts won't have to be reinstated if the surplus disappears." Despite the cautious optimism among providers, in a highly charged political environment like a presidential election year, the issue remains undecided and unresolved, and the deterioration in service continues apace.

Aetna U.S. Healthcare: 23 counties in 14 states, 355,000 lives.

Humana: 45 counties in 6 states, 84,000 lives.

Foundation Health Systems: 18 markets in 6 states, 19,000.

Oxford Health Plan: 6 Louisiana parishes, 5,900.

Gulf South Health Plans: 5 Louisiana parishes, 4,000.

United Healthcare: Bristol County, R.I., 1,700.

Additional Pullouts pending:

Cigna Corporation, Philadelphia Pennsylvania, announced last month that it is leav-

ing 13 of its 15 Medicare HMO markets, affecting about 104,000 members, effective January 1, 2001. Cigna cites Medicare payment reductions mandated by the BBA have made it difficult for MCOs generally to offer benefits cost effectively. (Healthcare Financial Management, July 2000, "Cigna Drops Most Medicare HMOs").

Carefirst Blue Cross and Blue Shield reports its intent to close Maryland's largest Medicare HMO by year-end, displacing 32,000 members. Carefirst blames the government's skimpy reimbursement rates, which it says aren't keeping pace with medical cost increases.

Pacificare's Secure Horizon plan will uproot 20,300 lives when it exits 15 markets in Arizona, Colorado, Texas and Washington. The company has been changing its benefit offerings and boosting members' premiums and copayments in an effort to offset reduced government payments. "For us to remain viable in the long term, congressional action is needed. We've been urging Congress for over two years to increase funding for the Medicare+Choice program," says Robert O'Leary, CEO Pacificare. (Modern Healthcare, July 10, 2000, "More Plans dropping Medicare HMOs").

IN HONOR OF COMMANDER CHRISTOPHER JENKINS OF THE NEW YORK COUNTY AMERICAN LEGION

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 31, 2000

Mrs. MALONEY of New York. Mr. Speaker, I rise today to pay tribute to the late Christopher Jenkins, the former American Legion New York County Commander, who passed away this past summer. Mr. Jenkins, the first African-American ever to become the Commander of the New York County American Legion, was an outstanding veterans' activist and leader in the Harlem community.

A member of "the Greatest Generation," Mr. Jenkins served in the U.S. Navy during World War II. Originally from Savannah, GA, Mr. Jenkins moved to Harlem after his military discharge and began a career with the New York City Department of Sanitation. He became a Legionnaire at Harlem's Colonel Charles Young Post No. 398 in the late 1940's. He was elected the Post Commander in 1958 and was later reelected to this office more than 15 times. He was then elected New York County Commander in 1975 and served until 1976. From 1992 to 1993 he served as the First District Commander, Department of the New York American Legion. In 1995, he was elected Vice Commander of the Department of the New York American Legion, remaining in this office until his retirement from the Legion in 1996.

Aside from his work with the local American Legion post, Mr. Jenkins was an extremely well-liked leader in his Harlem neighborhood. He was the founder of the Jackie Robinson Senior Citizen Center's Chorale Group and active in numerous community and religious organizations.

Mr. Speaker, I salute the laudable accomplishments and community activities of Christopher Jenkins. A proud, loyal, and dedicated leader, Mr. Jenkins' gracious and friendly personality, his involvement in the American Le-

gion, and his leadership in the Harlem community, will be sorely missed.

PERSONAL EXPLANATION

HON. NEIL ABERCROMBIE

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 31, 2000

Mr. ABERCROMBIE. Mr. Speaker, on Sunday, October 29, 2000, I was unavoidably detained and I was unable to vote on three rollcall votes. Had I been present, I would have voted as follows: Rollcall 574—Approval of the Journal—"yes"; rollcall 575—One Day Continuing Resolution—"yes"; and rollcall 576—Pallone Motion to Instruct Labor-HHS Appropriations Conferees—"yes."

On Monday, October 30, I was unavoidably detained and I was unable to vote on the seven rollcall votes taken. Had I been present, I would have voted as follows: Rollcall 583—Technical Corrections to Minimum Wage Legislation/St. Croix Island—"yes"; rollcall 582—Previous Question—"no"; rollcall 581—Rule to Allow Additional Continuing Resolutions—"yes"; rollcall 580—Previous Question—"no"; rollcall 579—Hour of Meeting October 31 at 6:00 p.m.—"no"; rollcall 578—Passage One Day Continuing Resolution—"yes"; and rollcall 577—Approval of the Journal—"yes."

IN HONOR OF THE NATIONAL ASSOCIATION OF CUBAN-AMERICAN WOMEN

HON. ROBERT MENENDEZ

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 31, 2000

Mr. MENENDEZ. Mr. Speaker, I rise today to honor the National Association of Cuban-American Women (NACAW) for promoting excellence and achievement for minority women.

NACAW's philosophy and focus has helped create the support that is essential for building a strong community. With an understanding that the individual is the building block for the success of every community, NACAW has provided excellent support and guidance for Cuban-American women, and for the community as a whole.

In pursuit of its goals, NACAW has developed a comprehensive agenda:

- to work with other women's organizations to develop a strong national platform in response to common concerns;

- to serve as a forum for Cuban-American women and other minority women to ensure their participation and representation in national organizations;

- to increase awareness of education and career opportunities for Cuban-American women and other minority women;

- to promote participation of Cuban-American women in Hispanic community service activities;

- and to accurately portray the characteristics, values, and concerns of Cuban-American women.

Since its founding, NACAW has sponsored a variety of important programs:

NACAW's Educational opportunities Center disseminates information about post-secondary programs, scholarships, and financial aid sources.