

transplant and dies, but the patient who has to wait too long and dies before a suitable organ can be found.

The demand for organs greatly exceeds the supply. More than 40,000 people are now waiting for an organ transplant, including more than 1,400 children and more than 25,000 people who must have a kidney dialysis while they wait for a kidney to become available. More than 3,000 people on the waiting list will die this year before receiving a transplant. Meanwhile, another person is added to the list every 18 minutes.

Our legislation, known as the Organ Donation Insert Card Act, would direct the Secretary of the Treasury to enclose, with each income tax refund check mailed next Spring, an insert card that encourages organ donation.

The insert would include a detachable organ donor card. It would also include a message urging recipients to sign the card, tell their families about their willingness to be an organ donor if the occasion arises, and encourage family members to request or authorize organ donation if the occasion arises.

The text of the card would be developed by the Secretary of the Treasury after consultation with the Secretary of Health and Human Services and organizations promoting organ donation.

This proposal poses no logistical problems. Every year, the Treasury Department already puts an insert card in refund check mailings. In recent years, the insert cards have offered special coins for sale, such as last year's offer of World Cup commemorative coins. Shifting from an appeal about coins to an appeal about organ donation for 1 year could save a number of lives for many years to come.

This is also a highly cost-effective proposal. According to the Treasury Department, around 70 million households would receive this appeal at a cost of \$210,000. There is no other way to reach so many households at such a modest cost.

Our approach also emphasizes the most important and often overlooked step in encouraging organ donation, which is talking to one's family beforehand.

Most people don't realize that a signed organ donor card does not ensure a donation. In order for an organ donation to take place, the next-of-kin must authorize it. If your family has not heard you express the desire to be an organ donor, they may be reluctant to authorize it. That is why talking to your family is critical.

Unfortunately, most Americans have never signed an organ donor card, and many of those who have signed a card have never discussed the matter with their family members. As a result, family members hesitate to authorize organ donation and opportunities to save lives are lost.

According to a Gallup poll cosponsored by the Partnership for Organ Donation, more than 90 percent of the public would authorize organ donation if their loved one had expressed that wish before death, but less than half would consent to donation if the discussion had not occurred. Unfortunately, according to the survey, less than half of the public have told their families of their wishes regarding donation.

Our bill is specifically designed to address this problem. Since organ donation begins with people who decide they want to be an organ donor if they should die unexpectedly, our bill encourages people to sign an organ

donor card. But since an actual organ donation often hinges on whether loved ones are aware of that desire, our bill also encourages people to tell their family members about their desire to be an organ donor and urge their family to authorize a donation if the occasion arises.

By emphasizing the importance of family discussion, this legislation could expand the pool of potential donors, increase the likelihood that families will authorize donation for their loved ones, and reduce the number of people who die while waiting for transplants.

This legislation has the support of the United Network for Organ Sharing [UNOS], the American Nurses Association, and the National Kidney Foundation. Similar legislation in the 103d Congress had the support of nearly 20 organizations involved in the organ transplantation field, and we expect similar support this year.

This measure is desperately needed. When I first introduced the legislation in 1990, just over 20,000 people were on the waiting list and around 2,000 of those people died before receiving a transplant. Today, the waiting list has doubled in size, and more than 3,000 waiting list deaths are anticipated this year. Only a broad public education campaign can make a dent in these figures.

I urge my colleagues to join me as a cosponsor of this bill and encourage all Americans to "give the gift of life" by authorizing organ donations when the opportunity arises.

#### THE RURAL AMERICA HEALTH CARE IMPROVEMENT ACT

### HON. PAT WILLIAMS

OF MONTANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 20, 1995

Mr. WILLIAMS. Mr. Speaker, I am introducing legislation that is critically important to the health of rural America. Rural Americans face unique barriers to obtaining health care—barriers ranging from great distances to reach hospitals and medical clinics to harsh weather conditions, too often low wages and poverty, and, perhaps most importantly, a simple lack of doctors, nurses, and other medical professionals as well as modern health care facilities.

Sixty-five million Americans—fully one-quarter of our Nation's population—live in rural areas, yet most of these folks lack access to even the most basic health care services. In 1992, 146 counties did not have a single physician and 34.8 percent of rural Americans lived in areas with fewer than 1 primary-care physician for every 3,500 residents. This severe inability to obtain basic health care has resulted in the poorer general health of rural folks. Rural America has a higher infant mortality rate and a 40 percent higher rate of death from accidents.

Out my way in Montana, too many of our rural hospitals and clinics are understaffed and financially troubled and too many rural families live daily with the anxiety that assistance for an unusual illness or serious injury will be miles and hours away.

Forty-one of Montana's 56 counties suffer from a serious shortage of physicians; and 9 counties do not have a single physician. In 22 counties there is no obstetrical care, putting

women with a complicated delivery at severe risk. Half of Montana's hospitals, most of them small and rural, have endured significant financial losses for most of this past decade.

Mr. Speaker, the decision to live in a rural area should not be a decision to accept inferior health care. Rural Americans deserve the same quality and access to health care that is available to folks living in our suburbs and major cities.

The legislation I am introducing today, the "Rural America Health Care Improvement Act," offers an aggressive and comprehensive approach toward alleviating the problems our rural communities face to obtaining care. It provides rural and frontier areas with the means to develop the capacity to provide quality medical care to their residents. It encourages physicians to practice in medically underserved rural areas.

My bill provides 20 percent bonus payments to physicians who choose to serve in health professional shortage areas and offer primary care services to their rural patients. Furthermore, it encourages health care providers to practice in rural underserved areas by guaranteeing physicians, nurse practitioners, nurse-midwives and physician assistants a tax credit.

It also dramatically expands the National Health Service Corps a program which offers financial assistance to students and loan repayment to graduates in exchange for their commitment to serve in a health professional shortage area and requires the National Health Service Corporation to place more physician assistants, nurse practitioners, and nurse-midwives in our rural communities.

Nurses and physician assistants play a vital role in our rural health care delivery systems. Many of our rural communities rely on health professionals other than physicians as the only provider of care in the community. In 1990, 34 percent of all physician assistants practiced in communities with less than 50,000 residents and 25 percent of all midwives practiced in those same areas. My bill recognizes that PA's, NP's, and nurse-midwives are more apt to practice in rural areas than physicians and therefore provides funds to train nonphysician providers.

My bill in particular provides rural and frontier areas with the assistance they need to develop their own community-based health plans to offer residents with health insurance. This program facilitates community involvement and encourages health care delivery structures that are adapted by local folks directly for local needs.

Furthermore, my bill recognizes that rural hospitals across the country are experiencing financial shortfalls. My bill includes a grant program for hospitals and outpatient facilities in medically underserved rural communities to provide primary-care services. It also provides for the development of emergency medical hospitals and nurse-managed health centers.

Mister Speaker, I have developed this legislation after countless meetings and much discussion with rural community leaders and hospital directors, with physicians and other health practitioners who live and work in rural areas, and especially with the families and workers and small business operators in our small towns and rural communities. This bill incorporates their solutions to the health care crisis they live and cope with daily. They are practical, specific, nonbureaucratic, no-nonsense, thoughtful solutions and I hope to see this Congress consider and approve them.