

TWENTY YEARS OF INVALUABLE  
SERVICE—CONGRATULATIONS TO  
SERRA CENTER

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 20, 1995

Mr. STARK. Mr. Speaker, I rise today to congratulate the Serra Center, a non-profit organization located in Fremont, in California's 13th Congressional District. This month Serra is celebrating its' 20th anniversary of serving adults with mental retardation.

The Serra Center was founded in 1975 by a group of parents in the community, because there were no programs available to provide individualized care for their family members with mental retardation.

The goals of Serra Center are to empower individuals with mental retardation and give them the opportunity for independence and productivity; to help them achieve their maximum potential in the least restrictive environment consistent with their needs; and to integrate each person into the community with a sense of dignity and well-being. Services provided include training in household skills such as cooking, cleaning and money management; development of skills leading to employment; training in community skills such as how to use public transportation, libraries, and pay phones; recreation programs, and in-home support as needed.

Serra was dedicated on September 14, 1975, and began by serving 19 people in its residential program. In 1976, the Serra Center opened its doors with five on campus residences and an administration building. The organization has continued to grow, and now, in its 20th year of operation, the Serra Center has residential facilities for 57 people and provides services to 93 people living in their own homes and apartments in the Fremont community.

Mr. Speaker, I am proud to recognize the Serra Center on its 20th anniversary. I hope you and my colleagues will join me in congratulating the members of this organization who, 20 years ago, recognized a need in our community and have been working tirelessly to fill it ever since. I wish Serra the best and look forward to working with this organization for the next 20 years.

IN HONOR OF CAPT. SHINTA  
ASAMI

HON. STEPHEN HORN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 20, 1995

Mr. HORN. Mr. Speaker, I join with the Long Beach, CA, maritime community in conveying the deepest respect and appreciation for Capt. Shinta Asami's many years of dedicated service to the economic growth of California and our Nation. As chairman and chairman emeritus of the International Transportation Service, Inc. [ITS], and as a good citizen of our community, he has been a most constructive force.

Captain Asami has been a maritime industry leader for over a half century and has spent the last 25 years at the port of Long Beach in

the 38th Congressional District. During the last decade and a half, he has expanded and improved the terminal while adding facilities elsewhere in California, Washington, and New Jersey. Until recently, ITS was the only container terminal on the west coast to offer on-dock rail capability, with cargo boxes being loaded directly from ship to rail, thus improving the air purity by eliminating much of the truck traffic on the Los Angeles area's highways. Captain Asami worked diligently to establish this system and is now affectionately known as the "Father of On-Dock Rail."

I salute Captain Asami for his many contributions to our area and for his longstanding leadership in the California maritime community.

STATEMENT OF CONGRESSWOMAN  
SHEILA JACKSON-LEE REGARD-  
ING THE PLANNED REPUBLICAN  
CHANGES TO MEDICAID

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 20, 1995

Ms. JACKSON-LEE. Mr. Sepaker, the Republican majority of this Congress has revealed its plan to decimate Medicaid less than 24 hours before the start of markup and voting activities were to begin in the House Commerce Committee. Without one single public hearing, Republicans are attempting to cut \$182 billion from a program which millions of low-income working people and poor people depend upon for the most basic of medical services.

Good public policy takes something there is \* \* \* Republican plan, I think my colleagues and I would be remiss if we did not demand, for ourselves and those we represent, time to study the repercussions of such a far reaching plan. Indeed, this plan does more to Medicaid than their plan will to Medicare, and they are proposing at least one day of hearings for it.

I can not but believe that my cohorts across the aisle had nothing but good intentions when they and the thirty Republican governors crafted this plan. However, I must take issue with many parts of it which leave vulnerable many people who have no other means of medical support. This plan attempts to provide states with flexibility in how they may use their Medicaid funds. However, in attempting to do so, they have stripped the Federal government of its ability to protect the poor and the old, precisely those who need both protection and health care the most. Congress can no longer specify minimum requirements of health care. The states must do that. Congress can no longer specify eligibility requirements. The states must do that. Congress can no longer specify quality standards or guidelines. The states must do that. I believe that this plan is asking too much of the states.

The first point I take issue with is that of eligibility. Under the plan before the Commerce Committee, individual entitlement to medical assistance would be abolished for all populations. That spells disaster for healthcare for the needy across the nation. Furthermore, the plan earmarks a certain percentage of the states' plans for pregnant women and children, disabled people under 65 and elderly

people, but the plan does not exactly define the requirements of eligibility within these groups.

Then there is the issue of access to healthcare. Within the plan, the States' ability to require beneficiary cost-sharing is almost unlimited—except for families below 100% of poverty that include either a pregnant woman or child—and elderly and disabled enrollees could be required to pay large premiums, deductibles and copayments. This version of cost-sharing reduces necessary utilization of services among low income populations. As a result, these requirements would effectively restrict beneficiaries' access to much needed health services.

The Republican party shields itself behind false and misleading statements regarding Medicaid, always blaming the poor for Medicaid's problems. Yet, current protections preventing impoverishment of the spouses or sons and daughters and their families to care for those needing long term care are gone. There would be no guarantee that spouses of nursing home residents would be able to retain enough monthly income to remain in the community. The Republicans are allowing, under their plan, families to go broke while trying to care for their elderly members seems slightly hypocritical.

The lack of specification of standards with respect to delivery systems is in my opinion, criminal in its neglect and thoughtlessness. This plan does not include quality standards, or general quality guidelines, for capitated managed care plans. The Federal Government is prevented from enforcing current access standards, such as physician to patient ratios as well as time and distance requirements. Finally, the ability of states to contract with managed care plans for services, case management, or coordination would be completely unfettered which could result in the re-emergence of "Medicaid mills". This lack of accountability concerns me a great deal. I worry about all the unprotected older Americans who will be left naked and defenseless against the bean-counting efficiency experts of state governments and healthcare providers.

Not only does this plan cheat the young, elderly and disabled, but it also finds a way to inflict its suffering on the special populations of this country. Regardless of one's feelings towards undocumented workers, can anyone declare that those merely searching for a better life should be denied emergency services for the simple crime of not having been born a United States citizen? I think not. With regard to Native Americans, states would no longer be required to pay for services in IHS facilities. This country owes a certain debt to the Native peoples of this land, and I believe we should not forget or abrogate that responsibility.

Program integrity is indeed addressed in the GOP plan. Their version requires states to operate fraud control units to investigate and prosecute fraud, abuse and neglect of beneficiaries, but it does not provide funding to do so. If I am not mistaken, this is an unfunded state mandate, is it not?

Amongst many other things, the public needs to know that this revolutionary plan has language which says that "No person"—meaning beneficiary, doctor, hospital or private health plan—shall have a basis to sue a state for failing to comply with Federal Medicaid statutes or the terms of the state's Medicaid