

working Saturday mornings with young musicians as well as participating with the Florida String Quartet.

I have known Paul personally for many years. He is well loved by our community for his humor, warmth, and modesty. Though he is hanging up his professional baton, his legacy will remain for his tremendous contribution to music education for our youth. I honor Paul Wolfe today as a friend, musician, and civic leader and praise his contributions on behalf of the 13th Congressional District of Florida.

#### TRIBUTE TO JACQUELINE D. WARD

##### HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 25, 1997*

Mr. TOWNS. Mr. Speaker, public service is not an option for everyone, but it is the foundation upon which Jacqueline Ward has built a career.

Jacqueline has been on the frontline of numerous political campaigns, and has demonstrated her tenacity and passion for participating in the political process. Her many talents have been utilized by a host of New York State and city political luminaries, including, former Governor Mario Cuomo, Mayor David Dinkins, Comptroller Carl McCall, and Brooklyn county leader Assemblyman Clarence Norman.

Jacqueline Ward has acquired considerable background in accounting and bookkeeping services as a result of her work with numerous businesses which provide financial services.

Ms. Ward has a 17-year-old son Mark, and resides in Jamaica, NY. I want to take this opportunity to acknowledge the public service career of Ms. Jacqueline Ward.

#### TRIBUTE TO PHILIP MORSE

##### HON. PETER DEUTSCH

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, 25, 1997*

Mr. DEUTSCH. Mr. Speaker, I rise today to congratulate Mr. Philip Morse for being recognized by the American Associates Ben-Gurion University of the Negev for helping to establish a Chair for Clinical Studies in Rheumatology. Mr. Morse's vision, leadership, and enduring support as a businessman and as a philanthropist in the United States and abroad is a beacon for us all.

Born in Poland in the 1920's, Mr. Morse was smuggled across the border of his homeland at the young age of 19 to escape the horrors of the Holocaust. By way of Sweden, Russia, Japan, and Seattle, he arrived in New York City in 1940 greeted by relatives he had never met. Philip Morse came to America penniless, alone and determined to pursue his dream of success and freedom. It was his creativity and wit that would help him become an extremely successful industrialist.

Philip Morse's experience in repairs and conditioning of machinery helped him to establish the Morse Electro Products Corp. where he first revolutionized the sewing machine. Soon after, he developed a way to transform the massive radio console into a compact

stereo. His innovation was the most inexpensive way to build a personal stereo making it affordable for working America for the first time ever. Furthermore, he provided thousands of jobs for workers by setting up an assembly line to manufacture the compact stereo at industrial parks in New York, Texas, and California.

In addition to his business success, Mr. Morse is committed to support Judaic causes. Several times a year he travels to Israel to promote the Zionist movement and encourage business development in Israel. Through his own personal interest and painting experience, he established a business in Israel that reproduces serigraphs and lithograph paintings of young and unknown artists. Today, he is acknowledged throughout Israel for his commitment to education at yeshivas and at the Ben-Gurion University.

Mr. Morse remains active in the Jewish community in south Florida as a founder and distinguished member of the board of directors for the Aventura-Turnberry Jewish Center and as a member of Hashomer Hazair.

I wish Philip the best on receiving this prestigious recognition from the Ben-Gurion University of the Negev. I know he will continue to be an effective voice for business development and for the Jewish community in south Florida and in Israel.

#### LEGISLATION TO FIX HOSPITAL OUTPATIENT DEPARTMENT OVERCHARGES: SUPPORT FROM NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE

##### HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 25, 1997*

Mr. STARK. Mr. Speaker, Representative BILL COYNE and I have introduced legislation (H.R. 582) to stop immediately the overcharging of Medicare beneficiaries in hospital outpatient departments [HOPD's]

I am pleased to report that the President's fiscal year 1998 Medicare budget also proposes to fix this gross overcharging of beneficiaries through a 10-year return to the 80-20 percent split that prevails in the rest of Medicare Part B.

It is way past time that we fixed this problem. Four and a half years ago the National Committee to Preserve Social Security and Medicare wrote about it in their July/August issue of Secure Retirement. It is a good explanation of the problem—and why we should fix the problem this year, before it gets even worse.

[From Secure Retirement, July/Aug. 1992]

WHY MEDICARE OUTPATIENT AND INPATIENT FEES CAN BE AS DIFFERENT AS APPLES AND ORANGES

(By Jeff Archer)

If you need surgery and your doctor recommends outpatient treatment, check the price first.

While both physician fees and hospital inpatient charges are strictly controlled by Medicare, no similar limits are imposed on what an outpatient center may charge.

As a result, Medicare beneficiaries are not protected from excessive charges by outpatient services, says a recent report by the

Prospective Payment Assessment Commission, the non-partisan body created by Congress to study Medicare's payment systems.

Seniors who don't have the most recent version of the Medicare Handbook might not realize this. Last year's handbook contained a chart of covered benefits for outpatient hospital treatment, which said: "You pay . . . subject to deductible plus 20 percent of approved amount."

But in reality, seniors may wind up having to pay more, possibly 30 percent or higher than Medicare's approved amount for the procedure.

That's because Medicare actually has no direct control over the outpatient service fee. No matter how much is charged, Medicare tells beneficiaries they must pay 20 percent of the bill.

Medicare does have approved amounts for these procedures, but they are used only to determine how much the health agency pays—not how much the beneficiary owes.

So while the health care agency and health care providers talk apples and oranges, the beneficiary is left completely unprotected from excessive outpatient charges.

The situation has been going on for years.

In fact, Medicare itself has pointed out the problem and the need to control outpatient fees in the same way that hospital inpatient charges are regulated.

"Currently, the beneficiary pays 20 percent of whatever the [outpatient] hospital charges for a procedure, while Medicare pays 80 percent of a payment that is at least based on costs," former Medicare Administrator Gail Wilensky told Congress in 1991. "Payment should be the same regardless of whether the procedure is performed in an outpatient department, an ambulatory surgical center or other center."

Medicare beneficiaries also have realized the error.

Kenneth Lee, of Everett, Wash., noticed the problem after his wife, Barbara, sought treatment as a hospital outpatient about two years ago. The Medicare form they received showed them having to pay 20 percent of the bill from the outpatient center.

But when Mr. Lee called his Medicare representative, he found the health care agency paid the facility much less than 80 percent of the total bill. That meant the Lees actually had to pay more than 20 percent of Medicare's approved amount.

"They're saying there are two reasonable amounts, one for Medicare and one for you," says Mr. Lee, calling the practice double bookkeeping. "It's misleading and false—they don't cover 80 percent of the bill."

The 1992 Medicare Handbook has been changed to indicate beneficiaries are responsible for 20 percent of the billed—rather than the approved—amount. But outpatient service fees still are not controlled by Medicare.

In its recent report to Congress, the Prospective Payment Assessment Commission called for controls on outpatient service fees, stating the current practice "unfairly penalizes beneficiaries who receive care in the outpatient setting."

#### BALANCED BUDGET AMENDMENT: CONSTITUTIONAL BOONDOGGLE

##### HON. JOHN CONYERS, JR.

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 25, 1997*

Mr. CONYERS. Mr. Speaker, I am attaching a copy of an important editorial appearing in last week's Wall Street Journal entitled "Constitutional Boondoggle" strongly opposing the