

Mr. Sherman's career began with the HCMA 40 years ago when he was hired as a beach patrol officer. He became park superintendent at Metropolitan Beach in 1968 and served in that capacity until 1985. During his 8 years as director, the authority opened a new park, Wolcott Mill, and added many new facilities such as the Marshlands Museum and Nature Center, the activities building, and an 18-hole golf course at Lake Erie. I personally appreciate his support and assistance with the Macomb County hike and bike path.

When the HCMA celebrated its 50th anniversary in 1992, much of the infrastructure in the older parks was wearing out or was outdated. Under Mr. Sherman's guidance, the HCMA was able to maintain and upgrade existing facilities and complete expansion projects while keeping user fees down. He should be proud of his accomplishments and I am sure he will continue to visit the parks often to spend some of his leisure time.

I am confident that Bill Sherman will be missed as director and I wish him and his wife Joanne all the best in retirement. I urge my colleagues to join me in saluting Mr. Sherman. His dedicated service and commitment to our community are sincerely appreciated.

A TRIBUTE TO DAVID M.
LAWRENCE, M.D.

HON. HENRY A. WAXMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 25, 1997

Mr. WAXMAN. Mr. Speaker, as chairman and CEO of Kaiser Foundation Health Plan and Hospitals, David M. Lawrence, M.D., has helped reshape the delivery of health care in this country. During Dr. Lawrence's tenure as CEO for the past 5 years, he has reaffirmed Kaiser Permanente's 50-year commitment to serving the community as a nonprofit health care system. As a result of Dr. Lawrence's leadership, Kaiser Permanente continues to serve as a national example of delivering high-quality health care that is affordable to all American families. In addition, Dr. Lawrence has committed Kaiser Permanente resources to funding landmark research that has resulted in a new national vaccine for immunizing children, new standards for detecting cancer, and better practices for delivering healthier babies. Under Dr. Lawrence's guidance, his organization has contributed millions of dollars to the health and safety of children around the country. Through educational theater programs, grants to local hospitals, and operation of the Watts Learning Center, Kaiser Permanente stands as an example of community responsibility and integrity. On this occasion of Dr. Lawrence's fifth-year anniversary, we extend our regards and congratulations.

THE INTRODUCTION OF THE NUCLEAR DISARMAMENT AND ECONOMIC CONVERSION ACT

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 25, 1997

Ms. NORTON. Mr. Speaker, the cold war is over, but nuclear weapons remain. The bill I

introduce today would substantially reduce the likelihood that nuclear weapons will become a renewed threat. The Nuclear Disarmament and Economic Conversion Act would require the United States to disable and dismantle its nuclear weapons and to refrain from replacing them with weapons of mass destruction once foreign countries possessing nuclear weapons enact and execute similar requirements. The United States, the leading nuclear power in the world, has an obligation to take far bolder leadership in moving to help disarm these weapons.

The act would then require that resources used to sustain nuclear programs be used to address human needs such as housing, health care, education, agriculture, and environmental restoration. Funding such initiatives here in the United States is necessary to bring peace within our own country. As deficit reduction forces cuts, reducing needless nuclear weaponry is the place to begin.

This bill is especially relevant today with the Clinton administration's push to expand the number of countries that are members of NATO and would be bound by the treaty to come to each other's defense.

My bill will put our money and our principles where our mouth has been. We must not continue to spend on nuclear weapons while we preach peace and the end of nuclear proliferation.

THOMAS J. FERRITO, J.D.:
DEFENDER OF OUR ENVIRONMENT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 25, 1997

Mr. STARK. Mr. Speaker, I rise today to recognize Mr. Tom Ferrito of Los Gatos, CA, who will end his service on the Bay Area Air Quality Management District Hearing Board on April 21, 1997 as a result of the district's term limit rule.

A successful full-time attorney, Tom Ferrito's accomplishments and credits earned him the State-mandated attorney position on the five-member Bay Area Quality Management District Hearing Board, on which he served 15 years. Prior to that service, Tom served 3 years on the district's board of directors.

The Bay Area Quality Management District Hearing Board, a quasi-judicial body, adjudicates various types of situations and is guided by the code of judicial conduct adopted by the California Judges Association. The hearing board carries out the judicial function of the district, holding hearings on citizens' appeals on the rightful issue of permits, and disputes between air pollution control officers and operators on the interpretation of air pollution rules.

Last year, the seven-county Bay Area Air Quality Management District was recognized by the Environmental Protection Agency as being the Nation's largest metropolitan clean air region. This title represents 40 years of progress toward improving air quality. It has been achieved by a long-term program of adoption and enforcement of regulations applicable to stationary sources—in a sound, methodical and sensitive manner. Tom Ferrito has played an active role in implementing that program and protecting the San Francisco Bay Area environment for over 18 years.

As the senior member of the hearing board, Tom Ferrito has set high standards of honesty and excellence. He stands out as a committed citizen, willing to give of his time for the betterment of the environment at both the local and regional levels.

The service of this accomplished attorney and dedicated public servant will be missed by myself and the entire Bay Area community. We wish him well in every future endeavor.

CLARIFICATION OF VOTE ON H.R.

581

HON. JOHN EDWARD PORTER

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 25, 1997

Mr. PORTER. Mr. Speaker, during the vote on H.R. 581 on February 13, 1997, I was unavoidably detained chairing a hearing in my subcommittee and was not able to come to the floor to vote until immediately prior to conclusion of the time for voting. I was under the mistaken impression that the vote being held was on House Resolution 46, the rule for consideration of H.R. 581. Accordingly, I voted in favor of passage. After the vote had closed, I learned that the rule had passed by voice vote and the recorded vote was in fact on passage of H.R. 581 which I intended to oppose. I want to clarify that I oppose H.R. 581 and my vote in support of it on February 13 was made in error.

REV. ERNEST SMITH KEEPS HIS-
TORY ALIVE IN THE LEBANON
VALLEY

HON. GERALD B.H. SOLOMON

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 25, 1997

Mr. SOLOMON. Mr. Speaker, It is often said that we must always remember where we have been if we are to truly know where we are going. Too often in today's hectic world, we lose sight of our social and cultural past, which have shaped our daily experiences and the very society in which we live. Luckily, however, there remain some insightful individuals who dedicate their time and energy to preserving our historical roots so that we may always remember and learn from the people and events which came before us. I personally am extremely grateful for the endeavors of admirable individuals like Rev. Ernest Smith, who, through his diligent and enthusiastic efforts, has ensured that the rich history of the Lebanon Valley will remain alive and accessible for many generations to come.

Reverend Smith's service has spanned many years and a multitude of avenues of historical pursuit. He has been the town historian for the town of New Lebanon for almost a decade, during which time his endeavors included penning a remarkable short history of the town for its gala 175th anniversary celebration. Reverend Smith also spearheaded the successful monument restoration program as the Chair of the Tilden Restoration Committee, which carefully utilized State and local grants in combination with individual donations to rejuvenate the aging memorial. Reverend Smith is also an

extremely prolific writer. I know that thousands of others have enjoyed reading his clever "Valley Tales" columns in the *Echo* as much as I have over the years. Some of these columns have now been published in two books, offering many newcomers to Reverend Smith's writings the opportunity to learn from his insight into the Lebanon Valley region.

Most recently, Reverend Smith was elected to and served the maximum term of 3 years as the president of the Lebanon Valley Historical Society. Under his leadership, the historical society thrived, its membership and event attendance multiplying dramatically. Among other opportunities, the society provided people the chance to learn about the historical homes in the area, where many of the meetings were held. During his term of service, Reverend Smith took a faltering organization and, through his hard work and dedication, brought it back to life, so that it may now flourish and grow further in the future.

Mr. Speaker, committed and creative individuals such as Reverend Smith are among our most valuable resources in retaining a positive perspective on our cultural and societal history. I ask that all Members join me in expressing our sincerest gratitude and admiration for Reverend Smith and his impressive endeavors, and wishing him continued success in his efforts to preserve the rich heritage of the Lebanon Valley.

THE HEALTH INSURANCE BILL OF RIGHTS ACT

HON. JOHN D. DINGELL

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 25, 1997

Mr. DINGELL. Mr. Speaker, the legislation we are unveiling today is not based on theoretical or theological constructs. It is rooted in the real-life experience of people dealing with their health care system.

Ten years ago, fewer than one in seven Americans with private insurance were enrolled in some form of managed care. Today, three of every four Americans with private insurance are in managed care. Including Medicaid and Medicare beneficiaries, more than 140 million Americans were covered by managed care plans as of 1995.

There is a growing body of anecdotal and statistical evidence to suggest that many of the changes in our health care system over these last few years are not without flaws or imperfections.

Let me be clear. Managed care plans, and health maintenance organizations, perform good and great works every day. With managed care, we get a better overview of the care provided, so that we can identify and end improper or unnecessary practices. We can better coordinate the care received by a single patient. And we can get the benefits of bargaining collectively with providers to cut costs.

The traditional fee-for-service system built in a series of incentives to generate more revenue by providing more services. My concern is that the pendulum may have swung back too far in the other direction. We've gone from cost being no consideration to cost being the only consideration in providing health care. And neither extreme is healthy for the public.

You may have heard the stories: Heart attack victims forced to drive miles to an ap-

proved emergency treatment hospital. Patients denied payment for emergency care. Medicaid HMO's refusing to pay for antibiotics to stop a childhood dysentery epidemic. Cardiac surgery centers selected on the basis of price rather than survival rate. Marketers charged with mail fraud, forgery, or bribery. According to surveys, 80 percent of the American people agree that quality care is often compromised to save money.

I don't believe these problems are necessarily typical of HMO's or the managed care business. The vast majority of plans are operated by honorable men and women. The same can be said of any other endeavor or profession. Most stockbrokers are honest, as are most doctors, or police, or even—believe it or not—most Members of Congress. But that doesn't obviate the need for laws or regulations to corral and control the bad actors.

Concern about the practices of some managed care plans prompted us to pass legislation in the last Congress to guarantee that a woman and her doctor would decide how long she should remain in the hospital after giving birth. This Congress, Congresswomen DELAURO and ROUKEMA and I introduced similar legislation on the length of stay after a mastectomy.

I'm well aware that some have criticized legislation on births or mastectomies because they are specific to one condition. I find that criticism amusing. When we tried to enact comprehensive health care reform, many of the same people told us we were doing too many things all at once.

I'm also aware of another criticism, and that is that Congress should not be making medical decisions.

I couldn't agree more. Congress shouldn't have to concern itself with the length of a hospital stay after a mastectomy or birth. Those decisions should be made by qualified medical professionals and their patients. But the harsh fact of the matter is that when cost, and not care, is the primary consideration, the wisdom of doctors and patients is too often supplanted by insurance companies. The Congress is simply acting to restore some balance to the equation.

That's the guiding principle behind the legislation that Senator KENNEDY and I are introducing today, the Health Insurance Bill of Rights Act.

This legislation deals with the four cornerstones of a system that tips the balance in favor of the client—a system that puts patients first—access, quality, information, and dispute resolution.

First, the bill would ensure that patients can get their health care in the best place and from the best people—whether it is a primary care provider, a specialist, a specialty hospital, or even a high-quality clinical trial. The key here is the health of the patient, not whether a provider is a member of the health plan's network.

The legislation will make sure that a sick patient can complete a course of treatment with the doctor and hospital the patient knows and trusts, and that a healthy patient will have real choice of providers in receiving routine health care. For example, a woman who regularly sees an obstetrician-gynecologist can consider that doctor as her primary care provider. Or a cancer patient's oncologist can refer the patient to other specialists for related treatments, without going through a "gatekeeper."

Our bill deals carefully with the thorny issue of drug substitution. We don't mandate prescription drug coverage, and we don't forbid drug formularies. We simply say that health plans ought to consult with their own doctors in developing their formularies, and ought to provide a way for those doctors to substitute drugs when they believe it's medically necessary.

Second, quality.

This bill lays out a number of components of a good quality assurance program—components that mirror what the best of your health plans already do for their patients. We would require health plans to collect data and make information available in plain language, so patients can compare different plans and make wise choices.

Third is patient information. The minimum quality and information components in this bill are things we have been told patients want and need to know: The plans' criteria for determining medical necessity, appropriateness, efficiency, and access; their policies to ensure confidentiality of medical records; the scope of their utilization management activities; and the way the plans evaluate consumer satisfaction. In other words, the bare-bones components of a top-notch health plan.

Our bill would require health plans to provide simple information like addresses, telephone numbers, what benefits are included, the cost of premiums, and any cost-sharing requirements. Patients also need to know about the credentials of providers, how to obtain authorization for services, and how to get referrals to providers who are not plan participants. In other words, patients ought to have enough information at their fingertips to navigate the system without frustration and failure. I am sure that any good health plan would be not only willing but anxious for consumers to have all of this information.

And while on the subject of information and communication, I should also mention that this bill incorporates the patient-friendly concepts first introduced by Representatives MARKEY and GANSKE in the last Congress—the concepts that underlie the ability of doctors and patients to communicate freely and understand each other effectively.

Finally, the legislation provides an absolutely essential component of a consumer-friendly health plan—an appeals process that works: Timely notice of a plan's decision not to provide a certain benefit, or not to pay for it, and a workable process for the patient to appeal. This process must be fast when it needs to be fast—such as when the patient is seriously ill or near death. And, as the icing on this cake, the plan must have a real, fair, dispute resolution process which takes account of the views of the patient and provider as well as a third party, such as an ombudsman, who can look at the situation from a new perspective.

This legislation was developed through consultations with literally dozens of interested and affected parties: Consumer groups, hospitals, medical professionals, health plans, and others. It is modeled on State statutes that were fully bipartisan. For instance, the State of New York, with a Republican Governor and Democratic legislature, has enacted similar legislation.

I'm well aware that I'll be criticized for proposing Government intervention and regulation. But the fact is that through our democratic institutions, we routinely establish fair