

sick, from profound to profane. The clips that you will be shown today by the organization Children NOW make this point very well. "TV-PG" has, unfortunately, come to stand for "Too Vague—Parents Give Up." This is the core of the problem. This is the reality that the industry has, so far, refused to face.

Clearly, parents want and deserve more information than they are getting from these general age-based icons. The head of one of our Nation's largest broadcasting undertakings, Mr. Earvin Duggan of the Public Broadcasting System, put it well in his recent letter to the committee:

"We who serve the television audiences should provide more information about program content rather than less. The ratings system recently adopted by commercial broadcasters and cable is, in our judgment, to a vague, imprecise and grudging in the information it provides."

Fortunately, we do not need to reinvent the ratings wheel. The industry's proposal can be made acceptable to most critics by simply adding content descriptors to the age-based icons. "TV-PG" would become "PG-V", with the "V" indicating violence. Such content-descriptors are already widely used by the American cable industry in the HBO-Showtime system. We already have more than 3 years of experience with this system on three major cable networks, and more than a decade of experience on HBO. The president of Showtime will give testimony later today about the positive reaction to this system, both by his subscribers and by the employees who must preview the shows, and attach the ratings. This approach gives parents the information they want and need without abandoning the progress represented by the industry's efforts to date.

Adding content-descriptors to the industry's age-based icons is clearly the outline of a solution. PBS is willing to do it; four cable networks are already doing it; it is time for everyone to move in this direction.

Nevertheless, we must be realistic about the industry's intransigence. We must ask ourselves what can be done to help parents if the industry refuses to reconsider voluntarily its ineffective system.

To that end, I am introducing, along with Representative DAN BURTON and others, the House version of Senator HOLLINGS' bill (S. 363) to encourage, but not force, distributors of television programming to add specific warnings for violence to the vague age-based ratings already proposed. The legislation does not require content descriptors. If a broadcaster chooses not to send them to parents, that's his right. But under this bill, he would no longer be able to air that unlabeled show during hours when children comprise a substantial part of the audience. It's his choice. If he includes the content descriptors, he can air the show regardless of the number of kids who may be watching. If he doesn't, then he can only air the show when kids are not likely to be watching.

We think this is a fair trade. Parents want a content-based ratings system. Just last Saturday the New York Times poll concluded that 69 percent of parents support this approach.

There is no guarantee that parents will use the system, but there is a much greater likelihood they will use it if they have a clear warning of content that might harm their kids. And only through such ratings will parents be given

reasonable options for blocking out the harmful programming using the V-chip.

It is my hope that the industry will, ultimately, come to the realization that this ratings system is for parents and must meet their needs. Parents should also register their concerns by writing the Federal Communications Commission. The FCC record is open for initial public comment until April 8, and the FCC Chairman has announced his intention to hold a hearing at the Commission sometime after that. The introduction of this legislation should help to focus attention on the importance of this decision and hasten the day when the pleas of parents are finally heard.

INTRODUCTION OF LEGISLATION

HON. PHILIP M. CRANE

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 4, 1997

Mr. CRANE. Mr. Speaker, today I am introducing legislation repealing a defect in current Medicare law which often causes beneficiaries seeking chiropractic treatment under the Medicare Program to be subjected to unnecessary x rays exposure. The heart of the problem, which my legislation seeks to correct, arises from current law which requires a diagnostic x ray to be taken before a beneficiary can be provided with chiropractic manual manipulation benefits under Medicare. Frequently, x rays are a useful and valid diagnostic tool properly utilized by doctors of chiropractic. However, the existing statutory requirement that, in every instance, a diagnostic x ray be taken before chiropractic services can be provided as a benefit under Medicare is clearly arbitrary and unnecessary.

According to the American Chiropractic Association [ACA] and ACA College of Radiology, there is no medical justification for a blanket requirement that all beneficiaries seeking chiropractic care under Medicare must first undergo a diagnostic x ray. While in many instances x rays are clinically justified, all responsible health authorities agree, that diagnostic x rays are warranted only when, in the assessment of the treating health provider, they provide a direct clinical benefit to the patient.

I for one, find it totally unacceptable that we, as responsible Members of Congress, would allow the continuance of an artificial statutory requirement that results in the continued unnecessary x ray exposure of Medicare patients. I am confident, that any of my colleagues that examine this issue will conclude, as have I, that requiring an x ray as a prerequisite to reimbursement is bad public policy for which there is no real justification.

This is not just my opinion, but it is also the opinion of senior officials in the Health Care Financing Administration [HCFA] and the Department of Health and Human Services [HHS] who have studied this issue in detail. As many of my colleagues know, the ACA and various Members of Congress have, over the past 2 years in particular, talked with the Administration regarding a variety of chiropractic-related issues. As a result of those discussions and inquiries, the mandatory x ray requirement issue has been closely examined by HCFA and HHS. I am pleased to say that as part of this fiscal year 1998 budget pro-

posal, President Clinton has included a specific legislative provision which would abolish this requirement.

Specifically, the proposal I am introducing today, would strike for the physician definition portion of the existing statute describing the chiropractic Medicare benefit [Section 1861(r)(5), Social Security Act], the words "demonstrated by x-ray to exist".

Also, I would note, the existing x ray requirement is a barrier to beneficiary access to chiropractic care which places an undue financial burden on beneficiaries who must often pay for the required x ray out-of-pocket. Chiropractic care is a proven and effective treatment for spinal related maladies including low-back pain. It is a nonsurgical and nondrug form of health care which often substitutes for more expensive forms of care, including surgery. It only makes sense to encourage access to chiropractic care and remove those barriers which exist in current law.

In conclusion, I am confident this proposal, which is first and foremost a matter of public health and safety, will enjoy bipartisan support in this Congress. I urge my colleagues to act quickly to ensure the incorporation of this long overdue proposal into Medicare reform legislation which may be approved in this Congress.

IN HONOR OF THE BIRTHDAY OF LLOYD THOMAS KORITZ, M.D.

HON. JOHN EDWARD PORTER

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 4, 1997

Mr. PORTER. Mr. Speaker, it gives me great pleasure to rise today to salute Dr. Lloyd Thomas Koritz, an exemplary physician and a man who has done so much to help in the advancement of medicine. Dr. Koritz has served for more than 40 years as a physician in Rochelle, IL. As a physician-volunteer in numerous experiments at the University of Illinois College of Medicine in Chicago, he placed his mind and body in the hands of research physicians for dangerous experiments to advance the health of humanity.

Dr. Koritz is responsible for a revival technique which is now an established practice throughout the world. To find a more efficient technique of manual resuscitation for electrocuted power line workers, Dr. Koritz volunteers. He was first anesthetized and then placed up an erected mast to determine the best way of getting more air in and out of the lungs. Dr. Koritz risked his own life repeatedly to discover which resuscitation method was best to help save the lives of millions.

Through Dr. Koritz's service and dedication, a standard method of artificial respiration was established. This method is now used throughout the world to save lives. It has been established for use by all health and safety institutions, governmental, and military units, the Red Cross, the Boy Scouts, and other organizations concerned with health and safety.

Dr. Koritz was recognized with an award as 1 of 10 outstanding men of the United States by the Junior Chamber of Commerce for the courage and dedication he demonstrated in his unselfish quest to advance science.

Mr. Speaker, I am proud to salute Dr. Lloyd Thomas Koritz. His leadership and bravery are second to none, and I am pleased to congratulate Dr. Koritz on his birthday and to wish him many more to come.