

avoid the mistakes of the past, we need to reconsider sooner, rather than later, how to protect the exquisite military force that we have inherited.

BABY SAFETY SHOWER

HON. RODNEY P. FRELINGHUYSEN

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 24, 1997

Mr. FRELINGHUYSEN. Mr. Speaker, on July 21, 1997, I hosted an event in my district, the details of which I would like to share with you and my colleagues.

The event, a Baby Safety Shower, was developed by the Consumer Product Safety Commission to help good parents become even better parents, and good grandparents become even better grandparents. I was certainly pleased to have Ann Brown, Chair of the U.S. Consumer Product Safety Commission [CPSC], as my guest at Morristown Memorial Hospital to share some of her extensive knowledge of consumer product safety issues with new and expectant mothers, grandparents, pediatricians, and child care providers in New Jersey.

I can tell you that when I learned about the CPSC's Baby Safety Shower program, I decided immediately that it was something that I would like to share with my constituents. As I well know, as a parent myself, babies do not come with instruction manuals and even the best new parents need to learn how to take care of their babies.

We know how much new parents want this kind of information, and CPSC has already given out over a quarter million baby safety checklists, containing safety tips that can save a baby's life, to parents around the country. Most people don't know that many of the everyday items in their homes can be hazardous to a baby, nor do they realize the extent of harm that these hidden hazards can cause.

Ann Brown shared several of the most common items with us in her presentation. For example, many individuals would never think that an old crib with sentimental value could be deadly for a new baby. To the contrary, old and previously used cribs are involved in the deaths of about 50 infants each year. To prevent these unnecessary deaths, CPSC has an abundance of information that can be used to identify these hazards.

The event was cosponsored by the New Jersey Department of Health and Senior Services. Dr. Leah Ziskin, Deputy Commissioner of Child Health, served as my cohost and offered her expertise on child health issues. The Department of Health and Senior Services offered new mothers important information on lead poisoning prevention.

I chose to host the event at Morristown Memorial Hospital to add a health emphasis on the day as well. The 11th District has a wealth of talented pediatricians and Morristown Memorial Hospital has one of the finest pediatrics and maternal health programs in the area. I want to thank Morristown Memorial and their staff for all of their assistance in planning the event and making the day run smoothly, including Dick Oths, Jeanne McMahon, Carol Paul, Dr. Kathleen Baker, Dr. Abraham Risk, Alan Robinson, Marcus DePontes, and Vicki Allen.

I would like to also thank the hospital for their excellent and informative presentations on the "TraumaRoo" program, Sudden Infant Death Syndrome, the Women, Infants, and Children [WIC] nutrition program, and Childhood Immunizations. The new or expectant mothers that I spoke with at the event were thrilled with all of the information that was made available through these displays.

Further, the 11th District has a wealth of companies that manufacture important products to keep infants and children healthy. I would like to thank Johnson and Johnson, founding sponsor of the New Jersey State Safety Council and the New Jersey State Safe Kids Campaign, American Home Products, the Warner Lambert Co., and Discovery Toys for their generous contributions of products and information that they made available to all the attendees.

Finally, I consider myself and the 11th District privileged to work with Kathy Ross, executive director of Child and Family Resources, who was also a great help in coordinating the event, sharing information on the "Rethinking the Brain" campaign, and reaching out to parents and child care providers alike.

I am hopeful that the information that was made available at the Baby Safety Shower will prevent accidents and harm to infants and children in my State. I am also optimistic that the day's events will be replicated by some of the individuals in attendance so that these important points will reach even more new parents and grandparents in our area and around the country.

THE CLINICAL LABORATORY IMPROVEMENT ACT AMENDMENTS OF 1997

HON. BILL ARCHER

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 24, 1997

Mr. ARCHER. Mr. Speaker, I am introducing the Clinical Laboratory Improvement Act Amendments of 1997 [CLIA '97], a bill identical to H.R. 1386 which had 131 cosponsors in the 104th Congress. H.R. 1386 was included in the House passed Balanced Budget Act of 1995 but was dropped by the Senate on a budget point of order. Like its predecessor, this legislation exempts physicians' office laboratories from the Clinical Laboratory Improvements Act of 1988 [CLIA '88], reduces the burdens on physicians who perform laboratory tests in their offices and consequently improves patient care while lowering patient costs. Also like its predecessor, this legislation would continue the regulation of any laboratory that performs pap smear analysis.

CLIA '88 has created enormous barriers to quality medical services for millions of Americans. Thousands of physicians have had to discontinue all or some portion of essential office laboratory testing, including tests for pregnancy and rapid strep. This creates a barrier to patient compliance with treatment protocols and subsequently causes patient inconvenience. For example, in those offices which have discontinued testing, a patient must now be referred to an outside laboratory to have the specimen taken and tested. This poses a substantial hardship for many patients, most notably the elderly, the disabled, and families

who live in underserved areas. Oftentimes these patients cannot travel to or find someone to take them to these facilities. The result is that they do not obtain the necessary test which may interfere with their treatment or they go to a hospital emergency room when they become sicker and where the costs of testing are much greater.

CLIA '97 is an essential part of the Congress' continued efforts to provide affordable and quality health care to millions of Americans. CLIA '88 has added billions of dollars to the cost of healthcare and has significantly increased the Federal Government's expenditures for laboratory services. In the first 5 years following the enactment of CLIA '88, Medicare expenditures for laboratory services increased \$3.1 billion or 110 percent to \$5.9 billion annually. Last year, an independent analysis conducted by the Health Care Financing Administration's [HCFA] former Chief Actuary, using HCFA's own methodology, found that the Federal Government could save \$800 million to \$1.4 billion over the next 7 years by exempting physician office testing from CLIA '88.

I hope that my colleagues, on both sides of the aisle, will join me in supporting this legislation which will reduce health care costs and improve the ability of patients to receive appropriate laboratory tests conveniently and in a timely fashion.

DEPARTMENTS OF VETERANS AFFAIRS AND HOUSING AND URBAN DEVELOPMENT, AND INDEPENDENT AGENCIES APPROPRIATIONS ACT, 1998

SPEECH OF

HON. CAROLYN C. KILPATRICK

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 16, 1997

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2158) making appropriations for the Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, commissions, corporations, and offices for the fiscal year ending September 30, 1998, and for other purposes:

Ms. KILPATRICK. Mr. Chairman, I rise in opposition to the Foley-Bachus-Miller amendment to freeze the community development financial institutions [CDFI] fund at fiscal year 1997 levels, that was considered recently in debate on VA/HUD appropriation bill and support the level reported by the committee.

The CDFI Program was established in 1994 at the request of President Clinton and received bipartisan support. Public money from the CDFI is leveraged with private capital to increase much needed investment in distressed urban and rural communities. The purpose of CDFI is to provide technical assistance, loans, and grants to institutions and programs such as micro-loan funds, venture capital funds, community development banks, and low income credit unions. These ventures are purely established for the purpose of serving underserved communities and populations and are filling the void left by traditional lenders in urban and rural communities.

The Bank Enterprise Act, [BEA] which receives one-third of the funds appropriated to