

HONORING JOE R. REEDER

HON. THOMAS M. DAVIS

OF VIRGINIA

HON. JAMES P. MORAN

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 25, 1997

Mr. DAVIS of Virginia. Mr. Speaker, my colleague, Mr. MORAN of Virginia, and I rise today to pay tribute to Mr. Joe R. Reeder who is retiring as the 14th Under Secretary of the Army.

Joe has long served his country and been involved in public affairs. A native of Washington State who has lived in the metro area for the past 20 years, Joe calls himself a transplanted Texan from his time spent in school there.

Joe married the former Katharine Boyce in 1983. Katharine is also an attorney. Together, they have raised four wonderful daughters. They currently live in Alexandria.

After graduating from West Point in 1970, Joe completed training at the Airborne, Ranger and Artillery basic school. Joe then served in the 82nd Airborne Division until he entered law school in 1972. At that time, he relocated to his beloved Texas to attend the University of Texas where he earned his juris doctorate degree while working as a prosecutor at Fort Sam Houston, TX.

Joe completed a 1-year Federal clerkship before moving to Washington, DC. When Joe came to the Nation's Capitol, he returned to school and earned his master of laws from Georgetown University. He also continued his work for the military by serving as a trial attorney in the Army's Litigation Division. This position required that he represent the Department of Defense in Federal court actions pending throughout the United States. He was soon promoted, and moved to the Army's Contract Appeals Division where he represented the Department of Defense in a wide range of Government contract-related litigation.

Joe left the Department of Defense in 1979 when he moved to the Washington, DC based law firm of Patton, Boggs, & Blow. By 1983, he had made partner at this distinguished firm and was widely respected by his colleagues for his knowledge of complex commercial litigation including litigation involving Government contracting law and legal ethics.

In 1993, Joe was sworn in as the Under Secretary of the Army. He is the principal civilian assistant and Deputy to the Secretary of the Army. Joe acts with the full authority of the Secretary in general management of the Army. He is responsible for the long-range planning, material requirements, readiness, acquisition reform, infrastructure reduction, and financial management. Joe has spent the past 4 years preparing our Army for the 21st century and helping to shape its continued international leadership role. He serves as one of the Army's top officials for international affairs and has worked tirelessly on issues involving NATO and Panama. In that capacity, Joe has served as the Chairman of the Panama Canal Commission's Board of Directors. In addition, he oversees the military support to local, State, and Federal agencies related to civilian law enforcement, civil disturbance, disaster relief, and emergency planning. Joe has managed these many tasks during his tenure with ceaseless energy and an innovative style.

Mr. Speaker, we know our colleagues join us in honoring and thanking the Honorable Joe Reeder for his devotion to the U.S. Army. We appreciate all the hard work he has done in preparing our Army for the next century. Joe's vision and spirit are truly remarkable.

A TRIBUTE TO THE WEST VALLEY
SOCCER LEAGUE

HON. BRAD SHERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 25, 1997

Mr. SHERMAN. Mr. Speaker, I rise today to commend the West Valley Soccer League and its president, Mitchell Hyams for contributions in promoting youth soccer. In recognition of 25 years of community service by parents and friends dedicated to youth soccer and the development of children from varied backgrounds and athletic abilities it is a great honor to rise in behalf of all of those involved in youth soccer.

The West Valley Soccer League improves the education of our volunteer coaches, referees, and administrators in the areas of child development, human behavior, sports psychology, ethics, and sportsmanship. All of this training with our volunteers and athletes leads to a healthy competitive atmosphere for youth soccer players and increases concern for the development of caring, responsible citizens for our community and our country.

Finally, the success of the West Valley Soccer League would not be possible without its wonderful volunteers and the leadership of Mitchell Hyams. I commend the patience and dedication of all of those who are involved as players, coaches, referees, and spectators.

Mr. Speaker, I ask you and my distinguished colleagues to join me in recognizing the contributions the West Valley Soccer League has made to our community. The West Valley Soccer League serves as an example for other youth soccer leagues across our Nation.

THE MEDICARE HOSPITAL OUTPATIENT PAYMENT FAIRNESS ACT OF 1997 AND THE HOSPITAL OUTPATIENT DEPARTMENT TRUTH-IN-ADVERTISING ACT OF 1997

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 25, 1997

Mr. STARK. Mr. Speaker, I am pleased to introduce two bills today. The first would modernize Medicare's payment policy for ambulatory care by the year 2000. The second would immediately stop hospitals from egregiously gaming the current, outdated policy.

Medicare pays more for ambulatory care provided in a Hospital Outpatient Department [HOPD] than it does for the same care provided in a doctor's office or freestanding ancillary facility. This means that the same medical personnel for the same patients are reimbursed differently based on the name on the door of a clinic that provides ambulatory care. If a hospital owns a clinic, it can call it a

HOPD and charge Medicare and its beneficiaries more, no matter where the clinic is actually located.

Hospitals are purchasing, leasing, and building doctors' offices and ancillary facilities in farflung locations. They are changing the names on the doors to HOPD to take advantage of Medicare's more generous payment rates. Meanwhile, they are pushing out independent competitors who cost less and provide the same services.

Most importantly, beneficiaries pay more, because their copayments are based on what the hospital charges, and not on the amount Medicare ultimately determines is a fair cost. The Balanced Budget Act takes over 20 years to fix this overcharge, so beneficiaries pay much more than the normal 20 percent copayment for HOPD costs.

Under current law, a hospital might purchase a physician group practice located 5 miles away from its campus. Before the purchase, services to Medicare beneficiaries were billed as physician office visits and paid according to a fee schedule. Now, the hospital labels the same services, in the same office, by the same physicians, as HOPD visits. It bills Medicare for the fee schedule amount the independent physicians used to get. But in addition, it bills Medicare for hospital overhead costs. Beneficiaries also get bigger bills than before. And, there is one less independent physician practice to compete with the hospital by offering lower-cost services.

There are a thousand variations on the theme: chemotherapy clinics, radiology clinics in towns without any hospitals, and new clinics next to retirement homes. You name it—hospitals are acquiring or building whatever freestanding facilities they can and inappropriately labeling them HOPD's. They are driving out the healthy competition and profiting by overcharging Medicare and its beneficiaries.

Medicare and its beneficiaries should not pay more for the same services just because they are called something different. The Medicare Hospital Outpatient Payment Fairness Act of 1997 would limit Medicare payments for HOPD services to the amount that Medicare would pay for those services if they were provided in a freestanding clinic or ancillary facility that was not labeled a "Hospital Outpatient." The hospital would receive no additional Medicare payment for overhead costs, and it would not be allowed to charge beneficiaries more than 20 percent of its Medicare reimbursement. In order to give hospitals time to prepare for this change, these provisions would not take effect until January 1, 2000.

Hospitals are shifting costs for inpatient and emergency care onto outpatient care. While Medicare reimbursement rates are sufficient to cover hospital costs in most cases, they may not be sufficient to cover costs for emergent care. Since the first bill I am introducing today would prevent hospitals from shifting emergent care costs to the outpatient side, it would also ensure that hospitals are reimbursed sufficiently to cover these emergency services. Specifically, the bill would require that MedPAC report to Congress by January 1, 1999, on whether the payments made for emergency room [ER] cases are adequate to cover the costs of ER use by Medicare patients, and that the Secretary adjust payments to ensure that hospital ER costs of Medicare patients are appropriately covered by January 1, 2000.