

man there is a way, a ways and a way, and each man decideth each way his soul shall go.

Such has been the life, career and work of the Representative Ron Dellums, who has served his family, community, country and, yes, the world with elegance and distinction. He has demonstrated courage and commitment and has been loyal to those causes which he deemed to be just. Ron has been an ambassador of democracy and a serious promoter of peace, recognizing and realizing the difficulty of its attainment.

One of my colleagues recently said of Ron Dellums that he has made a difference. I agree with that assessment and go a step further. I say not only has Ron made a difference but he is different. Ron marches to the beat of a different drummer. He is a thoroughbred, a long-distance runner, tough and tenacious. He is certainly one of the best. He is in a class by himself.

When describing Ron, some people like to refer to his stature. The young fellow on the block where I live says, "He is tall like pine, black like crow, talk more noise than WVON radio." Ron reminds me of the words of Sir Issac Watts when he said, "Were I so tall as to reach from poll to poll or grasp the ocean with my span; I must be measured by my soul, for the mind is the standard of the man."

Ron Dellums. What a mind, what a man. A creative, piercing, probing, incisive, thought-provoking, inspiring, charismatic, careful, considerate and deliberative mind. The mind to stand up when others sit down. The mind to act when others refuse to act. The mind to stand even when you stand alone, battered, bruised and scorned, but still standing. Standing on principle, standing tall and standing for the people.

And so, Ron, as you leave to look after the needs of your family and pursue other endeavors, take with you the words of this Irish proverb, "May the roads rise up to meet you, may the wind always be at your back, may the sun shine warmly upon your face, and until we meet again, may the good Lord hold you in the hollow of his hand."

A Luta Continua!

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. FOLEY) is recognized for 5 minutes.

(Mr. FOLEY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

IN SUPPORT OF MEDICARE VENIPUNCTURE SENIORS PROTECTION ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Alabama (Mr. ADERHOLT) is recognized for 5 minutes.

Mr. ADERHOLT. Mr. Speaker, first let me say that I would like to commend my colleague, the gentleman from West Virginia (Mr. RAHALL), for

his leadership on the issue of Medicare coverage for venipuncture.

Since Christmas, I have received hundreds of letters and numerous phone calls at both my home and office on home care and the health of our elderly. Most of these people calling and writing are scared. They are afraid for themselves and for their loved ones. Why are they afraid? Because the recently passed Balanced Budget Act will change their lives in a way that could be devastating.

This change in coverage under Medicare for a service known as venipuncture or, more simply, the drawing of blood, was made without even a score from the Congressional Budget Office. No hearings were held; no specific clinical examples were used. We are being told that this will not have a strong impact on the lives of those who receive this service because they can qualify in some other way for venipuncture services.

But what if they cannot? What if even a handful cannot get the services they need anymore? People could die. People could actually die if we are not sure about the impact of this change which became effective last week. In the court system in this country the jury must have evidence that can leave no reasonable doubt of guilt to make a decision. How can we sentence our seniors to this harsh change if we do not have assurance that they will be protected from harm?

For this reason I have introduced H.R. 3137, the Medicare Venipuncture Seniors Protection Act, which will delay the implementation of this legislation for 18 months, giving us more time to study the impact of this change in coverage on our elderly and frail. This bill will also request specific information from Health and Human Services on the hardships of those in rural areas and what they will endure due to the effect of this new law.

I fear that those who recommended this change were thinking more of places like New York City than rural parts of Alabama, West Virginia and Texas, where people may not be physically able to get to a doctor's office or to have their blood drawn. This small 29-word provision that was inserted into the Balanced Budget Act rather hastily did not take into account the situation of States like Tennessee, for instance, where under their State law lab technicians by law cannot leave the health care facility, leaving any homebound person truly in need of venipuncture with very limited options.

We are all in favor of cutting out waste, fraud and abuse, but let us not throw the baby out with the bathwater by punishing the elderly and the frail who have come to depend on these services. Waste, fraud and abuse in a Medicare system that has just been saved from the brink of bankruptcy cannot be tolerated, but a truly homebound elderly Medicare recipient should not be punished for the fraud their health care provider is engaged in.

I ask my colleagues to join with me in fighting to protect our seniors.

Mr. THOMPSON. Mr. Speaker, I rise today as the representative of Mississippi 2nd Congressional District in support of H.R. 2912, the Medicare Venipuncture Fairness Act of 1997. This bill will delay the implementation of the Venipuncture provision in the Balanced Budget Act 1997, Section 4615. The service is greatly needed for elderly people who utilize home health services solely for venipuncture. Patients on Coumadin, a blood thinning agent, need repetitive blood sampling and monitoring to determine if their treatment is effective. The loss of this venipuncture service for patients on certain medications such as Coumadin could result in life threatening episodes.

The Mississippi Association for Home Care estimates that eliminating the venipuncture provision will affect Ten to Twelve thousand patients in Mississippi alone. Punishing the frail and elderly recipients who depend upon home health services is not the intent of this change, but will be the ultimate effect.

According to the Health Care Financing Agency (HCFA), the venipuncture provision was placed into law under the Balanced Budget Act of 1997 (BBA) in order to fight fraud and abuse of the Medicare system. Mr. Speaker, I am committed to ending fraud and abuse. However, I do not support fighting fraud and abuse to the detriment of the Nation's elderly. I am also greatly concerned about this provision due to the fact that: There were no hearings on the inclusion of this provision in the Balanced Budget Act, there was no Congressional Budget Office estimate given on the venipuncture provision, and the provision was based on anecdotal evidence and there were no specific clinical examples used as a justification for the provision.

Therefore, I am in full support of H.R. 2912, which calls for the Secretary of Health and Human Services to delay the implementation of Section 4615 of the Balanced Budget Act for 18 months from the date of the enactment. This delay will also allow further study on the impact of the provision on the homebound frail and elderly.

As I close, I would like to once again express my support for H.R. 2912 and thank Representative RAHALL and Representative ADERHOLT for their work in bringing this legislation forth to protect the interests of venipuncture patients. I urge my colleagues to support this bill.

GENERAL LEAVE

Mr. ADERHOLT. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject matter of my special order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Alabama?

There was no objection.

HR 2912 MEDICARE VENIPUNCTURE FAIRNESS ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from West Virginia (Mr. RAHALL) is recognized for 5 minutes.

Mr. RAHALL. Mr. Speaker, I feel like the old farmer who was being severely chastised by his fellow farmers for beating his mule over the head because he wouldn't respond to a simple "gitty-up." The farmer gave the stubborn old mule one final whap, and the beast of burden began moving swiftly ahead, pulling his load. The old farmer looked at his fellow farmers, as he tossed the two-by-four on the back of the wagon for future use and said:

First, you have to get their attention.

Last week I sent out a Dear Colleague about the termination of the Venipuncture home health benefit to get everyone's attention by asking: Have we No Shame?

While it may have felt like a two-by-four to many, hopefully it went to the heart of this body so that it can move toward doing something about the fact that the wildly applauded, history-making Balanced Budget Act contained language did, on February 5, 1998, terminate the 13-year old Venipuncture or blood drawing procedure as a skilled home health benefit under Medicare.

I hoped a two-by-four would alert them that this lost benefit is having a severe, life-threatening impact on seniors, and that we need to fix it.

We can and have spent hours on this floor renaming our National airport, but we have not spent any time on this floor talking about the gross and severe hardships caused by the loss of venipuncture as a home health benefit. I happen to think Venipuncture is more important.

My colleagues, we have a dire situation here.

We have HCFA promising that venipuncture can still be allowed, but we don't have HCFA explaining how difficult that could be.

We don't have HCFA spelling out that patients need to get to their doctors and ask for a reevaluation leading to a new authorization for them to receive a NEW skilled care so that venipuncture can continue.

And we don't have a lot of doctors out there willing to take a chance on being audited themselves if they actually do re-qualify a former venipuncture patient for a new skilled care.

We don't have HCFA spelling out that while most areas, and assuredly not rural areas, don't have laboratory technicians that make house calls—HCFA still insists that these elderly, frail disabled patients contact a lab technician and ask them to make house calls in order to draw blood—for which HCFA will pay the princely sum of \$3.

And it is a little known fact—but some States have laws AGAINST lab technicians leaving their labs for any reason to perform blood work in a patient's home.

Now if venipuncture patients CAN'T requalify through their doctors for a NEW skilled care benefit, and if the patients CAN'T find a local lab technician willing to travel 50 to 100 miles in rural America to make a house call for a paltry \$3, then venipuncture ISN'T available—is it?

So, while it is technically correct for HCFA to say that patients can still get venipuncture, they don't spell out the two big "IF's"—and so the REALITY is that for the most part, Venipuncture patients are out in the cold and without services and unlikely to obtain them ever again.

And my colleagues, if you think doctors are afraid of the wrath of HCFA's auditors, listen

to what Medicare's Fiscal intermediaries are saying.

Fiscal intermediaries are saying: venipuncture better not show up on ANY new claims received after February 5, 1998, even in conjunction with another new SKILLED benefit, because they will be denied. Fiscal intermediaries are afraid of audits too.

But the most offensive thing I've heard yet is that one fiscal intermediary official stated that in fact he believed that without venipuncture services, some of the patients could end up in the MORTUARY—his word—not mine—end up in the mortuary.

And this same official also stated it was "too bad, so sad . . ." about patients ending up in mortuaries.

No wonder you need a two by four to get folks' attention—when those in charge of processing home health benefit claims for the homebound, elderly, sick and terminally ill can state publicly that it's "too bad, so sad . . ." about former patients ending up at the local morgue—AND NO ONE RAISES AN EYEBROW?

I wish we could get a hearing on this matter. I wish we could get a hearing and bring in this intermediary to the witness table and ask him to repeat his offensive statements for the public record. I wish we could get the intermediary to tell us why he thinks people might die without venipuncture.

I believe it is true that patients might die without this benefit—but I guess as long as they don't die in epidemic proportions—no one will care.

Well, I care.

I know of 71 Members of this House that care because they cosponsor H.R. 2912.

My colleagues who are speaking during this special order tonight—they care, and I thank them for caring.

There are alternatives to terminating the benefit. Congress could grandfather in those patients now receiving venipuncture, but not allow any new patients to be covered by the benefit except as described in the BBA.

Or, Venipuncture could be retained as a skilled care, but placed under the requirement, also in the BBA, that it be administered by HCFA using normative standards as is required for other home health benefits under Medicare.

I am listening and I am ready to work with the committees of jurisdiction, or with the Administration including the President, should he wish to use his executive order powers to remedy this gross injustice against the frail elderly, disabled and terminally ill Medicare enrolled patients throughout this entire country.

And while we are waiting to see how many patients end up in the mortuary for a lack of venipuncture benefits I ask you:

ARE WE ASHAMED YET?

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. RIGGS) is recognized for 5 minutes.

(Mr. RIGGS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

FINANCIAL AND PHYSICAL ABUSE OF SENIORS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. SANCHEZ) is recognized for 5 minutes.

Ms. SANCHEZ. Mr. Speaker, the Los Angeles Times and the Orange County Register this weekend reported on one of the fastest growing crimes in our communities: financial and physical abuse of seniors. And according to Orange County's adult protective services, most elder abuse is money motivated. Seniors are the victims of various financial scams, many of which occur within the privacy of their own homes by entrusted caretakers.

Financial and physical abuse against seniors is on the rise. Last year, Orange County logged 3,419 elder abuse calls and predicted that about only one in six are reported.

□ 1915

And in most of these cases the abuse occurs within the privacy of their own homes. As many people grow older, remaining in their homes should increase the level of comfort and security and peace of mind, not threaten them. That is why I fear the potential for abuse in shared housing arrangements. Let us prevent this abuse before it happens.

Shared housing agencies provide living arrangements for seniors who wish to remain in their homes, but require some additional care. An example of a shared housing arrangement would be, for example, if my mother had a vacant room in her house and needed someone to help her pay the bills and do her shopping, she could seek out someone in a shared housing arrangement. The agency would refer a potential caretaker, who would live with her and care for her in lieu of rent. Unfortunately, we live in a society where violent crimes occur every day, and we can no longer guarantee safety within our own homes. But we can increase our level of safety through continued preventive efforts.

I believe that the problem of crime is, at least in part, a problem of resources. Until now, shared housing agencies have not had the resources necessary for proper safety for their clients. And without the ability to check the backgrounds of clients, they confront constraints that hinder them from increasing public safety.

Therefore, I have introduced H.R. 3181 to assist shared housing agencies in preventing crime. This bill authorizes shared housing agencies to run background checks on potential caretakers. And this bill is not just about background checks and fingerprinting, it is about making our communities safer for all of us to live, it is a tool that shared housing agencies can use to prevent violent crimes and to help protect our loved ones.

This bill provides the appropriate mechanism to be proactive in stopping abuse and fraud. But most importantly, it gives us all the peace of mind to know that our loved ones will be safely cared for within the privacy of their own homes. My bill establishes the necessary process to help combat the potential for abuse in shared housing.