

so that data can be entered into the National Crime Information Center's (NCIC) Missing Person File. However, states are not required to report information to the NCIC's Unidentified Person File when they recover an unidentified body. Unfortunately, a logical and complete cross-referencing of the Missing Person File and the Unidentified Person File simply does not exist.***STRPGFIT***

Every week, unidentified deceased children are found, yet their families may never know and may never stop their difficult search. The families are denied the sense of closure to their tragic loss, at least knowing that their child was no longer missing. In late December, the body of GiGi Arnett Harris was found in a morgue, where it had lain unidentified for two years. Stories like that of Ms. Harris would not occur if Jennifer's Law is enacted.

Jennifer's Law would correct this problem by requiring that states report to the NCIC information on unidentified persons that they find in their jurisdiction. It would also require that the FBI modernize the Missing Persons File and the Unidentified Persons File to make the lists compatible for cross-referencing.

Its time to bring comfort to families of missing children in their suffering. I urge all of my colleagues to join me in cosponsoring this very important legislation.

IN HONOR OF NATIONAL MISSING CHILDREN'S DAY

HON. GERALD D. KLECZKA

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Friday, May 22, 1998

Mr. KLECZKA. Mr. Speaker, I would like to take this opportunity to speak out in favor of an extremely worthwhile and important piece of legislation—H.R. 2850, the Jennifer's Law Act.***STRPGFIT***

This bill would require states to report missing children information to the National Crime Information Center so that it can be entered into a missing person database. Missing person files are already sent to the FBI and, as we all know, two heads, or two agencies in this case, are better than one when it comes to finding missing and abducted kids.

In my congressional district alone, 68 missing children have been reported since 1994. Typically, these children are illegally abducted by a family member or a stranger, run away from home, or became lost. Thankfully, the vast majority of the children in my area were found, according to the National Center for Missing and Exploited Children. However, 5 children are still missing, and that is 5 kids too many.

Congress needs to do everything possible to find these five youngsters, as well as thou-

sands of others from around the country. I urge my colleagues to support Jennifer's Law Act to enhance federal and state authorities access to data that may reunite families with their missing children.

STARK RELEASES MEMO FROM MEDICARE ACTUARIES, SHOWS WE CAN SAVE MEDICARE WITHOUT RADICAL SURGERY

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 22, 1998

Mr. STARK. Mr. Speaker, in response to a number of questions I submitted last fall, I have received the following memo from the Office of the Chief Actuary of the Medicare agency.***STRPGFIT***

I asked what effect various options for spending restraints or increased revenues would have on the long-term outlook for the Medicare Trust Fund. The Actuary's memo makes it clear that we can solve Medicare's long-term problems without radical change.

A lot of politicians and editorial writers cry that the sky is falling because of the coming retirement of the Baby Boom generation. The Actuaries show that with a variety of reasonable changes, Medicare will be there for our children and grandchildren.

The memo shows that with reasonable controls on hospitals and doctor inflation and very small tax changes, we can easily solve Medicare's financial problems between now and 2022, and solve more than half the 1998—2072 problem. For example, a three year freeze on hospital payment inflation would cut the short-term problem in half and the 75 year budget shortfall by one-quarter. A freeze is doable, because the Medicare Payment Advisory Committee (MedPAC) reports that at current rates, in 2003 hospital Medicare payment profits are likely to be about 15%—far more than we should be paying.

As another alternative, if we donated half the tobacco settlement to the Medicare Trust Fund and saved the next decade's budget surpluses for Medicare, we would keep the Hospital Trust Fund solvent way past 2020.

We don't need tax increases. If we just save the pending surpluses for Medicare, instead of dribbling them away, we can solve Medicare's problems over the next twenty years.

A proposal to hold Hospital Trust Fund spending to the growth in the Medicare population plus the per capita growth in Gross Domestic Product, would solve half the long-term financial problems of the Trust Fund. Holding health inflation to this level will be tough, unless private sector health inflation is held to similar levels—but we should try. The fat and

waste in the health care system is extraordinary, and we should make this our goal.

The Office of Actuary estimates also show that the Stark-Moynihan Medicare Early Access bill (HR 3470, 3471) allowing people to buy into Medicare as early as age 55 would be revenue neutral over the next 25 years and then actually improve the Trust Fund because of the bill's anti-fraud provisions.

People who want to abolish Medicare and privatize all government programs are trying to scare Americans into believing Medicare can't be saved. Take a look at these budget estimates: these are reasonable changes that we can and should make. With additional savings we should even be able to improve the existing program to provide a pharmaceutical benefit.***STRPGFIT***

MEMORANDUM,

May 15, 1998.

From: Sol Mussey, Director, Medicare and Medicaid Cost Estimates Group, Office of the Actuary, HCFA

Subject: Estimated Long-Range Financial Impact of Selected HI Proposals

The attached table provides estimates for several proposals designed to help reduce the Hospital Insurance (HI) program's long-range actuarial deficit. The attached table provides the 25-year, 50-year, and 75-year impacts on the actuarial balance, together with the resulting balances themselves.

The attached is based on the 1998 Trustees Report, intermediate assumptions, and consequently include the effects of the Balanced Budget Act of 1997. Each line of the table represents the actuarial balances under current law modified for that particular proposed only. No request was made at this time for any combination of proposals. In practice, the financial impact of a legislative package made up of several of these proposals would not necessarily equal the sum of the individual impacts, due to potential interactions among provisions.

The estimates shown for the age 62 buy-in proposal are based on the proposal in the President's 1999 Budget. Since the proposal in the short run is to be financed by other savings proposals in the budget, we included the effects of these other proposals. Hence, the 25-year effect on the actuarial balance is zero. However, the buy-in proposal becomes self-financing after about 20 years and the savings from the other proposals in the budget are assumed to continue. Therefore, there is some positive effect on the actuarial balance for the 50- and 75-year projection periods. The center of excellence proposal is also included in the President's 1999 Budget.

As is always the case with long-range financial estimates, the impacts shown for the attached proposals are subject to considerable uncertainty. Actual future effects could differ substantially from these estimates.

SOL MUSSEY, ASA,

Director, Medicare and Medicaid Cost Estimates Group.

ESTIMATED LONG-RANGE FINANCIAL IMPACTS OF SELECTED HI PROPOSALS

(Expressed as a percent of HI taxable payroll)

	Change in actuarial balance ¹			Actuarial balance of HI trust fund		
	25-yr period (1998-2022)	50-yr period (1998-2047)	75-yr period (1998-2072)	25-yr period (1998-2022)	50-yr period (1998-2047)	75-yr period (1998-2072)
Current law				-0.73	-1.61	-2.10
Proposal:						
Hold HI growth to increase in enrollment +GDP/capita	0.31	0.77	1.06	-0.42	-0.84	-1.04
Reinstitute and expand Center of Excellence programs eff. 1/1/00 ²	0.00	0.00	0.00	-0.73	-1.61	-2.10
Hospital PPS freeze 2000-2002	0.35	0.48	0.55	-0.38	-1.13	-1.55
Buy-in at 62	0.00	0.01	0.01	-0.73	-1.60	-2.09
Increase HI tax rate to 3.2% from 2.9%	0.25	0.28	0.28	-0.48	-1.33	-1.82
Donate half tobacco settlement to HI fund ³	0.10	0.10	0.10	-0.63	-1.51	-2.00

¹ Positive figures represent an improvement in the actuarial balance, reflecting either a reduction in expenditures or an increase in revenues. ² Included in the President's 1999 Budget. ³ We used 10-year estimates provided by the Joint Committee on Taxation and extrapolated them in the long-range.

Note: Estimates are based on the intermediate set of assumptions from the 1998 Trustees Report. Office of the Actuary, Health Care Financing Administration, 15-May-98.