

higher gains on the Illinois Goals Assessment Program writing tests when compared to student performance citywide. In an urban Sacramento, California high school, student performance on local writing assessments rose from lowest to highest in the district after an influx of National Writing Project teachers to the school, and college enrollment among this school's senior class rose 400%.

The National Writing Project has received similarly impressive results all across this country. In fact, the National Writing Project has received glowing reviews from the Carnegie Corporation of New York, the National Council of Teacher Education, the Council for Basic Education, and independent evaluators.

The national Writing Project is efficient, cost-effective and successful. I look forward to working with my colleagues in enacting this important legislation.

IN HONOR OF DR. RUSSELL L.
TRAVIS

HON. ERNIE FLETCHER

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 15, 1999

Mr. FLETCHER. Mr. Speaker, I rise to call to the attention of my colleagues in the House of Representatives the distinguished career of Russell L. Travis, MD, a neurological surgeon from Lexington, Kentucky, and a good friend. After a lifetime commitment of service to his patients, his profession, his community, and to the people of the Commonwealth of Kentucky, it is fitting that Dr. Travis be recognized by this body as he completes his term as president of the American Association of Neurological Surgeons.

Born in Jenkins, Kentucky, a small Appalachian community, Dr. Travis attended Centre College in Danville, and received his medical degree from the University of Louisville. Following his residency at the Medical College Hospital of South Carolina, Dr. Travis returned to Lexington to begin his practice as a neurological surgeon.

One of Dr. Travis' most outstanding contributions has been his commitment to ensuring that all Kentucky citizens have access to affordable, quality health care. As both an advocate for change at a legislative level and as a volunteer in the field, his efforts are widely known and appreciated. Almost every week for the past 25 years, Dr. Travis has traveled hundreds of miles to see patients in places where you wouldn't normally find a neurosurgeon—towns like Whitesburg or Hazard, Kentucky, where adequate medical attention is in short supply. What's more, he enlisted others in service to his vision, playing a key role in the formation of Kentucky Physicians Care, a group of physicians who volunteer their services to provide free medical care to the less fortunate in their communities. This national recognized program was the first all-volunteer, nongovernment-sponsored statewide program of its kind in the country. To ensure its success, Dr. Travis traveled to every part of the State at his own expense, encouraging his colleagues to participate. And what a success it has been—since 1985 more than 300,000 Kentucky citizens have received needed medical attention from Dr. Travis' physician volunteers.

Dr. Travis' insight, experience, and hard work while serving on Kentucky's Task Force on Health Care Access and Affordability proved invaluable in achieving our goals of reforming health care in Kentucky, attempting to undo the damage well-intentioned but ill-considered government intervention had done. The Commonwealth owes much to Dr. Travis for his efforts on this task force.

Dr. Travis has given much back to his profession as well. His tireless involvement in State and national professional societies has improved the standards of medical care. Dr. Travis' colleagues have recognized these contributions with numerous awards, including the Congress of Neurological Surgeons' Distinguished Service Award, the Kentucky Medical Association's Service to Mankind Award, the Fayette County Medical Society's Jack Trevey Award for his leadership role in the Kentucky Physician Care Program, and the Physician's Recognition Award.

On behalf of my colleagues in the United States House of Representatives, I congratulate and commend Dr. Russell Travis on his exemplary service for not only the people of Kentucky, but for his contributions to the field of neurological surgery, from which the entire Nation benefits.

GAO FINDS 43% OF ELIGIBLE
MEDICARE BENEFICIARIES NOT
RECEIVING LOW-INCOME PRO-
TECTION

HON. JIM McDERMOTT

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 15, 1999

Mr. McDERMOTT. Mr. Speaker, complicated administrative procedures, difficult and lengthy application forms and even the reluctance to visit a welfare office are keeping millions of low-income seniors from receiving Medicare benefits designed just for people like them, according to a new report from the General Accounting Office.

The GAP report I requested with Representative PETE STARK found that 43 percent of the elderly poor are not enrolled in Medicare's programs to assist them with their health-care costs. The federal agency said of the 5.1 million elderly who qualify for the assistance, about 2.2 million were not enrolled.

My view is that GAO's findings that the high percentage of Medicare beneficiaries who are eligible, but not actually enrolled in the programs is alarming, and warrants Congressional action.

These are people in our society who need help the most. Often they are women, single, living alone, and over 80 years old. We need to adequately take care of our mothers, grandmothers and aunts, rather than force them to endure a gauntlet of administrative forms and long lines at the welfare agency.

The GAO report cited a lack of outreach to get people into the program, complex administrative rules, and the reluctance of some seniors to visit a welfare office as part of the reason for lack of enrollment.

To correct these problems, Representatives STARK and BERRY and I today introduced legislation to automatically enroll eligible beneficiaries into the programs.

It's clear that Congress has failed to ensure that we reach out to Medicare beneficiaries el-

igible for these programs. Section 154 of the Social Security Amendments of 1994 (P.L. 103-432) directed the Secretary of HHS to obtain all information necessary from newly-eligible Medicare beneficiaries to determine their eligibility for these programs and to transmit this information to individual states.

Medicare provides health insurance coverage to nearly 39 million Americans. Costs are shared by the government and the individuals. Medicare Part A—hospitalization—is paid through the federal payroll tax. But premiums for Medicare Part B—for doctor's bills—are paid by beneficiaries through a deduction from their Social Security payments. Many seniors also buy so-called Medigap policies to take care of costs not paid by Medicare.

The cost of Medicare Part B premiums, which are \$45.50 per month this year, can be a burden for low-income elderly.

The poorest of the elderly can get help paying their premiums through Medicaid. But many seniors who are not quite at the poverty level still have trouble paying this cost. So Congress established two programs, the Qualified Medicare Beneficiary program, or QMB, and the Specified Low Income Medicare Beneficiary program, (SLMB).

QMB began in 1986 and is aimed at Medicare beneficiaries below the federal poverty level. It pays Medicare premiums, deductibles and coinsurance.

SLMB, started in 1993, requires state Medicaid programs to pay Part B premiums, but not deductibles or coinsurance. It is aimed at those with incomes below 120 percent of the federal poverty level.

We introduced our bill to ensure that qualified and needy seniors can take advantage of these programs. Essentially, what their bill would do is automatically enroll qualifying seniors in the programs.

The GAO report also stated that many potential recipients don't even know the programs exist.

The report noted, "The persistence of relatively low enrollment in the QMB and SLMB programs suggests that enhanced outreach or simplified enrollment processes would be helpful in reaching a larger share of eligible low-income Medicare beneficiaries."

Our legislation would go a step further and ensure that Medicare beneficiaries actually receive the benefits to which they are entitled.

IT IS TIME TO SERVE OUR
VETERANS

HON. JERRY MORAN

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 15, 1999

Mr. MORAN of Kansas. Mr. Speaker, I am glad to rise in support of legislation I introduced on March 25, 1999, that will give more veterans the freedom to choose where they receive medical care. Under current law, the VA does not generally treat a non-service connected Medicare-eligible veteran because they have no way to recover the full cost of doing so. With this legislation, a Medicare-enrolled veteran could go to their VA for care and Medicare would reimburse the VA at a fixed rate. This Medicare subvention legislation allows the Department of Veterans Affairs to establish a three year demonstration project at