

year cost recovery period. In addition, the legislation includes a proper definition of a "natural gas gathering line" in order to distinguish these assets from pipeline transportation lines for depreciation purposes. While I believe this result is clearly the correct result under current law, my bill will eliminate any remaining uncertainty regarding the treatment of natural gas gathering lines.

The need for certainty regarding the tax treatment of such a substantial investment is obvious in the face of the IRS's and Treasury's refusal to properly classify these assets. The Modified Accelerated Cost Recovery System (MACRS), the current depreciation system, includes "gathering pipelines and related production facilities" in the Asset Class for assets used in the exploration for and production of natural gas subject to a seven-year cost recovery period. Despite the plain language of the Asset Class description, the IRS and Treasury have repeatedly asserted that only gathering systems owned by producers are eligible for seven-year cost recovery and all other gathering systems should be treated as transmission pipeline assets subject to a fifteen-year cost recovery period.

The IRS's and the Treasury's position creates the absurd result of the same asset receiving disparate tax treatment based solely on who owns it. The distinction between gathering and transmission is well-established and recognized by the Federal Energy Regulatory Commission and other regulatory agencies. Their attempt to treat natural gas gathering lines as transmission pipelines ignores the integral role of gathering systems in production, and the different functional and physical attributes of gathering lines as compared to transmission pipelines.

Not surprisingly, the United States Court of Appeals for the Tenth Circuit recently held that natural gas gathering systems are subject to a seven-year cost recovery period under current law regardless of ownership. The potential for costly audits and litigation, however, still remains in other areas of the country. Given that even a midsize gathering system can consist of 1,200 miles of natural gas gathering lines, and that some companies own as much as 18,000 miles of natural gas gathering lines, these assets represent a substantial investment and expense. The IRS should not force businesses to incur any more additional expenses as well. My bill will ensure that these assets are properly treated under our country's tax laws.

I urge my colleagues to join me as cosponsors of this important legislation.

HONORING THE ANNIVERSARY OF
THE BIRTH OF SAMUEL S.
SCHMUCKER

HON. WILLIAM F. GOODLING

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 27, 1999

Mr. GOODLING. Mr. Speaker, I rise today in recognition of the bicentennial of the birth of Samuel S. Schmucker, who made great contributions to American culture, religion, and education.

Mr. Samuel Schmucker was born 200 years ago on February 28, 1799 in Hagerstown, Maryland into a Lutheran parsonage family. At

age ten, he moved with the family to York, Pennsylvania. As a young man at a time when there were no colleges under Lutheran auspices, Samuel Schmucker attended the University of Pennsylvania and Princeton Theological Seminary. While attending these schools, he demonstrated exceptional intelligence and leadership skills. After leaving school, Mr. Schmucker was determined to do everything within his power to improve education in his denomination and in his commonwealth. In 1821, at the young age of 22, Samuel Schmucker was ordained and he quickly began to instruct candidates for the ministry. He founded and served the Lutheran Theological Seminary by preparing hundreds of men for the Lutheran ministry.

In 1832 Mr. Schmucker became the chief founder of Gettysburg College, one of the 50 oldest colleges in the United States today. Although the college was under Lutheran influence, he insisted that no student or faculty member be denied admission based on their religion. Samuel Schmucker remained an active member of the College Board of Trustees for more than 40 years. Throughout his life, he was an ardent supporter of education for women and minorities. He so adamantly opposed slavery and was outspoken on the subject that when confederate soldiers swept across the seminary campus on July 1, 1863, his home and library were ransacked.

I am pleased to recognize the sponsors of this special event: Gettysburg College, the Lutheran Historical Society, and Lutheran Theological Seminary at Gettysburg and I commend them for acknowledging the importance of Samuel Schmucker's accomplishments.

I am very proud of Samuel Schmucker's contribution to the educational system and culture of Pennsylvania. His legacy of leadership has benefited many generations of Americans.

INTRODUCTION OF THE MEDI-
CARE'S ELDERLY RECEIVING IN-
NOVATIVE TREATMENTS (MERIT)
ACT OF 1999

HON. JIM RAMSTAD

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 27, 1999

Mr. RAMSTAD. Mr. Speaker, I rise today to introduce legislation to promote the coverage of frail elderly Medicare beneficiaries enrolled in innovative Medicare+Choice programs.

This bill will exempt certain innovative programs specifically designed for the frail elderly living in nursing homes from being impacted by the new risk-adjusted payment methodology designed by the Health Care Financing Administration (HCFA) during its phase-in period.

While the concept of a risk-adjusted payment methodology would actually be beneficial for such programs, the interim methodology is limited in scope and is primarily based on hospital encounter data. This focus on hospitalizations will put programs that are designed to provide care in non-hospital settings, thus reducing the need for expensive hospitalizations, at a distinct disadvantage.

One such program is EverCare, an innovative health care program for the frail elderly in Minnesota and other states. A recent study by the Long Term Care Data Institute (LTCDI)

has concluded that EverCare's revenue alone will decrease 42% under this new methodology. The program could not continue with such dramatic cuts.

Recognizing that EverCare and programs like it may be adversely impacted by the new methodology, HCFA granted certain programs limited exemptions. However, HCFA acknowledged that additional steps may be necessary by stating they would also be "assessing possible refinements to the risk adjustment methodology" as it relates to these programs and was considering developing a 'hybrid' payment methodology for them.

I appreciate HCFA's understanding of the uniqueness of the programs and the need to treat them differently than traditional Medicare+Choice plans. However, I am concerned that over four months have passed and we have not seen action on the part of HCFA to develop such a methodology. In addition, I am concerned that they have not applied the exemption to other similar programs specifically designed for the frail elderly living in nursing homes.

Along with the bill and statement today, I am submitting some testimonials I have received from those involved with this critical program. I believe they will do a better job than I could of explaining the uniqueness and importance of these programs.

Mr. Speaker, the risk adjusted payment methodology is intended to ensure reimbursements which reflect the health care status and needs of Medicare beneficiaries, not deny access to pioneering new programs.

That's why I urge my colleagues to cosponsor this legislation to ensure cost-effective and care-enhancing programs like these are not unintentionally and fatally impacted as HCFA gradually moves into an appropriate, comprehensive methodology. I urge my colleagues to cosponsor this MERITorious bill.

THE EVERCARE STORY—CLINICAL SUCCESS
STORIES SUBMITTED BY SITE
PHOENIX SITE

Sara Roth was a 75 year old EverCare resident of Shadow Mountain Care Center. Sara's primary diagnosis was S/P frontotemporal craniotomy for a massive subdural hematoma. She was now essentially bedridden and as a result had pressure sores complicating her current medical status. Less than 9 months prior to her enrolling with EverCare, she had been essentially alert and dependent. Sara's family was pursuing legal interventions with her previous health care providers.

Sara's family felt isolated, tremendously frustrated and out of control prior to her enrolling in EverCare. Sue was able to help this family who had unrealistic expectations, make difficult, but informed decisions. Ultimately, Sara was able to die with compassion and dignity. The family was comforted and supported by the team during this difficult time, as their attached letter attests.

This example truly represents the unique aspects of the EverCare model in action—protecting the quality of life, and when this is no longer possible, creating the most therapeutic environment to protect life's end.

SCOTTSDALE, AZ

July 20, 1998.

Re Ms. Sue Freeman, nurse practitioner.

Ms. KATHRYNE BARNOSKI,
Clinical Director,
EverCare, Phoenix, AZ.

DEAR MS. BARNOSKI: I write this letter to express our family's deep appreciation for all

of Ms. Freeman's help in regard to our mother, Sara Roth, who passed away on July 1 at the Shadow Mountain Nursing Home in Scottsdale.

Prior to EverCare, our family felt alone and frustrated in dealing with all Sara's medical needs at Shadow Mountain. It was difficult reach a doctor or getting answers from her nurses regarding her condition or explanation of medications. EverCare became like a fairy godmother who orchestrated a wonderful team approach to caring for our mother. Communication between Dr. Sapp, Ms. Freeman and myself was excellent and that in itself did wonders for my peace of mind.

I would like to take this opportunity to thank one of your shining stars—Ms. Sue Freeman. What a wonderful woman! She is articulate, highly skilled, organized, professional, and has a great heart! I always felt like Sara was a top priority with Sue and for that, we will always be grateful.

EverCare works. That is important for you to know. God only knows what would have happened to Sara's quality of life without Dr. Sapp and Ms. Freeman.

Thank you from the bottom of our hearts.
Sincerely,

Eleanor Shnier.

Rose Dealba is an 82-year old female resident of Mi Casa, patient of Dr. Greco with a history of cervical myopathy and chronic diarrhea. Mrs. Dealba was essentially bed-ridden and total care because of her cervical myopathy. Of note—Mrs. Dealba is cognitively intact. Her inability to care for herself had added depression to her problem list. Her quality of life was less than optimal due to her inability to get herself to the bathroom, to feed herself, etc. The patient and her family felt there was not hope for improvement in Mrs. Dealba's condition.

With slow and progressive/incremental physical therapy, occupational therapy and restorative nursing, Mrs. Dealba was able to feed herself, transfer and ambulate to the bathroom with a walker and assist of one. Her chronic diarrhea has finally been controlled. With another round of PT she has become more independent in her transfers and ability to get to the bathroom. She is now able to go outside with her family.

Both Mrs. Dealba and her family are thrilled with her progress. With Mrs. Dealba's previous medical carrier, physical therapy had been denied. She has been able to maintain these gains with assistance of the restorative nursing program.

It is very difficult to report only one success story. Team members report successes in practicing the EverCare model on a daily basis. A recent event leading to a letter of appreciation for Mary Ann Allan is one of many examples. Mary Ann has grown especially close to her residents and their families in a very short time as she joined EverCare in June of 1998.

Elizabeth DeBruler is an 89-year old resident at the Glencroft Care Center with a primary diagnosis of S/P CVA and Hypertension. Elizabeth is alert, oriented and very functional with no stroke residual. She is up and about daily in the facility ambulating with her walker. Mary Ann and Dr. Kaczar are the Primary Care Team and work together to monitor Elizabeth's blood pressure and medications.

In December, the nursing staff reported to Mary Ann that Elizabeth was confused with decreased food and fluid intakes. Mary Ann examined her, ordered a workup to rule out a treatable cause, and discussed a treatment plan with Dr. Kaczar. Labs showed a urinary tract infection and dehydration. The BUN

was 56, Creatinine 2.4. A family conference was convened with Elizabeth's daughter Arlene Latham, Dr. Kaczar, Mary Ann and the nursing staff. Potential treatments were discussed and Advanced Directives were reviewed. Elizabeth's wishes were considered as well as her daughter's. Everyone agreed on a plan. Antibiotics by mouth would be started and if no improvement in food/fluid intake short term, intravenous fluids for hydration would be given. Elizabeth would remain a do not resuscitate. Intravenous fluids would be given in the care center with full support of the Director of the Nursing and the staff rather than transport to the hospital. Elizabeth did not improve with antibiotics alone and did require intravenous fluids. Mary Ann contacted the Case Manager, Rose Larkin, and it was determined that Elizabeth would qualify for Intensive Service Days for a change in condition and to prevent a hospitalization. As Elizabeth improved, she was moved into a Skilled Nursing benefit. Mary Ann visited Elizabeth daily and updated Arlene on her condition. Elizabeth recovered with the assistance and support of the family, facility staff and the primary care team.

EVERCARE,

2222 E. Camelback Rd, Suite 120, Phoenix, AZ.

DEAR MS. BARNOSKI: I would like to express my appreciation for the interest taken and care given to my mother, Elizabeth DeBruler by Dr. Philip Kaczar and Mary Ann Allen. Dr. Kaczar's prompt attention to her recent physical problems have been commendable and the follow-up by Mary Ann has also been impressive. The close attention and efforts to make her comfortable have been very satisfying to me.

EverCare is to be commended for their foresight in selection of these individuals. I feel they are an asset to Ever Care and Glencroft Care Center.

Sincerely,

ARLENE LATHAM.

TAMPA SITE
AWAKENING

Coming "live" in a new facility is always an opportunity for everyone involved; the member and family, the facility, facility staff, EverCare staff, and the primary care team. There are many reservations. "Should I have signed my Mom up for this EverCare?" The staff is wondering how this will work. The nurse practitioner is thinking "how will I fit in with this group?"

One of my new members in a new facility was a 72-year-old woman. She lived there for six months, after suffering a severe CVA, leaving her aphasic, NPO with a feeding tube. She was dependent in all ADL's, and spent a good portion of her day in a geri chair, watching her soaps. She did respond by nodding her head, but it was extremely difficult to assess her level of orientation.

This member's son had a discussion with the primary care team and all of her medications, including cardiac and seizure, were discontinued, at his request. The member responded to this change, she woke up!

A team effort ensued. Physical therapy and occupational therapy screened the member and requested an evaluation. Indeed there were documented changes.

Therapy and the primary care team discussed a plan of care and put it into action. Case management became actively involved. Speech therapy came on board as the member demonstrated gains in other areas. Communication was the key to this plan.

The member worked very hard and made continual gains. She is now able to assist with bathing and grooming. She can propel her wheelchair throughout the facility and attends activities. She is able to use a pad to

communicate some of her needs. She still likes her soaps. Best of all, she is no longer a tube feeder and can feed herself after set-up.

The member was not just "the CVA." The office staff could visualize our member and truly felt great as she made gains.

The outcome of this team effort was an increase in the quality of life for our EverCare member.

EverCare can make a difference!

43RD ANNUAL PITTSBURGH FOLK FESTIVAL TO TAKE PLACE FROM MAY 28-30, 1999

HON. RON KLINK

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 27, 1999

Mr. KLINK. Mr. Speaker, I rise to recognize an extraordinary event that will soon take place in Pittsburgh, Pennsylvania. From May 28-30, 1999, the Pittsburgh Folk Festival, Inc. will entertain the community with the 43rd Annual Pittsburgh Folk Festival. For nearly half a century, this non-profit organization has been dedicated to the preservation and sharing of international cultures and heritages in the Pittsburgh area.

Throughout this three-day festival, the music, dance, cuisine, and crafts of Latin American, Scandinavian, African, Asian, and European countries will be displayed for all to enjoy. The 43rd Annual Pittsburgh Folk Festival will provide not only entertainment, but will also be an opportunity for enlightenment and education about the cultures and heritages of the people of the Pittsburgh area and around the world.

Western Pennsylvania is filled with culturally and ethnically diverse people, and this gala event aims to recognize the different histories and heritages from which we come. Through this celebration, everyone involved will have the ability to learn and experience this multiculturalism.

Mr. Speaker, educating Americans about the diversity of this world must be a top priority. The Pittsburgh Folk Festival has championed this philosophy for 43 years, and I am confident it will continue to do so in the future. I ask my colleagues to please join me in applauding the dedication and hard work of the participants of the Pittsburgh Folk Festival. This organization deserves our thanks for its contributions to the education and enlightenment of my Congressional District and the national community.

HONORING MIMI MOSKOWITZ FOR HER SERVICE TO THE BAYSIDE JEWISH CENTER

HON. GARY L. ACKERMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 27, 1999

Mr. ACKERMAN. Mr. Speaker, I rise today to note the accomplishments of Mimi Moskowitz, who will be honored by the Bayside Jewish Center, of Queens County, New York, at a testimonial dinner on Monday, June 7.

Mimi is stepping down after two years as President of the Sisterhood of the Bayside