

(and individuals will be told that number each year before they choose to enroll), but the 20 year Deferred Premium will not change from the dollar figure that the beneficiary is told when they first enroll between 62-65—they will be able to count on a specific dollar deferred payment figure.

The Base Premium equals the premium that would be necessary to cover all costs if all 62-65 year olds enrolled in the program. The Deferred Premium repays Medicare for the fact that not all will enroll, but that many sicker than average people are likely to voluntarily enroll. The Deferred Premiums ensure that the program is eventually fully financed over roughly 20 years. Savings from the anti-fraud proposals (introduced separately) finance the start-up of the program and protect the existing Medicare program against any loss (see Title IV).

**TITLE II: HELP FOR 55 TO 62 YEAR OLDS WHO LOSE THEIR JOBS**

55-62 year olds who are eligible for unemployment insurance (and their uninsured spouses) may buy into Medicare through a premium.

The full range of Medicare benefits may be bought by an individual between 55-62 who:

- (1) has earned enough quarters of coverage to be eligible for Medicare at age 65,
- (2) is eligible for unemployment insurance,
- (3) before lay-off had a year-plus of employment-based health insurance, and
- (4) because of the unemployment no longer has such coverage or eligibility for COBRA coverage.

A worker's spouse who meets the above conditions (except for UI eligibility) and is younger than 62 may also buy-in (even if younger than 55).

The worker and spouse must terminate buy-in if they become eligible for other types of insurance, but if the conditions listed above reoccur, they are eligible to buy-in again. At age 62 they must terminate and can convert to the Title I program. Non-payment of premiums is also cause for termination.

There is a single monthly premium roughly equal to \$400 that will be adjusted for inflation. It must be paid during the time of buy-in; there is no Deferred Premium. This premium is set to recover base costs plus some of the costs created by the likely enrollment of sicker than average people. The rest of the costs to Medicare are repaid by the anti-fraud provisions (see Title IV).

**TITLE III: HELP FOR WORKERS 55+ WHOSE RETIREE BENEFITS ARE TERMINATED**

Workers age 55+ whose retirement health insurance is terminated by their employer may buy into their employer's health insurance for active workers at 125% of the group rate (this is an extension of COBRA health continuation coverage—not a Medicare Program).

This title is an expansion of the COBRA health continuation benefits program. If a worker and dependents have relied on a company retiree health benefit plan, and that protection is terminated or substantially slashed during his or her retirement, but the company continues a health plan for its active workers, then the retiree may buy-into the company's group health plan at 125% of cost.

**TITLE IV: FINANCING**

Titles I & II of the Early Access to Medicare Act are totally financed. Title III is not a Medicare or public program.

The existing Medicare program is protected by placing these programs in their own trust fund. The Medicare Trustees will monitor the program to ensure that it is self-financing and does not in any way burden the existing Medicare program.

Most of the cost is paid by the enrollees' premiums.

Payment of Start Up Costs: While the Deferred Premiums are being collected and for any costs not covered by premiums, a package of Medicare anti-fraud, waste, and abuse provisions has been introduced as a separate bill, the Medicare Fraud and Overpayment Act of 1999. This bill provides for a number of reforms, including:

- (1) improvements in the Medicare Secondary Payment provisions,
- (2) a reduction in Medicare's reimbursement for the drug EPO used with kidney dialysis so that Medicare is not paying much more than the dialysis centers are buying the drug for;
- (3) Medicare payment for pharmaceuticals, biologicals, or parenteral nutrients on the basis of actual acquisition cost rather than the average wholesale price which is often far above the price at which the drug can really be purchased,
- (4) setting quality standards for the partial hospitalization mental health benefit, so as to weed out unqualified, abusive providers, and
- (5) allowing Medicare to get a volume discount by contracting with Centers of Excellence for high volumes of complex operations at hospitals which have better than average outcomes.

**TRIBUTE TO THE 1999 NOKOMIS HIGH SCHOOL GIRLS BASKETBALL TEAM**

**HON. JOHN SHIMKUS**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, June 15, 1999*

Mr. SHIMKUS. Mr. Speaker, I would like to take this time to congratulate the 1999 Nokomis High School Girls Basketball team for winning the Illinois Class "A" State Title for the second straight year.

The team members are Jessica Aherin, Dee Eck, Bernadette Marty, Ashlee Keller, Va'Nicia Waterman, Lora Ruppert, Lyndsay Stauder, Heather Swanson Hayes, Janice Spears, Bonnie Meiners, Carrie Eisenbarth, Rochelle Detmers, Kassie Engelhart, Emily Heck, Jessie Hough, manager Tisha Morris and Head Coach Maury Hough.

I congratulate these young athletes and the people who were there to support them throughout this memorable season. The teamwork needed for this victory was not only seen on the court, but through the support and love of families and friends of the Nokomis High Girls Basketball team.

**A TRIBUTE TO PATRICK KOSKE-MCBRIDE AND IRENE SORENSON**

**HON. JERRY LEWIS**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, June 15, 1999*

Mr. LEWIS of California. Mr. Speaker, I would like to bring to your attention the fine achievement of Patrick Koske-McBride, an eighth grade student from Home Street Middle School in Bishop, CA. Patrick was a recent competitor in the National History Day Competition (June 13-17) at the University of Maryland. The competition involved students from

across the United States who submitted projects on this year's theme: "Science, Technology, Invention in History"

Patrick qualified for the national competition by first winning California State History Day competitions at the county and state levels. His essay, "Evolution, an Idea of Change: How Darwin's Theory of Evolution Impacted Our World," investigated Darwin's life, his writings and the impact those writings have had on science, religion and society.

Patrick's outstanding accomplishments were undoubtedly guided by the leadership of his teacher, Mrs. Irene Sorenson. Irene is a past winner of the Richard Farrell Award from the National History Day as the 1996 Teacher of Merit. Also in 1995, 1996 and 1998, Irene has sent students to the national competition. Clearly, the dedication of young students like Patrick, and the guidance of teachers like Irene Sorenson, make our public school system the finest in the world.

Mr. Speaker, I ask that you join me and our colleagues in recognizing Patrick Koske-McBride for his fine accomplishment. To say the least, his fine work is admired by all of us. I'd also like to commend Irene Sorenson for her fine leadership and her devotion to such remarkable educational standards. Students like Patrick and instructors like Irene set a fine example for us all and it is only appropriate that the House pay tribute to them both today.

**ELIZABETH BURKE**

**HON. WILLIAM J. COYNE**

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, June 15, 1999*

Mr. COYNE. Mr. Speaker, I rise today to recognize Ms. Elizabeth Burke, one of my constituents who has been chosen as one of the Robert Wood Johnson Community Health Leaders for 1999.

Each year, the Robert Wood Johnson Community Health Leadership Program recognizes ten individuals as Community Health Leaders for their efforts to provide better health care to communities which have historically been underserved. Community Health Leaders each receive \$5,000 personal stipends as well as \$95,000 in program support to finance their continued efforts to improve public health in their communities.

Ms. Burke will be recognized for her efforts to provide a comprehensive response to victims of domestic violence in the Greater Pittsburgh metropolitan area. Ms. Burke has worked as the Medical and Domestic Violence Advocate of the Women's Center and Shelter of Greater Pittsburgh to ensure that women who have been abused receive the medical care, prevention assistance, and other services that they need to end violent domestic situations.

Mr. Speaker, I commend Ms. Burke for her efforts in this important cause, and I congratulate her on her selection as one of the Robert Wood Johnson Community Health Leaders for 1999.