

accept information provided by insurance adjustors or the Cooperative Extension Service to verify a producer's loss in yield.

(c) CALCULATION OF PAYMENT.—

(1) PAYMENT FORMULA.—In providing assistance to an eligible onion producer under this section, the per acre amount of the producer's payment shall be equal to the product of—

(A) .65;

(B) the applicable annual percentage history; and

(C) payment rate.

(2) ANNUAL PERCENTAGE HISTORY.—For purposes of paragraph (1)(B), a producer may select as the producer's annual percentage history either the producer's own historical yield before 1996, per hundredweight, or the New York State average of 298 cwt.

(3) PAYMENT RATE.—For purposes of paragraph (1)(C), the Secretary shall use the 5-year average market price for yellow onions of \$15.00 cwt.

(d) IMPLEMENTATION.—The Secretary shall issue guidelines for the provisions of assistance under this section, which shall be available to affected onion producers not later than 30 days after the date of the enactment of this Act. Subject to the availability of funds for this purpose, the Secretary shall make payments available under this section in an expeditious time frame in order to alleviate the severe financial strain of New York State onion producers.

SEC. 3. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated \$40,000,000 to carry out this Act.

**THE KOSOVO LIBERATION ARMY:
A NAIVE VIEW OF A REBEL FORCE**

HON. DOUG BEREUTER

OF NEBRASKA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 16, 1999

Mr. BEREUTER. Mr. Speaker, this Member commends to his colleagues this June 9, 1999, Omaha World Herald editorial that cautions NATO not to underestimate the ambitions of the Kosovo Liberation Army (KLA) after the Serbian forces withdrawal from Kosovo.

**THE KOSOVO LIBERATION ARMY: A NAIVE VIEW
OF REBEL FORCE**

NATO told Yugoslavia it would stop the air war if Serbian forces were pulled out of the province of Kosovo in one week. It's easy to understand why Yugoslavian President Slobodan Milosevic found that idea hard to swallow. He does not want to surrender Kosovo to the Kosovo Liberation Army.

Milosevic sent Serbian soldiers and police into Kosovo to put down a rebellion led by the KLA. The ethnic-Albanian KLA wants independence for Kosovo, whose majority population is ethnic Albanian. Or at least it was before Milosevic, a Serb who obtained political power by exploiting ethnic hatred, managed to kill thousands and expel hundreds of thousands of ethnic-Albanian Kosovars.

News reports say Milosevic nearly succeeded in wiping out the KLA, but the rebels have regrouped. Fueled by recruits from the roughly one million Kosovar refugees Milosevic has created, the KLA reportedly is regaining ground in Kosovo. Some reports indicated that the KLA is helping NATO target Serbian forces in Kosovo.

The KLA and Milosevic's Serbian forces are engaged in the latest round of an ethnic blood feud that is centuries old. Yet here's

what NATO spokesman Jamie Shea had to say about a settlement: "As the Serb forces pull out and the NATO forces move into Kosovo, we expect the Kosovo Liberation Army . . . not to try to take advantage of the situation."

Shea must be dreaming. The KLA, in its view, is fighting to liberate its homeland. "The KLA will be the sole force in Kosovo creating institutions," said a KLA spokesman Sunday. "It will be the strongest force influencing the future of Kosovo." The KLA is planning to build a nation of ethnic Albanians in what is now Yugoslavian territory.

Of a proposed NATO peacekeeping force, Shea said, "NATO forces will be operating under strict rules of engagement and, of course, they will not tolerate any hindrance to their mission. More specifically, we hope the (KLA) will renounce violence."

Imagine France announcing in the early 1780s that, upon cessation of the war between England and the American colonies, the colonies would become an autonomous zone within the British empire and would be occupied by a European peacekeeping force. Oh, and the American freedom fighters, it is assumed, would "renounce violence."

NATO's next adversary in Kosovo might be the KLA.

**THE MEDICAL MALPRACTICE Rx
ACT**

HON. CHRISTOPHER SHAYS

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 16, 1999

Mr. SHAYS. Mr. Speaker, today Representative JIM GREENWOOD of Pennsylvania and I are introducing the Medical Malpractice Rx Act.

The Medical Malpractice Rx Act will prevent the unreasonable and frivolous litigation that has caused many doctors to waste resources on "defensive medicine." According to the Congressional Research Service, many analysts have observed that physicians' fears of malpractice suits have caused them to perform additional or unnecessary tests and procedures that serve to drive the cost of health insurance to unaffordable levels for many Americans.

Malpractice insurance premiums for physicians total over \$6 billion annually, and the rate of malpractice cases has doubled over the past ten years.

The Act prevents plaintiffs from recovering 100 percent of damages from one party when multiple parties are at fault and sets a \$250,000 cap on noneconomic (pain and suffering) damages. In addition, the Medical malpractice Rx Act allows juries to hear evidence of multiple recoveries paid to plaintiffs.

The Medical Malpractice Rx Act allows trial lawyers a maximum of five years from the date of injury to bring a medical malpractice suit, replacing the often vague current law which permits lawsuits 7–10 years from the date of injury.

Finally, the Act requires the losing party to pay attorney's fees.

It is estimated that the Medical Malpractice Rx Act could save the Medicare program \$1.5 billion over 10 years and billions more could be saved on private health premiums. These savings will translate into savings for all Americans.

We must act to ensure Americans have access to affordable health insurance and pre-

vent the cost of insurance from reaching even more exorbitant levels.

Mr. Speaker, I urge my colleagues on both sides of the aisle to support this important piece of legislation.

TRIBUTE TO LORA LUCKS

HON. JOSÉ E. SERRANO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 16, 1999

Mr. SERRANO. Mr. Speaker, I rise today to pay tribute to Mrs. Lora Lucks, an outstanding individual who has dedicated her life to public service and education. She will be honored on Thursday, June 17 for her outstanding contributions to the community during the end of the term party at PS 48 in my South Bronx Congressional district. She is retiring after 23 years as Principal of PS 48.

Born and raised in Brooklyn and a graduate of CUNY Brooklyn, Lora Lucks started her teaching career at Mark Twain Junior High School. She also attended St. John's University and Fordham University where she majored in Education Administration. Thirty two years ago she joined P.S. 48 in the Bronx where she started her supervisory career. For the past 23 years she has served as Principal at P.S. 48 and played a prominent role as a true educational leader. She is responsible for the education and well being of a student body of over 1,100 children and a staff of over 150.

Mr. Speaker, in addition to the daily educational services she provides to the students, Mrs. Lucks has been the Project Director of the Hunts Point Cultural Arts Center for the past 16 years. This after-school program nurtures the artistic talents of and fosters a sense of pride and accomplishment in students within the South Bronx Community. Having forged a strong alliance with businesses, organizations, and foundations, Lora has been able to bring much-needed resources to the school and the children of Hunts Point. The Y.M.C.A.'s Pathways for Youths Program and District 8 sponsored programs are just a few of the wonderful activities offered by the school after school hours. During the course of her principalship, Lora has made Public School 48 the pride of District 8 schools.

Through her years of service she has been given many awards. In 1992 she was honored as the District 8 Supervisor of the year and in 1993 she was the recipient of the Reliance Award for Excellence in Education.

Although not a resident of Hunts Point, she is very active in community affairs. Lora has become a member of the Bronx Borough President's Solid Waste Advisory Board and the Hunts Point Economic Development Corporation.

Mrs. Lucks leaves us with many lessons learned in community service, leadership in education, and wisdom. A talented leader and educator, Mrs. Lucks will continue sharing her knowledge and views with her family and friends.

Mrs. Lucks is married and has two sons, Stuart and Robert, two grandchildren, Arie and Megan, and a daughter-in-law, Charlotte. Her husband, Solomon, is a retired New York City educator and supervisor. He served as the chairman of the Technology Department at Bayside High School for 27 years.

Mr. Speaker, I ask my colleagues to join me in wishing a happy retirement to Mrs. Lora Lucks and in recognizing her for her outstanding achievements in education and her enduring commitment to the community.

TRIBUTE TO MARATHON ASHLAND
PETROLEUM

HON. DAVID D. PHELPS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 16, 1999

Mr. PHELPS. Mr. Speaker, it is my great honor to rise today to congratulate Marathon Ashland Petroleum on the recognition of their Illinois Refining Division as an OSHA Voluntary Protection Program Star participant. The Voluntary Protection Program promotes partnerships between the Occupational Safety and Health Administration, labor and management and recognizes those facilities that exemplify effective safety and health program management.

Having personally visited Marathon's Robinson, IL, refinery, located in my congressional district, I can attest to the superior quality of its operation and the dedication and talent of its employees. Although I am not surprised to learn that OSHA has recognized Marathon's efforts on behalf of health and safety, I could not be more pleased.

Under the Voluntary Protection Program, management commits to operate an effective program, and employees commit to participate in the program and work with management to ensure a safe and healthful workplace. OSHA regularly evaluates the site and the program's operation to ensure that safety and health objectives are being met, and participants receive the Star designation when they have complied with all program requirements.

Mr. Speaker, I believe the Voluntary Protection represents the best in voluntary partnerships formed to achieve an important mutual goal. I am proud to offer my heartfelt congratulations to Marathon Ashland Petroleum's Illinois Refining Division on reaching the milestone of an OSHA Star designation. Their efforts on behalf of health and safety are deserving of such recognition, and I wish them continued success in the future.

INTRODUCTION OF THE MEDICARE
HOME HEALTH ACCESS RESTORATION
ACT OF 1999

HON. WILLIAM J. COYNE

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 16, 1999

Mr. COYNE. Mr. Speaker, today I am introductory the Medicare Home Health Access Restoration Act of 1999. I am introducing this legislation because of the dramatic changes the Interim Payment System (IPS) has made in the way home health care is provided in my home state of Pennsylvania and elsewhere. I am concerned that those changes are making it more difficult for the sickest and most vulnerable Medicare recipients to get the home health services to which they are entitled.

Medicare provides home health services to homebound patients who need skilled nursing

care. Many of these patients are recovering from surgery or receiving therapy after a serious illness like a stroke. Home care recipients often suffer from chronic illnesses that require monitoring, like severe diabetes and some mental illnesses. Home health care recipients tend to be the oldest, sickest, and poorest of Medicare beneficiaries. They are disproportionately low-income and over 85. They report being in fair or poor health. Three-fourths of them cannot perform at least one basic activity of daily living, like bathing, cooking, or getting out of bed. Almost half of home care recipients cannot perform 3 or more activities of daily living.

In Pennsylvania, where home care costs and visit frequency have always been lower than the national average, home care visits have declined by over 25 percent since IPS became effective. That means the average home care recipient sees a nurse 11 times less under IPS than she did before, perhaps getting one visit a week instead of two. Over 90 percent of my state's home health agencies reported that they will lose money in the first year of IPS and 6,100 home care workers have been laid off. These changes are causing agencies to provide less care, spend less time caring for patients, and avoid the patients who most need help.

Like most other people who are concerned about the home care benefit, I support the shift to the prospective payment system, which will allow us to pay more accurately for the services beneficiaries receive. But it could be quite a while before PPS is implemented, particularly since the Health Care Financing Administration has temporarily suspended collection of the necessary data. The Interim Payment System is what we have now, and we could have it for a long time. It is affecting patient care now, and I do not believe we can just live with it" for the months or years until the PPS is ready.

The low IPS caps on payments for home health services mean that agencies often can't afford to provide Medicare beneficiaries with the services they need and to which they are entitled. Because the caps are based on individual agency 1994 spending, the problem is particularly serious for historically low-cost agencies. The low-cost agencies were given the lowest caps. Since they have already trimmed the fat from their operations, they are being forced to lay off nurses and cut services. The caps also create wide regional variation, and Medicare beneficiaries in historically efficient areas receiving much smaller benefits.

Because the caps are based on an "average" patient, it is particularly difficult for the sickest patients to access care. The IPS does not acknowledge that some agencies specialize in very sick patients and that some individual patients require so much care that few agencies can afford to serve them. The current system creates an incentive for agencies to avoid admitting the sickest patients or to discharge them early.

The legislation I am introducing today would make several important changes in the IPS. (1) It would gradually move toward a more equitable and reasonable payment level by increasing the payments for efficient agencies, increasing the number of times a home care nurse is allowed to visit a sick patient, and repealing the scheduled 15% cut in payments. (2) It would provide exceptions to the caps for

the costliest patients and agencies that specialize in treating them. (3) It would protect beneficiaries from being inappropriately discharged because of the caps.

Medicare's sickest and most vulnerable patients cannot wait much longer for Congress to act. Each day that the current system is in effect, home care agencies close or lay off workers, beneficiaries in states with low caps receive less service than they need, and high-needs patients struggle to find agencies that will serve them. These reductions in the quality and quantity of home care services put patients right back where no one wants them to be—in expensive hospital and nursing home beds.

SUMMARY OF MEDICARE HOME HEALTH ACCESS
RESTORATION ACT

Purpose: To restore access to home health services for Medicare recipients whose necessary care has been curtailed or eliminated due to provisions in the 1997 Balanced Budget Act.

MAJOR PROVISIONS

Adjusts per-beneficiary limits to provide fair reimbursement to efficient agencies. The bill would increase the per beneficiary limit for agencies with limits under the national average to 90% of the national average in 1999, 95% in 2000, and 100% in 2001. The bill would also cap payments to providers at 250% of the national average in 1999, 225% in 2000, and 200% in 2001.

Provides exceptions to caps for agencies that specialize in a particular type of hard-to-serve patients AND for individual "outlier" patients. Agencies that can demonstrate to the Secretary that they specialize in treating a much more expensive population will be exempted from the 250% payment cap. All agencies could apply for quarterly "outlier" payments if they treated more costly than average patients. HCFA will also be required to report back to Congress regarding their implementation of the exceptions policy, to ensure that the provisions are implemented in a timely manner and that the relief is reaching agencies.

Increases the per-visit limit to 110% of the median.

Permanently repeals the 15% cut in IPS home health payments. The bill eliminates the 15% cut from the Interim Payment System.

Protects beneficiaries from inappropriate discharge. The bill provides Medicare beneficiaries with a notice of discharge similar to the one provided to Medicare+Choice hospital patients. It requires HCFA to provide information to physicians about how the IPS affects their patients.

Requires a GAO study on the value of home care to the Medicare program. The bill asks the Comptroller General to document the impact that providing home care (or not providing home care) has on other government spending, including Medicare inpatient services and Medicaid nursing home reimbursement.

50TH ANNIVERSARY OF AMERICAN
LEGION POST 273, MADEIRA
BEACH, FLORIDA

HON. C.W. BILL YOUNG

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 16, 1999

Mr. YOUNG of Florida. Mr. Speaker, I rise today to recognize the 50th anniversary of American Legion Post 273, in Madeira Beach,