

Certain SBA offices have been denying loan applications based upon the possibility that qualified individuals may divorce resulting in joint ownership of the small business.

Section 603. HUBZone Eligibility. This section includes a provision extending eligibility for HUBZone Small Business Concerns for an additional year if they are located in areas that recently were removed from HUBZone status.

Section 604. Subcontracting Preference for Veterans. This clarifies that the language included in subcontracting plans for small business concerns owned and controlled by veterans and used for the purpose of data collection also includes small business concerns owned and controlled by service disabled veterans. Apparently, there is confusion over the fact that the group of veteran owned businesses also includes service disabled veteran owned businesses.

Section 605. Small Business Development Center funding. This section reforms the formula for funding Small Business Development Centers.

Section 606. Surety Bond program. Reauthorizes the Surety Bond financing program.

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY IRRIGATION WORKS OWNERSHIP

SPEECH OF

**HON. J.D. HAYWORTH**

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, October 3, 2000*

Mr. HAYWORTH. Mr. Speaker, during House floor consideration and passage of H.R. 2820, a draft resolution was inserted into the RECORD that was to have been a signed version of the resolution from the Salt River Pima-Maricopa Indian Community approving certain amendments to the Community's water code, as contemplated, and, indeed, as required by the bill. To correct this admission, I ask unanimous consent that the attached signed copy of the Community's resolution approving the requisite amendments to its water code be inserted into the RECORD and be included in the RECORD of the proceedings of the House with regard to H.R. 2820.

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY,  
*Scottsdale, AZ.*

RESOLUTION No. SR-2031-2000

Whereas, the Salt River Pima-Maricopa Indian Community ("SRP-MIC") Council has the authority pursuant to Article VII, Section 1(d)(5) of the Constitution of the SRP-MIC to provide for the proper use and development and prevent the misuse of the lands, natural resources and other public property of the SRP-MIC; and

Whereas, the Congress of the United States has under consideration the passage of H.R. 2820 to convey to the SRP-MIC the irrigation works formerly owned and operated by the Bureau of Indian Affairs and located on SRP-MIC tribal and allottee land; and

Whereas, as a result of negotiations that led to the development of H.R. 2820, and amendments thereto, the legislation's language contemplates that the Community will adopt certain amendments to its Surface Water Management Code prior to enactment of the legislation: Now, therefore, be it

*Resolved*, That the SRP-MIC hereby adopts the attached amendments to its Surface Water Management Code, attached hereto as Exhibits "A" and "B" respectively; and be it further

*Resolved*, That, if substitute legislation for H.R. 2820 (1) is not passed by the Congress prior to the adjournment sine die of the 106th Congress, or (2) if so passed by Congress, but it is not signed into law during the 106th Congress, the approval by the Community of these amendments shall become null and void.

CERTIFICATION

Pursuant to the authority contained in Article VII, Section 1(d)(5) of the Constitution of the Salt River Pima-Maricopa Indian Community, ratified by the Tribe, February 28, 1990, and approved by the Secretary of the Interior, March 19, 1990, the foregoing resolution was adopted this 19th day of September 2000, at a duly called meeting held by the Community Council in Salt River, Arizona at which a quorum of 5 members were present by a vote of 5 for, 0 against, and 4 excused.

Salt River Pima-Maricopa Indian Community Council.

MERMA LEWIS,  
*Vice President.*

MEDICARE COMPREHENSIVE QUALITY OF CARE AND SAFETY ACT OF 2000

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, October 5, 2000*

Mr. STARK. Mr. Speaker, in March of 1998, the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry (Quality Commission) issued its final report, raising concerns about medical errors and recommending steps to reduce the incidence of medical errors. The Quality Commission urged that measuring and improving quality of care be made a national priority.

In June of 1998, the Congressional Medicare Payment Advisory Commission (MedPAC) reported on quality of care in Medicare, and in June of 1999, MedPAC made specific recommendations for improving quality of care in Medicare. MedPAC recommended:

That quality of care goals for Medicare, including minimizing preventable errors and increasing participation by patients in their care should be established, reviewed and revised through a public process; that systems be established in Medicare for monitoring, improving and safeguarding quality of care; that the Secretary work with the private sector to develop and use common, core sets of quality measures for monitoring quality; and that to the extent possible, quality of care systems in the traditional Medicare fee-for-service program and Medicare+Choice be comparable.

In July of last year, the Inspector General issued four reports citing major deficiencies in the accreditation of hospitals to ensure that quality of care provided in hospitals for Medicare by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO). The Inspector General made a series of recommendations for improving the accreditation of hospitals to ensure that quality of care provided in hospitals met Medicare standards. Also last year, the General Accounting Office issued reports citing major deficiencies in the accreditation of nursing facilities.

Then, in November of last year, the Institute of Medicine issued a report, "To Err is Human", which reported that almost 100,000

people may be killed each year by medical errors. The IOM recommended that improving health care safety be made a national priority and that a nationwide mandatory reporting system of medical errors by providers should be established. The IOM also called for a "culture of safety" in health care organizations. On February 10, 2000, the Ways and Means Health Subcommittee held hearings on the IOM report.

And yesterday, October 4, 2000, the Journal of the American Medical Association (JAMA) published an article reporting on the findings of a study on quality of care furnished to Medicare fee-for-service (FFS) beneficiaries. The study examined Medicare hospital claims by State for 24 quality of care performance indicators. The study found wide variation in quality of care both among States and among performance indicators.

The authors state: "Available data suggest that providing the services measured here could each save hundreds to thousands of lives a year." The authors report that "there has been no systematic program for monitoring the quality of medical care provided to FFS

Today, I along with Mr. NEAL and Mr. JEFFERSON, am introducing legislation that would address the recommendations made by these distinguished organizations. For the first time since the Medicare program was enacted, my bill would establish quality of care as a major emphasis in Medicare.

The "Medicare Comprehensive Quality of Care and Safety Act of 2000" would for the first time in the history of Medicare establish a comprehensive quality of care and safety system in Medicare for setting quality of care goals and priorities, conducting research and setting standards for quality of care, monitoring quality, safeguarding quality, and establishing systems to improve information and education of patients and providers concerning quality of care issues.

Perhaps most important of all, my legislation will create a "culture of safety and quality" in health care by requiring every provider to establish a "Medicare Quality of Care and Safety Program" (MQCSF). Based on model fraud and abuse compliance plans developed and implemented by the HHS Inspector General, every Medicare provider would be required to implement a quality monitoring and error reduction program—"Medicare Quality of Care and Safety Program"—and to report serious failures to meet quality standards and medical errors. The Secretary would be required to establish a national database of medical errors, as called for by the Institute of Medicine.

This legislation would establish a Medicare Quality and Safety Advisory Committee, which would be charged with recommending annual goals and priorities on quality of care. In the Medicare comprehensive quality of care system, the Secretary would be required to establish quality standards, including performance measures. The Secretary would be required to coordinate Medicare quality of care activities with those in other Agencies of the Department. As an example, the Centers for Disease Control and Prevention have for many years established and implemented performance standards for certain aspects of care; the CDC