

programs outside of the IHS that should be ready to participate in the Self-Governance program at the conclusion of the study and anticipates the introduction of legislation at that time to authorize such participation.

SECTION 602. CONSULTATION

(a) Study Protocol. This Provision requires the Secretary to consult with Indian tribes to determine a protocol for conducting the study. The protocol shall require that the government-to-government relationship between the United States and the Indian tribes forms the basis for the study, that consultations are jointly conducted by the tribes and the Secretary, and that the consultation process allow for input from Indian tribes and other entities who wish to comment.

(b) Conducting Study. This provision requires that when the Secretary conducts the study, she is to consult with Indian tribes, states, counties, municipalities, program beneficiaries, and interested public interest groups.

SECTION 603. DEFINITIONS

(a) This subsection is intended to incorporate into Title VI the definitions used in Title V.

(b) This subsection defines "agency" to mean any agency in the Department of Health and Human Services other than the Indian Health Service.

SECTION 604. AUTHORIZATION OF APPROPRIATIONS

This section authorizes the appropriation of such sums as necessary for fiscal years 1999 and 2000 in order to carry out Title VI.

SECTION 5. AMENDMENTS CLARIFYING CIVIL PROCEEDINGS

(a) This provision amends Section 102(e)(1) of the Act to clarify that the Secretary has the burden of proof in any civil action pursuant to Section 110(a).

(b) The provision provides that the amendment to Section 102(e)(1) set out subsection (a) shall apply to any proceeding commenced after October 25, 1994.

SECTION 6. SPEEDY ACQUISITION OF GOODS AND SERVICES

This section requires the Secretary to enter into agreements for acquisition of goods and services for tribes, including pharmaceuticals at the best price and in as fast a manner as is possible, similar to those obtained by agreement by the Veterans Administration.

SECTION 7. PATIENT RECORDS

This section provides that Indian patient records may be deemed to be federal records under the Federal Records Acts in order to allow tribes to store patient records in the Federal Records Center.

SECTION 8. REPEALS

This Section repeals Title III of the Indian Self-Determination and Education Assistance Act which authorizes the Demonstration Project replaced by this Act.

SECTION 9. SAVINGS PROVISION

This section provides that funds already appropriated for Title III of the Indian Self-Determination and Education Assistance Act shall remain available for use under the new Title V.

SECTION 10. EFFECTIVE DATE

This section provides that the Act shall take effect on the date of enactment.

LOUISE EPPERSON TO CELEBRATE HER 90TH BIRTHDAY

HON. DONALD M. PAYNE

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Mr. PAYNE. Mr. Speaker, I would like to ask my colleagues here in the U.S. House of Representatives to join me in recognizing a very special person who will be honored at her 90th birthday celebration later this month, Ms. Louise Epperson.

Friends and family will gather at Clinton Avenue Presbyterian Church in Newark, New Jersey to pay tribute to this woman who has given so much to our community. I feel fortunate to have forged a friendship with Ms. Epperson, whom I have come to know as a wonderful, caring person and tireless community activist. Her character and concern for those around her are summed up in the words she holds as her motto and her mission: "To make my life a source of inspiration to others, and a part of tomorrow's history. Never to look down on anyone unless it is to give them a hand to lift them up."

Among her many accomplishments, Ms. Epperson was named Auxilian of the New Year for her 25 years of service to the University of Medicine and Dentistry of New Jersey's University Hospital Auxiliary. This award honored Ms. Epperson as an individual who demonstrated outstanding leadership skills, worked to improve the health of the community and contributed to the advancement of the hospital and its auxiliary. A champion of health issues in her Central Ward neighborhood, Ms. Epperson took up the cause of patient advocacy in her role as patient ombudsman at Martland, which is now called University Hospital, over two decades ago. She became a founding member of the Martland Hospital Auxiliary, where she put innovative ideas into action. Among the programs the auxiliary sponsored were a lead poisoning awareness program in local grammar schools, a "Careermobile" which traveled to local high schools to educate young people about health care careers, the purchase of a van to transport patients to the hospital for outpatient services, nurse education programs, and furnishing a pediatric playroom and a bereavement room. In 1998, she was honored by the city and inducted into the Newark's Women Hall of Fame.

Ms. Epperson is an inspiration to us all as she continues to remain active in numerous organizations, including the Newark Senior Citizens Commission, the Newark Affirmative Action Committee, the Black Presbyterians United, Golden Heritage, the NAACP, and the League of Women Voters. Mr. Speaker, I know my colleagues here in Congress join me in wishing Ms. Epperson a happy birthday and continued success and happiness.

THE MEDICARE NURSING AND PARAMEDICAL EDUCATION ACT OF 1998

HON. KEN BENTSEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Mr. BENTSEN. Mr. Speaker, I rise today to introduce legislation, the Medicare Nursing

and Paramedical Education Act of 1998, to ensure that our nation continues to invest in the training of nurses and allied health professionals even as our health care system makes its transition to the increased use of managed care. I am pleased that several colleagues are joining me as original co-sponsors to this initiative, including Reps. CRANE, GANSKE, CARDIN, RANGEL, STARK, and JEFFERSON.

This legislation would provide guaranteed federal funding for nursing and paramedical education and help ensure that our nation continues to train enough nurses and other health care providers during this transition to managed care. Without such a guarantee, I am concerned that the availability and quality of medical care in our country would be at risk.

Teaching hospitals have a different mission and caseload than other hospitals. These hospitals are teaching centers where reimbursements for treating patients must pay for the cost not only of patient care, but also for medical education including nursing and paramedical education. In the past, teaching hospitals were able to subsidize the cost of medical education through higher reimbursements from private and public health insurance programs. With the introduction of managed care, these subsidies are being reduced and eliminated.

Under current law, the Medicare program provides payments to teaching hospitals for nursing and paramedical education. These Medicare payments pay a portion of the costs associated with the required classroom and clinical training.

As more Medicare beneficiaries enroll in managed care plans, payments for nursing and paramedical education are reduced in two ways. First, many managed care patients no longer seek services from teaching hospitals because their plans do not allow it. Second, payments are cut because the formula for these payments is based on the number of traditional, fee-for-service Medicare patients served at these hospitals. When fewer patients visit hospitals, these pass-through payments are reduced.

In 1995, Medicare provided \$253 million for a portion of the costs associated with the allied health and nursing education. This payment represents 37 percent of the total costs of operating these programs at 731 hospitals nationwide. According to a recent Lewin Group estimate, allied health and nursing education pass-through programs would be reduced by \$80 million in 2002 from current levels because of fewer Medicare beneficiaries utilizing teaching institutions. This year, for example, Methodist Hospital in Houston estimates that it would lose \$71,871 because Medicare managed care patients are not seeking services from them. Clearly, we need to correct this inequity.

As the representative for the Texas Medical Center, home of two medical schools, three nursing programs, and several paramedical programs, I have seen firsthand the invaluable role of medical education in our health care system and the stresses being placed on it today. For instance, Methodist Hospital provides training for 825 students in its nursing, allied health, physical and occupational therapy, respiratory therapy, laboratory technology, and pharmacy programs. I am concerned that without sufficient Medicare support that these programs would be jeopardized.

The Balanced Budget Act of 1997 included a provision, similar to legislation I introduced,

to ensure that Medicare managed care health plans contribute to the cost of graduate medical education at teaching and research hospitals. This law carves out a portion of the Adjusted Average Per Capita Cost (AAPCC) payment to Medicare managed care plans and transfers this funding directly to teaching hospitals to help pay the costs of graduate medical education. This law provides \$5 billion for physician medical education over five years. However, the law did not require Medicare managed care health plans to provide similar funding for nursing and allied health professional programs. My legislation would correct this omission by extending the provisions of the Balanced Budget Act to require Medicare managed care plans to contribute a portion of their AAPCC payment to teaching institutions which provide nursing and allied health professional education. All health care consumers, including those in Medicare managed care plans, benefit from this training and should contribute equally towards this goal.

Our nation's medical education programs are the best in the world. Maintaining this excellence requires continued investment by the federal government. Our teaching hospitals need and deserve the resources to meet the challenge of our aging population and our changing health care marketplace. This legislation would ensure that our nation continues to have the health care professionals we need to provide quality health care services in the future.

I also believe that this legislation is fiscally responsible. This legislation has no budgetary impact, because a portion of the payment to managed care plans would simply be shifted to these teaching institutions.

I urge my colleagues to support this effort to provide guaranteed funding for nursing and allied health professional education.

PUT PARTISANSHIP ASIDE

HON. KAREN MCCARTHY

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Ms. MCCARTHY. Mr. Speaker, I rise today to stress the importance of the work that this Congress needs to complete before we adjourn. We will be making a momentous decision today, and each one of us must reflect carefully on that decision. However, we also have several critical issues still facing us, and we must focus on these concerns and fulfill our responsibility to the American people.

We must pass a budget. Tomorrow marks the last day of the continuing resolution signed by the President. We are facing the threat of a government shutdown. As we all know, a government shutdown means no veteran benefits, Social Security benefits, or student loan funds.

The American people deserve access to excellent and affordable health care. If people do not have good medical care, they may suffer severe consequences, and sometimes, even death. I urge the House leadership to work with my Democratic colleagues to find a solution to the managed care dilemma.

We must protect Social Security first and ensure the financial security of our retirees now and into the future. We must resist the temptation to use Social Security funds for

anything but the long-term solvency of this important, successful, and needed program.

Again, I urge my colleagues on both sides of the aisle to put partisanship aside and work together to complete the work that we have to do. The American people elected us to this body to serve in their best interest and uphold the principles of democracy. Let us break down the wall that exists in the aisle of this hall and work together to address the issues before us.

IN HONOR OF MAJOR THOMAS CARR

HON. PHIL ENGLISH

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Mr. ENGLISH of Pennsylvania. Mr. Speaker, it is with great sadness and a deep sense of pride, that I rise today to honor Major Thomas Carr, a native of Erie, Pennsylvania. Major Carr lost his life on September 12, 1998, during an Air Force attack training mission when his F-16D jet went down over the Avon Bombing Range in Florida.

Major Thomas Carr, 37, a United States Air Force Reservist, set a positive example for all of us. As his Meritorious Service Medal Citation states, "He sacrificed his life in the defense of his nation, and in the name of freedom." Major Carr, a widely respected officer, set high standards and inspired those who had the privilege of knowing him.

Major Carr developed his love of flying as a child at his first Erie Air Show. As an Air Force aviator, he understood and accepted the risks associated with flying planes. Living life to the fullest, he moved effortlessly from riding a dirt bike and waterskiing to flying F-16D jets for the Air Force.

Major Carr had over 12 years of Air Force service—eight years of active duty and four years of reserve duty. In his military career, he had been stationed in Korea, the Persian Gulf, Italy, Iraq, and Bosnia, flying several missions around the world. In fact, earlier this year, he had flown missions over Iraq during Operation Northern Watch.

Major Thomas Carr received numerous awards for his performance as a pilot from the Air Force. Major Carr was awarded the Air Force Meritorious Service Medal, which was presented to his family posthumously. He was best described as "the epitome of a fighter pilot." Mr. Speaker, I have enclosed the citation that accompanied this award and ask that it be inserted in the RECORD.

Major Carr was a 1979 Erie Tech Memorial High School graduate. He graduated from Clemson University with a degree in electrical engineering in 1984. He was a graduate of the Air Force's elite Fighter Weapons School. He was also a pilot for American Airlines based out of Miami, Florida.

Major Carr is survived by his wife, Karen; sister Kathy Rozantz; and his parents, Tom and June Carr of Erie, Pennsylvania. Our thoughts and prayers go out to Major Carr's family and friends.

CITATION TO ACCOMPANY THE AWARD OF THE MERITORIOUS SERVICE MEDAL (POSTHUMOUS) TO THOMAS M. CARR

Major Thomas M. Carr distinguished himself in the performance of outstanding serv-

ice to the United States while assigned to the 93rd Fighter Squadron, Homestead Air Reserve Station, Florida, from 21 August 1995 to 12 September 1998. During this period, the outstanding professional skill, leadership and ceaseless efforts of Major Carr facilitated two major overseas deployments, three live weapons deployments, one Operational Readiness Inspection and an expeditious conversion from the F-16A to the F-16C aircraft. As the Squadron Weapons Officer, Major Carr continually pushed his unit's readiness higher through comprehensive academic and aerial instruction. Hand-picked for the United States Air Force Weapons School, he was praised by his commander for his outstanding leadership as senior ranking officer and role model for his class. His extensive efforts in preparation for the unit's combat deployments in support of Operation Northern Watch ensured the success of this highly visible major contingency reflected a distinctively genuine concern for his fellow warriors and he established the standard for all of those who selflessly dedicate their lives in the service of the United States Air Force. Major Carr was the epitome of the citizen aviator. His career reflected a distinctively genuine concern for his fellow warriors and he established the standard for all of those who selflessly dedicate their lives in the service of the United States Air Force. Major Carr upheld the finest qualities and the highest traditions of a combat aviator. He sacrificed his life in the defense of his nation, and in the name of freedom.

THE TALIBAN: PROTECTORS OF
TERRORISTS, PRODUCERS OF
DRUGS, H. CON. RES. 336

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Mr. GILMAN. Mr. Speaker, today I am introducing H. Con. Res. 336, legislation condemning the Taliban regime and supporting a broad based government in Afghanistan.

The attacks on our embassies in Nairobi and Dar es-Salaam that left 254 dead including 12 Americans and over 5,000 injured reflect the failure of U.S. policymakers to confront a new kind of warfare and a new kind of adversary, one that draws its power from a convergence of the destructive tactics of international terrorism and radical Muslim extremism with one of the world's largest heroin empires.

This is a war, not between Islam and the United States, but between a small but growing army of religious fanatics who want to undermine the West and radicalize the Islamic world by overthrowing moderate Islamic governments.

We are in this predicament because the Clinton administration has failed to distinguish between those who are devout Muslims and those who use Islam as a rallying point to attack both the West and those who do not subscribe to their interpretation of the Koran.

Perhaps the most dangerous example of this lack of distinction is found in the administration's attitude toward the Taliban regime of Afghanistan, the principal protectors of Osama bin Ladin.

As the Taliban has extended its sway over Afghanistan, it has grown increasingly extremist and anti-Western, its leaders proclaiming that virtually every aspect of Western culture violates their version of Islam.