

Mr. Speaker, it is people like Amanda Davis that never allow me worry about the future of the United States. Every summer our congressional offices are filled with thousands of our brightest young minds, and they will be prepared to pick up the mantle of public service when their time comes. Amanda has already answered this call. As I stated earlier, I hope her example serves as a catalyst for others, and I thank her for all of her efforts on behalf of the people of Illinois.

HONORING CYNTHIA CARRINGTON-MURRAY

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 10, 1998

Mr. TOWNS. Mr. Speaker, I rise today to honor the skill and achievements of Cynthia Carrington-Murray. Her contribution to the health care community is incomparable.

After transferring from her native Trinidad and Tobago, she received her Bachelors Degree in Nursing and a Masters in Community Health Administration from Long Island University. Currently, Cynthia is the Executive Director of the Woodhull Medical Center in Brooklyn, a 428 bed public hospital that is part of the New York City Health and Hospitals Corporation. Woodhull is the acute care hospital for the North Brooklyn Health Network with over 18,000 discharges and 240,000 clinic visits annually. The Center operates three free-standing residency programs in Internal Medicine, Primary Care Pediatrics and Dentistry.

A dynamic and personable leader, Cynthia brings over twenty years of progressive leadership to the formidable task of interpreting Woodhull's mission, vision and goals. A strong advocate of community health, she imbues her work with vigor, compassion, and a keen understanding of the needs of the North Brooklyn community. She has received numerous awards for her professional excellence and she is a member of the Board of the Brooklyn Chamber of Commerce, President of the Trinidad and Tobago Nurses Association of America and the President of the East 45th Street Block Association.

As a wife and mother to two, daughters Camille and Kamika, Cynthia has managed the triumphs and pressures of those roles, and risen to excellence in the field of nursing.

Mr. Speaker, please join me in congratulating Cynthia Carrington-Murray for all of her achievements, for being a woman who dares to be different, and for showing young women everywhere that they can do and accomplish anything.

CAMPAIGN FINANCE REFORM

HON. RON KIND

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 10, 1998

Mr. KIND. Mr. Speaker, today is the date for the special election in California's 22nd Congressional seat, the race to replace my friend Walter Capps. The winner of today's race will be decided by the voters of Santa Barbara and San Luis Obispo Counties. The loser in

this race has already been decided, and it is the current campaign system.

The race for this seat has seen an unprecedented level of outside spending by special interest groups trying to influence the election. While the citizens of California's 22nd district have repeatedly said that education and taxes are their top priorities, outside groups have overwhelmed the district with television commercials that only impact their own narrow agenda's.

I am afraid that the spending in this race is only a sign of things to come. If we don't pass meaningful campaign finance reform the outside interest groups are going to spend unlimited amounts of money in each Congressional campaign, and each candidate will be forced to raise more money to combat that spending. We need campaign finance reform to stop this vicious cycle. Mr. Speaker the people of my district refuse to accept "no" for an answer.

HONORING THE PINK OYSTER INTEREST GROUP

HON. ALBERT RUSSELL WYNN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 10, 1998

Mr. WYNN. Mr. Speaker, I rise today to pay tribute to the Pink Oyster Interest Group's service to Southern Prince George's County, Maryland.

In January of 1996, five sorors, Patricia Oliver Bell, Annette Oliver Boxley, Irene Bullock-Overton, V'Nell De Costa and Gloria McCray Watson were gathered at Pat's Exclusives Boutique. In conversation, the subject of starting a local graduate chapter of Alpha Kappa Alpha Sorority, Inc. in the Ft. Washington area surfaced. Soror Gloria McCray Watson was charged with determining the procedure for starting a new chapter.

As directed, later in the same month, Soror Gloria McCray Watson reported to the group advising them of the procedure for the formation of an interest group. A meeting was scheduled for March 29, 1996 at Pat's Exclusives Boutique.

On March 29, 1996, the group's first meeting was held at Pat's Exclusives Boutique. Soror Carmilla Watkins of Nu Zeta Omega was invited to serve as an advisor to the group. The meeting was attended by Sorors: Patricia Oliver Bell, Annette Oliver Boxley, Yvonne Bundley, Irene Bullock-Overton, V'Nell De Costa, Brenda Jones and Gloria McCray Watson.

On Sunday, April 21, 1996, the groups' next meeting was held at Pat's Exclusives Boutique. Soror Wilma Holmes Tootle, North Atlantic Regional Director, was our guest, where she most graciously sanctioned the formation of a formal Interest Group of Alpha Kappa Alpha Sorority, Inc., in Ft. Washington, Maryland.

The group met at Pat's Exclusives Boutique again in the month of May. However, it soon became necessary to move the meetings to another location because of the tremendous response from sorors in the area. Soror Gloria McCray Watson was charged with securing a location for the meeting.

Officers were elected to conduct the business of the Interest Group. The Officers were: Irene Bullock-Overton—President, Gloria

McCray Watson—1st Vice-President, Patricia Oliver Bell—2nd Vice-President, Pamela Mohammed—Recording Secretary, Andrise Payton-Watson—Assistant Recording Secretary, Brenda Jones—Financial Secretary, V'Nell De Costa—Treasurer, Annette Oliver Boxley—Historian, Angela Roberts—Assistant Historian and LaKeisha Ratcliff—Philacter.

Soror Watson recommended and later secured Harmony Hall Regional Center for the third Thursday of each month. In June of 1996, 36 members strong, the Interest Group moved the meetings to Harmony Hall Regional Center in Ft. Washington, Maryland. Also at this meeting, it was recommended by Soror Angela Roberts that the group be formally known as, "The Pink Oyster Interest Group". The name was enthusiastically accepted by the sorors in attendance.

By August of 1997, the Group had initiated various programs and performed numerous community service projects. Some of the programs and activities included but are not limited to: an ongoing senior citizens project at Livingston HealthCare Center in Ft. Washington, Maryland; an Adopt-a-School partnership with Potomac Landing Elementary School in Ft. Washington, Maryland; a voter registration drive; an Adopt-a-Road partnership with Prince George's County; donated school supplies to the Alpha Kappa Alpha Sorority, Inc., AKA-IFESH project; sponsored five Southern Prince George's County middle school students for the Alpha Kappa Alpha Sorority, Inc. Putting emphasis on Math and Science (PIMS) Camp held at Bowie State University; donated career clothing to the Anacostia Center for Mental Health; made a financial contribution to the Maryland Stallions Basketball league; awarded scholarships to two Prince George's County senior high school students from Crossland High School; sponsored a Minority Business Symposium; established an AKAdemy; donated books for the library for Potomac Landing Elementary School in Ft. Washington; donated career clothing to the Maryland State Department of Rehabilitative Services and participated in the AIDS WALK '97 in Washington, DC.

The commitment of Alpha Kappa Alpha Sorority, Inc., is service to all mankind. The mission of this chartering shall be to extend Alpha Kappa Alpha's commitment to the citizens of southern Prince George's County.

HONORING RENEE POLLACK

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 10, 1998

Mr. TOWNS. Mr. Speaker, I rise today to honor the skill and achievements of Renee Pollack. Her contributions to education, particularly Bushwick High School, are incomparable.

Her philosophy is simple: "Students need to be able to dream the way I dreamed and I will try to help make those dreams come true." Early in her career she served as an assistant principal of Pupil Personnel Services at Park West High School in Manhattan. Renee was also a Spanish teacher, grade advisor, and served as a member of various task forces and steering committees.

Renee has realized her childhood dream of being a principal and it is clear that her students are as enthusiastic about her as she is

about them. During her tenure, Renee has obtained new computers for the library, laboratory and the college office; improved the functioning of the program office for the teachers and students; expanded the technology initiative for all the content areas; opened a Saturday community school for students and parents to have an opportunity to learn; and opened the pool and gym on Saturdays so students and their parents can go swimming.

It is clear that Ms. Pollack has a vision for Bushwick High School and its surrounding community. I have no doubt that she will leave an indelible mark on all the teachers, students and parents that she will come in contact with.

Mr. Speaker, please join me in congratulating Renee Pollack for all of her achievements, for being a woman who dares to be different, and for showing young women everywhere that they can do and accomplish anything.

MANAGED CARE AND MENTAL HEALTH/SUBSTANCE ABUSE: A NATIONAL DISGRACE

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 10, 1998

Mr. STARK. Mr. Speaker, managed care does many things well and some things poorly. It has been my impression that its major failing lies in the area of mental health and substance abuse services—and the following report submitted to the Congressional Budget Office in October 1997 by J. Wrich & Associates, Inc. (JWA) confirms that impression.

The report, which describes a pattern of lying about services, malpractice, and profiteering at the expense of some of the sickest in our society, is a call to action. As we consider managed care consumer protection and quality legislation, we need to provide special protections in the mental health and substance abuse sectors.

In the coming weeks, I will be proposing legislation to address some of the issues so well-raised by the Wrich report. Portions of this report follow:

A. OVERSTATED PROGRAM UTILIZATION

There was a tendency with providers audited to overstate utilization. In some instances multiple patient numbers were assigned to the same patients. One provider issued a new case number each time it authorized additional care. In other instances, case numbers were assigned on an annual basis, thereby enrollees were counted more than once if they received services in two or more calendar years.

In one audit the utilization reported by the contractor to the customer was: 5085 patients.

The audit found utilization to be: 3495 patients.

Variation—overstated utilization reported vs. actual: 45%.

B. TIMELINESS OF SERVICE

J. Wrich & Associates has consistently found timeliness of service to fall far outside the contractors' written standards.

Typically the contractor's written standards fall within the following parameters:

Routine cases shall receive service within 5 days;

Urgent cases shall receive service within 24 hours;

Emergency cases shall receive service within 2 hours.

This computes to a blended average standard for elapsed time of 4.32 days.

Actual performance in audits JWA has conducted ranged from 8.5 to 19.3 days.

Variation—Contractor's written standards computed to a blended average vs. the blended average of actual waiting time for care: 97% to 347%.

C. NETWORK DEVELOPMENT

Coverage

Coverage is frequently spotty. Where managed behavioral health care serve employee groups in multiple locations, JWA finds considerable unevenness in provider network development and accessibility. In the case of one managed behavioral health care company serving a statewide enrollee group, the contractor's proposal and initial agreement called for a minimum of one chemical dependency and one mental health provider in each county. Two years into the contract, gaps in the provider coverage were found to be as follows:

Findings	Counties not covered (%)	Enrollees not covered (%)
No providers at all	15	6
No mental health providers	16	7
No substance abuse providers	32	19
No adolescent/child providers	25	12

In this case, the customer paid the full premium for 100% of the plan's enrollees during that time frame even though the managed behavioral health care network was never completely in place to serve all of them.

Matching Service to Enrollees' Problems

JWA found that provider networks are rarely developed with adequate consideration of expected high incidence of certain disorders. Two landmark studies of incidence and prevalence—the Epidemiologic Catchment Area Study and the National Comorbidity Study—indicate that as many as 80% of the adult population with a behavioral health disorder have one of four major diagnosis or some combination thereof—substance abuse disorders, major depression, anxiety, and phobia. None of the managed care companies JWA audited have built their networks on a research-based rationale of expected patient needs.

Contractor reports on employing minority providers are often overstated. One ploy involved hiring high percentages of Asian and Indian providers who were anxious to build their practices and willing to work for lower fees, as opposed to employing established African Americans providers who would have more closely profiled the culture and ethnicity of the target population.

D. CLINICAL ISSUES

JWA found the charts they have audited to reveal a surprisingly high percentage of problems across the full spectrum of service.

Findings	Problem charts (%)
Failure to properly evaluate/diagnose/treat substance abuse cases where a diagnosis of a substance abuse disorder was documented in the chart, or where there were strong indications of the presence of a substance abuse disorder	54.8–78.3
Failure to properly evaluate/diagnose/treat psychiatric disorders cases where a psychiatric disorder was documented in the chart or where there were strong indications of the presence of a psychiatric disorder	4.3–8.6
Failure to follow up	6.3–78.8
Instances in which a patient had not received care within three months of initial contact due to delays in authorization or due to other administrative/clinical problems	4.1–26.0

E. ADMINISTRATIVE ISSUES

The frequency of administrative problems which had an impact on the delivery of care varied widely among providers. Problems included delays in answering telephone inquiries, failure to authorize care in a timely manner, problems with payment of claims.

Total Problems of Cases: 37% to 86%.

F. PATIENT PLACEMENT CRITERIA

JWA audits have shown that the criteria for inpatient, residential, or intensive outpatient treatment is often extremely restrictive. In one audit the provider required an attempt to harm self within the previous 24 hours, or significant action or harm to another person within the previous 24 hours, or significant threatening action to damage property with high lethality in order to receive intensive outpatient care or inpatient care.

Another audit revealed that the criteria for admission to detoxification services put the patient at risk because it included a confirmed diagnosis of addiction plus the presence of delirium tremens. Most experts would agree that a major purpose of detoxification is to prevent DT's, which are life-threatening medical conditions.

Mr. Speaker, the J. Wrich & Associates report causes great concern. While the audit findings cannot be generalized to the entire managed care industry, several audits performed by this company since 1992 have found significant problematic similarities in placement criteria, practice guidelines, network development procedures, and pricing among many of the firms. Currently patients have little protections against the bad mental health care that they often receive.

In the near future, a large number of us will be introducing a Patient Bill of Rights to provide new protections in managed care. Some of the provisions of that bill will help stop the type of abuses and abysmal care documented by the JWA audits. I suspect, Mr. Speaker, that the problems in the mental health and substance abuse sector are so severe, that we will need separate, special legislation to address this sector's unique problems. I am working on such legislation and welcome ideas and suggestions from the provider and patient communities.

A TRIBUTE TO DR. WALTER F. LAMACKI, DDS, ON THE OCCASION OF HIS RETIREMENT

HON. WILLIAM O. LIPINSKI

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 10, 1998

Mr. LIPINSKI. Mr. Speaker, I rise today to pay tribute to an outstanding gentleman who for many years has served the people of my district in the field of dentistry, Dr. Walter F. Lamacki, DDS.

Dr. Lamacki has been practicing dentistry for 35 years, and 24 years have been spent in the town of Burbank, Illinois. However, on March 1, 1998, Dr. Lamacki retired, and his practice will undoubtedly be missed by many people.

Before entering general practice, Dr. Lamacki attended the University of Illinois and Loyola University and served in the United States Army Dental Corp. Over the years, Dr. Lamacki has held numerous positions in the Chicago Dental Society, including the position of President. He has served on several committees of the Illinois State Dental Society and the American Dental Association. Dr. Lamacki also has served on the Board of Governors of Loyola Alumni Dental School and as President of the Loyola Alumni Association.

Dr. Lamacki is a respected member of the Chicago dental community. More importantly, he is a respected member of his community,