

course, effectively end the food and medicine embargo immediately.

The foreign policy initiatives of a President can be decisive. President Nixon went to China. President Carter brought Begin and Sadat to Camp David. President Reagan met Gorbachev in Iceland to ease nuclear tensions and President Bush followed up by reducing our nuclear weapons. President Clinton has the possibility of charting a new relationship between the United States and Cuba.

Let me end by recounting an incident during the Pope's visit. One of the pilgrims traveling with us took a walk along the waterfront. He was alone, it was raining, and the pavement was slippery. He stumbled and fell, with a resultant large cut in the head. Some passersby stopped their car and took him to the emergency room of the nearest hospital. The care he received was both professionally competent and compassionate. However, he was struck by the fact that the only medicine he could observe on the shelf in the treatment room was some alcohol. When the doctor arrived to stitch his wound, he first reached into a pocket of his white coat, removed a light bulb, and screwed it into the empty socket so that he could see more easily. It is not just a bulb that is missing. There is often a lack of power with devastating consequences, especially in surgery. The lack of medicines more quickly and cheaply attainable from the U.S. severely restricts the treatment that can be provided. Even more basically, the effects of the lack of sufficient food threaten the most vulnerable members of the population, the old and the young.

I would submit that the people of Cuba deserve better than that from us. I would submit that it adds no honor to our country to deprive a people of those necessities which should never be used as bargaining chips.

Change is occurring in Cuba. The question is, do we have the political will and moral courage to change?

#### HEALTH CARE CLAIMS GUIDANCE ACT

#### HON. BILL MCCOLLUM

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 19, 1998*

Mr. MCCOLLUM. Mr. Speaker, today I join my colleague from Massachusetts, Mr. DELAHUNT, in introducing the Health Care Claims Guidance Act. This legislation recognizes that, in our zeal to crack down on health care fraud and abuse, we must be careful not to throw our nets so wide that we ensnare honest providers who are making inadvertent billing mistakes. Ensuring that health care providers comply with all federal, state and local laws and regulations is, and always has been, a priority. At the same time, we should not carelessly paint all health care billing mistakes as billing fraud.

Many hospitals and other health care providers have received demand letters from the offices of U.S. Attorneys asserting that the provider may be guilty of fraudulent billing and threatening the imposition of treble damages plus \$5,000 to \$10,000 per claim under the False Claims Act unless a quick settlement is reached. In some cases, demand letters have been sent based on alleged overbilling of less than \$100. In one case, a demand letter was sent to a hospital for overbilling in the amount of \$8.79 on a single claim over a one year period.

The most innocent of providers often feel forced to settle these claims instead of facing the prospect of an automatic \$10,000 fine for a small disputed amount. Even if a provider could clearly prove their innocence and show that these claims resulted from innocent clerical error, they would be likely to settle the case rather than incur large legal costs. The numbers speak for themselves. In fiscal year 1997, there were 4,010 federal civil health care fraud matters pending but only 89 cases resulted in the actual filing of a civil complaint. The large majority were settled.

Considering that providers are faced with a federal health care payment system of more than 1,700 pages of law and over 1,200 pages of regulations interpreting those laws, as well as thousands of additional pages of instruction, it is inevitable that human error will occur and that erroneous claims will be submitted. Every day, providers submit over 200,000 federal health care claims, adding up to 73 million claims per year. Considering the sheer volume and complexity of such claims, it is unreasonable to view every single billing mistake as fraud that merits the threat of the severest civil sanctions.

Mr. Speaker, the Health Care Claims Guidance Act provides a clear and simple way of distinguishing between those claims that are fraudulent and those claims that result from human error. The bill establishes a de minimus threshold requiring that the amount of damages in dispute be a material amount for an action brought under the False Claims Act. The de minimus threshold would be established by the Secretary of Health and Human Services. This requirement would protect against the use of the False Claims Act for small, erroneous billings which likely result from human error.

In addition, the legislation would provide safe harbors for reliance on government advice or written policies. There is no better example of fundamental unfairness than when a private party relies on government advice but is then threatened with court action for having done so. The Health Care Claims Guidance Act would also provide safe harbors for claims that are in substantial compliance with model compliance plans. Affirmative defenses would be established for these situations.

It is clearly in the public's interest for parties to work together to prevent health care billing mistakes from occurring. Providers should actively seek out trouble spots and quickly flag problems to government agencies. At the same time, in order to further the goal of compliance, federal agencies which administer federal health care programs should be encouraged to assist providers in the early detection and correction of practices which may result in a disputed claim. By encouraging such self-policing, providers and government agencies will be able to work together to root out problems quickly.

It is clear that there are organizations and individuals engaging in efforts to defraud the federal government and we must use all of the tools at our disposal to pursue and severely punish such willful violators. In fact, during consideration of the Health Insurance Portability and Accountability Act during the last Congress, the Crime Subcommittee worked on provisions to strengthen criminal health care fraud statutes. At the same time, there are honest providers doing their best to comply with complex health care rules and regulations

who will make honest mistakes. The Health Care Claims Guidance Act provides clear guidance to ensure that the false claims of fraudulent actors are distinguished from the honest mistakes of innocent providers. I urge all my colleagues to support the Health Care Claims Guidance Act.

HONORING CANTOR BRUCE  
WETZLER OF CONGREGATION  
SHAAREY ZEDEK

#### HON. DEBBIE STABENOW

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 19, 1998*

Ms. STABENOW. Mr. Speaker. I wish to recognize the service of a very special individual, Cantor Bruce Wetzler of Congregation Shaarey Zedek in East Lansing. After 39 years, Cantor Wetzler will be retiring.

Cantor Wetzler graduated from the Hebrew High School of Congregation Tikvoh Chadoshoh in New York City. He then attended Yeshivah University Cantorial Institute and the Jewish Theological Seminary, while studying music at both the New York School of Music and the Victor Stott Music Conservatory.

Since 1959, Cantor Wetzler had dedicated his life to Congregation Shaarey Zedek by serving as musical leader, teacher, community spokesperson, and spiritual advisor to people of all ages.

Most of all, through music, Cantor Wetzler has brought many people in East Lansing closer to God. Whether it is a weekly service or a personal experience like a wedding or a Bar or Bat Mizvah, Cantor Wetzler has offered his voice through song to many people through the years. With his guidance, families and individuals have gained a better understanding of loss and a better appreciation of joy.

Cantor Wetzler is a leader in the greater Lansing community, but his special dedication to his Congregation and religious belief has been unparalleled. I wish him the very best in his future endeavors and I know he will relish the additional time with his wife Miriam, his two daughters, and his two grandchildren.

#### AMENDMENT TO H.R. 10

#### HON. TOM BLILEY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 19, 1998*

Mr. BLILEY. Mr. Speaker, elsewhere in the Congressional Record today, an amendment in the nature of a substitute to H.R. 10, the Financial Services Act of 1998, was filed by James Leach on behalf of both the Banking Committee and the Commerce Committee.

This legislation is the culmination of 20 years of work, and represents our best opportunity to enact meaningful financial modernization and consumer protection this term. We have tried to work on a bipartisan basis where possible, and have enjoyed extensive input and involvement from affected businesses and consumer groups throughout the process. While everyone had to make compromises to move this bill forward, we have achieved our fundamental goals of functional regulation, increased competition on a level playing field,

no expansion of taxpayer subsidies, and enhanced consumer protection and opportunities.

WOODROW WILSON MEMORIAL  
BRIDGE REPLACEMENT ACT

**HON. JAMES P. MORAN**

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 19, 1998*

Mr. MORAN of Virginia. Mr. Speaker, today I rise to introduce legislation that would authorize full federal funding for the replacement of the Woodrow Wilson Memorial Bridge.

As many of my colleagues know, the present bridge is in a serious state of disrepair and is one of the worst traffic bottlenecks in the metropolitan region. It is also the most troubled link on the east coast interstate corridor. Designed to carry 70,000 cars and trucks per day the bridge now carries 175,000 vehicles per day. By the year 2020, Federal Highway Administration estimates a 67 percent increase in vehicle traffic with up to 300,000 vehicles per day crossing the bridge. The future capacity needs alone should make the construction of a new crossing urgent.

Coupled with the capacity concerns, however, is the rapidly deteriorating condition of the present bridge. Federal and state highway engineers have determined that the useful life of the present bridge is less than six years. The underpinnings and supports of the bridge are literally crumbling into the Potomac River. The Federal Highway Administration has warned that at some point in the near future, it will need to restrict traffic on the bridge and would likely ban truck traffic for engineering and safety reasons.

While I would have favored replacing the present bridge with a tunnel, I recognize that there is not enough money in the federal highway program to support such a costly undertaking. There should, however, be sufficient funds for the Federal Government to meet its responsibility to pay for a replacement bridge. The bridge is owned by the Federal Government and will remain a federal liability until the funds are made available to replace it with a new bridge. At that time, the Commonwealth of Virginia, the District of Columbia and the State of Maryland are prepared to assume

ownership and all future maintenance of this bridge through a multi-state authority.

I am deeply concerned that without a significant increase in the amount of federal funds pledged to build a new bridge, no significant progress will be made. My proposal authorizes full federal funding for the replacement bridge, the connecting interchanges and approaches. It also seeks to address some of the concerns raised by the affected community that endure the current congestion and traffic and will suffer from a bridge construction project that may last up to nine years. The legislation, therefore also seeks to address their concerns by ensuring that there is:

(1) Progress on an additional southern Potomac River crossing, (2) a restriction on tolls, (3) a restriction on the width of the bridge, (4) a limitation on the total number of operational lanes, (5) a requirement that the final two lanes be reserved exclusively for High Occupancy Vehicle lanes and/or mass transit, and (6) an enforcement mechanism to ensure that both the State and Federal Governments honor the mitigation commitments outlined in the Record of Decision.

Mr. Speaker, I believe this legislation reflects a compromise on what must be done to get a replacement bridge built.

PERSONAL EXPLANATION

**HON. BILL REDMOND**

OF NEW MEXICO

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 19, 1998*

Mr. REDMOND. Mr. Speaker, I was absent from the floor, from Wednesday, March 11, through Friday, March 13 because I was attending my daughter's graduation from the Defense Languages Institute in Monterey, California.

What follows is a list of the votes I missed and how I would have voted had I been here:

Roll call #43 (H. Res. 383)—yes.

Roll call #44 (amendment to H.R. 1432)—no.

Roll call #45 (amendment to H.R. 1432)—yes.

Roll call #46 (amendment to H.R. 1432)—no.

Roll call #47 (final passage of H.R. 1432)—yes.

Roll call #48 (H. Res. 384)—yes.

Roll call #49 (Journal)—yes.

Roll call #50 (H.R. 2883)—yes.

Roll call #51 (amendment to H.R. 992)—no.

Roll call #52 (final passage of H.R. 992)—yes.

TRIBUTE TO MR. AND MRS. FERDINAND AND CARRIE HATFIELD PEARSON

**HON. JAMES E. CLYBURN**

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 19, 1998*

Mr. CLYBURN. Mr. Speaker, I rise today to pay tribute to Ferdinand and Carrie Hatfield Pearson of Clarendon County, South Carolina, on the occasion of their fiftieth wedding anniversary.

The Pearsons were married on February 28, 1948, in Manning, South Carolina. Their marriage is the kind we all wish to experience, one which has trials and tribulations throughout the years and which grows even stronger and more committed with each one. The Pearson's marriage has produced six children: Jerome Pearson (deceased), Alfreda Pearson, Grace Pearson Waters, Cynthia Pearson Felder, Ferdinand Pearson, Jr., and Timothy Pearson.

Both Mr. and Mrs. Pearson are dedicated members of their community. Ferdinand Pearson is a very active and senior member in the political arena of Clarendon County, as well as with the National Association of Colored People (NAACP) and the American Legion Post. Mr. Pearson has proven to be a model citizen both at home and abroad. Carrie Hatfield Pearson is a senior member of the Eastern Stars, as well as the Jordan Community Club and several churches. Her priorities have indicated a wealth of inner strength and charisma. Ms. Pearson puts God first, and she supports her family's needs and hopes as she helps to guide them through the phases of life. She is always attentive to the ways in which the community can be improved, and she encourages the youth to strive for excellence and high self-esteem.

Please join me in warmly wishing Mr. and Mrs. Pearson a very happy fiftieth anniversary, and in congratulating them for the inspiring example which they set for all of us