

Cambodian genocide in the 1970s is still remembered," he noted. "The only people who resisted exposure of these brutal events were the people who were involved," he said. "The resistance of the Akali government to exposure of the genocide against the Sikh Nation on the flimsy excuse that it would reopen old wounds raises the question of whether they are hiding their own culpability."

RECOGNITION OF SAN  
BERNARDINO COUNTY SCHOOLS  
COMMUNITY COALITION PART-  
NERS

**HON. GEORGE E. BROWN, JR.**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 6, 1998*

Mr. BROWN of California. Mr. Speaker, I rise today to recognize the hard work and dedication of the teachers, staff and partners involved in the San Bernardino County Schools Community Coalition projects. It is all too infrequent that we take the opportunity to acknowledge and commend those who help improve the lives of our students.

Those who have spent the past several years in Community Coalition projects have contributed a great deal to our community and to the futures of our children. County students benefit from excellent programs in the areas of early literacy, technology, school safety, and career preparation.

It is an honor and privilege for me to recognize the following Community Coalition partners, and to thank them for their dedication and commitment to the children of San Bernardino County. They serve as an example for us all.

Early Literacy: Diane Harlan, Adelanto School District; Celeste Danjou, Apple Valley Unified; Dawn Fletcher, Apple Valley Unified; Sue Rhoades, Apple Valley Unified; Mary Gee, Barstow Unified; Terry Rogers, Barstow Unified; Audrey Howard, Bear Valley Unified; Tina Pelletier, Bear Valley Unified; Donna Libutti, Central School District; Luanne Rhodes, Central School District; Patty DiPaolo, Chino Unified; Audrey Folden, Chino Unified; Helen Rockett, Chino Unified; Hester Turpin, Colton Joint Unified; Ava Gonick, Cucamonga School District; Susan Birrell, Hesperia Unified; Vickie Holman, Hesperia Unified; Aleen Massey, Hesperia Unified; Liz Fragua, Lucerne Valley Unified; Cathy Richardson, Morongo Unified; Joan Carey, Ontario-Montclair School District; Sue Cornell, Ontario-Montclair School District; Lynne Merryfield, Ontario-Montclair School District; Arlene Mistretta, Ontario-Montclair School District; Janie Pierson, Ontario-Montclair School District; Darwin Ruhle, Ontario-Montclair School District; Denise Cates, Darnell-Redlands Unified; Caroleen Cosand, Redlands Unified; Jean Fenn, Rim of the World Unified; Carol Besser, San Bernardino City Unified; Londa Carter, San Bernardino City Unified; Denise Dugger, Snowline Joint Unified; Cynthia Freymueller, Snowline Joint Unified; Rachael Emergy, Upland Unified; Judy Lowrie, Upland Unified; Marge Ruffalo, Upland Unified; Laura Chapman, Victor Elementary School District; Luis labarra, Victor Elementary School District; Chris Richards, Victor Elementary School District; and Melody Davidsmeier, Yucaipa-Calimesa Joint Unified.

Technology: Jim Roller, Apple Valley Unified; Steve Bailey, Barstow Unified; Cindy Robinson, China Unified; Ruthetta Brandt, Fontana Unified; Leandra Pearson, Hesperia Unified; Kathy Gilbert, Ontario-Montclair School District; Jim Evans, Redlands Unified; Noelle Kreider, Rialto Unified; Alexis Carlson, San Bernardino City Unified; John Patten, San Bernardino City Unified; Bob Watson, San Bernardino City Unified; and Linda Jungwirth, Yucaipa-Calimesa Joint Unified.

Focus on the Future: Judith Pratt, Chaffey Joint Union High School District; Michele Beutler, Fontana Unified; Dr. Bill Clark, Fontana Unified; Carrie Childress, Hesperia Unified; Jeff Drozd, Morongo Unified; Patricia Merriam, Morongo Unified; Skip Brown, Redlands Unified; Laura Brundige, Redlands Unified; Jerry Bennett, San Bernardino City Unified; Geri Kubanek, York-San Bernardino City Unified; Jere Lloyd, San Bernardino City Unified; Leslie Rodden, San Bernardino City Unified; and Pam Stockard, San Bernardino City Unified.

School Safety: Norma Ashworth, Apple Valley Unified; Robert Martinez, Chaffey Joint Union High School District; David Mann, Colton Joint Unified; Beth Henry, Fontana Unified; Sally Foster, Hesperia Unified; Marc Divine, Redlands Unified; Cathy Magana, San Bernardino City Unified; Tim Kelleghan, San Bernardino City Unified; Tina Maeda, San Bernardino City Unified; and Jimmie Jimenez, Yucaipa-Calimesa Joint Unified.

Community Coalition Verbal Judo Instructors: Richard Laabs, Redlands Unified; Michael Vance, San Bernardino County Schools; Debbie Fairfax, Upland Unified; and Joe Kaempher, Victor Valley Union High School District.

CELEBRATING LISA KAPLAN'S  
BAT MITZVAH

**HON. ROD R. BLAGOJEVICH**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 6, 1998*

Mr. BLAGOJEVICH. Mr. Speaker, I rise today to send a special congratulations to Lisa Kaplan, who will celebrate her Bat Mitzvah on Friday, May 8. The ceremony marks a culmination of religious study and community work that is a point of pride for her parents, James and Allin, as well as the many friends of the Kaplan family.

Lisa is an outstanding young woman with a very bright future ahead. Lisa attends Daniel Wright Junior High School in Lake Forest, Illinois. She's involved in many varied activities including student council, performing trumpet in the band, and playing on the baseball team. Lisa has distinguished herself academically by making the honor roll and being named to the National Junior Honor Society. Outside of school, Lisa has committed herself to being a regular participant in her synagogue and is an active student of Jewish tradition. And in her home, Lisa has been a loving daughter to her parents and a loving sister to her siblings.

The Bat Mitzvah ceremony will be just the first step in Lisa's coming of age and the assumption of adult responsibilities. This is deservedly a proud moment for the Kaplan family, and I welcome Lisa's increased involvement in our schools, church, and community.

REAUTHORIZATION OF THE NA-  
TIONAL ORGAN TRANSPLANT  
ACT

**HON. JOHN JOSEPH MOAKLEY**

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 6, 1998*

Mr. MOAKLEY. Mr. Speaker, I rise today to support the reauthorization of the National Organ Transplant Act (NOTA). On behalf of the thousands of American patients currently awaiting a lifesaving organ, the many dedicated physicians, surgeons and scientists actively engaged in the research and practice of transplantation, I ask my colleagues to support the reauthorization of NOTA.

As many of my colleagues know, two and a half years ago I underwent a successful liver transplant that saved my life and literally gave me a second chance. However, there are others that are not as fortunate as I was. Currently, there are over 58,000 people waiting for a lifesaving donor organ and an estimated eight people a day die waiting for an organ transplant. These alarming statistics translate into an increase of 255 percent over the last ten years. Although there have been many new scientific advances in the field of solid organ transplantation over the last eight years, the major obstacle continues to be that the demand for donor organs remains far less than the supply.

Given the rapid scientific advancements and increasing numbers of patients requiring organ transplants, I believe that it is imperative to re-examine and update the nation's system for organ donation and transplantation. Over the last 30 years, transplantation of solid organs has moved from experimental to accepted therapy, with over 20,000 transplants performed in 1997 alone. I am living proof that transplantation works, it saves lives and it improves the quality of people's lives. The success of this procedure has improved greatly over the last few years with almost all solid organ recipients enjoying an 83 to 97 percent survival rate at one year. However, despite improved survival rates there still remains a serious donor shortage in this country and we must do more to increase awareness as to the importance of organ donation.

Mr. Speaker, I ask my colleagues to support the reauthorization of the National Organ Transplant Act. More importantly, I would urge my colleagues to talk to their families and loved ones about organ donation and make their intentions known so that someone can receive the "gift of life."

SUBMITTED IN SUPPORT OF H.R.  
3605, "THE PATIENTS' BILL OF  
RIGHTS ACT"

**HON. EDWARD J. MARKEY**

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 6, 1998*

Mr. MARKEY. Mr. Speaker, today I join with Representatives JOHN DINGELL and GREG GANSKE, Leader DICK GEPHARDT, Leader TOM DASCHLE, Senator TED KENNEDY, Senator BARBARA BOXER, and the many patient and health groups, in support of H.R. 3605, the Patients' Bill of Rights Act. We all owe a debt of gratitude to Congressman DINGELL for his strong

and sure leadership on this issue; Mr. DINGELL got involved early, pulled the key players together and produced an excellent bill which will, in fact, protect patients once enacted. I want to say a special word of thanks to Representative GREG GANSKE, with whom I have been working closely for some time on the Patient Right to Know Act (H.R. 586) which would ban gag clauses from managed care plans. His power of persuasion over some of his Republican colleagues to join him in co-sponsoring the Patients' Bill of Rights Act will be very helpful in passing a managed care reform bill this year.

Representative GANSKE and I have been involved for quite some time in putting together a bill which would prohibit managed care plans from restricting the medical communications between doctors and patients based on what the plan did and did not cover. Our bill was based on a very simple premise: when you're a patient, What you don't know can hurt you. And our anti-gag clause bill, which now has 300 co-sponsors, is included in the Patients' Bill of Rights Act.

The Patients' Bill of rights Act expands on that principle. It says: What you don't know and don't have access to and aren't protected from can hurt you.

That's why the Patients' Bill of Rights Act makes it possible for people to have some choice of plans, access to specialty and emergency care, and direct access to OB/GYN care and services for women.

That's why the Patients' Bill of Rights Act makes it possible for patients to get more information about their health plans, and have greater faith that the confidentiality of their medical records will be protected.

And that's why the Patients' Bill of Rights Act recognizes that patients are also health care consumers and establishes strong consumer protection standards, internal and external grievance procedures, and measures which respect and protect the provider-patient relationship.

When President Clinton delivered his State of the Union speech on January 27—99 days ago—one of the single most sustained waves of applause followed the president's call to action for Congress: to pass a consumer bill of rights and responsibilities for America's patients. Well, tomorrow, we will hit Day 100 of total inaction. The American people are demanding that Congress fill their managed care reform prescription—the Republican leadership should fill that prescription with the Patients' Bill of Rights Act.

Once again, I'd like to thank Congressman DINGELL, Senator KENNEDY, our Leaders and all of my colleagues who are working so hard to move this legislation forward.

#### MEDICARE: THE NEED FOR ADMINISTRATIVE FUNDS

#### HON. FORTNEY PETE STARK

OF CALIFORNIA  
IN THE HOUSE OF REPRESENTATIVES  
*Wednesday, May 6, 1998*

Mr. STARK. Mr. Speaker, members constantly decry the problem of fraud, waste, and abuse in Medicare—and constantly underfund the agency that is responsible for administering Medicare.

It is Congressional hypocrisy at its height. No one should criticize the administration of

Medicare who does not support more resources for the beleaguered Health Care Financing Administration.

Following is an excellent article by Julie Rovner of the National Journal's Congress Daily, entitled Congress v. HCFA: Bureaucracy Bashing 101.

I would just add to Ms. Rovner's article that when HCFA sought \$16 million this spring it paid for it by offering to slash \$16 million from another Medicare-related account—but even that was denied by the micro-managing Congress.

Medicare beneficiaries should know who to blame when they are unable to get their questions answered from HCFA: it is the Congress that should be blamed.

[From the National Journal's Congress Daily, Apr. 23, 1998]

CONGRESS V. HCFA: BUREAUCRACY BASHING 101

(By Julie Rovner)

Frustrated politicians like to point out how hard it can be to please constituents who simultaneously demand contradictory things—like those voters who all at once want increased spending, tax cuts, and no new additions to the deficit. But sometimes, the politicians themselves behave just as inconsistently.

Take the Health Care Financing Administration, known—and almost universally derided—as HCFA (pronounced Hickfa). The HHS subunit that oversees Medicare, Medicaid, and, since last year, the new children's health insurance program, HCFA is the agency politicians most love to hate. In 1992, when he was running for president, candidate Clinton in his "Putting People First" manifesto vowed to "scrap [HCFA] and replace it with a health standards board made up of consumers, providers, business, labor and government."

In short, anybody except bureaucrats.

During the heated Medicare debate of 1995, Speaker Gingrich claimed he never meant to suggest Medicare would "wither on the vine" under the GOP's budget plan, merely HCFA.

But Congress' second favorite pastime, after beating up on HCFA, seems to be giving the agency even more work to do. Since 1990, three different bills have increased HCFA's responsibilities exponentially.

"It's the greatest workload in the history of the agency," said Harvard Professor Joseph Newhouse, vice chairman of the Medicare Payment Advisory Commission.

And it is not like HCFA was a sleepy bureaucratic backwater: Running Medicare and Medicaid already required it to supervise the healthcare programs that will serve nearly 75 million Americans in 1998 and cost the federal government \$300 billion in 1997, 18 percent of the entire federal budget.

HCFA's latest onslaught began in 1996, with passage of the Health Insurance Portability and Accountability Act. Not only did HIPAA give the agency broad new responsibility to root out fraud and abuse in Medicare (the accountability part), it also made HCFA the fallback enforcement agency for states that failed to pass their own laws to implement the portability part. As of now, that includes five states: Rhode Island, Massachusetts, Missouri, Michigan, and California.

Later that fall, Congress ordered HCFA to implement provisions tacked onto the VA-HUD appropriations bill barring "drive through" baby deliveries and requiring limited parity for mental health coverage.

But that was only an appetizer. Last year's Balanced Budget Act, according to HCFA Administrator Nancy-Ann Min DeParle, gave the agency about 300 new tasks.

In Medicare alone, the agency is expected to devise new payment systems for home health, hospital outpatient, and nursing home care; a new "risk adjuster" and new payment methodologies for managed care plans; and rules for new "provider-sponsored organizations." And that is not to mention devising how to inform Medicare's 39 million beneficiaries about a vast array of new "choices" available to them this fall.

At the same time, HCFA is responsible for approving each state's new children's health insurance program, and for helping states locate and enroll the millions of children eligible but not yet signed up for Medicaid.

With that much more to do, you might think Congress would also give HCFA more money to do it with. But it is so easy to bash the bureaucracy that the Senate could not resist striking HCFA's request for an additional \$16 million for FY98 during consideration of the supplemental appropriations bill last month.

HCFA officials said \$6 million of that request was to hire workers to enforce HIPAA in states that have yet to pass their own legislation. The states in question contain a total of 54 million citizens. "The work requires knowledge and expertise in the area of health insurance regulation at the state level," said the agency in its supplemental request. "The nature of this work is totally unlike that performed by HCFA's workforce."

But that plea fell on deaf ears. "Do we want to turn that much additional bureaucracy over to HCFA, that much more money, or can't they borrow some more of those employees that they now have who are probably reading through reports that are obsolete and maybe not doing so much good?" asked Senate Majority Whip Nickles on the floor March 25.

Evidently they can, according to the Senate. Members adopted Nickles' amendment to strip the funding from the bill after defeating, 51-49, an attempt by Senate Labor and Human Resources ranking member Edward Kennedy, D-Mass., to keep only half the money.

The result of all this, says former CBO Director Reischauer, is "setting HCFA up" for failure. "It's classic Congress," he said. "There's no way HCFA can accomplish the changes Congress has asked [it] to do. Then [Congress] will be back in two years having oversight hearings about how HCFA failed to do its job."

Mark your calendars now.

#### CONGRATULATIONS TO PRESIDENT LEE-TENG-HUI OF CHINA ON TAIWAN

#### HON. JIM McDERMOTT

OF WASHINGTON  
IN THE HOUSE OF REPRESENTATIVES  
*Wednesday, May 6, 1998*

Mr. McDERMOTT. Mr. Speaker, I would like to congratulate and extend my best wishes to President Lee Teng-hui and Vice President Lien Chin of the Republic of China on Taiwan on their second anniversary in office on May 20, 1998.

In the last few years, Taiwan has continued to prosper, having survived the latest financial crisis. As the world's fourteenth largest economic entity, Taiwan plays a significant part in global trade and Asian economies. Taiwan's per capita income of \$13,000 U.S. dollars, one of the highest in Asia, provides a rich market for U.S. consumer goods.