FLORIDA ENDORSES WORLD POPULATION AWARENESS WEEK

HON. KAREN L. THURMAN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 17, 1995

Mrs. THURMAN. Mr. Speaker, rampant population growth causes or exacerbates many of the world's most serious problems. Civil strife, hunger, infant mortality, and soil erosion all are affected by increased population. The solution to these problems lies in striking a more equitable balance between the world's population and resources.

The first step toward solving any problem is to generate awareness of the existence of the problem. This is precisely the reason behind the recognition of World Population Awareness Week, October 22–29. I would hope that every State will join with my State of Florida in recognizing World Population Awareness Week. Population awareness is important not only to poor countries of the world that feel the impact of explosive demographic growth more directly but also to all countries, because we all have a large stake in a peaceful, harmonious world.

For the benefit of my colleagues, the proclamation of Gov. Lawton Chiles follows these remarks.

PROCLAMATION—STATE OF FLORIDA

Whereas, world population is currently 5.7 billion and increasing by nearly 100 million per year, with virtually all of this growth added to the poorest countries and regions—those that can least afford to accommodate their current populations, much less such massive infusions of human numbers; and

Whereas, the annual increment to world population is projected to exceed 86 million through the year 2015, with three billion people—the equivalent of the entire world population as recently as 1960—reaching their reproductive years within the next generation; and

Whereas, the environmental and economic impacts of this level of growth will almost certainly prevent inhabitants of poorer countries from improving their quality of life and, at the same time, have deleterious repercussions for the standard of living in more affluent regions; and

Whereas, the 1994 International Conference on Population and Development in Cairo, Egypt crafted a 20-year Program of Action for achieving a more equitable balance between the world's population, environment and resources that was duly approved by 180 nations, including the United States;

Now, Therefore, I, Lawton Chiles, by virtue of the authority vested in me as Governor of the State of Florida, do hereby proclaim October 22–29, 1995, as ''World Population Awareness Week'' in Florida and urge all residents to support the purpose and the spirit of the Cairo Program of Action, and call upon all governments and private organizations to do their utmost to implement that document, particularly the goals and objectives therein aimed at providing universal access to family planning formation, education and services, as well as the elimination of poverty, illiteracy, unemployment, social disintegration and gender discrimination that have been reinforced by the 1995 United Nations International Conference on Social Development, endorsed by 118 world leaders in 1995, and by the 1995 United Nations Fourth World Conference on Women.

ANTIPERSONNEL LASER WEAPONS

HON. LEE H. HAMILTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 17, 1995

Mr. HAMILTON. Mr. Speaker, on August 16, 1995, I wrote to Secretary of State concerning U.S. policy on the production or use of antipersonnel laser weapons. I expressed to the Secretary my support for a worldwide ban on such weapons.

On October 13, 1995, I received a reply from the Department of State on progress on the laser weapons issue at the Review Conference of the 1980 Convention on Conventional Weapons.

I commend the correspondence to the attention of my colleagues. The text of the correspondence follows:

COMMITTEE ON INTERNATIONAL RELATIONS,
HOUSE OF REPRESENTATIVES,
Washington, DC, August 16, 1995.

Hon. WARREN CHRISTOPHER,
Secretary of State,
Department of State, Washington, DC.

DEAR MR. SECRETARY: I write concerning the upcoming conference in September, 1995 to review the 1980 Conventional Weapons Convention.

I want to urge you to support proposals at that conference to ban the production or use of anti-personnel laser weapons, since virtually all laser weapons systems have the potential to cause permanent damage of eyesight.

Lasers have valuable and legitimate uses in battle as range finders and target designators, but I believe it should be the policy of the United States to oppose development or production of anti-personnel laser weapons that can blind.

It is in the interest of the United States to work together with other technologically-advanced countries to stop the development or production of such laser weapons, to prevent their proliferation and possible future use against U.S. forces.

The upcoming September conference is a unique opportunity to achieve an outcome that is in the interest of the United States and the entire international community. Therefore, I urge you to support actively efforts to seek an international prohibition on the use of lasers for the purpose of blinding as a method of warfare.

With best regards,

Sincerely,

LEE H. HAMILTON,
Ranking Democratic Member.

U.S. DEPARTMENT OF STATE,
Washington, DC, October 13, 1995.

Hon. LEE HAMILTON,
House of Representatives,
Washington, DC.

DEAR MR. HAMILTON: Thank you for your letter of August 16, seeking Secretary Christopher's support for an international prohibition on the use of blinding laser weapons in warfare.

I am pleased to inform you that the states parties to the 1980 Convention on Conventional Weapons (CCW) have reached consensus at the Review Conference on a new laser weapons protocol, Protocol IV. Not only does it include U.S. language prohibiting the use of ''laser weapons specifically designed to cause permanent blindness of unenhanced vision,'' but it includes a complete transfer ban on such weapons and a requirement that parties take all feasible precautions in the use of all laser systems to avoid the incidence of such blindness. We support these provisions as well.

As you noted in your letter, lasers have valuable military uses. The Administration wants to protect the legitimate uses of lasers. Our position at the Review Conference therefore balances the concerns raised regarding such weapons with U.S. military requirements. Article 4 of the new laser protocol reflects the U.S. position: ''Blinding as an incidental or collateral effect of the legitimate employment of laser systems, including laser systems used against optical instruments, is not covered by this Protocol.''

Thank you for your interest in this important issue. We look forward to a favorable resolution of the blinding laser issue at the conclusion of the CCW Review Conference.

Sincerely,

WENDY R. SHERMAN,
Assistant Secretary,
Legislative Affairs.

REMEMBERING BOB BILLINGS

HON. GERALD B.H. SOLOMON

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 17, 1995

Mr. SOLOMON. Mr. Speaker, I would like to insert into the RECORD remarks I made on the passing of a truly great American, Bob Billings.

Bob was an inspiration to me. President Reagan was also inspired by Bob's tireless efforts to promote family values and Christian ethics in Washington.

We often met with Bob and discussed Christian education, moral issues, and the promotion of legislation to protect the rights of Christians to guide their children to believe in God.

Bob's conviction and enthusiasm inspired us all as we sought to hold America to traditional values. Bob will be greatly missed. Those of us who love this country and want to see it survive will experience a large void at the passing of Bob Billings.

Our prayers are with the entire Billings family at this time.

SADDLEBACK MOUNTAIN PROPERTY SETTLEMENT

HON. J.D. HAYWORTH

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 17, 1995

Mr. HAYWORTH. Mr. Speaker, on behalf of the city of Scottsdale and the Salt River Pima-Maricopa Indian community in Arizona, I am introducing legislation which would approve an agreement for the settlement of litigation over property located in Scottsdale, known as the Saddleback Mountain property. Saddleback Mountain is an important conservation resource, and this agreement will preserve it for future generations. The property is a 701-acre tract of land which was owned by the failed Sun State Savings and Loan and is now held by the Resolution Trust Corporation [RTC]. The agreement approved by this legislation provides for the sale by the RTC of part of the Saddleback Mountain property to the Salt River Pima-Maricopa Indian community, to be held in trust by the United States as part of

the tribe's reservation. The rest of the property will be sold to the city of Scottsdale. This legislation, which is the result of months of negotiation between the city of Scottsdale and the Salt River Pima-Maricopa Indian community, will serve to ratify and authorize the agreement and will provide that the property purchased by the tribe will be taken into trust reservation status. It does not authorize any expenditure of funds by the United States.

The Saddleback Mountain-Arizona Settlement Act of 1995 is noncontroversial and I urge my colleagues to support this important legislation.

THE DEMOCRATIC SUBSTITUTE FOR H.R. 2425

HON. SAM GIBBONS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 17, 1995

Mr. GIBBONS. Mr. Speaker, during the debate on H.R. 2425, the so-called Medicare Preservation Act, later this week, Representative JOHN DINGELL and I plan, along with Representative JIM MCDERMOTT, and others, to offer a substitute that takes the steps needed to assure solvency for Medicare for the next decade—through 2006. Instead of cutting $270 billion out of Medicare as the Republicans have proposed to finance their tax breaks for the wealthy, our Democratic plan reduces Medicare by $90 billion—and achieves solvency through 2006.

To assure an informed debate, I want to share a copy of the summary of the Gibbons-Dingell substitute. The legislative language of the substitute is published in the amendments section of today's RECORD. The summary follows:

A DEMOCRATIC MEDICARE REFORM PLAN

A BALANCED PACKAGE OF REFORMS TO MAKE MEDICARE SOLVENT FOR THE NEXT DECADE (2006)

The Gibbons-Dingell substitute

Peace of Mind for Medicare Beneficiaries

Assurance that Medicare—as you know it now—will be there when you need it.

Expanded choice of providers and plans.

A freeze in the part B premium.

Reduced copayments for outpatient services.

New preventive benefits—payment for more frequent mammographies, colorectal screening, pap smears, and diabetes screening.

Quality standards for nursing homes.

Reasonable Provider Reductions and Reforms

Modest reductions in hospital payments.

Protection for hospitals that serve the uninsured in urban and rural areas.

Reduced funds for hospital construction.

A new graduate medical education trust fund.

Limits on physician reimbursement.

Other ''Good Government'' Reforms

A prospective payment system for home health services.

Reformed nursing home reimbursement.

Tough fraud and abuse prevention.

Aggressive pursuit of payment by private insurers, to assure Medicare is the payer of last resort.

A commission on the long-term solvency of Medicare.

Total savings: $90 billion.

DETAILED SPECIFICATIONS

Subtitle A. Provisions relating to Medicare part A

A. Reasonable Hospital Reductions and Reforms

Medicare is the single largest insurer in the United States today. Reductions in payments to providers under Medicare must be carefully planned and implemented to avoid severe negative consequences for Medicare beneficiaries and the American taxpayer. Excessive reductions in hospital costs—like those proposed by the Republican majority—could be counter-productive, negatively affecting the quality of care, reducing access to care, and resulting in higher costs for the private sector. Little would be accomplished by unnecessarily blunt reductions in Medicare payments to hospitals. Our most vulnerable hospitals—those who serve a large share of the 40 million Americans who are uninsured—would carry an unfair burden.

Under this Democratic plan, reasonable reductions would be made in hospital payments. Furthermore, there would be no reductions in payments made to compensate hospitals that care for a disproportionate share (DSH) of the uninsured. In addition, funding for DSH hospitals, now paid to HMO's, would be paid directly to these high-indigent care hospitals.

Specifically, the substitute would:

1. Make modest hospital payment reductions with special protections for vulnerable rural hospitals.—Hospital payments would be limited to market basket minus one in FY '96 through FY '02 except that the rural hospital update would be set at 0.5 percent in each of these years.

2. Reduce payments for hospital capital (construction) expenses, given excess capacity.—All hospital capital payments would be reduced by 10 percent (including PPS-exempt hospitals) through 2002.

3. Retarget outlier payments.—The indirect medical education and disproportionate share hospital add-on payment would be eliminated for outlier cases.

B. Nursing Home Reforms

The Republican majority has proposed to reduce payments for skilled nursing facilities by $10 billion over seven years, through untested limits on payments that could place patients with complex needs at risk of inadequate services or, even worse, encourage facilities to avoid patients with greater resource needs.

The Republican majority also proposes to eliminate the current nursing home reform standards, leaving elderly nursing home patients and their families without protections that have improved the quality of life for millions of nursing home residents. The regulations—which the Republican majority wants to repeal—have resulted in fewer hospital visits and healthier nursing home residents, more complete and reliable medical records, a significant improvement in patient well-being, and savings to Medicare of $2 billion since the regulations took effect.

This Democratic plan would retain these essential protections for Medicare beneficiaries in nursing homes. In addition, this substitute would revamp the nursing facility reimbursement system by taking the following steps:

1. Extend the skilled nursing facility (SNF) cost limits.—The OBRA '93 SNF cost limits would be extended.

2. Establish a prospective payment system to control costs.—Beginning in FY 1997, routine costs would be paid in accordance with a prospective payment system established by the Secretary. Payments under the system would be determined on a per diem basis and would equal 112 percent of the mean per diem routine costs in a base year for freestanding skilled nursing facilities located in the same region. These limits would be determined separately for urban and rural facilities; hospital-based facilities would be held harmless. Beginning in FY 1998, all costs for skilled nursing facilities would be paid based upon the prospective payment system.

3. Reform SNF transfer policies.—End gaming of discharge status by hospitals who also have their own nursing home unit. Patients transferred from a hospital to a SNF unit of the hospital would be classified as a transfer and not as a discharge. Patients discharged to home health services would still be classified as a discharge.

Subtitle B. Provisions relating to Medicare part B

A. Physician Payment Reforms

Efforts to control Medicare spending require that limits be placed on reimbursements to all providers, including physicians. Since the nation's doctors have been supportive of the reforms included in HR 2425, this substitute includes those reforms with very slight modifications.

To control Medicare spending on physician payments, this Democratic plan adopts the recommendations of the Physician Payment Review Commission. This means that on January 1, 1996, the fee schedule conversion factor for all three categories of service—primary care, surgery, and all other services—would be set to a uniform $34.60. Three separate expenditure targets are retained, however, for determining updates in future years for each category.

In addition, the upward bias in the current Medicare Volume Performance System (MVPS) is corrected by assuring that the targets are cumulative—the MVPS bonuses and penalties apply for only one year, and are not built into the base-year spending target. Adjustments to the annual updates are also limited.

B. Reforms in Payments for Other Health Services

The Republican majority has proposed an unprecedented seven-year freeze on payments for clinical laboratory services, durable medical equipment, and ambulatory surgery, raising questions about whether these providers will, in the future, continue to serve Medicare beneficiaries. In addition, the Republican majority curtails the steady progress Democrats have made, over the past decade, in improving preventive benefits; under the Republican plan, no new preventive benefits are offered, despite strong evidence that the basic Medicare benefit package needs improvement in this area.

This Democratic substitute offers a package of shared sacrifice combined with modest program improvements. It would:

1. Impose a two-year freeze.—Fee schedules for clinical labs, durable medical equipment, and ambulatory surgery would be frozen for two years.

2. Eliminate excessive beneficiary copayments for outpatient services by correcting the payment formula.—The hospital outpatient department formula driven overpayment would be eliminated, on a budget-neutral basis, as the savings would be returned to the beneficiaries to reduce the effective beneficiary co-payment.

3. Add new services to prevent cancer and complications from diabetes.—Medicare's preventive benefits would be improved to more quickly detect breast, cervical and colon cancer by increasing the mammography scheudle and providing payment for colorectal screening, pap smears, and pelvic examinations. In addition, payment would be authorized for diabetes outpatient self-management services and for blood-testing strips for individuals with diabetes.