

I urge my colleagues to support this corrective measure.

THE FUTURE OF MEDICARE AND MEDICAID

HON. JOHN P. MURTHA

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 28, 1995

Mr. MURTHA. Mr. Speaker, as we continue to debate the future of the Medicare and Medicaid programs, I'd like to ask my colleagues to consider the views of Ms. Carolyn Scanlan, president and chief operating officer of the Hospital Association of Pennsylvania. Pennsylvania's hospitals would be particularly hard hit by the Medicare and Medicaid provisions we are considering because of the high percentage of senior citizens who live in Pennsylvania, but her concerns reflect those of hospitals all across the Nation. We will not improve the Medicare and Medicaid programs by forcing hospitals, particularly hospitals in rural areas, to close. Downsizing may look good to accountants and bookkeepers, but it's not an encouraging concept for senior citizens when it means closing hospitals. We've got to work to improve availability, access, and affordability in Medicare and Medicaid, and we can do it without forcing seniors to accept care that is anything but the best.

The text of Ms. Scanlan's letter follows:

THE HOSPITAL ASSOCIATION
OF PENNSYLVANIA,

Harrisburg, PA, November 16, 1995.

Hon. JOHN P. MURTHA,
House of Representatives, Rayburn House Office
Building, Washington, DC.

DEAR CONGRESSMAN MURTHA: I have reviewed the U.S. House/Senate Conference Report and am deeply disappointed that the proposal does not sufficiently address the issues of health care restructuring, patient access and beneficiary choice. I must therefore ask that you oppose the conference report when it comes before you for a vote.

For the past several months we have communicated to you, and House and Senate leadership, the message driving our efforts to help Congress achieve a balanced budget while preserving Medicare and Medicaid and improving health care delivery:

Inclusion of House provider sponsored network provision.

Inclusion of the lower House Medicare spending reductions.

Reduced and capped House Medicare "failsafe" provision.

Guaranteed Medicaid coverage for children, pregnant women and the disabled.

Inclusion of House language on medical malpractice, antitrust, fraud and abuse and self-referral provisions.

Inclusion of House trust fund for Graduate Medical Education (GME) and Indirect Medical Education (IME) and lower IME reductions.

Inclusion of Senate carve out for medical education and Disproportionate Share (DSH) and lower DSH reductions.

The conference report falls far short of meeting these goals, which are essential to ensure that the more than 250 hospitals and health systems in Pennsylvania can better address community health needs and offer beneficiaries health care coverage with a local focus.

As the process moves forward, the hospital community remains available to work with you to craft a budget reconciliation bill that

includes these critical elements. Your "no vote" will provide us with an opportunity to work together toward a better bill that will ensure our ability to continue to provide appropriate and necessary services to our senior citizens, the disabled, children and low-income families.

HONORING HOSPICE CARE

HON. JAY KIM

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 28, 1995

Mr. KIM. Mr. Speaker, I rise today to recognize hospice care, which is considered one of the more humane traditions of health service delivery in the United States; providing palliative medical care and supportive social, emotional, and spiritual services to the terminally ill, as well as support for the family.

Hospice care involves a team of professionals, including physicians, nurses, therapists, home care aides, social workers, counselors, and volunteers who help terminally ill patients and their families, primarily at home, share the final days in peace, comfort, and dignity. Hospice offers an effective alternative to hospitals and nursing homes employing more than 33,500 full-time professionals and approximately 11,000 volunteers who together served more than 280,000 individuals last year alone. These hospice caregiving teams help patients, as well as their family members with one of the toughest transitions in life. They are able to do so by eliminating the physical pain associated with an illness, as well as supplying necessary psychological, spiritual, and emotional support in a program primarily based in the home that treats the person, not the disease; focusing on the family, not the individual; and emphasizing the quality of life, helping patients and their families the opportunity to reclaim the spirit of life.

It is an honor to pay tribute to these dedicated professionals who demonstrating their caring, compassion, and charity on a daily basis.

A SPECIAL TRIBUTE IN HONOR OF THE MEMORY OF EDWARD A. SMITH

HON. KAREN MCCARTHY

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 28, 1995

Ms. MCCARTHY. Mr. Speaker, I rise today to pay tribute and to honor the memory of one of Kansas City's outstanding business and civic leaders, Edward A. Smith. Mr. Smith died tragically November 20, the victim of a hit and run accident.

Ed Smith leaves a legacy of outstanding achievements and selfless contributions to the community he called home, Kansas City, MO. He worked tirelessly within both the business and civic communities, quietly direct many high level philanthropic efforts and helping to shape important businesses and foundations. Ed Smith gave a lifetime commitment to making Kansas City a better community for all of us.

In his eulogy to the more than one-thousand mourners who gathered to say farewell last

week, Rabbi Alan Cohen said of Ed Smith, "He was a mentor to a great many people. He was a visionary. He truly left his mark." I join with his many friends and family members in describing Ed Smith as an "uncommon person." Rabbi Cohen added that although Mr. Smith loved the law, his fiercest loyalty was to his family. "His loyalty extended to everything he did" according to Rabbi Cohen. "He was always ready to give back to people and places that had been a part of him."

Henry Bloch of H & R Bloch has said that Ed Smith is largely responsible for the success of H & R Bloch, where Smith was a long time director. According to Henry Bloch, "Whenever we had a problem, we said, 'let's call Ed.' He was a man of superior intellect, but not ego."

Close friends have described Ed Smith as someone who worked tirelessly and was passionate about philanthropy. Many have noted that he was one of Kansas City's most effective behind-the-scenes leaders, never seeking recognition for his work, but focusing instead on getting things accomplished.

In the late 1970's Mr. Smith attended a dinner party with several other civic leaders. They agreed to form a community foundation, passing the hat and amassing just over two-hundred-dollars that night. That group has since become the Greater Kansas City Community Foundation and Affiliated Trusts which now manages assets of \$270-million in 450 charitable funds. It also owns the Kansas City Royals baseball team.

Among the many awards Edward Smith received: the University of Missouri, Kansas City, Chancellors Medallion in 1991; the Charles Evans Whittaker Award in 1992 given by the Lawyers Association of Kansas City; the National Conference of Christians and Jews Citation award in 1993; Ingram's Magazine named Edward Smith one of their "Local Heroes" and "Hall of Famers" in 1994-1995.

Ed Smith was very active in the Jewish community. He was a member of the Beth Shalom congregation and a past director of the Jewish community Center. He also held a directorship with the Beth Shalom Foundation. In 1986, Mr. Smith received the Civic Service award from the Hyman Brand Hebrew Academy.

Edward Smith was born January 20, 1918 in Worcester, MA. He attended Clark University in Worcester where he graduated with honors in Economics in 1939. He went on to Harvard Law School where he graduated in 1942. A founder of one of Kansas City's most prominent law firms, Smith, Gill, Fisher and Butts, Ed Smith was instrumental in building its success and in facilitating its recent merger with the Bryan Cave law firm.

Edward Smith leaves his wife, Beth K. Smith, with whom he has celebrated 50 years of marriage, and four children: Sarah S. Malino, Judith E. Smith, Deborah M. Smith and James D. Smith. He also leaves eight grandchildren. Beth Smith shared her husband's commitment to civic, cultural, and social causes, and her leadership is revered in the community.

Today Mr. Speaker, I ask that my colleagues join with me and with the people of Kansas City, who keenly feel the loss of Edward Smith. Our thoughts and prayers are with his family at this sorrowful time. Edward Smith was an outstanding individual who took a special interest in helping young people develop their abilities and leadership skills. The

void he leaves in our community will long be felt by all who had the privilege of knowing and working with him. The legacy of leadership he leaves will live on in future generations whose lives he has touched in the most remarkable way.

MEDICARE HMO MARKETING

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 28, 1995

Mr. STARK. Mr. Speaker, the Nation's seniors and low-income citizens are starting to be hit with a tidal wave of sales pitches for managed care health plans.

Some of the information is helpful. A lot of it is just old-fashioned boiler room high-pressure sales pitch.

I've just received the following letter from Dr. Harley Schultz of San Leandro, CA, which explains some of the dangers of this marketing.

Mr. Speaker, before a lot of seniors and disabled and low-income people are hurt by gross sales practices, we need to establish some standards so that people can make rational, careful choices on their health plans—after all, it could be a matter of life and death.

The letter follows:

DEAR CONGRESSMAN: Recently I had the experience where a Medicare/MediCal patient of ours was marketed and sold an HMO plan. Neither the patient or family understood that the plan resulted in a limitation of their choice of hospital, home health service, would result in a co-payment for office visits, and possibly limitations in service available. The salesman told them that since MediCal patients would soon be enrolled in managed-care plans, that they should sign up early instead of later.

Several other patients have commented to me that they signed up for various plans because they eventually succumbed to persistent telemarketing, and didn't know any other way to stop the phone calls from coming.

Many of our elderly citizens are clearly no match for sophisticated insurance salesmen who work on commission.

Inasmuch as you have a long record of interest in fraud and abuse, I would suggest to you that you may wish to direct some of your attention to marketing practices in the health care industry. Specifically, the Federal Government may wish to set certain guidelines for the plans with which they contract with regard to the information that is presented, the way it is presented, and the amount of aggression that can be used in pursuing a potential client.

TRIBUTE TO DR. WILLIAM ALHEIM

HON. CARRIE P. MEEK

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 28, 1995

Mrs. MEEK of Florida. Mr. Speaker, I would like to rise in recognition of the upcoming retirement of one of the great institutional leaders at Miami-Dade Community College, Dr. William Alheim. He is retiring on December 3, 1995 after some 35 years of superlative service to countless students and the community,

transforming it into the topmost community college in the Nation.

Dr. Alheim virtually epitomized the demonstration of utmost excellence and dedication of the college's athletic department, exemplified by the countless awards his teams garnered during his 25-year tenure as basketball coach. Throughout this period he won 560 games while losing only 176 contests for an excellent .759 lifetime winning percentage. His hoopsters won four State championships, and claimed three State runner-up trophies, while participating 17 times in trips to State championship tournaments. To his tribute, he coached seven junior college all-Americans.

For this enviable record, Coach Alheim was voted Coach of the Year three times in 1968, 1982, and 1984. His finest hour came in 1982 when he led his team to a perfect 33-0 record and the No. 1 national ranking before losing an overtime decision in the national championship. Despite this loss Coach Alheim garnered the Kodak National Coach of the Year, becoming the first junior college coach to be so honored.

He was enshrined into the Florida Community College Activities Association Hall of Fame, the Florida Community College Basketball Hall of Fame, and the National Junior College Association Hall of Fame. Since retiring from active coaching, Dr. Alheim has served as division chairman of the department of exercise science and sports medicine.

This well-deserved retirement will certainly allow him to spend more time with Helen, whom he married 42 years ago. The Alheims are blessed with two sons, along with one granddaughter.

TRIBUTE TO ISRAEL COHEN

HON. CONSTANCE A. MORELLA

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 28, 1995

Mrs. MORELLA. Mr. Speaker, I rise today to pay tribute to a most distinguished member of the Washington community, Israel Cohen, who died last week at the age of 83. For over 60 years, Izzy, as he was known, helped guide Giant Food, which his father had cofounded in 1936, into the area's largest chain of supermarkets and into one of the most community-oriented businesses in the Nation.

As we honor the memory of this most successful businessman, we must remember him also for his keen interest in the families, schools, and neighborhoods his supermarkets served. His sense of social responsibility and community service is exemplified by Giant's establishing stores in underserved innercity neighborhoods, by sponsoring "It's Academic" TV competitions for our teenagers, by helping area schools purchase needed computer equipment, and by assisting in the fundraising efforts of countless educational and community groups.

The people of the Washington metropolitan area mourn the loss of a great businessman and a great and good neighbor. His commitment, dedication, and generosity will always be remembered. Mr. Speaker, please join me in extending condolences to his family.

IN SUPPORT OF CHARITABLE GIFT ANNUITY RELIEF ACT

HON. RICHARD A. GEPHARDT

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 28, 1995

Mr. GEPHARDT. Mr. Speaker, I rise today in support of H.R. 2525, the Charitable Gift Annuity Relief Act, and H.R. 2519, the Philanthropy Protection Act. These proposals will provide needed clarity to our securities and antitrust laws, and their relation to gift annuities, one of the oldest and most common fundraising methods used by charities throughout the United States.

Presently, one isolated lawsuit in Texas against a charity has been broadened to a class-action suit that has certified over 2,000 nonprofit defendants nationwide. Without this legislation, these nonprofit organizations are vulnerable to lawsuits based on a perceived violation of Federal antitrust and securities laws. This litigation, and the range of nonprofit defendants involved in the lawsuit, underscores the need to draw a distinction between annuity arrangements offered by commercial entities and those offered by charities.

St. Louis University is one of these charitable organizations. Planned giving programs, such as charitable gift annuities, account for roughly 50 percent of its fundraising efforts. The pending lawsuit has jeopardized its ability to offer potential donors these types of programs. Other nonprofit organizations are alarmed as to how they will fund their programs in the future. In addition to S.L.U., the Salvation Army of St. Louis, The Boys and Girls Town of Missouri, and the Cardinal Glennon Children's Hospital are just a few of the nonprofit groups in my district affected by this issue. The legal defense fees for the defendants in the pending suit is over \$1 million a month, draining charities of precious dollars that could be used to meet their worthy goals.

Mr. Speaker, the donors who enter into charitable gift annuities do not act to make a profitable return on an investment. Rather, they are acting because they support the mission of the charity, and donate their money to that end. I am concerned with cuts in Federal spending that threaten the ability of our Nation's nonprofit organizations to continue their philanthropic programs. We should not compound their situation by failing to respond to the legal vulnerability they face under laws intended to regulate commercial securities. This legislation, supported by the Securities and Exchange Commission, will protect charities from securities and antitrust-based lawsuits, and allow them to raise funds in the years to come. I strongly urge passage of these bills.

SIDE WITH THE DOCTORS AND SCIENTISTS, NOT THE DOPE SMOKERS

HON. GERALD B.H. SOLOMON

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 28, 1995

Mr. SOLOMON. Mr. Speaker, I would urge all of my colleagues to oppose legislation—H.R. 2618—to allow marijuana for medical use.