

must be saluted for their academic excellence. On and off the court, these student athletes have maintained athletic prowess and academic integrity in light of intense pressure.

Once again I would like to salute these young women for capturing the high school basketball championship and wish them the best of luck in their future endeavors.

TRIBUTE TO HELEN MINETA

HON. SAM FARR

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, April 15, 1996

Mr. FARR of California. Mr. Speaker, I rise today to acknowledge a woman who exemplifies the very best of the American spirit. Helen Mineta, a teacher of politics and government for more than 30 years, a friend, and an active member of the community, died March 18th in San Jose, CA. She was 77. The daughter of immigrant Japanese parents, Ms. Mineta persevered throughout her life against racism, overcoming numerous barriers. She bettered the lives of those with whom she came in contact in countless ways, as a teacher and as an advocate for Japanese-American rights.

Helen Mineta graduated from San Jose State College in 1938 with dreams of becoming a teacher, but was told by her professors that no one would hire a Japanese person. Undaunted, she worked in the speech and drama department at San Jose State while studying commerce. She remained at San Jose State until the onset of World War II and the attack on Pearl Harbor caused Americans to lash out at Japanese-Americans. As a result of both racism and fear, Ms. Mineta and many other Japanese-Americans were placed in internment camps.

Helen Mineta and her family were interned first at the Santa Anita Racetrack and then the Heart Mountain camp in Wyoming. Despite these hardships, Ms. Mineta managed to get out of the internment camp by obtaining a position as an executive secretary in a Chicago chemical corporation. Although forced to leave her family behind, she did not forget them. Ms. Mineta helped to educate her brother, Norman, who was without a school in the internment camp, by sending him books and questions to answer concerning them. Her hard work and tutelage reaped great benefits, for Norman was later to become our friend, the former congressman from San Jose.

In the years after the war Ms. Mineta worked for her brother-in-law at the Japanese American Citizens League in Washington, D.C., fighting to help others deal with the same racism that had assailed her. She went on to receive another bachelor's degree from the University of California at Berkeley, and finally realized her goal of teaching at San Jose High School in 1958. But again tragedy struck as Ms. Mineta was about to receive a much dreamed about position at the United Nations. Her mother died in 1956 and she returned home to help her father.

Helen Mineta remained actively involved in the community throughout her life, giving lectures on the racism she confronted and overcame during World War II and throughout her life. She was also instrumental in the fight to build the San Jose Center for the Performing Arts, bringing a valuable resource to the com-

munity. Her accomplishments were acknowledged by the University of California Alumni Club.

In the end, though, many remember Helen Mineta as a dear friend who had a zest for life. She remained active and cheerful throughout her life despite the obstacles. She will be sorely missed. Ms. Mineta is survived by two sisters, Etsu M. Masaoka of Chevy Chase, MD and Aya Endo of Medford, NJ; two brothers, Albert Mineta of San Jose, and Norman Mineta of Alexandria, VA, and three nieces and four nephews. To them we send our deepest condolences.

TRIBUTE TO THE LATE MARINE
COL. ROBERT OVERMYER

HON. SHERROD BROWN

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, April 15, 1996

Mr. BROWN of Ohio. Mr. Speaker, I rise today to speak of a tragic loss that the people of the 13th District of Ohio, and the entire Nation, recently suffered.

Marine Col. Robert Overmyer, born in Lorain, OH, died last month while bravely working as a test pilot. The prototype plane he was flying lost control and crashed before he could eject. His sacrifice, made while insuring the safety of others, will not be forgotten.

Colonel Overmyer was a true American hero and served his country with great pride for almost 40 years, both as a Marine and a celebrated astronaut. He worked on the Air Force Manned Orbiting Laboratory Program, served as a NASA astronaut on the Apollo 17 mission, and more recently commanded the 1985 Space Shuttle *Challenger* mission.

Colonel Overmyer grew up Westlake, OH, near Cleveland Hopkins Airport. His love of flying was born while watching planes take off and land at that airport. He never forgot his roots in Ohio, and always found the time to give back to his childhood community. He returned several times to speak to students and adults about the role of the military and future of the American space program.

Colonel Overmyer will be remembered not only by his family and friends, but by all Americans for his dedicated service to our country. I thank you, Colonel Overmyer, for giving the most while you were with us. You will be missed.

MEDICARE BENEFICIARY PROTECTION
AMENDMENTS—H.R. 1707

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 16, 1996

Mr. STARK. Mr. Speaker, last May, I introduced legislation designed to ensure that Medicare beneficiaries have access to quality care and fair treatment by their HMO's and managed care plans. Today, I reiterate the need for Medicare beneficiary protection and urge passage of the needed safeguards that H.R. 1707 provides.

An important issue addressed by this measure is the serious abuse of marketing practices by HMO's. Abuses by sales agents are

especially prevalent in geographic areas where people have little experience with managed care. The commission system in which many HMO agents work is an inappropriate financial incentive which leads to pressure sales to vulnerable beneficiaries. For example, when Geraldine Dallek of the Center for Health Care Rights provided testimony last year to the Senate Special Committee on Aging, she reported a story of a woman from Los Angeles who was a victim of these practices. The woman, Mrs. B, who has a fifth grade education, received an unsolicited visit from an HMO marketing agent. When Mrs. B refused to sign up for the plan, the representative persuaded her to sign an enrollment form by telling her that it would only be used to verify his visit.

To remedy abusive HMO marketing practices, H.R. 1707 would prohibit door-to-door marketing and allow beneficiaries to enroll via mail. Also, it would limit the percentage of compensation received through commissions and require plans to recover commissions if the beneficiary disenrolled within 90 days.

Most HMO enrollees give up their supplemental or MediGap coverage when they enroll in an HMO. Many fear that if they disenroll from an HMO, no insurance company will sell them a supplemental policy. This is a very serious issue for those who leave their HMO because they are ill and believe the HMO is not providing them adequate care. Under my bill, beneficiaries will be able to secure a supplemental plan after moving out of an HMO. H.R. 1707 requires Medicare-contracting plans and MediGap plans to participate in an open enrollment process. This provision allows for a beneficiary to enroll, disenroll, or change plans during this period without being subject to medical underwriting or preexisting exclusions.

Also, the difficulty beneficiaries have making comparisons among Medicare coverage options would be dealt with by having the Secretary conduct annual open enrollment periods. During this period, Medicare beneficiaries could enroll in traditional Medicare coverage or any additional HMO-managed care options. Differences in plan benefits and costs would be presented in easy, comparative formats. A criticism of managed care plans has been the lack of readily available, understandable and comparable information of plans. This legislation works to correct this by requiring Medicare-contracting plans to provide descriptive information on plan utilization review requirements, plan standards for contracting with providers, provider credentials, and plan physician payment arrangements. This bill would standardize the basic benefit package for Medicare HMO's. Plans could not impose cost sharing other than nominal copayments for Medicare-covered services. Also, limits on additional benefits must be fully explained and enrollees given reasonable notice that benefits are expiring.

Managed care is a system that provides financial incentives to provide less care. A 1989 GAO report concluded that this system that puts providers at financial risk for expensive medical treatment inherently contains incentives to deny or delay needed care. The problem of inconsistent and delayed utilization review practices of managed care plans would be remedied in several ways by H.R. 1707.

First, financial compensation could not be given to individuals performing the UR based upon the number of denials. Second, negative

determinations about medical necessity or appropriateness will be required to be made by clinically qualified personnel. Also, final determination of coverage must be made within 24 hours.

The amendments would also update HMO plans in the area of access to emergency medical services. Specifically, plans could not require preauthorization for true emergency medical care and could not deny a claim for a beneficiary who uses the "911" system to access services. Also, plans must define "emergency medical care" in terms easily understood by the average person. An example of why this is needed is given by the Center for Health Care Rights which reports a case of a San Diego woman who went to her HMO's urgent care center for treatment of an injury. She was told that the center had many people waiting and only one doctor on duty. The beneficiary was instructed to go to the nearest emergency room. The HMO later denied her claim because the emergency room treatment was not authorized.

These requirements will also benefit physicians by mandating reimbursement by the plan to those physicians who provide emergency services in nonplan hospitals in order to fulfill the Federal antidumping law.

An important protection standard in this legislation would benefit those who seek out-of-plan treatment: Providers plans would be prohibited from charging more than Medicare would have paid under fee-for-service rules. Also, plans would be required to make arrangements for beneficiaries to have occasional dialysis service outside the plans area.

Recognizing the special needs of individuals with disabilities and chronic-illness, the amendments guarantee enrollees access to designated centers of excellence. The standard for the designation of a center of excellence will be established by the Secretary. Factors that would be included in the Secretary's designation would include specialized education and training, participation in peer-reviewed research, and treatment of patients from outside the facility's geographic area.

To improve due process for providers in networks, public notices would be required as to when applications by participating providers are to be accepted. Notification of a decision to terminate or not renew a contract would be required not later than 45 days before it is to take effect.

In order to ensure access to enrollees throughout a plan's service area, the Secretary may require plans to contract with certain clinics and other essential community providers in the service area. In general, the service area of a Medicare-contracting plan would be an entire metropolitan statistical area.

To comply with this plan, Federal regulators would be given authority to impose intermediate sanctions. Currently, the Secretary has the authority to bar participation in Medicare. Under this plan, the Secretary could prohibit plans from enrolling beneficiaries until it meets all Federal requirements. A new review process would allow HMO's to submit a corrective action plan for violations. A civil money penalty up to \$25,000 for each violation that adversely affects an individual enrolled in the plan would be authorized.

The Medicare beneficiary protection amendments are a powerful step toward safeguarding the health of Medicare beneficiaries. Last year, an inspector general's survey found that

16 percent of enrollees planned to leave their HMO, but felt they could not. Even worse, 66 percent of disabled/ERSD enrollees wanted to leave their HMO's. These statistics and others indicate that HMO's are often failing to properly serve many Medicare beneficiaries. The remedies I propose will move us toward better quality and a fairer managed care system.

PROVIDING FOR CONSIDERATION
OF HOUSE JOINT RESOLUTION
159, CONSTITUTIONAL AMEND-
MENT RELATING TO TAXES

SPEECH OF

HON. WILLIAM J. MARTINI

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Monday, April 15, 1996

Mr. MARTINI. Mr. Speaker, I rise today in support of the American taxpayer and in support of this historic amendment being considered by the House of Representatives.

House Joint Resolution 159, the tax limitation amendment, will require a two-thirds supermajority vote of the Congress to raise Federal taxes.

Mr. Speaker, this amendment is necessary because the average family of four pays about 38.2 percent of their income in Federal, State, and local taxes. More than 3 hours of every 8-hour workday are dedicated to the tax man.

To put it another way, the average American works from New Year's Day to May 6 just to pay off his or her tax burden.

We believe that Americans are taxed too much, not too little. We also believe that individuals and families can better decide how to spend their money than Uncle Sam.

Unfortunately, most Americans are scared, they are feeling squeezed by falling wages and mixed signals on status of the economy.

People are anxious about their economic future and job security. In New Jersey, we see corporations like AT&T laying off thousands of employees and the Thomas' English Muffins plant closing their doors in Totowa.

Unfortunately, millions of working families gather around the kitchen table each week and wonder why it is they can't seem to make ends meet. They work longer hours, they take second jobs, but they feel like they are running in place.

In his State of the Union speech, President Clinton stated "our economy is the healthiest it has been in three decades." The President proudly pointed to statistics from the Department of the Treasury as well a robust year on Wall Street.

However, someone forgot to tell the President to check with middle-class America because he has failed to recognize the importance of what we refer to as the "Clinton Crunch."

Secretary of Labor, Robert Reich, likes to point out that real wages for the median worker have fallen 4.6 percent since 1979. What he doesn't tell the American people is that half the wage decline has occurred under the Clinton administration.

In fact, the only period of sustained wage growth in the last 17 years came during the Reagan administration. You may recall former President Reagan advocated a policy of smaller government, lower taxes, and less intrusion into the lives of Americans. Sound familiar?

Mr. Speaker, we don't blame workers for falling wages, we simply believe that they are not being given the necessary tools to compete in the high-technology economy of the 1990's.

Productivity is stagnant because the rate of investment in new equipment in only half of what it was a decade ago.

Investment has been curtailed because our savings rate is low.

American families are not saving as much because Federal taxes are at an all time high.

We must provide working families with tax relief, that is what today's amendment is all about. If Congress wants to raise taxes it is going to require a two-thirds vote of this legislative body.

One-third of the States currently have their own form of the tax limitation amendment and not surprisingly those States had lower taxes, more economic growth, and more job creation than States without a tax limitation law.

Mr. Speaker, the facts are clear, tax relief benefits working families and working Americans. In fact, 74 percent of the proposed \$500-per-child family tax credit will go to families making less than \$75,000 a year.

Put another way, the \$500-per-child tax credit means families earning less than \$25,000 will no longer pay Federal taxes, those earning \$30,000 will have 48 percent of their Federal tax liability wiped out.

With regards to capital gains tax relief, an IRS analysis of 1993 tax returns found that 77 percent of the tax returns reporting capital gains were filed by taxpayers with adjusted gross incomes of less than \$75,000; 60 percent had adjusted gross incomes of less than \$50,000.

Lower taxes benefit all Americans, not just the wealthy.

Last year Congress passed a plan to relieve some of the burden on the middle class. We passed a \$500-per-child income tax credit for middle-income families, we passed capital gains tax reform, and we passed IRA self-loan legislation.

This Congress wants you to earn more and keep more of what you earn. Had our balanced budget been signed into law, instead of being vetoed by President Clinton, families could look forward to doing more with the money they earn.

Today, as Americans go to the post office to mail their tax returns, we will vote on a constitutional amendment to require a two-thirds supermajority to raise taxes.

If the two-thirds rule had been in existence in 1993, we would have stopped President Clinton's tax hike, and American families would now be paying less for gasoline, small businesses would be creating more jobs, and our retired parents and neighbors would be paying less in taxes.

A tougher standard to raise taxes will ensure that taxes are raised only when there is a broad consensus and when it is absolutely necessary.

This safeguard will help keep spending in check because Congress won't be able to take the easy way out and raise Federal taxes.

Mr. Speaker, House Joint Resolution 159 is another example of how the new majority in Congress is fulfilling its promises and making a difference to the American taxpayer.