

Wide Web site brings to tens of millions of people the Library's catalog, the American Memory collections of the National Digital Library, and Thomas—the Library's legislative information site. The Library's site is recognized as one of the most important content sites on the Internet, and it is quickly becoming a unique and popular educational resource for teaching and learning for students at all levels.

During his 10 years as Librarian, Dr. Billington has made a great contribution to the improvement of the Library in many areas, in addition to his incredible efforts in the area of technology. He has strengthened control of the Library's various collections, and increased the Library's acquisitions. For example, he was instrumental in the acquisition of the Leonard Bernstein collection, the Marion Carson collection, and the Gordon Parks collection.

Under the direction of Dr. Billington, the Library of Congress has undergone a period of tremendous growth and development. He has established the first office of development at the Library to raise private funds for scholarly activities, exhibitions, and the National Digital Library. He proposed and the Congress approved the establishment of the Madison Council, a group of private citizens who provide sustained financial support to the Library. In the 10 years that Dr. Billington has served at the Library of Congress, he has raised \$91.7 million, of which \$41.5 million represents the contributions from the Madison Council, which is chaired by John Kluge.

Additionally, Dr. Billington has made a major commitment to public display of the Library's own treasures as well as the priceless heritage of other nations around the world, and he has sponsored a series of widely acclaimed exhibitions at the Library of Congress. A few of the most spectacular exhibitions include "Rome Reborn: The Vatican Library and Renaissance Culture," "Scrolls from the Dead Sea," "Revelations of the Russian Archives," and "From the Ends of the Earth: Judaic Treasures of the Library of Congress."

Mr. Speaker, I am particularly appreciative of my association with Dr. Billington and his friendship. Shortly after he became Librarian of Congress, to mark the "Year of the Book," Dr. Billington and officials of the Library came to San Mateo, CA, in my congressional district, where they gave focus to the incredible resources of the Library and further emphasized the important outreach program that has been given great emphasis under Dr. Billington's leadership.

Mr. Speaker, in my remarks thus far, I have focused on the outstanding achievements and leadership of Dr. Billington over this 4-year period of his stewardship at the Library of Congress. I want to add a few personal comments about Dr. Billington as a friend. A number of our colleagues in the Congress and I, had the wonderful opportunity to travel with him on a visit to Russia a few years ago, under the leadership of Mr. GEPHARDT and Mr. GINGRICH. Dr. Billington added an incredible perspective and an understanding of Russia and the Russian people to those of us who participated in that important trip. He was not only a brilliant scholar, but also a delightful traveling companion. Dr. Billington also participated in meetings which I chaired at Dartmouth College in New Hampshire between delegations representing the Congress and the European Parliament.

Again, he contributed in a major way to both delegations' understanding of the complexities of our relationships with Russia and the republics of the former Soviet Union.

Mr. Speaker, Dr. Billington should be congratulated for his exceptional successes during his 10-year tenure at the Library of Congress. I invite my colleagues to join me in thanking Dr. Billington and paying tribute to him for the service he has given to the Library of Congress and our Nation over the past decade.

PERSONAL EXPLANATION

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 16, 1997

Mr. HASTINGS of Florida. Mr. Speaker, on Thursday, September 11, I missed the House vote applying the same the anti-choice Hyde amendment standard to health maintenance organizations as is currently applied to traditional fee-for-service arrangements between doctors and patients. Under the 20-year-old legislation, Medicaid money cannot pay for abortions except in cases of rape or incest or when the mother's life is at stake. The new language makes it clear that the ban also applies to Medicaid treatment through HMO's. During the time the vote was held, I was moderating a Congressional Black Caucus braintrust that I initiated on environmental justice. Let me be clear—had I been present on Thursday, I would have voted against this anti-choice amendment.

INTRODUCTION OF LEGISLATION TO SPEED RISK ADJUSTMENT OF MANAGED CARE PLANS

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 16, 1997

Mr. STARK. Mr. Speaker, how many studies do we need before we act to correct a gross taxpayer overpayment of many health maintenance organizations?

The GAO has just issued another report in the long line of papers demonstrating that the public is paying HMO's too much for the Medicare beneficiaries that they enroll. In its report entitled "Fewer and Lower Cost Beneficiaries with Chronic Conditions enroll in HMOs" (GAO/HEHS-97-160) prepared for Ways and Means Health Subcommittee Chairman BILL THOMAS, the GAO examined the mature California HMO market and found:

About one in six 1992 California fee for service (FFS) Medicare beneficiaries enrolled in an HMO in 1993 and 1994. HMO enrollment rates differed significantly for beneficiaries with selected chronic conditions compared with other beneficiaries. Among those with none of the selected [5 chronic] conditions, 18.4% elected to enroll in an HMO compared with 14.9% of beneficiaries with a single chronic condition and 13.4% of those with two or more conditions.

Moreover, we found that prior to enrolling in an HMO a substantial cost difference, 29%, existed between new HMO enrollees and those remaining in FFS because HMOs at-

tracted the least costly enrollees within each health status group. Even among beneficiaries belonging to either of the groups with chronic conditions, HMOs attracted those with less severe conditions as measured by their 1992 average monthly costs.

Furthermore, we found that rates of early disenrollment from HMOs to FFS were substantially higher among those with chronic conditions. While only 6% of all new enrollees returned to FFS within 6 months, the rates ranged from 4.5% for beneficiaries without a chronic condition to 10.2% for those with two or more chronic conditions. Also, disenrollees who returned to FFS had substantially higher costs prior to enrollment compared to those who remained in their HMO. These data indicated that favorable selection still exists in California Medicare HMOs because they attract and retain the least costly beneficiaries in each health status group.

Since we pay Medicare managed care risk contractors [HMO's] 95 percent of the average cost of treating Medicare patients in an area, it is obvious that if they do not sign up the average type of Medicare beneficiary, but sign up healthier people, then the taxpayer will end up paying the HMO's too much. Many HMO's, of course, make a fine art of finding the healthier people to enroll—and encouraging the unhealthy to disenroll. Because we do not adjust the payments to HMO's to reflect the true risk they face of providing needed health care services, risk adjustment, we overpay. We overpay HMO's billions of dollars—and as enrollment grows, the Medicare trust fund will lose an escalating amount.

At the end of my statement I would like to include in the RECORD a recent summary from the Physician Payment Review Commission, a congressional advisory panel, that further documents the problem.

The just-passed Balanced Budget Act requires HHS to begin to collect data to correct this problem and in the year 2000, implement a risk adjustment system to stop the abuse and overpayment that plagues the current program.

The GAO report is just further proof that we need to move faster—and that even a partial risk adjustment program, which can be refined later, is better than the current hemorrhage of Medicare trust fund moneys. Therefore, I am introducing today—as part of our efforts to stop Medicare waste, and in some cases fraud, a bill to require that the risk adjustment changes be implemented January 1, 1999.

This amendment will easily save \$1 billion and probably more—and it will help force an end to the outrageous overpayment of those HMO's who have, for whatever reason, managed to avoid the average Medicare beneficiary.

PHASING OUT METERED DOSE INHALERS

HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 16, 1997

Mr. KENNEDY of Rhode Island. Mr. Speaker, I would like to take this opportunity to offer my position on an issue that I know is of great concern to my constituents in Rhode Island and the Nation at large.

The U.S. Food and Drug Administration has recently proposed regulations which would impact the lives of thousands of Rhode Islanders