

wife of Granada, CO; John Brown and wife Patricia of Campo, CO; sister-in-law Cheryl and husband Paul George of Amarillo, TX; plus many nieces and nephews, and a host of friends and relatives.

Mr. Speaker, I would also like to share some thoughts his wife Paulette shared with me. "I can truthfully say my husband was honorable. His heart dictated what was true and honest. In my eyes, many times, he always took the hard road. The easy way out was never the right way. For every situation God had already set the standard."

Mr. Speaker, Norman Wayne Wright is a symbol of what America stands for, family values, hard work and a solid faith in the Lord. Thank you for giving me this opportunity to share his memory with the House today.

#### PERSONAL EXPLANATION

### HON. ROBERT A. WEYGAND

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 8, 1997*

Mr. WEYGAND. Mr. Speaker, I was unfortunately detained in my district Monday, October 6, 1997 and a portion of Tuesday, October 7, 1997 and missed several votes as a result.

Had I been here, I would have voted in the following way: I would have voted "yea" on rollcall votes 490, 491, 492, 493 and 496; I would have voted "nay" on rollcall votes 494 and 495.

As exporting becomes increasingly more important to U.S. businesses, the role of the Export-Import Bank must be maintained. The Export-Import Bank places businesses in my district and districts across the nation on a level playing field when competing against foreign businesses subsidized by foreign governments. This program allows for the expansion of U.S. markets thereby increasing the stability of our economy and preserving American jobs. I would, therefore, have voted in favor of reauthorizing the Export-Import Bank.

I would also have voted for the conference report on the Department of Agriculture Appropriations bill for Fiscal Year 1998. Among many important programs, this conference report includes full funding for the Food and Drug Administration's initiative to curb underage smoking in our country. In addition, the bill provides over \$3.9 billion—\$118 million more than approved by the House of Representatives—for the important Women Infant and Children's (WIC) nutritional program.

I would also have voted in favor of instructing the House conferees to Foreign Operations Appropriations Conference Committee to insist on the House approved provisions to reinstate the "Mexico City" policy. It is my belief that federal funds should not be used to fund abortions here or abroad.

#### MEDICARE PARTIAL HOSPITALIZATION INTEGRITY ACT

### HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 8, 1997*

Mr. STARK. Mr. Speaker, on behalf of Representative KAREN THURMAN and myself, I am

today introducing legislation to reform Medicare's partial hospitalization benefit.

The partial hospitalization benefit is an important addition to Medicare, helping people with substantial mental health needs, who in the absence of this service would need to be hospitalized.

Unfortunately, Congress' effort to provide this improved benefit has become prey to some unethical and corrupt "health care providers." In some areas, the benefit is being badly abused. I include an article from the Miami Herald of September 2, 1997, which describes the situation in Florida.

The bill we are introducing today will deny coverage of services in home and nursing home settings; establish quality standards that will prevent fly-by-night operators from being eligible to participate; establish a prospective payment system for the partial hospitalization benefit, so that costs are brought under control; and provide a demonstration project to determine whether more comprehensive services by quality providers can indeed save Medicare some revenues.

The administration proposed most of these changes this summer, but the partial hospitalization problem was new to Congress and we did not have time to consider these proposals in this summer's Balanced Budget Medicare Title.

I hope that these provisions can be considered early in the next session of Congress, so that this abuse of the system can be stopped. The situation in Florida indicates that we cannot afford to wait.

The partial hospitalization benefit—when done right—is an important and cost-effective tool to reduce the length of stay of an inpatient hospitalization and to prevent the need for inpatient hospitalization altogether. The reforms we are suggesting have the support of the partial hospitalization, who are as anxious as we are to expel the bad actors from this specialty.

Why partial hospitalization is a useful service is well described in the following materials provided by the Association of Behavioral Healthcare, Inc.

[From the Miami Herald, September 2, 1997]

MEDICARE ABUSES SPARK CRY FOR ANTI-FRAUD LAW

(By Peggy Rogers)

Florida's notorious Medicare cheats have yet another type of record—abusing a special psychiatric program out of all proportion to the rest of the nation.

Patient snatching is among the home-grown scams employed in this "partial hospitalization" program, which is supposed to provide several hours a day of intensive psychiatric care. The unwitting elderly and mentally ill, often told they are going on recreational outings, are lured from boarding homes each day to be used as patients.

The boom is astounding. In 1993, Florida outfits billed federal insurers \$2.9 million for partial hospitalization. Last year, Florida's total was \$112 million—half of the \$220 million Medicare spent nationwide for partial hospitalization, federal anti-fraud authorities say.

So "aberrant" and "alarming" are Florida's numbers that state health-care administrators are proposing a state law to clamp down on abusers. If authorities with the Florida Agency for Health Care Administration secure a sponsor, the law requiring licensure of partial hospitalization programs would be considered during the next legislative session.

At the same time, federal authorities in Miami this summer have recommended a moratorium on Medicare billing by new companies.

In 1991, Washington expanded partial hospitalization payments to facilities outside of hospitals. It was intended to save mentally disturbed patients from full hospitalization and save taxpayers money. Services include therapy and stabilization, several hours a day, several days a week.

While Florida consumes half of the program's entire national budget, the state has 26 percent of the private companies providing the service and only 6 percent of the recipients inapplicable Medicare plans, according to a recent report by a Miami-based Medicare anti-fraud squad, Operation Restore Trust.

Eighty percent of the Florida companies are in Dade, Broward and Palm Beach counties.

"We believe that the situation in Florida . . . warrants immediate action," warned Dewey Price, leader of Operation Restore Trust's Miami office.

A moratorium and other recommended actions "should be adopted as quickly as possible to protect both the [Medicare] Trust Fund and the beneficiaries who are supposed to receive partial hospitalization services at these facilities." Price urged policymakers in this report earlier this summer.

Audits in Florida report a "high incidence" of kickbacks to boarding homes for use of their residents, as well as other "widespread, fundamental abuses"—including a lack of medical eligibility by most of the people purportedly receiving treatment.

A temporary ban on admitting new companies to the program would allow Medicare time to regain control of the situation and create lighter policies, authorities say.

One policy now allows partial hospitalization programs to provide care outside their centers. One review found billings for patients from locations as distant as 150 miles.

The companies, typically for-profit outfits, are virtually unregulated.

They are supposed to provide patients with several hours a day of therapy and stabilizing treatment. But spot federal audits found that "none of the group sessions are being led by licensed staff as required by state law to provide psychotherapy" and that "no active treatment is being provided."

The state does not pay for partial hospitalization and has lost little money. But controlling quality is a big concern, along with helping Medicare safeguard public money, said spokeswoman Colleen David of the Agency for Health Care Administration.

"Our fundamental problem is that these programs are not licensed, and licensing is a proxy for monitoring quality," David said. "The program has clearly grown exponentially over a very short period of time."

The number of partial hospitalization centers billing Medicare in Florida grew from none in 1991, the year the federal government expanded the category, to 87 in 1994.

Since then, the number has tripled. Of the 259 Florida companies today, Dade County alone has 167, Broward County has 22 and Palm Beach, 20.

There is also a nationwide problem with increases in spending per patient. Operation Restore Trust's Dewey Price noted, "and nowhere is the situation more alarming than in the state of Florida."

In 1993, three of the state's partial hospitalization programs ranked among the 30 nationwide with the highest per-patient claims. A year later, Florida had 10 of the 30 highest billers. And in 1995, Florida had 22 out of 30.