

up in their neighborhood anytime soon to provide price competition to the incumbent cable company.

The effect of lifting consumer price controls 13 months from now in the absence of robust competition would be to permit cable monopolies to charge what they want for everything but the broadcast-tier basic service without an effective marketplace check on their ability to raise rates excessively. This means that for the vast majority of cable consumers, the expanded tier of service that typically includes CNN, ESPN, TNT, DISCOVERY, MTV, and other popular cable programming services will be offered without any price limits in place.

Without a legislative change to extend consumer price protections for cable consumers past March 31, 1999, consumers will be hit with a cable rate El Nino. Congress must act in time to adjust the law to take note of the fact that cable competition has not developed sufficiently to warrant lifting consumer price controls. The recent cable competition report from the FCC in January underscores this fact. The new Chairman of the FCC, William Kennard, noted when releasing the report that policymakers "should no longer have high hopes that a vigorous and widespread competitive environment will magically emerge in the next several months."

Our legislation would simply repeal this sunset date from our communications statutes. Cable operators would then be deregulated through two underlying provisions that are already available under the law.

The first test for deregulating an incumbent cable operator in a franchise area that is contained in the Communications Act of 1934 would be met if emerging competitors served more than 15 percent of the households in a particular franchise area (see Section 623(l)(1)(B)). Second, if a local phone company offers a competing cable service directly to subscribers in a franchise area then the incumbent operator is immediately deregulated, without waiting for the phone company to garner 15 percent of the market (see Section 623(l)(1)(D)).

As I said during deliberations on the Act in 1995, when Mr. SHAYS and I offered a cable consumer protection amendment, and which I continue to believe today, sound public policy should compel us to repeal consumer price protections only when effective competition provides an affordable alternative choice for consumers, making regulatory protections unnecessary.

Until that time, the question boils down to this—do you want your monopolies regulated or unregulated?

In my view, such protections should not be lifted on an arbitrary deadline set on the basis of politics instead of economics. I urge my colleagues to support this effort on behalf of millions of cable consumers across the country.

INCREASED MANDATORY MINIMUM SENTENCES FOR CRIMINALS POSSESSING FIREARMS

SPEECH OF

HON. DIANA DeGETTE

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 24, 1998

Ms. DEGETTE. Mr. Speaker, I rise today to oppose H.R. 424. I strongly support effective

crime control and crime prevention measures. I am also a steadfast proponent of smart gun control laws and tough sentences for gun-related violence. However, this misguided attempt imposes penalties for possessing a weapon that are far more severe than are the sentences for many violent crimes, like manslaughter. It is outrageous that the penalties imposed by this legislation for a first time offender for drug possession who has a gun at the time of the crime is ten years while a rapist receives only six years. We need to get tough on crime, but we also must be smart in our crime control strategies. Mandatory sentencing does not allow judicial flexibility to address each crime individually, imposing tough sentences when necessary and second chances when warranted.

The severity of sentences should reflect the seriousness of the crime committed. The sentencing policy included in this legislation which punishes criminals based not on their crime but on whether or not they possess a gun and the type of gun they possess simply does not make sense.

JAVITS-WAGNER-O'DAY BLIND WORKER OF THE YEAR

HON. JOHN E. PETERSON

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 25, 1998

Mr. PETERSON. Mr. Speaker, I rise today to recognize Joyce A. Gnoffo of Williamsport, Pennsylvania, who has been selected as Blind Worker of the Year as a participant in the Javits-Wagner-O'Day program.

Ms. Gnoffo was nominated for this honor by her co-workers at North Central Sight Services, Inc., which provides a variety of computer media to the U.S. Department of Defense and pressure sensitive labels to General Service Administration. Ms. Gnoffo was selected for this honor as a result of her on-the-job performance at North Central Sight Services, Inc.

I know I am joined by many in congratulating Ms. Gnoffo in this wonderful achievement, and I wish her the very best of luck as she competes nationally for the Peter J. Salmon Award.

Thank you, Mr. Speaker, for this opportunity to recognize and to congratulate Joyce A. Gnoffo.

JCAHO ACCREDITATION PROCESS A SHAM; MILLIONS OF LIVES AT RISK AT "ACCREDITED" HOSPITALS

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 25, 1998

Mr. STARK. Mr. Speaker, a recent investigation of New York City hospitals has uncovered startling evidence of substandard care at hospitals with high accreditation scores from Joint Commission on Accreditation of Health Care Organizations (JCAHO). In a scathing report, the Public Advocate for the City of New York presents strong evidence that hospitals circumvent JCAHO's annual announced sur-

vey visits—simply by hiring extra staff to make operations look smoother than they really are.

In too many cases, the report finds that JCAHO's high test scores mask a darker reality—that some accredited hospitals may be endangering the health of patients because they don't meet basic standards of care.

The New York City report demonstrates widespread quality of care problems in 15 accredited City hospitals. For example, it finds: Inadequate supervision that can mean patients are left in pain; substantial delays in treatment of emergency room patients; outdated and broken equipment; overcrowded, understaffed clinics; unsanitary conditions throughout the hospital; incomplete and poorly documented patient charts.

Clearly, when such conditions are present, JCAHO should respond with sanctions, not high praise. Yet only last year, JCAHO flunked fewer than 1% of hospitals. The organization says that it fails so few because it prefers to work with hospitals to "correct" any violations that are detected. But if its accreditation standards are low to begin with, then can consumers and plans really rely on JCAHO reports? This is a critical question for Medicare beneficiaries, since JCAHO-accredited hospitals are "deemed" to have met Medicare's "Conditions of Participation," a key proxy for quality of care.

The weaknesses of JCAHO's current system are made plain in the New York report. Simply put, there are no surprise inspections, and little apparent follow-up of pro-forma walkthroughs. "Simply investigative steps, such as unannounced visits, confidential employee interviews, and document audits" could make a vast difference in what JCAHO actually found.

To make matters worse, under the Joint Commission's arbitrary scoring system, hospitals with serious quality of care problems are often awarded high accreditation scores. In effect, JCAHO surveyors are encouraged to rank hospitals highly on each standard, even if the hospital is unable to meet that standard! This practice makes a mockery of the review process.

In fact, almost all (98 percent) of the institutions surveyed in the New York City study received scores of 80 or better on a 100 point scale, and none had a score below 70! Mr. Speaker, I am astounded that, of the 18,000 institutions surveyed each year, none are judged to fail outright. Nearly all of them met JCAHO standards.

These inflated grades are confusing and misleading. Although each facility is rated on individual standards, the highest score of 1 on a scale of 1 to 5 only indicates 91% compliance; a score of 2 indicates only 76% compliance.

The results of such a skewed system are that public health authorities are left to do the hard work of sanctioning and shutting down facilities that are appalling deficiencies.

In 1994, New York City's Union Hospital was reviewed by JCAHO and given a score of 92. Three years later, in March 1997, the hospital's score rose to a near-perfect 97. But later that year, the New York Department of Health concluded that hospital staff had failed to properly treat high-risk emergency room patients, including two rape survivors, and was using outdated and expired drugs. Nurses pointed to understaffing and a lack of experienced staff in the pediatric, post-partum, and