towards independence. Together they are a model of what can be achieved in this nation through community support and individual effort.

INTRODUCTION OF THE QMB IMPROVEMENT ACT OF 1998

HON. JIM McDERMOTT

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 14, 1998

Mr. McDERMOTT. Mr. Speaker, today Mr. STARK and I introduced legislation that will dramatically improve the Medicare program for its low-income beneficiaries. If passed, our legislation will ensure that Medicare beneficiaries eligible for existing income protections actually receive the benefits they deserve.

The current Medicare program places many beneficiaries at risk due to the inadequacy of its benefit package. Specifically, Medicare's high out-of-pocket costs for ''covered services'' and its failure to cover the cost of prescription drugs and long-term care can seriously erode a beneficiary's total family income. Additionally, as Congress continues to push all beneficiaries into Medicare managed care, many more low- and moderate-income beneficiaries will face increased financial risks.

In 1995, 12.2% of Medicare's 35 million beneficiaries were at or below 100% of the Federal Poverty Level (FPL), 6.2% were between 100% and 120% FPL, and 4.9% had incomes between 120% and 135% FPL. Despite their dual eligibility for both Medicare and Medicaid, health care spending averaged roughly 30% of their total family income.

The programs that Congress designed to protect low-income beneficiaries from unreasonable out-of-pocket costs—the Qualified Medicare Beneficiary (QMB), Specified Low-Income Beneficiary (SLMB), and Qualified Individuals (QI–1 and QI–2) programs—are notorious for having poor enrollment of eligible Medicare beneficiaries.

A recent report by Families USA found that nationwide, roughly 3.5 million Medicare beneficiaries are eligible for QMB, SLMB & QI–1 benefits but are not receiving them. The report highlighted that Washington State was the 10th worst state at enrollment with roughly 100,000 eligible beneficiaries not covered—costing WA low-income beneficiaries $55 million alone in lost Social Security benefits.

The lost Social Security benefits are attributable to eligible seniors having their part B premiums automatically deducted by Medicare from their Social Security checks each month even though they are eligible for one of the existing income protection programs. The loss of $43.80 month/$525.60 year is tremendous to a Medicare beneficiary whose income hovers around $8,000 to $9,000 a year.

The reasons for poor enrollment vary, so rather than dwell on our collective failure, we propose action to fix the problem. Our legislative solution simply would presumptively enroll eligible Medicare beneficiaries in the appropriate QMB or SLMB protection program—enrolling as close to 100 percent of eligibles as possible.

As Congress and the National Commission on the Future of Medicare struggle to reform the Medicare program, we need to keep an open mind about how we can do more to improve, rather than harm, the program.

Presumptively enrolling current Medicare eligibles for existing low-income protections would be a good start. My hope is that in addition to making this necessary improvement, the next Congress and the Commission also will consider other options to enhance the low-income protections such as simplification through federalization and modernizing its eligibility, income, and asset test criteria.

MEDICAID PROTECTIONS FOR LOW-INCOME MEDICARE BENEFICIARIES

QMB: Qualified Medicare Beneficiaries eligible for financial assistance covering Medicare premiums, deductibles, and copayments for singles/couples at or below 100% of poverty—$8,292/$11,100 year.

SLMB: Specified Low-Income Medicare Beneficiaries eligible for Part B premium assistance for singles/couples between 100 & 120% of poverty—$9,900/$13,260 year.

QI–1: BBA '97 allows Qualified Individuals to apply for block grant assistance to pay for Part B premiums if the single/couple's income is between 120 and 135% of poverty—$11,112/$14,892 year.

QI–2: BBA '97 allows Qualified Individuals to apply for assistance to pay for the portion of the Part B premium increase caused by transfer of Home Health Services from Part A to Part B if the single/couple's income is between 135 and 175% of poverty. This benefit is estimated to be worth $1.07/month per beneficiary.

Part B premiums cost $43.80/month equaling $525.60/year.

WOMEN'S HEALTH RESEARCH AND PREVENTION AMENDMENTS OF 1998

SPEECH OF

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 13, 1998

Mr. TOWNS. Mr. Speaker, I rise today in strong support of S. 1722, The Women's Health Research and Prevention Amendments of 1998. This legislation is a positive step in the right direction towards prioritizing research and prevention in regards to women's health.

This timely legislation increases Congress support of research which will clearly benefit a segment of the population often relegated to a ''second place'' status in research. For too long, research on men has been extrapolated to women especially in the area of cardiovascular disease. It is time for Congress to acknowledge the lack of strong and complete research on women's health issues, and do something about it. The question should no longer be when, the question should be, shall we do it today? This legislation is our opportunity to tell the women of America that we recognize their unique health problems and want to advance plans to combat them.

The bill expands research and education in areas such as; breast, ovarian and related cancer, osteoporosis, Paget's and other bone diseases. These diseases have devastated many women, but this legislation allows us to continue to elucidate their pathogenesis, treat, and most importantly possibly prevent these diseases. The importance of the education and early detection programs this legislation extends should not go unnoticed. Education is one of the most powerful keys to empowering women with regards to their health. It also removes the social isolation so many of these ailments may create. In addition S. 1722 will help women to be aware of preventative health programs and support groups designed to assist them in their time of need.

Mr. Speaker, I strongly urge my colleagues on both sides of the aisle to join me in an aye vote for this legislation. As I stated earlier the question is not when will we do it, the question is will we do it today?

IN SUPPORT OF THE PASSENGER SERVICES ENHANCEMENT ACT

SPEECH OF

HON. JIM RAMSTAD

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Friday, October 9, 1998

Mr. RAMSTAD. Mr. Speaker, I rise in support of this bill before us today to provide for the continuation of preclearance activities for air transit passengers.

I want to thank Mr. CRANE and Mr. SHAW for working with me on this important legislation to help facilitate the services Customs provides to process the massive amounts of people and products entering and existing our country.

This bill, which is similar to legislation Mr. CRANE and I introduced last April, would allow the Customs Service to access funds in the User Fee Accounts and enhance inspector staffing and equipment at preclearance service locations in foreign countries.

This is significant because if U.S. Customs eliminates these positions, preclearance for passengers to the United States will slow, travel will be disrupted, and the tourism industry in many states will suffer. Allowing the preclearance services to continue means a great deal to many employers in my district, like Northwest Airlines and all those affiliated with the Mall of America—which attracts more visitors each year than Disneyworld, Graceland and the Grand Canyon combined.

The Customs Service has said there are insufficient resources in its salaries and expenses account to fund the enhanced preclearance positions. This bill gives access to excess funds in the User Fee Account, without any additional cost to taxpayers. Acting-Commissioner Banks testified before our Ways and Means Committee in support of our earlier version of the legislation, and the airline industry supports it as well.

I appreciate how quickly the House has recognized the merits of this legislation and allowed us to bring it to the floor today. I urge my colleagues to join me in support of this critical bill.

KATHLEEN LUKENS—A LIVING SAINT

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 14, 1998

Mr. GILMAN. Mr. Speaker, it is with deep regret that I inform our colleagues of the passing of Mrs. Kathleen Lukens, a resident of Rockland County, NY, late last night.

Kathleen Lukens is a lady for whom the title ''living saint'' was exceptionally appropriate.

She was the personification of the giving, loving person who are so rare in today's world. She served as an inspiration for many and will not soon be forgotten.

A recent editorial stated that: ''Kathy Lukens is the mover of every developmentally disabled child, so committed has she been to showing Rocklanders and others they need not offer 'pity' but recognize that these people are 'gifts to us'.''

In the mid 1960's, Kathy Lukens became an activist in order to help her own son, David, who was developmentally impaired. Her movement grew by leaps and bounds, due in good part to her energy and dedication. She first created a day care program specifically for children with developmental disabilities, and then became founder and first president of the Exceptional Child P.T.A. She established camp venture in 1969, the first all day summer camp program for the disabled. Today, it is open to all children.

Venture also operated 15 group homes for the challenged, affording them with a venue to conduct productive, normal lives. Over 1,000 individuals are served today by the programs Kathy Lukens initiated.

Kathy Lukens was born on Jan. 5, 1931, in Philadelphia, PA, the daughter of Joseph and Margaret Burge. She lived in Philadelphia before moving to New Jersey when she was 13 years old, attending elementary schools in Edgewater and Bergenfield.

Kathy attended Columbia University's graduate program and in 1952 graduated from Barnard College with distinction and a bachelor of arts degree in history.

Kathy married Dr. John H. Lukens, a clinical psychologist, in Bergenfield, NJ, in Sept. 1954. They moved to Rockland County in 1958, settling in Tappan.

Kathy was first employed as an elementary school teacher and as a newspaper reporter for the Bergen Record in New Jersey and the Rockland Independent and the County Citizen, both in Rockland County, prior to establishing camp venture in 1968.

Kathy was the author of two books: Thursday's Child Has Far To Go (1969) and Song of David (1989). Her early career encompassed an amazing amount of volunteer work. She co-founded the Tappan Zee Nursery School in 1959 and served as president of the Lockhart Nursery School in 1964.

In 1974, Kathy Lukens founded the Child Advisory Council of the Rockland County Legislature. She founded and was president of the Rockland County Exceptional Child Parent Teacher Association in 1958; was chair of the Rockland County Community Service Board from 1991 to 1997, and was vice chair from 1982 to 1985; was chair of the district planning focus group of the Letchworth transition group from 1995 to 1997; and the Board of Directors of the New York Foundling Hospital from 1985 to 1990.

Kathy Lukens was very active in the anti-nuclear movement in the 1960's, and was a participant in the famous march on Washington in 1963, at which Martin Luther King, Jr. gave his famous ''I have a dream'' speech.

Kathy was the first women elected to the U.S. Catholic Bishop's Advisory Council in 1973 and co founded the Rockland County Catholic Interracial Council in 1963.

Kathy Lukens received honorary degrees from the College of New Rochelle, from Long Island University, St. Thomas Aquinas College and the Dominican College. She was named outstanding woman in Rockland County by the Association of the American Society of Women.

In 1984, Kathy Lukens was named 'woman of the year' in New York State by Governor Cuomo. Later that same year, the Governor bestowed upon her the Eleanor Roosevelt Community Service Award.

Lukens was appointed in 1985 to the New York State Advisory Council on Mental Retardation and Developmental Disabilities. Governor Pataki appointed her to the Provider Council of New York in 1996.

Among the major achievements of Kathy Lukens' life was the establishment of camp venture. She understood that those in our society who could not help themselves needed our time, our efforts, our energy and our love.

In summary, the life and career of Kathy Lukens is that of a truly unique lady who distinguished herself in more facets than most other people: an outstanding teacher, journalist, author, humanitarian, care giver and mother, Kathy Lukens was a renaissance person, who remained humble and unassuming regarding her own remarkable accomplishments. Those of us who had the honor of knowing and loving her were well aware that this modest lady was in fact one of the more remarkable persons we would ever encounter.

It is of some small gratification that Kathy remained with us long enough to see the new Center for Adult Living and Day Treatment Center in Sparkill named in her honor. It is a fitting tribute to this lady who gave so much for so many others.

We extend our deepest condolences to her widower, John, who for 44 years was truly her partner in goodness. We also extend our sympathies to her son, Daniel, who has now taken over the operations of camp venture, her son David, who inspired her to dedicate her life to others her son Mark who duplicated much of her work by helping found Crystal Run, a similar facility in Orange County, and her son Jonathan.

We extend our condolences to her daughter Margaret and to her nine grandchildren.

We also extend condolences to the thousands of individuals and their families whose lives were touched and made better by this exceptional lady.

Kathy Lukens, who left us too prematurely, will long be missed.

THE SMALL BUSINESS FRANCHISE ACT OF 1998

HON. HOWARD COBLE

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 14, 1998

Mr. COBLE. Mr. Speaker, I rise today to introduce the Small Business Franchise Act of 1998.

Franchise businesses represent a large and growing segment of our nation's retail and service businesses and are rapidly replacing more traditional forms of small business ownership in our economy. As a result, franchise owners have become the heart and soul of America's economic engine and the backbone of local commerce. In fact, according to the International Franchise Association, a new franchised outlet opens every eight minutes and the industry gave birth to tens of thousands of new jobs in the last year alone.

The franchisor/franchisee relationship is fundamentally an economic one where the objective of each party is to make money. By purchasing a franchise, a franchisee can sell goods and services that have instant name recognition, while the franchisor can increase market access with little or no risk. However, buyers should beware—like any investment, purchasing a well-known franchise is no guarantee for success. As I have studied this issue, I have come to realize that there is an uneven playing field for the small business person looking to become a franchise owner.

For instance, while pre-sale disclosure information must be made available to the buyer by the corporate franchisor, post-sale opportunities to pursue recourse for presentation of misleading or false information in the pre-sale negotiations are inadequate. I am introducing this legislation because I believe this gross inequity needs to be addressed.

Under present regulations, small business franchise operations are subject to the Federal Trade Commission's (FTC) trade regulation rule. The FTC issued this rule, entitled the ''Disclosure Requirements and Prohibitions Concerning Franchising and Business Opportunity Ventures'' on December 21, 1978, and under the Federal Trade Commission Act. The FTC rule requires franchisors to give prospective franchise purchasers financial details about the business and explain the arrangements in the franchise agreement. Well intentioned as this prospectus requirement is, as the old saying goes, ''the devil is in the details,'' and I am afraid that much of this pre-sale information, while detailed, may be very misleading. After hearing many horror stories from franchise owners about the inaccuracy of pre-sale disclosure, I must question the reliability of this information. In fact, there are no current protections to ensure that this information is relevant and accurate. The FTC, the regulatory body with oversight responsibility, does not even review this material for accuracy as say the Securities and Exchange Commission must when a private company readies itself for a public stock offering.

The FTC enforces the franchise rule as part of its consumer protection mission. However, FTC enforcement is definitely lacking. Under current rules, franchisees do not have the right to sue franchisors for violations of the franchise rule. The FTC brings suit only on behalf of the federal government, not as a representative of individuals who may have been adversely affected. In July 1993, an audit by the General Accounting Office found that the FTC acted on less than six percent of all franchise complaints brought to its attention.

Because of the FTC's inability to review more franchise complaints, the FTC recently approved a plan to allow the largest corporate franchisors to self-regulate their own industries. Under this program, violators of franchise disclosure laws could avoid federal enforcement proceedings by attending what amounts to an industry-run reform school that it intended to teach franchisers how to comply with disclosure rules. And adding insult to injury, if the corporate violator completes this program, they do not have to report the infraction on disclosure documents available to prospective small business franchisees. Mr. Chairman, I venture to say that this FTC ruling threw full disclosure and due diligence for future franchise owners right out the window.