

50% of the Medicare Hospital Outpatient Department (HOPD) approved rate, which is a huge burden to the patient.

Along with the underquoting of a patients' future bill, staff at many hospitals were not able to supply information about what was the approved rate that Medicare would pay, which would make it impossible for patients to plan ahead for their future bill.

Mr. Speaker, Medicare is moving to a Prospective Payment System for Hospital Outpatient Department procedures. Under this new system, over time (unfortunately in many

cases 20–30 years) the patient's share of the total bill will return from today's average of 50–50 to the normal Medicare co-payment of 20%. The establishment of this system will also make it easier for consumers to know what the price for a procedure at a particular institution really is. The calls by my staff show that, if one has a non-emergency medical need, some calling around can save literally thousands of dollars. But this information comparing costs between hospitals and other settings where the procedure can be done (such as an ambulatory surgical center where it is

being proposed to allow lithotripsy to be done) should be more easily available.

I hope that in this age of the Internet and other easier information gathering sources that we will find ways to make this type of basic shopping less of a mystery. Other data will be able to tell us the quality of different providers. Together, this information can help us choose both the quality and the price of the service we seek. This type of information can help reduce some of the outrageous costs of the American health care system and push the overall system toward higher quality.

Name of provider	Approximate cost of facility fees	Approximate doctors cost	Approximate totals
1. Johns Hopkins USA (at Bayview):			
A. Self-Pay	\$2200	\$2100	Procedure \$5300
B. Medicare			Price changed from call made previously—now is \$5400. Medicare would cover 80% so patients pay \$1080. Anesthesia is separate and very hard to determine—'can't answer,' because cost depends on individual procedure.
2. Bethesda, Maryland Urologist Group Practice:			
A. Self-Pay		Initially, office policy to not give price, but then quoted about \$3000.	
B. Medicare		Medicare pays 80% of approved cost	
3. A Maryland Urologist	N/A	\$3500	
4. University of VA Medical Center:			
A. Self-Pay	UVA is State hospital: one can get help/discounts eligible for financial assistance.		Estimate from \$7000 to \$10,000.
B. Medicare	Patient charged 20% of what is approved by Medicare	Said Medicare won't approve all of \$10,000	Was "impossible" for hospital to get this information; patient must talk to Medicare about what is approved.
5. George Washington University Hospital:			
A. Self-Pay			\$9000. 25% discount for payment up front—[25% discount is \$2250, which lowers facility fee to \$6750]. This is a flat fee—paid up front and there should be no additional fees, but doesn't include anesthesia. Anesthesia is approximately \$409 an hour for this procedure. The non-prepaid rate is \$630.
B. Medicare			Was directed to talk to Medicare about what they cover. Despite repeated calls, could not get in touch with insurance/billing department to find out the cost for Medicare enrollees.
6. Georgetown University Medicare Center	Depends on hospital fees. It varies, but assume \$2000 for each half-hour—so assume \$4000–\$5000 for hospital fees.	Fee during procedure is \$3800	
7. Urologic Surgeons of Washington:			
A. Self-Pay	N/A	Doctors cost: \$3482	
B. Medicare		Medicare fee schedule brings down amount so patient ends up paying approximately \$160.	
8. Duke University Medical Center:			
A. Self-Pay	Facility fees are approximately \$6500	Doctors fees are approximately \$2500	
B. Medicare	Hospital accepts what Medicare pays outside of deductible (\$768).	Need to file claim first; then can tell cost of doctors' fee	
9. Midwest Stone Institution (Missouri)			Total costs run from \$8000–12,000. Could not find out what Medicare approves.
10. American Kidney Stone Management, Ltd.	Cannot give cost without knowing which hospital is performing operation because there is "great difference between hospital costs."		

TRIBUTE TO CENTRAL BAPTIST CHURCH

HON. PETER J. VISCLOSKY

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 15, 1999

Mr. VISCLOSKY. Mr. Speaker, It is a great pleasure to congratulate Central Baptist Church in Hobart, Indiana, as it celebrates its 90th anniversary as a parish this Sunday, September 19, 1999. I would also like to take this opportunity to congratulate Reverend Webb, senior pastor, on this glorious occasion.

A church of humble beginnings, Central Baptist Church was established as First Baptist Church in 1909, and celebrated its first service on January 20, 1909, in the home of Mrs. Harriet Cathcart. The parish's first pastor, Reverend George Griffin, having caught a vision while visiting Mrs. Cathcart, helped in the organization of the church. During his six months of service with the church, Reverend Griffin was influential in the purchase of three lots for \$950, which provided a suitable site for the church. After Pastor Griffin left in June 1909, the Indiana State Board (Northern Baptist) sent Reverend J.E. Smith to serve the congregation. The Women's Missionary Board of Indiana lent the church \$5,000 to start con-

structing a building for the new church. Many parishioners contributed time, talent, money, and raw materials to help construct the First Baptist Church. With the help of the parishioners, the first service was held in the new auditorium, which was a basement with dirt floors on December 9, 1909. The furnace was a coke salamander with no stack which regularly filled the room with smoke. In addition to this, the roof leaked when it rained and when the Aetna Powder Company blew up, there were no windows left. Conditions were bleak, but the ministry had survived its first year. Pastor Smith left in June of 1910. Several months passed without a pastor. The church, then made up of 50 members, decided to discontinue services until the Mission Board could send them a new shepherd.

On January 1, 1912, Reverend Wilson was sent to help revitalize the church. With the help of Reverend Wilson the attendance rose from 13 to 128 during the first year of his ministry. Because of the large number of Baptist families arriving to the area, a new building was started in August of 1912 and dedicated in September 23, 1913.

By 1920, the membership had grown to 350 parishioners under the direction of Pastor O.B. Sarber. The church was without a pastor for exactly one year when Pastor William Ayer came to Central Baptist Church in 1927. During Pastor Ayer's tenure with the church, he

started a radio ministry and "The Little Brown Church" was mounted on a Ford and used for street meetings throughout Gary. In 1932, Pastor Ayer left a thriving church with more than 700 members.

Over the years, the church moved from Gary to Portage township due to a shift in population and was led by a variety of pastors. In spite of its many changes, the loyal parishioners continued to grow and prosper. The present facility, including the Sanctuary, was erected in stages. The first stage which included the gym, kitchen, and several classrooms was completed in May 1974 and phase two was completed in October of the same year. Ground was broken in April 1987 and the Hines Sanctuary was dedicated on January 9, 1983.

Mr. Speaker, I ask you and my other distinguished colleagues to join me in congratulating the parish family of Central Baptist Church, under the guidance of Reverend David Webb, as they prepare to celebrate their 90th anniversary. All past and present parishioners and pastors should be proud of the numerous contributions they have made out of the love and devotion they have displayed for their church throughout the past 90 years.