

to protect our children—born and unborn. This bill, the Right to Life Act, would provide blanket protection to all unborn children from the moment of conception.

In 1973, the United States Supreme Court, in the landmark case of *Roe v. Wade*, refused to determine when human life begins and therefore found nothing to indicate that the unborn are persons protected by the Fourteenth Amendment. In the decision, however, the Court did concede that, "If the suggestion of personhood is established, the appellants" case, of course, collapses, for the fetus' right to life would be guaranteed specifically by the Amendment." Considering Congress has the constitutional authority to uphold the Fourteenth Amendment, coupled by the fact that the Court admitted that if personhood were to be established, the unborn would be protected, it can be concluded that we have the authority to determine when life begins.

The Right to Life Act does what the Supreme Court refused to do in *Roe v. Wade* and recognizes the personhood of the unborn for the purpose of enforcing four important provisions in the Constitution: (1) Sec. 1 of the Fourteenth Amendment prohibiting states from depriving any person of life; (2) Sec. 5 of the Fourteenth Amendment providing Congress the power to enforce, by appropriate legislation, the provision of this amendment; (3) the due process clause of the Fifth Amendment, which concurrently prohibits the federal government from depriving any person of life; and (4) Article 1, Section 8, giving Congress the power to make laws necessary and proper to enforce all powers in the Constitution.

This legislation will protect millions of future children by prohibiting any state or federal law that denies the personhood of the unborn, thereby effectively overturning *Roe v. Wade*.

We have had some recent successes in protecting our preborn including the passage of the Unborn Victims of Violence Act and the Human Cloning Prohibition Act, as well as the introduction of the Born-Alive Infants Protection Act. These bills recognize the unborn child as a human and provide protection to the fetus. Because I firmly believe that life begins at conception and that the preborn child deserves all the rights and protections afforded an American citizen, I support these pieces of legislation. The Right to Life Act will finally put our unborn children on the same legal footing as all other persons. I hope my colleagues will join me in support of this important effort.

THE GREATEST SHOWMAN ON
EARTH

HON. DAN MILLER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2001

Mr. MILLER of Florida. Mr. Speaker, "Ladies and gentlemen, boys and girls of all ages, welcome to the greatest show on earth! The Ringling Brothers and Barnum and Bailey Circus is proud to present Gunther Gebel-Williams."

These words were spoken all across the world for the past quarter of a century reaching the ears of an estimated 200 million people, introducing the greatest animal trainer that has ever lived. Gunther Gebel-Williams has recently passed away, but his memory will live

on in the minds of the millions of men, women and children that came to see this amazing man and his dangerous performances. There were 1,500 people that attended his funeral to pay their respects in his adopted home town of Venice.

Gunther Gebel-Williams began his career at the age of 12 in WWII Germany and he later joined the Barnum and Bailey Circus in 1968 only to make his first American debut on Jan. 6, 1969. From that first debut in 1969 until his last in 1989 he never missed a show, totaling 12,000 consecutive performances. Kenneth Feld memorialized Gunther Gebel-Williams by saying "He was unlike any performer anywhere. When he entered the circus arena, whether caring a Roman Post on galloping horses or atop an elephant, every eye was always on him until he left the floor." When Gunther Gebel-Williams was not performing he would often put on a pair of his old boots and help to sweep the floor.

He loved and cared for the animals like a father. At Gunther's funeral Dr. Richard Houch a retired veterinarian, told the audience of his devotion to animals stating, "He would watch baby tigers and leopards playing to figure out what they could do best in the act. He knew the personality, disposition and idiosyncrasies of every animal." He was an amazing man who was not only loved by the animals but also by his fans and friends. I believe that the world has lost a legend and my congressional district a good citizen. He will be missed greatly.

INTRODUCTION OF MEDICARE
REGULATORY AND CON-
TRACTING REFORM ACT OF 2001

HON. NANCY L. JOHNSON

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2001

Mrs. JOHNSON of Connecticut. Mr. Speaker, today I rise to introduce the bipartisan Medicare Regulatory and Contracting Reform Act of 2001. Over the past several months, I have been working closely with PETE STARK, Ranking Member of the Ways and Means Health Subcommittee, to assemble this much needed package. This legislation is the product of months of bipartisan consultation with health care providers and with the Department of Health and Human Services. Our bill will go a long way toward alleviating the burden of unreasonable and unnecessary regulatory paperwork from the nation's doctors and other health care providers.

I am pleased that every member of the Health Subcommittee has decided to join me and Congressman STARK in introducing this important legislation, along with several of our colleagues from the full committee. This interest tells us that Members of Congress are hearing from doctors, from home health workers, from hospital administrators, from nursing home aides that change is needed. Good health care is about patients, not paperwork. America's health care providers must be freed from the flood of forms.

My Subcommittee has been taking a serious and honest look at the problems of providers throughout the year. And I have to tell you—the problems are real. At a hearing in March, Susan Wilson of the Visiting Nurses' Associa-

tion of Central Connecticut testified about how difficult it is for a provider to respond to a technical denial of a claim. For example, a patient must be homebound in order to be entitled to benefits. A physician must certify, in writing, that the patient meets the homebound requirement. However, if the certification is not signed and dated prior to billing for coverage, a claim denial is issued. At this point, a provider has to pursue a formal appeal. Our bill requires the development of a system to allow easy corrections of technical problems with claims without having to go through the appeals process—saving time for providers and for the appeals system.

At a recent meeting of my Subcommittee, Congressman CAMP told us that he spent an afternoon working in one of his local doctors' offices, filling out the forms that need to be completed before Medicare can be billed for a health care service. He was confronted with several books, each as large as a phone book, that needed to be consulted in order to properly code the claim. It just should not be that difficult.

I have visited a wide cross section of Connecticut's health care providers—and they raise a common theme with me. They are frustrated. These are good people who want to take care of the patients they see. And yet they are inundated by forms, requirements, second-guessing, and heavy handed oversight. We have to take action, or we run the risk of driving from the Medicare program the very providers we need to ensure that seniors have access to high quality care.

An eye physician from Torrington Connecticut contacted me earlier this year to express his frustration with a system that subjected him, in his words, "to a star-chamber proceeding . . . for the crime of serving the elderly." This is unacceptable. We must act.

My bill will diminish the paperwork load required to meet complex and technical regulatory requirements and immediately free up for patient care time that providers now spend completing and filing federal forms. Specifically, my bill streamlines the regulatory process, enhances education and technical assistance for doctors and other health care providers, and protects the rights of providers in the audit and recovery process to ensure that the repayment process is fair and open. At the same time, the bill has been carefully designed to protect ongoing and necessary efforts to reduce waste, fraud and abuse from the Medicare program.

In addition, under this bill, the Secretary is given the tools to manage Medicare program operations competitively and efficiently. For the first time, the new Centers for Medicare and Medicaid Services will be able to contract with the best entities available to process claims, make payments and answer questions. And the Secretary will be free to promote quality through incentives for the Medicare Administrative Contractors to provide outstanding service to seniors and health care providers.

The bill includes a section I am particularly excited about that will create a demonstration program designed to make intense and targeted technical assistance available to small health care providers. This demonstration will offer technical experts to work with small providers on a voluntary basis to evaluate systems for compliance and suggest more efficient or more effective means of operating their documentation and billing systems. This