

something in its place that will account for the increase in volume and intensity of physician services in Medicare.

At the same time physician groups and members of Congress have been focused on the SGR, other issues with the physician fee schedule have emerged, including the accuracy of pricing for primary care services. These issues, although less well known, are critical to maintaining beneficiary access to high quality care. It has been 14 years since the current reimbursement system was implemented. It is time for Congress to receive an evaluation of how well this system is meeting its goals. In our effort to find a permanent solution to the SGR, we should not miss an opportunity to address these underlying issues.

Medicare Physician Payment Reform Act calls on the Medicare Payment Advisory Committee (MedPAC) to conduct a comprehensive review of the physician payment system, including recommendations on the accuracy of Medicare pricing and alternatives to the SGR. To allow time for MedPAC to complete their work, the bill provides for a 1.5 percent increase for the next 2 years for physicians.

The bill also provides two important additional components. First, the bill protects beneficiaries from Part B premium increases that would otherwise result from the physician update. Second, it repeals the so-called "45 percent trigger," which was created in the Medicare Modernization Act of 2003 to restrict Medicare's general revenue support. If this trigger is left in place, physician increases will force a counter-productive, cyclical effort to cut Medicare spending.

Given problems with potentially unjustifiable increases in volume and intensity of physician services, coupled with other perverse financial incentives in the system, repeal of the SGR is irresponsible and unaffordable. Likewise, the status quo is unacceptable. It is clear that problems with the physician fee schedule go far beyond the difficulties of the SGR, and Congress needs expert guidance to find solutions.

Congress has become quite proficient at short term solutions to Medicare physician payment problems. Unfortunately, this near-sighted view comes at the expense of other Medicare changes that could directly improve benefits or decrease costs for Medicare beneficiaries. This bill lays out a plan for a permanent solution enabling physicians to count on fair annual payment adjustments. It's better for physicians, patients and the American taxpayer.

Numerous proposals have been introduced to find solutions to these payment problems and such a fix is included in the Senate version of the pending budget reconciliation legislation. The concept of pay for performance is also heavily promoted as a potential solution, though everyone should admit that it would take many years for it to be implemented and prove effective.

I think it's imperative we ask the experts for their recommendations before acting, while at the same time ensuring access is maintained and beneficiaries are protected. The Medicare Physician Payment Reform Act of 2005 will provide the intellectual foundation to enable Congress to enact a thoughtful, permanent solution for the physician reimbursement system by 2008. I urge my colleagues to consider this approach as the best alternative to ensure that physicians are appropriately paid and beneficiaries are protected.

PERSONAL EXPLANATION

HON. TRENT FRANKS

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 13, 2005

Mr. FRANKS of Arizona. Mr. Speaker, I deeply regret that I was unable to be present on the House floor to cast my vote in favor of H.R. 4297: the Tax Relief Extension Reconciliation Act of 2005. This bill will maintain and expand the low-tax environment that has catalyzed our Nation's now-booming economy. I strongly support this legislation. Please be assured that I would have voted in favor of the legislation had I been present, and I look forward to voting in favor of the conference report.

ONGOING OBSTACLES THAT MINORITY BUSINESSES FACE IN OBTAINING CONTRACTS

HON. CYNTHIA MCKINNEY

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 13, 2005

Ms. MCKINNEY. Mr. Speaker, I support the extension of the Defense Department's program ensuring that its Federal contracting process in no way supports or subsidizes the discrimination that has long been a problem in the contracting business. The extension of the program through September 2009 is needed to help achieve that goal.

Congress has learned a great deal about the effects of discrimination in denying contracting opportunities for minority-owned businesses. The ugly reality is that contracting has long been dominated by "old-boy" networks that make it very difficult for African Americans, Latinos, Asians, and Native Americans to participate fairly in these opportunities, or even obtain information about them.

Years of Congressional hearings have shown that minorities historically have been excluded from both public and private construction contracts in general, and from Federal defense contracts in particular. Since its adoption, the Defense Department program, called the 1207 program, has helped level the playing field for minority contractors. But there is still more to do, as the additional information we have received since the program was last reauthorized makes clear.

Ever since the program was first adopted in 1986, racial and ethnic discrimination—both overt and subtle—have continued to erect significant barriers to minority participation in federal contracting. In cases, overt discrimination has prevented minority-owned businesses from obtaining needed loans and bonds. Prime contractors, unions, and suppliers of goods and materials have preferred to do business with white contractors rather than with minority firms.

These problems affect a wide variety of areas in which the Department offers contracts, and the problems are detailed in many recent disparity studies, including:

City of Dallas Availability and Disparity Study, Mason Tillman Associates, Ltd. (2002);

City of Cincinnati Disparity Study, Griffin & Strong, P.C. (2002);

Ohio Multi-Jurisdictional Disparity Studies, Mason Tillman Associates, Ltd. (2003);

Procurement Disparity Study of the Commonwealth of Virginia, MGT of America, Inc. (2004);

Alameda County Availability Study, Mason Tillman Associates (2004);

City of New York Disparity Study, Mason Tillman Associates, Ltd. (2005).

The 1207 program helps to correct these problems of discrimination without imposing an undue burden on white-owned businesses. Small businesses owned by white contractors are eligible to receive the benefits of the program if they are socially or economically disadvantaged.

All of us benefit when recipients of federal opportunities reflect America's diversity, and I'm proud to support the reauthorization of the 1207 program.

CONGRESSIONAL GLAUCOMA CAUCUS TRIBUTE TO STANLEY J. BUD GRANT, PRESIDENT & CEO, FRIENDS OF THE CONGRESSIONAL GLAUCOMA CAUCUS FOUNDATION

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 13, 2005

Mr. RANGEL. Mr. Speaker, a few years ago, several of my colleagues and I voiced our concerns about glaucoma and its devastating affects to Mr. Stanley Grant. What I will present today is the outcome of that encounter. I am pleased to share with this distinguished body the outstanding work of a responsive and caring citizen, Mr. Stanley J. Bud Grant. Mr. Grant is the President and CEO of the Friends of the Congressional Glaucoma Caucus Foundation. His leadership has brought to this endeavor the vision, the energy and the enthusiasm that has led the Foundation to achieve considerable success. As one of the Founding Members of the Congressional Glaucoma Caucus, a non-partisan body, I have observed the work of the foundation, first hand, and have watched the Congressional Glaucoma Caucus grow to more than 80 Members.

The mission of the Foundation is to serve as the action arm of the Congressional Glaucoma Caucus by providing free glaucoma and vision screenings for at risk groups in congressional districts throughout our beloved country. Screenings for diabetes and hypertension, both risk factors for glaucoma, are documented in the family history, with these screenings frequently being incorporated into the screening protocol.

The emphasis has been on glaucoma screenings since this dreaded eye disease affects more than 3,000,000 Americans and is a silent thief of sight. It can attack children, but is more commonly seen in the later years. Far too many of our people go blind from this disease without even knowing they had it. The true tragedy is that their sight could have been preserved if they had been screened and the disease caught in the early stages. Picture if you will, the boundless joy that the patient and the staff experience when sight is saved.

Since 2001, more than 82,000 men and women from all walks of life have been screened. The early signs of glaucoma were detected in 11,500 individuals. Another 13,000